T R A N S C R I P T

LAW REFORM, ROAD AND COMMUNITY SAFETY COMMITTEE

Inquiry into drug law reform

Melbourne — 13 November 2017

Members

Mr Geoff Howard — Chair
Mr Bill Tilley — Deputy Chair
Mr Martin Dixon
Mr Mark Gepp
Ms Fiona Patten
Ms Natalie Suleyman
Mr Murray Thompson

Witness

Associate Professor David Caldicott, emergency consultant *(via teleconference)*.

Necessary corrections to be notified to executive officer of committee

The CHAIR — David, you would be aware of what this committee has been doing — looking at issues of drug law reform over the last nine or 10 months now.

Assoc. Prof. CALDICOTT — Very good work from all I have heard.

The CHAIR — Well, you will have to wait for our report and then pass on your final view then, but this is our last public hearing today, so we are pleased we have finally been able to fit you in. We are looking forward to your words of experience and advice in regard to the areas that you have been looking at.

Assoc. Prof. CALDICOTT — Sure.

The CHAIR — As part of the technicalities, you will know we are recording this conversation with Hansard. You will get a transcript of the hearing soon just to make sure it is technically correct, and then it will go on the public record.

Assoc. Prof. CALDICOTT — Sure; that sounds fine.

The CHAIR — We will hand over to you to make your general observations of things that you think our committee should be aware of and share your experience in the issues of pill testing and the other areas that you have been particularly looking at.

Assoc. Prof. CALDICOTT — Okay. Look, I know some of you, some of you know me and some of you I have not had the pleasure of meeting. So I thought I should probably introduce myself formally. I am David Caldicott. I am an emergency consultant based in Canberra, and I have been involved in this space for quite some time. Many of the things that I will be proposing and suggesting are identical to the things that I proposed and suggested back in 2004 for your Premier's inquiry into — I think they were called "Party Drugs" at that stage. That is probably a reasonable indication of how long I have been working in this particular space. I am not a drug consumer, and my interests and issues in this space are largely about reducing the harms that are associated with illicit drug consumption.

Really, my sort of expedition, if you like, in this space, as far as pill testing is concerned, started in August 2001 when I was asked to treat — not as a consultant but as an intermediate-grade "sergeant major," a registrar - a young man who presented with an unknown drug overdose, and very quickly, died in my care. It became something of a mission to find out what killed this young man. This was a young person. You will appreciate that young people really should not die on anyone's watch unless they have some sort of catastrophic incident. It turned out that he had consumed a drug which was known as PMA, paramethoxyamphetamine. In fact it was a drug even then that I had never heard of before. I looked into it. I even had the opportunity to speak with a man called Alexander Shulgin, who was largely regarded as the godfather of these new drugs, and he could not understand why anybody would be taking it. The more that I looked into this drug, the more it became apparent that the only way that people really survived their exposure to PMA was to not put it in their mouth to start with. It was a terrible drug which hurt considerable percentages of people who actually consumed it.

There has been a transition from the sort of personal involvement in treating patients to a more academic one. That was still in the early 2000s. From that point we went looking at — it was a fairly new phenomenon from the eighties onwards, of consuming pills rather than injecting or smoking drugs — what was happening in that space, anywhere in the world, that could change people's behaviours. We published the overdose in the Journal of Toxicology in 2005 and started talking to the Victorian parliamentary inquiry around about then as well, but it turned out that there was a bit of work being done in Europe in the early 2000s looking at what was called 'pill testing' at the time. This was a system which was being largely brought in by consumers, once the market had become tainted.

Back in the early nineties, the purity of the traditional market became tainted with substances that were probably not very good for you at all. Even then, there was quite a lot of work done. Unfortunately, some of that work had been done in foreign languages. With the greatest respect to your committee, it is not a forte in Australia, even in the academic communities, to go and translate that, which had been done. But there was some really good work out of Portugal, out of Amsterdam, and out of Vienna. These are the places that have been doing pill testing in various guises and forms probably for the best part of 20 years. It was on the basis of that that we started looking at pill testing in the early 2000s in South Australia. I think we still are probably the only people

who have formally been doing pill testing. We did that over a period of five years at 13 events and at the time interviewed over 5000 people.

