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(Subcommittee)

Reference: Amphetamines and other synthetic drugs

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**JOINT STATUTORY COMMITTEE ON THE
AUSTRALIAN CRIME COMMISSION**

Wednesday, 3 May 2006

Members: Senator Ian Macdonald (*Chair*), Mr Kerr (*Deputy Chair*), Senators Ferris, Ludwig and Polley and Mrs Gash, Mr Hayes, Mr Richardson and Mr Wood

Members in attendance: Senators Ian Macdonald and Polley and Mr Richardson

Terms of reference for the inquiry:

To inquire into and report on:

The manufacture, importation and use of Amphetamines and Other Synthetic Drugs (AOSD) in Australia.

In particular:

- a. Trends in the production and consumption of AOSD in Australia and overseas.
- b. Strategies to reduce the AOSD market in Australia.
- c. The extent and nature of organised crime involvement.
- d. The nature of Australian law enforcement response.
- e. The adequacy of existing legislation and administrative arrangements between Commonwealth and State agencies in addressing the importation, manufacture, and distribution of AOSDs, precursor chemicals and equipment used in their manufacture.
- f. An assessment of the adequacy of the response by Australian law enforcement agencies, including the ACC.

WITNESSES

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Subcommittee met at 10.32 am

CHAIR (Senator Ian Macdonald)—I declare open this public hearing of the Parliamentary Joint Committee on the Australian Crime Commission. This is the first hearing of the committee's inquiry into amphetamines and other synthetic drugs. The review is being conducted under section 55(1)(d) of the Australian Crime Commission Act 2002, which requires the committee:

...to examine trends and changes in criminal activities, practices and methods and report to both Houses of the Parliament any change which the Committee thinks desirable to the functions, structure, powers and procedures of the ACC.

The terms of reference require the committee to examine the manufacture, importation and use of amphetamines and other synthetic drugs—AOSD—in Australia and, in particular: trends in the production and consumption of AOSD in Australia and overseas; strategies to reduce the AOSD market in Australia; the extent and nature of organised crime involvement; the nature of Australian law enforcement response; and the adequacy of existing legislation and administrative arrangements between Commonwealth and state agencies in addressing the importation, manufacture, and distribution of AOSD, precursor chemicals and equipment used in their manufacture. The committee will make an assessment of the adequacy of the response by Australian law enforcement agencies, including the Australian Crime Commission. In recent times the effect of amphetamines and their derivatives has been the subject of intense publicity. Through its inquiry the committee hopes to shed some light on how this expanding issue might be dealt with effectively.

[10.35 am]

CALDICOTT, Dr David Gerald Edward, Convenor, OzTox Collaboration

EDMONDS, Detective Chief Superintendent Denis George, Officer in Charge, Strategy and Support Branch, Crime Service, South Australia Police

CHAIR—Welcome, Detective Chief Superintendent Edmonds, and thank you for your submission. As you are on the public payroll, you are reminded that you are not required to answer questions relating to policy matters, and will be given the opportunity to refer such questions to either your minister or superior officers. Information on parliamentary privilege and the protection of witnesses and evidence has already been provided to you, and I am sure you are aware of those. This is an important inquiry, and one that the Australian Parliament will be very keen to pursue further. I know I speak for my colleague Senator Polley when I say that neither of us has any great expertise in this area, so today, being the first hearing, is a learning experience for us. We are particularly grateful to the witnesses for coming along, and you, Detective Chief Superintendent, might have to answer some less than incisive questions to help Senator Polley and I through the very first part of the proceedings.

Obviously, amphetamines and other synthetic drugs are an increasing problem to Australia, a problem that could have a very big impact on Australians in the years ahead. I am very confident that this inquiry will be able to take forward the fight against the illegal use of amphetamines and other synthetic drugs, and look at ways that the Australian parliament, in conjunction with state parliaments, can better understand and get a better response to the problem of amphetamines and other synthetic drugs. Detective Chief Superintendent, I invite you to make a short introductory statement, after which we will move to a general discussion.

Det. Chief Supt Edmonds—I am here representing South Australia's police, to speak to our submission and to answer any questions the hearing might have. I thought it might assist the hearing if I provided the Chair with a copy of my reference notes that I have prepared for this particular hearing. It might help us to lead our way through the topics that are in the SAPOL submission and anything further that we might like to explore coming out of that.

CHAIR—Thank you very much, that would be very useful. Again, I thank you for your submission, which was very well put together, and thank you for these notes.

Det. Chief Supt Edmonds—In relation to those notes, I have reiterated briefly what was in our initial submission, and I have added some additional comments that the hearing might want to explore and that might go some way to answering any questions that you might have. If we turn to the first item, 'Trends in the production,' you will notice on page 2 of my notes there are a couple of comments I would like to make. In relation to the controls over what is commonly referred to as 1,4-B when we talk about GHB, you will see on the top of the second page of my notes that there is a code of practice that that particular chemical comes under. I would like to point out that is a voluntary code of practice, and I am not sure that all suppliers actually live by that. For the information of the hearing, I would like to point out that ketamine, which is used in

some illicit manufactures, is a controlled substance in this state. I have no further comments on the first topic unless there are questions on it.

CHAIR—With your approval we might interrupt you as you go if things become unclear to us as you are speaking. Bear in mind that a lot of the terminology and acronyms that you are very familiar with are practically double Dutch to me. Just before we get into that, I see from my notes that, whilst we are calling them amphetamines and other synthetic drugs, there does seem to be some suggestion that that is not the right terminology. Is that how you refer to the broad problem or the broad drugs?

Det. Chief Supt Edmonds—The group of drugs has had a couple of acronyms over time. In some circles it is referred to as amphetamine type substances. I may be not quite correct here, but when you refer to amphetamine type substances, that is sometimes to the exclusion of ecstasy. Given that this is an ACC focused hearing and the ACC uses the terminology ‘AOSD’, that is what I have referred to throughout the paper. From my point of view, I think it is quite a good and broad descriptor of these kinds of drugs.

CHAIR—The other term, according to my notes, was ATS—amphetamine type stimulants. In your area of work you do refer to it as AOSD though?

Det. Chief Supt Edmonds—It has had both terminologies. We understand them to mean the same thing.

CHAIR—You have pointed out in your notes that the code of practice for the supply diversion into illicit drug manufacturer is a voluntary code. So is there any check on that that you are aware of? Do we know whether people are following the code?

Det. Chief Supt Edmonds—It is possible to check on that, but, as I said, it is voluntary. There is a particular requirement for people who sell recognised precursor chemicals in this state at least. There used to be a code of conduct for those people. That has been converted into legislation. Some of the jurisdictions, I believe, are also converting the code of conduct into legislation in their own states and territories. What that means is that people who sell recognised precursor chemicals are required to keep records of the sales. The person who buys the chemicals is required to complete an end-user declaration—an EUD, which you might read about from time to time—and they need to produce identification. There are no cash transactions—it is all to company accounts. That is a way in which we can at least monitor what is happening through the major chemical supplier outlets.

CHAIR—You are saying that it is being converted into legislation, so what is the voluntary part?

Det. Chief Supt Edmonds—In South Australia there was a code of conduct for the chemical suppliers in relation to the chemicals that are recognised as precursors to the production of amphetamine. This is not one of those chemicals and it falls under a different code of conduct.

CHAIR—I see. What is the differentiation?

Det. Chief Supt Edmonds—It is the nature of the business and the chemical itself. It is something that could be pursued to see if we can get more of that particular industry to enter into the code of conduct. I suppose ultimately it would be beneficial if there was consistent legislation in all of the states and territories requiring all of these sorts of sales to be recorded and to have the information available to the police.

CHAIR—I do not want to drag you outside your field of expertise and get you into policy areas, but why wouldn't that drug have been included? What would your guess be? Obviously, it is not your doing or that of the South Australia Police.

Det. Chief Supt Edmonds—You will find that with precursor chemicals it is a dynamic environment and they are ever emerging. We established a set of chemicals that were recognised as precursor chemicals for the manufacture of amphetamines and ecstasy and then GHB—commonly referred to as 'fantasy'—which, while it is in the same kind of drug family, is not directly linked to amphetamine. It is a different sort of a drug. We are finding that there is an ever emerging list of chemicals or substances that can or might be diverted into some sort of illicit substance.

CHAIR—What would legitimate users and manufacturers be using it for at the moment?

Det. Chief Supt Edmonds—That particular substance? I could not give you an extensive list, but I do know it is used in the crash repair business—for legitimate reasons.

