

Tuesday 13 August 2019

The Deputy President, **Ms Forrest** took the Chair at 11 a.m. and read Prayers.

**STATEMENT BY DEPUTY PRESIDENT
President - Absence from Legislative Council**

Madam Deputy PRESIDENT - Honourable members, before I call the Leader, I acknowledge the absence of the President today. As members are aware, his father recently passed away. Today is the funeral, which is one reason he is not here today. Our thoughts are with Mr Farrell, the President, and his family at this time.

Members - Hear, hear.

**LEAVE OF ABSENCE
President of the Legislative Council and the member for McIntyre**

[11.06 a.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council)(by leave) - Madam Deputy President, I move -

That the President, Mr Farrell, and the member for McIntyre, Ms Rattray, be granted leave of absence from the service of the Council for today's sitting.

Motion agreed to.

SPECIAL INTEREST MATTERS

Bees, Pollination and Education

[11.07 a.m.]

Mr FINCH (Rosevears) - Madam Deputy President, 'if the bee disappeared off the face of the earth, humans would only have four years left to live'. That comment is attributed to Albert Einstein, who was stressing the vital roles bees play in pollinating the fruit and vegetables we eat. If pollination by bees ceased, food production would be cut drastically. There are other forms of pollination by other insects, and even wind, but bees are the mainstay pollinators. I heard on ABC Radio the other day that scientists are experimenting with flies as pollinators.

Tasmanian beekeepers play an important role in moving hives to orchards and farms for spring pollination. The fees they charge are an important part of their income.

Bees are under threat. The threats are many - diseases, the varroa mite, which fortunately has not spread into Australia, and insecticides such as neonicotinoids, which are banned in some countries.

Given the importance of bee pollination to food production and the fact that bees are under threat, many in the honey industry believe people should be more aware of the functions of bee

populations. This being Tasmania, with its unique leatherwood resources, they believe the general population should be more aware of bees' vital role in the Tasmanian honey industry. Two such honey producers operate in my electorate of Rosevears. Tristan and Rebecca Campbell have a beekeeping venture with 350 hives and a shop in Exeter, right next to the pub. Originally from the United States, they moved to Tasmania in 2000 because of, as Rebecca says, its island magnetism, its uniqueness and its clean, green environment and lifestyle.

Their appreciation of the intricacies of nature led them to beekeeping, starting with just one hive in 2003. Their bees pollinate a Tamar Valley cherry farm in September, then they move around the Tamar Valley following nectar sources such as prickly box, peppermint gum, manuka, blackberry and stringybark. Their retail outlet is a large former shed, which has two hives built into its walls with glass viewing windows and another two hives outside the shop. Rebecca Campbell says this is a good educational tool because visitors can see exactly what the bees are doing. My grandkids love it. She believes more and more people are beginning to understand how important bees are for food production and the environment. The shop is often visited by school groups and aged care groups, while garden groups and tourist groups are also welcome.

A group of beekeepers, including the Campbells, are supporting a three-year PhD study into the medicinal properties of leatherwood. The entire Tasmanian industry is concerned about the leatherwood source. Last season was a disaster. The trees on the west coast usually bloom for six weeks but this year the trees dried up within five days. Tasmanian beekeepers already have access to all the leatherwood areas on the west coast except those in the World Heritage Area. Rebecca Campbell says at some point the powers that be will have to consider allowing beekeepers access to the World Heritage areas. Whatever the future of the leatherwood resource, especially with climate change, educating the public about the vital roles of bees is an industry priority.

Newstead College, Launceston

[11.11 a.m.]

Ms ARMITAGE (Launceston) - Madam Deputy President, one of the most important year 11 and 12 schools in Launceston is Newstead College. Situated in the quiet surrounds in the inner suburb of Newstead in Launceston, the college boasts quality amenities and education uniquely offered to Launceston students. The college prospectus correctly notes that the friendly size of the college ensures all students have the opportunity to work in smaller classes with highly skilled teachers. This allows a comparatively greater emphasis to be placed on both academic and vocational pathways, thereby maximising the potential means of success for every student.

This valuable offering provided by Newstead ensures each student, regardless of their circumstance, has support available for their studies and managing their pathways to university or work. The availability and convenience provided by the healthy student:teacher ratio allows proactive steps to be taken by staff to give our young people the best chance of success in their careers and life.

Newstead College runs an eclectic range of subjects managed by highly skilled and experienced teachers, as is the case with all colleges. The 2019 theatre production serves as an excellent example of the college's particular type of educational excellence. I remind all members that *Little Shop of Horrors* opens on Wednesday, 4 September; this production highlights the college's dedication and the students' commitment to theatrical enterprise. In May this year Newstead College musical theatre students attended workshops run during the 2019 Australian Musical Theatre Festival.

Comprising contemporary dance, vocal training and accent work, these workshops delivered invaluable advice and coaching to students, ensuring *Little Shop of Horrors* will be a memorable production and an experience that students will carry with them throughout their musical and theatrical careers.

Newstead College also boasts a significant degree of diversity, exposing its students to global perspectives and opportunities. Earlier this year 14 students from Brazil commenced study at Newstead College as a result of a partnership between the Tasmanian Government and Pernambuco State, Brazil. In its fourth year, this exchange program has gone from success to success. According to the college's March newsletter, students in every public school in Pernambuco are offered an opportunity to improve their English language skills by studying abroad. They undertake rigorous English, Portuguese and maths exams and the students who achieve the best results are offered the opportunity to travel to Australia, New Zealand, Canada and other countries to give them international experience. As of July, the Brazilian students are thriving and making the most of every opportunity offered by Newstead College to improve their English language skills and experience all Tasmania has to offer.

Preparation for university is a keystone offering of Newstead College. With the mid-year exams held at the end of June and in early July, the college takes significant steps to ensure students are prepared both to perform academically and to exercise self-care to avoid burnout or overwhelming stress. Newstead has an extensive tutorial program covering all level 3 and 4 pre-tertiary subjects, which enables students to receive extra assistance with assignments, further exam practice and additional explanations of theory and ideas covered during class time.

In May, Newstead College also invited a presenter from Elevate Education - an organisation that runs programs to coach students in study skills - to provide a seminar for the students in the lead-up to the mid-year exams.

Taking a holistic approach, Elevate's seminars are designed to achieve behavioural change in students to develop efficient and effective study techniques through the stages of learning, mastering and creating.

As a consequence, I am highly confident that Newstead College students will perform extremely well in their academic endeavours, as well as have the confidence to celebrate their successes and reflect on areas that need further attention, supported by the suite of programs and tutorials run by teachers and support staff at the college.

Madam Deputy President, Newstead College is a flagship educational institution in Launceston. I encourage members of this place, as well as students and their parents considering colleges, to learn more about Newstead College and all it has to offer.

Today I have only been able to merely touch on some of the college's outstanding offerings. Its proactivity, dedication to educational excellence and global outlook make it a formidable institution providing access to, in the college's motto, 'Excellence, Opportunity and Success'.

Voluntary Assisted Dying

[11.16 a.m.]

Mr GAFFNEY (Mersey) - Madam Deputy President, this is a different type of special interest speech because it is not only for the benefit of members in this place, but also has the potential to

affect every person in Tasmania. Some members may be aware that I have been asked by the President of Dying with Dignity Tasmania to introduce the Voluntary Assisted Dying - VAD - bill in the upper House.

In late April, I travelled in excess of 40 000 kilometres in 17 days to five countries - the Netherlands, Belgium, Switzerland, Canada and the United States - to meet 12 learned individuals to discuss their country's or state's legislation, their challenges, their journey and the impact of their euthanasia and voluntary assisted dying laws.

The document in front of you includes brief curricula vitae of the people I met. I actually recorded most of the interviews, and although I definitely will not be invited to appear on *The Project*, nor is Andrew Denton's career in jeopardy, I believe these recordings will help those in this Chamber understand the views and opinions of people who have been major players in their state or country and who have commented on the impacts of their legislation in their jurisdictions.

My executive assistant will forward links to the audio files of the meetings to Legislative Councillors and members of the other place.

Madam Deputy President, as with any social issue, be it surrogacy, same-sex marriage, gender equality or termination of pregnancy, voluntary assisted dying is a sensitive topic that needs to be respectfully debated.

With Victorian assisted dying laws already in place in 2019, and both Western Australia and Queensland also looking at their laws, it makes sense for the Tasmanian community to be ready for the discussion that needs to take place.

It is not my intention, nor is it my role today, to try to convince honourable members of the efficacy of the VAD bill, but I do have some points of interest that may be beneficial.

All members of parliament have, or will seek at some stage, if not already, to be involved with this discussion, and the passage of the bill may not at times be a smooth journey.

First and foremost, to keep the people who will be eligible for VAD at the heart of the debate and treat them with compassion and respect, I believe we must listen to and understand their individual stories and journeys.

Second, the importance for individuals to have the right to choose a dignified death should not be underestimated. The message from all the countries I visited was that people should have the right to choose.

The importance of robust, tailored and sensitive palliative care was stressed by all with whom I spoke. There is a need for adequate financial resources to be available to ensure that palliative care options are available at all times and in all places.

Interestingly, many people I met commented that one of the advantages of the euthanasia debate was that governments tended to pay more attention and provide finance to the palliative care sector.

It was highlighted to me on several occasions that palliative care and euthanasia have similarities in that both are trying to find a dignified death with minimal pain and suffering, and

both should be part of the final journey's options and be available in this state. People should not need to choose a pathway to finality that is unreliable, exceptionally stressful and causes great suffering for those left behind.

Next is to give a legal choice to competent adults with intolerable suffering that is not being relieved, despite the best efforts and skills of their doctors - adults who have no chance of recovery from their serious, incurable medical conditions - and allow those individuals who wish to make a voluntary informed choice to have their doctors help to end that suffering through the best death they can achieve under the circumstances.

We need to respect the doctors and clinicians who - as accepted elsewhere - have been shown to play such an important caring and safeguarding role, along with the independent oversight, monitoring and reporting requirements which will be contained within Tasmanian legislation.

I am convinced from my travels, discussions and readings of the importance of learning from the vast experience and evidence, and from existing laws and practices to ensure our law also prevents the feared risks and abuses, but does this as effectively as possible without unnecessary burdens on patients and doctors.

I would like debate on the bill to be based on compassion, respect and the protection of those who may be vulnerable to coercion or poorly considered decisions.

The best evidence we can all bring to a well-informed debate, in the best traditions of this Legislative Council and the parliament, is to examine closely the evidence available and ensure the 'slippery slope' argument is questioned because, from my discussions overseas, this argument lacks credibility. For interested members, you can hear that message more clearly in the recordings.

We must apply the lessons learnt elsewhere to ensure our law meets our own circumstances, needs and the wishes of the Tasmanian community. That means it has to be as effective for patients and doctors in small rural towns as it is in our major cities.

At its annual general meeting last week, it was explained that Dying with Dignity Tasmania will meet with members of parliament to explain the bill thoroughly once its details are finalised so they can understand the basis of the bill's provisions and to enable them to make their views known. This will enable questions to be answered, information to be provided and will ensure a broad consensus that the legislation is robust and effective and will protect all individuals.

While the Victorian legislation has been passed, the requirements of the Canadian bill resonate with me. Professor Jocelyn Downie has outstanding knowledge, skills and experience and was a prime mover of the Canadian bill.

Professor Downie was very impressed with the approach used for the Tasmanian bill and her advice has been carefully considered for the Tasmanian context. The Canadian scenario is different with a top-down approach - that is, the Canadian federal government followed advice from its supreme court, which told the provinces, 'You will have assisted dying legislation within 12 months', although it took a little longer.

However, the federal government took the lead role. The Canadian legislation has many similar elements and sentiments of the Tasmanian bill. While the Tasmanian bill has some consistency with the Victorian legislation, the Tasmanian bill has addressed several areas of the Victorian

legislation that need to be improved, thus presenting a stronger and more rigorous piece of legislation.

If required, I look forward to assisting all members in the coming months.

MOTION

Consideration and Noting - Auditor-General Report (No. 2) 2018-19 - Administration of Two Grant Programs by the Department of State Growth

[11.23 a.m.]

Ms ARMITAGE (Launceston) - Madam Deputy President, I move -

That the report of the Auditor-General (No. 2) 2018-19, Administration of two grant programs by the Department of State Growth, be considered and noted.

This was to determine whether the grants provided under the Regional Tourism Infrastructure and Innovation Fund and the Regional Revival Fund Grant Program were effectively and efficiently administered. Were application and assessment processes transparent and equitable?

While five unsuccessful applications scored higher than two successful projects, the Tasmanian Audit Office - TAO - found these applications were not funded due to qualitative factors that appear to have been reflected in the scores at the panel assessment stage.

The TAO refers to some of these qualitative factors as being insufficient information being provided in the business case, profit growth forecast being unrealistic, other funding sources considered to be more appropriate, and insufficient evidence to support funding capacity.

Similar comments were also made about projects which ultimately received funding. Being reasonably subjective in nature, qualitative factors appear to have overridden demonstrable quantitative factors, directly influencing the success or failure of an application to receive funding. This seems to indicate a flawed decision-making process.

I agree with the TAO's conclusion that the scoring approach used by the panel members in assessment was not overly transparent and a risk management plan was not in place prior to the receipt of grant applications.

Significantly, the TAO found that State Growth's record management practices were inadequate, highlighted by its analysis of the RTIIF, with business case reviews being unavailable to the TAO at the time of its examination and expressions of interest received in August 2015 being stored on a flash drive until June 2018.

The risk assessments undertaken by State Growth on all applications were found by the TAO to have been used as an input to the funding decision rather than an exercise to identify and manage risk associated with funded projects.

Two of the four projects rated at medium risk had no additional conditions in their grant agreements than low-risk projects. A more thorough approach to managing risk through conditions set out in grant deeds would have had a twofold benefit: first, it would have provided greater clarity

about the overall objectives of the grants and their projects; and, second, it would have seen better management of projects assessed as having greater risk than others, thereby protecting the interests of State Growth and the Tasmanian Government.

A lack of prescriptive factors required in the grant agreements appears to have left too much scope for error and enhanced risk for the grantor. To have this deficiency of guidance at such an early stage could not have augured well for the administration of either the RRFGP or the RTIIF over their lifespans. In other words, something was bound to go wrong somewhere at some point.

Moreover, I tend to agree with the TAO's assertion that because adequate documentation was not maintained, the probity of the assessment process was commensurately reduced.

Finally, that one project received an additional funding tranche of \$25 000 may reflect further inequity for other applicants and grant recipients, where quantitative criteria may have justified either choosing to provide further grant money to one particular project or withhold such funding from others. I concur with the TAO's assertion that a more equitable and transparent approach would have been to contact all successful applicants to identify those projects for which project costs had increased since the application for funding was made and then allocate the remaining funds using a consistent approach, such as an agreed formula.

Although State Growth advised that undertaking such an approach would not have allowed for adequate turnaround time to both carry out such assessments in time to receive Commonwealth approval, I believe this goes back to the notion of the probity and transparency of decision-making processes. Public funds are better left unspent or unallocated than inconsistently or inequitably managed.

The TAO report also stated -

We consider that a merit-based application and assessment process is an equitable approach to award grants and would be consistent with potential recipients' expectations regarding the provision of public funds to industry.

I agree. I contend that such an approach would be consistent with taxpayers' expectations of how public funds are allocated, monitored and managed.

To the question of whether grant funds were used as intended, the TAO examined the executed grant deeds to ascertain what the approved purposes of funding expenditure were. It found that for the RRFGP the grant deeds referred back to the original expressions of interest as being the approved purpose for the grants. However, for the RTIIF the approved purposes were less descriptive. One such example simply stated that its approved purpose was -

To fund part of the broader \$7.1 million development. This project will provide crucial infrastructure items including power and water supply and visitor access.

The \$4 million provided to proponents were not insignificant amounts. For RTIIF, the TAO reported on 15 projects that obtained grants between \$75 000 and \$500 000, not including the funding provided for the Masters Games. With such sums, proponents would rightfully expect there to be thorough processes in place to monitor the spending of those funds and for purposes consistent with the reasons for which they were given.

It is therefore important to note that the greater the ambiguity of an approved purpose, the more difficult it is to ensure that the expenditure of funds granted is consistent with the objectives of the overall program. It is conversely more difficult for proponents to manage the scope of their projects if their parameters are not adequately articulated.

The TAO further examined the timing of the grant tranches being transferred to the proponents and the setting of dates for milestones. One of its findings was that 12 of the 16 grant agreements executed for RTIIF were signed after the first instalment date.

To reporting requirements the TAO rightly states that -

The content of progress and acquittal reports ... should ... be proportional to the risk associated with the funded project.

Lower risk projects need a certain amount of information and evidence, and a high-risk report should be scrutinised to a greater degree commensurate with the risk related to it. No matter the risk level, this task is made more difficult where quantified outcomes are not sufficiently expressed in acquittal reports, as TAO found with the RTIIF.

While visitor expenditure has increased from 2013-14 to 2017-18, and the number of visitor nights has increased, there is no evidence to show whether the projects under the RTIIF have directly contributed to this. This is problematic for two reasons. First, it does not show whether projects under the RTIIF actually met the outcomes that were expected under the grant deeds and the program as a whole. The second part of the entire purpose of these grant programs is to experiment with what does and does not work to boost tourism, investment and visitor expenditure. The information gathered from the outcomes of these projects goes beyond justifying the provision of grant moneys to informing wider tourism policy and has important practical implications and uses. Much the same can be said about the RRFPG projects, as TAO found that actual employment-related outcomes or impact on economic activity have not been quantified.

Funding programs administered by the Department of State Growth for the objective of boosting tourism in regional Tasmania did not appear to be effectively and efficiently managed. The TAO found that even at the outset of the department's administration of the grant fund for these programs, decisions to fund projects lacked quantifiable and verifiable assessment criteria. Where such information was available, TAO found that some projects with high scores were not funded and projects with low scores were. This significantly affected the transparency and probity of the assessment process and may have simply defeated the purpose of having quantifiable criteria in the first place.

In addition, \$25 000 of unallocated funding was transferred to one project without any apparent examination of the merits of additional funding, further impairing the equity of the funding method. Grant agreements were examined by TAO and were also found to omit risk management clauses or left them too ambiguous in nature. In other words, grant agreements also lacked quantifiable and specific standards to which projects should be held. Premier Will Hodgman's media release in August 2015 announcing the RTIIF rightly stated that the program had the potential to support projects that would enliven regional Tasmania through tourism, strengthen the economy and create jobs. These were outcomes to which the programs opened opportunities. While Tasmanian tourism statistics have continued an upward trend in recent years, it is almost impossible, given the TAO's findings, to determine whether the RTIIF or the RRFPG had any effect on these outcomes. This is disappointing because such data would have helped inform further policy relating to boosting region

tourism, a keystone area for Tasmania's gross state product, especially considering the burgeoning overseas markets to which Tasmania appeals and has the opportunities to capitalise on.

