LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON THE DRUGS OF DEPENDENCE (PERSONAL USE) AMENDMENT BILL 2021

(Reference: Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021)

Members:

MR P CAIN (Chair)
DR M PATERSON (Deputy Chair)
MR J DAVIS

TRANSCRIPT OF EVIDENCE

CANBERRA

THURSDAY, 8 JULY 2021

Secretary to the committee:
Dr D Monk (Ph: 620 50129)

By authority of the Legislative Assembly for the Australian Capital Territory

WITNESSES

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Amended 20 May 2013

The committee met at 1.32 pm.

BINGHAM, MRS MARY
BINGHAM, MR ROSS

THE CHAIR: Good afternoon, and welcome to this public hearing of the Select Committee on the Drugs of Dependence (Personal Use) Amendment Bill 2021. The committee wishes to acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people. The committee wishes to acknowledge and respect their continuing culture and the contribution they make to the life of the city and this region. We would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people who may be attending today.

During the proceedings today we will hear evidence from individuals whose families have experienced the effects of the use of drugs of dependence. Please be aware that the proceedings today are being recorded and will be transcribed and published by Hansard. The proceedings are also being broadcast and webstreamed live. When taking a question on notice, it would be useful if you could please state, "I will take that as a question taken on notice." This will help the committee and witnesses to confirm questions taken on notice from the transcript.

Welcome, Mr and Mrs Bingham, to the hearing. Could you state the capacity in which you are appearing?

Mr Bingham: We would like to share some of our experiences with our son over the last 10 years.

Mrs Bingham: We are here to talk about our son, and the experiences that we have had to deal with—the system and the processes.

THE CHAIR: Please be aware that today's proceedings are covered by parliamentary privilege, which provides protection to witnesses but also obliges them to tell the truth. Please ensure that you have read and understood the pink privilege statement. Is that the case?

Mrs Bingham: Yes.

THE CHAIR: Do either of you wish to make an opening statement?

Mr Bingham: No.

THE CHAIR: Thank you for the courage you have shown in bringing your story to the committee as part of its consideration of this bill. I have a question about the bill itself. I am interested in your opinion on the merits of the bill itself, which is to decriminalise possession of small quantities of prescribed, for want of a better term, hard drugs. Is that something you have an opinion on?

Mr Bingham: Yes, definitely. From what we have seen and what it has actually led to with our son, from when he first started, which was with a lighter drug, so to speak,

marijuana, and what it has actually led to, the decriminalisation, I believe, opens up pretty much a gateway to self-destruction.

Mrs Bingham: I totally agree. I am on the same page.

THE CHAIR: What reason do you have for that opinion?

Mr Bingham: Basically, from what we have experienced with our son—seeing someone who is quite capable and seeing him almost diminish, really. With respect to the opportunities that he would normally have, they have now pretty much been taken away because he is not well enough to make a decision for his own good. You see very capable young people in society who literally get destroyed. They go out with their friends, they want to have an experience, so to speak, they try something and, before you know it, they are hooked and they just cannot get away from it. They are not well enough, because they now have an addiction and, because it is an addiction, that is all that matters. As a result, it diminishes from there; it leads to crime and to so many destructive things. There is a massive ripple effect for families and the community.

THE CHAIR: Mary, do you have anything to add?

Mrs Bingham: He pretty much covered it. We were talking so much about this, yes.

DR PATERSON: Thank you very much for sharing your story. It is very powerful. We really appreciate your contribution to the inquiry. I am interested to understand where you saw the earliest point of potential intervention, whether it did or did not happen, how it could have happened or how the system could support families better to intervene earlier.

Mr Bingham: A lot of it comes back to rights. Obviously, human rights is a great thing. However, it comes to a point where you need to be able to oversee that. Cameron was quite young; he was about 16 or 17 years of age when we noticed that he was dabbling in marijuana and such. We tried early intervention. We had one of the community workers there; we got all of the family around him. He was very young at this stage. I am Cameron's stepdad. However, we got his father in as well, and his partner. All of us got together to talk to him, and it was to no avail, sadly. He could see that it was hurting everyone, but the addiction was just too strong. Realistically, when it comes to something like this, we should have the right to be able to overpower. Particularly, the police need more power.

Mrs Bingham: That was the most frustrating part, because the first thing we did was to see the police. They could not do anything. They said, "Unless he's in danger of harming himself or others and he wants to willingly come to us, we can't do anything." Yet they knew that the house he was staying at initially was that of drug people. It was well known to them, but they could do nothing. That was the worst thing of all. It was like watching someone drown and not being able to save them.

Mr Bingham: That was obviously the hardest and most frustrating thing. The police that we have dealt with over the last 10 years have been wonderful. The ACT police are very compassionate, are very supportive and share the same frustrations. They can

see a kid making a stupid decision, and you cannot do anything about it; nothing about it at all.

Of course, with teenagers, as we all know, most of them have attitudes. Coupled with drugs, it is a hell of a wall to climb—to get over. He will say, "No, I'm fine where I'm staying." The police say, "He says he's fine." Even though the place was known to police for drug use, you still cannot do anything.

DR PATERSON: What would you want the police to do—take someone to a health facility, a rehab facility?

Mr Bingham: The first step is to get him out of there. The police should be able to go in and say, "You are coming with us, whether you like it or not; you're a 16-year-old kid, for God's sake, and you're coming with us back to your parents' place." Obviously, when you have an addiction at that age, you are not going to listen to your parents. You are just going to walk straight out. And that is what he would often do; he would climb out through the windows.

Mrs Bingham: He literally did.

Mr Bingham: We, as parents, should be able to override that and say, "We can see you're clearly not making a wise decision; it's going to literally destroy your life, or you are going to end up dead."

Mrs Bingham: With the police, because they are quite good and they are very compassionate, if they have the power to go in and talk to him initially and say, "Come on, Cameron," he will listen. He would have listened back then. A lot of this would probably have been prevented, and he would have got the help he needed. But it was just let go for too long, and I think it becomes a part of them. It is a part of their personality then. When they are addicted and they have been used to the drug for so long, it is a part of them. They are not used to dealing with life without it.

Mr Bingham: Once again, with the whole rights, as parents, we should be able to override that and say, "No, we're your parents, we know what's best for you, and obviously drugs and alcohol are not good for you." You should be able to at least put them into some sort of rehab facility.

With rehab facilities, it is the time factor. Cameron has had a 10-year addiction to a very bad drug, which is ice. As a result of that, two months in a rehab facility, where he is now, is not long enough. It has been medically proven that you need at least 12 months or more to get over that addiction.

Mrs Bingham: To relapse.

Mr Bingham: Yes, it is too easy to relapse. Dealers know these people. If he walks around in a mall or something, these people hang around. They are everywhere, and they will target them. Particularly if the word gets around that he is in rehab, they say, "He'll be hanging out for something when he gets out." If they see him, they will target him, for sure. If they are in for longer, they could get past that process. He is in a rehab facility now and he is actually loving it. There is structure, they are very strict,

and it just sounds like we are getting our son back.

MR DAVIS: Thank you very much, Ross and Mary. I am interested in point 2 of your submission around involuntary rehabilitation. I trust I do not need to tell you that there are some challenges for government with that sort of framework. I am interested in getting your perspective on this: if we were not to move to a model of involuntary rehabilitation, where would you propose reforming the system so that parents and carers are more actively involved in helping people to make decisions throughout the process? Are there other opportunities through the course of you helping your son, be it contact with the hospital or contact with the police, where you were not as involved as you would like to have been and where you think that being more involved and helping with decision-making would have achieved a better outcome?

Mr Bingham: That is a good one. It is a bit of a difficult one, actually. For example, when the police have turned up at home, if you had the police, ambulance and ACAT all turn up together to help with the situation, so that it is a complete unit that turns up to address these situations, that may help a bit.

MR DAVIS: Would that be similar to the PACER model for mental health issues, would you suggest? If you are familiar with that program?

Mr Bingham: No, I am not familiar with that.

MR DAVIS: It is usually where a mental health professional and a police officer arrive at a scene, and an ambulance, in a situation where the person is having a mental health episode.

Mr Bingham: Sure, yes.

MR DAVIS: What you are describing sounds not dissimilar to that.

Mr Bingham: Yes, exactly. That would certainly help.

Mrs Bingham: When Cameron first had an episode, a really bad one, they took him into the mental health unit. In three days they rang and said he was ready to come home. He had to have somewhere to stay, and of course we took him back home. But it was not really ideal. They sent him home with pamphlets that said, "This would be a good idea; these are different rehabs." He was in such a state when he walked out of there. He was exhausted; the medication wiped him out.

At that point, we put so much faith in the system that we thought they would get him to detox, and help him. Detox him and then assess if he needed rehabilitation, and talk to him when he is off medication and out of this mental state. Going through the detox would have been ideal, and we really thought that was what would happen. When he finally went in, we actually cried. We were holding each other and crying, because we had waited so long for him to go in and get the help he needed.

That was a point when they could have exercised that, put him somewhere safe and did the detox, where he could get professional help, get a counsellor and then move on to rehabilitation.

DR PATERSON: You are identifying that there is a gap between treatment of mental health and drug and alcohol addiction; they are not marrying up in terms of—

Mrs Bingham: They are not marrying up, and they need to, because it involved both.

Mr Bingham: Cameron often said that he had some issues, or felt that he had some mental health problems. Essentially, he had taken drugs to mend that. You could go back the other way; if you have someone who is sound of mind, so to speak, and they go out and have an experience with a few friends and get addicted to a very hard drug, you end up with mental health issues and destroying any opportunities for a normal life. It goes hand in hand.

Mrs Bingham: When Cameron had an episode at home again, we rang the police. They spoke to both of us; they knew us well, as they had been to our house many times. They said that the only way to help him would be to get him arrested. Under the 309, or whatever it is called—

Mr Bingham: Section 309.

Mrs Bingham: It was a mental health order thing; they said, "That's the only chance you will have of getting him in now, so take it." Ross and I agreed; we went and did that.

Mr Bingham: The only thing is that Cameron is a dual citizen.

Mrs Bingham: That is what I was going to.

Mr Bingham: He has a US passport as well. We held off on getting him arrested because you do not want to have your own kid arrested on a criminal charge. He would lose his American passport. Any opportunities for him to go and work in the States and live there would be finished.