CHAIR—For paint strippers, or something?

Det. Chief Supt Edmonds—It is for some sort of process in the painting process and the repair of cars, for preparation. When you are thinking about this dynamic world of synthetic drug manufacture, you have to think fairly broadly.

CHAIR—Does the South Australian legislation allow for easy addition to the list by regulation, rather than by amendment to legislation?

Det. Chief Supt Edmonds—All of these substances are prescribed in various schedules under our drugs legislation, which is probably consistent across the states and territories. It is possible to prescribe drugs under those schedules as they emerge.

CHAIR—By regulation rather than by dealing within parliament?

Det. Chief Supt Edmonds—Yes.

CHAIR—As far as you are aware, is the South Australian legislation pretty uniform across the other states and territories of Australia? Again, this may be out of your area.

Det. Chief Supt Edmonds—It depends on what part of the legislation you are talking about. If we start at the top and talk about the model criminal code serious drug offences legislation that has recently been adopted by the Commonwealth and a couple of other states, it has been adopted by South Australia very recently but it has not yet been proclaimed. That will provide some consistency between the Commonwealth and the states in relation to what constitutes drug

trafficking and the various levels of it. The hold-up in proclaiming that legislation in this state is that we are waiting for an expert working group to finalise their recommendations as to what quantity of drug equates to a level of offending. That is not too far away. When you look at the control of precursors, there is some consistency coming across the states when states actually take a code of conduct and turn it into legislation, as we have done some time ago.

CHAIR—Precursors, the term that is used, are simply any ingredient—

Det. Chief Supt Edmonds—Chemical ingredient, precursor chemicals.

CHAIR—Okay.

Det. Chief Supt Edmonds—Nationally we are getting towards consistency for the higher level serious offences of drug manufacture and trafficking. We are getting consistency across the code of conduct for reporting the sale of precursor chemicals. Jurisdictions are working towards it.

There are some differences across the jurisdictions in relation to just the possession of precursor chemicals or clandestine laboratory equipment. There are some offences where the elements require the prosecution to prove the possession of those precursor chemicals or laboratory equipment. It has to be linked to production. Sometimes that is very difficult, so Western Australia and the Northern Territory have offences for being in possession of chemicals or equipment without lawful excuse. It puts the onus back on the person to show that they have a lawful excuse for possessing these things. In South Australia before the election the government said that it would look at that kind of legislation here. We are confident that legislation will be considered in the parliament. In fact it came out of a recommendation from the Australian police commissioners' council.

CHAIR—That is for actual possession and, perhaps, the manner of use. But the reporting of the distribution of that is still a voluntary code.

Det. Chief Supt Edmonds—In some states it is still a voluntary code.

CHAIR—And here it was voluntary but it has now been mandated but it has not been proclaimed yet.

Det. Chief Supt Edmonds—No, that part of it has been proclaimed. We have not yet proclaimed serious drug offences consistent with the Model Criminal Code.

CHAIR—A certain number of precursors have been proscribed. If they are sold anywhere in South Australia they have to be reported. But you are saying the gap is with the ever-changing nature of precursor drugs—that you are always reacting.

Det. Chief Supt Edmonds—Yes. We always seem to be one step behind the producers.

CHAIR—Who would be legitimately opposed to having to report that? Is it a red-tape problem for small business?

Det. Chief Supt Edmonds—No. It is a fairly simple process. If a person goes into buy one of these recognised precursor chemicals then, as I said before, they are required to produce identification. There are no cash sales and they are required to produce identification and fill out an end-user declaration, which declares the purpose for which they are going to use those chemicals.

CHAIR—So, if I wanted to buy this particular drug you were talking about, 1,4-B, where would I go to buy it? That is the drug that at the moment does not have to be reported. Where would I go to buy that?

Det. Chief Supt Edmonds—I am not sure.

CHAIR—Would you get it at a hardware shop?

Det. Chief Supt Edmonds—I would expect it would be available through wholesale suppliers whose business it would be to supply chemicals.

CHAIR—And a retail agricultural chemical shop, for legitimate purposes. Could I walk in there and buy some of that now?

Det. Chief Supt Edmonds—It is unlikely that you would buy that specific product from there in its pure form. As we probably all well know, cold and flu tablets contain pseudoephedrine. For quite some time, some of the drug producers have been buying up large quantities of these cold and flu tablets, extracting the pseudoephedrine and breaking that down into a product that eventually becomes amphetamines. So, when you look at a chemical product, you probably need to read the label and actually look at what is in there to see what you might be able to extract from it to go towards your illicit drug production.

CHAIR—Are the chemicals in the cold and flu tablets on the proscribed list?

Det. Chief Supt Edmonds—They are now.

CHAIR—How does it work in South Australia? If I went in and bought a carton of cold and flu tablets someone would have to report that but if I go in and buy one box—

Det. Chief Supt Edmonds—I would like to think I would get a phone call if you bought a carton.

CHAIR—Okay. I might have a very bad cold.

Det. Chief Supt Edmonds—They are now proscribed so they are in fact removed from the general area of the shop and you would need to approach the chemist to be supplied with them. In relation to that, there is a fairly exciting program coming out of Queensland called Project STOP, which is an initiative of the Pharmacy Guild. They are establishing a computer based system where they will record the sales of products that contain pseudoephedrine. What we have across the country is this thing called pseudoshopping, where people are buying of their own volition or are tasked or paid to buy up as much pseudoephedrine product as they can from chemists. The Queensland initiative is an attempt to intervene in that kind of activity.

CHAIR—No doubt we will get evidence of this when we go to Queensland, but for my benefit now: if I go in and buy one packet of cold and flu tablets today, will I have to give my name and address—

Det. Chief Supt Edmonds—Yes.

CHAIR—and prove my identity somehow? Perhaps with the smart card! That is relatively new, isn't it?

Det. Chief Supt Edmonds—It is relatively new across the country. Some consideration went into it because having to do that is an impost on the community, but these products are so desirable to the amphet manufacturers that it was deemed to be necessary.

CHAIR—I would be surprised if there had been any large-scale objection—I do not mind giving my name if I have to slip down to the chemist shop and buy some cold and flu tablets—but has there been any reaction from the public at large?

Det. Chief Supt Edmonds—No.

CHAIR—I am not sure whether you will get onto this later and, again, it may be an area slightly outside your jurisdiction, but in many areas of government it is very important for the various states and territories to have their own approaches. In the fight against illegal drugs, it would seem that having eight different pieces of legislation—the Commonwealth and the seven states and territories—must be a nightmare for people like your when you are dealing with cross-border stuff. Again, this is probably something we should ask the Attorney-General's Department or someone else—

Det. Chief Supt Edmonds—I am sure they will have a view. I have read some of the other submissions, and it does get mentioned in a couple of those. Not just in drug legislation but in all kinds of legislation, it does cause a bit of a problem. I suppose, to put it simply, it is likely that the jurisdiction with the weakest drug laws will become a target for the criminal element for purchase of precursor product, manufacture of the drugs or as a point of transit. As I mentioned before, there is some consistency coming into the legislation across the jurisdictions now in relation to trafficking and manufacturing of these drugs. That will reduce the safe havens for the criminal element.

CHAIR—I really do not want to involve you in opinions that are outside your jurisdiction but, having been an expert in this area now for all of 25 minutes—but I have read most of the submissions that have come in—it would seem that there is a case for a uniform legislation across the whole of Australia. I am really not asking you whether you agree with that, but the question I can legitimately put to you is, if there were a uniform legislation across Australia, would that make your job easier?

Det. Chief Supt Edmonds—It would provide consistency. I do not think it would make the job easier, but at least it would provide consistency in relation to what the offences are, what the elements of those offences are, which court they would be heard in and what the penalties are.

CHAIR—Yes.

Det. Chief Supt Edmonds—I am confident, though, that the adoption by the Commonwealth and the states of the model serious drugs legislation will go a long way to resolving that problem.

CHAIR—I flew in from another state last night—say this morning. I could not go down to the local pharmacy and buy 10 packets of cold tablets, but I could have bought them in a state that does not have this legislation at the moment and brought them in. That must make it difficult for you.

Det. Chief Supt Edmonds—In the short term it has, but once we get the consistency across the jurisdictions it will even out the playing field a bit.

CHAIR—If Senator Polley has no further comments on that, we will invite you to continue with your notes.

Senator POLLEY—In relation to the submission and the South Australian drug strategy for 2005-2010 that was released last year, who are the prime contributors to that strategy and which agency has prime responsibility for the implementation of the strategy?

