

# TRANSCRIPT

## LAW REFORM, ROAD AND COMMUNITY SAFETY COMMITTEE

### Inquiry into drug law reform

Melbourne — 21 August 2017

#### Members

Mr Geoff Howard — Chair

Mr Bill Tilley — Deputy Chair

Mr Martin Dixon

Mr Khalil Eideh

Ms Fiona Patten

Ms Natalie Suleyman

Mr Murray Thompson

#### Witnesses

Ms Penny Hill, president,

Mr Ashley Blackwell, vice-president, and

Mr Dean Rossiter, chapter president, La Trobe University;

Mr Gulliver McLean, member, and

Mr Nicholas Kent, chapter president, University of Melbourne; and

Ms Phoebe Logan-Jacobson, representative, RMIT, Students for Sensible Drug Policy Australia.

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

**The CHAIR** — To the group mainly of students from various different universities and Students for Sensible Drug Policy Australia, welcome to the parliamentary Law Reform, Road and Community Safety Committee. As you know, we have been looking at, for a number of months now, issues associated with drug law reform and have met with a number of groups, as well as receiving something like 220 written submissions from groups. So it is good to have you along here today to give your perspective on some of the issues that you think we should be aware of and to get your views.

As you are aware, in this non-camera section of the committee hearing in particular Hansard is recording what is being said, and the transcript will come back to you to check that it is technically correct, in terms of what was said, and that will go onto the public record afterwards. You have indicated an interest in going in camera, so we will, at the end of a period of time, vote on that, and if we decide we will go into camera, then that will not apply the same, and the discussion we will have, while it will be recorded, will not be made publicly available. I think that is the main thing I need to say to you ahead of handing over to you. The aim, really, in the time that we have got is for you to share your views in brief form up-front but then for us to enter into a bit of discussion to tease out some of your ideas a little bit more and to have further general discussion with you. So I am handing over to Penny first. You have worked out how you are going to present to us, so I will leave it to you from there.

### **Visual presentation.**

**Ms HILL** — Hello, and thank you for having Students for Sensible Drug Policy, SSDP, Australia present to you today. Drug policy covers such a broad range of issues and impacts, and it interacts with communities in both small and profound ways. It is not an easy policy issue to understand, and the pathway to the best solution is not always known. We have been following the work of the committee, and we wish to express our gratitude for the openness, dedication and hard work of members of the committee and supporting staff to tackle such a broad review of drug policy. Firstly, I will quickly describe our organisation; secondly, I will introduce our speakers here today; and then finally, I will hand over to the rest of the team.

SSDP Australia represents a grassroots network of students and allies working towards meaningful drug policy reform grounded in evidence, compassion and human rights. A young organisation, we recently formed in 2016 with the initiation of the first Australian SSDP club at Deakin University. Shortly after, the University of Melbourne club was formed, and since then students around Victoria and Australia have formed clubs at La Trobe University, Victoria University, RMIT, Swinburne University and Macquarie University in Sydney. We also have membership from students at more than 20 universities and colleges across the country, including institutions in regional areas, who are all campaigning for young people to have their voices heard in drug policy reform discussions. We represent the voices of students on campus and students at the local, state, national and international levels, including representation of Australian youth civil society at three United Nations sessions in just the last 18 months at both the United Nations Office on Drugs and Crime in Vienna, Austria, and the United Nations headquarters in New York in the United States. Despite being newly formed in Australia, we belong to the wider SSDP international network, which includes students from 17 countries, including Bolivia, China, Ghana, Mexico, New Zealand, Pakistan, the UK and the US.

We are here today to present to you our recommendations for drug policy reform in Victoria. My name is Penny Hill, and I am the initial president of SSDP Deakin University and founding president of SSDP Australia. I come from an academic background in public health and international and community development, and I am now a current PhD candidate at Monash University, researching the health outcomes of people who inject drugs. I have previous work experience in the harm reduction and primary health sectors for people who inject drugs in both Kings Cross, Sydney, and for the last couple of years in Melbourne. To begin our presentation today, our key themes to present to this committee are to support the decriminalisation of drug use and drug possession for personal use in Victoria, to involve students and young people who use drugs in the creation of Victorian drug policy and to acknowledge the need to recognise the role that stigma plays in providing barriers to reducing harmful drug use.