I do not suggest any wilful or deliberate wrongdoing, but I believe a more conscientious approach to administering all kinds of grants programs should be taken by State Growth to ensure that Tasmania remains an attractive option for the Commonwealth government to entrust with the management of taxpayer money. I encourage the department to take heed of the TAO findings and to continue implementing processes and a culture conducive to excellent management of programs and initiatives that make Tasmania an outstanding place to invest in, visit and live.

I note the report.

[11.34 a.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Madam Deputy President, the Department of State Growth administers numerous grant programs. Two of these were selected by the Tasmanian Audit Office to examine. This is a small sample considering the numerous programs the department administers. Both these programs successfully facilitated their stated objects. The Regional Tourism Infrastructure and Innovation Fund was an Australian Government program facilitated by the department. It did not require an application and assessment process; however, the department ran a process to ensure it was equitable and transparent. The major findings of the Auditor-General's report highlighted the need for improved record management with the RTIIF program.

This finding has, in part, been addressed and improved in subsequent programs. In respect to the Regional Revival Fund Grant Program, a \$5 million program to generate or sustain ongoing economic activity or jobs with a focus on regional areas, the Auditor-General found the program designed was sound and the approvals regarding the purpose of funding under the RRFGP were clear, but noted that risk assessment and management could be improved in the planning and design phase.

While it is disappointing these shortcomings occurred, I have been advised that before this report was undertaken, and in conjunction with its internal audit providers, grant management practices across the department were reviewed. The findings of this Tasmanian Audit Office report were incorporated into the review process. The implementation of this review remains a key business improvement activity for the department over the coming six to 12 months.

Work has already commenced on trialling a new grants management system with potential to be used across the department. The Government notes the report.

Motion agreed to.

MOTION

Pill Testing - Tasmanian Festivals and Events

[11.37 a.m.]

Ms FORREST (Murchison) - Mr Acting President, I move -

That, in order to minimise the harms associated with drug use at Tasmanian festivals and events, this House -

- (1) Acknowledges that pill testing is a health-related matter;
- (2) Acknowledges that pill testing is an evidence-based health service that reduces the risk of illicit drug harm at music festivals and events;
- (3) Acknowledges that pill testing services do not endorse or provide advice on the safety of illicit drug use and there is no research or evidence to support the view that pill testing increases drug use;
- (4) Acknowledges the successful results of the two trials in the ACT that demonstrated the effectiveness of pill testing services to change a person's illicit drug behaviour;
- (5) Acknowledges that pill testing is supported by national bodies including the Royal Australasian College of Physicians, the Royal Australian College of General Practitioners, the Australasian College for Emergency Medicine, the Rural Doctors Association of Australia, the Australian Medical Association, the Australian Nursing and Midwifery Federation, the National Australian Pharmacy Students' Association, the Pharmaceutical Society of Australia, the Ambulance Union State Council, the Public Health Association of Australia, Family Drug Support Australia, and the Australian Drug Law Reform Foundation and at the local level, by Tasmanian community organisations including the Youth Network of Tasmania, the Tasmanian Aboriginal Centre and Community Legal Centres Tasmania;
- (6) Notes that despite there being strong support for the introduction of pill testing services across the Tasmanian community, the Government continues to be resistant to reviewing the evidence and/or exploring how a trial would provide health benefits to Tasmanians, particularly our youth;
- (7) Recognises a need for the Department of Health to prepare information and education materials outlining the community and individual health benefits of drug analysis services, to educate and inform the broader Tasmanian community; and
- (8) Calls on the Government to commence the necessary steps to explore how a trial of pill testing could occur during the 2019-20 summer festival season.

I will make some overarching and background comments initially and then address each point of this motion separately. At the outset, I will say that taking illicit drugs is not safe and carries a very real risk of serious adverse health outcomes and, occasionally, tragic deaths.

First, there is no safe level of drug use whether we are talking about so-called 'party drugs' or other illicit drugs.

Second, this motion in no way condones, supports or approves of the use of party drugs or any other illicit drugs.

This motion seeks the support of the House to minimise the harm associated with drug use at Tasmanian music festivals and events. I also acknowledge that drug analysis services - what we commonly known as pill testing - is only one aspect of a comprehensive drug policy. Education will always be a critical component of any health-related policy, including drug policy, which is the core purpose of pill testing.

A zero-tolerance approach denies the reality of historic and current drug use and can be contrary to the effective harm minimisation and drug avoidance strategies and policies. Interestingly, research shows that party drug users are a heterogeneous group of consumers, many of whom are educated, socially and economically stable and who rarely come in contact with the criminal justice system, treatment or support services. Notionally, they do not fit the often-expressed stereotypical illicit drug user impression.

In his article titled, "'Worth the test?' Pragmatism, pill testing and drug policy in Australia', published in 2018 in the *Harm Reduction Journal*, Dr Andrew Groves evaluates Australia's National Drug Strategy and analyses current drug policy literature and research studies. I commend this paper to all members and will reference it during my contribution.

In this paper, the practicalities and application of Australian drug policies are explored, noting that -

At the practical level, problems exist regarding the capacity of policy to recognise and respond to emerging patterns of problematic use, where novel, unknown drugs have entered markets at a time when regular users have increased consumption of more potent forms, such as ice (crystal methamphetamine) and MDMA (3,4-methylenedioxymethamphetamine) ...

'Instead', the article continues -

the goal should be to reduce the harms that occur when people use these unknown or more potent drugs, given the serious risks. Notably, despite law enforcement efforts and legislative changes, current harm reduction initiatives have been largely ineffective, evident in monitoring data where certain groups of young people appear to resist social controls by continuing to use party-drugs. As noted in previous studies, this is because many young people see drugs as playing a normative and peripheral role in their lives, revealing an important transition in patterns of use, where party-drugs have become more mainstream, used by a heterogeneous cohort of ordinary young people. This apparent normalisation has occurred alongside a trend where some users are unaware of what they are taking, engaging in 'opportunistic' purchases of drugs at clubs or music festivals rather than prior to events from more trusted networks. Although no use is 'safe', these ad hoc practices substantively increase the risks as suppliers are more likely to be strangers, who may have a greater propensity to adulterate drugs with cheaper and/or alternative substances. Reports have increased of ecstasy pills containing large amounts of methamphetamine and other toxic substances (e.g. rat poison), with others recorded as very high-purity, which could seriously harm users. In combination, the rise in problematic patterns of use, the emergence of novel substances and imbalanced policy highlight the need for targeted and more pragmatic responses to youth drug use.

I firmly believe that none of us in this place wants to see young lives lost even if these individuals are engaging in risk-taking behaviour. We see every generation engage in risk-taking behaviour, particularly during adolescence and early adulthood - as all of us have been adolescents, we can and should reflect on that. We might have engaged in risky behaviour related to alcohol, to drugs, to sex, to driving and other recreational activities, just to name a few. We obviously all survived and for some of us that may have been more by good luck than by good behaviour as measured by general societal standards.

Many of us have also raised adolescent children and know the anxiety and challenges of this important role. Some of us have experienced the adverse impact of some of the risk-taking behaviour our children have engaged in. For some, that is yet to come. It is a worrying time.

Regardless of these risky behaviours, young people do not deserve to die. I believe young people do not intentionally take risks that may result in harm to themselves or their friends. They generally believe they are 10-foot tall and invincible. If members remember, you probably thought the same of yourself. Sadly, this is not the reality for some young people.

We acknowledge and respond to this reality in our approach to road safety. We take a safe systems approach to road safety because we acknowledge that while we cannot prevent every crash, we can minimise the damage done, even when a person may have broken the law in their driving behaviour and participated in risky behaviour. I challenge anyone in this place to say they have never broken the law while driving; even if it is only driving a few kilometres over the limit.

Pill testing is a similar measure and should be considered from a harm minimisation, health and wellbeing framework that fits within our drug policy area alongside other existing law enforcement activities. Law enforcement in the areas of manufacturing, supply and trafficking of illicit drugs at music festival events is, and will continue to be, a vital aspect of law enforcement.

This harm minimisation approach is well recognised and has been adopted with beneficial impacts to intravenous drug users through needle and syringe exchange programs and safe injecting rooms. These measures were not fully supported when first introduced, predominantly because drug policy was a political tool for which zero-tolerance principles flourished and education programs and messaging focused on a 'Just say "no"' approach, or a 'Do not make bad choices' and a 'Don't do drugs' approach.

This approach stems from the lasting legacy of the twentieth century when the drug problem was seen as a war to be won, where winning the war aligned with increasing anxiety about crime generally and attempts to create fear in society of the harms of drug-taking. This outdated approach ignores reality and the culture of generations. Every older generation complains about the youth of today.

Prohibition simply does not work at a society level. Education and support is, and will continue to be, needed. Pill testing provides targeted opportunities to educate and counsel a group of people who can be difficult to engage in education about drug use.

At a moment in time when a young person has the opportunity to act, it may be the only time to have an opportunity to act and interact with a health professional.

The recent deaths of young Australian music festival attendees from party drug overdoses have added to the debate regarding the effectiveness of Australian drug policies. The most recent deaths

are currently before the New South Wales Coroners Court, with findings expected later this year. Because of that, I will not be referring specifically to these tragic deaths.

Some may suggest we should wait for the coroner's findings to be released before we consider this motion. I suggest this is completely avoiding an issue we know has resulted in a number of tragic deaths in other jurisdictions. From the evidence in the public arena already from the coroner's investigation, it is highly likely harm minimisation measures such as pill testing will be required in such events in the future.

This is a pragmatic motion that does not call for the implementation of pill testing. It does not even call for the implementation of a pill-testing trial. I will say more on this in point (8) of the motion, which calls for the Government to investigate what steps would be needed to actually undertake a trial. It only calls on the Government to explore what steps would be needed to facilitate a trial before the summer music festivals.

I encourage members to approach it from that perspective. Let us be on the front foot and be prepared to engage in a process that will educate our young people through a proven harm minimisation approach - save lives and also build on the research and data already there. That is what this motion is calling for.

According to the research paper by Andrew Groves -

However, notwithstanding the tragic loss of young lives, what is concerning is that these fatal overdoses, and several 'near-misses', may have been avoided through more pragmatic and amoral drug policy and practice.

Australia has been and is widely lauded for its harm minimisation approach to drugs. However, research suggests over the last 30 years these policies have been fragmented, sometimes inconsistent and contradictory. Much of the experience from other countries suggests there is a need in Australia for drug policy reform and there is an opportunity to learn from international studies that have shown promising findings in the reduction of harm of party drug use and its harm through the application of pill testing services.

Before addressing each point of the motion, it is important to know the limitations and gaps in the research in this area. In doing so, I note pill testing trials and other research in this area will add to the growing body of evidence needed.

Groves, in his article, acknowledges this need -

Like most debates about policy reform, a key question in the rationale for pill testing is whether it 'works'. The literature is complicated and, to date, no studies have fully tested in a controlled way, whether pill testing reduces harms. Most evaluations concern attitudinal change (e.g. what people would do), legal issues and the integrity of various analytic procedures, with others describing program features or contextually relevant praxis, so although not within the scope of this paper, a large, multi-site systematic review of testing practices is needed. Nevertheless, part of the paradox of pill testing comes from expectations of drug policy and practice generally, where effectiveness is often measured in language of abstinence. As a robust body of literature has shown, however, abstinence is a goal that displays ignorance of reality. A much broader definition is needed,

which demarcates effectiveness more pragmatically, as any strategy shown to improve public health or reduce the prevalence or severity of drug-related harms. For example, connecting users with support services, increasing education and awareness, monitoring market changes and encouraging avoidance of dependence are strategies shown to be effective in Europe. Despite this, like in the UK, Australian policy-makers have appeared to take limited account of these findings.

This supports the approach of including pill testing as part of a comprehensive drug control policy - not limiting it to this alone but introducing and trialling it alongside ongoing research to determine what measures are effective.

I will address each point of the motion.

- (1) Acknowledges that pill testing is a health-related matter;

Pill testing is first and foremost a medical intervention that provides education and health information from qualified medical and health practitioners to patrons who are considering consuming an illicit drug or substance, generally at music festivals.

In the ACT trial, qualified chemists, nurses, emergency department doctors and counsellors volunteered their professional skills and time to deliver the pill-testing services. The interactions between the festival patrons and the health professionals are conducted within a health service delivery model based on evidence from research related to trials and experiences in other jurisdictions.

Qualified staff conducted a chemical analysis of samples bought by patrons then interpreted the results and provided advice and information about the risks associated with consumption. Regardless of the results of analysis, all patrons were advised that there is no safe level of drug use and were encouraged to dispose of their drugs in the amnesty bin provided, which was later collected and disposed of by ambulance staff.

I repeat: one of the biggest myths is that this condones pill taking. Regardless of the results of the analysis of the pill testing, all patrons were advised by health professionals that there is no safe level of drug use and they were all encouraged to dispose of their drugs in the amnesty bin provided.

This motion in no way condones illicit drug use. It may be the only opportunity a person in that situation has to reconsider their decision.

Pill testing stations are always located within the medical precinct of festivals or events and work cooperatively with health and ambulance staff on site and the festival organisers. While pill testing is not the only health intervention that should be provided to minimise the potential harms associated with illicit drug use, it is an important and effective measure to reduce harm and provide important health information to patrons. It may be the first time they have ever heard any information about the risks from a health professional.

- (2) Acknowledges that pill testing is an evidence-based health service that reduces the risk of illicit drug harm at music festivals and events;

The prevalence of illicit drug use at music festival is very high. Most patrons at pill testing stations are often young, first-time or very naive and occasional drug users. To suggest it is not happening or not happening frequently is completely wrong and completely naive.

I have had messages from parents. Their young adult children have told them they have taken the pills, and it horrifies them. The risk of death or serious injury is very high, as we have seen by the six deaths at New South Wales and Victorian music festivals over the 2018-19 summer period. Pill testing is an evidence-based harm reduction strategy used internationally. It is also known as drug checking or adulterance screening. It commenced in the early 1990s in the Netherlands, where it is part of official national policy.

Dr Groves' article describes the process -

Testing involves dance-party and music festival attendees volunteering a sample of their drugs for analysis by scientists, who provide information concerning composition and purity. In Europe, this is typically undertaken in mobile facilities located near or inside venues to allow timely feedback to users (approx. 30 min). ... These practices are possible through partnerships between event promoters, healthcare services and local police and a strong harm reduction philosophy

Pill testing is now commonplace at music festivals in Europe and has been proven to drastically reduce or eliminate deaths in some countries. In addition to the Netherlands, pill testing services are routinely available in Switzerland, Austria, Germany, Spain, Portugal and France. It has been recently legislated for in Iceland and recently New Zealand passed legislation.

Since the introduction of pill testing, Portugal has had zero deaths at music festivals and research from pill testing in Austria found 50 per cent of those who used the drug testing service believe the results influenced their drug-taking behaviour, which means they may have taken fewer drugs or not taken them at all.

Recent evaluation and pill testing in the United Kingdom showed two-thirds of patrons who had their pills tested decided not to consume the drugs. Two-thirds did not take them. Those who took them anyway consumed significantly less than they had planned and said they would warn their friends of the inherent risk, so there is a flow-on benefit.

As noted in Dr Grove's article -

Several studies and the 2013 NDSHS report suggest many Australians see little value in punitive sanctions (e.g. imprisonment, increased fines) for drug use. Instead, referral of users to treatment or education programs appears the preferred response (approx. 45%), with only drug manufacture and distribution perceived to warrant harsh penalties. Drawing from a large (n>2300) internet survey of young Australians, Lancaster and colleagues report the majority back the implementation of pill testing (82.5%), as well as other harm reduction initiatives (NSEPs 76%, 'chill-out zones' 65.6%). An even greater level of support was reported in a survey conducted at a major Australian music festival in 2016, where most participants (86.5%) believed testing services could help to reduce harm for users. These findings describe a cohort that values information and seeks to engage in safer practices, regardless of whether they use drugs. Notably,

many youth also appear to translate this drug knowledge into behavioural change, with an Australian study finding more than three-quarters of regular ecstasy users would not take an 'unknown pill'. A similar result was identified in a more recent sample of users at Australian dance-parties or music festivals, where 90% reported seeking information about drug contents in the last 12 months. Most of these respondents (60%) had encountered unexpected substances or problems with drug purity during this period, which motivated them to alter their behaviour with more than half warning friends (51%), many deciding not to consume their drugs (39%) and more than a quarter reducing the amount they consumed (28%). Most respondents also reported they would use a form of self-testing (94%), onsite event testing (94%) or a fixed-site (i.e. 'drop-in') service, and valued services that provided comprehensive, individual feedback rather than only when dangerous results were found. This reinforces previous claims that young people can be persuaded to make rational decisions and are willing to use testing services, which may elicit positive behavioural change at the time of use, reducing some drug-related harms.

These people have already usually arrived at the festival with their pills or they may buy them on site with the intention of taking them. We can see here that when they have that intention, this alters behaviour and can reduce harm.

These are pretty compelling statistics. An additional benefit to pill testing occurs through increased publicity for support services, advocacy, public health campaigns and opportunities for monitoring and research. A pill testing trial in Tasmania - should it be conducted - would add to this body of knowledge and ongoing research into the effectiveness of these trials and the associated educational programs delivered as part of them.

While it is noted in the article -

These positive outcomes have also served to extend discussion beyond notions of individual criminality and morality to encompass social, economic and welfare debates, challenging conventional thinking about concepts like harm, risk and social responsibility ...

It continues to be important -

to emphasise that drug use is dangerous and cannot be conceptualised as risk-free, nor is pill testing a 'silver bullet' ...

It is important to continue to come back to that. Another myth is that it is the be-all and end-all or it does not work at all. It is supposed to be part of a comprehensive program and an opportunity for those engaged in the process to be informed or to be actively informed that drug taking is dangerous and is not without risk.

Quoting from Dr Groves' article again -

Instead, this article argues that pill testing needs to be viewed through a lens of pragmatism, where for certain users in certain settings, it is about providing young people with information about drugs and their use so they can make more

informed choices to limit the associated harms, as well as making important practical changes to the settings in which drugs are used.

I feel compelled to reiterate: allowing young people to make informed choices is in no way condoning drug use. We all tell our kids not to drive in a dangerous manner because of the obvious associated risks. We do the same with sex. We do the same with alcohol. While driving is legal and alcohol is legal, driving your car over the speed limit, drinking and driving, and using your phone while you are driving are not legal.

This is first and foremost about allowing young people to make informed choices about the risks of drug use because we are naive to think that telling people to say no actually works. In some cases, it can make them more likely to do it.