Det. Chief Supt Edmonds—The drug strategy that we have in place now replaces the previous version. You will find across the country that these strategies have a particular shelf life and then they are revisited to make sure that they are contemporary. The Department of Health here has primary carriage of the drug strategy.

In relation to its development, in this state we have a Senior Officers Working Group on Drugs. They are people like me from the various agencies within the state—and there is Commonwealth representation there too—that have an interest in reducing drug harms across the community. So, while Health has the lead on it, the document was actually prepared as a consultative effort and a team effort between the members of the senior officers group. The strategy was drafted by that group. It was then referred to the Chief Executives Coordinating Committee on Drugs, which consists of the chief executives of the various agencies, including the police commissioner. From there it was referred to a ministerial committee on drugs within the state parliament.

So it is not as though it is the work of a single agency or a single mind-set; it has attempted to be a balanced document whose objectives and strategies go across all the fields in relation to illicit drugs—and alcohol, on this occasion—through law enforcement, health and education. Its primary focus, I suppose, is to reduce the harms associated with drugs within the state, and that is consistent across the country.

Senator POLLEY—What are the key elements of the strategy? Can you highlight those for us?

Det. Chief Supt Edmonds—I actually have a copy of it here, if you would like it. Rather than quoting verbatim, I think it is easier to encapsulate them as providing intervention for people who have drug problems; providing education to people about drugs, starting in the school environment; and interventions to reduce supply and demand. You will probably find that this is

consistent across the other jurisdictions, but here the police have a significant input to all of those particular strategies.

We work with the education department, we have worked with the dance party organisers to establish some protocols for safe dance parties, we obviously work in our own right and in a joint approach with the other law enforcement agencies here for supply intervention and we work very closely with the Department of Health to promote strategies that will take people out of the drug scene. There are a number of initiatives that do that, including the Police Drug Diversion Initiative.

We have recently cemented a proposal in that we now have nurses in the actual Adelaide City Watch-House, in the lock-up. So when people are brought into the city watch-house on some sort of offence they are assessed by the nurses, and if they have some sort of need for intervention then the nurses can facilitate that. That has been pretty successful in that we have been able to link people who are charged with offences—and it may well be that they committed those offences because of some drug problem—at a very early stage of intervention in that process. We can link those people to assessment and treatment programs and hopefully police do not see them again.

I might elaborate on the Police Drug Diversion Initiative in a moment. I suppose there is a continuum of interventions in that it starts at street level with the Police Drug Diversion Initiative. We have an opportunity for intervention when people are locked up in the watch-house, we have an opportunity for intervention in the bail process and an opportunity for intervention in the courts in that we have a drug court here, as do some other jurisdictions.

CHAIR—Is there a separate drug court?

Det. Chief Supt Edmonds—Yes. The Police Drug Diversion Initiative—I have elaborated a little further on page 6 at paragraph 2.2.7—is a Commonwealth funded initiative, but the diversion process differs across the states. We have a particular program here that is aimed at both young people and adult drug offenders and the objective is to divert those people into assessment and treatment rather than having them appear in the judicial system. That is basically a continuation of a program that has been running in the state for years in that if the police apprehend you with a small amount of drugs—not cannabis but other drugs—for personal possession then it is referred to assessment and treatment rather than to the courts in the first instance. That program has been assessed recently by the local Office of Crime Statistics and Research and it was found to be pretty effective. We are looking at it again now to see if we can make it even better. I have some data from that initiative.

Senator POLLEY—What are the current laws in relation to cannabis in South Australia?

Det. Chief Supt Edmonds—At the moment the possession of a small amount of the drug cannabis for personal use or the production of one cannabis plant that is not produced hydroponically is an expiable offence.

CHAIR—What is it?

Det. Chief Supt Edmonds—An expiable offence—you get an on the spot fine for it

CHAIR—Right.

Det. Chief Supt Edmonds—We have had a bit of a chequered history here. Some people might say that we are or were the cannabis capital of Australia; we would refute that, of course.

CHAIR—Growing or supply?

Det. Chief Supt Edmonds—Take your pick. At one point in time, some time ago, it was possible to cultivate up to 10 cannabis plants and if you were detected you would get an expiation notice. That number was brought into being before the days of hydroponics. We have been successful in reducing that number from 10 to three to one—it is now one, non-hydroponically grown. The reality is that if you are caught growing a plant hydroponically you will go to court and not get an expiation notice. There are other levels of plant numbers linked to cannabis cultivation that link to certain offences that have certain penalties. Most of that will change when the new serious drugs legislation comes into being.

Senator POLLEY—In terms of the extraordinary amount—more than \$1 billion—that is spent throughout the Commonwealth to prevent the use of drugs, we do not seem to be winning the war. Have you had any experiences in relation to your operations here in South Australia that have proven successful against the amphetamine trade?

Det. Chief Supt Edmonds—I am not sure that we are ever going to win the war. My perception is that if we as a community are going to be successful in reducing drug related harms then it obviously needs a joined-up approach between law enforcement, health and education. They are the three streams that we need to focus on.

Law enforcement most certainly has a role to play in supply reduction. People argue that those law enforcement efforts are not working, because there are still plenty of drugs out there. My response to that is to ask: what would the situation be if we were not doing what we are? As I said before, law enforcement has a significant role to play in supply reduction, demand reduction and harm reduction. Unless agencies within states and across the country work together it will always be a disjointed approach and money that is invested will not be a good investment. You will find as you move around the country and speak to people that we have bodies like the Ministerial Council on Drug Strategy and the Intergovernmental Committee on Drugs. And there is a whole range of government and non-government bodies and agencies that are focused on the drug problem.

Obviously, if we can educate people about the problems associated with drug use then that will reduce demand. We have to appreciate that drugs are a commodity. They are there because people want them. If it is something that people no longer want then the illicit drug industry falls over.

CHAIR—You mentioned before that in all of the major lock-ups in South Australia there are nurses on the spot. Are nurses and your police members trained to pick someone who might be under the influence of drugs? It is easy enough to prove blood alcohol with a breathalyser. How do your officers make assessments whether people are under the influence of drugs?

Det. Chief Supt Edmonds—It is something that is not just a particular concern of the police; there are other workers out there who provide interventions for people who are under the influence of some sort of drug. There are moves to make sure that people who are responsible for these sorts of interventions are properly trained in recognising drug affected people, what the drugs might be, the effects of the drugs on those people and what sort of risks that might pose to the people who are providing the intervention. We are in the process of providing some of that training here.

CHAIR—We should try, as a committee, to get a range of these. I am not sure where we would get them from or whether we could have them legally. Could you look at some illegal drugs and tell that it is this, that and the other and not just my cold tablet that I happen to have because I am getting a cold?

Det. Chief Supt Edmonds—That is excluding cannabis, of course, because that is just a tomato plant with no tomatoes. Amphetamine is usually a white powder or a creamy brown powder. Sometimes it is difficult to look at a plastic bag full of a powdery product and make a best guess as to what it is. There is an opportunity to provide some sort of field test and give an indication as to what it might be. With ecstasy tablets, there is a very dynamic marketplace and people will sell you a tablet that has a logo on it and tell you it is ecstasy. It may well be amphetamine mixed with ketamine, it might have some ecstasy in it or it might be mainly ecstasy. If you want to be educated about ecstasy tablets then there is a website on the internet called the Pills Report. I have an extract from it; it is not a very good one.

CHAIR—Is it not a good extract or not a good website?

Det. Chief Supt Edmonds—Extract.

CHAIR—Is it a legitimate website?

Det. Chief Supt Edmonds—Yes. It is a website that is maintained by ecstasy users. It is an international thing. You can get reports on Australia, New Zealand, the United States and England. It is really a site that is worth looking at. Police intelligence people look at it and it is a pretty good source of intelligence as to what is out there by way of ecstasy tablets at the moment.

CHAIR—Is this meant to be a supermarket?

Det. Chief Supt Edmonds—No. You do not buy the product there, I am sorry. It is for users to identify what they have been using and to identify the effects it has. It does have some benefits in that it certainly does not encourage dealing in tablets. The people who manage the website are very strict about that. But, for law enforcement, it does tell you what tablets are out there at this point in time. For the users, it is a bit hit or miss, but the report on the website will say, 'Last night we used some purple mitsubishis', or whatever the logo is 'and the effects were this'. If there were ill effects then other people can take note of that. The problem is that there might be half a dozen versions of purple mitsubishis.

CHAIR—So do they all have some sort of identifying mark on them?

