

LAW REFORM, DRUGS AND CRIME PREVENTION COMMITTEE

**Inquiry into the supply and use of methamphetamines, particularly ice,
in Victoria**

Ballarat — 18 November 2013

Members

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Associate Professor Peter Miller, Principal Research Fellow, School of Psychology,
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The CHAIR — I will reconvene the public hearing and welcome Associate Professor Peter Miller, principal research fellow from the School of Psychology at the Deakin University. Welcome this morning, Peter, and thank you for your time.

Prof. MILLER — My pleasure.

The CHAIR — This a public hearing of the Law Reform, Drugs and Crime Prevention Committee in relation to its current reference, which is an inquiry into the supply and use of methamphetamines in Victoria, particularly ice. I understand you have been given a copy of the reference and your verbal submission today will be in response to this inquiry.

Peter, we have allotted 11 o'clock to 11.45 for this particular session and I understand you will be making a verbal submission and then the committee will ask questions both of that submission and other issues pertaining to your expertise. Before you do, I do want to read you the conditions under which you will be providing evidence to this committee this morning.

So, again, welcome to this public hearing of the Law Reform, Drugs and Crime Prevention Committee. All evidence taken at this hearing is protected by parliamentary privilege as provided by the Constitution Act 1975 and further subject to the provisions of the Parliamentary Committees Act 2003, the Defamation Act 2005 and, where applicable, the provisions of reciprocal legislation in other Australian states and territories. However, it is important that you note that any comments you make outside the hearing, including effective repetition of what you have said in evidence, may not be afforded such privilege. Have you received and read the guide for witnesses presenting evidence to parliamentary committees?

Prof. MILLER — Yes.

The CHAIR — It is also important to note that any action which seeks to impede or hinder a witness or threaten a witness for the evidence they would give or have given may constitute and be punishable as contempt of parliament. We are recording the evidence and will provide a proof version of the Hansard transcript at the earliest opportunity so you can correct it as appropriate. So I welcome you to this public hearing and invite you to make your verbal submission to the committee.

Prof. MILLER — Thank you. I have not specifically addressed each question in the format. I have, more, got findings from research that I am going to present. I hope I have got the mix right, but I will tell you a little bit about what we did so you just understand the context, and then the key findings, which I think are quite interesting in the context of trying to look into methamphetamine use.

Overheads shown.

Prof. MILLER — I am talking today about the findings from the two largest studies ever conducted in night life globally and they both come out of Victoria and Geelong. The first one is dealing with alcohol in the night-time economy and the second one is the Patron Offending and Intoxication in Night-time Entertainment Districts. I am going to use the acronyms DANTE and POINTED. Both studies are funded by a national funding body from proceeds of crime.

Really briefly, to get you a context, the first study was over two years. It was called DANTE and we looked at comparing Geelong and Newcastle. This was primarily around alcohol related harm, of course, but it was really within the night-time economy and, as you can see, we have collected an awful lot of data. Particularly, we spoke to 4,000 patrons and we had a 90 per cent response rate, and that is the data I am going to present on today because that really gives us a great insight into harm that has never been had before.

As I said, we spoke to almost 4,000 people. It was over an 18-month period. We actually used iPads and iPhones to collect data, and the teams went out in four places. You can see in the photo what our nights looked like later at night when the queues got busier, but we were also inside pubs as well. These interviews took around 10 to 15 minutes.

The drug questions were, 'Have you used drugs tonight?', 'In the last 12 months have you been in a fight?' and then, 'If you've been in a fight, had somebody used drugs as well?' This was for the DANTE study. In this study we were only looking at self-report and what we found was that there was a difference between Geelong and Newcastle, but Geelong reported around 8.5 per cent use of any—this is a self-report measure—and, of relevance to this one, 2.7 per cent reported methamphetamine use and 0.5 per cent said ecstasy.

We also had about one per cent of people who refused to talk to us. They had the option, so we asked this drug question right at the end of the questionnaire. We would go through and we would ask people's first name, where they lived and what sort of work they did, and then at the end of the questionnaire we could say to them, 'Look, that's the end of the questions. You know what data we've got from you and that we can't identify you in any sort of way. We'd like to ask you about illicit drug use now.' So at the end of a 10- to 15 minute interview it was very non confrontational. We were not overly confident but we were mildly confident that we were going to get at least an indication of what was occurring, though we were not silly enough to assume that it was going to be entirely accurate.