We even took two members of the South Australian Legislative Council with us to see what we were up to. We published some of that information in a paper in 2005 called *Underground Pill Testing, Down Under*. I think they are the only formal results of pill testing in Australia that have been published to date. One of the things that became very clear to us that this was a very good way of identifying novel drugs as they emerged. So we were very interested obviously at this stage, early on, in an emerging drugs market, one that sort of extended beyond perhaps that which you would traditionally identify as ecstasy and methamphetamine — at that stage was that we were beginning to see really quite exotic drugs emerging, drugs which were not sort of figuring in the traditional ways of identifying drugs in Australia.

The other thing which we thought was very interesting at the time was the fact that it changed people's behaviours. Remember, these are not primary school-goers or Catholic school attendees; these are people who are firmly committed to the consumption of drugs. They go to a music festival with the intent of consuming drugs. That is a fairly hardcore intent. One of the interesting things was that it changed the way people consumed drugs. In fact, it caused them to alter their behaviour, to change their opinion and their 'sureness' of their behaviour. On the basis of what we were finding, we had a long to-ing and fro-ing with the Australian Medical Association. In November 2005 they passed a resolution — their public health committee passed a resolution — supporting a targeted approved research program to see what the role for pill testing was in Australia. There has been some dispute as to what the official position of the AMA has been, but that is actually what the official position is — that the AMA supports a trial of pill testing in Australia. That still remains on their books.

We tried very hard to get a formal program up and running in South Australia, but politically there was really no appetite. We even tried to set up a system for testing substances that came through the hospital. We were one of the first groups to identify one of the newer novel substances at the time in 2010, something called mephedrone. That was through the hospital identification process that we set up. But really, formally, there was never a lot of support for it. At that stage, for personal and other reasons, I moved back to the United Kingdom, which was in the throes of the novel psychotropic substances or the 'legal high outbreak', for want of a better word. There was a huge appetite there for a monitoring system. So at that stage, we set up something called WEDINOS, the Welsh Emergency Department Investigation of Novel Substances group, which was a passive reception system by which, when people came to the emergency departments with something that looked 'unusual', we had the facility to send it somewhere to get it tested.

For me, from a public health perspective, that has never been the goal, because that is really just a case of cataloguing individuals as they present an overdose. For good health care you want to prevent people from having to come to the emergency department. That is really why I have been such an advocate for pill testing at music festivals, because I want to address this market. This is a market that is not seen anywhere else. This is not a group of people that normally turn up to emergency departments. They are not normally in touch with law enforcement, and therefore they are invisible to the mechanisms with which we usually monitor their progress.

Overseas, elsewhere in the world, we have seen this system of monitoring catch on. In fact I think, if I am not mistaken, that one of the great advocates from the United Kingdom is actually in Melbourne today and has been speaking in Melbourne today. Professor Fiona Measham, at the APSAD conference, has been talking about her experience in pill testing in the UK in 2017. She was at pains to emphasise that there is more evidence in favour of pill testing than there is against it at the moment. And dare I say much of the opposition to it is not pragmatic and not academic, but in fact political. I know that is a little bit controversial, and I apologise if it is considered as such.

I would then sum up my introduction by saying that we also had the opportunity to sit down with all the great and the good — and then some rogue elements such as myself — and their finding at the Australian Drug Summit in 2016 in Canberra, which was a bipartisan gathering co-chaired by the three major political parties. This was including NDARC and NDRI. Everyone who was researching in any real context in Australia at the time has signed the Canberra document, which suggests that pill testing is a valuable option for reducing harm at public events and government should enable trials to be implemented as a matter of priority. What we have in Australia at the moment is the research community and the health community, as a whole, suggesting that this is

something we should at least be trying, yet we are not, and I am delighted to have the opportunity to answer any questions that you might have as to explaining why that is the case.

The CHAIR — Thank you, David. I might just mention some of the committee members did go to Secret Garden festival in England earlier in the year.

Assoc. Prof. CALDICOTT — Yes. You would have met Fiona, then.

Ms PATTEN — No, she was off at a wedding, but we spent some time in the pill testing and met with a lot of the people there.

Assoc. Prof. CALDICOTT — Great.

Ms PATTEN — It was. It was really good.