Det. Chief Supt Edmonds—If you go on the site you will see a photo of the tablet, a description of it and user comments. Getting back to the original question, obviously because ecstasy tablets are in tablet form they are pretty easy to recognise as something that is probably an ecstasy tablet or sold as such.

Senator POLLEY—To me personally, if someone wanted to sell me a packet of these pills I would have no idea of what the substance is, what its grade is and whether or not it is ecstasy that I would be taking. But obviously that is not discouraging people from buying tablets in that form.

Det. Chief Supt Edmonds—It isn't. Other people may be more well informed than me but I expect that it is difficult to talk people out of taking a tablet that they have just paid a lot of money for. You can give them all the advice in the world and say, 'We suggest you don't take this,' and the answer from an 18-year-old may well be: 'I've just spent half my wages on this. There is no way known that I'm not going to take it.' So we do need to find ways to engage with the user groups, and there are some very good initiatives out there. As I said before, in fact there is a national set of dance party guidelines that party organisers are encouraged to use.

One of the problems with these dance parties, otherwise known as rave parties, used to be that they were underground. That was part of the marketing strategy. It was aimed at young people: 'It's a bit covert, it's exciting and if you ring this number you'll get the address.' We felt that there was no point standing back from this so it was important to engage with the promoters of these particular parties to make sure that they were safe. The people that organise them are in the main responsible people. I would also support these dance parties because they are a way for young people to get out and enjoy their music and dance their excess energy away. It is unfortunate that illicit drugs are part of that particular culture, but it is probably a minority within that culture who engage in that sort of drug taking.

CHAIR—You talk of someone spending half their wages. For how many pills would that be?

Det. Chief Supt Edmonds—The price will vary—\$30 or \$50.

CHAIR—Each?

Det. Chief Supt Edmonds—Yes.

CHAIR—For one pill?

Det. Chief Supt Edmonds—Yes. In relation to those particular parties, the evidence would suggest that a number of people who are intent on taking these sorts of drugs when they go to those parties in fact take the pills before they go. They might take one to top up with. But you would need to speak to them. It has been a while since I have been to something like those.

CHAIR—You would not be good under cover at something like that. You and I would be absolutely obvious.

Det. Chief Supt Edmonds—I think I am past it. The intention is of course that they do not want to get caught going in with the drug so they take it before they go in. The people who run

these parties properly do have security on the gates but it is difficult to find a very small pill on a person and that brings into question their authority to stop and search people.

CHAIR—I am sorry to ask you all these questions. As I have said, you are the first witness, so you are doing a lot of groundwork for us. What would be a typical chain of supply at a dance party where someone would come up to a kid and say, ‘Do you want this tablet? Have you got 30 bucks?’ In an average situation—and I know the situations would vary—where would the person who is at a dance party distributing a drug get it from? Where would he get it from? Where would the other one get it from? Where would the manufacturer come from?

Det. Chief Supt Edmonds—As I said before, we need to appreciate that when we talk about drugs we are talking about commodities. There are wholesalers, retailers and consumers. They are no different to any other product. The point I would like to make is that our intelligence would suggest—and I am only talking about some of the parties that we have looked at here; I cannot speak for other states—that there is not a lot of dealing that actually goes on at the parties. All that sort of dealing is probably done prior to. We also have to appreciate that in this particular dance scene environment we are talking about a different kind of people. They are mostly young people and they probably have good jobs. They are basically good, young law-abiding members of the community. They are going through that period in their life when they experiment with things. I am not saying it does not exist, but we have not seen evidence of dealing in any sort of quantity at these dance parties. I think the dealing takes place before they happen.

The dealer may well be their friends. There is some data around on where people source their drugs. It might be one of their friends or a social acquaintance. If they are going to a dance party or going out somewhere on a Saturday night and they want some ‘eccies’ they will speak to this particular person and they will be able to get some. That particular dealer might only hold 50. We find, of course, that these lower-level or street dealers try to only hold as much drugs on themselves as will bring them into the lower level of offending. Occasionally we might find a lower-level drug dealer in possession of a small amount of drugs that they in fact intend to sell, but because we find them in possession of this small amount, they get diverted to assessment and treatment. I am not sure that that is a good or bad thing. It is probably a good thing, because there is an opportunity there for some sort of intervention. The person who might score 50 of these things to sell to their friends would in fact be getting their 50 from somebody who probably deals in 500s. The person who deals in the 500s is probably linked to the group who either produce the pills in the first place or are the primary wholesaler. Those people who deal in the 500s and above and link back to the production process obviously need investigation and the full force of the law to be placed upon them.

CHAIR—In your submission I think you said that your intelligence is that there is not a lot of home-grown manufacture in South Australia—that most of the product comes either interstate or internationally.

Det. Chief Supt Edmonds—If you look at the data about the usage of amphetamines across the population in South Australia and then you look at the data of the seizures that we make of these products, there is a pretty fair gap. Obviously we do not seize every laboratory that is operating in the state. There may well be a number of small laboratories or a couple of larger

ones that are producing a fair amount of product, but, when you compare the data, you are led to the conclusion that a fair bit of our supply must come from interstate.

CHAIR—How skilled do you have to be to manufacture these things? I suppose once you get the recipe and get the procedure system, it is a mechanical job?

Det. Chief Supt Edmonds—It is fairly mechanical. The recipes in fact are available on the internet, so it is not hard to get hold of a recipe.

CHAIR—You do not need degrees in chemistry?

Det. Chief Supt Edmonds—It probably helps. If you want to make a very good quality product then a knowledge of chemistry is obviously going to help you. But some of our amphetamine cooks have absolutely no skills in that regard. I think they learnt it on the job and they become fairly skilled at producing amphetamines. I think there is an opportunity there too, in that we tend to target precursor chemicals and we target the commodity and the clan labs, but in law enforcement we need to make sure that are also targeting the amphet cooks because if there is no-one to cook up the product then it does not get much further than that.

CHAIR—Chief Superintendent, were you going to run through this and highlight points—was that what you started to do and we have diverted you a bit?

Det. Chief Supt Edmonds—I was going to answer any questions you might have and to build on our initial response. I think we have talked about the drug summit and police drug diversion initiative.

CHAIR—Yes.

Det. Chief Supt Edmonds—I will go to paragraph 2.2.8 on page 7, on the DUMA program in South Australia. As you travel around the country you will notice that some jurisdictions have the DUMA program operating. That is a measurement of the kinds of drugs that people have got in their systems when they enter police lock-ups. It is an opportunity to have these people interviewed by trained researchers, not police, as to the kinds of drugs they use, their behaviours around those drugs, whether they commit crime to source the drugs or what kinds of crimes they commit under the influence of drugs. There has been some very interesting research done on that. That research does tend to drive or inform police, educators, researchers and health people as to what sorts of strategies we can put in place to prevent those sorts of risks and harms. I have some DUMA data here to give you.

Senator POLLEY—Do you think that program is working effectively?

Det. Chief Supt Edmonds—I think so.

Senator POLLEY—Is AOSD use by prisoners a problem? What sorts of solutions have been identified?

Det. Chief Supt Edmonds—It is certainly a problem, and the percentages are identified in the document I have just provided. There are a number of concerns for us. From a police safety

perspective, there is the concern that people under the influence of amphetamines can be aggressive and show that aggression when they are out driving and get engaged in high-speed driving and police pursuits. There is some data in there that suggests that some of these people are influenced by amphetamines when they engage in these very reckless high-speed driving episodes. That poses a risk to not just the police but the broader community who happen to be on the road at the time.

Turning to page 9, regarding the extent and nature of organised crime involvement, I think it is worth noting that it is prudent to recognise that the manufacture and trafficking of AOSD is only one aspect of the business enterprises of organised crime. Organised crime tends to infiltrate legitimate industries to facilitate its crimes. There are some examples there.

One of the things we sometimes forget about when we are talking about the impact of this sort of crime is the violence that can go with it by way of turf protection by these groups, debt recovery and extortions. There are a number of serious crimes that are linked to the business of producing these drugs. Are there any questions on that?

CHAIR—There are probably wider questions that I will pursue somewhere else. As an example—and I appreciate that this is broader, not specific—you talk about the transport industry and the security industry as being infiltrated by organised crime.

Det. Chief Supt Edmonds—Yes.

CHAIR—The security industries in every state are subject to very intense scrutiny, aren't they?