We held off on that for a bit. He is not a criminal; it just leads to criminal acts—violence, there is a lot of property damage that we have had over the years, and all sorts of things. Cameron, as a normal person, is funny and charismatic; he is a real hoot to be around.

Mrs Bingham: Super gifted.

Mr Bingham: Yes. He is a really kind soul. This stuff turns them into real monsters. At the end of the day, that is what we ended up having to do. Essentially, it has been the best thing that we did. I now wish I had done it years ago.

Mrs Bingham: It is just a shame that you have to go to such measures to get to that point.

Mr Bingham: Yes. It should not be that way. You should be able to say, "Okay, you're clearly not getting better; you don't want to get better because you have such a strong pull to this drug." We should be able to override that and say, "Right, you're

going into a rehab facility for no less than 12 months, to get straightened out." So many times the police, ambulance and the whole lot rock up. They have said that 75 per cent of their call-outs are mental health due to drugs and alcohol. That is a huge amount. It has a huge effect on the community—

Mrs Bingham: And the family.

Mr Bingham: The family, of course, and all of the essential services—the police and ambulance, who have to deal with this sort of stuff. They are the frontline people, besides the family, that have to deal with this. If you can address this, and get onto this much more quickly, we would have a much safer society.

THE CHAIR: The bill that is being proposed—you touched on this earlier—will remove the criminal sanction against possession of small quantities. If this new law was in place, do you think that would have had any effect at all on your son's journey?

Mrs Bingham: Yes. If it was in place, it makes it easy. "Oh, it's okay then." That is the way Cameron thinks. If the law says that you can have a small amount of ice, there is no such thing as a small amount of ice. Once you take it, you are hooked. They say that, as you would know, it is more addictive than heroin. I do not know how you could micro-dose something like that. There is no such thing, I do not think.

THE CHAIR: Do you have anything else to add?

Mr Bingham: We have our list here.

Mrs Bingham: Yes, I have dot points. With rehab, we touched on the two months of rehab. There should be better support when they get out of rehab, or when they are waiting to go into rehab. There was so much leeway with Cameron; he was struggling, really badly. He tried, but he was on his own.

Mr Bingham: He was arrested in August; then he had to go into a rehab facility in October—quite a length of time for him to still use and so on. That was a court order as well. I understand that all of these facilities are very full. I totally get that. If something could be pushed to make it sooner—

Mrs Bingham: One of the other things that I will note is that we went to a counselling session. I had a counsellor through work to help me get through all of this, and Ross attended as well. There are programs in place that he could have attended, that he really would have enjoyed, but he was too old. Don't put an age on it. You can't put an age on it. That is all I need to say about that.

THE CHAIR: Again, thank you for the courage you have shown in being willing to present a submission to us and come to the hearing today.

Mrs Bingham: Thank you so much.

Mr Bingham: Thank you so much for having us.

THE CHAIR: On behalf of the committee, I would like to thank you for giving us your evidence today. The secretary will provide you with a copy of the proof transcript of today's hearing when it is available, so that you can check it for accuracy. I do not believe there were any questions taken on notice.

Mr Bingham: No.

THE CHAIR: Thank you very much.

GIRDLER, MRS JUDITH
PAUL, MR LAWRIE

THE CHAIR: The committee welcomes Judith Girdler and Lawrie Paul to our hearing. Could you tell us about the capacity in which you appear?

Mrs Girdler: I am here because of my son's problem with drug addiction and mental health.

Mr Paul: I am Judy's partner and I am also stepfather to Judy's son. I am here to support Judy in this cause.

THE CHAIR: Please be aware that today's proceedings are covered by parliamentary privilege, which provides protection to witnesses but also obliges them to tell the truth. Please ensure that you have read and understood the pink privilege statement. Is that the case?

Mr Paul: Yes.

THE CHAIR: Do either of you wish to make an opening statement?

Mrs Girdler: There are a few issues regarding getting help for our son. We have been on this journey for 21 years. I feel that some of the legislation needs to change to address some of the problems that are going on.

Mr Paul: Likewise; we have experienced this for the last 21 years and we have seen no improvement in his condition whatsoever. He seems to have a free will to do as he pleases, and he does not have the insight to make a good, considered decision on his wellbeing. Unfortunately, the way the system is, we as guardians—we are not actually legal guardians anymore; there was a stage when we were—are locked out of it.

He is capable and able to discuss with his carers that "I don't want mum or dad being involved or hearing about this". One of the biggest reasons is that he gets terribly ashamed. So we are locked out. We do not even know what medications he is on, because they are not allowed to talk to us. When we ask questions, they virtually refer us to him. If he happens to have a bad day, he does not want to talk to you.

At present he is on an NDIS package, which is all very well, but he was in quite secure accommodation, we thought. Suddenly, he decides to leave this and go into respite. It seems to us that there is a lot of money being thrown at these types of problems but not a lot of solutions.

With the respite that he is in now, we have heard—we cannot confirm it—that it is costing something like $5,000 a week to keep him there. It is beyond our imagination what could be costing so much. What are they doing? However, leaving that aside, once this NDIS runs out, he is on the street, because he has once again made a very poor decision just to walk away from his present accommodation.

Mrs Girdler: It is all driven by drugs. If we could get him off the drugs, he could

have insight into some of his mental health, and he does not have any insight. He is very lost. The drug people target him. I say to him, "Todd, they're not your friends," but he says, "They are the only people that will really have anything to do with me." He wanders around in a lost daze.

Mr Paul: Todd is also in a position where he is actually a very nice person. He has never fallen foul of the law. We wished he had; at least something would have happened.

Mrs Girdler: He is in and out of the mental hospital. I say to him, "Todd, how did they let you in?" He said to me the other day, "Mum, they all know I'm a nutter, so they just let me in." Then they just let him out, with no support, no anything. He went back to his little flat. He sits there, he gets back on the drugs, he becomes paranoid, and it is a revolving door, in and out.

He desperately wants help. He has been in rehab. He went into the rehab over at Belconnen. It was an absolutely beautiful place. It was like a holiday. But he could come and go as he pleased. He would get up in the morning, get dressed, go out for the day and come back. He was there for quite a while; then they sent him back to Havelock House because they would not let him give up that place without having somewhere to go.

I was told by them that there is nowhere for people with dual diagnoses to go to, so he keeps going around and around in this lost circle. The government has the right to hold his money and he has to have injections every month, but they say, "It's his choice, it's his decision." He keeps sabotaging himself. He goes from one thing to the other.

We are desperate for someone to take some control and give some help. When it first happened, you do not have anywhere to go. We need to have something that the parents can go to. It is very devastating when it first happens; you do not know. Your beautiful child, a young man, all of a sudden is out of control with drugs and you just do not know where to turn.

Mr Paul: Judy has some photos there, if you are interested—the before and after. You would not think it was the same person.

THE CHAIR: We are obviously very sorry about and sympathetic to your circumstances, and trust things—

Mrs Girdler: There are hundreds of Todds. It is not just Todd.

THE CHAIR: Yes.

Mr Paul: We really feel that it is too late for him. He has had 20-plus years of this. I do not think there is any coming back, now that he has also been diagnosed with schizophrenia.

Mrs Girdler: He has had schizophrenia for a long time, and he is very bad. There are the voices. He says to me, "Mum, marijuana is the only thing that gives me any

peace."

Mr Paul: What we are on about is that there are still a lot of young people out there who are subjected to this. It is not too late for them.

Mrs Girdler: The fact is that he is in this respite now; when the money is used up, he will be back on the street. This time last year, we got him in and we fought so hard to get NDIS; it is not easy. He was there and he was good for 12 months. He did not really even go into the hospital. Once he gets out of that care, and he does not take his medication and he does not bathe, he goes in and out of the mental hospital. I think last year it was four times. It is really devastating. He is asking for help. There have been two attempts at suicide, and we talk about human rights. Yes, he has human rights. For God's sake, I do not want to take them away, but we have human rights.

He walked out in front of a car. The young girl hit him. She will suffer with that for the rest of her life. He tried to hang himself. A young pregnant woman found him and they had to cut him down. Those people's human rights have been affected. I feel guilty as a mother.

Mr Paul: Todd has human rights, too.

Mrs Girdler: He does.

Mr Paul: We feel that they are being abused because he is not getting the care that he should be getting.

THE CHAIR: We are very sorry to hear your story.

Mrs Girdler: There are hundreds of Todds.

THE CHAIR: Yes.

Mrs Girdler: We have lost one generation and we are going to lose another one, because the statistics say that mental health and drugs are not getting any better. We have to do something as a community. It is a national thing. It is not just Canberra; it is everywhere.

Mr Paul: There does not seem to be any thought given to what is happening or what they are doing, because they keep repeating it over and over, expecting a different result, and we all know where that leads. There needs to be change on the basis of what it is doing, and looking for a positive outcome to that. If there is not a positive outcome, obviously, we need to change something else—change it to get a positive outcome.

Mrs Girdler: I do believe that the people working in the system are doing their best, but it is the legislation. Todd will be going quite well in rehab and whatever, but once he decides to do something and you go against it, if you say, "It might be best to stay there, Todd," he stops everybody talking to you. The medical staff will not talk to you, because it involves his rights. This is where it is so hard. The next minute I hear he is back out there in the community going on with all of this stuff again. As far as the

drug proposal is concerned, I am dead against it.

Mr Paul: Hear, hear.

THE CHAIR: You have answered the questions that I wanted to ask. Obviously, the committee is inquiring into a bill to decriminalise the possession of small quantities of hard drugs. You have both stated that you think that is a bad idea; is that correct?

Mr Paul: Yes.

Mrs Girdler: Yes.

THE CHAIR: Do you mind expanding on your reasons why you think that is a bad idea?

Mrs Girdler: I do believe Todd is very within the law; he would not do anything outside that. I know he takes drugs and things like that, but if it was made the law that you could, I think it could be worse. That is my thinking.

Mr Paul: Yes, I agree entirely. Todd would look at that as being a rubber stamp for him to do this—as an A-OK. He knows his rights in so many things. It is quite incredible, the way that mind works. He can even tell you how much he spent in 12 months, right down to the cent; then he will go out and do something completely off the charts.

Mrs Girdler: It is an addiction; it is an illness.

Mr Paul: To get back to the question, for those reasons, I would be very much against it. I cannot see any benefit from it. I think it is all negative.