As you can see, a minority of people reported illicit drug use, particularly methamphetamine use. Those who did report it were much more likely in fact to be in any sort of fight and experience any sort of harm. We also had more than one in 10 report other sorts of drug use. The people who reported drug use were much more likely, as I said, to be in a fight. Also, interestingly, almost 30 per cent of the people who reported being in a fight believed that the other person had been on drugs, not alcohol, and we will talk about that a little bit later.

Mr SCHEFFER — Does that mean 70 per cent of them thought that people were using alcohol?

Prof. MILLER — No. Almost 100 per cent said the other person had been using alcohol, but 30 per cent believed they were using illicit drugs as well.

Mr SCHEFFER — Okay, yes.

Prof. MILLER — As I mentioned, Geelong was significantly more likely than Newcastle to report other drug use, which is consistent with the next set of findings I will present. The numbers we got were just a little bit more than the National Drug Strategy Household Survey, so we thought that was a reasonable sort of indication that we were at least getting some sorts of representative findings from that.

As I said, this was 2010. Sorry, I am jumping ahead. As I mentioned, the other major finding was around illicit drug use and crime. I talked about fights, but we found that people who reported using illicit drugs were also more likely to experience physical aggression, verbal aggression, sexual aggression and report property crime, drink driving and any sort of alcohol related injury, and we defined that as in you had to go to see a doctor or you had to go to the emergency department. So this is a group that is experiencing a lot more harm.

Mr SCHEFFER — What did you mean by 'is significantly more likely to any alcohol related injury'?

Prof. MILLER — Sorry, to experience any more alcohol related injury.

Mr SCHEFFER — Okay.

Prof. MILLER — One of the trends that you will also see on a larger scale in the next study is that these people are not using one drug on its own. They are mixing them. They are clearly mixing alcohol and other drugs, for the most part, so that is why they are more likely to experience alcohol related injuries.

As I said, we had some subsequent questions, particularly, 'Was disclosure reliable?' Eight per cent said they had been using, but we were not being naive about that and we really wanted to be able to test it as best we could, even though we had a fairly good rapport with people. So we conducted

the second study around illicit drugs. We also wanted to look at energy drinks and the issue of pre drinking. I know it is not related to this, but the first study found that pre drinking was an incredibly strong factor in terms of people experiencing harm.

So we really wanted to look at these three issues, and we were able to get subsequent funding to do a national study to give us a much better picture right across the country. Importantly, we were also able to convince the funder to give us enough money to do some random drug testing as well. We breathalysed people this time. We did it only on the streets, not inside pubs, which meant we could breathalyse people, because you cannot really breathalyse people inside pubs because you have to wait 10 to 15 minutes between drinks before you breathalyse them, and that is very unlikely.

As I said, the interview methods were very similar. We approached every third person in the street. We also had a very brief option which only asks six questions, because what we found was that people tend to like to keep moving. So we could actually walk along with people and interview them as they were walking between venues and things like that, and that allowed us to capture a population that would not have stopped and talked to us.

In both versions we asked people if they consumed drugs and had they had any that night. Every fifth person in Melbourne and Geelong we subsequently drug swabbed, or we asked them if they would be willing to be drug swabbed. So again it was the very last thing we asked them, as you can imagine, and the text on the screen tells you exactly what we asked. Around 20 per cent of people said no but 80 per cent said yes.

The type of drug swab we used is actually exactly the same as Victoria Police use in their roadside testing. So we can be confident that at least we have some sort of standard to compare to. It does not tell us how much they have used—you need a blood sample to do that—and it requires quite a precise process. You have to take a swab from somebody, from their tongue. You then have to crack a capsule and then you have to put it on a flat surface. When you have a police car beside you, that is fairly easy to do, but when you are standing out in night-time environments with lots of stuff going on, sometimes that is harder to do than others. We think some of them failed, so we think there may even be some under representation on that. It is always difficult to tell. The reaction time was about 10 minutes. We had to pay \$55 per test, so the funder actually came up with \$30,000 to do just that arm of the study.

Interestingly, even when we were just talking about our self report rate, between the start of 2010 when we stopped collecting data—that is for DANTE—and the start of the next study, we actually got a doubling in self report rates, which is fascinating in and of itself. We do not really understand exactly whether—the local police suggested that that may have happened, but we certainly got a substantial increase in terms of the number of people who self report.