The CHAIR — We certainly got a feeling for it there. We have also been to New Zealand more recently. We are aware that the ACT had proposed some testing this coming summer, but we have then heard that there —

Assoc. Prof. CALDICOTT — We are working very hard at the moment in fact to ensure that that occurs. It has been slightly derailed. There were a number of options that were available to us in the ACT, and of course taking the New Zealand option and just doing it underground, just getting on with it, had been considered — better to ask for forgiveness than permission. There was some considered debate about this, and it was felt that it was probably more important to try to go the hard yards, and sit down with our political and elected colleagues, and try to ensure that they were understanding of what we were trying to do, and were able to endorse that.

We have not been the first boat to leave the quay, if you like, in this space, but certainly south of the equator we have been one of the first to get political support. We have very firm state political support to conduct pill testing, and that has not changed. What changed, unfortunately — and it is not too dissimilar from the situation as I understand it, which pre-dates my era, of what was going to be a heroin trial in the ACT — is the ACT government wanted to run a trial which seemed to run against the ideologies of the then federal government. That seems to have been what happened in these circumstances.

In August of this year, the shadow secretary of health suggested, or telegraphed her intention to use the National Capital Authority as a way of blocking pill testing in the ACT, and then the shadow Attorney-General on 28 September wrote to then Senator Nash and also Minister Hunt, asking them to intervene in blocking it by using the conditions of the National Capital Authority. We were advised, on I think 11 October, that the promoter was no longer happy to participate in this. It became very clear that the promoter had met with the National Capital Authority, and they have not been granted a licence as yet. It is a bit sad. I have been in this long enough not to be crushed by it. I myself do not have the opportunity to vote in this country — although I am doing something about that — so it is completely non-party-political —

The CHAIR — There is an issue with citizenship here.

Assoc. Prof. CALDICOTT — Your jobs are safe. I would not do your jobs for love nor money, so do not worry; I will not be chasing an elected position. But I think I would quite like to vote in your country, so we are looking into that right now. I say that really to say that I have no beef with any particular party, but I am a little saddened that in the ACT the Liberal Party, despite numerous invitations to sit down and chat with us, was the only party that declined to do so. In the context of what they were saying about what they thought pill testing did, they clearly needed an education of some form about what our aims and goals were — certainly not to facilitate drug dealers et cetera, et cetera. I think it may have backfired politically, because of course, it is a young jurisdiction in the ACT. We have over 85 per cent support politically, and if anything, it has galvanised both law enforcement and the ACT government as well as the academics involved, into ensuring that this occurs in the ACT in this festival season. So this will be going ahead in the ACT this season.

The CHAIR — When we in fact spoke to Victoria Police today and raised the issue with them, they talked about the quality of tests that are able to be done at festivals, saying that they are not confident or that there are a lot of things that they do not pick up or issues associated with the strength of drugs and so on that then mean that the testing is only half testing in a way. I am interested to ask you both what equipment you used back in 2001 and what you are using now.

Assoc. Prof. CALDICOTT — This is the level, the tenor, of the discussion that I think we should be having, rather than on the morality or otherwise of pill testing. Back in the day, a long time ago, we really were not that overwhelmed with the variety of things that we were looking for. There may have been maybe a dozen, maybe a baker's dozen, of substances that concerned us, and it was fairly easy to keep track of those. The difference between then and now is this: for my sins I found myself representing Australia at the United Nations office of drug control in September last year on this very issue, and at that meeting the head of analysis for forensics for that very august body, Justice Tettey, announced the detection of the 750th novel substance. That is what we are faced with.

Some time ago — maybe 15 years ago, maybe as many as two decades ago — the colorimetric or reagent tests, which I would emphasise are still used by law enforcement in presumptive testing, might have been adequate, and there are people who would argue that they still are. From my own perspective, and in discussion with colleagues from overseas, we do not really think that they are up to what we want to do. We know that what we are proposing is frequently misrepresented as doing simple reagent testing, but of course that is far from it. Our intention is to bring the laboratory to the music festival. The base model that we have is the one that Fiona Measham is using in the UK at the moment. I think the technical objections are valid, but they are usually made by people who have never really done pill testing.

