



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

Main Committee

**CUSTOMS AMENDMENT (SERIOUS
DRUGS DETECTION) BILL 2011**

Second Reading

SPEECH

Wednesday, 23 March 2011

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

SPEECH

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Questioner
Speaker Marino, Nola, MP

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Ms MARINO (Forrest) (10.35 am)—I certainly support the measures that are included in the Customs Amendment (Serious Drugs Detection) Bill 2011 because the impact of the illicit drug trade on Australian society cannot be underestimated, and I do not think that it is by any member of this House. It causes immeasurable harm and suffering to individuals, families and communities. According to the National Drug Strategy, illegal drugs cost our nation \$8.2 billion annually. One of the three pillars of the drug strategy is to reduce the supply, which is, in part, what this bill is intending to do. Whilst we put a number in dollar terms on the impact of illicit drugs on the Australian community, it is not only in monetary terms that we need to consider and manage the impact of drugs, as many of us here know. Numbers, like statistics, require assumption and are open to interpretation, but the impact of drugs on individuals, their families and their communities is not.

The drug strategy says that illegal drugs not only have dangerous health impacts but also are a significant contributor to broader crime. They are a major activity and income source for organised crime groups. Like alcohol, illegal drugs can contribute to road accidents and violent incidents, and something that concerns us all is the family breakdown and social dysfunction. These are the real outcomes of the trade in drugs, and I seriously ask that the House consider not only the dollars but also the impact of crime where people hide in their homes often too frightened to step out onto the street.

The destruction of families and individuals dealing with the addiction is something that you often have to see to believe how serious this is: the impact of illness or death of an addict for the spouse and the children; the parents who spend endless hours waiting, worrying and literally praying that their children will be safe and praying that their children will get through to another day and sometimes listening on the phone to what is happening to their children. There are parents whose children are mature adults in my community. They are 30 or sometimes 35 years of age, well educated and in professional careers as well, but they are in the grip of drug dependence. This has a major impact on the whole family, as well as on the individual's life and professional career. These are minor examples of the human face and toll of our drug trade casualties. For this reason and for several others I support this bill, which will improve the Customs' ability to use new scanning technology at our borders. The bill aims to allow Customs officers greater access to scanning technology at our borders and it will mean faster and more accurate assessment of passengers entering Australia and, potentially, a higher and more immediate detection rate.

It is important, however—I think none of us would underestimate this—that an individual's privacy should not be abandoned or compromised in the process of protecting our community. This is a freedom and right of our democracy that we in Australia can sometimes take for granted. However, I understand that in this case there is no threat to a citizen's individual privacy. Modern scanning equipment will not be recording details that could or should cause concern. I personally cannot imagine anyone being very embarrassed by a CAT scan of the stomach or duodenum unless they have a reason to be so. Unless there are illicit substances in these parts of the body, I think it is that old adage: if you have nothing to hide, this really should not be a problem. As the technology improves, and I suspect that it will, it may one day be possible to rapidly scan all passengers arriving through our borders. I think we are at the cutting edge of some of the technology to facilitate this type of scanning.

A scan of our internal organs that will not be stored in perpetuity is no risk to the privacy of the individual. The measures included in this bill should, in particular, be able to help target the importation of heroin and cocaine into Australia, but I hope that it will have a broader impact on all drug categories. Data from the Australian Crime Commission indicates that passenger transfer is certainly not the only major method of smuggling drugs into Australia, which we are all aware of. Only 4.3 per cent of the seizures of amphetamines and cannabis in Australia in 2008-09 came from passengers or crew at border checkpoints. Over 90 per cent of seizures were made either in our mail system, through parcel post discoveries or in air cargo.

Because of the high level of domestic cultivation of cannabis, the level of importation into Australia is not necessarily high. That is evident by the reduction in the detection of cannabis at the Australian border, which

decreased from 53.4 kilograms in 2007-08 to 8.6 kilograms in 2008-09. The majority of detections continues to involve seeds.

Cocaine is detected a little more frequently in passengers at Customs checkpoints, with 8.1 per cent of seizures detected this way. Cocaine, again, is the most frequently detected in smaller weights in parcel post. However, a lower number of large shipments in sea cargo account for 80 per cent of the total amount of cocaine imported by volume. In comparison, heroin is detected regularly in our air passengers arriving in Australia. Twenty-four per cent of heroin seizures are made by checking passengers, which makes up one-third by volume of heroine seized in Australia.