Dean Rossiter, the president of SSDP, La Trobe University, will present to you on the need for cannabis policy reform in Victoria. Nick Kent, the president of SSDP, University of Melbourne, will present to you on the need for reform in the form of support for pill testing. Phoebe Logan-Jacobson, the founding executive member of SSDP at RMIT, will present to you her personal story and the importance of education around substance use and other protective factors in Victoria. Gulliver McLean at the end there is a member of SSDP at the

University of Melbourne and will acknowledge supply-side harms of the war on drugs in Victoria. Ash Blackwell in the purple is the vice-president of SSDP Australia, and he will summarise our key themes and further recommendations. We will then open up for questions, which we invite from the committee, and then hopefully do the in camera discussion.

We also wanted to mention the need for a Victorian real-time public early warning system for drug monitoring; better funding for harm reduction peer-led programs in Victoria; reforms to sniffer dog use; amnesty bins for anonymous drug disposal; reforms to drug driving policy; a medically supervised injecting facility in Melbourne; interventions to reduce incarceration and re-incarceration of, in particular, young people who use drugs in Victoria; the expansion of naloxone provision programs across the state; and initiation of needle and syringe programs in Victorian prisons. Thank you for your time today. Please now let me hand you over to Dean.

**Mr ROSSITER** — The main point with decriminalisation is that prohibition tends to do more harm than good. The more you look into it, the more you see it is basically all harm. So we spend billions of dollars on prohibition. That \$4.7 billion figure is the direct costs, or the explicit costs, of law enforcement, along with the lost revenue in the tax revenue of the illegal market. As you can see, most of that is spent on law enforcement — \$2 billion annually Australia-wide spent on law enforcement specifically. There is that orange sliver there of harm reduction — almost no money is spent on harm reduction. What do we get for our \$4.7 billion? Typically we get more potent drugs, and people carry smaller amounts of more potent drugs rather than larger amounts of less potent drugs because that is a smaller risk if you get caught with them. There is more adulteration because there is no quality control. So over the new year we had three people die from taking MDMA that had another substance in it called NBOMe that they did not know was in that drug, and they overdosed on it and died.

You do not get this with over-the-counter legal medications. You do not buy Panadol and get cyanide in your Panadol. It is specifically a problem caused by prohibition: you get more dangerous delivery methods. So evidence shows that when you legalise things like cannabis people stop smoking it and they start taking edibles and oils. The main danger with cannabis is similar to the main danger with tobacco — it is the inhaling method. Similarly we also ban vaping, which is again safer than smoking it directly. There is a big list that keeps going of all these problems that prohibition causes. In general we are paying money to kill people for their own good, and when you put it all together, it looks kind of absurd. There is not a lot of reason to continue spending money on hurting people.

So the main goal with decriminalisation is to essentially just cut out that big portion of the fine. We can spend it on harm reduction and treatment, but even just doing nothing is probably better than continuing prohibition. Specifically, to do with cannabis, you can see what we have got for all that money that we are spending on law enforcement. The price of cannabis has actually gone down. It is as available as it ever was — in fact it is probably more available. You would expect prices to go up, the more money you spend on law enforcement, and availability to go down, but you know how markets work: there is a demand for this so it will push back towards equilibrium. Spending on law enforcement, on reducing drugs people are taking is really, really inefficient. Compare this to what we could be getting, to the implicit costs — that is, we are giving up a huge sort of economic boon. States in the US — so that is Colorado and Washington; Colorado has a similar population to Victoria — have legalised weed, and we can see the increase in sales. There is the size of the industry there — it has gone well past \$1 billion by now.

**The CHAIR** — Some of us were there three or four weeks ago.

**Mr ROSSITER** — And you can see in Colorado they require a licence for everyone who actually handles cannabis, and they have over 60 000 licences, so that is a minimum of 60 000 jobs. It is quite extensive. Then on top of that you have got a lot of people who will not handle all the things — things like marketing, accounting and things like that — that just go along with business in general.

One of the bigger concerns people have, especially with cannabis, is that young people take it and they are lazy and do not work. If you want to get people who are interested in cannabis working, offer them jobs related to cannabis. That would be an excellent boon to the economy. There would be lots of jobs probably focused around young people as well: we have big unemployment problems at the moment.