I think that is an important distinction to make, because in the testing that we do or that we propose it would be difficult for me to say that I could prosecute a legal case on the basis of what our results would be. But I am not trying to do that. I am trying to do something far more subtle than that. What am I trying to do is I am trying to change a behaviour. So it is not just the testing results that we use. The fact that I am there, a very senior element of the medical community, dressed up like a clown in my white coat, for what it is worth, and providing advice about why young people should not consume drugs, has a very much super-added effect on the behaviour of young people. What I know our testing can do is identify anything that is going to kill someone, and that is very important. Can I identify all of the different sugars that might be present in the make-up or the filling of the drug? No. Could I identify a novel psychotropic substance that that has been identified previously? Yes. Could I identify a novel psychotropic substance that has never been identified before now? No. That is why we have tiers of warning.

This is nothing new. This has been developed over several decades, both by our research group and in fact in the EU they even have good practice guidelines. If, for example, the best analogy I would perhaps share with you is that if you consider the consumption of a drug at crime scene — I personally cannot think of a better one and it is not that one that I am completely comfortable with — but just from the perspective of fingerprints and evidence. If a crime has been committed by the same drug or perpetrator, then we will have their fingerprints and we will be able to identify it, because the database or the library of 'fingerprints' that we would be using is the best in the world. If there is a substance — and this is part of the concern that we have about the music festival environment — there could quite easily and frequently be products which have never been seen before, because the turnover of these drugs is far greater than it ever has been. If something turns up where we see a fingerprint but it does not match any in our library, the strongest possible advice from the most senior doctor present will be, 'Do not take this substance'.

Young people are frequently misrepresented by our opponents. I have to say — you might have seen this when you were in the United Kingdom — when people are faced with that sort of advice, they are not interested in just taking something and taking the risk. They are far more interested in enjoying the rest of their music festival, and that advice is usually heeded. This is why we see again and again between 60 and 80 per cent of people changing their behaviour when they are provided with advice about what is in their pill. I am certain that the technology that we are using can identify that which will harm.

The other thing that has been rather unexpected, I have to say, is that since we have had public approval from a political perspective, we have had numerous companies get in contact and ask if they could bring their devices. So all of a sudden, there is a wide range of technology, which we had not really anticipated as being available. Now I would love to think that is on the basis of philanthropy from the companies involved. Maybe it is, to a degree, but they are also very interested to see whether or not their equipment can cope with the technical rigours of a music festival which, let's face it, is not where this sort of equipment was designed to be used. But there is a huge demand for pre-laboratory testing that comes from the field of counterterrorism but also counter-narcotics. We actually have, I guess now, an 'embarras de choix' of technologies to choose from, so it

has forced us to have a look and see what else is out there as well. But the original process was to look at the Bruker ALPHA, which is a time-of-flight infrared spectrophotometer.

Ms PATTEN — Is that the one that Fiona was using?

Assoc. Prof. CALDICOTT — That is the one Fiona is using. Interestingly, that is also the one that British Columbia has just announced they are going to use, just in the last week or so, to try to identify fentanyls at their new injecting rooms.

Ms PATTEN — Yes, we saw that. David, how effective is that for measuring the strength of a substance or the quantity of the active ingredients?

Assoc. Prof. CALDICOTT — There are better ways of getting that information. So what we have to do is negotiate with law enforcement. We can get a reasonable idea, so I would not be able to tell you that a pill contains 176 milligrams of MDMA. But what I would be able to do is tell you that it contains more than 150, and that is information that could be the difference between life and death. If you want to get an exact milligram quantity, of course you need to use different equipment. That sort of equipment is already being used in the various European endeavours. One that springs to get mind is checkit!, I think they said, of Vienna.

That requires our law enforcement offsiders and our elected colleagues to agree that the people in the testing role are allowed to handle a product so the process and protocol that we have in place for the FTIR is such that it is quite clear that nobody is breaking the law. We can do it in such a way that we minimise the handling on the part of the testers and that nothing is being returned to the individual. If legislators and law enforcement want a better technology, then they have to agree that there should be a dispensation for the testers to be able to, say, grind up, handle, solubilise product, so there is a compromise between the technology and what law enforcement feels comfortable in letting the testers do. If we had carte blanche, I could quite easily deploy, probably within a fortnight, the very best of what is available in Europe, certainly in my jurisdiction. But, you know, small steps, really. The other thing of course is that the FTIR is a very robust piece of equipment with no moving parts, so it does lend itself to being manhandled in that harsh environment.