Less than one per cent of people—only 44 out of 7,000 interviews—refused to answer whatsoever, because people could say no. But to refuse to answer was sort of a unique thing. Twenty per cent of people actually tested positive, and some of them were quite entertained and amused when we caught them. You say, 'Okay, so you've tested positive for this,' and they go, 'Yeah, we just wanted to see if you could catch us.'

We had an interesting thing with cannabis. It is not relevant here, but just for your information the cannabis finding was interesting, because we had a lot of people self report cannabis that was not picked up by the tests. So we were very dubious about the cannabis numbers either way. We tended to rely more on self reporting for that one.

Twenty per cent of people declined, for whatever reason. We have an absolute figure. Essentially we can clearly say that between 20 and 40 per cent are using any form of illicit drug in the night time economy, which is a lot larger than anybody had ever talked about or thought about. It is a big issue going forward. We need to be considering this illicit drug use in the context of other sorts of harm.

In relation to today and methamphetamines, we found that three per cent reported ecstasy use which, as you will no doubt be aware, in Victoria is of course methamphetamine use, and three per

cent reported methamphetamine use. We put that figure at around six or seven per cent of the total sample using some form of methamphetamines in the night-time economies.

Mr SOUTHWICK — Sorry, that was self reporting?

Prof. MILLER — No, this is the tests.

Mr SOUTHWICK — The tests?

Prof. MILLER — That is the tests, yes, and these are the figures just broken down a little bit more. Geelong actually had a higher rate than Melbourne, and across the country Geelong the highest rate of all the cities we were in. So we were in Perth, Melbourne, Sydney, Wollongong and Geelong, and Geelong had the highest rate of methamphetamine use. Most of the others were around 15 or 16 per cent—reasonably constant, but Geelong was higher. That also translated into all of the harms we have been talking about as well, so I guess that is relevant in terms of thinking about regional cities and harms there. It would have been nice to have those sorts of figures for places like Warrnambool, Ballarat, Bendigo and Shepparton, but we do not. But, based on the Geelong findings, we tend to think that it is quite prevalent out there.

Also, with the Melbourne finding, I think it is important to consider what we mean when we talk about Melbourne. When you talk about Geelong or Ballarat, you are talking about one entertainment strip. There is one group of nightclubs. In Melbourne we went to seven different sites, including Richmond, Prahran, King Street obviously, and St Kilda. You get differing rates across those different cities, but we have not done that analysis yet, so I cannot tell you the exact rates yet unfortunately. I have already covered this in terms of the number of people, people who did not report it, and particularly with cannabis use.

The other thing we asked people in POINTED was, 'Do you anticipate using illegal drugs later into the night?' because we spoke to people from 10 p.m. through to 5 a.m. Obviously if we were speaking to somebody at midnight, most of their substance use, whether it be alcohol, caffeine or illegal drugs, was still about to happen. I think these figures are also really interesting, in that the majority of people who did say they intended to use tended to be talking about using methamphetamines. As you can see, 36 per cent said ecstasy and 17 per cent said methamphetamines. Also, a lot of people talked about using cannabis and they tended to talk about that in the context of coming down from the other drugs at the end of the night.

Again, the big issue here is also around how it predicts greater harm; so it is a bigger study, much more reliable, and we start to get some really strong indicators of you being much, much more likely to be involved in any sort of aggressive behaviour, whether that be physical, verbal or sexual; certainly property crime; drink driving; and again injury in terms of turning up to an emergency department and/or going to see your doctor. So these findings are pretty convincing in terms of the levels of use out there, but also that these people are experiencing and probably causing a lot more harm out there.

The key point is really that illegal drug use is very common, a lot more common than has ever been documented before, and that is because these are the biggest studies out there, but also we know that it predicts much greater harm. Between the DANTE and POINTED studies, as I said, we got a doubling of self reported drug use, and these are big studies. These are not studies that are going to fluctuate because one or two people say yes or no. We are talking about thousands of people, so we are confident that the rates changed substantially in that period over the three years through which the studies were conducted.

What we concluded was that it really speaks to us about the need for trying interventions around this, and this addresses one of your points around 'What can be done?' Other countries have trialled a number of different types of interventions. Most of them rely on voluntary participation. The one that is most well written up in the literature is something called 'Clubs against Drugs'. I know you spoke to people in Geelong a few weeks ago and they will have mentioned that we—particularly Sergeant Aaron Riches, myself, the council and the licensees—have been formulating an Australian or a Geelong version of a Clubs against Drugs type of approach.