Det. Chief Supt Edmonds—My understanding is that they are subject to regulation in every state. I suppose the aspect of the security industry that I talk about there is in fact crowd controllers. It seems that some of the alleged crime groups in this state have significant influence on ownership and control over the companies that provide security to licensed premises around the CBD and some of the larger venues in the suburbs.

CHAIR—I am sure most of them are legitimate, regular and lawful. You do not want to label all with the wrong brush, but it is almost like putting Dracula in charge of the blood bank, isn't it, because they are at every door of every party, hotel or club.

Det. Chief Supt Edmonds—If you combine that capacity with a controlling interest in the licensed premises on which they are actually providing security then it exacerbates the problem. The regulation of the security industry here, particularly crowd controllers, has undergone some changes of recent times. Those changes have given the police and the regulatory authority greater opportunities for intervention as to who gets and who keeps a crowd controller's licence.

CHAIR—But it is correct, is it not, that all bouncers and crowd controllers have to be licensed? I assume the licensing requires some police check-ups.

Det. Chief Supt Edmonds—In this state it does, and I think that is reflected in the other jurisdictions too.

CHAIR—But it is difficult to get evidence?

Det. Chief Supt Edmonds—Quite often these people—and we are talking about a minority here—may have no convictions, but they may well have proven links to crime groups. It is those links to crime groups that make them a risk in putting them in that sort of position.

CHAIR—And I suppose a proven link is not really evidence where you can take any action as a police authority?

Det. Chief Supt Edmonds—There is a capacity in this state for us to intervene in the licensing process, based on police intelligence.

CHAIR—In what way is organised crime linked to the transport industry—long distance haulage? Again, I emphasise that we are talking about a very small minority. I am sure that most are legitimate, lawful and good citizens.

Det. Chief Supt Edmonds—You are right. It is that aspect of the transport industry that seems to attract these crime groups and, I suppose, one could assume it is to help facilitate the transportation of product.

Senator POLLEY—In regard to the use of amphetamines and other substances in South Australia, is the state on average with the rest of the country or is there a greater problem here? What trends are emerging?

Det. Chief Supt Edmonds—I think we are consistent with the rest of the country. There has been an emergence of AOSD over recent years. I think the usage rates are probably the same across most of the jurisdictions. There might be a point of a percentage somewhere, but it seems to be a consistent problem across the country.

CHAIR—Is it an increasing problem? I guess this data is available elsewhere.

Det. Chief Supt Edmonds—There are some good sources of this data. The national household survey is one, but I think that is a four-year survey. There are other surveys around that focus on users and that is a fairly small focus group. The data would suggest to us that we have reached some sort of a peak and we have in fact dropped back a little from that. But it is a dynamic environment and I expect that the data will remain fairly constant for a while yet.

Senator POLLEY—Are these drugs coming into South Australia from overseas or are they primarily either produced here or brought in across the borders?

Det. Chief Supt Edmonds—I think the answer is yes to all that.

Senator POLLEY—It is not good to get a tick on every one.

Det. Chief Supt Edmonds—We have our own share of local manufacture. There have been instances of course of amphetamine type drugs being brought into the state from other states and we have had instances of drugs and precursors being imported from overseas direct into South

Australia. The police need to appreciate that they are the three areas in which we need to intervene.

In relation to the cross-border transportation and importation, you will see that on page 10, at paragraph 4.2.1, I have talked about interagency task forces. I think it is important to get back to this thing I call the business of crime. We need to appreciate that these crime groups are in business and this is one of the commodities they deal in. They conduct business: they manufacture a product, they market it, they transport it, they try and eliminate the opposition, they have to bank the money and they live on the proceeds. I think if law enforcement is going to be effective in the intervention of supply, then we do need a joined-up approach. We can intervene and close down a laboratory and we can seize product, but I am not sure that that has a huge influence on the actual capacity of the groups that make it. While law enforcement engages with health people and educators in demand reduction, if we are going to be effective in supply reduction, then we really have to most certainly focus on seizing the commodity and taking as many of these drugs as we can out of the community. But we also need to focus on this business of crime in a joined-up approach between state and Commonwealth agencies, look at what this business of crime is and look at our opportunities for intervention in a joined-up approach.

With that sort of philosophy in mind, in this state—and it may well happen in other states—we have an established joint management committee that is comprised of senior officers from South Australia Police and the Commonwealth agencies that are here. We have in fact included the Northern Territory in that group because there are linkages between South Australia and the Northern Territory. The Adelaide office of the ACC services the Territory as well, so it makes good sense to have them engaged there.

Having that group in place means that we can meet and bring to the table our own specific agency intelligence, our agency priorities, lots of goodwill and identify opportunities to work together in a joined up approach to have a reasonably effective intervention into these crime groups whose list of criminal activities includes drug production. It seems that in this day and age investigators within an agency need to know the business of crime, how other agencies work and what their priorities are so that we can put these multiagency task forces together and try and intervene to the point where we cripple these sorts of organised crime groups.

CHAIR—What is the demarcation or is there a demarcation in the work—what do you call it—

Det. Chief Supt Edmonds—SAPOL.

CHAIR—that SAPOL do and the Australian Crime Commission, bearing in mind that your commissioner is part of the ACC board and I know a lot of your officers are seconded—permanent employees, I would suspect without knowing but I am sure that is a fact. Is there some area where you cannot go that only the ACC can go or vice versa?

Det. Chief Supt Edmonds—The ACC is primarily an intelligence agency with a capacity to investigate. South Australia Police investigate South Australian offences. As you are aware, the ACC investigates crime that has a federally relevant aspect and that is a pretty broad definition. I think rather than any sort of demarcation there are opportunities there to work together, which we do. We have a have a very good relationship with the ACC and we have a standing task force

that combines the South Australia Police, the Crime Commission, the AFP and Customs. We put that together in 1995 to focus on a particular type of crime and it works very well. We have been working recently with the ACC on a number of operations that we obviously cannot discuss here but the extent of our involvement and working together, I think, is a very good indicator that we have excellent relationships and we each know where our priorities are. When you work together like that then the demarcation luckily takes on a bit of a shade of grey.

CHAIR—You would not have this exactly but, approximately, how many South Australian police officers are on current secondment at any one time to the ACC?

Det. Chief Supt Edmonds—We have an arrangement that we have six members of SAPOL seconded to the ACC by way of a two-year secondment. That has been the arrangement since the old NCA was first established here. At any one time we will have six South Australia police seconded to the ACC Adelaide office as members of the ACC for a two-year period. We then contribute SAPOL members to agreed joint task forces. They are not task forces created under the ACC Act; they are task forces that we have entered into because the objectives and the intended outcomes meet the business requirements of SAPOL and the ACC. We have seen we have got a common interest in this, so we combine our resources into a task force and go about doing the job. Those task forces are considered and approved within SAPOL. They are considered and approved within the ACC by their governance committee, but they are not actually a board-approved ACC task force under section 7 of the act.

CHAIR—We should have asked this right at the beginning: what is your position? Why are you giving us the evidence today? Why are you the expert?

Det. Chief Supt Edmonds—Perhaps they had a meeting and I was not there.

CHAIR—It is like that!

Det. Chief Supt Edmonds—No. I have had quite a number of years both as an investigator and as a manager of investigations across most of our investigative arms within the organisation. I currently sit in the crime executive area. If you look at it as a pecking order, you have the Assistant Commissioner for Crime and then you have me. I take an operational oversight over the work of all of our investigation branches. Drugs and organised crime is one of those. There are other branches, such as commercial and electronic crime, major crime and people who investigate homicides and sex crimes, so there are a number of investigative branches that I take an oversight role in in some of their more significant investigations. I am also responsible for a number of administrative functions in relation to crime, such as extraditions and extraterritorial warrants. Our drug and alcohol policy section reports to me, as does the crime training area and our crime reduction areas. I am on a number of state and national working groups. I am the nominated ACC liaison officer for SAPOL. I do a reasonable amount of work for the commissioner by way of providing advice on ACC matters and other organised crime issues.

CHAIR—What do you do in your spare time? You would have very little of it, I would say. You are obviously well versed in this, but is there someone who is totally focused on drugs in SAPOL?

Det. Chief Supt Edmonds—We have our drug and organised crime investigations branch. They have a focus on operational interventions. We have our drug and alcohol policy area, who contribute to SAPOL and broader policy issues, such as the state drug strategy. Then we have intelligence analysts in our intelligence branch whose portfolio is drugs. While we separate those particular functions, we ensure that we have a capacity to oversight what they are all doing and make sure it all comes together.

CHAIR—Do they report through you to the executive, or are there other people at your level that they would report through?