Ms PATTEN — Thanks, David. We have been talking and we were talking to the police earlier about early warning systems. Then we were talking to our wastewater people, and they were saying that one of the most reliable parts of the data is actually the hospital. So, David, are you actively testing at the moment when people present?

Assoc. Prof. CALDICOTT — Yes.

Ms PATTEN — And do you feed that information to the police or is there any —

Assoc. Prof. CALDICOTT — Yes, so the police are very interested in this.

Ms PATTEN — I should imagine.

Assoc. Prof. CALDICOTT — This is one of the mythologies that is out there, that somehow we are in competition, or confounding police efforts. That has been one of the great aspects of, really, the negotiation that has occurred in the ACT. As far as policing was concerned, I was actually hauled up by the prior police commissioner, a very charming man called Rudi Lammers — quite an old-style police officer — who sat me down and said, 'Caldicott, what the hell do you think you're doing? You can't do it'. I was very grateful for the opportunity to chat. I think a 20-minute conversation was timetabled, which went on for 90 minutes and may have continued on to a local hostelry. We talked at length. Then he asked me to speak to his executive and I had a two-hour meeting with them.

Then he asked me to speak with his local area commanders. It was just a question of sitting down and saying to people, 'This is very important for our kids that you and I share schools with.' The people who were drooling most at these meetings were always the drugs intelligence people, not because anything of that we would do, has got anything identifiable, as far as consumers were concerned but because of the raw data available. Obviously anything that I would do medically — I think that is also important, that this is a medical endeavour. This is not about facilitating drug consumption; this is about stopping people getting hurt. But the de-identified information about what is actually on the street is something that nobody has or at least has access to.

Technically, that is not true, of course. I think the Victorian forensic system has an extraordinary amount of information. But as we know, unfortunately from experience, they knew for quite some time what caused the Chapel Street Revolver overdoses. I think, again for reasons that are political, they are not overly enthusiastic about sharing that information. That is information that we think is useful, and it is something that we can feed in to the market. Out of the emergency department at Calvary we have a system whereby, if there is an unusual overdose and I deem it not really typical for anything that I have ever seen, our Chief Health Officer has authorised, in conjunction with our law enforcement colleagues, the capacity for us to anonymously submit it for analysis.

The patient is given the opportunity to either surrender their products to law enforcement or to surrender them to me for analysis and then subsequent discussion about what they have consumed. Do you know, in the course of the time that I have been working here, not one has chosen the police option? They all tend to want to submit it for analysis. That is what we do, and that is just pragmatic and practical. If anything should come out of that that looks as if it is of a public health concern, then we do a media stand-up. We did one last year. We call them alpha alerts or ultra alerts, and we warn the general public, just 'Whatever you're doing this weekend, don't do this'.

Ms PATTEN — Is this formalised, and does this go out on an alpha alert Facebook page or —

Assoc. Prof. CALDICOTT — That is all done in kind. That is part of the problem in this space, the idea that the commitment to these harm minimisation approaches does not equate financially with the commitment in other jurisdictions to say, for example, police dogs — a ludicrous proposition. If we know anything from Portugal, we know that if you were to put a lot more money into health and prevention, your bang for buck in terms of outcomes would be substantially greater than it currently is at the moment. Last year, you had a pharmacist die of overdose. If we are not getting messages through to members of the pharmaceutical profession, we are really failing our younger Australians.

Ms PATTEN — Is that system formalised, David? Is there a written understanding between the hospitals and the police?

Assoc. Prof. CALDICOTT — We have a system in place. We have a form.

Ms PATTEN — Could you send that?

Assoc. Prof. CALDICOTT — I would be delighted to. Of course. We are very committed to it. We have spoken at length with some of my offsiders in Victoria. We know that there is an appetite to do this sort of work in Victoria. Unfortunately there are not the resources available. I think one of the most important things about doing this sort of work is that it is actually really important to do it federally. I have always suggested that the emergency department acts as a superb observatory for looking for harm. Between you and me, I do not have the time to sort of be overly concerned about the morality of drug consumption. The time that I have has to be committed to identifying that which hurts people. I would say that morality is in the realms of religiosity and spirituality, maybe even political realms, but I cannot be dealing with that. There are huge similarities, if we are looking at harm, between the spread of an illicit drug and the spread of a particularly noxious infectious disease.