Essentially we are just spending money on, again, killing people and giving up not just tax revenue but economic growth. If we are an early adopter as well, we will get people from across Australia coming to Victoria to research and sell and grow and do all these sorts of things that will be helpful. Along with legalisation, obviously with cannabis it is a helpful pain medication — it helps epilepsy, it helps cancer sufferers and things like this. When you legalise it, you get a lot more research as well. So there are a lot more high-end jobs — academic, pharmacology jobs — as well.

**The CHAIR** — Okay, thanks, Steve. We will come back to you with some questions later I think.

**Mr KENT** — Okay, so my name is Nick. I am the chapter president at Melbourne uni. I am going to focus on talking about pill testing, but one of the main things in my talk will be around the barriers to honest conversation around substance use and how this contributes to harms, and I will be linking those two things together. In terms of who I am, I am studying a masters of teaching at the University of Melbourne. I actually work as a teacher in a public high school in Victoria, and I am doing my masters thesis on the drug education curriculum.

**The CHAIR** — We will have some more questions for you later, maybe, too.

**Mr KENT** — Yes, absolutely. I am happy to answer questions. I was here for DFA's talk here before, so I am happy to take questions on that as well. I am going to be focusing on pill testing, but first I would like to give a short personal anecdote from some things that happened a few years ago. Back in 2013 I was a sort of regular member of the night-life clubbing scene around the gay community, and I actually watched an entire scene of people spiral into problematic drug use through what I deemed to be things like internalised stigma, barriers to accessing information around safer drug use and a whole range of other factors. I believe that what was happening was that people were engaging in ecstasy use on the weekends largely in an unproblematic way, in terms of definitions of harm, and that through experiencing things they were told they would not experience through ecstasy use and not experiencing the harms that were pushed down their throats all through high school and through the common discourse, they misinterpreted the harms of other substances and sort of transitioned into really problematic crystal methamphetamine use because of that.

The role that I played in that situation was actually it was my first experience of trying to push a message of abstinence and of no use. I was the friend who was trying to get them to stop their ice use. That cost those friendships. That whole situation destroyed an entire scene. In terms of where they are now, many of them are out of the woods in that sense, but it took them years. It took them an entire search that was all on them. There was absolutely no support provided to them from anywhere, and it was really my first experience of how telling people to just stop taking drugs is really, really dangerous, and it cut off any kind of appreciation. They did not think that I understood where they were at. They were not able to take what I was pushing to them because they were in a different place. I firmly believe now, having engaged with harm reduction and drug policy for a couple of years, that if I had taken a different approach of non-judgemental harm reduction, tried to engage them where they were at and tried to understand what they needed and how they could engage in that behaviour more safely, that that would have saved not only the friendships but probably also had a significant impact on their harmful substance use.

So to bring it back to my general theme here, barriers to honest conversation around safe use, I have talked little bit too much about that so I am going to talk now quickly about the pill-testing program that we have been working on with the University of Melbourne Student Union. Last year in September the student council voted unanimously to support a harm reduction program that would supply reagent testing kits free of charge to students. This is a student council which is made up of all kinds of student representatives, from Young Labor to Young Liberal. This unanimity in the student council vote is indicative of, I believe, the unanimity in our generation for this kind of service. You can see there some statistics that were gathered at the start of O week by the student union of around 500 Melbourne University students. Interestingly 87 per cent of people indicated that they would access this kind of service. The major statistic there that is of interest, I think, is that 92 per cent of those people said that they would discard a substance if their test showed that it was adulterated. We have some of the most adulterated drugs in the world. We are also the highest users of ecstasy per capita in the world. We have significant interest from student unions looking to foster wellbeing and safety within their student bodies through measures like this, largely I believe in the absence of government action.

This program has received a huge range of international interest from SSDP chapters around the world. We are currently working on the final program policy design. There have been a number of barriers put in place by

other stakeholders that we have worked through, and essentially our goal is to not only increase access to pill testing but bring it back to this theme of barriers to honest conversations around drug use — provide these people with a platform to engage with harm reduction through this testing service. If my friends in 2013 were able to go to a safe, non-judgemental place where they could access information, I believe that would have had a significant impact on their experience of drug-related harm, and I believe that that goes for all drug use.