Mrs Girdler: When they are young, they all think it is great to go out and have fun. Some people will get away with it and some will not. Do we let everybody go into that category or do we have it that the law says no? It will stop some kids. It will not stop all of them, but if you open it up to being legal, you are opening up a whole new floodgate.

DR PATERSON: The proposed changes are not about legalising drugs. This is about decriminalising. If a police officer came into contact with a person with a small amount of drugs on them for personal use, they would confiscate the drugs and give them a notice to attend a health facility—a drug and alcohol rehab. That is the proposal; that is what we are exploring at the moment. At the moment, if police come into contact with you and you have drugs on you, you can go through the court process. If your son in the early days had had earlier contact with support services and drug and alcohol services, do you think that would have been helpful?

Mrs Girdler: Absolutely. It is a must that we have early intervention. That is a must. He even says that himself. I have had a couple of good conversations with him. The biggest thing he finds is that once he comes out of the hospital he is just left alone. Of course, they are lonely; they are on their own. He said, “Normal people don’t have

anything to do with me," so they go back into that cycle.

If he had had early intervention when he first got scared—now it has become chronic and it is a way of life—I think that would have been very important. But none of the systems seem to work together. You go into this little bit; they deal with you and then you are out there. There is no support from one department to the next; there is no-one to take you through. As parents, we are not trained in those fields. We do not know where to go. I was so devastated when it happened. I did not know where to go. They all say, "It's up to them." They do not have the insight to get help.

Mr Paul: If it is a back door into rehab, I am all for it, because that is where he needs to be in this case, and I dare say in hundreds and hundreds of others. There is no way that he is going to rehab now, because he has the right.

DR PATERSON: Over your 20-year history and experience with this issue, have you seen programs where you have said, "That is fantastic and we need more of that"?

Mrs Girdler: There are lots of good programs out there; absolutely. I think they have to be in the state of mind. As we say, if we get them early, those programs will work. But a lot of them will not do those programs. It just becomes about the addiction and they want to get that next hit. He says, "I'll go and do this and I'll go and do that," but it never happens.

Mr Paul: It is all predicated around him wanting to do it, which he will not. He has too many rights to say, "No, I don't want it," and that is the end of it. We are terribly frustrated, as you can imagine, by the whole system. But if he could somehow be contained in that way, whereby if he has an amount of drug on him that is over the limit and he goes to mandatory rehab, I am all for it, yes.

MR DAVIS: I am curious to explore your recommendation around involuntary rehabilitation. I am sure I do not need to tell you, given your experience, that there are some real challenges for government with such a proposal. I am interested in getting your advice on this. If we were not to move to a model of involuntary rehabilitation, where should there still be, throughout the system, instances where you, as parents and carers, are more actively involved in a way that you do not currently find? Where have you seen the pressure points to say, "If only I had more of a say or I was more engaged, something different could have happened"?

Mrs Girdler: It would be nice to know what medication he is on and it would be nice to even know when he goes in. Quite often when he goes in we do not even know. He might ring me and say, "Mum, I'm in the mental ward." He obviously has a social worker. That is a really hard question, as to how you go about it.

Mr Paul: I am not sure how I would answer that, either.

Mrs Girdler: We just know that the system at the moment is not working and if we can all come together and maybe find a system that could work—

Mr Paul: This has been the big question all along. If we already had the answers to these things, we probably would not be in the predicament we are in right now.

Mrs Girdler: But we are coming to you guys for help. You are the professionals; you know—

Mr Paul: We cannot change it.

Mrs Girdler: To me, I think that, if they will not help themselves because they do not have any insight, someone has to take control and make it mandatory. If they get caught by the police, they go to court, and they have to go and do something. Todd never comes into that. Todd just keeps under the radar; he does not get into trouble with the police, so nobody can make him do anything. Do you understand what I am trying to say? For his own good, we could maybe get him into somewhere.

MR DAVIS: This goes to a question that I asked some people earlier. Twenty years is not a short amount of time.

Mrs Girdler: A long time.

MR DAVIS: You have been engaged with coming in and out of services and interacting with them for a while. As parents and carers, and people who have been providing support, has there been an appropriate provision of services to you? Have services been made available to you? Are you aware of programs that support those who are suffering? Have they been good programs? Is there room for improvement?

Mrs Girdler: I have been to Carers ACT and I am just joining up with Canberra mental health. I have only been to one meeting, but I hope to get back there. When you talk to people, if Todd tells them not to talk to you, that is it. The people over at Belconnen were great. We would have meetings, and we were all on the same page; then Todd wanted to go back out to Havelock House and I said, "I think, Todd, you should stay for a while," and he just closed them all down on me and he did what he wanted to do. The next week, he was back out there at Havelock House, back on the drugs and the whole system—back into hospital. I even got onto Human Rights; they came and saw Todd in hospital. As she said, everybody is doing everything with legislation. It is about Todd's choices.

Mr Paul: She was only looking for somebody stepping outside those guidelines—his human rights guidelines. And they were not. They were doing what they were supposed to do.

Mrs Girdler: Yes. At the mental hospital, when you go in to the emergency, there is a short stay out the back. They said, "Todd, when you're not feeling right, just come in," and they say quite often he just needs to be cleaned up, fed and put back on his medication. That is a big problem; he will not take his medication, because he does not have a problem. They say he is then quite all right, but he is just put back out into the community. If you look at the records regarding when he has been in to the hospital, it is not cost-effective. It is just a matter of going in and out, in and out. I do not know whether I have answered your question.

MR DAVIS: It is all very helpful; thank you.

Mrs Girdler: We are just at the stage where we do not know who to turn to and how to get help, because he has all of the rights over everybody, even the people in the hospitals. If he has decided he has had enough, he leaves.

MR DAVIS: Have you ever had a point of contact? You mentioned before that your son has a social worker.

Mrs Girdler: Yes, we did, at mental health in Civic. He was lovely—Kell. He was great and he did what he could. But Todd moved around. He does not stay put; he moves, he is homeless and we get him into somewhere else. He does not like that, so he comes out and he is homeless again. It is just constant.

MR DAVIS: If he has had this person who, at least for a period of time, has supported him, have you had a person or an organisation that has helped you to navigate the system and provide supports?

Mrs Girdler: No, not at all, and that is a big thing. They must do that. I did go to Directions once and they just said, "When Todd's ready, he will come to it." It is about his choices. There are parents that were there; honestly, I felt so sad for some of the mothers, as the sons actually keep them hostage. They fully control them—smoking marijuana in the house and things like that. I will not put up with that with Todd. At one stage he got a little bit antsy, but they are my rules. Sometimes they know enough to know that there are rules, and he does not do that at home, and that is why he does not come and stay.

There were mothers there—and Mary can tell you the same thing—who were hostage to their children because they are scared of them. A lot of parents will not come forward because they are scared of their adult children. When they are on ice, it is not a pretty thing to see.

THE CHAIR: With respect to involuntary orders, were you aware that you could apply to the tribunal, the ACAT, for a guardianship order?

Mrs Girdler: He is under a guardianship for his money, and he has to have the injections. We did fill out all of the forms with the thing—

Mr Paul: The NDIS.

Mrs Girdler: and he swore at me and carried on. He said, "If you try and do that to me, I'll top myself." We did not do anything; then we got a letter saying that our submission had been cancelled.

Mr Paul: With no reason.

THE CHAIR: That is to do with NDIS; I am talking about—

Mrs Girdler: No, this was with taking—

THE CHAIR: the ACAT.

Mrs Girdler: I do not know whether it is called ACAT. We went to the tribunal.

THE CHAIR: The tribunal, yes.

Mrs Girdler: We filled out all of the papers; I had all of the stuff and everything. He got wind of it and he said, "You so-and-so," and I backed off. The next minute we got a letter in the mail saying, "You have not been successful"—just that. Of course, after 20 years, I am worn out. But I still love him, and I still want him to be cared for.

THE CHAIR: We are very sympathetic about your circumstances, of course.

Mrs Girdler: Yes, I know.

THE CHAIR: We wish all of you the very best.

Mr Paul: We appreciate it.

Mrs Girdler: The system needs to change for the ones coming up. As you all know, it is a crisis; we are in a big crisis. I have probably said enough.

THE CHAIR: On behalf of the committee, I would like to thank both of you for giving evidence today. The secretary will provide you with a copy of the proof transcript of today's hearing when it is available, for you to check. I do not believe you have taken any questions on notice. Thank you for your time, and we do wish you all the very best.

Mr Paul: Thank you for the opportunity.

Ms Girdler: Thank you for your time.

STEFANIAK, MR WILLIAM GEORGE

THE CHAIR: The committee welcomes Mr Bill Stefaniak. In what capacity are you appearing today?

Mr Stefaniak: I am appearing in a private capacity, as a father. My youngest son was killed in a car accident where the driver was on ice. I am also appearing, in my private capacity, as someone who has been around for a long time and has had a fair bit of experience, specifically, in the law, both in New South Wales and in the ACT, since 1976, with drug offences. In more recent times I was the inaugural appeal president of ACAT, and I would sit as president of the mental health tribunal. A hell of a lot of people there were affected; mental health issues and drugs go hand in hand, and I was interested in the 75 per cent figure.

To a lesser extent, perhaps, I refer to my involvement at the AAT in Sydney, as a part-time senior member over the last few years. I finished up there about 18 months or more ago. I would issue communication warrants to the police, both federal and New South Wales. A lot of those were drug warrants. I have been involved in a number of warrants which led to some very significant arrests. I suppose there is that angle, too—the law enforcement angle. From time to time as a defence counsel I represented people who were involved with drug offences.

THE CHAIR: Please be aware that today's proceedings are covered by parliamentary privilege, which provides protection to witnesses and also obliges them to tell the truth. Please ensure that you have read and understood the pink privilege statement. Is that the case?

Mr Stefaniak: Yes. I was shown this several weeks ago and it was sent out to me.

THE CHAIR: Do you wish to make an opening statement?

Mr Stefaniak: It is probably best if I do; it might help with questions. I take it that you have, firstly, the article that I wrote for the *CityNews*, and the submission I wrote and sent to the Assembly committee. I will try to truncate what I was going to say, but I will start firstly by congratulating the three of you, because you are all new members, on your election.