Another approach - one delivered in an accessible, non-judgmental and confidential manner - is critical. Dr Groves' article highlights the need to share responsibility when dealing with risky behaviours. His article highlights -

... the need to share responsibility for tackling drug use across the community, given that drug-related harm intersects with criminal justice issues, health, vulnerability and various social problems - complex challenges faced by young people that require interdisciplinary and comprehensive responses.

It is not something on its own but part of a whole package. Dr Groves refers to the introduction of the Illicit Drug Diversion Initiative in 1999, which 'officially signalled the utility of an operational relationship between police, health and support agencies'.

He also describes another policy collaboration I mentioned earlier - the introduction of needle syringe exchange programs - NSEPs - and the Medically Supervised Injecting Centre in Sydney.

Dr Groves acknowledges that -

there was conflict between police and health workers linked to these initiatives, legislative reforms and changes to NSW police operating procedures encouraged police to 'exercise discretion; work collaboratively and develop a positive relationship with local NSEPs; and promote the legal operation and positive outcomes of NSEPs to the wider community'.

Such harm minimisation approaches can result in improved outcomes. It is important to note - as the article does - that making assumptions about the value of pill testing based solely on the introduction of the needle syringe exchange programs and safe injecting centres is inappropriate as the driving factors are not the same and there are specific conditions that led to their introduction. Primarily, the motivation of these initiatives came from general concerns regarding public health and the threat posed by HIV and the need to avoid an HIV epidemic, but we know people were reusing their needles and syringes to inject illicit drugs. While it might have been to prevent HIV spreading, it also allowed people to continue to inject safely from the point of contracting a potentially lethal virus.

Dr Groves acknowledges there are examples of pragmatic responses that sought to reduce drug-related harms as well as foster cross-sectorial partnerships, just as this motion calls for.

- (3) Acknowledges that pill testing services do not endorse or provide advice on the safety of illicit drug use and there is no research or evidence to support the view that pill testing increases drug use;

We have heard quite the contrary in my previous comments.

There is misinformed concern that pill testing services could leave people with a false sense that the make-up of the substance or pill is safe. This is not the case. The onsite staff at pill testing stations are qualified health professionals who do not endorse drug use or promote any illicit drug use as being safe. The inherent risks involved in drug taking are discussed with those using the service in a nonjudgmental, confidential and safe environment. The 10 to 15 minutes while an individual is waiting for the results of the analysis provide a rare opportunity for health professionals to discuss drug use, risks and harm reduction strategies at a critical moment in time. This rare opportunity for a brief intervention should not be undervalued. It is possibly the most important aspect of the whole system. You have 15 minutes with a health professional who is telling you it is not safe to take the pill. Here is your chance.

Pill testing stations target people who have already purchased illicit substances and have already taken significant risks by bringing them to the music festival and thus they are fairly committed to taking them. The pill testing station staff do not judge the individual, nor do they chastise or lecture. That is not the role of pill testing services. That is left to the parents, if the young people get to go home.

Pill testing stations offer a last and perhaps lifesaving opportunity for someone to be informed about the serious risks of, and change their mind about, drug consumption. To describe this process I wish to read from a summary provided by Gino Vumbaca, co-founder and president of Harm Reduction Australia, at a workshop in March this year facilitated by the Alcohol, Tobacco and Other Drugs Council of Tasmania for Tasmania's major music festivals. Pill Testing Australia was run under the auspices of Harm Reduction Australia and delivered the two pill testing trials held in the ACT. I quote from this information sheet they provided to explain how it is done so that there can be no misinformation as to what actually happens -

How does a pill testing service work? There are five key stages to the process.

1. Patrons entering a pill testing station are greeted by a counsellor or peer worker who talks them through the process. The patron signs a waiver form and hands over their mobile phone (no photos are allowed within the pill testing station to ensure confidentiality).
2. The patron provides a sample, a scraping of their drug, which is provided to the chemist, who uses mobile drug analysis technology to assess the contents of the drug.
3. Once complete, the patron speaks to a medical professional, for example a GP, who will talk them through the substances identified in the drug and the risks associated with consuming the drug. Never at any stage does a medical professional tell the patron the drug is safe, or condone drug use.
4. The patron is offered the opportunity to take a wrist band with a number that corresponds to their drug analysis results. In the case of a serious medical emergency paramedics can take this wrist band to the pill testing

station and access information on what substance the patron has consumed or may have consumed.

5. The patron then speaks one final time to the counsellor or peer worker who provides the patron with additional information on the risks of drug use. Advises them where the amnesty bin is, if the patron chooses to dispose of their drug, and provides them with the information on what to do in the case of an emergency.

I cannot see how this condones drug taking.

This is important because we know that a key reason someone may not seek medical advice is because they are afraid of getting in trouble with the police. There has been a lot of conjecture recently in regard to sophistication of the technology of pill testing that Pill Testing Australia uses, including concerns that it will not provide accurate readings or it will not identify every illicit substance in the sample.

I have been informed by Pill Testing Australia that its technology is the most sophisticated and mobile testing equipment available. Pill Testing Australia will be down here again in September with this equipment if anyone wants to view it. The equipment has the capability to identify more than 30 000 chemical compounds and substances, including synthetics.

If a substance is identified not within the database, the substance is immediately categorised as highly dangerous. Regardless of whether all substances are identified, it only takes the identification of one substance for it to be considered dangerous out of 30 000 known substances. Any not known are immediately labelled as extremely dangerous or highly dangerous and that feeds into the advice given to the patron.

Ms Armitage - If it is considered there is something dangerous in it, is it given back to the person and told it is dangerous or binned?

Ms FORREST - I will get to that.

As I mentioned, staff in the pill testing stations never tell patrons a drug is safe because pill testing is first and foremost a medical intervention that provides education and information to patrons considering consuming an illicit drug. All patrons are encouraged to dispose of their drugs in the amnesty bin, but they cannot and will not be compelled to. That may answer the member for Launceston's question.

It is also important to note the concerns raised by some members of the community that pill testing technology enables testing for the purity of substances like ecstasy and will provide false messages these drugs are safe to take. This is categorically incorrect and impossible given that Pill Testing Australia's technology does not test for purity. If any illicit substance is found - ecstasy or otherwise - the patron is informed of the risks and encouraged to dispose of the drug.

There is also no evidence to support the view pill testing increases drug use. Research shows pill testing positively changes attitudes to drug use and reduces the likelihood of the drug being taken at all, and if it is, it is taken in lower quantities, as I referred to research earlier.

Dr Groves' article provides the following on this -

Most notably, pill testing has been shown to positively affect users' behaviour, contradicting claims often used as the rationale for criminalisation that 'soft' options encourage increased uptake and use, particularly among youth. Evaluation of the chEckiT project in Austria reported approximately half of users whose drugs were tested indicated that information about quality/purity would influence their decision to take them. If presented with a negative result, two thirds reported they would not consume their drugs and would also warn friends against consumption. This corresponds with research from the Netherlands, which revealed no increases in the use of most party-drugs (or poly-drug use) because of pill testing and provision of drug information. This also supports evaluations of the reforms in Portugal, where pill testing, as part of a wider public health approach, in fact reduced problematic use, related harms and burden on the justice and healthcare systems.

Evaluation of pill testing stations, which has been operating in Europe for almost two decades, showed that people make different choices based on the results of the testing. Some choose to put their drugs in the amnesty bins while others choose to take significantly less than they planned to. There is no evidence to support the view that pill testing increases drug use.

An article by Professor Alison Ritter, from the University of New South Wales, published in *The Conversation* in 2014 and updated in 2018 adds to the argument supporting pill testing -

First, pill testing has been shown to change the black market. Products identified as particularly dangerous that subsequently became the subject of warning campaigns were found to leave the market.

Research also showed the ingredients of tested pills started to correspond to the expected components over time. This suggests pill testing might be able to change the black market in positive ways.

It is important to acknowledge those points. Even though drug use may continue, you are not likely to see adulterated pills being sold because the word gets out.

I wish to reiterate an important point: Professor Ritter also explains -

Visits to pill-testing booths create an important opportunity for providing support and information over and above the testing itself. They enable drug services to contact a population that is otherwise difficult to reach because these people are not experiencing acute drug problems. Indeed, the intervention has been used to establish contact and as the basis for follow-up work with members of not-yet-problematic, but nevertheless high-risk, groups of recreational drug users.

Finally, pill testing means we can capture long-term data about the actual substances present in the drugs scene. And it creates the potential for an early warning system beyond immediate users. This is becoming all the more important as new psychoactive substances that may be used as adulterants are appearing more frequently.

There is a range of positive benefits here in terms of harm minimisation, acknowledging at every stop that there is no safe way to take illicit drugs and that this motion does not condone the use of illicit substances.

- (4) Acknowledges the successful results of the two trials in the ACT that demonstrated the effectiveness of pill testing services to change a person's illicit drug behaviour;

The results of Australia's first pill testing trial at the Groovin the Moo festival in Canberra in 2018 proved the merits of pill testing. Of the 128 festival-goers who had their drugs tested, five disposed of their pills in the amnesty bin provided after receiving the test results and 42 per cent of those who had their drugs tested said their drug-taking behaviour would decrease as a result of the testing. Also at the 2018 Canberra trial, drugs belonging to two festival attendees were found to contain n-ethylpentylone, an often-lethal substance responsible for mass overdoses in Europe in recent years. Both these attendees disposed of their pills immediately.

From the second pill testing trial held in Canberra in April 2019, initial figures highlighted that of 171 samples tested, seven tested positive to the deadly n-ethylpentylone, with all seven pills being voluntarily discarded into the amnesty bin. Evidence from the trial showed that patrons desperately wanted to know more information about what they planned to consume and valued both the chemical analysis and the counselling offered by medical staff at the pill testing station.

These results from the ACT are quite compelling. The trial was the result of extensive consultation with ACT ministers and the ACT government, and the development of an advisory committee focused on establishing a supportive environment to facilitate the trial. Additionally, extensive consultation was undertaken with the ACT police minister and the Commissioner for Police regarding how it would be implemented on the ground. Having police involvement and support for a trial of pill testing is crucial. The pill testing trial in the ACT was fully supported by other organisations within the medical precinct; especially ACT ambulance staff and services and ACT festival organisers were ready and eager to proceed.

These actions are similar to those of point (8) of the motion, with a call to see pill testing trialled in Tasmania or to take the steps necessary. Some of those steps have been described in what I have just said. Tasmania's major music festival organisers are firmly on board. Festival-goers want to see it available, predominantly people younger than most of the MPs in this parliament, and the technology is available. We need the Government to take the steps and work with Tasmania Police, health professionals, the Alcohol, Tobacco and Other Drugs Council of Tasmania and Harm Reduction Australia.

This is laying out a framework for what needs to happen if we are going to put in place a trial, which I will get to in point (8) of the motion.

- (5) Acknowledges that pill testing is supported by national bodies including the Royal Australasian College of Physicians, the Royal Australian College of General Practitioners, the Australasian College for Emergency Medicine, the Rural Doctors Association of Australia, the Australian Medical Association, the Australian Nursing and Midwifery Federation, the National Australian Pharmacy Students' Association, the Pharmaceutical Society of Australia, the Ambulance Union State Council, the Public Health Association of Australia, Family Drug Support Australia, and the Australian Drug Law Reform

Foundation and at the local level, by Tasmanian community organisations including the Youth Network of Tasmania, the Tasmanian Aboriginal Centre and Community Legal Centres Tasmania;

I note that the Youth Network of Tasmania speaks for Tasmania's youth and most of us in this place are well beyond our youth so we need to take advice from those this directly affects, speaking for myself particularly.

The organisations listed in point (5) of the motion are significant and broad; they represent health bodies and bodies supporting and speaking for young people. The Government should not reject this united show of support.

Since putting the motion on notice, the national body, Forensic and Clinical Toxicology Association - FACTA - is now in support, and the Alcohol, Tobacco and other Drugs Council of Tasmania continues to be a leading voice in this matter. The Hobart City Council has confirmed its support for a trial and other councils are also looking at doing so.

Pill testing services are utilised effectively in a range of countries to assist in reducing illicit drug use and harm and, as I mentioned earlier, New Zealand became the most recent country to join the growing number of countries to introduce pill testing services following the passage of amendments to its Misuse of Drugs Act. This act will now give New Zealand police discretion to take a health-centred approach, a move in response to a large number of deaths caused by dangerous synthetic substances and drugs.

It is time the Tasmanian Government showed a more open approach and actively engaged in conversations with organisations that have already shown their support for this health-related harm minimisation measure, and supported the establishment of a framework to facilitate a pill testing trial.

As a health service focused on harm minimisation, if we can prevent even one death or serious adverse outcome, the action will be justified.

No-one deserves to die for making an ill-advised choice and when we can minimise that risk from a choice generally made prior to presenting to the pill testing station, we should.

As I stated, evidence suggests that such a service does not increase drug use nor does it normalise illicit drug use. It provides an opportunity to engage with a cohort of young people who can be difficult to reach through more traditional measures and who often have not come to the attention of law enforcement, the justice system or even the health system.

Point (6) of the motion -

Notes that despite there being strong support for the introduction of pill testing services across the Tasmanian community, the Government continues to be resistant to reviewing the evidence and/or exploring how a trial would provide health benefits to Tasmanians, particularly our youth;

The Alcohol, Tobacco and Other Drugs Council of Tasmania, alongside Pill Testing Australia, previously offered to brief the Government on the evidence behind the merits of pill testing services.

The former Health minister, Michael Ferguson, was unwilling to be briefed and did not accept an invitation from Harm Reduction Australia - HRA - to attend the ACT's pill testing services forum, an invitation extended to all state and territory health ministers in April 2019 ahead of a second pill testing trial in Canberra's Groovin' the Moo festival.

I do not understand the Government's reticence to act or even to consider the available evidence. There is broad community support, and support from almost every national professional medical and health body. A number of other countries have also acted.

It is interesting listening to the media and reading the Government's media releases put out on this matter, because it seems Mr Ferguson continues to be the spokesperson. He is not the minister for Health, the minister for Mental Health and Wellbeing, the minister for Police or the minister for Justice. I am not sure why he is the spokesperson; the Leader may be able to enlighten me as to why he seems to be calling the shots.

In an article in *The Conversation* by Dr David Caldicott from the Australian National University, and a member of HRA, titled 'We can't eradicate drugs, but we can stop people dying from them', he describes what occurs in other countries and the non-evidence based approach taken on some drug policy approaches -

The European Union continues to roll out drug-checking programs (where party drugs are tested for strength at music festivals and other sites where they are consumed). In April, the United Nations General Assembly special session on drugs policy is considering decriminalising personal drug use.

I am not suggesting that here, Mr Acting President. I am just quoting from Dr Caldicott's article.

In the midst of this, Australia plods on with its punitive and prohibitionist ideals, despite the rest of the world moving on. Whether it's the use of sniffer dogs at music festivals (which an ombudsman's report found was ineffective in detecting drug dealers) or roadside drug testing (for which there is no evidence it prevents crashes), we seem happy to adopt interventions that have little evidence behind them, instead of those that do.

The most fundamental shift on drugs policy worldwide has been from moralising about use to focusing on keeping young people safe. More people are beginning to accept that nowhere will ever be 'drug free'. Now over a decade old, US drug policy expert Marsha Rosenbaum's *Safety First* tells parents to replace 'Just Say No' with 'Just Say Know'.

Taking an approach that ignores the reality of youth culture does not assist those most at risk. We must take our heads out of the sand and accept that although we may personally abhor illicit drug use, it is a reality for some young and occasionally not-so-young people. We all take risks but I do not believe we deserve to die as a result of taking those risks, when death is not the intention.

I am certain that as a community we are not willing to continue with this serves-you-right mentality for those harmed. I hope that is where we are at.

Dr Caldicott mentioned the negative impact that the Ombudsman found of having sniffer dogs at festivals. The associated evidence is that people tend to see the police with the dog and then take all the pills to get rid of them. I think more will come out on that in the coroner's report. That is a real risk and it has not been proven to be effective.

- (7) Recognises a need for the Department of Health to prepare information and education materials outlining the community and individual health benefits of drug analysis services, to educate and inform the broader Tasmanian community;

There is a need for the Department of Health to be on the front foot in any health matter. It does a very good job in many areas. Part of bringing this motion on for debate was also to add to that public commentary and to make factual information public about what pill testing is and what it is not.

Much information is available to assist the Department of Health to prepare information and educational materials outlining community and individual health benefits of the drug analysis services to educate and inform the broader Tasmanian community. I suggest the Government has a moral obligation to undertake public education in this area. You do not have to condone an activity to take action to inform the public of its risks. This should include the health benefits of drug analysis services. We must not deny the reality facing families with young adult children and the young people themselves, whose voices are often not heard in debates or matters that directly relate to them. It needs to be available in all settings relevant to young people.

There is a clear need to educate and inform the community about the realities and risks of illicit drug use. Part of this must be a discussion about evidence-based information regarding harm minimisation, just as we have in other areas of public policy. I have mentioned those already.

- (8) Calls on the Government to commence the necessary steps to explore how a trial of pill testing could occur during the 2019-20 summer festival season.

This motion does not call for them to undertake a trial though you could infer that is where it is headed. I suggest that is the case, but it is asking the Government to take the steps necessary to be prepared and to know what they would need to do.

The first step in this process is, as has happened in other jurisdictions, to establish a drug analysis advisory committee. This committee should consist of a representative from Tasmania Police; the Department of Health; Ambulance Tasmania; the Alcohol, Tobacco and Other Drugs Council; Harm Minimisation Australia; Tasmanian music festivals; and a GP with experience in drug addiction as nominated by the Royal Australian College of General Practitioners. They are the people you want around the table looking at what would need to happen.

Tasmanian festivals such as Dark Mofo, Falls Festival and Party in the Paddock all support a trial at the upcoming 2019-20 Tasmanian summer festival season. They are committed to working with the Tasmanian Government to explore a trial should the Government commit or agree to it.

The Alcohol, Tobacco and other Drugs Council Tasmania has repeatedly offered to independently chair this committee. It will be eminently suitable to do so.

Before providing my concluding comments, I acknowledge pill testing has its limitations. I have alluded to that previously. I quote from Dr Groves' article -

Another concern relates to the threats posed by new psychoactive substances (NPS), which have emerged in Australia following rapid rises in Europe and popularity at dance-parties and music festivals. These substances, also known as analogues or synthetics, are designed to mimic established drugs and often comprise new, untested chemicals used by drug manufacturers to replace others either in short supply or banned through changes to possession, production and importation laws. This means their contents and effects are unpredictable, placing users and the community at further risk of harm due to an ever-increasing number of 'unknowns'.