There is no point in, sort of like in the ACT, holding up a weathervane and rather hoping that we will see what is coming over the horizon. I am all for recruiting Victoria into this sort of broader system whereby we can watch something spreading from them to us or vice versa. That is the system where I think really Australia could be quite innovative. I know there is great appetite for introducing such a system, but the collection of data needs to occur not only after people are hurt in the emergency departments but even before they are hurt, like at music festivals as well.

The CHAIR — A question I have got, David, is: if things go ahead this summer in the ACT, what is in your tent — I presume it would be a tent that you have got there — how many staff do you expect to have, who has got training, have you got volunteers likely to be —?

Assoc. Prof. CALDICOTT — In fact you have got the best volunteers in Australia, actually. It hurts me to say so, but yes. There is a group that is based out of Harm Reduction Victoria. I am sorry, I will annoy some other alternative people, but they are head and shoulders above everyone in Australia in terms of their activity and abilities in the music festival environment. It was a no-brainer for me. I have been working with them for

several years. I have watched them work. They are very responsible. They are all about ensuring that people do not get hurt. DanceWize are my volunteers as far as interviewing patrons is concerned.

Let's say somebody like Fiona decided to reinvestigate her very recent youth and attended a music festival and, God forbid, found herself in possession of something that she was then nervous about and felt the need to test. She would approach the tent, which is very deliberately within the confines of the medical precinct, despite this is not being a palatable approach for a lot of people. A lot of people regard their rights to use drugs as reason enough to do testing. We can have an alternative discussion about that. For me it is all about preventing people from getting harmed, and that mandates them being in a medical environment.

It also is important for law enforcement as well, because of course law enforcement are quite clearly of an opinion that there is no requirement for them to be in the medical precinct unless somebody draws a knife and stabs somebody else — unless a crime is being committed that involves multiple harm. So you would make your way to the medical precinct, you would go to the tent and there are DanceWize volunteers. The price of your test is an interview, a discussion about who you are, what you do, what your intentions are, what you think is going on — getting a little bit more information about this otherwise invisible population that we have not a lot of information about. You would then approach the testing facility, which is just an annex with a power point, and you would be asked to scrape a piece of your tablet or donate your entire tablet, depending on what you felt interested in, and put it on the platform of the device which we use to measure content. We would shine a laser on the product, which causes a reflection and it is that reflection which is measured. It is the reflection that gives a fingerprint for whatever is being analysed, and that is compared.

Really the system is only as good as the library of results that you have. Obviously, because of who we are and who we collaborate with, we will be using the world's largest library, the most comprehensive library. We will be able to give a result, usually very quickly. That result sometimes will be nothing at all — 'I'm sorry, mate; you've been sold a paracetamol tablet'. Sometimes it will be, 'This tablet contains less than 100 milligrams of MDMA'. All of these results will be contextualised to the individual. If we know anything about the millennial generation, we know that they are very interested in themselves. So we can actually give them personal medical information according to what we analyse. At no stage is anything ever returned to the consumer; at no stage is anyone ever advised that their pill is good or their pill is safe. These are just furphies. They are fireworks hoisted by our opposition, who have never seen this being done. Then that information is added to a database, which is available to anyone who is involved in this.

If, for example, we were to identify something like PMA, God forbid, in one of the pills, we would have an understanding with the promoters that we would be in a position to actually put that over the big screens. So that information would become immediately available. The actual product itself is then placed with an alcohol wipe into a sharps bin that has got bleach in the bottom of it for subsequent repatriation and destruction with other sharps at the event.

Mr THOMPSON — Associate Professor Caldicott —

Assoc. Prof. CALDICOTT — It is just David, sir. I appreciate the formalities, but I feel we know each other.

Mr THOMPSON — I am a Liberal Party member as well, and I have my own views on the topic, but —

Assoc. Prof. CALDICOTT — There are many Liberal Party members whose company I enjoy and get on with, sir, so please don't apologise for that.