Det. Chief Supt Edmonds—They would report through me. If the executive had some question about drugs, whether it is operational or policy or some other issue around drugs, it would come to me and I would then link with the relevant area within the organisation.

CHAIR—I am interested to ask you what might be seen again as a flippant question. I recognise that in your position there are constraints of budgets, manpower and the fact that you do not write the legislation and have to pass that on to governments, which is a slow and tedious process as we all well know. If you were king for the day, if money and men were not a problem and if you had the magic wand, what would your real wish list be? What could this committee go away and say, ‘I know it costs a lot of money, but we really have to X or Y; we have to not be on state boundaries, and we have to open up the federal budget or whatever’? It is a slightly unfair question to you, and I do not want you to run foul of your superiors or your political masters, state or federal, but is there something that in a perfect world you would like to see done that is not currently able to be done for whatever reason?

Det. Chief Supt Edmonds—That is a very broad question. I think we are getting close to consistency of legislation. It would probably be more difficult to introduce some sort of federal legislation around drug manufacture and trafficking that overrode state legislation; we would have constitutional problems. As long as the legislation around the manufacturing, trafficking and possession of drugs is consistent across the jurisdictions and the penalties are consistent, and courts recognise the seriousness of this offending, and if there is consistency at what I might call the bottom end of the market place so that we can get the users and the user dealers—or the dealers who deal because they have a dependency—into assessment, treatment and rehab, that obviously has to be a bonus. That is not an easy task, of course, because people do not give up their drug use until they ready to, and sometimes you have to apply some pressures to convince them that they are ready. Legislatively, I think we are getting there.

I am a believer in multi-agency approaches to a particular problem because, when you combine the state police with the ACC with the AFP with the tax office with other regulatory bodies, then you can take a joined-up approach to a problem and you will find that the offending by these groups that we are targeting goes across the legislation that is covered by all those agencies. You have to take every opportunity you can for intervention. It is my personal view that the AFP are doing a good thing in going offshore and setting up opportunities for intervention and supply before it actually gets here. I think that when you boil it all down it is not about people trying to protect their patch but about people recognising that there is a problem, recognising that they have some ownership of the problem, recognising that they can contribute to the solution and about agreeing to work together on it. That goes across police educators and the health and some of the other interest groups out there in the community who

are very well intentioned about intervention in drug problems. I do not know that throwing a lot of money at it is the absolute answer. But, of course, if anyone has money they want to give away, we are here to help.

CHAIR—We are not in that position, unfortunately, but it is interesting to know, even beyond the realms of possibility, if there are things that, perhaps, in 10 years time we might achieve or set our sights on. There is one other thing: is there something that you or your officers might talk about where parents, grandparents or relatives could be more engaged in the fight? Is there something they can look for or something they can do? I am sure there is a lot of data on this, and I am sure a lot of experts would be doing this. But, as an operational police activity, do you guys ever say, ‘If only the grandparents had said they had started giving the grandkid 100 bucks a week and they don’t know what he’s done with it. If only they’d woken up to that’?

Det. Chief Supt Edmonds—I am not too sure that there are too many children around the place who actually take the advice of their parents.

CHAIR—No. But certainly the parents should be trying to set their kids on the straight and narrow. It is not an Australian thing for parents and grandparents to pimp on their kids and grandkids, but are there things that you can say to parents and grandparents, such as: ‘Look, this is a serious problem. If this happens, why don’t you do this?’

Det. Chief Supt Edmonds—I think the reality may well be that children know more about drugs than their parents do. That might even be the case for children and their teachers. I suppose some people are hesitant to get into conversations on topics that they are not too sure about when they know that the other person knows more than they do.

CHAIR—You would be appalled at the standard of my questions today, I might say!

Det. Chief Supt Edmonds—There is probably a need for broader education across the community about drugs. If you take it in the context of young people then quite often drugs are part of that experimental phase of their life. If you look at people with a long-term drug problem, you probably need to go back into their background and recognise certain social problems. We would all be aware, of course, that people turn to drugs when things get a bit too much. We do need to address social issues that lead to drug use. It would be nice to think we could get in as early as we possibly can to intervene in drug use brought about by a social environment that you are not happy in and in drug use brought by experimental phases of your life.

CHAIR—Again, these are very unfair questions, but would you hazard a guess at the percentage of parents who would have any idea that their children were experimenting with or even into regular use of drugs? Does data show that?

Senator POLLEY—Or do you have data on the number of parents who share drugs with their children? But that is another issue.

Det. Chief Supt Edmonds—You have a fair range of parents out there. As you say, some are not good role models because they are in fact using drugs in front of their kids.

Senator POLLEY—Or they supply their own children.

Det. Chief Supt Edmonds—I do not have that sort of data, and I am not sure that it is around. What I do perceive is that there is a lack of knowledge across the community about drugs, their short- and long-term effects and the legal status of some of them. It really does come down to education. Effective education will impact on demand. As I said at the outset, we are talking about a commodity that is out there because there is a demand for it within the community. If we reduce the demand, we reduce the problems.

Senator POLLEY—I have a question. You have described drugs today—and I think it is an accurate and probably appropriate description—as a commodity and therefore a business. But there has been evidence given to us, and we have heard this and read it in the paper, that there has been a transference from heroin to things like ecstasy and amphetamines, which creates other, more serious problems. If we look at the health and emergency services, somebody who is on heroin and overdoses is usually quite settled and sedated whereas people on some of these other drugs are quite the opposite. Is that a shift because the commodity is easier to move or is it because the message got through to the last generation that heroin was really bad and that injecting drugs also caused other health issues? I think we finally got the message across to people. Do you think that is a reflection on what has happened? Can you share your views?

Det. Chief Supt Edmonds—There would be people out there who would be better informed about this than me, but it is my observation that heroin was recognised as a problem. The effects of heroin are fairly easily seen. I think that as a country we were fairly successful in getting the heroin message across. There was also an actual or perceived shortage of heroin in Australia some time ago. There is a perception that people who were using heroin moved across to injecting amphetamines as a substitute and, having done so, stayed there. It may also be the case that people are still intent on taking and injecting drugs but have decided that they will take a safer approach—if that is the right word—and use amphetamines rather than heroin. When you speak to health providers, they will tell you that we have an intervention regime set up for heroin that seems to work—not in all cases and not straight away, but it seems to work. They are still looking for appropriate health interventions in the use of amphetamines. Other people will give you better information about the percentages of people who actually inject amphetamines rather than just pop it. I do not know that you would pin it down to a single factor. I think there is a combination of factors that would suggest that people have shifted from heroin to amphetamines.

Senator POLLEY—Is there more profit?

Det. Chief Supt Edmonds—When it comes to the trafficking and distribution I think you will find that there is probably not a lot of difference in the profits. Other people have done studies on that but, as far as the producers go, if you can make something locally you do not have to run the risk of importing it, bringing it across the border and having it snipped by Customs in the process. The closer to your marketplace you can manufacture your product, the less risk you are going to have of interception. Having said that, I fully appreciate that a lot of the precursors, the ecstasy and some of the amphet are actually imported into the country.

CHAIR—You mentioned sniffing, which brings to mind the use of sniffer dogs in the queues outside dance parties. Is that something you do in South Australia?

Det. Chief Supt Edmonds—Yes, we do. We are a little circumspect about the circumstances under which we use those dogs. I am not sure it is appropriate to be barging through social

gatherings with a dog. However, there are times and places that they can be used. They are effective, even if it is people having a look at the front of the queue and saying, 'Oh no, there's a sniffer dog there—I better throw the stuff away.'

CHAIR—I always think that if ever I have to be caught for illegally bringing stuff into Australia—which I never do, of course—if I am caught by one of those lovely little beagles, it will be worthwhile. They are such lovely animals. You could not be angry with them that they did catch you.

Mr RICHARDSON—Denis, my apologies for not being here this morning. I had other appointments. I certainly would have loved to have heard the full briefing, so I look forward to the transcript. I wonder whether you have been asked about pill testing at rave parties and the decision by the South Australian police on that.

Det. Chief Supt Edmonds—We do not support it. There has been plenty of literature written about it. You have been provided with some submissions from other groups that have talked for it and talked against it. We do not support it.

CHAIR—Why?

Det. Chief Supt Edmonds—I guess we are not convinced that the research that has been done is so compelling that it should happen. We believe that it sends the wrong message out there to the using community. The pill testing kits that are used are not all that accurate.

CHAIR—Are they just testing the purity of the drug?