**The CHAIR** — Okay. Thanks, Nick.

**Mr BLACKWELL** — Sorry, could I just draw your attention to one thing that Nick did not mention? That 74 per cent figure in the middle, that is indicative of how many people said they would prefer an in-person service, so that is for those conversations.

**The CHAIR** — Yes, thanks.

**Ms LOGAN-JACOBSON** — I will be touching a bit on education but from a more personal standpoint. My personal experience in my community is that substance use is not exclusively seen as a negative but a normal part of recreation, as a means of enhancing experience and better connecting. The biggest protective factor I have found in my personal experience has been education both on substance use — and that is frank and honest education, which I have not found in the common discourse in my education — and around mental health in terms of the individualistic yet overarching and nuanced relationship between mental health and substance use, which I have also had experience with. That is not necessarily substance use causing poor mental health but the way in which substance use can be a symptom of poor mental health and a coping mechanism for those lacking support and education around other less harmful coping mechanisms.

For me, I have actually seen in the community and I have been at events and I have been to nightclubs when people have experienced adverse effects from substance use, and I have found, like I said, that proper education around that has been a big protective factor — that is, in terms of dosing, the dangers of mixing alcohol with certain substances, and also around self-care and the care of others when you are engaging in substance use. I believe that the places that I have found this education have not been in the common and dominant discourse but through places and supportive, safe spaces such as DanceWize, which I find have served as a massive protective factor in the festival community, insofar as they provide a non-judgemental area where people feel safe to come and be provided with this information, whereas I have found intimidating police operations —

**The CHAIR** — Did you say they are called DanceWize?

**Ms LOGAN-JACOBSON** — DanceWize.

**The CHAIR** — And that is a group that comes along and attends festivals?

**Ms PATTEN** — Yes.

**The CHAIR** — Okay.

**Mr BLACKWELL** — They are funded through DHHS.

**The CHAIR** — That is right. They were that group.

**Ms PATTEN** — They are part of Harm Reduction Victoria. They came and gave evidence to us.

**The CHAIR** — Okay, good. Thanks.

**Ms LOGAN-JACOBSON** — I have found that operations such as this have been far more of a protective factor, whereas intimidating police operations, an overbearing presence at these events, have acted as more of a risk factor and breed an environment of mistrust and further risky behaviour, such as people panicking and taking all of their drugs, not seeking help when their friends are in a bad way, overdosing and not seeking help when they themselves are experiencing adverse effects for fear of prosecution and getting into trouble. Thank you.

**The CHAIR** — All right. Thank you. We will come back to you again, Phoebe.

**Mr McLEAN** — Before I start I was wondering if I could ask a question to the panel first.

**The CHAIR** — You can. Whether we answer or not is another matter.

**Mr McLEAN** — That is all right. I was wondering how you actually received Drug Free Australia's submission and their presentation today — what your actual —

**The CHAIR** — We probably cannot answer that — it would take all day.

**Mr DIXON** — We have heard all sorts.

**The CHAIR** — But we are happy to hear your views in regard to that, I guess is the best answer perhaps here.

**Mr McLEAN** — I just mean that there are a lot of things that they say that would take a lot of time to actually dissect.

**The CHAIR** — Indeed.

**Mr KENT** — Fabrications of evidence.

**Mr McLEAN** — Yes. I would not want to waste your time.

**The CHAIR** — We understand.

**Mr McLEAN** — Thank you. And also what your initial views towards legalisation actually are.

**The CHAIR** — We have to discuss that as a group.

**Mr KENT** — It is a big question, Gulliver.

**Mr McLEAN** — Individually, your initial perception — is it something you are even considering or is it something you are just not —

**The CHAIR** — I am sure we will consider it in our discussions.

**Ms PATTEN** — At the moment, Gulliver, everything is on the table.

**The CHAIR** — That is right.

**Ms PATTEN** — Everything is on the table. As you saw from the terms of reference, they are incredibly broad terms of reference, so it was — let us honestly look at what is happening and let us look at the evidence and let us come up hopefully with some recommendations that are in line with that.