Mr THOMPSON — No. All is good, David. If we said Paul Hewson was holding a concert in Australia and you had your testing machine outside and you came up with a clearance on a particular tablet, and if there is going to be a Glastonbury-sized festival audience coming in and the word got around via social media that all clear had been given to a particular batched product —

Assoc. Prof. CALDICOTT — I know where you are going there, sir, because it is an opposition point that I have heard before. The unfortunate thing for the consumers is that we are very explicit; we actually have a script. That is one of the reasons why I use DanceWize, because they are the only people that I trust in Australia to stick to script. As part of that script it is very clearly stated to the consumer that the test result that they are

receiving applies only to the individual pill that they have submitted. We are quite clear to the consumer that that does not apply across the board.

Mr THOMPSON — I note that, David, but also it is meant to be a very productive market, one that leads to acquisition of wealth, and there are numbers of players in it.

Assoc. Prof. CALDICOTT — No doubt.

Mr THOMPSON — My proposition is that if you gave an individual clearance to a pill, irrespective of whether the sample was reflective of the batch, it could be that there are a number of people outside the entertainment precinct with a kombi van full of similar tablets, one produced by the Mafia, another produced by triads and another produced by a bikie gang. The fiat would be given to the ongoing supply of one of these products being entered into the arena that could be safe on that occasion, but advice earlier today given by Victoria Police is you cannot test every product for all the elements that are in the product and therefore there could be unintended consequences by you giving the fiat at a dance festival. The music by Paul Hewson might be very good — it could be a very good concert — but ultimately there could be harm rent.

We as legislators have a responsibility not on possibility but beyond reasonable doubt to ensure that the laws that are enacted are for the benefit and wellbeing of the whole community rather than seeing parents and families where there might be laced products where people are induced to buy them on the basis that there will be no harm and yet harm is inflicted. There are deaths that result from drug use, there are minds that can be fried as a result of drug use, and therefore the informal testing that might be good in academic terms may have unintended consequences, which was a view advanced by Victoria Police earlier today, in the sense that they were not prepared to support pill testing on the basis that in their view — not my view as a member of Parliament but their view — that there are unintended consequences that may result.

Assoc. Prof. CALDICOTT — Look, I appreciate that. One of my great heroes, Voltaire, was of the opinion that 'I would support to my dying breath the right of any other individual to be wrong'. I think that is where I would stand as far as the Victoria Police position as described is concerned. I guess the question — and I am sorry to use you as a proxy, sir — but the question that I would put —

Mr THOMPSON — Voltaire also said 'Now is not the time to be making enemies'!

Assoc. Prof. CALDICOTT — The question I that I would put to our friends in Victoria Police is: what experience do they have of that occurring anywhere else in the world?

Mr THOMPSON — The person who gave evidence had 32 years experience in the field.

Assoc. Prof. CALDICOTT — Of pill testing or of forensic analysis? I draw a difference between the two. Thirty-two years of experience in pill testing or drug checking actually probably predates the existence of that phenomenon globally, so I am guessing that their experience is probably one of forensic analysis; would that be right?

Mr THOMPSON — We could take it on notice, but I think the person said that: 32 years of analysing drugs I think might have been the comment.

Assoc. Prof. CALDICOTT — I appreciate there is extraordinary experience out there in that space, but it does rather beg the question: to what degree have they looked into what their experience translates as in the music festival or pill testing environment? This has been going on now for 20 years overseas, and these mythical unintended consequences have yet to evolve. I would appreciate that it is entirely possible that 'unintended consequences' might occur in an Australian jurisdiction. We do know that in the context of what is currently being done young consumers are happy to consume their drugs with gay abandon. They are certainly not being discouraged in any shape or form by the presence of sniffer dogs or laws or crackdowns. That has not changed anything whatsoever. So it is probably the case that we might be able to change behaviour by trying something new.