Mr RICHARDSON—There is a doctor here that is very active in calling for pill testing at rave parties for young people.

CHAIR—So, is it a case of accepting that pills are there and then just making sure that they are of good quality?

Mr RICHARDSON—Exactly. It is to test whether or not they contain rat poisoning or other impurities that some backyard chemists can put in. The argument, as the Chief Superintendent said, is about the message this sends. There is also the argument about duty of care. Again, it would be interesting to hear Denis's comments on duty of care. For instance, a young person provides a doctor with a tablet. As we all know, you commit an offence by being in possession of the tablet yourself and then you hand it back to the young person to continue that offence. There are lots of areas involved, aren't there, Denis?

Det. Chief Supt Edmonds—That particular doctor is in the audience at the moment, and I suspect that during the hearing there may have been a couple of times when he has been bursting to jump up and say something, and I have no doubt that we will have a conversation when we leave the hearing. As I said, we do not support it. It is not the doctor himself who does the testing. That particular doctor in fact attends and surveys the people as to their drug use. The testing is done by a separate group. I agree that there is a certain duty of care there. There is a certain amount of risk when these test kits are not really all that reliable and, as I said before, I

am not sure that telling somebody that it might be risky to take this particular pill will convince them not to do it if they have just been out and spent quite an amount of money on it.

As I also said before, the pills report website gives me the same sort of intelligence that I would be looking for and would get from feedback from any pill testing undertaken. I will just expand on that a little further. We have some good programs running with the Royal Adelaide Hospital emergency department, where Dr Caldicott works, which relate to the people who are admitted into the emergency area with suspected drug overdoses. We are trying to collect data from those admissions.

All of this data collection and all the research is aimed at effective interventions—developing the right sorts of strategies that will in fact get the message across to the user groups. None of those strategies are aimed in any way at taking some sort of legal action against these people. It is about health recovery and it is about reconsidering your lifestyle.

CHAIR—As there are no further questions, Chief Superintendent, can I thank you again for your time and your patience with the committee this morning. We very much appreciate your submission and hope that we can make a contribution to the continuing work that SAPOL are doing and the work that you are doing jointly with the Australian Crime Commission. Thank you very much for that.

Det. Chief Supt Edmonds—Thank you. I have some other attachments here that you will see I have referred to in my notes. If any of those are of interest to you, I am more than happy to provide them to you.

CHAIR—Thank you for that. Our next witness was to be Professor Roche, Director of the National Centre for Education and Training on Addiction at Flinders University. Professor Roche is ill today and will not be coming. We have to leave at noon, but we have some time left. Detective Chief Superintendent Edmonds mentioned Dr Caldicott, and he is here. Dr Caldicott, I do not want to embarrass you but, if you wanted to take the opportunity of saying something while we are here, we have 10 or 15 minutes. Alternatively, the secretary was indicating to me that she might approach you to put in a formal submission.

Dr Caldicott—I would be happy to answer any questions. It is often more informative for people who are interested in these sorts of areas to get to the meat, so, if you have specific questions you want to ask, go ahead.

Det. Chief Supt Edmonds—You will notice, Chair, that there is a good working relationship here, because he happens to be sitting with the police people.

CHAIR—Okay.

Dr Caldicott—I would agree with that. We have an excellent working relationship.

CHAIR—I do not want to embarrass you—

Dr Caldicott—I am not at all embarrassed.

CHAIR—and I do not want to put any pressure on, but if you would not mind. We have a 10-minute window in which we would be happy to hear from you.

Mr RICHARDSON—Chair, you will not embarrass the doctor. I have had a working relationship with him and he is unembarrassable!

CHAIR—You are unembarrassable?

Dr Caldicott—Apparently so. Mr Richardson and I have worked together on schoolies week. He is a good and worthy representative of his constituency.

CHAIR—Thank you very much, Chief Superintendent. If you wanted to hang around and hear what he says about you, after he heard what you said about him, please do.

Det. Chief Supt Edmonds—I need a right of reply!

CHAIR—Dr Caldicott, this is a bit unusual. Usually we get a formal submission so that not only do you get to collect your thoughts but also the committee has some idea of the areas of interest we might pursue. But, in this particular instance, we have this window and you are here and you obviously have an interest in this area. Bearing in mind that we do have only 15 minutes, perhaps we could start by asking you to tell us who and what you are and then give us some comments that might be of use to the committee. I am not sure when you arrived—

Dr Caldicott—I was here from the start.

CHAIR—Okay, so you heard the terms of reference; you understand what the committee is about. If there are some points you would like to put forward that you think might be of use to the committee in the recommendations we have to make, we would be delighted to hear them. Do not take the whole 15 minutes, because there may be one or two questions we would like to put to you towards the end.

Dr Caldicott—I am currently working with the Women's and Children's Hospital and I am attached to the Royal Adelaide Hospital as well. I am here at your invitation. My background with regard to recreational drugs is an interest in the health side and also prevention through avoiding a moral approach towards illicit substances and instead having a firm focus on the potential harms associated with illicit substances. For the past three or four years, I have been attending dance parties in South Australia, surveying the attitudes of young consumers. I have also been involved in examining the potential role that pill testing, as it exists in Europe, might have in the Australian environment.

CHAIR—What conclusions have you come to? As I say, we have only got five minutes. I guess it would take five hours to hear that.

Dr Caldicott—There are some assumptions made by detractors of pill testing, which I think have yet to be proven. One of the most important assumptions is this ongoing refutation of pill testing on the grounds that it sends the wrong message. That makes the assumption that people who are not using drugs understand what message it actually does send. In fact, as my colleague from the police mentioned, this is a commodity. Particularly the pill form of an illicit substance

is a commodity and, if we wanted to destroy a legitimate commodity, one of the best ways we might go about doing that is by questioning the manufacturing technique, the purity and the intention of the supply of the substances. So, while there is an assumption that the wrong message is being sent, we believe that the message being received by young people who are faced with the results of pill testing is that it shakes their faith in what is often regarded within the community as a fairly pure product. If you go back to the history of ecstasy, it was marketed, along with health food supplements, as a pure product.

Going back to what Senator Polley was saying regarding the comparison between heroin and amphetamines, particularly ecstasy, ecstasy was regarded very much as a safer option. My job is to undermine the faith of the consuming community in the safety of this product. We can do so primarily, in a very practical way, by proving and showing on site that it is a very impure product and, perhaps even more influentially, by reminding them that they are being ripped off. Children do not want to be ripped off, and that is the goal. It is a form of viral marketing, if you like.

CHAIR—How do you rationalise the point that Mr Richardson made, though, that this is illegal? It goes back to the old argument about marijuana 50 years ago. If the authorities say, ‘Well, possession of this is illegal so you’re committing a criminal offence, but we’re going to accept that, look at your pill and tell you it’s impure and that you’ve been ripped off,’ how do you rationalise that?

Dr Caldicott—There are two elements to that question, of course. In terms of our involvement—

CHAIR—‘Our’ being—

Dr Caldicott—I mean my research group, which is the OzTox Collaboration. We are quite explicit in our non-handling of substance without a licence. The minister for health in all jurisdictions has the capacity to grant a licence for us to handle illicit substances for the purposes of research.

CHAIR—That is for you?

Dr Caldicott—That is for us. Our position on the consumer handling the substance is that they will do so anyway. I am not condoning their use, and we are very explicit about the role that we play. We wear white coats at raves. It looks eccentric, and it draws people to us, but they know that we are there and disapproving. I do not carry a sidearm; I am not in a position to stop them, but what I can do is provide them with the health information that may dissuade them from use. Of course, people, when they get the results of these tests, discard and abandon their pills.

CHAIR—I am sorry; I am from North Queensland, and I am unfamiliar with what you have been doing. You are actually doing this now, are you?

Dr Caldicott—It was undertaken once, and subsequent to that we were asked to apply for a licence. We have on every occasion applied for a licence to the Department of Health in South Australia, and it has been declined on every occasion. So we have been going to dance parties and observing the phenomenon of pill testing.

Pill testing occurs all around Australia; in fact, the horse has rather left the stable. People are purchasing pill testing kits and testing their own pills. Our argument is that if that is happening, and if people are doing it in their own backyard without consultation, without the benefit of a health message to remind them every single time, 'Lads, this is really dodgy stuff. You shouldn't be going near it. If I were you, I'd just chuck it—at \$30 for a pill or \$300 for an ambulance transfer. These are the sorts of messages that we can put out there. But at the moment pill testing is occurring without any medical supervision whatsoever. It is already there.