**The CHAIR** — That is a fair comment, yes.

**Mr McLEAN** — Good. Onto the presentation. My addition to this presentation is more to say that there is a broader way we should be looking at drugs in general and their effect on communities. Most of the discussions about harm reduction and things like that focus on reducing the harm to who is consuming it — when you are taking heroin or something, reducing the direct harms of your use of that. But that completely neglects that there are all these harms that happen along the way in the actual production and the trafficking of that heroin, or any illicit drug, along that supply chain — it can be a global supply chain, it can be a local supply chain — and across all those things there are all these harms to the community that are not really being addressed by one side of the harm reduction discourse. So basically I would ask that you acknowledge that those harms do exist and that decriminalisation does not really actually address any of those concerns because it does not remove the black market. You can remove the really extreme criminal penalties for use, but that does not change the fact that they are still getting illicit drugs.

**The CHAIR** — Yes, that is understood. What are some of the supply-side harms you are talking about?

**Mr McLEAN** — A key example is: people get cocaine — there is actually supply from Australia but it is a minimal percentage. The majority of cocaine comes from Columbia, overseas, Latin American countries, and in those countries it has not been legally produced — except for in Bolivia — it has been produced by massive

criminal organisations, and people are buying that and supporting these criminal organisations. And from that it is corrupting the state there. It is corrupting other states. It is allowing criminal organisations to put money into all sorts of other harmful practices. By the Victorian government's and the federal government's support of all of the United Nations conventions against drugs, they are implicitly involved in supporting that. The recommendations are there, and they basically all kind of stem from the basis that that is something we need to acknowledge.

**The CHAIR** — So you are talking about the ruthless criminal elements essentially along the whole black market chain?

**Mr BLACKWELL** — Yes, and also human trafficking and slavery are relevant to the supply-side harms discussion, because that might occur in a foreign nation but the drug market that we have still supports that activity, while unintended by consumers.

**The CHAIR** — Yes, that is right.

**Mr BLACKWELL** — I did not write a big statement or anything so I am just going to try to synthesise some of the experiences of our members and their views. First of all, once again, thank you for having us here. One of the core goals of our organisation is to involve students in a political discussion, so us being here is delivering on one of our key goals of our organisation. One of the things that is really common in our organisation are discussions of different people's drug use and how that looks. It is complicated. The common narrative of drug use that you hear in the media of a traumatic experience, solace in drugs, problematic drug use et cetera is a very narrow view, and it is certainly not the common one. Amongst our members there is often a mixture. Even for people that have had experiences with problematic use, it is still more complicated than that picture, because they might have a problem with one substance yet another substance might actually help them relieve that addiction.

Right now we are seeing a reflowering of psychedelic research around the world, particularly with LSD, magic mushrooms — or psilocybin — and MDMA. There is inquiry into the therapeutic use of all of these substances, and that is relevant for what happens in the recreational market. Phoebe was alluding to the mental health concerns and the complex nature of that. So the way that people use drugs in society at things like a festival might be to address some of those concerns, and they might be effective. Ketamine has been found to be effective for the treatment of depression, MDMA has some of the best results for treatment-resistant PTSD that we have seen in science and things like LSD and magic mushrooms have been found to have significant success in relieving things like end-of-life anxiety around terminal illness. So the people that went through those trials were not your average drug user, let us say.

That is some of the experience that comes back from our members — a range of drug use experience.

**Mr McLEAN** — And also using those drugs to treat addictions — many of the problems that are going to be causing the government a lot of expense can be treated by other drugs.

**Mr BLACKWELL** — LSD has had some success in that particular function. The other thing is that — and I guess Nick can maybe talk about this when we come to some questions — just by providing this space where people can kind of come to us for discussions it is an access point for services. One of our members that spoke at our conference recently spoke about their experience of being in a low socio-economic environment and being raised in disadvantage and neglect and isolation from community — it is one of the big features of that — and it was not until a family member had interactions with the justice system that they discovered services such as YSAS, that are youth-specific services. So there is a real disconnect in a lot of areas there between the existing services or existing government policy, that may be quite good, and people actually knowing about it and knowing how to engage with it and access those services. I think maybe that will do and we could come to questions. I have a bit more to say in camera later.

**The CHAIR** — I am interested in starting the discussion in regard to the education issue. Of course you heard what Drug Free Australia had to say earlier on. A lot of us would have agreed: education is important. Phoebe, if you could just comment on where you think the education is best focused, and then we can go to Nick in particular, but others might have some comment too.