THE CHAIR: Thank you.

Mr Stefaniak: There are two things on that. Firstly, with the committee, and I do not want to appear patronising, but this Assembly has a great tradition of committees where people often tend to put their political positions a bit to one side, look at the evidence and come up with some quite interesting solutions which their respective parties probably did not expect. I do not know whether it is still like that; I hope it is. Certainly, in the past it has been very effective.

Again, without trying to be patronising, as someone who spent about 17 years in this place and probably about 2½ years trying to get back in, from 1992 to 1994, which I managed to do, actually—

THE CHAIR: We did check, looking at the photos around the room earlier.

Mr Stefaniak: A lot of what you do, I suppose, is just the routine running of the place. There are some bills and acts, though, where you are going to have a really significant impact. When you finish, you do not want to regret passing a bill that actually does more harm than good to people.

One of the most satisfying things that you can do is to pass a bill which you initiated, or had a lot to do with, which actually does a hell of a lot of good. I will give you two of my examples. I will refer firstly to the bad one. You probably were not even born then, Mr Davis, but when the First Assembly started—

MR DAVIS: No, I was not.

Mr Stefaniak: our Speaker, David Prowse, did not like fluoride, which had been in the ACT water system since I was 12. Unfortunately, I did have some fillings prior to the age of 12, which I blame on not having access to fluoride. For whatever reason, there was a conscience vote in the Liberal Party and Robyn Nolan and I thought we wanted Prowsie to come and join us, so we voted against the bill after I checked with a cousin in Brisbane that it had not affected her kids. I then dreamt, because it was a rather silly move, of children's rotting teeth. I thought, "I've made the wrong decision." I, along with a couple of others, within a month, thought, "We'll reverse this; bad luck, David, we don't like your bill," and we put fluoride back in. At the time it was made to look as if the Assembly was a bit of a joke. That was silly, but luckily it was rectifiable.

I think Jon Stanhope's greatest legacy probably is the dam, and I would say that probably my greatest legacy here is section 9D of the Bail Act, which was introduced when I was Attorney-General in order to drop the burglary rate, because a lot of those people, or nearly all of them, were drug addicts, and there were a number of repeat offenders. They would burgle places to support their drug habit. They would get bail, and they would go out and do another 20 offences. A few weeks later, they were back in court; it was a revolving door.

By making it impossible, effectively, to get bail—you would need exceptional circumstances, and the courts were very good at interpreting that in quite a strict way—in half a year, the burglary rate dropped by 50 per cent. When I was looking at the Man Monis case, I thought New South Wales had section 9D, because he committed quite a few offences and he was on bail several times. If Man Monis had been in the ACT, he would not have been able to commit the Lindt Cafe murders because he would have been locked up, under my Bail Act, and awaiting hearings. I regard that as probably my greatest legacy.

I think this is an important bill. I do not think that it is necessary. I think it will lead to a lot of burglaries, a lot more sad parents and a number of people probably being killed who would not normally be killed. I think you have an opportunity here to actually do some real good, but not necessarily by enacting this bill. I do not see anything in it that is going to assist the situation. I have a couple of questions for you as a result of what I heard earlier, but I cannot see anything in it which remotely helps

the situation.

I have been around for a long time; I remember the cannabis decriminalisation and the infringement notices in 1992. A hundred dollars, or whatever it was then, is about right. If someone was before a court in New South Wales or the ACT at that time for possession simpliciter of a small quantity of cannabis, I did not see a huge problem with that because that is basically what they would get, anyway. It was decriminalisation, not making it legal.

The problem was—and this is from court experience, and generally, with a family—that a lot of people thought that it was legalising cannabis. There are some stats in the submission from Drug Free Australia saying that about 43 per cent actually thought, "It's no longer illegal, it's now legal; we can have a small quantity of cannabis." You have those stats. A lot of people simply will not notice the difference, and that what is proposed here is decriminalisation rather than making it legal. A lot of people will now think that it is legal. There are some submissions before you which indicate that that will simply encourage people who would not otherwise take up the drug to take it up, and it is hard drugs that we are talking about.

A couple of nights ago I read the submission from Drug Free Australia. They cite various statistics in terms of people thinking that it is legal, what happens when people think it is legal and what percentage of people would try it. With trying some of these drugs, it was something like 10 per cent, as opposed to not remotely trying it if they knew it was illegal.

I refer especially to young people, because I would have spent about 10 years telling my children's mates and other people, "No, it is still illegal; no, you can't have two or three plants. It is simply an infringement notice. It is like a speeding fine; you are still going to have to pay a fine if you are caught. You can't have it. It's not legal." But they do not appreciate the difference, and that just encourages people to take up these hard drugs.

The other problem is: has this actually worked anywhere? Portugal is held up as a great, shining example. Again, in the Drug Free Australia paper, there is a whole series of statistics which seem to indicate that there is a 60 per cent increase in drug taking amongst young people, whose minds are still growing, their brains are still growing, and it has a dreadful effect on them. There are further increases in crime.

Apart from reading the Drug Free Australia statistics and stories about what has happened in California, I was reading the *Australian* last weekend, and in the Inquirer section they talked about "Shock of the bay: watching San Francisco's tide of despair roll in". On pages 14 and 15 it talks about San Francisco, at first glance, opening up after COVID-19 et cetera. It goes on to refer to a tech elite there who do not seem to suffer any problems from any of this, but there are a hell of a lot of people who are poor and who are out of jobs as a result of COVID. It states:

> Homelessness, overwhelmingly African American, rose 17 per cent to about 8000 over the two years to 2019, according to the official figures. The annual counts have been suspended for two years owing to the pandemic, but the homeless ranks have swollen significantly as soaring housing costs, the spread of drugs, and a surge in unemployment push more people onto the streets.

> Imagine the population of Parkes, in regional NSW, around 11,200 people, sleeping rough between Sydney's Circular Quay and Martin Place. I couldn't sit on a park bench without being harassed for money or cigarettes.

The article is by Adam Creighton, the Washington correspondent for that paper. He goes on to say:

> Drugs are the No. 1 cause of homelessness. More than 750 people are expected to overdose in the city this year based on the current trend, which would be triple the level of 2017, according to a report by the San Francisco drug-dealing task force released this week.
>
> "It's ground zero for the drug trade: a hands-off policy means we've got a coalescence of drug users and suppliers, everyone knows the chance of being arrested is very low," says Lee Ohanian, a senior fellow at the Hoover Institution at … Stanford University.
>
> In late 2014, Californian voters passed "proposition 47", which decriminalised illicit drug use and a host of other misdemeanours including petty theft.
>
> "Pharmacies … are routinely robbed now, and there are basically no consequences …
>
> Use of fentanyl, a powerful synthetic opioid coming mainly from China, has become rife.

When paramedics go out on a call, they have to wear hazmat suits to protect them. He goes on to say:

> The response to the pandemic … didn't much affect the city's highly paid elites, many of whom enjoyed the permanent shift to "WFH" and higher disposable income it brought—but it was a disaster for the city's poor.
>
> "More people died from overdosing than died from Covid-19," …

THE CHAIR: Mr Stefaniak, the committee would like an opportunity to ask you particular questions. Obviously, you can fill out your current commentary and perhaps things you have not said yet. I have a substantive question.

Mr Stefaniak: That is probably a good idea, Chair. I need another 10 minutes to go through that.

THE CHAIR: You have indicated that you do not think there is any merit in the bill. Do you mean across all of the aspects of it? Is there any value at all in—

Mr Stefaniak: I thank the committee secretary for giving me a copy of the bill. He also gave me a copy of the Drugs of Dependence Act 1989. The bill itself is a five-page document which merely amends the Drugs of Dependence Act. It seems effectively to change that act where it relates to possession of cannabis, to all of these drugs.

I think Dr Paterson said that the idea was that someone who was given an infringement notice would then be asked to go, directed or whatever, to a rehabilitation place or some sort of facility. There is nothing in the bill to that effect—nothing whatsoever. All it does is to substitute the hard drugs, and probably still including cannabis, in the current act, which decriminalises cannabis. As it stands, I see it as an utter waste of paper. It will be totally unproductive, if that is all there is. It encourages people, especially young people, onto drugs.

I will talk about my son. Joe was killed by his mate's girlfriend, driving a car. She was on ice. She and her boyfriend had a blue. The boyfriend was driving. He was a cancelled driver, I think. Somewhere near Woden—a bus driver saw this—they had a blue, she wanted to drive and she had never had a licence in her life. She was angry, she drove and she was on drugs. Within a kilometre—she was going about 135 kilometres in an 80 zone—she somehow went onto the left side of the road, corrected, overcorrected, rolled the car and my son died. They then bolted. You probably saw the story.

I must say that my son's friend Kane has been very badly affected by that. I suppose you could say he is someone who has been affected by a drug driver, in that he ran away for two years. He has had awful nightmares. We have certainly reconciled as a family with Kane. He has made up; I gave him a big hug at court, actually, when he was last there. He sat for about four or five hours at Joe's gravesite when he came back. This will stay with Kane for the rest of his life.

In terms of Angela Smith, she has successfully completed her three years in jail. She has done every conceivable course. She was certainly drug affected when she went in there. I certainly hope, and my family hopes, that she has learned a lesson and not only used the time, apparently productively, but also used it to the extent that she is not going to go back on drugs. I hope she has learned some skills and that she will get over all of the other problems in her life—because she is about 33, much older than the boys—that she will not reoffend and will now lead a productive life. I think Joe would like that, if that happens.

This was the effect of drugs, and possibly other things, too. Clearly, if she had not been taking ice, if she had been effectively drug free when she drove, if she had not been affected by drugs, I doubt very much if that accident would have happened. How many more accidents are there like that, with people driving? How many more burglaries are there because of people being on drugs?

I think this bill really misses the point. What I would suggest to you is that, if you cannot completely shelve it for political reasons, defer it for two years and maybe have another look at it. What you should be doing is listening to these people, looking at rehabilitation in the early stages and having sufficient programs. When I was president of ACAT and we were in the mental health area, so many people were unable to access—because there is simply a dearth of them—proper rehabilitation facilities.

THE CHAIR: I might interrupt you there.