This is why a targeted and comprehensive education program remains a key aspect of drug policy. The article goes on -

This risk is demonstrated in recent findings from the USA and Canada, where several studies identified the introduction of fentanyl in the illicit drug market. Specifically, evidence suggests a wide range of pills (e.g. MDMA) and other drugs (e.g. methamphetamine, cocaine) have been laced with fentanyl, highlighting the potential danger of relying solely on existing practices and technologies, as often local laboratories or other facilities (e.g. hospitals, police) do not have capacity for fentanyl testing or detection of new analogues.

As I said previously, if they detect a substance they cannot identify from the 30 000 in the database, it is immediately labelled as highly dangerous.

This confirms my previous statement that drug use cannot be and is not conceptualised or promoted as safe. Greater knowledge of these substances will arguably improve policy and treatment options and add to the body of knowledge that we can apply to appropriate and effective drug policies.

Although no Australian deaths have been confirmed as linked to fentanyl, 10 drug-affected youths did present in one night at the Royal Perth Hospital in 2013 demonstrating the devastating consequences of new batches of unknown substances.

These events support the call for pill testing as it can provide an additional mechanism to understand what new substances are out there, keep up to date with shifts in drug use trends and contribute to more effective prevention and treatment.

This knowledge can also assist law enforcement officers in addressing the very serious crimes of drug trafficking and other illicit drug trade crimes, adding to the harm prevention. It is not instead of, it is as well as.

In conclusion, I reiterate the broad community and key stakeholder support for pill testing trials at musical and other festivals in Tasmania. I also reiterate the fact that there is no safe way to take illicit drugs. Pill testing is not a panacea. Rather, it is part of a solution and an important part of a harm minimisation health-related matter that can be successfully delivered in harmony with law enforcement, as demonstrated in the ACT.

Another article by Professor Alison Ritter from the University of New South Wales was published in *The Conversation* in 2014 and updated in 2018; it provides a good summary of the support for positive impacts and limitations of pill testing -

A 2010 survey found more than 11% of 20- to 29-year-olds and 7% of 18- to 19-year-olds had taken the drug [ecstasy] in the previous 12 months. According to annual research among 1,000 ecstasy users, 70% of these pills are taken at clubs, festivals and dance parties.

Australia is internationally applauded for our harm-minimisation approach to drugs but we have failed to introduce pill testing, even though it is an intuitively appealing strategy.

...

Research shows young people are highly supportive of pill testing; more than 82% of the 2300 young Australians aged between 16 and 25 years surveyed for the Australian National Council on Drugs in 2013 supported its introduction.

These are the people who are most at risk and whose voices we need to hear. Further -

The finding is consistent with young people's overall views about drugs: they want better information in order to make informed choices.

Informed choices may be not taking the drug at all and that would be the perfect outcome.

Professor Ritter also notes the limitation of pill testing and the need for a comprehensive approach -

A harm-reduction approach to drugs is always a balance between benefits and risks: the availability of pill testing reduces harm, but it may increase risk for some. Not everyone will use the service and some may ignore the results and risk being subject to potentially harmful drugs.

It may also lend the appearance of safety when, in reality, the pills remain illegal and potentially harmful. What's more, we will need to ensure that pill-testing results are accurate by researching the effectiveness of testing kits.

Of course, critics will argue the measure will 'send the wrong message'. But the messages we're currently sending are that we don't want informed consumers and we don't want to reduce harm from illicit drug use. Clearly, they're not quite right either.

Australia should run a trial of pill testing and assess its benefits and harms so we can then make an informed choice about this intervention.

The growth in new psychoactive substances and the ever-evolving chemical composition of drugs, coupled with the need to reduce the harms from pill use, means this is an idea whose time has come.

I am not suggesting pill testing should be a standalone tool; rather, it should form one part of our state drug policy with a health-related focus and harm minimisation approach. The way to determine the safety and efficacy of such a policy and to prevent gaps in service is by ensuring that a comprehensive health-focused approach is implemented. Furthermore, information gained during pill testing can provide both general data on consumption trends and market fluctuations and specific target information and education to users and potential users to reduce drug-related harm.

Whether we like it or not, the issue of both illicit and licitly used drugs is a feature of contemporary social life and has been for decades, if not for centuries. Community attitudes are changing and alternative strategies are needed to reduce the harms for users, for their families and for the wider community. If members have taken time to talk to young people and festival organisers, publicans and others who hold events where young people gather and party, they will know this is the case. The reality is within these dynamic spaces party drugs such as ecstasy and methamphetamines are readily available and widely used, with recent evidence of increased consumption in more potent forms.

Whether we like it or not, this is the reality. Personally I would prefer not to need to have this conversation, but we know every generation seeks to engage in risky behaviour during this period of their lives. Turning a blind eye or ignoring it and hoping it is not one of our children, grandchildren or the children of our family and friends does not actually help anybody.

If we are to provide accurate information, advice and support to those most at risk of harm simply through not understanding the risks of such behaviour, isn't this a better outcome? No-one deserves to die for taking an ill-considered risk when opportunities to engage and educate them about that risk exist. That may be the last chance you get to do it.

Therefore pill testing is needed to monitor the quantity and content of the drugs used as well as to assess the rapid rise of novel and new psychoactive substances that pose significant risk to users and to those who share the social spaces of club and musical festivals. Although the Government displays strong philosophical support for harm minimisation in a range of risk areas, in practice, the Tasmanian Government's policy remains conservative in its approach by prioritising law enforcement strategies and zero-tolerance policies. We saw this reiterated in the media yesterday, despite evidence of the limited effectiveness of the law enforcement, zero-tolerance policies and growing support from experts, academics and the community highlighting the need for an alternative approach. Despite the illegal nature of activity and the fact that taking illicit drugs is not safe, there is wide support for harm reduction and the need for public health-focused strategies.

We need to move away from the politics of drug policy towards more evidence-based strategies to maximise the safety of young people who choose to use drugs, who, if given the opportunity to do so more safely, are more likely to grow out of their use without the stigma and the harms associated with criminalisation, and hopefully not die too young as a result of this risky behaviour. Sadly, some do not get a second chance. I hope the Government will alter its position and support this motion as a step towards the harm minimisation approach it supports in so many other areas.

As Dr Groves concludes -

While unambiguous, zero-tolerance messages are unrealistic and disregard contemporary patterns of youth drug use. In contrast, pill testing offers an alternative message; that drug use *is* dangerous, and informing users about what they are taking and the risks not only demonstrates social responsibility for this

marginalised group but also that young people have the capacity for rational decision making and may desist from drug use because they see the risks for the first time.

... pill testing serves as a platform for more nuanced discussion of drug policy ideas and applications, particularly the need for innovative responses, to avoid the deaths of more young Australians.

...

Pill testing cannot eliminate the harms of drug use, but it is not intended to. It represents a model that best functions as one part of a much wider harm reduction strategy, to provide less punitive and more pragmatic responses to drug use for the protection of a generation of young club and music festival attendees, clearly establishing its worth in the Australian drug context.

Denial of the reality promotes ignorance. Ignorance is not bliss. Ignorance is harmful. I do not want to be one of those parents who gets a knock on the door from the police to be given the worst possible news - that one of my children is dead. While we cannot possibly prevent every young person's death from a range of causes, we can act to reduce the risk and minimise the harm. Just saying no and believing your kids, nieces, nephews, grandchildren and kids of your friends would not or do not take drugs is naive and denies the reality of youth culture. We may not like it and we do not condone it, but it is a reality. We should be focused on a serious law enforcement approach to drug manufacturers, traffickers and dealers. That should continue.

This is a pragmatic motion that does not call for the immediate implementation of pill testing. It is a call for the Government to explore how a pill testing trial could occur and what steps would be needed to facilitate a trial, particularly for this upcoming summer music festival season. I encourage members to support it from that perspective. Let us be on the front foot, acting proactively and being prepared to engage in a process that will educate our young people through a proven harm minimisation approach, save lives and build on the currently available data and research. That is what this motion is calling for.

The actual testing of the substances presented at pill testing stations is not the most important part of this process. The most important part is the interaction with qualified health professionals. The aim of those health professionals is prevention. The health professionals never suggest that a substance is safe to take and always explain the associated risk of consuming the substance. This is likely to be the first and possibly the only conversation the young person has, other than with a dealer or the friend they obtained the pills from, where they can get accurate information and advice about the risks associated with not just the drug they are holding in their hand but about illicit drug use generally. This can provide a way out for a young person feeling the effects of peer pressure, providing a legitimate and face-saving reason to dispose of their pills and thus not expose themselves to the risk. We know the pressure peer pressure can bring. This can give these young people an out.

Ongoing research in this area is being undertaken, following up with users of pill testing facilities to understand whether this also has lasting influence on the young person's future decision around pill taking. As I said at the beginning, taking illicit drugs is not safe and carries a real risk of serious adverse health outcomes and occasionally tragic deaths, whether we are talking about the so-called party drugs or any other illicit drugs.

This motion in no way condones, supports or approves of the use of party drugs or any other illicit substances. As a parent, and having talked to other parents of young people, I would much prefer this potentially lifesaving option to getting a visit from the police with the worst possible news of all.

I call on the Government to revisit its opposition to a pill testing trial and investigate the framework with which it would need to be set up, for all the reasons I have raised. I ask it to recognise the broad community and stakeholder support for such a trial to commence once the necessary steps are explored about how to engage in that.

I encourage all members to support the motion.

[12.45 p.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr Acting President, I thank the member for Murchison for her comprehensive and detailed contribution and assure her that her contribution will be looked at.

Pill and drug testing is an issue where opinion is divided in the community. It is not clear-cut. There is a lot of passion on both sides of the argument. It is important to recognise that regardless of the member's point of view and personal points of view, we all want the same thing, which is to see fewer young people using and being harmed by illicit drugs. It is important to keep that in mind as we debate this motion.

There is a law and order element to be considered here when we talk about pill or drug testing because it involves the testing of illicit drugs. Members of our community could justifiably ask how can you on one hand test a drug and then hand it back to a young person knowing it is an illegal substance and could do them harm? What is the liability if they then overdose? These are some of the genuine and serious concerns being expressed to us. It would be wrong to dismiss them.

Police commissioner Darren Hine recently said -

To be clear, we do not support testing of illegal drugs ...

Ms Forrest - Did you read the whole quote? It might be best to read the whole quote.

Mrs HISCUTT - Our Government understands that pill and drug testing can be seen as a harm minimisation measure. The Government is prepared to consider data and evidence put forward from a health and wellbeing perspective, also from an education perspective. The fact that in Tasmania the Minister for Mental Health and Wellbeing and Education and Training, Mr Rockliff, has the responsibility for taking a leadership role on the issue of pill and drug testing demonstrates this.

I can agree with the member for Murchison on her first point.

There have been two trials in the ACT but the findings have not been independently verified. I understand the Australian National University will independently review the most recent trial. We look forward to seeing that report when it is released. At this stage it is too early to draw a definite conclusion from those trials. The Government is yet to be convinced there is enough data in an Australian context to support the claim that pill and drug testing is an evidence-based service that reduces the risk of illicit drugs.

I acknowledge a list of health organisations support pill and drug testing. There are individuals and organisations for and against in just about any debate and I support people getting involved and taking the opportunity to have their say. From a government viewpoint, we must always put the evidence front and centre. It must be sound and it must be applicable to a Tasmanian context. I refute the suggestion the Government is not prepared to review the evidence. We are listening and we continue to do so.

Our Minister for Mental Health and Wellbeing has already had a constructive meeting with Alcohol, Tobacco and other Drugs Council Tasmania and is meeting with Pill Testing Australia when it comes down in September. We will continue to consider any evidence put forward, not just on this issue but on policy more broadly. We will always do what we believe is in the best interests of Tasmanians.

When talking about harm minimisation, it is very important to acknowledge what the Government is doing. We are very much focused on what we can do to minimise the use of drugs through the right mix of justice and preventative initiatives so we are looking to reduce harm right across the community.

We provide resourcing for a range of programs and organisations in this space, organisations that work to improve community understanding of the dangers of illicit drugs and support Tasmanians living with drug dependency issues. These include the Alcohol and Drug Foundation, the Drug Education Network, the Salvation Army, City Mission and a range of other service providers. Much valuable work is being done to educate people on the dangers of drug use and we will continue to work across government to reduce the impact and harm associated with drug use.

Getting back to the evidence, I have spoken about how an independent review of the latest ACT pill and drug testing trial has yet to be done. We are also waiting for the New South Wales coroner's report into festival deaths, which is expected to be released later this year. It is another important piece of information that governments around Australia will want to consider should they have the opportunity to do so. For those reasons, the Government cannot support the motion.

I will address your comments about Mr Ferguson. Mr Ferguson is the Leader of Government Business in the other place and he comments on many things. Usually the media talk to him at the beginning of every sitting week and they ask him an array of questions and because of the nature of his role in the other place, he gets asked those questions.

[12.52 p.m.]

Mr ARMSTRONG (Huon) - Mr Acting President, I also thank the member for Murchison for her motion which, in summary, is that the Government should commence exploring how a pill testing trial could occur during the 2019-20 festival season.

This conversation has already taken place in all Australian states and it is noted that all states have not supported the main thrust of the motion introduced by the member for Murchison.

The only jurisdiction that has trialled pill testing at festivals is the ACT and I accept that those involved believe the trials were a success. In the second of those trials seven people dumped pills containing a potentially deadly substance after those pills were tested.

One person did not dispose of the contaminated pill and what happened to that pill is anybody's guess although it is not hard to imagine what actually did happen with that pill.

The trials in the ACT involved individuals volunteering a small scraping of what they possessed and that was then tested. Interestingly, 171 substances were tested compared to 85 the previous year. MDMA, or ecstasy, was the most common substance found, along with cocaine, ketamine and methamphetamine. The second of the two trials found that the purity of the drug ecstasy was very high and even after the test, the research shows that many of the individuals still planned to take the drug but in lesser quantities. Some people said that they would not take it at all but there is no evidence that can conclusively show whether all these individuals still took the drug into the festival or alternatively disposed of it.

One person brought in what appeared to be an Orbit mint, for which he had paid a significant amount of money. Pushers, suppliers and traffickers will stop at nothing if they can see money in it.

However, even after the tests, the ACT health minister, Meegan Fitzharris, said the government would wait for an independent review on illicit pill testing before considering whether to incorporate the operation in its drug policy.

The ACT opposition health spokesman, Jeremy Hanson, commented that the results of the trials were open to interpretation. He said -

What we do know is that a lot of people at the festival were under the belief that having pills tested makes them safe - that is not the case. ... it remains a very dangerous thing to do.

Hanson went on to say -

I don't doubt that everyone's got the right intent here. We all agree that we want to keep people safe, particularly young people at festivals. I just think it's the wrong way to go about it.

That final comment seems to echo the mood of other states also. The Labor premier of Western Australia, even after receiving a 294-page report from a task force that included experts in science, medicine and police, was adamant that pill testing would never happen in Western Australia. His comments were -

We are not going to soften our approach to illicit drug use.

...

If I genuinely thought it would save lives I'd say it was a good idea, but I don't ... I think it could actually risk lives.

The 294-page report made a number of recommendations, most of which involve boosting drug and alcohol education in schools and also improving support services. Victoria and South Australia echo the same sentiments. Even New South Wales is still loath to give the green light to pill testing, even after the deaths that occurred earlier this year at music festivals.

Here in Tasmania pill testing at festivals remains a hotly debated topic. In 2018 the then minister for health said the state Government would not act as a quality control agent for drug

traffickers who destroy lives and families. In November 2018, both the Liberal and Labor members voted against pill testing legislation. Mr Ferguson then stated -

We do not support giving people a false sense of security in taking illegal and dangerous drugs. Neither will the Liberal Government be helping out drug dealers gain more customers with a complimentary testing service.

The new Tasmanian Health minister has remained firm on an anti-pill testing stance, saying that as a government it is important not to send mixed messages to young people about whether illicit drugs are safe or not. Thankfully in Tasmania no deaths have occurred from taking drugs at festivals.

That is a potted history of pill-testing stances from state governments in Australia. All agree that it should not occur. Even the ACT, after having its two trials, to my knowledge, is still not supporting the legislation.

What are the arguments for pill testing then? The first one is obvious, and that is that some argue it could save lives if a person is told by testers that a drug contains a dangerous additive. The person then chooses whether to take the drug, take part of it or dispose of it. The second is that it gives an independent body a chance to intervene at a given crucial moment and speak with the person about the drug. If that drug has no dangerous additives, they can advise the person it is still a gamble. Third, pill testing has been shown to change the black market because products which were identified as particularly dangerous become the subject of warning campaigns and as a result disappear from the black market. The fourth argument is that pill testing can change the behaviour of individuals. A number of people tested said that the testing affected their consumption choices and may have caused them to consider their drug use. Fifth, a further argument as some say is that a visit to a pill testing booth creates an opportunity for the provision of information over and above testing itself. Finally, there is the argument that pill testing has the ability to obtain long-term data about the actual substances present in the drug scene and therefore creates the opportunity for early warning systems. There may well be other arguments, but I believe I have captured the main ones commented upon in the literature.

If I can now turn to the arguments against pill testing. The major argument is that it gives people a false sense of security that if they have the drug tested, it is safe to use, and we all know that is not the case. Everyone is different, as was highlighted in New South Wales when Anna Wood, a young female, died after taking a pill. Her father sadly stated, 'They keep on about harm reduction. They say just take the stuff safely.'

Sitting suspended from 1 p.m. to 2.30 p.m.

QUESTIONS

Statement by Leader of the Government - Answers to Questions

[2.31 p.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Honourable members, I apologise for not being able to provide you with answers to questions today. We have the answers; however, they have not been signed off by the appropriate ministers. My

understanding is that Cabinet is sitting and ministers have not been able to get to the answers. I expect all the answers to be here tomorrow.

Mr Dean - We will have them tomorrow?

Mrs HISCUTT - Yes, I expect them to be here tomorrow.

MOTION

Pill Testing - Tasmanian Festivals and Events

Resumed from above.

[2.32 p.m.]

Mr ARMSTRONG - Mr Acting President, I now turn to the arguments against pill testing. The major argument is it gives people a false sense of security that if they have a drug tested, it is then safe for use, and we all know that is not the case. Everybody is different, as was highlighted in New South Wales when Anna Wood, a young female, died after taking a pill. Her father sadly stated -

They keep on about harm reduction. They say just take the stuff safely. But there is no safe way. You just don't know what will happen if you take drugs.

What killed Anna was MDMA, ecstasy, so a purity test would have been futile. These pills are illegal and they are illegal for one reason. The pill can kill. Even those with absolute purity. Testing does not factor in how an individual's body would react to a substance if it is consumed. There are other factors in play. Heat, metabolism, a person's size, other substances that have been consumed, for example, medications and health conditions. The only acceptable way to use drugs is under clinical advice by a registered doctor who understands the person's medical state and medical history. Pill testing at festivals falls far short of this.