**Ms LOGAN-JACOBSON** — I think education is best focused around substance abuse. With high school students there is still obviously a lot of need and want — people do not want them engaging in it. But for individuals of our age and still teenagers I believe there needs to be this sort of frank discussion and I think there is a place for this sort of education in universities: more open and honest discussion around dosing and dangers —

**The CHAIR** — So it still does not happen at universities?

**Ms LOGAN-JACOBSON** — No.

**The CHAIR** — It is very limited or it is at least not up-front, and if it is happening, it is happening behind the scenes.

**Mr KENT** — Exactly.

**Ms LOGAN-JACOBSON** — The way I found the most education on this topic, on substances, has been through my own research that I have done on my own accord and through services such as DanceWize.

**Ms HILL** — When we started SSDP firstly at Deakin when we were on campus for O Week we had not only students and their parents coming up to us going, ‘Oh, we thought we’d get this kind of information at university’ but also university health services, residences, coming up to us saying, ‘Can you come and do a drug education session in terms of harm reduction because we have students using’. Some universities have policies to still kick out a student if they are using, especially on campus, and we have been able to work with different services, whether it be health services or residences, around a harm reduction program. Nick has a lot more to say about that.

**Mr KENT** — In terms of the broader question of drug education, obviously my focus at the moment is in high school, but I can also talk about the value of broader harm reduction outreach at university and stuff like that.

**The CHAIR** — The key is: what are the key things you would want in a secondary school education program and what you would want beyond that?

**Mr KENT** — Sure. I will say two things to contextualise what I am saying. One is a big agreement with what DFA was saying this morning and one is a massive disagreement. First of all, I think there is a really important, crucial and inherent distinction that we have to make here between use, misuse and harm, what harm is and where it comes from, and that it is often perpetuated through a lack of distinction between use and harms. I can explain that a little bit more later on.

One thing that I liked that DFA had to say was that we need to have more longitudinal research in terms of what is working later on in life. I can tell you now that the vast majority of drug education programs that we have all experienced have not worked by any of their measures. I think that we need to have a lot more funding for research, and I very much agree with DFA that we need to have a standardised curriculum across the state or across the country and that does not happen at this moment. The reasons for that are really the source of my thesis.

In my personal opinion I do not obviously have anywhere near the answers on how we would actually implement a proper drug education program in high school but I do know that what we are doing at the moment does not work. I think it is useful to have this current focus on resilience and building self-esteem and all that sort of stuff, but it is often framed in the literature and in practice as developing those skills for refusal — refusal skills. My whole point that I am sort of uncovering here — and I can send it to you but I would very much encourage the committee to look at the research by Dr Peta Malins at RMIT and Dr Adrian Farrugia at the National Drug Research Institute in Melbourne. They have more or less completely dismantled the whole approach that we are currently taking in terms of harm reduction drug education. A lot of the literature and policy refers to what we do in high schools as harm reduction, but there is a really massive difference in that definition of harm reduction with on-the-ground, peer-focused, non-judgemental harm reduction that we see in places like DanceWize which is, I would argue, a lot more effective.

To quote what Peta Malins and Adrian Farrugia are looking at, they have analysed a lot of these government resources that come out — Get Healthy, or the latest one is by NDARC and that sort of thing. They are framed



within this context of, ‘We don’t teach abstinence anymore — we’ve given up on that because obviously it doesn’t work — and we’re taking this more nuanced approach of communicating negative effects and positive effects in the context of health and all that sort of stuff’, which is a useful approach. But at the same time with all of these resources they are essentially just pushing a message of abstinence through a different lens.

So basically the ways in which they paint parties or instances of youth consumption are always inherently problematic. They are always inherently going to lead to some sort of risk, which is not the lived experience, I believe, of the majority of drug users. I think with that disconnect students who choose to use drugs either in or after high school straightaway feel that they have been lied to, because everything they have been told throughout high school does not fit with their lived experience of what a party actually is. They learn about what drug-taking behaviours happen in a textbook and that then switches them off from any kind of health message that you are trying to impose at any point along the line. I go back to the anecdote I gave at the start of my friends who feel like they were lied to because their ecstasy did not put them in the emergency room, and so they take that approach to every drug and they end up with a serious crystal methamphetamine addiction.