Mr Stefaniak: Yes. Before I finish that part, so I will not have to raise it again, I refer

to education campaigns. You will see in that Drug Free submission—apparently, it was the Howard government—that the author goes on about a tough on drugs strategy and keeping criminalisation, and indicates that it dropped the problems with drugs by about 40 per cent. It involved a significant education campaign and money for rehabilitation. Every household got a booklet on it.

I refer in my submission to the successful AIDS campaign ads in the 80s—they were quite shocking and graphic, and they worked—and the continuous anti-smoking campaigns. I really liked the Winnunga ones. They are effective because they involve saturation. Kids see them.

Stop people taking drugs to start with. We have enough trouble with alcohol. I am probably the last one to talk in that regard; I like a drink as much as anyone else. But when you combine alcohol and all of these drugs—cannabis is the least offensive, and now we have all of these hard drugs which might be put in the same boat as cannabis—it is a recipe for disaster. You need to look at the rehabilitation early on. You need a decent ad campaign. I have not seen anything that shows people how bloody stupid they are if they take up drugs in the first place.

THE CHAIR: Thank you for that. It was remiss of me not to thank you for telling your story as well, a very personal story. Dr Paterson has a question.

DR PATERSON: Thank you, Bill. I am really sorry for your loss; thank you for sharing your story.

With respect to the opportunity with this bill, I refer to Portugal, as an example. They invested millions and millions of dollars in rehab, treatment facilities and education programs—exactly what you said, the rehab and education alongside the bill. What are your thoughts about that? If this is the trigger to have that investment that you believe we need so badly, surely that is a positive thing?

Mr Stefaniak: I do not know where people are getting their Portuguese figures from, because from what I have read it seems quite clear that whatever they have done actually has not worked in terms of people taking up drugs. I am not quite sure whether they have invested a lot of money in rehabilitation or whatever; it clearly has not worked.

Clearly, from what I read to you from the *Australian*—I will now tender that, so that you can have a look at it—where this has occurred before, it simply has not worked. It does seem to me that you could have more facilities that look after people who have drug problems and, specifically, you could start a decent ad campaign. I would suggest that you do this over the next couple of years, and see how that goes.

Seriously, I think you need to have a really good look at the stats and at what the police see on the street—experienced police officers, ambos and the mental health people who are out there. The fact is there are huge dramas when you combine someone's mental health problems with drugs. I refer to the things we saw at ACAT. Incidentally, I am not too sure whether that lady would have got guardianship at ACAT even if she had gone there, because her son might have been deemed to be more or less compos mentis, and that may not have worked.

I refer to the amount of cases I saw there. We could do psychiatric treatment orders for six months. That meant that people had to obey them, otherwise they could be dragged in and put in a secure mental health facility—not that we have too many beds there, but that could happen.

In terms of countering people's drug problems, you at least need something like that, if indeed it is a situation where they are not going to jail for committing some further offence. Your police stats will show this: I cannot think of anyone who has been jailed just for possession of a minor quantity of heroin, ice or anything like that in the ACT in the last 20 years or so. It is always combined with something else, such as a robbery, an assault or whatever.

DR PATERSON: What is your actual issue? If people are not being jailed for small amounts, for single use possession, why do you think that it would have such a detrimental impact if they are not already being—

Mr Stefaniak: Because it encourages people to take it up. If someone goes to court for a small amount, invariably, it is because there are other offences. If they are not given a straight prison sentence and there are facilities there—Angela Smith obviously used those facilities, and good on her—a court can direct that the facilities that are there are used. If they do not use them, they are in breach of a recognisance. Invariably, a recognisance is given as part of a suspended sentence. Someone serves a bit of time in jail, and the rest of it is served by way of a suspended sentence. It means that they can be breached for a breach of recognisance and that might mean the whole sentence then gets activated—back in jail.

It is a real incentive to do the right thing. I have seen the number of people, especially young people, who respond to that. Once they are caught, once they realise, "This is what I have been penalised with," there are not a huge number who are going to blithely go off and breach the law.

If you do not have some legal sanction there which means that the system can come down like a ton of bricks on you if you breach it, if it is all airy-fairy, if there is no comeback anywhere and it is all voluntary, it just does not work. It flies against human nature; and that is the problem with this bill: it flies against human nature.

People actually need something to pull them up and say, "Okay, I've got to obey this, I've got to do this, apart from the fact that it's for my own good, but if I don't do it, these consequences will come into play." There have to be consequences, and that is the benefit of the current system.

You are not going to see too many people before the courts for possession simpliciter and, if you do, it is probably just a fine. But you will see people before the courts for other crimes. Some are less serious than others; some are really serious. When there are conditions of a release and a recognisance, conditions of bail, there is a penalty if you breach that. That is what you need. I have no idea, because I cannot see what is proposed in the legislation in terms of sending people to rehabilitation. All it does is decriminalise small quantities of use. You have already heard from the police about what is suggested for ice [*Interruption in sound recording*—] 20 hits—and that is

someone going on an ice bender, cracking skulls, belting up people and causing mayhem for three days.

MR DAVIS: Thank you very much, Bill, for your testimony. I am sorry for your loss and I appreciate your coming along today and sharing your thoughts with us. I am interested in picking your brain as a past legislator in this place, specifically on the bill. You have given a lot of evidence around education and health campaigns and increased funding for rehabilitation services, but I would like to home in on the bill specifically.

Mr Stefaniak: Sure.

MR DAVIS: I think it is fair to say that you are opposed to the bill as it currently stands.

Mr Stefaniak: Yes.

MR DAVIS: Working out hypothetically where the territory did move to the decriminalisation of drugs in some form, how would you, with your experience, make this bill better—maybe not your ideal, which I accept, but better?

Mr Stefaniak: For starters, you need some detail in the bill about a person being given an infringement notice. The infringement notice will tell them to pay one penalty unit. It will direct them to a rehabilitation centre—and good luck; I hope you have some—for treatment. You would need a provision so that, if they disobey that order, they will be arrested and taken before a court. You probably would not put the advertising campaign in the bill, but I would strongly urge you to do that; I think that is utterly essential. You need to emphasise, "You're not going to go to court first-up. You're off to the rehabilitation centre. If you don't go to the rehabilitation centre, you will be charged and go before the court. The court will deal with you for breaching that."

You might have a section saying that breaching an order to go to a rehabilitation centre is punishable by six months imprisonment, 12 months, or whatever number you want to pick, and/or a fine of up to $10,000 or whatever—something there to make it an offence if they do not do it. That means people are more or less forced to do it. You can also say that if they do not go, they will be subject to the provisions of the criminal law in relation to this.

Clearly, you also need to be very careful about your amounts for personal use. For example—and I know it is in the Drugs of Dependence Act—with the use of dried cannabis the amount is 50 grams and for cannabis that is harvested it is 150. It used to be 25 and 100, when I was prosecuting in the 80s. With dried cannabis—I assume that is hydroponic cannabis; correct me if I am wrong—hydroponic cannabis, which is what a lot of people use now, is 20 times more powerful than the leaf stuff, the stuff that people used to grow in their backyards, which most of us have probably tried at some stage a long time ago. It is far more dangerous, and it screws up your mind. That is what I saw as president of the ACAT, looking at the mental health tribunal. The amount of people that had been having hydroponic cannabis and using other drugs was quite horrendous. The trouble that they cause to themselves, their families and

innocent people such as the police and medical professionals is really quite horrendous.

I would have a very good look at that. From what the police are saying—I have been out of this area as a lawyer for a long time—two grams of heroin sounds like what we used to have in the 80s and 90s; but, clearly, some of those grams are far too much. Which one is ice, by the way?

DR PATERSON: Methamphetamine.

Mr Stefaniak: Yes. That is very common, unfortunately—0.5 of a gram, and the police are saying that if that keeps you going for three or four days, that is no good. With cannabis, apparently, some copper could not arrest some bloke selling 10 hits of harvested cannabis at $10 each to schoolkids, because it was only 100 grams in 10 little bags. He could not be prosecuted because he said that it was for his own use, and no-one could prove otherwise. He was under the limit. So you really have to err on the side of caution there. Those limits are far too high.

I think that common practice, though, works fine. You do not need this bill. You can have the current law and you can have a great emphasis on rehabilitation and advertising. If the Assembly does that, at least, I think you will be engaging in harm minimisation regarding a lot of the damage that this bill will cause, and that will probably save some lives. If it ain't broke, there is no point trying to fix it and make it worse.

MR DAVIS: I do not mean to be spicy in making this suggestion, but I am curious to get your take: you would argue that the current system is not broken?

Mr Stefaniak: I would argue that the current system in terms of the law is not broken, and the way it works with the police. Our police have discretion. It is one of the beauties of the system. You have a highly intelligent, highly trained and invariably—apart from the occasional bad egg—a highly decent police force who go out of their way to use their discretion sensibly on many occasions.

I have seen it with friends. My son, Joe, would certainly get into trouble occasionally. I have seen it with the coppers who dealt with him. I have seen it with people I have dealt with who would not have a clue who I am, when they give you random breath tests and things like that.

I think we are very lucky in the police force we have. They are very experienced. I think they are the ones who need to be listened to. They are the ones who tend not to necessarily charge people for a very small quantity. The fact is that, even if someone goes to a court, what is wrong with that? One thing I reject is the stigma in going to court. I do not think that that really applies. With going to court, for a reasonably intelligent person and someone who has a few clues—for someone who does not have any clue, it probably does not worry them—even for someone who does not normally go to court, it is not a particularly scary experience. There are some very nice magistrates there who are very polite to people, invariably, and they administer the law. I cannot see the stigma there.

DR PATERSON: You are treating people like criminals, I would argue.

Mr Stefaniak: Why? If you commit an offence and it is against the law—

DR PATERSON: Yes, but this is the thing: do you see drug use as a criminal offence rather than a health problem?

Mr Stefaniak: I see drug use as both.

DR PATERSON: Okay.

Mr Stefaniak: Do you see drink driving as a criminal offence?

DR PATERSON: A criminal offence, yes, I do.

Mr Stefaniak: What is the difference?

DR PATERSON: It is a criminal offence.

Mr Stefaniak: Yes, so is drug use, because it is bad for you.

DR PATERSON: That is why we are debating this bill.

MR DAVIS: In that instance, the drinking is not the crime; the drinking and operating a motor vehicle is the crime.