Another argument is that diluting the anti-illicit drug message through creating pill testing facilities at public festivals may give young people who normally would not try an illegal drug a reason to think it is okay to try the drug. One commentator stressed the point when he said society opposes illicit drug use because of its long-lasting and devastating impact on the individual, their family and society. What message does it give our children when we make an exception at a music concert's gates?

There is also a genuine fear that because one pill is tested, people then believe others which may have been purchased the same day from the same trafficker and which look exactly the same as the pill tested, are in fact the same as the sample. There is a real chance they have different purity and additives and are therefore dangerous or lethal.

It worries me also that if a person bought these pills from a certain seller and at a festival the pill is tested and had no dangerous additives, does the buyer now trust the seller and return on another day? They then have a false sense of security that the drug is safe.

There is another argument that there is no clear pattern for how individuals cope with using more than just one pill, where poly-drug use occurs, as does drug use coupled with alcohol. There

can be no testing for that. If multi-use occurs because of an individual's false sense of security after a sample has been tested, the results could be fatal.

One disturbing comment was that in one of the trials, some people indicated that if they found the pill to contain another dangerous substance, they would onsell it because there was no power for the testers to confiscate that pill.

Many legal and policy issues, in my opinion, need to be thoroughly examined. For example, if pill testing is allowed, does that mean it is legal to possess illicit drugs such as heroin, morphine, amphetamines and/or ecstasy as long as you only have them in the pill testing area? Can you use them in the area without being punished? What happens after you leave the testing area? Are the traffickers and users still protected because it is a music festival? It would seem strange indeed if that was the case.

What happens on the way to the festivals? Would people processing illicit drugs be immune to the law? Festivals would soon become a drug trafficker's utopia. What happens if a person onells a bag of drugs after it has been tested with the knowledge that it is likely to cause injury or death?

What about the liability of the pill testers if they have not officially observed what drugs are kept or discarded? What happens if they see a festival-goer fail to discard a bad drug? Should they report it to the police or, again, in this criminal black hole, is there any obligation for an official to report a potential crime which could cause significant suffering?

What are the duty of care requirements for staff who conduct these tests? How would policing practices need to change around a pill testing station to allow people to submit illicit drugs for testing? Will the staff testing the pills have legal protection from possessing the illicit substance? Will they be aiding and abetting the use, selling or supply of it? The legal issues - both criminal and civil - are significant.

I can understand why the Government at this stage is not persuaded that pill testing is appropriate. In arriving at my position, I ask: is there a safe way to swallow, inject or smoke illicit substances? My research tells me no. Maintaining that message is parenting 101 - you would think it was obvious just as you do not give kids matches, knives or loaded guns to play with.

I cannot support the motion.

[2.28 p.m.]

Mr FINCH (Rosevears) - Mr Acting President, I did not expect to speak but do so now after listening to the member for Murchison and hearing what the Government has had to say, also the long contribution by the member for Huon. So many questions. As the member for Huon raised, there are so many questions about this issue.

If you consider what the member for Murchison put forward in the motion, how can anyone really disagree with that? It is a great signal. It is really good for us to be talking about this and having it on the agenda to discuss. What parent out there whose children go to music festivals is not concerned about what might occur there, that distant thought of will they make it home safely?

They want legislators like us, the Government and the police to consider carefully this aspect of life in Australia: are we doing all we can do to protect our children and the future generations?

My children are through the phase, although they tell me pill popping is going on in the community at 100 kilometres per hour. It is the grandchildren who now are at the front of my mind. What are they going to confront? If we do not start the work now on this issue, will it become rampant? Will it get out of control? By the time they start going to music festivals or living their lives, what influences will there be on their lives? Will we look back and say, 'We should have done something; we should have talked about that and taken action'?

I was comforted by what the Leader said about the concern the Government is showing. The Government is not going to ignore this. Labor, when and if they get into government, will not ignore it either because it is a social issue we have to confront and work on.

It is like smoking. You might not have the magic wand. You might not be able to solve it, but you have to keep working at it incrementally. You have to try to break these things down. The Government is not shirking from this - it is being cautious. Some would say overcautious. It has to make sure it does not make mistakes with it.

All those questions asked by the member for Huon are right.

Ms Forrest - I addressed a lot of the questions he raised in my contribution.

Mr FINCH - What you contributed was exemplary. We were able to follow it, we got good advice from it, a good understanding of what is going on. The motion addresses that. It acknowledges pill testing is a health-related matter. How can you query that?

It acknowledges that pill testing is an evidence-based health service that reduces the risk of illicit drug harm at music festivals. Tick.

It acknowledges that pill testing services do not endorse or provide advice on the safety of illicit drug use. Tick.

It acknowledges the successful results of the two trials in the ACT. It is being disputed because not enough evidence has come out of those, but certain observations have been made that were positive.

Point (5) of the motion lists the organisations and national bodies that support pill testing. Far out - what a line-up of organisations have put their names, I assume, to this motion and have agreed that this should occur. That is very compelling.

Point (6) notes that despite strong support for the introduction of pill testing across the Tasmanian community, the Government continues to resist reviewing the evidence. That is what I would point out. That is what the Government has pointed out. It is all about caution. Tick.

The motion recognises the need for the Department of Health to prepare information and education materials. The Department of Health would be as concerned about this as anybody in the community. The Health department, and the Government generally, would be concerned about how we can get at this issue. What is our best course of action? It is not an easy fix.

The motion calls on the Government to commence the necessary steps to explore how a trial of pill testing could occur during this summer festival season. I cannot see how they would not have their people there to see what goes on. They might not do pill testing, but I cannot see that

they would not be observing what goes on at these festivals, to make sure they are getting a good handle on this problem.

I do not know the quote from the police commissioner, Mr Hine, that the member for Murchison, when you interjected on the member for Huon -

Ms Forrest - The honourable Leader spoke to it. The Leader used it.

Mr FINCH - When the honourable Leader mentioned it, and you said 'read the whole quote'. I have a lot of admiration for the commissioner. He would be as concerned as any parent and any grandparent to try to get the best outcome. He does not want to criminalise all the young people in our community, giving them a police record that means they cannot travel overseas and cannot get a job. He is not silly. He is not going to say, 'We must have law and order here and mandatory sentencing at the same time'. I jest. Apologies.

He would want to find solutions. He will be observing this. He will have his own people there watching. The drug squad and others will be there to try to find how we can best deal with this situation.

I think you might have said, honourable Leader, that we might be served better by educating our young people.

I am not going to bang on about this much now, but if we get around to a cigarette debate, I will talk about the times I have been to the Education minister to push the notion of life education. We are the only state in Australia that does not have it. We had it at one stage, unsuccessfully. If we are looking for ways to empower our children to make proper decisions, we must give them the wherewithal to make decisions, whether for ill or good. At least we can say, as legislators, as members of parliament, that we have given them the opportunity by introducing life education in schools and at kindergarten. That is where it starts, not at high school, or later on in life, or when they commit their first offence and they have to be counselled. Give them the equipment, the knowledge and the tools at kindergarten. That is what life education does. It goes with them incrementally through their years of schooling and they develop more interest in the subject.

The classic example, when we get around to smoking, member for Windermere, is the Bob Newhart comedy skit they use in life education. Sir Walter Raleigh returns from the provinces and he is either speaking to Elizabeth I, or whoever was controlling England, and he is trying to explain how he found this new thing called 'tobacco'. The person says, 'Well, what do you do with it?' He replied, 'You dry it out and then you crush it up and roll it up in a piece of paper'. 'Oh, that is good, what do you do then?' 'Well, you put it in your mouth.' 'And then what?' 'Then you light it'. 'Yes, then what do you do with it?' 'You breathe it in.' 'Does that not make you cough?' 'Oh, yes, sure, it makes you really cough.'

Anyway, I will get the script. Life education used that example when trying to show kids what this nicotine habit is all about. Life education helps kids during the junior years, when their peers are trying to influence them to head down a path that they should not go, at least to have the knowledge of how to make a proper decision about what the impact of this is and what it will mean for their lives. They will have been taught that in schools at that really impressionable age.

I support this motion. We need to discuss this matter. The member for Murchison who brought it forward has put some work into it. I salute that. I am happy to support the motion. I think it is

on the right track. We may not get the result that the member is after from the Government, but it is a terrific signal.

[2.49 p.m.]

Ms ARMITAGE - Mr Acting President, obviously no-one wants to see young lives lost. If there were no drug taking, it would be a wonderful world. We know that is not likely.

While I accept the member for Murchison genuinely believes drug testing will save lives, I do not believe there is any safe way to take drugs. I feel this could be seen as a way of normalising drug taking; in other words, making drug taking more normal or usual.

While I note statistics on those taking drugs changing their minds and not taking the drugs following testing, we have no statistics about people who decide to take drugs at festivals, or other places, because they believe having the pills tested makes it safer to do so and drug taking has become more normalised.

I accept the member for Murchison's motion simply requests the Government to commence the necessary steps to explore how a trial of pill testing could occur during the 2019-20 summer festival season. While this motion does not require drug testing to be instigated, it starts the process. I am concerned this sends a message to young people, or any people, that while drugs are illegal, they are condoned and accepted, particularly at music festivals. While I accept no-one is telling a person a drug is safe to take, I believe the person will infer that.

Do we really believe the person with the drug will listen to the information provided to them? It appears to be assumed they will go straight to the pill testing area before imbibing alcohol or other products - that is, that they are completely sober, without anything else in their system and willing and ready to listen to the advice provided.

I am also concerned that when someone takes a pill at a festival after testing and feeling comfortable it is free of certain contaminants, they may then become addicted, as it could be the first time - but sadly, not the last.

Unfortunately, peer pressure could encourage someone to take a pill by pointing out the pill testing, almost legitimising the use of illicit drugs. How does the tester know what the person has already taken? They may have taken medication or have medical conditions. If so, how will the drugs affect them? I assume they rely on honest responses from the person wishing the drug to be tested, but they may already be under the influence of alcohol and simply not remember or not care to say.

People may ask why would we vote against a bill that protects young lives. I do not believe it will protect young lives. Why would we support a bill that rightly or wrongly, in my opinion, makes people think it is okay to take -

Ms Forrest - It is not a bill. It's a motion.

Ms ARMITAGE - Why would we support a motion that rightly or wrongly, in my opinion, makes people think it is okay to take drugs if they have been tested and shown to be what they are supposed to be? That does not make it safe. I have carefully considered it and spoken to many people and pill testing will provide a mixed message to people. Providing pill testing, as mentioned by the member for Rosevears, has parents saying, 'I want my kids to get home safely'. There are no

guarantees that taking a pill that was tested will ensure a person gets home safely or that the pill they took will not have unintended consequences.

I am not convinced there is a safe way to take drugs. While I acknowledge the right of members to bring forward any motion, I am not convinced it is a safe way to take drugs.

I cannot support the motion.

[2.53 p.m.]

Mr GAFFNEY (Mersey) - Mr Acting President, I was not going to speak much to this motion. We have heard some good information from the members who have already spoken to this motion, but it is important that I put my thoughts on this matter on the record.

I appreciate the amount of work that has gone into putting this motion before us. It is a discussion that needs to be had.

I have received only limited feedback from the community. I am not sure about other members, but not a lot of information has come back to me, and what has, has related mainly to conversations I have started to find out how people feel. One person sent me an email -

I don't necessarily have any issues with looking into pill testing, which seems to me what the motion is about, rather than calling for the immediate roll out of pill testing. My main problem is that the motion itself makes a lot of assumptions. For example:

'pill testing services do not endorse or provide advice on the safety of illicit drug use.'

While it has been explained they do not, it is hard to imagine how somebody could, say, have a pill tested by a drug service and the person say, 'Is this pill safe?' or 'Is it dangerous?' As soon as a person gives a response, is that advice? That is what the person highlighted to me.

Ms Forrest - The pill testing professionals - the health professionals - always say the pill is not safe to take and encourage them to discard it. They always say that. That is the beauty of actually having an interaction with a health professional.

Mr GAFFNEY - So where -

Ms Forrest - It is not in the motion, but I made those comments in my contribution.

Mr GAFFNEY - Where it says pill testing is not endorsed or advice is not provided in the safety of illicit drug use, is that point (3)?

Ms Forrest - Yes, they do not endorse and do not provide advice on the safety.

Mr GAFFNEY - I see. He read that the other way.

Ms Forrest - Yes, they say it is not safe. Illicit drug taking is not safe.

Mr GAFFNEY - I am saying that the person who read this thought it was the other way, which is why he came back to me with this. Do you understand? There was confusion about the way he read it; I am highlighting that here by saying it was not as clear to him -

Ms Forrest - It does say 'do not endorse or provide advice' so it is pretty clear.

Mr GAFFNEY - 'Do not provide advice to somebody who is taking a drug' is how he has read it. I am just reporting back on that. That is fine; he will be listening to this and now he will understand.

He then went on to say -

It does make one wonder how such a trial will proceed.

The member has gone to some length this morning to talk about that. Back to the email -

It seems like one of those issues where the people who are in favour of it are pushing it at all costs, with any sense of objectivity or caution thrown away. ... As someone who's big on personal responsibility, I do not think it is the government's job to assist you in doing something that is illegal. It might be worth supporting the motion just to be open minded until we get more info, but I'm very sceptical of pill testing and I don't think I could be persuaded. As you said, just don't do drugs and you'll be fine.

I do not agree with the member for Launceston's comment that 'I do not think they will listen to advice from people'. At any sort of festival, there are signs all over the place saying 'This is the place to get pills tested because they could be dangerous for you'. Some people will ignore the warning, but some people who might be experimenting will seek help. Even if only 5 per cent of the people who walk past the sign go and get help, that is a good thing.

As the member for Murchison pointed out, statistics show that pill testing has altered some people's use of drugs and the amount they use at festivals. I think it is an awareness campaign rather more so than 'Do not do this'. It is an awareness campaign that 'Yes, this pill I have just purchased from so-and-so - I have no idea who they are or their background - could be dangerous. I need to get it checked'. If safeguards are in place to show there is no exposure to that person, that is something we should consider.

I have another constituent who wanted to know whether the cost of the testing would need to be covered by the ticket buyer. How much? 'I would rather see money spent elsewhere', they said. Has the member for Murchison costed the impact of pill testing? Who should pay? The government or the event attendee? Is it just music festivals or other festivals as well? Is it an event insurance issue? At the end of the day, do not take pills.

Of course it is a health issue. I cannot believe we do not see this as a health issue. If we are accepting it is a health issue, I see this big thing over here called 'preventative health' and I see this one over here called 'responsive health'. When somebody is sick, they go to the hospital and pump them out and put them back out on the streets. Preventative health is over here. We need to spend more in that space. I think this is a preventative health measure.

The other thing I want to make clear is risk-taking. Even though we focus on the youth because many of the people who go to the Falls and other festivals are not 17, 18, 19 or 25 - they are up their 40s, 50s and 60s. If we remember our social history, the 60- and 70-year-olds were not frightened of experimenting either. The people supplying much of these pills are not just 18-, 19- or 20-year-olds. They are well-coordinated and organised adults who seek out people who are vulnerable.

Ms Forrest - Madam Acting President, I will address the cost issues when I reply to the debate.

Mr GAFFNEY - For those who are vulnerable, should we not provide a place where they can get more information? Should we not provide some place where they can say, 'I really do want to try this. All my friends say I should try it, but there is something at the back of my head saying, "I wish I had some surety that I was going to be all right"'? 'We have had six deaths in the last 12 months at two festivals. What can I do with that?'

They might be strong enough then to go over to the van and say, 'Please test this for me. I want to know whether it is safe.' Then at least they can make a value judgment when they get the pill back, and can make a decision. If we do not have that service there, what other course of action does that young person have or any person have, even a 50-year-old who wants to try something for the first time? What other course of action will they have if we do not provide this service?

I am going to put it out there - I am not agreeing to this at the moment but I am just building up to a big finale.

Seven of the eight parts of the motion seem fine. In point (6), the member gives the Government a bit of a slap but, to the member's credit, she would have given that to either party in power. Point (4) is about the ANU report and the two trials conducted in the ACT, and we have not received that report. I will make an effort to persuade people to think about this. If we want to be part of the conversation, if Tasmania wants to be part of this, why are we not doing our fair share to get evidence to go into the country's information pool? Why are we waiting for the ACT or Queensland or New South Wales to trial this? Are we just going to feed on what they are doing - just use their information as feedback? Why are we not going on the front foot and saying, 'Let us trial this in one of our festivals, get as much information as we can so that then when we sit down around the table, the Government and whoever else has to be there - all the drug control and all the health educators - have some information based on what is happening in our place'?

At the end, if no need has been shown, we can at least sleep comfortably of a night and say, 'Well, we have done the trial. No evidence has been presented to us that this is a huge concern in our state. That is good information for us to put back to the Australian people and into the conversation.' Small rural places and regions around Australia could be saying, 'Well, we are not like Melbourne and Sydney; we do not have 30 000 people at our festival. We are lucky to get 1000 but we are a small rural area. Tasmania has done the study and this is what they have found.' Even though we are different because we are an island state, I still think we need to contribute to this discussion and be part of the discussion.

I agree we should have a trial in this state at one of our festivals as best we can so we can get information and then the Government and the people involved at that level can make a decision. At the moment it is a bit head in the sand. We are saying we should not do this because we are promoting pill taking. That is happening anyway. It is not as though we are going out there saying that. We will have a space where there will be no information about drugs. You just walk in, take something from somebody and you are on your own. As soon as that person walks past that van

and sees those professionals testing the drugs, that gives them a chance to actually do something with the pill they have purchased knowing that, yes, it might get them high, knowing that, yes, there is a certain danger. I just want to make sure that it is not one of those banned substances that could kill them. I think for the sake of our young people and our middle-aged people and our older people who just want to experience something different, it would not hurt us to have a trial at one of our festivals and see all those things we have spoken about today.

I must admit, if at the end of that it comes back and there is no evidence to suggest we should put that into our public festival space, I will not vote for it. However, if there is evidence to show some people were saved or some drugs there were not good enough or were dangerous, that is another thing we need to consider. I would be disappointed if this motion does not pass this House because we are the House of review, but we show concern for all the people in our communities who could go to that festival. Woe betide us if one day, at the next festival, there is no access to a pill testing service, we have not trialled it and somebody does get seriously hurt. I will support the motion.

[3.04 p.m.]

Mr VALENTINE (Hobart) - Madam Acting President, this a long motion. It must have taken some time to think it through. When I read it, I thought, 'Where is the harm in this?' I have to say I do not see any harm in this insofar as the motion is encouraging the Government to take certain steps. I think each one aspect of the motion is reasonable and relevant to the situation we have today.