**Ms LOGAN-JACOBSON** — I completely agree with that. I certainly know that as a young teenager talking to counsellors and people in sort of authority in education I found that I did not want to engage in these conversations with them because I felt it was all a lot of BS. I felt like they did not understand my lived experience; it just did not match up with a lot of lived experiences. That is why I think it is so important, because it is these young people and substance users and marginalised groups that are living through the experience of current policy and current education. They need a say in this because it is lived experiences and telling stories and hearing stories from other substance users that has the most profound effect in my experience.

**Mr KENT** — I would also add that, as I mentioned, I teach junior high school, and the rate and the extent of exposure to 12 and 13-year-olds of drug-consuming culture is out of this world. They know things that I would not have known in year 12 — about cannabis, about nangs, about MDMA, about all kinds of things. The extent of their exposure to drug consumption far outweighs any kind of drug education that they are getting in high school as well, even classroom resources that we might use. In a French class, for example, one of the prescribed films that we might watch in French has a scene where they are all sitting around smoking cannabis unproblematically. Then they are told in their health class that there is only going to be these certain negative effects or that these positive benefits are fewer in terms of their negative effects. There is a real inner conflict that many of them sense from this sort of drug education and these dominant discourses, through media as well, that are imposed on them that do not reflect their lived experience whatsoever, and I think that is a huge disservice that we are doing to young people.

**The CHAIR** — Thanks. Let us move on from education.

**Ms PATTEN** — Thank you all. As Ash and I have discussed I think at the students conference, it is so important that we hear from the voice of young people, because predominantly any recommendations we take on will affect you more than any other cohort of our community. We have actually had quite a bit of conversation around diversion programs. I wonder if any of you have had any experience with a diversion program and could speak about the success or otherwise of that type.

**Mr BLACKWELL** — Yes, I will speak to that. When I was 17 I received a caution for cannabis use — some cops found us smoking some pot at high school on the weekend; we were too high to run, so they caught us — and that was an official caution. When I was 17 I was also charged with trafficking due to the nature of the paraphernalia that I had on me: selling a little bit of cannabis to friends, that kind of thing.

**Mr THOMPSON** — Excuse me, Chair, is this information better heard in camera?

**Mr BLACKWELL** — No, no, this is fine. It is all —

**The CHAIR** — Ashley, they are aware that we are going into in camera?

**Mr BLACKWELL** — Yes, this is stuff that has been before the courts, so it is no sort of conflict there.

I was charged with trafficking, and because of the nature of who I am in society — middle class, supportive family, teachers that would write me a reference, I helped found my school’s debating club, a good student more or less. I also went into a counselling program in the lead-up to the hearing and provided clean urine

samples to show that I was not using drugs. So I did all the things that you are supposed to do. I escaped that escapade with a fine but no conviction on my record.

And one of the reasons that I do what I do now is out of recognition of the privilege that I was in in that environment, because if I had not had the support of my family, if I had not had the money to hire a lawyer and advise me on how to navigate the legal system, like go to a counsellor and tick all the boxes and all the rest of it, well, I might have had a conviction. I might not have been able to travel. I might have been restricted from further access to jobs. So I think the diversion program broadly is a positive thing in drug policy here. Anything that provides a pathway to alternatives to the criminal justice system is a positive thing in drug policy.

**Ms PATTEN** — So you are saying the diversion was a positive for you?

**Mr BLACKWELL** — Yes, absolutely.

**The CHAIR** — But that it is only available if you are in —

**Mr BLACKWELL** — Yes. The process of having to go to court on those charges, it is the sort of thing that your disadvantage in society disadvantages you further when you interact with the legal system.

**Mr DIXON** — You will probably not have the numbers, but I suppose anecdotally from all of your experiences, how many young people end up with a conviction for possession?

**Mr BLACKWELL** — For possession, I could not tell you the figures in Victoria. I think cannabis is still —

**Mr DIXON** — Well, it is a lot?

**Mr BLACKWELL** — Yes. Is it 60 000 the figure for cannabis charges?

**Ms HILL** — I cannot remember off the top of my hand.

**Ms PATTEN** — Somebody gave it to us today.

**Mr BLACKWELL** — Yes, they probably have. The majority of charges are still related to cannabis, still related to small amounts, so it is still significant.

**Mr DIXON** — Because we hear a lot from police saying they are not interested in that, they would just rather get on and do other things. They see it as a personal thing or a health thing, and they are not interested in it. But 60 000 for the period of time is extraordinary.