Mr Stefaniak: That is true. Drug use, because of the effect it has on the community, on the individual, on the relatives of the individual and on the general population who come into contact with that person, effectively, is something that you want to discourage, and you discourage people by things such as fines and sometimes by terms of imprisonment. No-one, as I said, has gone to jail in the ACT for possession simpliciter of even these quantities of any of those drugs.

MR DAVIS: On your point about the relative comfortableness of the court process—and that is an argument perhaps to be had for another day—would it not actually show great respect for the courts and the nature of how overworked they are to remove a whole amount of the work they are currently doing with these relatively minor, in the greater scheme of the court's workload, drug offences?

Mr Stefaniak: I do not think there is a huge workload in drug offences. I suggest in the submission that you should go through the last 10 years and see how many people were charged before the ACT Magistrates Court—

DR PATERSON: What is your problem with the bill?

Mr Stefaniak: for possession, and nothing else, of these drugs.

DR PATERSON: The bill will legitimise exactly what you are saying. People will—

Mr Stefaniak: No, because at present there is a criminal sanction—

DR PATERSON: But if we had—

Mr Stefaniak: and if you do not have criminal sanctions, some people will be really good, but if you give a lot of people an inch, they will take a mile. You need that for—

DR PATERSON: But the sanction—

Mr Stefaniak: That is why we have the rule of law. That is why we live in a civilised society where there are laws to protect everyone, there are laws to protect certain people from themselves and there are laws to guide people. It is all part of a system that works fairly well. If you take that away, if you encourage especially vulnerable young people by having this bill, they will think it has been legalised—even though it has not; it has just been decriminalised—and you will see a larger number of people taking it up.

If you even do the optimum advertising campaign and keep it going, you might not see much of a move in figures, because you will be cutting out a lot of the effect and, hopefully, that in itself might slowly drop—people taking up drugs. It has with smoking. But you need to have an ongoing advertising campaign there. If you do not, the stats in San Francisco and Portugal show what will happen. Have a look at Sweden. I am old enough—so is Mr Cain—to remember when they were the freest place in Europe in terms of drugs. They thought, "Who cares?" Then they thought, "My God, Christ, whoops, this isn't working," and they turned it around. They did have people go to court and they did have court-imposed rehabilitation. I think they now have the best record in Europe in terms of people being drug free and people not taking up drugs.

Those are the examples that show quite clearly that the stats are against this working as it is, and the stats show that, where you have a system where there is coercion and common sense being applied, you will drop drug usage and discourage especially vulnerable young people whose minds are still developing until they are 25 from taking up these horrible substances.

I have seen what they can do to people, to friends of the family. I have seen a good friend of mine who called in a drug raid on his own place because his son and girlfriend were dealing drugs, and he was really worried about them. I think the son was belted up because he owed money to the one-level-up drug dealers. You would really cut down a lot of that.

THE CHAIR: We might need to wind this up.

MR DAVIS: I have one quick follow-up on a bit of testimony that you gave about the risk of more people taking up hard drugs because of the message it sends by being decriminalised, if I could paraphrase what you said.

Mr Stefaniak: Yes.

MR DAVIS: Are you aware of any increase in the uptake of cannabis in the ACT

since cannabis was decriminalised?

Mr Stefaniak: Yes, there are some stats in the Drug Free Australia submission. You can ask the police, too. Mind you, it is a good fine. Actually, leaf cannabis that you can grow in your garden, apart from perhaps encouraging some people to try something heavier, is the least offensive of the drugs. Hydroponic cannabis is just as bad as some of these others. There are so many people that I have to correct, especially young people, by saying, "No, you're not allowed. For those couple of plants, it's a couple of hundred bucks fine. It's like you're speeding." But they thought it was legal. It sends the wrong messages. People do not necessarily look at legislation; so often they hear what they want to hear.

MR DAVIS: Do you have any quantitative data to support that rather than anecdotal evidence?

Mr Stefaniak: There are some stats in the Drug Free Australia submission which I would refer you to. You could ask the Australian Federal Police to give you some updated stats on that, or stats over the last 20 years, perhaps, which would be handy.

THE CHAIR: Thank you, Bill. We will wrap it up now. Thank you for your submission and references to other things, which obviously we can look at later. On behalf of the committee, I would like to thank you for giving us your evidence today. The secretary will provide you with a copy of the proof transcript of today's hearing when it is available, to check for accuracy. I do not believe there were any questions taken on notice during your presentation.

Mr Stefaniak: No.

THE CHAIR: Again, thank you for sharing your personal story as well as your other views.

McCONNELL, MRS MARION

THE CHAIR: The committee welcomes Mrs Marion McConnell. Please be aware that today's proceedings are covered by parliamentary privilege which provides protection to witnesses but also obliges them to tell the truth. Please ensure that you have read and understood the pink privilege statement.

Mrs McConnell: Yes.

THE CHAIR: Do you wish to make an opening statement?

Mrs McConnell: I do have some words written here. Is it okay if I read them out?

THE CHAIR: Sure.

Mrs McConnell: I just want to thank you for inviting me here today to discuss the issue of drug policy and law reform that has been a large part of my life and my late husband Brian's since our son died from a heroin overdose in 1992. My personal experience, as covered in my submission, left me with a deep-rooted conviction that our prohibition drug laws were pointlessly destroying lives and families, that these laws were unjust and wrong and served no real purpose.

For the past 25 years, in October people from the ACT community and beyond come together at Weston Park to mourn the loss of an ever-increasing number of family members and friends. This need not be so. With laws and policies that treat our loved ones and their families as people of worth and promise, not only would lives be saved and families reunited, but our whole community would be better for it.

I often recall the words of Reverend Gregor Henderson, delivered with much passion at the Fourth Annual Remembrance Ceremony in 1999:

> It is not right to treat drug users as criminals, as outcasts, as people who are beneath compassion and love. It is not right that people die from drug dependency in alleyways or parks, in living rooms or hospital casualty wards. It is not right that people die from unintentional overdoses, from highly toxic mixtures of drugs. It is not right that people die when new approaches and treatments are available but governments lack the courage to permit them … It is not right that some, the real criminals, profit from the importation and sale of illicit drugs and mercilessly exploit our family members … It is not right that parents of drug users have great difficulty in finding help for their sons and daughters … and for themselves as they want desperately to help them.

These words resonate today as they did back in 1999. I have great hope and optimism that the ACT Assembly, through this inquiry, this committee and these hearings, will deliver the long-awaited reforms that are so desperately needed and be a beacon to the rest of Australia.

THE CHAIR: Each of us is going to have a turn to ask substantive questions. There may be supplementary questions from any of the members. We are not going to run a very rigid approach in that sense.

Mrs McConnell: Okay.

THE CHAIR: We are happy you are here and sorry to hear of your story, and thank you for the courage in sharing it. I have a question regarding the bill itself. If I am correct in my view, you support the bill—

Mrs McConnell: I do support the bill wholeheartedly because I believe criminal sanctions for personal drug use cause more harm than they do good.

THE CHAIR: And in your opinion could the bill do more than what it currently proposes?

Mrs McConnell: As it is currently? I am quite happy with the bill because it does not change things that much really. And as we have heard—and I refute that—all it is doing really is making it similar to the cannabis offence notice. It will be to all drugs and the amount is limited. I am sure there are people that can come up with what the right amount should be there. I am not stuck to what the amounts are. It is not in my realm to do that. But there are professionals that will be able to discuss that and come up with the right answers, I think.

I really think that criminalising people who use drugs, small amounts of drugs, is just not helpful. It does not help them to discuss if they have issues. We must always remember that there are some people that can use drugs and still function well. We seem to be labelling all these people as having no intelligence of their own, somehow or other. That is what bothers me a lot. These people can have minds of their own and if we help them and support them in the right way they can make some good decisions and they do not necessarily become addicted.

Yes, I am in favour of the change, of taking the criminal sanctions away from personal drug use. Certainly I am in favour of that.

DR PATERSON: Thank you, Marion, very much for sharing your story. I am just wondering, in terms of being a parent, what supports do you feel could have benefited your situation or when your son started using drugs at the early stages? What support would have been helpful to you to be able to help him?

Mrs McConnell: I guess my story is quite different in some ways because we did not even realise our son was taking drugs until a fortnight before he died. And I think what could have been very helpful then was if there had not been any police involved in his first overdose. He was taken to the hospital but the police unfortunately went as well. I hope that one thing that we have learnt to do is the police do not now accompany ambulances to overdoses. I do not think that happens now.

But certainly it did, and that is what awoke me to the unjustness of these whole laws. My son went off to hospital but the police following him frightened him away, because they were threatening. They wanted to find out where he had got the drugs from. He came home that night and really and truly he was so relieved that we had found out; he was so relieved that we were not coming down hard on him and we were all ready to see what we could do. He was still working full time. I do not know

how addicted he was. I will never know, because he died a fortnight later. I did not have a chance.

He was so relieved. But he was frightened away from home, he was frightened away from any help, by police interfering with the health treatment. Even about a fortnight after he died I had a phone call from the hospital asking me how he was. There was even some follow-up there back then. I am sorry, I forgot what the question was. Most definitely there needs to be more done to include parents.

There is an organisation called Family Drug Support that is trying desperately to do this, to help parents, and there is a 24-hour line that parents can phone. I used to be on that line and helping parents for some time.

But parents are excluded a lot of the time, I think, and that is wrong, because parents know a lot about their child and they desperately want to help them; so there has got to be some way that all the interested parties in this problem can be brought together to come up with the best answers. Parents are often treated as the problem; so they are excluded. I would have thought that that would have been improving over all these 30 years or almost 30 years that I have been involved.

Years ago, in 2000 we had this conference called the National Families and Community Conference on Drugs—"Voices to be Heard", and it brought together community, families and agencies. There were wonderful speakers there and there was a fellow there called Ross Mortimer. This is what he said. I have got something here that he said, if I can just find it, sorry. He said, back in 2000, as I said:

> … social workers and agencies almost always treat people suffering from drug addiction as individual clients. The clients' parents and families are often ignored. Social workers prefer one-to-one encounters, and commonly contrive this by insisting on the principle of confidentiality …

He said his working model was an exciting exception to this rule. He said:

> It includes individual parent work; parent group work; and mediation to reduce conflict between clients and their families. Parent group work involves support meetings, which are informal in structure and encourage parents to tell their stories and discuss them.