When I was lord mayor I was chairman of the Council of Capital City Lord Mayors for one year on two occasions. They were a conservative set of lord mayors in that period and all for harm minimisation. They had experienced in their cities the problems and issues drugs create. You can ignore it, try a zero-tolerance approach or actually do something about it, and they chose to take the harm minimisation path.

We have to be realistic with what we have now. It is not only young people, as pointed out older people go to these things. I am not a drug taker; but I have been to many festivals where there were plenty of older people and I wondered whether they were on something. What we have now is no conversation except that people are talking to their peers who might also have the pills. There is likely no medical professional in that conversation.

We have no understanding as to the level of lethal substances that might be in some of those products. At any point, depending on what the drug black market is doing, they could be taking anything. We heard from the member for Murchison who talked about rat poison being in some pills. What is better? We need to consider the interaction happening in the scenario at a pill testing. We need to consider that interaction as between a person and their general practitioner. They are going for advice. Your GP does not have to reveal to the world the patient conversation; they do not, and there is some legal aspect -

Ms Forrest - They are not allowed to. It is patient confidentiality.

Mr VALENTINE - No, exactly right. With some of the legal issues raised, if we look at it from that perspective, it may reduce some of those legal aspects. This motion is calling on the Government to commence the necessary steps to explore how a trial pill testing could occur. It is not saying let us do it - it is saying let us explore it. It is a health issue but I see the real benefit of something like this is as a disrupter. We hear about disrupters and we know all about Airbnb and

Uber. If you think about it as a disrupter, there are very few opportunities to disrupt the black market.

If a person wants to have a pill tested and finds out it has some lethal substance in it or one that could do them major harm, they are not going to go back to that seller because they think 'I am not getting what I paid for'. Eventually the word gets around and that person goes out of business - they cannot sell their pills because they are simply made of garbage.

Ms Forrest - Toothpaste and gum.

Mr VALENTINE - It could be flour, rat poison or anything. The fact is that it disrupts the black market and that has to have some benefit because there is no other way to disrupt the black market. This is a perfect way to disrupt the black market. Whether you agree with these pills being provided to people or not, it will mean there is an impetus for the proper product to be in those pills, which one would expect would cause less harm. That might sound a bit odd, but it is a disrupter and we need to look at it in that way.

It presents an opportunity for a conversation. That opportunity does not exist at the moment. Peers will talk to each other, but they have an opportunity to get the pill tested and to have a conversation with a medico. The medico then will tell them what is in the pill and tell them whether it is harmful or not. They do not tell them that it is safe to take, we have heard that already. They are giving information to the person for that person to make up their own mind. When somebody realises these pills have significantly lethal components in them, they may decide not to take drugs again. You do not know what the outcome is likely to be. It is likely to be more positive than to have them take the Russian roulette approach and take the pill.

You know it is illegal to cross a white line when you are driving?

Mr Dean - No, it is not.

Mr VALENTINE - Not if you are passing a bicycle?

Mr Dean - Or passing very slow-moving machinery.

Mr VALENTINE - If it is safe to do so, but for the most part, it is illegal. That is why the white line is there, is it not?

Mr Dean - But you can cross it.

Mr VALENTINE - We will not go into that conversation, but it is illegal; it is illegal to do all sorts of things when you are driving, is it not? You cannot drive on the wrong side of the road for too long. That is illegal. Right? But what are we doing on the Midland Highway? We are putting in kilometre after kilometre after kilometre of cheese-cutter wire. Why are we doing that? To save lives. It is a fence to save lives. Let us think about this as a fence to save lives.

There are many legal issues. I agree with the member for Huon that some of those issues need to be worked through. I am sure other locations in other parts of Australia are working on that right now as they look at whether pill testing should be put in place.

In this world of caution, we need to do what we can to reduce harm. We need to cater for those people who might cross white lines illegally and hurt themselves and others. We need to put a fence around them. We need to put a fence around these people.

We either stand on our digs and hold to an ideal, or we see the danger and reduce the harm. It is as simple as that.

I do not see anything in this motion that I take any great offence to or have a problem with. I am comforted by the support in point (5) of the motion. There are some significant organisations that support pill testing because they know it is the best way to reduce harm in our community. That is not condoning drug taking; it is like putting fences up on a highway. It is putting a fence around people so they cannot harm themselves, or at least reduce the harm.

Ms Forrest - It will not stop people having accidents or injuring themselves, but it does prevent them dying.

Mr VALENTINE - That is right. Primarily it is a health issue. We can pretend it is not our responsibility or we can save lives. I believe that supporting this motion will save lives if the Government does what this motion is asking it to do. Many in the community, certainly in my electorate, would want us to do this for the sake of those people. They might be in an inebriated state and thinking about taking a pill. If they are at that testing bench, they are there to find out whether it is harmful or whether it is not.

Ms Forrest - And they will be told it is.

Mr VALENTINE - And they will be told it is. I know the answer. If I were voting on this, I would be supporting it.

[3.15 p.m.]

Ms LOVELL (Rumney) - Mr Acting President, Labor will not support this motion. That will come as a disappointment and perhaps a surprise to some people. I will explain our reasons today.

Labor has been engaging with stakeholders on this matter. What we have heard is that no-one wants hours of debate on this matter in parliament. They want action. Labor has been engaging with the community and we are hearing that they do not want hours of debate on this matter in the parliament either. Many in the community would prefer the parliament to be focused on issues that are of greater importance to more people, such as health, housing, jobs and cost of living. I am not suggesting this issue is not important or is not important to some members of the community, but this is the feedback we are hearing. What is clear is that the public debate on this issue is still evolving.

Mr Acting President, the only way to achieve the outcome supporters of pill testing want is for the Government to lead on this issue. This motion will not make pill testing trials any more or less likely to be introduced in Tasmania. That power rests solely with the Government. It will not work if they are backed into a corner. It will not work if they are forced into a position. On this they cannot be forced into a position. Legislative change will not compel the Government to act. Motions in the parliament will not compel the Government to act. Not one of us here today can compel the Government to act on this issue.

Labor has made its position on pill testing clear. We support harm minimisation measures and recognise that substance use is a health issue and should be addressed as such. I have personally had conversations with experts and proponents of pill testing, including Pill Testing Australia and the Alcohol, Tobacco and other Drugs Council. I will continue to do so. Labor will continue to engage in these conversations with the experts, with stakeholders and with the community on this issue. We will review the recommendations of the coronial inquest into deaths at music festivals in New South Wales. We are monitoring the evaluations of trials conducted in the ACT.

I understand people are frustrated that here is something the Government could be looking at that might make our young people safer. I understand that supporters of pill testing want a different outcome, but the situation right now is that the only people who can make this happen are not sitting in the Legislative Council. The Labor Party cannot make this happen. It is the Government. The Minister for Mental Health and Wellbeing, the Minister for Police, Fire and Emergency Management and the Premier. If anyone wants leadership on this issue, they should be looking to the Premier. If people want action, they should be looking to the ministers. This Government has so far steadfastly refused to engage on this issue. It has refused to look at the trials, to speak to the experts, to even have the conversation. The Leader has indicated today that this approach may be changing. I sincerely hope it is.

Any frustration at lack of action should be directed at the Government. That is why we are debating the issue now. That is why the member for Murchison has felt it necessary to bring on this motion today. The ball is in the Government's court on this issue. There is nobody to blame but them for lack of action on this matter. This motion will not make pill testing trials any more or less likely to be introduced in Tasmania. Therefore Labor will not be supporting the motion.

[3.19 p.m.]

Ms WEBB (Nelson) - Mr Acting President, I welcome the motion presented by the member for Murchison on the issue of pill testing at festivals and music events in Tasmania. Given the member's experience as a healthcare professional in this state, I appreciate her suitability for raising this issue. I recognise the member for Murchison and other members have spoken at great length to it already. I particularly wish to speak in support of a number of points within the member's motion.

This motion acknowledges an achievable and evidence-based health service focused on harm minimisation in the complex area of drug use in the community. Each year, young Australian men and women require treatment in hospital or, in fact, lose their lives as a result of drug taking at festivals across Australia, and each year the chorus of voices calling for greater action grows.

These are not only the voices of grieving family members - although we should be listening to them. They are the voices of a whole range of others who question whether more could be done. It includes medical bodies like the Australian Medical Association, the Australian Nursing and Midwifery Federation and the Royal Australasian College of Physicians, among many others, many of which are listed in the motion. These are voices that cannot, and should not, be ignored. We know what unites them: it is the goal of stopping young people dying at places of celebration.

To date, in this country we have focused primarily on a criminal justice law enforcement response in relation to the presence of drugs at music festivals. A law enforcement response does have some impact in removing drugs from these events. However, no single approach can achieve a perfect outcome, and the law enforcement approach itself holds some dangers. For example, it has been suggested that the presence of police and sniffer dogs can precipitate the dangerous, rapid

ingestion of drugs by young people to avoid being caught. They see the police, panic and take all their drugs at once, which is highly dangerous and has resulted in medical emergencies.

Even given this unintended, unsafe impact, few would argue that we should cease our law enforcement efforts and responses. However, we must recognise that the law enforcement response is failing to fully protect our young people from harm. We are faced with a choice: stick to the same methods, the same level of success and accept the injuries and deaths that occur, or put in place additional strategies to complement the existing approach and stop some young lives being lost unnecessarily. Today, the member for Murchison has prompted us to consider just such a strategy.

Pill testing does not promise to be a complete solution either. However, we know there is growing evidence nationally and internationally that pill testing is being used successfully as a harm reduction strategy. It is saving lives. Most recently in our own region, we have seen it introduced in New Zealand as a response alongside law enforcement. I suggest that those who value a tough on drugs approach should welcome the addition of pill testing with open arms as a further measure - alongside police presence and sniffer dogs - to effectively get more drugs out of the hands of young people. This is precisely what the evidence tells us is achieved by implementing pill testing sites at festivals. Up to two-thirds of young people using the service dispose of their drugs.

Far from being a soft option, the addition of this measure would be a demonstration of a strong, proactive approach to combat the impact and harm caused by drugs in our community, which is why, I believe, the police forces of many other jurisdictions have been prepared to work with the implementation of pill testing. They see it as a complement to their work.

I would go so far as to suggest that given the evidence we have as to the efficacy of pill testing in reducing drug taking by festival patrons and promoting more considered choices, to neglect to at least explore the option or trial an option in our jurisdiction demonstrates an unacceptably soft on drugs approach from our state Government and opposition.

The Australian Government has acknowledged the importance of harm reduction because it forms one of the three pillars of the National Drug Strategy. In already funding safer injecting practices and education programs about illicit drug use, the Government is demonstrating that it understands the important role of harm reduction and its willingness to use a health approach to combat the impact of drug use.

Practices such as safer injecting spaces and needle exchanges are well accepted, and we can see a significant and growing evidence-base that positions pill testing, similarly, as an effective tool to reduce harm and protect lives.

Evidence on pill testing points to a range of potential benefits, from changing the behaviour of first-time users to providing young people with personal, one-to-one discussions with qualified health professionals; from capturing long-term data on what substances are present in drugs, even to providing an early warning system at festivals if a dangerous substance is detected.

Ultimately, though, we have the potential to save lives. In a media article in the *Advocate*, the president of the Tasmanian branch of the Australian Medical Association, which supports pill testing, is quoted as saying -

While we don't condone the use of recreational drugs, if pill testing can save lives of young people about to engage in risky drug taking behaviour, then it will have served its purpose.

This is an important point. None of those calling for this approach is endorsing drug use or saying it is safe in any way. They are simply acknowledging that more should, and can, be done to try to save the lives of Tasmanian young people.

Pill testing does not claim to provide a safe way to take drugs, such as the member for Launceston asserted, rather it guarantees that a conversation will occur that focuses specifically on the fact that illicit drug use is unsafe and it will provide an appropriate opportunity to choose not to engage in it.

The reality is that young people from all backgrounds do engage in risky drug taking. In our current culture, music festivals are a particular environment in which that occurs. It is normalised. It is socialised as normal for many young people. I note that the member for Launceston has concerns about normalisation. I am afraid to tell her that this horse has bolted and the zero-tolerance approach we have had in place has failed as a single measure to combat it.

For many young people intending to take drugs at a music festival, the personal encounter with a trained health professional in a pill testing tent is likely to be the only time they are given one-to-one medical advice on the dangers of drug taking. They receive clear information on the dangers associated with drug taking, encouragement to dispose of their drugs - regardless of the result of the testing - and a safe disposal method.

This mechanism has particular value as an antidote to peer pressure that is often felt by young people in relation to drug taking at these events. The opportunity to present at a pill testing tent, go through the process and have a face-saving way of choosing to not take drugs is especially helpful to those young people who may have felt pressured towards taking drugs but unsure or unhappy about doing so.

Information is also provided on what to do in the case of an emergency in relation to drug taking, which could have the additional benefit of equipping young people, more broadly, to respond promptly and effectively in the future to save the lives of their friends.

Some people get caught up with focusing on the specific aspect of this measure - that is, the testing process itself. This narrow focus commonly descends into arguments about what can and cannot be tested for purity or not purity - and is often accompanied by the incorrect assertion that a testing process will in some way issue a drug with a stamp of approval. This is entirely false and it misunderstands the sophistication of the measure as a total package.

It is the combination of a face-to-face interaction with a health professional personally delivering education and information, the provision of specific medical advice as to the risks of drug taking across the board, information about the likely ingredients in the drug itself and the opportunity - without punishment or embarrassment - to dispose of the drug safely. That total package results in what has been proven to be an effective intervention.

The people doing the testing do not need to know whether the person has consumed alcohol, what medications they may be taking or any other circumstances of that young person's life. The fact of the matter is they are simply testing the drug, providing information and in no cases will

they be telling the young person that it is safe to take that drug. They will not need personal information provided by the young person because they will not be issuing any kind of endorsement of safety.

Let us be clear, pill testing provides a health service to young people that have an active intention to take drugs. They have the intention and they have the drugs that they intend to take. That is the baseline from which we are working here. They have drugs and they will be taking them. Even with the limitations on the testing aspect, that being only one aspect of the process, successfully influencing any of these young people to alter their intention and make a different choice in relation to their drug taking is an improvement on our baseline. It is potentially a lifesaving one among the people accessing this service.

From that baseline of guaranteed drug taking and guaranteed risk of harm, we move to some degree of lessening of that intent to take drugs and ultimately fewer drugs being consumed - up to two-thirds on some evidence. The worst-case scenario is that someone goes through the pill testing process and chooses to do exactly what they were going to do otherwise - take drugs. Pill testing has further potential to save lives, not only of those who may present to the tent for testing but of others in attendance at the festival. If a lethal substance is detected, festival organisers are notified and a general warning to festival-goers is issued about the presence of contaminated or dangerous drugs, thereby providing many more young people with a prompt to not consume their drugs, potentially saving further lives and medical emergencies.

I agree with the points made by the member for Mersey about the presence of the pill testing tent being a public health message in itself and having a positive impact ultimately on the people who observe it, whether they engage in that or not.

To sum up the key facts I see on pill testing: Pill testing decreases drug use with evidence indicating up to two-thirds of young people who engage in the service choose to dispose of their drugs as a result of the engagement. Pill testing does not endorse drug use. It specifically discourages it in a one-to-one interaction with a trained health professional. Pill testing does not ever say drugs are safe. It always advises drugs are harmful, provides clear education about the risks involved and advice always not to take the drugs. Pill testing provides young people with a supported opportunity to choose not to take drugs. Pill testing removes drugs from the festival environment safely. Pill testing educates and equips young people to respond better to emergency situations with their peers. Pill testing can occur alongside and can complement a criminal justice response. It complements a tough on drugs approach. Pill testing takes nothing away from our current approach, but offers a great deal in additional opportunities to reduce harm.

In reviewing the evidence related to pill testing I am convinced it has merit as an effective harm reduction measure in the first instance and would contribute as an education and protective measure more generally. I do not think any of the arguments against it outweigh its apparent value; many of them are found to be ill-informed assertions, ill-formed fears or myths readily disproved. Many matters raised are not even relevant to the issue at hand, but rather scaremongering distractions about other illicit substances and the like. Many of the matters and questions raised here today would be clarified and codified in a rigorous process of a planned trial. On this matter, I find the views expressed by a substantial range of professional health bodies, academics and criminology professionals to be evidence-based and compelling. Coupled with the growing evidence base and the experience we have to draw on from implementation in other jurisdiction, I do not see credible evidence of any additional risk posed by this measure, nor that it is likely to result in unintended consequences.

Those arguing against this measure do so not on evidence or fact, but on political expediency, stubborn ideology or fears born of ignorance, none of which should stand in the way of saving young lives. I echo the sentiments of the member for Mersey - we should be stepping up and leading to engage with a trial and contribute to a local evidence base would be a salutatory effort for Tasmania. Failure to act now, to investigate the introduction of this health measure as part of our suite of responses to drug use, would henceforth make us culpable in any drug-related injuries or deaths at Tasmanian music festivals.

As a parent who has raised one child through their teenage years and has four more children in the family on the cusp of being teenagers, I, for one, never want to face the parents of a young person who has died as a result of drugs at a Tasmanian festival and have to explain to them that there was more we could have done to save their child but we did not act.

I wholeheartedly support this motion.

[3.35 p.m.]

Mr DEAN (Windermere) - Mr Acting President, I will not make a long contribution, but I have been here long enough today to realise there are many differing views in this Chamber and where we should go with this motion.

A number of different issues were raised with differing opinions on this. I am concerned that the New South Wales coronial inquiry is currently proceeding on this matter. The coroner there is inquiring into six deaths. That coronial inquiry is only part-heard, but I think when you look at some of the evidence provided, there will be some strong recommendations and findings from it. I prefer to wait on the findings of that coronial inquiry because that might give us a clear position on where we should go.

I want to protect our young people. When I spoke to the ABC some time ago after the member for Murchison had raised this issue, I said I wanted to protect youth. I now have a number of grandchildren, one who is already a teenager and others who, hopefully, will reach the teen age. They will be attending concerts, activities and functions where there will be drugs. I understand the need to protect these people from their own silly acts they get involved in from time to time.

We need to do much more work. I have some concerns, and the member for Murchison might touch on this. What liability would rest with a testing station? It does not matter what they tell the person with the pill, the fact is that person has been to a pill testing station with their pill or pills for testing. In my opinion, some liability would rest with that testing station. It has never been tested and, at this stage, no court actions have been taken. Perhaps it is too early for that to be the case.

Mr Finch - What are your thoughts on that pill testing station having a medico who is cognisant of the ingredients in pills and the things that might go wrong at festivals and for the police to call on that medico to help in a desperate, dramatic situation that might occur?

Mr DEAN - I do not disagree with the comment and do not disagree around this table but it would be good and will save lives. I do not disagree with anything said; it is simply that I do not have enough background information and evidence to go one way.

Ms Forrest - I will address that question in my reply.