Senator POLLEY—You said that it has been conducted in Europe. What are the results there? If you do not have the evidence today or if you are not prepared, we would be happy to accept—

Dr Caldicott—I am very happy to talk to it. We have not done this in isolation. This has clearly been investigated in consultation with my colleagues—particularly from the Trimbos Institute in Amsterdam, who have been running this protocol since the mid-1980s. What it shows most interestingly is that the people who test their pills actually end up using fewer pills. This is a novel concept, I suppose, and one which harks back to a policy concept known as 'harm minimisation', where the initial drive is firmly focused. I would add that, in Australia, we are in our 21st year of harm minimisation. In fact, it is a policy which was more or less invented in Australia, and that is something to be very proud of. Harm minimisation includes things like needle exchange to avoid blood-borne disease, and we are looking at ways of introducing harm minimisation for the pill using group. The equivalents are still being worked out.

In Europe, harm minimisation with respect to pills includes, but is not limited to, pill testing. One of the most important effects is a decrease in the use of pills. One of the big problems with respect to these substances, and there is no doubting that they are dangerous, is the manner in which they are consumed in Australia. People consume them in a binge fashion that has international observers quite intrigued, and they use an awful lot of pills.

If you were to use the analogy of a multi-chambered gun, the more bullets you have, the more likely you are to come to harm. So if we are to reduce the number of pills that each individual uses, we are probably going to reduce the amount of harm. Because we have been prevented from doing this sort of research, we cannot put a definite yea or nay on whether this would be the effect in Australia. One has got to assume that, as species, Australians have not evolved tremendously from the rest of the world, and the same sorts of policies might work here as elsewhere. That is in sharp contradistinction to the whole business of prohibition and abstinence based policy. Overall, harm minimisation has been shown to prevent more deaths and injuries than any other policy.

Mr RICHARDSON—Congratulations on the work you have been doing for a long period of time. It has been significantly advertised and recorded. I probably share your views on many things; however I am still struggling with the message to young people—

Dr Caldicott—Of course.

Mr RICHARDSON—probably because of my policing background.

Dr Caldicott—I am sure that is it.

Mr RICHARDSON—Can you be 100 per cent sure that, when your drug testers are given a tablet, test it, and then give it back to the young person, it is safe?

Dr Caldicott—No, absolutely not. This is one of the things we are looking at. At the moment, we can not only show that pill testing can reduce harm; we can also improve on the models that currently exist. We already have. The Swiss, for example, are trying to introduce a pill testing program where doctors and nurses are involved, rather than other workers, because it is known that people will pay attention to them.

We already have best practice in South Australia but we can use the sad dividend of the September 11 events in which explosive and illicit chemical detection techniques have become incredibly more sophisticated. There are now handheld GC/MS analysing machines which can not only demonstrate the entirety of a pill's content but also the levels of purity. We can access those for about \$50,000 and we can provide a much better detection system. I agree that there are severe limitations with this. We are referring to the simple colorimetric tests which our police colleagues use in the field for the identification of presumed illicit substances. I say, 'No, let us do better than that.' There are definitely technical limitations to the program.

It is the message which is precisely what we want to pursue—and that is that this is a tainted, corrupt market and you are being ripped off. I say to those people who assume that the wrong message is being sent—that is, that this is a safe pill to take—that every individual for whom a pill is tested is told, 'This pill is not safe. The results of this test do not mean that this pill is safe.' It is quite explicitly told to them that not only is this pill not safe but your practice of taking drugs is not safe.

Mr RICHARDSON—I know we are running out of time—we would like another two hours with you. There is the young person who has been taking tablets but more importantly the young person who is going to take a tablet for the first time. They have gone along with their friends and the sheep factor is there. The tablet is tested and they are given the recommendations that you have just said. However, whether it be one tablet, two, three or however many tablets, one tablet could be enough to give a significant schizophrenic reaction and/or any sort of reaction—especially given that you do not know what that young person has been taking prior to that or whether they have been taking alcohol in conjunction with the tablet, and/or their own mental condition.

Dr Caldicott—That is an excellent point. One thing you have left out is their own biochemistry. We know that people respond in different ways to any individual drug. We had the phenomenon recently of somebody passing away from a substance that 11 other people took. So there are clear problems. There are doctors and nurses on site, which increases the opportunity for intervention should something go awry. It comes down to understanding the message and how young consumers perceive their drugs consumption. Young people bring their pill with the intention of taking it. They arrive at a dance party with the intention of taking that substance. All that my team can do is persuade them not to. It is far better that we are there and re-emphasising the harm that is associated with these substances. Then we have the possibility of intervening. If there is nobody there doing any of this they will take their pill regardless. Even if we are only preventing 30 per cent of young consumers from taking their substance, we are making an indentation.

The evidence we have at the moment is that when we ask consumers what they would do if they found that the contents of their pill were not what they expected it to be only 17 per cent of them say that they would take their pill anyway. So it does have an impact on the way these people are thinking. This is the difference between the research that we are doing and the assumption that the message is erroneous. The reality is that the way that this is perceived by the drugs community is very different from the way, for example, non-drug users such as you assume it is received.

CHAIR—Do the kids approach you or do you approach them?

Dr Caldicott—We cannot get enough staff. I have been doubling my staff for the last three years.

CHAIR—So they approach you? They want to know what they are taking?

Dr Caldicott—All the time—now that they know who we are, now that they know we are not working for the police. They are very well aware that we work with the police. A lot of the data we collect we share with our colleagues in law enforcement because it is important. We believe that law enforcement has a critical role to play on the public health side of preventing disease spreading in the community, so we work hand in glove. But now they know that their approaching us will not have any consequences as far as them being prosecuted is concerned, the stalls which we set up are frequently seven deep. The other thing we know for a fact from Europe is that where pill testing is offered as many as three to four times as many people will approach health advisers for information on drugs, so it almost acts like a candle to moths. They are not necessarily going to have their pills tested; they are intrigued with the process. It is part of the scene. So there is the opportunity for us to intervene.

We have another rave coming up in July and my plan is to take 30 people along. These are 30 unpaid doctors and nurses. The cost of the exercise, should the taxpayer have to pay for it, would be well into the hundreds of thousands of dollars. Such is the effect that going to these things has on the doctors and nurses, I am swamped with volunteers.

Senator POLLEY—I am intrigued that, if you are a young person—and I used to be once—you would not have fear about going forward at a rave party. ‘I have my drugs with me; I am just going to waltz up to these people and ask them to test them.’ If I were into that sort of scene I would be a bit dubious about letting the world know that I have got drugs.

Dr Caldicott—It has taken us four years. The first time we went there they were all very suspicious. We had lots of people sneaking looks at us around the corner. Now they know what we stand for. We have presented some of our data nationally. They know that we are sort of nerdy aspects of the scene. We are not pill users and we do not condone it but we are there to help them. The other thing is that we have been involved in a number of resuscitations. So they know that we are there to help them. The other thing is that the vast majority of these people are functional drug users who hold down a day job. It is not like heroin. It will not impair their ability, at least overtly, to hold a job down. They do not really care who knows they are using pills. Within this community itself it is almost a badge of respect.

CHAIR—We could go on for another two hours. Are other people doing this, or are you the only ones in Australia?

Dr Caldicott—We have had support from a number of quite senior people in the research fields for what we are doing. Nobody has quite come out and started doing it themselves. The Australian Drug Foundation has backed us, Professor Margaret Hamilton—

CHAIR—I was asking because if we could get someone else to talk to it would be good. But if you are the only one—

Dr Caldicott—If you have a list of questions I would be delighted to answer them. That is probably the easiest way. There are a number of papers. Unfortunately, the papers from Europe are in foreign languages but I can send them to you.

CHAIR—I am interested in your actual experiences.

Dr Caldicott—Why don't you come to a rave? I invite you to come. If you want to see this firsthand, come to a rave.

CHAIR—Would the young people allow me in? Would they hand me a walking stick?

Dr Caldicott—Not at all. If they knew you were there and were not going to arrest them they would be intrigued. You may be swamped with interested people who want to find out what you are about. We can facilitate that, as long as it is not in a law enforcement environment. You should come and see what it is like. Bring earplugs.

CHAIR—I might have to. I will have to get some advice on whether I should be seen at these things. We might have to get back to you one way or another. Your interaction with Mr Richardson—I understand you have been associated over the years—has been particularly useful. Thank you very much. It has certainly been interesting and complements what the chief superintendent was telling us earlier on. We will be in touch.

Subcommittee adjourned at 12.39 pm