When I presented these findings to the community a long time before we released them, everybody went, 'Wow! We need to do something about that,' and fortunately in Sweden they have been doing a similar sort of project for a while and they have a structure around doing that. It is about creating a memorandum of understanding between clubs, police and other partners. We have that. Also Deakin University and the City of Greater Geelong are involved in that. It has not been signed off yet, but we are getting there. Then it is about server and security education. We are currently trying to find a provider to do that. Then there is the reporting of crime between the pubs, and then the police actually agreeing to turn up to illegal drug use cases, which is an important factor. You cannot expect a club to identify somebody and grab them without having the guarantee that the police are actually going to come and arrest them.

The other arm is to look at environmental design issues to try to make particularly places like toilets in nightclubs and pubs not so attractive as being venues for illegal drug use and/or trading. Also we think that harm reduction methods are indicated for this sort of measure, because it is pretty hard to police. It is very hard for licensed venues to police illegal drug use, so we also need to be talking about what harm reductions might be appropriate in these sorts of venues.

I know that is a really brief presentation and I have got 40 minutes, but these are the big findings and I thought you might have more questions about it than me trying to go down into any sort of minutiae that probably will not matter. I hope you found that interesting.

The CHAIR — Thank you, Peter. We appreciate that. I have been thinking while you were talking. I am trying to understand why the increase in use of the recreational drugs. My first thought was: is a recreational user's life so boring that they have to use battery acid to get some euphoric high going to a nightclub? I am trying to understand why—particularly for the 15 to 24s, which it has been indicated to us is a prime group for recreational drug use—they would have to use what they know is quite a harmful mix of chemicals to reach a stage of wellbeing, that they would inflict that on themselves voluntarily.

Prof. MILLER — My sense is that they acknowledge the risk. We are doing other studies that talk to young people. I have been in this type of area for a very long time. I was involved with the first Illegal Drug Reporting System and studies conducted in Victoria and the ecstasy related drugs monitoring system as well. Have you had those presentations yet from Turning Point?

The CHAIR — Turning Point? We have.

Prof. MILLER — Turning Point will present data on that. I used to work at Turning Point about 15 years ago. I think the perception of risk is probably different for those young people in terms of what they perceive as being risk, particularly when, even though they know it is slightly risky, they will often go on anecdotal evidence from their friends and they will often believe their dealers, even though none of us would believe their dealers. They tend to construct risk around anecdote. They tend to also focus on the moment. What is really clear when you are engaging with these primarily young people out in night-time economies is that they are out there having fun and they are not really thinking about the consequences, and trying to make them think about the consequences is denying what they are trying to do in the first place, which is to focus on the moment.

In that context, when they are intoxicated and they have reasonably poor decision making skills already, they will often try things they would not normally try, so I think that in that context, if they have got a friend or somebody like that who says, 'Oh, try this. I've had one, it's okay,' it becomes a lot more attractive and a lot more dangerous at the same time.

The CHAIR — Sorry about that. It was a bit of a philosophical thought bubble.

Mr SCHEFFER — Thank you for that, Peter. One of the things that have been raised is the 20-80 rule around alcohol, that 20 per cent of people cause 80 per cent of the problem, and 80 per cent of the people cause 20 per cent of the problem in terms of harmful use.

Prof. MILLER — Yes.

The CHAIR — Would the same kind of observation apply to the use of illicit drugs in general and then, because we are particularly focused on methamphetamines, ice? In other words, is it possible for people to be using a drug like ice for an extended period of time but manage it in a way that does not lead them to the very dangerous situations that have been described to us?

Prof. MILLER — My impression is that is not the case with ice versus methamphetamines and tablets. It has a much greater risk profile, both in terms of the people who use it and the intoxication they are seeking. Pharmacologically, once you get something that is very pure, it is much harder to manage that in terms of mixing it with other drugs like alcohol and the consequences that is going to have on any given day. The 80-20 rule is not necessarily a bad estimation but we do not really have the hard data on that for a night time environment. Like I said, what is really clear is the people we spoke to are experiencing much greater harms, both in terms of perpetration and being victims.

Mr SOUTHWICK — Thanks for the presentation. Further to that answer, it seems to me that ice has an image that everything seems to be okay in the recreational nature and we have a problem being able to promote the consequences of taking this drug. Considering the sorts of things you have suggested and obviously the harmful impact of taking this drug, what are your thoughts on more aggressive advertising to demonstrate to young people the problems with taking this drug?