The term 'beyond reasonable doubt' is a legal term, sir; it is not a medical term. There is nothing beyond reasonable doubt in medicine. We, every day that I work, are taking a 10 per cent improvement of one antibiotic over the other. Do I have any drugs or any treatment that works for everybody all of the time? That does not exist in medicine, sir. Do I have a treatment which reduces the number of drugs that people take at a music

festival, that reduces the variation with which people consume drugs at a music festival? Do we know that those two factors are probably some of the most important factors in overdose? Yes, I do. So what we have is we probably have a cardiologist — excuse my medical analogy again — trying to describe an orthopaedic problem. Cardiologists know a great deal about hearts; they are tremendous at that. I wonder how many music festivals your forensic toxicology friend has actually attended and do they fully understand the nature of people's behaviour in the context of that environment and results provided to them.

Mr THOMPSON — David, if I could just interrupt, there are other colleagues who would like to ask questions, but perhaps if I could just draw you back to the fiat or approval being given to a batch, if there is an all clear. I note your advice you do not —

Assoc. Prof. CALDICOTT — Once again, sir, nobody is giving approval to a batch. I think this is a mythology. At no stage does anybody say, 'This is good; this is great'. You may or may not be aware of the fact that MDMA, the illicit substance more commonly known as ecstasy, is currently in trial as a therapeutic agent in the United States at a dose of 75 milligrams. So in the United States, 75 milligrams is considered medicine for MDMA in certain contexts. In the course of my expertise, I have seen people who have been harmed by 50 milligrams of MDMA, so I will not be telling them that this is a good batch or that it is cleared. When somebody returns something that appears to be less than 100 milligrams, they will be advised that — and it is part of the advice that is given in the script — that at no stage on any occasion for any drug is drug consumption in this environment safe. If you intend to be — and this is in the script — 100 per cent safe from illicit drugs for this music festival, you should not consume any drugs. This is quite explicit.

It is frequently misrepresented that somehow we are reassuring consumers about drugs being "good" or being "cleared", and that is not the process. They are never told that drugs are "good" or they are "cleared", because it is quite clear that overdoses from illicit drugs can occur, whatever the dose. We are trying to reduce the chances of them actually suffering an overdose. Now, all of these people who present to a music festival in possession of drugs have turned up with the intention of consuming those drugs. They are not for show. Some of them might in fact be trying to sell them. But they are there with the intention of putting them in their mouths. Now if we can stop 60 per cent of people doing that, that is a far better outcome than deciding not to do pill testing because we are afraid of unintended consequences, which should never have been described anywhere in the world.

Mr THOMPSON — I would still retain my contention that it would give informal approval to the supplier of the pills being supplied to a particular dance festival, which would be illegally produced.

Assoc. Prof. CALDICOTT — The knock-off effect of illicit drugs is already happening on the basis of individuals' personal recommendations. So what we would be doing is merely reflecting the true nature of what is in substances. The information that we would be releasing publically and hammering home would be pertaining to the drugs which are harmful. I would put it to you, Sir, that a regular stream of information regarding drugs that are potentially harmful to your health serves as a significant disincentive to the market at large, rather than providing any reassurance, particularly if that information is coming from a neutral source such as a medical one.

Mr THOMPSON — Noted, David.

The CHAIR — We have gone very much over time now, David.

Assoc. Prof. CALDICOTT — That is all right; I am enjoying our conversation.

The CHAIR — Likewise, we have too, but we have got more people to hear from today. Thank you very much for your contribution this afternoon. I understand you are pretty busy there.

Assoc. Prof. CALDICOTT — I think what you are doing is very important, and you should understand that I do not have any private practice. As a public physician I consider myself very much at your disposal. So if there are any questions arising or if there is any documentation, or if there is any literature that you want or introductions that you need, I would be delighted to help you. The important thing is that what we are doing right now is just not enough. Victoria should be congratulated on its decision to introduce a medically supervised injecting centre, but there is so much more that a state that wants to wear the mantle of innovation could do in this space to stop young people getting hurt. I would be delighted to help out in any way that I can at any time. You have my number and know how to get me.

The CHAIR — Indeed, and I will be inviting Murray to come to a music festival with me at some time in the future.

Assoc. Prof. CALDICOTT — I would be delighted to bring you along as my guests.

Mr THOMPSON — Do you know Mr Hewson?

Assoc. Prof. CALDICOTT — I do not, no.

The CHAIR — All right; thank you very much, David.

Assoc. Prof. CALDICOTT — Not at all; lovely to chat.

Witness withdrew.

Proceedings in camera follow.