Mr DEAN - At this stage, I do not have sufficient evidence and information to take a very strong position on this either way. There is certainly one part of the motion I support and have no problem with - point (7), which recognises the need for the Department of Health to prepare information and educational material outlining the community and individual health benefits of drug analysis services to educate and inform the broader Tasmanian community.

That is acceptable and what should be happening. Some evidence has already come out of the coronial inquiry. I guess others have this document from Gary Christian, the Drug Free Australia brief to the Australian Parliament. I will read two or three points from this -

Onsite pill testing was unable to identify most drugs

The pill testing technology seen yesterday by the NSW Deputy Coroner conducting the festival deaths inquest previously failed to identify a majority of pills tested in its first Canberra trial. It also cannot measure purity despite pill testing advocates falsely positioning unknown purity as a major cause of ecstasy deaths.

Drug Free Australia tendered evidence to the NSW inquest in May this year at the Coroner's request showing that the Canberra trial failed to identify 53% of the drugs sampled, according to their own written evaluation. Written advice from various Australian toxicologists included in the submission indicated that the pill testing technology used has shortcomings that lab-based equipment does not.

Dr Andrew Leibie a South Australian toxicologist, noted that the Bruker Alpha II used for onsite testing cannot provide adequate identification where three or more drugs are mixed together, and may struggle with even two. He also stated that the technology cannot measure purity. Advocates have claimed that unknown purity causes deaths despite the evidence showing that deaths are from either an allergic-like reaction to even small amounts of MDMA (ecstasy), or otherwise from MDMA being used in combination with other legal or illegal drugs.

The quote continues -

Dr John Lewis, a NSW toxicologist, has also questioned pill testing's use of only a small sample of each pill for testing. He states that testing a sample assumes that a pill has been homogeneously mixed in production. Yet pill testing advocates are the first to decry the poor manufacturing quality of illicit ecstasy pills, indicating that the practices of advocates bear no relation to their rhetoric.

That was a point I made on during the ABC interview. I am not sure how far these tests go; the member for Murchison might be able to advise me about that. Do they crush up the whole pill and test the whole fabric of the pill? My concern is that if there are other pills, are they exactly the same as the tested one?

I again quote Gary Christian, the research director for Drug Free Australia, who said -

The limitations of onsite pill testing are as great as their lack of screening for the real causes of festival deaths - allergic-like reactions to MDMA or MDMA being used with other drugs. Pill testing is not equipped to stop these deaths.

I want to make a point involving the Commissioner of Police. A number of calls were made to me after the commissioner had either made public statements or been on ABC radio saying that the police were supportive of pill testing. When I was told that, I was horrified to some degree that the police were supportive of and were backing a pill testing program.

I got the transcript of the interview on Leon Compton's show on 25 July 2019. We need to be fair to the commissioner so I will read it in. It is fairly short. Leon Compton is the presenter who is interviewing Darren Hine, Commissioner of Police. Following their morning greetings, Mr Compton says -

Let's talk about the pill testing issue. In the *Examiner* newspaper this morning: Launceston will have a vote, potentially, on the issue; at the Hobart City Council - a vote taken on Monday - supporting the idea. Where do you stand on the issue of pill testing?

Mr Hine replied -

Obviously, our main concern is the pills and whether they are legal or not. Illegal drugs are illegal drugs so that is our main aspect. We will continue to police music festivals, as we normally do. Pill testing doesn't make a drug legal, or it doesn't make it safe, so we want to continue and we will continue to police the legality of pills and drugs at music festivals.

Mr Compton then said -

You can police the legality. I mean, you already police. It is illegal to import them, it is illegal to manufacture them, it is illegal to consume them, and yet it is happening. So, in the context of that, and as a father, if you think about trying to find that mix of doing it safely, do you think pill testing can work with policing just to make things safer for people that will potentially go down that path?

Mr Hine replied -

I think you have just described it as -

- (a) it is a complex issue, and it needs a whole of government response. Obviously, our concern is, and our main priority is the law enforcement aspect. So we will continue to police the legal side of drugs. If we come across drugs, obviously we need to prosecute and seize those drugs. Our main concern is, obviously, those who are trafficking drugs. We are not so concerned about the individual users. But, if we come across those drugs, we have a legal obligation to seize them. But we know people are bringing drugs into Tasmania to make money. To make a profit at people's misery. So they are the ones that we are going to continue to target because they are not serving a community service by bringing drugs into music festivals or into the state.

Mr Compton -

Darren Hine, I think that is an idea that you would have almost a hundred percent of our listeners supporting. Let's talk about the area where there is some debate,

though. Do you think that, combining with that sort of policing effort, you could work in with a pill testing regime at festivals, if you thought it might lead to safer outcomes for the community?

Mr Hine replied -

Obviously, if a music festival organiser wants to come to us and discuss those issues, we will discuss those issues. But, again, the law is quite clear. Illegal drugs are illegal drugs. That is our main concern. If someone wants to come and chat to us about a music festival and pill testing, obviously we will chat about that.

Mr Compton -

So you would be open for that?

Mr Hine -

We will discuss any aspect of public safety and security at music festivals, or public events, as we normally do. But I still want to emphasise that illegal drugs are illegal drugs, and we have got a legal obligation to act within the law and will continue to do that.

And that ends the discussion with the commissioner on the ABC program that morning.

It is very clear. Let us be realistic: their hands are tied. Having been a copper for some 35 years, there are things that you can do and things you cannot do, and when it involves drugs of this nature, we are talking about serious drug offences or possession here. We are not talking about a bit of weed, cannabis or whatever.

Ms Forrest - It is still illegal, though.

Mr DEAN - It is illegal in that instance. In this instance, even with pills, the police aim is to try to track the traffickers and producers. Somebody will probably correct me here, I could be wrong - but if a person buys a pill or pills from a trafficker or somebody pushing them at a festival, or before they get to the festival, and they are told at the testing station, 'The drugs are bad, dangerous, you cannot take them and you need to throw them away', are the indications given to the person relative to the drug that is tested?

Ms Forrest - To what, sorry?

Mr DEAN - Are indications given to the person who owns the drug as to whether the drug is extremely dangerous, it will kill them on the spot or it is worth taking a chance? How does that work?

Ms Forrest - They never say it is worth taking the chance, ever. I will explain the process again.

Mr DEAN - No, but what is the message given? You may have already gone through this -

Ms Forrest - I will do it again when I reply.

Mr DEAN - I have been taken up on other matters, I must admit. If somebody rocks up with a pill laced with poison, and very clearly it has impurities in it and is going to kill -

Ms Forrest - Well, I have been through this, which I talked about.

Mr DEAN - Yes. Then somebody else rocks up with a pill that is simply going to give them a lift - it is going to give them a high for a time and should be safe - how do the testers differentiate in getting that message through to the owners of the pill?

Ms Forrest - They do not. They tell them that every pill is dangerous and not safe to take.

Ms Webb - They also say whether there are identified highly dangerous substances in there and if there are substances they cannot identify - correct me if I am wrong, member for Murchison - they categorise those unidentified substances as highly dangerous and that information is communicated directly to the person.

Mr DEAN - Therein lies a problem for me. If a pill is identified in a pill testing station as being extremely dangerous, very likely or highly likely to kill or cause serious ill health and hospitalisation, I would have thought the pill testing station ought to have the right to remove that pill and get rid of it immediately.

Ms Forrest - That is a different argument altogether. This is nothing to do with pill testing.

Mr DEAN - I know it is, but it comes into this and it is a question raised with me, not by many people but certainly by a couple of people. One lady said, 'If my daughter rocks up with a pill that is going to kill her, what will the testing station do with it?' I said I did not know, to be quite frank. I really do not know.

Ms Forrest - I will go through the process with you.

Mr DEAN - Yes, I have some concerns with that. Where a person buys pills, they go through the testing station and they are given all the right advice - that is, you cannot take them, they are dangerous et cetera - but they elect to take it, having been to the testing station, I suspect they are entitled to think, deep inside, that it is okay because they did not throw it away or get rid of it. That could then provide them with the confidence to go back and buy from that same person again. If they are at other concerts or activities where there are many people and crowds, they would then be likely to take that pill without any testing at all. In my opinion, it could give them that confidence. That gives a job to the traffickers and the producers. We have no place for them in this state or in this country. They are a real problem. I am between the two on this. It is too early to go down this path. I would certainly like to wait for the outcome of the coronial inquiry in New South Wales to see where it is going.

The member for Mersey made a very good point. He said we should not wait for other states. We should not depend on where other states have gone, what they have done and whether they have trialled it first. I agree, we have to be brave enough and strong enough to take some actions on our own. We have to be strong enough to set the example in some areas.

Mr Gaffney - Was there anything you agreed with from the member for Rosevears? I just wanted to clear that up.

Mr Finch - Mr Acting President, the results of the coronial inquiry could be the subject of another motion. I was all for this discussion and the debate that has gone on. I am not critical that it is here. The coronial inquiry results might give us another stanza to help us assess the whole process.

Mr DEAN - You are right. One would expect something coming out from that coronial inquiry that we, and the entire country, can all feed off.

Ms Forrest - Rest assured, I will be back with another motion - make no mistake.

Mr DEAN - Good on you.

Ms Armitage - Thank you for that surety.

Ms Forrest - I will.

Mr DEAN - Mr Acting President, it is probably a bit early to go down this path at this time. We need to get everybody onside. I would like to have had briefings on some of these points and more information. I have been working on another matter and have not had the time I would have liked to put into this. I will now wait on the outcome of the closing of the motion.

[3.58 p.m.]

Ms FORREST (Murchison) - Mr Acting President, I have quite a few notes I will refer to in answer to a number of questions and to assist members.

In the initial response I thank all members for their contributions. They are really valuable and highlight the importance of debating this motion. There has been so much misinformation in the community about this issue - what it is, how it works and what it is not.

I can count as well as the rest of you. I am not disappointed this motion is going down. I am disappointed at some of the arguments put for not supporting it, but we will come to that later. As I said in my interjection, I will return to this place with future motions on this matter as other information comes to hand, including, but not limited to, the New South Wales coroner's inquest report, the validation of the ACT trials and any other event that comes up. This is not going away. This is a matter we have a moral obligation to address. Ignorance is not bliss. Ignorance is harm. Information is power, and knowledge is what is needed here to prevent harm. If the patrons of music festivals do not have the knowledge, how can we possibly prevent the harm? If pill testing is trialled or in place it may be the only way we have to prevent or reduce harm. It is to ensure there is a last line of defence to protect our patrons against the harm.

I will go to the member for Nelson's comment, which was very well put. The current baseline is that we have a patron at a music festival or event and they have the drugs; they had them either before they came through the gate or once they came in. They already have them and they intend to take them. At that point they are, to a certain degree, committed. They may still decide not to for whatever reason, but if they have already bought them, they are already there with the intention of taking them, so you would expect that would be the most likely outcome. We are starting from a position of guaranteed risk taking and guaranteed harm. I say 'guaranteed harm' because I have

said repeatedly that Pill Testing Australia, health professionals and just about everyone else listed in this motion say repeatedly that there is no safe way to take illicit drugs. I cannot believe some members have said this motion suggests there is. How many times do I and other health professionals have to say it before it gets through? The commissioner said it; he is right too.

We start from a position of guaranteed risk taking and guaranteed harm - if they take those pills, they will be harmed. It is like me taking my medication for asthma, it has a side effect. The benefits outweigh the side effects in the case of taking my medication. I take drugs for asthma. There are side effects and they taste pretty crap, too. You deal with the side effects because the benefits outweigh the side effect or risk.

In this case, there is guaranteed harm, no question. We are starting from that baseline: at the worst if we introduce pill testing, we would have the same outcome. Guaranteed risk and guaranteed harm. We are no worse off is the absolute worst outcome, nothing changes. We know that from the evidence around the world and in the ACT. The second trial is yet to be validated as it takes a little while to validate the findings. We know the best outcome and we saw it in the ACT trial where every person with a substance identified in causing deaths in European music festivals - the very same product or component of those drugs that caused harm, death or serious injury - discarded them.

These young people do not have a death wish, they want to have a good time. They are taking the pills to have a good time. Personally, I can have a good time without that. For whatever reason they decide to take the pill. On that occasion, when this substance known to be lethal was detected, people disposed of their pills. The best outcome is there is no harm because the person decides not to take their pills. It does not mean they will not do it another time, but it means at that time there was no harm on when that service was provided. In between there is the possibility of reduced harm. We heard from the researchers that there is a reduction in the number of pills a person might take, reducing the harm. They might warn their friends.

Going to the member for Windermere's comment about the detection of a lethal substance, I will explain the whole process in a minute. The other thing that can happen as a result of that, if a lethal substance were detected in a tested pill, Pill Testing Australia can and will notify the festival organisers, who can then issue a public warning there are lethal drugs onsite. Is that not a better outcome? Even those who did not go to the pill testing station might then go to the pill testing station, or they might just think they will have a good time without the pill. It is a proactive way that has a flow-on benefit.

There are many positive aspects that reduce harm, not just for the people who front up for the pill testing but for patrons at large at the festival or those who are considering taking drugs.

I will come back to the other points you raised, but I will go through some of the comments made by members in order of their speaking.

The Government has been clear on its position. As disappointing as it is, I am just disappointed we have not heard from the new minister in charge, Mr Rockliff, on this.

Mrs Hiscutt - That was from him.

Ms FORREST - He prepared that speech?

Mrs Hiscutt - Yes, that was the Government's contribution on behalf of Mr Rockliff. I mentioned the Minister for Mental Health and Wellbeing.

Ms FORREST - That is who now has carriage of it. I am pleased to hear he has agreed to meet with Pill Testing Australia when they are down. I understand the Assistant Commissioner of Police is also meeting with Pill Testing Australia, which they have not to date. I understand that. The commissioner has a more political role. His job is to maintain that position. I respect that. The commissioner is a fine man who I know has the interests of all Tasmanians at heart.

I am pleased to also know that the assistant commissioner will be attending a briefing, as will Mr Rockliff. That is a positive step and I commend the Government. It makes it even more difficult to understand why he will not support the motion. Anyway, that is the first step along the pathway. That could be the first step you are acknowledging.

It is not clear-cut and that is why we are raising the debate. There is lots of misinformation. That is why this has been such an important debate. I hope it will put more facts out there rather than fiction.

Of course there is a law and order component. I spoke about that at length in my initial contribution. Other members did as well. Law enforcement in the illicit drug area is vital. The best way to address it is to cut it off at the source. The member for Windermere referred to traffickers, manufacturers and dealers. That is where law enforcement really needs to be targeted. The commissioner talked in the interview with Leon Compton about the importance of that. That is where his energy is focused and rightly so. One member mentioned the commissioner not wanting to be too focused on individual pill takers and criminalising individuals. He and the police service are more interested in cutting out supply. All power to them. It is a really important job. Anything we can do to get the pills out of the system in the first place is the best harm minimisation measure there is. On its own it is not working. We need to look at other measures that can assist the commissioner and his police officers in undertaking their role.

I thank the member for Windermere for reading out that interview because it clarified the context of the commissioner's comments. The Leader verballled him somewhat by just cutting it off at that one point. I think that is unfortunate. We should not be verballing the commissioner in such a way.

Mr Finch - It might have been another statement from somewhere else though.

Ms FORREST - His other statements on that same topic are that he is open to discussions with event organisers. It was taking him out of context. I think that is inappropriate.

The Leader also mentioned the trials in the ACT and that the data has not been validated in the most recent trial. That is true. I acknowledged that in my contribution. We need data from the Australian context. How better to get it than to conduct a trial in Tasmania? How else do you think we are going to get data? The member for Hobart and others spoke about that. This is the way to contribute to the data available and to contribute to the research. That is the way you will make a difference. If all the research shows it is not making any difference, of course we will not continue with it, but I think young people are the same in Australia as they are in Europe - slightly different cultures maybe but the drug and youth culture is the same the world over. Always has been, always will be, in varying degrees. The international evidence is clear that we need to do more research in this area, and the only way to do that is to participate. We are letting down our fellow Tasmanians

and visitors to the state if we do not, and I believe we have a moral obligation to do it, to protect our people.

The member for Huon talked about more trials being needed - he did say that - to increase the body of knowledge, but he was not willing to support trials here, so I am not sure how that fits. He talked about the Government voting against pill testing legislation. We do not need legislation for this and that is probably why the Government rightly voted against it in the other place. The Labor Party also voted against it. To my mind, it was a political stunt by the Greens, and it potentially did harm by trying to politicise it in such a way. You do not need legislation for this. It could be done through legislation, but it does not need to be. What we need for a trial is an agreement between the relevant parties - the police, the health professionals and others who are involved in that process. That is what is needed. To pull on a bill like they did was totally counterproductive and unfortunate. So here we are with the Labor Party refusing to support it and the Liberal Party as well, even this motion.

The member for Huon also talked about sending mixed messages. I am not sure what 'mixed messages' we are sending here because I have said repeatedly - and other members have said - and if you read the information sent to you all by the Alcohol, Tobacco and other Drugs Council, it clearly outlined the process, which I will read through. It makes it really clear that no-one is told it is safe to take illicit drugs. Everyone is told it is dangerous and there is a real risk of harm. How can that be a mixed message? Member for Huon, we have not had any deaths yet, but there for the grace of God. Surely we should not have to wait for a death before we take action. The death will most likely be the loved one of someone in Tasmania or from the mainland who may have travelled to a music festival in Tasmania.

The member for Huon then went through the impacts of pill testing, all very valid points, and then against; he talked about giving false security. I do not know how you can give false security to a patron when you tell them, 'This is not safe to take'. How is that giving them a false sense of security?

I think the member for Windermere also raised this by going back to the same dealer. Well, I think most people know that if you are dealing with dealers, you are never assured of getting the same thing twice anyway. I do not think people are that stupid, to be honest.

A lot of these pill takers, the party pill takers, are not uneducated people. They are educated, they are financially independent. They are not the typical sort of druggie we tend to think of in some respects.

Mr Dean - Traffickers and producers are.

Ms FORREST - Yes, but these people know that the people buying these party drugs are not uneducated and know there are risks. They are taking a risk in just buying them, but they also know they cannot necessarily rely on what they are told, and that is why some would present to pill testing stations.

I do not think we can justify giving a false sense of security in any way, shape or form.

To refer to the death of a young woman that was reported, if anyone goes to a pill testing facility, they are all told that it is not safe to take - 'Here is the bin, you can dispose of it'. I will go through that in a moment.

Mr Acting President, all patrons are counselled by health professionals. The member for Huon talked about the absence of a health person there. Health professionals are present and operate in the pill testing station. They do it because they care about this issue. They are registered, practising health professionals who voluntarily give their time to this service. I will get to the cost later for the member for Windermere.