I am not so fussed about the end of that but my experience is that my son, knowing that I was an upstanding citizen who never was in trouble with police and went to church every Sunday, thought how could he have come to me with this problem that he was using heroin, especially? Very difficult. And why was that? Because we have instilled in people that if anyone takes these drugs, the people that take them are bad, their families are bad. How was he going to come to me and say, "Mum, I am in trouble with heroin"? He just could not do it.

I think having these drugs illegal has divided families like this, but if we can bring them together and say, "Okay, mum thinks like this because she has been brought up with this prohibition thing that people that use drugs are bad, but here is a child over here that sees all his mates using drugs and whatever and also sees it as easing some pain that they might have," that would be a good thing. We have got to bring those

thoughts together somehow, to understand each other. We have got to start understanding people, not criminalising them, not saying, "You have done something."

Why have we got these prohibition laws? If you read the history of prohibition laws, as I did when this first happened to me, you can see that these laws were put there for the wrong reasons, absolutely the wrong reasons, and we have suffered so badly for so many years because of these ill-conceived laws that were put there. Now we do not even look back to see why we have these crazy laws, and we have made such a mess, because we have got so many more drugs out there.

What we are trying to do here in the ACT—and I thank God you are trying to do it—will just be a small step really away from this criminalising our wonderful kids. Sorry, I should not have gone on like that.

THE CHAIR: No, that is fine.

DR PATERSON: That is fine.

MR DAVIS: Thank you so much, Marion. I think there are people in this room who are for the bill, as you are, and people who are not. But I think what we can all agree on is that we want to reduce the harm from drugs on the individual, on the family and on the community.

Mrs McConnell: Yes, reducing the harm.

MR DAVIS: What I am interested in getting from you and your perspective is: if this bill passes and the ACT decriminalises drug use in the manner described in the bill, what is priority No 1 for government after that? We know that it does not begin and end with the decriminalisation of drugs. There are a whole range of things the government would need to do. What would you see as a core priority, a core focus, for us?

Mrs McConnell: We certainly need better education. We do not need the scare tactic type. We need good, honest education, and I think if police pick up people that have a small amount of drugs on them there could be some information handed out about the facts about these different drugs. If they are further down the track and they are having trouble with drugs, then there need to be places they can go.

We do not always need holus-bolus rehabilitation for everybody. There are people who are severely addicted that may need that rehabilitation but there are shorter interventions that are available too. I think our service providers in the ACT are very good and they have improved over time, but they are stretched. They do not have enough resources; there is just not enough really. I guess we have to attach to this changing law some education and treatment and harm reduction.

There was something else I was thinking of and it is gone. I think it was to do with the culture. We have this culture around the drug users, because of the prohibition that has been going on for a long, long time. We look on them as lowlife, I guess. Maybe that is a bit too harsh, but we need a change of culture of the police and even service

providers to look on these people as human beings deserving of our understanding and support, I guess, would be the best words I can think of. Yes, we need to have a cultural change.

MR DAVIS: We have heard a lot of evidence today about rehab. I was interested in what you just mentioned about that being sort of a sliding scale and there needing to be a variety of different programs or approaches depending on the person's relationship with drugs. Are you aware of any good programs nationally and overseas that the ACT are not doing right now that we should look to as good programs to consider implementing?

Mrs McConnell: I probably do but I cannot recall just off the top of my head. I could take that on notice if you like.

MR DAVIS: That would be lovely, thanks.

Mrs McConnell: I did mention I think in my submission about the heroin-assisted treatment and if only we would have brought that in back in 1997, I think it was, things could have even been different now. We may not have even had that drug ice. We keep getting more and more of these drugs out there because the criminals want to make all this money and so they keep producing more and more drugs and we do not seem to understand that that is why this is all happening and our younger people should not be suffering because of these terrible laws that we put in place so many years ago. It has just blown out of all proportion.

But the heroin on prescription, just for people who are severely addicted, was going to be a trial here in the ACT. It has been proven to be quite successful in quite a few countries overseas. But there were parents and grandparents in those days, around the time that my son died, who would be buying the heroin for their kids. If that person who was severely addicted and had other treatment that had not worked, would it not have been better if that person could have gone to a doctor, got the heroin that they needed and was under medical supervision? The parents and grandparents would not have had to do their mortgaging or whatever. People went broke over this. It just seems so sensible to me.

This was a drug that was used medically, back before it was prohibited, for childbirth pain, cancer and so forth. And now we have prohibited it and it is costing a fortune. That was just for these severely addicted ones. That is another thing that is still possible in the ACT. But there are other pharmaceutical treatments as well as rehabilitation. There are short interventions, which I can check out and get to you, if you like. I can take that on notice.

MR DAVIS: I have plenty more questions but I will not monopolise your time too much.

THE CHAIR: I have another substantive question. What is your response to the view that having a criminal sanction over possession of some of these drugs is a disincentive?

Mrs McConnell: Sorry, I did not quite—

THE CHAIR: What is your view of the opinion that criminalising possession, as is currently the law, is a disincentive and maybe just makes a few not take that up, purely because it is at risk of becoming—

Mrs McConnell: I think there probably are some statistics on this too which I could get, but I honestly do not think it does have a lot of disincentive. The drugs are out there. In my son's case, I do not really know. I never found out why he took these drugs. I feel that it was because he was a very sensitive person and he had trouble with the things. Just one instance I remember was the Tiananmen Square incident. We were sitting watching the tele and saw it on the television and he just got up and said, "I cannot watch this, I cannot watch this. They are killing their own people." I think things like that bothered him.

It is that sensitivity. Someone has probably said to him, "I can help take your pain away. Try some of this." And it has worked. But I do not have a lot of faith in that. There are a certain amount of people out there that will never take drugs. If we made heroin legal tomorrow would you go out and take it? You would not, and I certainly would not. It just does not happen. No, it does not work that way. Drugs have been around for a long, long time. People have taken them for a long, long time.

I did a course way back when I first got into this about addiction to drugs or courses about addiction and one of the books we read there was to do with: "Drugs are here to stay. We have got to reduce the harm that they cause, educate well and reduce the harms."

We do not want our kids to take drugs. Do not get me wrong. I certainly do not want my kids to take drugs, but the harm that comes through the policies that we have is worse than the drugs themselves. And they have caused the drugs to be here.

THE CHAIR: On behalf of the committee, I thank you for giving us your evidence today and, again, sympathy for the circumstances which have perhaps given you obviously a very committed interest in this whole area.

Mrs McConnell: Thank you.

THE CHAIR: We wish you all the best of course. The secretary will provide you with a copy of the proof transcript of today's hearing when it is available, to check for accuracy. I believe you were happy to take a question on notice. Could you please liaise with the committee secretary to provide that answer?

Mrs McConnell: I will.

THE CHAIR: Thank you so much.

Mrs McConnell: I actually have some extra information. Can I leave that here?

THE CHAIR: Sure.

Short suspension.

TAYLOR, MR PETER

THE CHAIR: The committee welcomes Mr Peter Taylor.

Mr Taylor: Can I just say, before you start, I have been having difficulty hearing all afternoon; so you might need to speak up a little, please.

THE CHAIR: Please indicate if you cannot hear what we are saying because we are able to take the mask down for the purpose of clearer communication.

Mr Taylor: Yes.

THE CHAIR: Please be aware that today's proceedings are covered by parliamentary privilege which provides protection to witnesses but also obliges them to tell the truth. Please ensure that you have read and understood the pink privilege statement.

Mr Taylor: Yes, I have.

THE CHAIR: Do you wish to make an opening statement?

Mr Taylor: Yes, I do. It has been a long afternoon, and I do feel a lot of empathy for previous speakers and I am in a similar situation. I guess in some ways my point of view is really looking at the culture behind drugs. We have heard a lot about that, and I would like to address some of the issues probably following on from what Marion said. But I do have an opening statement here I would like to read to you, if that is all right.

To quote Greta Thunberg's address to the UN on climate change, my opening comment is this:

> This is all wrong. I shouldn't be up here.

It is wrong that I am here because my son died from a heroin overdose. He should not have died. He should be here today, enjoying life like his contemporaries, like his brother is. He should be here, being an uncle and possibly a father himself. It is painful for me to relive losing a child, as it is for others who have spoken previously. It is a parent's worst nightmare. I am here because perhaps the contribution I can make to this hearing might save a life in the future.

There are those with whom I would disagree on the way illicit drugs are viewed in society. However, there is a point of agreement. That is, we all wish to protect those who consume illicit substances. All of us do not want to see the tragedies that happen. The differences between us lie in how we think society should respond to the drug problem. On the one hand, there are those who believe that the only way to control drugs is via the hard-line approach of criminalisation, and on the other those who believe that this is not the way forward.

It has been said that for every problem there is a simple answer and it is wrong. Drug use in society is far from a simple problem. That has been borne out today. In fact, it

may not even be correct to use the word "problem" at all. A recent article in the *New Scientist* magazine references a book called *Drunk: How We Sipped, Danced, and Stumbled Our Way to Civilisation* by Edward Slingerland. I have got the article here. He proposes the idea that civilisation has actually accrued from the benefit of using the drug alcohol, because it helps some of us be more creative, and that has led to the development of new ideas and subsequent progress. Astonishingly, the book even noted there was a 15 per cent drop-off in the application of patents in America during prohibition.

Does this mean we should encourage people to be drunk all the time and everything will be wonderful? Of course not. The bad effects of the drug alcohol are well known and are a huge problem that society seeks to control. The alcohol problem is very expensive to manage and is approached in a number of ways. As I mentioned in my submission, in Sweden alcohol sales are much more restrictive than they are here.

Nonetheless, we live with alcohol. It is regulated and provided in known doses that are accurately measured and, of course, we collect a great deal of money in taxes from its sale. One could make the argument, perhaps, it is unethical to be collecting money from the sale of a potentially dangerous drug. In Sweden, by the way, you do not see advertising for alcohol or special offers to encourage its sale.

But alcohol is an unusual drug in that there are two components crucial to its enjoyment. One is the taste and the other is the effect on the mind. I cannot think of another drug like this. It is also unusual in that ingestion can be easily controlled, but not always. One of my friend's teenage daughters almost died from the consumption of whisky. She had to have her stomach pumped and, without this intervention, she would probably have died.