Prof. MILLER — I do not think there is any harm in raising awareness, as long as you are doing it in an evidence based fashion, but it is about expectations. Drug education, as far as I am aware, has never really changed behaviour, so we are unlikely to be able to address the problem primarily through education. That said, awareness is important, and awareness combined with harm minimisation strategies is probably the best way to go in terms of reducing the levels of harm, but I do not think it will change. If somebody is willing to step over that line into illicit drug use—I will divert for just a second.

We did look at illicit drug use in the context of alcohol price, so a couple of years ago we conducted a study that said, 'At what price would you change your alcohol consumption and at what price would you consider using drugs?' Sixty per cent of people were never going to use drugs. They simply were never going to get near it. Twenty per cent already were and then 20 per cent had tried, did not regularly use drugs but said they would use more if the price of alcohol increased massively. Twenty times the current price was about the limit but at 10 times it was starting to get significant. Sorry, I have forgotten the rest of the question.

Mr SOUTHWICK — It seems to me as though particularly a young demographic that may not be regular users is being sold a message that, 'This is a great drug. It does all of these wonderful things for you.' If you put it in the same category as, say, marijuana, which is always being promoted as more of an organic substance that is not going to harm you, do we have a problem that ice is seen in that type of category and we have not been more explicit in our promotion and advertising of the harmful effects; what ice actually does to young people?

Prof. MILLER — We have a duty to make the public aware of the harms. This is the first time I am aware of anybody documenting any harms in night-time economies and other harms, so being more likely to get into fights and turn up at emergency departments and things like that. There is a duty to at least make sure people are aware before they start to use drugs. Ideally more of them would not do that but we do not have the evidence that it has ever worked for heroin or cannabis or anything else.

Mr CARROLL — Thanks for your presentation, Peter. Looking at the night-time economy and how that may fuel demand for methamphetamines, I notice in your presentation you compared Geelong to Newcastle. Newcastle is at the forefront of restricted hours for licensed venues et cetera.

Prof. MILLER — Yes.

Mr CARROLL — Was your study taken while they were doing their own reduction of licensed venue hours?

Prof. MILLER — It was specifically to do that, using Geelong as a comparison. You probably know the two are very similar in terms of their sociodemographic backgrounds but opposite in terms of their alcohol policies. Geelong has had the collaborative one for a long time. Newcastle had restricted trading hours and mandatory conditions. That is why we were comparing the two.

Mr CARROLL — Are Geelong and Newcastle both shutting their licensed venues at the same time?

Prof. MILLER — No.

Mr CARROLL — So Newcastle is shutting at—

Prof. MILLER — They stop serving drinks at three and shut at 3.30, whereas Geelong trades through until seven.

Mr CARROLL — So that would have an impact. If we were to make recommendations looking at licensed venues and their hours of operation and some measures to address the night-time economy, is that going to have a marked impact on people taking the drug, or is that going to push them to be doing it at home and then going out?

Prof. MILLER — I am hypothesising here; this is not evidence. People go out for a certain amount of time. What the restricted trading hours tells us—when we went out and interviewed in Newcastle, we could start at 8 p.m. inside the pubs. In Geelong you could not start until 11.30 and you could shoot a cannon down the main street at 11 o'clock and you would not have hit anybody. In Geelong people were coming out, having been predrinking and taking drugs, at 3 a.m. Then they were going out to socialise for four hours, whereas in Newcastle you could not get in after 1 a.m. and you were gone home.

The motivation to stay awake longer does tie in with both energy drinks and stimulant type drugs, so something like methamphetamines becomes more attractive if you want to stay out much, much longer—and the other sorts of effects that people are looking for. I do not think one causes the other exactly but in an environment of people wanting to party for longer, that makes it more attractive, whereas if you do shut the pubs earlier I think you get the benefits both in terms of alcohol and in terms of illicit drugs as well.

Mr CARROLL — I understand.

The CHAIR — It makes a bit of a mockery of Geelong being tagged as a sleepy hollow, doesn't it?

Prof. MILLER — They are not sleepy.

The CHAIR — No, obviously not. We had representations at the Geelong hearing from some of the nightclubs and pubs. From memory, they did not believe their establishments were being overly used for supply and distribution among the patrons. I do not know if you wish to comment on that, given your experience, but would you be willing to offer a view in relation to penalties associated with trafficking? The fact that the drug is illegal does not seem to concern recreational drug users. It does not seem to be something they are concerned about, despite there being some penalty attached—but more so the supply and distribution by agents. Do you see maybe a need for this committee to look at potentially heavier penalties for those caught with substantial amounts and who are actively trafficking the drug?