**Mr BLACKWELL** — That might be Australia-wide. I think that is true from Victoria Police. I have heard Graham Ashton speak publicly several times and I think he understands this issue quite well and the futility of hard policing down at that possession and use end.

**Mr DIXON** — But obviously it has been going on if you have got that many with convictions.

**Mr BLACKWELL** — I could not confirm that that is convictions. I am sorry, I do not have those figures in front of me.

**Mr DIXON** — Yes, that is what I am trying to get to the bottom of.

**Ms PATTEN** — Thirty-five thousand arrests for possession in 2014–15.

**Mr BLACKWELL** — The bigger problem, and this is why I shared my anecdote, is that it increases inequality, because rich kids smoke pot in their dad's basement, rich people in society take cocaine in a hotel room; they do not get caught on the street

**Mr MCLEAN** — And they will have a lawyer when they do get caught.

**The CHAIR** — I was going to follow up in terms of the issue you raise, Dean, of so much police attention going into the drug issue. I wonder in reality how much is going into cannabis and possession, or what is your experience at events, and Phoebe mentioned too about police at events appearing in a harassing way. Whereas

we are getting the feeling when we talk to police as though they are tending to back off from those sorts of approaches now and focus on what they would consider the more serious drug issues.

**Mr ROSSITER** — The main thing there is that cannabis is the most used illicit drug, so there are a lot of people being caught up in it. Even though people will not care about it as much as other drugs, there are still quite a lot of people getting caught because of it. So I think 65 per cent of all arrests are cannabis-related arrests, and a huge portion of those still are possession. It is just because there are that many people who use cannabis compared to the amount of people who use other drugs.

**The CHAIR** — Okay. In terms of police presence at events, are they harassing or —

**Mr KENT** — I can give a personal anecdote of being on Chapel Street at the start of Operation Safe Night on a Sunday night with a friend who had some cannabis on him, and the extent to which police were using their resources across about a whole 45-minute interaction — for them to stop us, find the cannabis, go through the whole process and everything to take literally half a gram of cannabis off him that was going to be used to help him to get to sleep that night for a whole range of mental health reasons — was an utter waste of police resources, and I would argue that there were probably other kinds of crimes happening on Chapel Street at the time that would have warranted more police attention.

**Mr BLACKWELL** — I have done quite a bit of work in festival harm reduction work, so peer support-type of stuff here in Victoria, ACT and New South Wales. I actually mentioned this to the police commissioner when I called talkback radio — I think Victoria Police does quite well at this. There are always bad apples in any organisation and people that do not —

**The CHAIR** — Or some different approaches.

**Mr BLACKWELL** — Yes, different approaches. Well, no, bad apples. Corrupt police, they exist, and in the drug space it is an intense thing. It is a really intense thing having a corrupt cop out there in the drug market. That exists and that is a massive problem. That is the biggest concern. But in terms of festival space, police are generally really good. They might have a road safety operation or some kind of search operation on the way in, but once you get to the festival grounds it is generally recognised that risk management is your goal. If you are trying to run extensive policing operations, that is madness. You better bring lots of sets of handcuffs for the people that are in a space where a lot of people are using drugs. But what I have seen from a lot of police is if somebody is having a problem at an event, whether drug-related or not — they might just be having a mental health problem — police generally handle that quite well and refer it to other services on site.

**Ms LOGAN-JACOBSON** — In saying that, I have found that, yes, Ash is correct — quite often in the festival scene once you are in the festival the police presence is fairly good. But over this summer I was up at festivals further up north in Australia, in Canberra, such as Dragon Dreaming, where the actual on-site police operations involved police going through camp sites, going through people's personal belongings in their tents, stopping people on the dance floor and checking their bags, and it created a really horrible atmosphere and a great sort of divide and atmosphere of distrust and, yes, it was quite uncomfortable.

**Mr BLACKWELL** — I would recommend to the committee that they source the coroner's report into the death of Annika Vogt at Dragon Dreaming, which I believe confirms that they were afraid of the police operation and hence did not seek support — her and her friends.

**The CHAIR** — All right. I am aware you want to go into camera. We have only a limited time, so perhaps now is the time.

**Proceedings in camera follow.**