However, in this way alcohol is similar to smoking marijuana. Users can monitor the effects at the time of smoking and stop. As with alcohol, marijuana is very easy to produce at home, where its quality can be monitored. Alcohol and marijuana both illustrate the point that identifying drugs as a problem is not strictly correct—in my view, I had better say.

Almost all of us take drugs and have taken them during our lives. Our brains seem wired for drugs, which is hardly surprising given our enormous capacity for experiencing pleasure. The altered state of mind can be a wonderful relief from the nine-to-five stresses of the week.

However, in my submission I describe two camps of drug users. There are those for whom drugs are fun, they give pleasure and are used in appropriate situations. There is the second camp that my son fell into, whose brains are not working well. They have mental health problems, although I actually prefer "not working well".

My son, Sam, suffered from anxiety and had been receiving psychiatric care for years before he died. He had struggled with anxiety and depression and he used to take high doses of prescription drugs that basically did not work. The treatment of depression is so difficult. What did work and give him some respite was heroin. In fact, in terms of him taking drugs, he actually shunned drugs like marijuana and ecstasy. He knew all the dangers. He went to Narcotics Anonymous. He certainly did not want to carry on

taking the drugs and knew how dangerous it was.

But Sam got caught by the fact that the only way to get heroin in Australia was from criminals, those who make enormous sums of money from supplying chemicals of unknown purity and composition to mainly the youth of our country. If we could catch all those people and intercept all the supply lines then it would be impossible to overdose on heroin. However, this strategy has not worked and costs millions of dollars. Making individual users of drugs into criminals does not seem to help either. This is the deterrent effect that your question to Marion was about.

Did it worry me in my youth when I smoked marijuana? Of course it did. Did it stop me? No. Would it have damaged my life if I had been caught? Yes. Would I have been branded a criminal? It would certainly have had serious repercussions on my life. Luckily, I was able to pursue my chosen career as a teacher, a university lecturer and later a commercial energy consultant in Canberra.

We are talking about change here. The proposed bill on decriminalisation seems to be a momentous change in our thinking. I see it as a first step. Since I have been thinking about drug law reform I have hoped that the ACT would show leadership in this area, as it has done with renewable energy and homosexuality. Consider that. Homosexuality was a crime punishable by death and, later, by imprisonment. Those notions seem crazy to us now. Think about it for a minute. It is a total change in an attitude that has come to recognise who we are as human beings.

I recently watched an interview with Justice Michael Kirby. He related how he had to keep his sexuality hidden for so many years. We used to live in an age where homosexuality was seen as wrong, immoral, evil, sinful, unnatural. All these adjectives have been applied to the taking of illicit drugs.

After all, we decide which drugs are illicit. We do not say taking painkillers is sinful; we do not say having a glass of wine with a meal is immoral; we do not get arrested for brewing beer at home. Now let us get rid of all the judgement words. Let us look at reality.

We have discovered chemicals that affect the mind. Human beings enjoy this effect. For some of us, this effect can help us cope with life, despite unwanted side effects. We actually do not need to be branded criminals for using chemicals. We certainly do not want to have these chemicals supplied by people who charge an extortionate amount of money for them or supply them with no regard to dose or purity.

We may be having difficulty with life and need financial, emotional and medical support, a chemical we use as a band-aid to get us through, but which we recognise is not something we want to have to rely on, if possible. We need society to show us compassion and understanding. We have been unlucky in life's lottery, either in genetics or our family situation. We need a hand-up from the wealthy society that we live in. We believe we have the right to a secure a healthy existence. We want to make a contribution.

My son, Sam, was a very skilled acrobat and musician. He had a group of friends in Sydney he taught juggling to. He entertained his friends with his extraordinary piano

playing. He enjoyed dancing. He used to crew yachts on Sydney Harbour. He was a truly loving son. His death was a terrible waste.

THE CHAIR: I am sorry, Peter, I am just wondering is that the finish of your opening statement.

Mr Taylor: Yes. Sorry.

THE CHAIR: I was very keen for us to ask questions of you.

Mr Taylor: Do what, sorry?

THE CHAIR: To ask you some questions, if that is okay?

Mr Taylor: Yes, of course.

THE CHAIR: Obviously you are a supporter of the bill.

Mr Taylor: Sorry. Maybe take the mask—

THE CHAIR: You are supporting the bill?

Mr Taylor: Yes, I am supporting the bill and I see it as a first step in a long change of culture.

THE CHAIR: And on that point, do you think it should do more? And if so, what else could it do?

Mr Taylor: Yes, I think a lot more should be done and that is because my dream would be to remove the supply of these chemicals from criminals. That is a very difficult road to travel. Also we should change the culture regarding drug use as being bad. We all use drugs. By "drugs" I am talking about alcohol. That is an obvious one.

We need to provide help for people, which has been mentioned before. Certainly there needs to be more rehabilitation. My son, Sam, was in rehabilitation for six months. It was very hard to get him in. It was also hard because he was on methadone and some of the rehab places will not take people on methadone. That needs to be addressed. The methadone was his support and he was trying to get off it, because he did not want to be tied to anything. That is certainly something that needs to be looked at—the support. An injecting centre is another. He died by himself in a hotel in Redfern. If he had been at the injecting centre he would be alive today. He had really gone into a downward spiral, and I had not really appreciated it.

Certainly the first step, if we are still living with the criminals supplying the drugs, is certainly to try and make them safe. Certainly the pill testing which has come in in the ACT has been a remarkable step forward and I applaud the government for producing that. You have got David Caldicott who can supply you with so much information on those drugs.

Again, it is a lunatic situation that the criminals supply the drugs and we say, "We are

just going to see if they are safe for you to take," instead of really saying, "The kids are going to take them and the more we can take this out of the criminal hands," as Marion was pointing out, "the more we can stop the criminals inventing new drugs." When I was growing up we smoked a bit of dope maybe. There were not all these other things. The point I was making with the ingesting is that, with alcohol, you can stop. With a drug, you have taken it. End of story. That is why with a pill—sorry, I am probably going on a bit.

THE CHAIR: No. Before I pass to Dr Paterson it was remiss of me not to, one, thank you for being willing to tell your very personal story. We are very sorry, as a committee, that this is what has brought you here perhaps.

Mr Taylor: Yes.

THE CHAIR: And obviously you have our sympathy and good wishes going forward.

DR PATERSON: Thank you, Peter, very much for sharing your story and your eloquent words. I was previously an anthropologist; so I am always interested in culture change. I am fascinated by what you think in terms of breaking down the stigma around drug use. There is always that balance between are you promoting something versus destigmatising. Yes, I am interested in what thoughts you, as a member of the community, have on anything that you think we could do better to change the culture.

Mr Taylor: That balance, yes. There is mention by the Family and Friends for Drug Law Reform of hitting that sweet spot between total prohibition and total open slather and how do you meet that. As Marion said, I do not want my grandchildren taking drugs. As you pointed out, some of the marijuana that is produced today is nasty stuff, I am sure. I do not know; I am not an expert. So I am not going to say that.

I think honesty is a key thing. My failing, again, was that I did not get enough help from Families and Friends for Drug Law Reform, this organisation that specifically helps families. That would have been useful for me when children are taking drugs. I think we have to say, "For God's sake, we are a society that depends on drugs." Simply to say drugs are not alcohol is just not right.

We are built, as far as I can see from my experience, for taking drugs. It is fun. How do we control that like perhaps the more primitive societies were doing? You can think of people that took peyote, mushrooms and cactus and things like that, which was a ritual sort of thing. You had this sort of release for a few days a week where you took the drug but then you got back to work and did your thing. It was seen as not something every day, I guess.

Sorry, I am running away a bit again but it is a very hard one. I guess I come back to saying, "You have to be honest." I know when I was growing up people were saying, "This marijuana, is it harmful? Is it going to ruin my brain for life?" We were not saying that about alcohol, which is pretty nasty stuff. There was not a debate about whether alcohol was going to damage my kidneys, my liver, whatever. "Alcohol is all right." Actually it is not. We are going to be truthful about alcohol because of car crashes and whatever.

We have to be totally up front about the drugs, about ecstasy. Actually what really are the effects? What are the dangers? Probably not a lot if it has not got the other things with it. But do not take my word for that one. I am not a medical expert. You will have to chat with the medical experts on that.

MR DAVIS: Thank you, Peter. I have been interested in exploring with those who have self-declared they do not support the bill how we could make the bill better. As someone who does support the bill, I am interested in asking, I suppose, the same question I asked Marion earlier. Decriminalisation of substances passes, what is priority No 1 for the government after that? We know that this does not exist in a silo. There are a whole range of things, be it legislation, be it funding. As someone working in this space, what do you see as the next big thing the government should be looking at to make sure this is done properly?

Mr Taylor: I think you would need to really understand the nature of the specific drugs themselves, because you cannot sort of group them all together because they are so different. The laws on cannabis have been changed because of this recognition. How are we going to treat MDMA? What are we going to do about that? What are we going to do about LSD? Some people are recommending LSD as a usual treatment for depression, for example.

It needs more research work to show how we can control it, I think, how we can define now really which are the nasty things. Again, more research work is probably needed. It would be helpful if the police were to say, "We really want to try and cut the criminals out of this; we really do not want the criminals supplying drugs and inventing a whole lot more." Speak with the police on what are we going to do "What are your recommendations?"

I am sure the police are going to admit it is very, very difficult catching all the criminals and, with the huge motive of profit that the criminals have, they are going to find ways through somehow. How are we going to disable them? That is my thinking. Does that help?

MR DAVIS: That is a good answer. Thank you.

THE CHAIR: Is there anything you would like to say in closing?

Mr Taylor: I really appreciate you giving me the opportunity to address you and go through this process and thank you very much for inviting me. I thank all the other people too. It has been an interesting afternoon to listen to everyone. Thank you again.

THE CHAIR: On behalf of the committee, I thank you for giving your evidence today. The secretary will provide you with a copy of the proof transcript of today's hearing when it is available to check for accuracy. You will get a copy of the draft *Hansard* for your scrutiny.

Mr Taylor: Right.

THE CHAIR: I do not believe there were any questions that you took on notice.

Mr Taylor: No.

THE CHAIR: In closing, for all who are watching and in attendance, I thank all witnesses today for their openness in telling the committee about the effect that drug use has had on them and their family. This hearing is closed.

The committee adjourned at 3.47 pm.