Prof. MILLER — I have never done studies into how effective harsher penalties are for trafficking. My understanding of the literature that I do keep a bit of an eye on is that it just increases the stakes for people to get caught or not to get caught. It does not necessarily stope them doing that. It might make the financial rewards greater. I think you should be looking at it,

absolutely, as to what the right mix is. I do not have the evidence to say harsher penalties would absolutely impact on people's behaviour. It may just make more extreme groups step in the way. I do not think most people commit crimes believing they will get caught. They commit crimes thinking they are smarter and they will not get caught. Therefore, I do not think the distinction between one year and five years is going to make a difference to them.

The CHAIR — The reason I raise that is because it has been suggested to us that the penalty does not fit the crime, inasmuch as the resources soaked up with the response to someone affected by ice specifically, and I guess at some point the community would expect that there would be some payment or justification for a heavier penalty in relation to the cost to the community in relation to having to respond to an ice related matter. I appreciate the comments you have made in relation to the work that you have done specifically.

Mr SCHEFFER — Just following on, Chair, from Mr Carroll's questions around venues, I was wondering whether you have any views on how the internet is used in the retailing of illicit drugs, especially methamphetamines and ice, and also the issue of home deliveries. We have been told that the focus in suburban Melbourne anyway is moving into the outer suburbs rather than the inner suburbs, and that is much more conducive, rather than direct sales, to home delivery through online services and also, I guess, social media in terms of the construction of a drug culture.

Prof. MILLER — I cannot really comment on the second part. I do not know about the changes in Melbourne's drug culture. I think there are other people who would know about that in more detail, particularly my colleagues at Turning Point. I am very aware of the literature around the way in which the internet has been facilitating increased drug use and also making it a lot less risky, which I think is a deeply worrying concern. Even though Silk Road has gone, I know that a lot of people are trying to find alternatives or create alternatives.

There is an issue around the preventative effect of something being illegal and the perception that you are going to be caught. As I was talking about before, people do not want to commit crime if they think they are going to get caught. The anonymisation and not having to deal with scary drug dealers when you are going out and buying drugs—doing it over the internet and having it delivered in the post—I think is a big worry, because it is going to make it a lot less scary for young people to get into that.

Mr SOUTHWICK — Further to your studies about quantifying those that may be taking drugs before they enter the clubs as opposed to taking them at the clubs, can you just clarify that for me.

Prof. MILLER — Particularly in the second study we spoke to people entering clubs and/or leaving, but acknowledging that they were often on their way to another club or on their way home. Because we collected data for so long over the period of a night, we had to make sure we were capturing both what they had done and what they were going to do throughout the night. That is why we asked, 'Have you taken drugs already?' and then were able to match that also to say, 'Do you intend to take drugs?' I am sure you have come across Amy Pennay's work. She documents in Melbourne how dedicated drug takers will often go home early, or at a certain point in the night—say 4 a.m.—and take some other drugs to sort of have an after party. So we wanted to make sure we were capturing both, but to us it is fairly clear that people who have taken drugs before they go out are more likely to experience harm.

Mr SOUTHWICK — More likely to?

Prof. MILLER — To experience harm, to get into trouble, whether the drug is alcohol, which is the biggest predictor of harm, or illicit drugs, which is the second biggest predictor of harm.

Mr SOUTHWICK — Just leading from that, the environmental design of the clubs and what have you will not alleviate that problem so much, because those people have already taken it before they arrive?

Prof. MILLER — A lot of them, yes. Some will take them inside the pubs, of course, and I think we just have to have a range of interventions to try to address drug use throughout the period of the night, so trying to detect people before they get in—very hard—trying to minimise it inside the pubs—very hard—and I have no idea how you stop it once they get home.

Mr CARROLL — Peter, did the study at all distil how they were taking the drug ice?

Prof. MILLER — No, it did not. We did not look at that, because it was not our primary focus and we were really limited on how many questions we could ask. If you can imagine the environment, as you saw in the pictures, you do not want to ask too many questions, otherwise people tend to start telling you rubbish anyway. We certainly found that in the first study.

Mr CARROLL — Yes, thank you.

The CHAIR — Thank you, Peter. We appreciate your time. I know you have come from Geelong this morning, and we missed you at the inquiry in Geelong.

Prof. MILLER — Yes.

The CHAIR — We appreciate the opportunity to hear you today in Ballarat. Thank you.

Prof. MILLER — A pleasure. Thank you very much.

Witness withdrew.