According to the National Drug Strategy Household Survey of 2007, when asked, one in four Western Australians aged 14 to 24 acknowledged recently using cannabis. The drug issue is as serious as it gets for our communities. For 25- to 39-year olds this dropped to 16 per cent, or one in six people, and one in 20 Western Australians reported recently using another illicit drug. Cannabis is not, as some people think, a soft drug. The impacts of cannabis can be very hard to live with, and that is why I am really glad that a Liberal state government in WA has reversed the Labor government's soft-on-drugs approach that allowed citizens to grow two cannabis plants. It is not a soft drug. The 2004 National Drug Strategy Household Survey found that cannabis users are twice as likely to report diagnosis and/or treatment for a mental health condition than non-users. According to the Australian Institute of Health and Welfare Mental Health Services 2003-04 report, people who regularly use cannabis are likely to experience higher levels of psychological distress, including anxiety and depressive symptoms. There is now worldwide acceptance, which I am relieved about, that cannabis impacts on the mental health of users and there is little evidence to contradict that.

According to the British Royal College of Psychiatrists, research has indicated that there is a clear link between early cannabis use and later mental health problems in those with a genetic vulnerability and there is a particular issue with the use of cannabis by adolescents. They cite three major studies that followed large numbers of people over several years and showed that those people who use cannabis have a higher than average risk of developing schizophrenia. When you see this in your community, it is very apparent. In particular, they found that if you start smoking cannabis before the age of 15, you are four times more likely to develop a psychotic disorder by the time you are 26. You are still young. It also suggests that the more cannabis someone uses the more likely they are to develop psychotic symptoms.

One of the studies followed 1,600 Australian school-aged children between the age of 14 to 15 for seven years—it is a great study—and found that adolescents who used cannabis daily were five times more likely to develop depression and anxiety later in life. As well, children who used cannabis have a significantly higher risk of depression. The opposite is not the case. Children who already suffer from depression are not more likely than anyone else to use cannabis. So why are teenagers particularly vulnerable? We do not know for certain. I suspect it is something to do with the brain development. As you know, the brain is still developing until you are at least 20. Any experience or substance that affects this development has the potential to produce long-term psychological effects. There also appears to be a genetic link to the negative impacts of cannabis. Research in Europe and the UK suggests people who have a family background of mental illness are more likely to develop schizophrenia if they use cannabis as well.

In talking to people in my electorate I am often confronted with the impacts of cannabis use on lives and families. I have spoken to a mother whose daughter had been convinced by her peers—the peer pressure issue—to try cannabis. It was her first and only exposure to the drug. Unfortunately for her she reacted badly. I am not sure whether she had a genetic susceptibility, but this teenager to this day suffers ongoing psychotic episodes from that one use. She will probably never hold down a job or have a family of her own. Her own family will have to care for her throughout her life. Trying cannabis just this once is a life sentence for her. It is not a soft drug and it must never be normalised in Australian society.

Amphetamines are another drug scourge that continues to spread evil influence, having a significant impact on communities in my south-west. By 2000 there were more calls to the south-west community drug service team based in Bunbury relating to amphetamines than any other illicit drugs. Whilst the more rapid excretion rate of this class of narcotics makes them attractive to people who are regularly tested, the physical and psychological effects are devastating.

I have an interesting story of a fly-in, fly-out mine worker—I have a lot of those—who tested positive to cannabis at his goldfields work site. He then informed his employer that he would have to switch to amphetamines

to avoid the random drug test program. That worker was rightly not re-employed. That that is what he would do indicates the level of desperation that the drug addicted reach. A young lady by the name of Jade Lewis spoke to a group of young people that I had and she gave a graphic account of what drug use had done in her life, to the extent that one night she was out on the streets and she was being beaten up because she owed the drug peddlers money. She pressed the automatic dial number for her parents because she was being beaten up. The phone call went through to her parents, but because she could not speak due to being belted so seriously, her parents were in their bedroom listening to their daughter being beaten. They did not know where to find her. It was not just then, but at any time. They did not know where she was or what was happening to her. The same parents, at one point, had concrete thrown through their windows. It does not just affect the individual users.

I have been trying to attract a headspace unit to the south-west. There are 15 different mental health workers and agencies in the south-west. Headspace is important for young people. It provides a one-stop shop for young people aged 12 to 25 and their families. They have a wide range of youth friendly health professionals. They only have to tell their story once and everybody who is providing a health support knows their story and they will get the help they need, whether it is mental health, education, employment or any drug issue which would affect a young person. This is a great part of the education and awareness program and is just part of the war that we wage against drugs.

I noted that there was an article in the *Age* on 18 October, which concerned me and I suspect everybody else in the House, that opium production in Burma is eclipsing that in all other South-East Asian countries and trending relentlessly upwards. The threat of serious transnational crime in drugs and in drug trafficking is one of our biggest challenges. It is a challenge at our checkpoints, at our borders, and in every way, shape or form in our society.

I acknowledge that what is contained in the bill will not be the answer to all of our problems, and it is not meant to be, but it is certainly meant to be a step in the right direction and that is why I have no hesitation in supporting the measures that are contained in the bill today.