If a person wished to disclose some of their underlying health conditions to the health professional, they can. I think the member for Nelson talked about this; even if they did, it does not change the advice because the reality is this pill is unsafe regardless of whether you have an underlying medical condition or not, or whether you have had alcohol or not, or whether you have taken something else or not - this is not safe to take. That is what they are told.

All the other questions raised by the member for Huon I noted in my opening comments. I know he was out of the Chamber a bit during that time so he may like to go back and revisit that because I think it is all there.

The member for Rosevears talked about the ACT evidence too and the need for that to be confirmed. Yes, I acknowledged that and there will be an opportunity to revisit it when it does occur. His main comment was around the importance of education. As I said, knowledge is power, ignorance is harmful, and I agree with those comments he made and thank him for his support.

The member for Launceston basically suggested that this motion would normalise drug use, that it would increase the risk of taking drugs and that there was an indication that people might think it was safe to take the drugs once they had them tested. I have reiterated a number of times now that people are not told that. There is no evidence to support that it increases drug use.

I want to reread the third point in the motion. It acknowledges that pill testing services do not endorse or provide advice on the safety of illicit drug use and there is no research or evidence to support the view that pill testing increases drug use. I backed up that point with research and evidence when I spoke on that point, and the member might like to revisit that to see where that evidence actually is.

When the member for Mersey started speaking, it reiterated in my mind the importance of having this debate. The questions raised by his constituents were valid and maybe it was just a misreading of the motion, but I encourage all members to share my opening comments. I know they are quite long, but share them with your constituents if they raise questions about this matter. The research is there, the facts are there; hopefully it will help them to understand and we will have a more informed public debate.

The member for Mersey raised the issue of cost, as did the member for Windermere. The costs are funded by Pill Testing Australia. There is no cost to the patrons or to the festival itself and all the staff are volunteers so there is no cost. The equipment is provided by Pill Testing Australia and while it is not as good as a laboratory in a big facility that takes a week to get a result on every component, it is very efficient and effective. It can identify 30 000 substances. If a substance is detected that they cannot identify, they look at the vibrations of the pill or the substance. If they cannot identify something in it, it is immediately tagged as being highly dangerous. It may not be, but that is the fallback position.

As the member for Mersey alluded to, this may be the last moment the person gets to hear advice before making, potentially, a lethal decision.

Mr Gaffney - Just on the pill testing and costing, you said it is covered by Pill Testing Australia?

Ms FORREST - They are a not-for-profit organisation.

Mr Gaffney - They are not-for-profit and so do they have a presence at all festivals and events?

Ms FORREST - There is not that much going on at the moment. That would be something that they would have to work through.

Mr Gaffney - But eventually you would not expect a not-for-profit to be able to cover all that. Say the state brings it in, introduces it, and it comes in, there is going to have to -

Ms FORREST - That is part of the next discussion.

Mr Gaffney - That is why we need to know. So there is no cost for them to do the trial.

Ms FORREST - No cost to the taxpayer, no cost to the festival.

Mr Gaffney - So, there is no cost to the government. They will come in and they will do the trial and then we would have a bulk of evidence - okay, thank you.

Ms FORREST - If it were introduced, that would be another discussion.

Also, the importance of adding to the body of evidence through a trial so that we know and can add to the information available, potentially identifying other substances, but certainly seeing how people react.

Mr Gaffney - I think the organisers of these festivals, which have not been raised that much, would want there to be -

Ms FORREST - Well, they do.

Mr Gaffney - They would be going, 'Hands up, please; we do not want anyone to be hurt. We want you to come and help us and enjoy the event'.

Ms FORREST - Yes, we heard that from the organisers of Dark MOFO, Party in the Paddock and Falls. They really want to engage in this from a harm prevention and minimisation approach. The member for Hobart also talked about the impact on the black market as a disrupter; I covered some of that in the evidence I read out. That is quite right.

To comment on the Labor position from the member for Rumney, it is disappointing to hear her say there are people saying we do not need hours of debate on this. This is private members' day set aside in our House to raise issues important to our constituents and to our community. It is not a waste of time. She did not say it was a waste of time; she said hours of debate are not needed, what is needed is action. Absolutely it is, but there is no action from the Government. At this stage though, it is agreeing to meet with Pill Testing Australia, which is a positive first step. To say we should not be talking about it - we had to talk about it because there are so many lies and so much misinformation. We had to have a public debate to help people understand what this is about.

There will be some sad and tragic individuals who watched all this debate; it is on the record. If constituents have questions, we can send them this debate and say this is the truth of the matter. It is very important to have these matters on the public record, it is a time set aside for us as private members to put forward a position. It does not back the Government into a corner. The member for Rumney said the motion will not compel the Government to act. That is true; it is intended not to compel the Government to act for that very reason, but it can also send a message, if it is supported by this House - which it will not be - that this House feels it is an important issue, and the Government should take a bit more action and start looking at how it might implement it. Particularly being on the front foot, as the member for Windermere alluded this, the information already before the coroner makes it pretty clear some strong recommendations will be made. We probably need to be ready to go with how we are going to manage it.

We have music festivals at the end of this year. Imagine if the coroner came out and said, 'You need to have these things in place', and we have not even thought about how we are going to do it and then we have a death at a music festival in Tasmania. The member for Windermere raised that point in so many ways. The fact is not supporting this motion could send a message to the Government that it does not matter - there is no support in the upper House for this; you end with a perverse outcome which says we do not actually need to worry about it and there is no public support. This House represents the people of Tasmania; we all represent a fifteenth of the population. To say that less than a fifteenth of the population does not support this being looked at could send a strong message to the Government that people do not care and the Legislative Council does not care.

Mr Dean - Whatever happens here is going to send a strong message anyway.

Ms FORREST - Not if the motion is not supported.

Mr Dean - I think it will still send a strong message with the discussions.

Ms FORREST - No - well, if that is the case, we should support the motion and send a stronger message to the Government that this is serious and we want them to look at it, to look at how they might introduce a trial. That is what this is about. A perverse outcome seems to be proposed here by not supporting the motion. I find it hard to understand why the Labor Party would say that. Because the Government has not acted on other things they have asked them to, why should we call them to act on this one? The Labor Party has a motion on the Notice Paper calling for the Government to act on their error of education.

Ms Lovell - I did not make that argument today.

Ms FORREST - No, but it has been in the media.

Ms Lovell - Yes, it has been in the media, but it is not the debate we put forward today. While not supporting the motion, you're saying that sends a message. Two members of the Government here have already said they will be taking the debate in its entirety back to the relevant members of the Government. We were very clear on our reasons for not supporting this motion, and I have no doubt the Government will hear those reasons.

Ms FORREST - As I said, I am happy to hear that the minister, Mr Rockliff, will be engaging in this, and he will be tired by the time he has read the whole debate. Maybe his staff will. It is important we share this information and make sure we have accurate information in the public arena on this. This is such an important issue about young people's lives that it should be above politics. We should not be politicising this matter in any way.

The member for Nelson talked about the importance of the law enforcement aspect of illicit drugs occurring alongside the health-focused approach here. I agree that the law enforcement is not fully working and we need to add additional strategies. It has been shown that the jurisdiction has changed behaviour. As I said in my contribution and shall reiterate, one of the most effective parts of pill testing is not the actual testing of the pill; it is the one-to-one interaction with the health professional, where that person can talk to the patron about the real risks and hopefully encourage them not to take it.

I mentioned the early warning systems that can be put around festivals, where nasty substances are circulating. I have acknowledged it is not a panacea in any way, shape or form. It has to be done in concert with other measures, harm-minimisation methods and law enforcement. The best law enforcement is getting rid of illicit drugs out of the system, but, unfortunately, we can't seem to do that on its own.

I just want to read this, as members asked questions that are answered by this document, which was sent by the Alcohol, Tobacco and other Drugs Council. It talks about who is doing the pill testing, and who they are and what they do. I've already read into *Hansard* how the pill testing works. I think the member from Huon might have asked 'What if they give the pill back?' They do not give the pill back; the person does not give the pill up. They provide the pill to have a scraping taken off, if it is a hard pill; if it is a capsule, they enable the drug testing service to extract a small amount from the capsule. The pill always remains in the possession of the patron. I will read from part of this just to reiterate some of the points. It is question and answer, so I will read the question and the answer -

Do the staff in the pill testing station tell a patron that a drug is safe?

Never. Pill testing is first and foremost a medical intervention that provides education and information to patrons who are considering consuming an illicit drug. All patrons are encouraged to dispose of their drugs in the amnesty bin.

So it is not taken off them, they are encouraged to dispose of it.

Can the staff in the pill testing station insist a patron discard their drugs?

No. The staff in the pill testing station are not authorised to request a patron discard their drugs. The pill testing services will also never take possession of the drugs themselves.

That addresses the member for Windermere's question about whether it is really nasty, but the person is told that it is a wholly dangerous drug, encouraged to discard it, and in the ACT circumstance, they all did.

What happens to the pills that are discarded into the amnesty bin?

The contents of the amnesty bin are collected and disposed of by ambulance staff.

What happens if a patron who has had their drug analysed chooses to consume it and has a negative reaction?

Every person who seeks to use the pill testing service signs a waiver form to confirm that they understand the purpose of the service being provided to them,

and that they waive their right to seek damages from Harm Reduction Australia if they chose to ignore the medical advice provided.

I think the member for Launceston raised this -

There is also clear legal advice that pill testing protocols are designed to reduce the likelihood of harm and it would therefore be very difficult to contend that it created or added to any harm caused.

That might answer some of the member for Windermere's comments about the liability issue -

Could the staff in the pill testing station be charged with possession of an illicit drug?

No. The staff in the pill testing station do not take possession of the drug. While they undertake an analysis of the drug, it is the patron who places the sample/scraping for the testing equipment and then disposes of sample into amnesty bin.

So it is always in the custody of the patron -

What happens if the pill testing service identifies a lethal substance?

The pill testing service staff have no legal authority to remove or confiscate the drug from the patron even if it contains a lethal substance. In this instance, the pill testing staff would warn the patron and ask them to dispose of the drug into the amnesty bin. The pill testing staff will also provide information to the festival organisers to warn patrons that there are dangerous drugs within the festival.

I think that answers a couple of members' questions on that particular point -

What happens if an unknown substance is detected?

If an 'unknown' substance is detected, this would be considered as a serious 'red flag' and the patron would be provided with a severe warning regarding the risks of consuming that drug. The pill testing staff will also provide information to the festival organisers to warn patrons that there are dangerous drugs within the festival.

Could the pill testing technology miss a dangerous substance when it analyses a drug?

Highly unlikely. The equipment used by Pill Testing Australia is the most sophisticated available in the market to use in the festival environment. Its capability was demonstrated during the ACT trial where the technology was able to even identify a European brand of toothpaste in one of the drugs tested.

If a patron had their drugs analysed and they decide to take the drug but then suffer an overdose, could the festival promoter be liable for this?

Harm Reduction Australia indemnify the festival promoters for anything that occurs within the pill testing service. Harm Reduction Australia also has their own public liability insurance specifically for the pill testing service.

This goes to the member for Windermere's question again. I think that probably answers the questions.

I encourage members to go back to this article sent by the Alcohol, Tobacco and other Drugs Council because it is a very straightforward factual description of how it works.

I think I have answered all the questions. I encourage members - those who are not intending to support the motion - to reconsider that, because it is not a motion binding the Government. It just asks it to look at what would be necessary to explore how a pill testing trial could occur.

Even in point (5), we talked about all those organisations - predominantly health-related - that support pill testing, particularly a trial of pill testing. Others have been added since, including some service providers, as I mentioned. As I think the member for Rosevears said, 'You can't actually argue with most of these points because they are statements of fact', and I backed those facts up with research when I spoke at the outset.

Having said that, if the motion is not supported, rest assured I will be back with another motion at a later time. I look forward to having some engagement with the Minister for Mental Health and Wellbeing, who has carriage of this now. I am sure he will be happy to chat to me after he has read my speech.

I encourage members to reconsider if they are not inclined to support this motion because I fear that does send a very poor message to the Government that this is not a matter that warrants attention. It is a denial of the facts as stated in the motion before us and it actually provides a perverse outcome that I do not particularly want to see.

The Council divided -

AYES 4

Mr Finch
Ms Forrest
Mr Gaffney
Ms Webb (Teller)

NOES 8

Ms Armitage
Mr Armstrong
Mr Dean
Mrs Hiscutt
Ms Howlett (Teller)
Ms Lovell
Ms Siejka
Mr Willie

Motion negatived.

MOTION

Select Committee - Traffic Congestion - Greater Hobart

[4.37 p.m.]

Mr ARMSTRONG (Huon) - Mr Acting President, I move -

That a select committee be appointed, with power to send for persons and papers, with leave to sit during any adjournment of the Council, and with leave to adjourn from place to place, to inquire into and report upon the scope, causes, strategic planning processes and future initiatives to address traffic congestion in the Greater Hobart area.

And that -

Ms Howlett;
Ms Siejka;
Mr Valentine;
Ms Webb and
the mover be of the committee

We all know traffic congestion in the Greater Hobart area is a major concern and despite endeavours to improve the situation, it seems to be getting worse. It is certainly in the top couple of issues brought to me by my constituents caught up in congestion every day and they are not the only ones suffering from the problem. We have issues on the eastern shore, in the northern suburbs and in the city itself.

There are endeavours to improve the situation. We can look at the Tasman ramps project, the improvements to the Brooker Highway intersections, the Hobart Airport roundabout and the Southern Outlet/Olinda Grove off-ramp as recent developments. There was the announcement last week of new incident response tow-trucks.

It needs to be said there are initiatives underway - for example, the construction of the fifth lane on the Southern Outlet - but that and other initiatives have been talked about for years.

Many studies have been undertaken and reports completed, most of which acknowledge the issues. We have the 2010 Hobart Inner City Development Plan that demonstrated that travel patterns were not sustainable at the time, particularly in Hobart and its surrounds. They wanted to maintain its high-value liveability. What would some of those people say today?

The economic, social, environmental and health impacts are enormous. Other studies show that if we do not respond in a timely manner, the transport system will become more susceptible to system breakdown, and congestion will be more frequent, longer-lasting and more widespread. There will be increased greenhouse gas emissions associated with the transport network. Community health impacts, including obesity, heart disease and respiratory issues, will increase. Urban blight and social fracturing will also occur because less accessibility allows further disadvantage. The economic cost could increase threefold in the next 10 years or so.

The current Government released the Hobart Transport Vision in January 2018. It suggested measures such as the efficient movement of people - for example, park-and-ride supported by express services from outer suburbs. To me, that is a no-brainer, but what are we doing to progress this? Improved passenger services, for example wi-fi across passenger transport networks; new technologies, such as real-time monitoring of traffic conditions for network management and public information; pedestrian and cycling improvements such as improving pedestrian links between ferry terminals and the CBD to avoid busy vehicle corridors; and change in land use, including an increase in inner-city residential densities. This division also included investment in infrastructure

such as facilities for a new ferry service, the northern suburbs rail corridor and the CBD transport hub. Lots of good ideas that will seemingly move us in the right direction.

Are these enough or are bigger measures needed? Should we be talking about the Plenty Link Road, or the Flagstaff Gully to East Derwent Highway road? Zero congestion is not a realistic goal but we cannot let the current situation continue or get worse. I do not know the answers but there are many people with ideas, some small and others big. I say get them all on the table and see what is out there. I suggest the answers lie in the joint responsibilities of local, state and federal governments. How they plan to work together to help solve those problems will be important. Let us see what we can do to get this facilitated.

[4.41 p.m.]

Mr VALENTINE (Hobart) - Madam Deputy President, I will support this motion. As I am mentioned as being part of the committee, I thank the member for Huon for considering me in joining this. What about the timeliness of it in terms of other action that may be taken or is being taken by the Government? The Government is committing funds to try to alleviate congestion. A bill was before this House not too long ago regarding the Greater Hobart area councils collaborating on certain matters. One of those would certainly be congestion. I do not see that as a showstopper.

To have an inquiry like this does not mean we cannot adjourn it or wait for certain outcomes from some of those actions being taken by other parties. It would be beneficial because those taking action would see somebody else is watching. I support this motion and wait to listen to other debates.

[4.43 p.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Madam Deputy President, since our Government was elected in 2014, population and jobs have increased strongly and there are now more cars on the road. We know that Tasmanians are spending too long in their cars and less time with their families, arriving later for work, school or appointments and got home late at the end of the day. We responded swiftly with our election commitment, the Greater Hobart Traffic Solution, which was widely endorsed last year. We immediately put it into action. Our first act was to take responsibility for Davey and Macquarie streets from the Hobart City Council to make real strides in reducing traffic congestion. We knew that Davey and Macquarie streets, where a number of congestion events occurred, was the missing link between the key state-managed feeder routes of the Southern Outlet, the Tasman Bridge and Tasman Highway and the Domain Highway.

With Davey and Macquarie streets now in state hands, we have moved quickly to improve the traffic flow. This began with changes to traffic light sequences at peak periods, resulting in measurable improvements.

Last week motorists saw the commencement of the next phase of our traffic incident response plan with the first of a new fleet of rapid-response tow-trucks now operating on our busier streets and highways, the first of which will be posted to the Southern Outlet near Mount Nelson and Tolmans Hill.

A further two trucks will be introduced into service on the Brooker and Domain highways, followed by the East Derwent and Tasman highways.

Last week extended tow truck hours started for the existing tow-truck and support vehicles on the Tasman Bridge, running all day between 7 a.m. and 6 p.m. instead of just the peak times.

New tow away signs were erected on the clearways of Macquarie Street. The towing of vehicles will not start until 14 October, giving motorists and residents time to get used to the new arrangements before their vehicles are towed away.

We are already planning a fifth lane on the Southern Outlet, backed by \$35 million in budget funding. A range of other initiatives under the Greater Hobart Traffic Solution are being scoped, including the Derwent River ferry service between Bellerive and Sullivans Cove, and the creation of bus priority measures on key feeder routes into the CBD. These measures are complemented by the Government's investment of \$1 million in this year's Budget to investigate alternative traffic routes through Hobart, potentially including elevated roads, tunnels, or both. This expert analysis, currently being tendered, will report back to the Government next year.

Traffic volumes on Hobart's networks have grown steadily in recent years and are expected to continue to grow with Hobart's growing economy, particularly in the outer residential locations of Sorell, Brighton and Kingston municipalities. This increase in population is increasing demand on the Greater Hobart road network during peak commuter travel times.

The morning peak traffic demands in Hobart's arterial road network is in the order of 35 000 vehicles on a typical workday. Of this, 42 per cent use the Tasman Highway, 24 per cent use the Southern Outlet, and 33 per cent use the Brooker Highway.

The Government has a strong policy position in relation to greater Hobart traffic congestion and is implementing a number of initiatives contained in the Greater Hobart Traffic Solution election policy.

We are not just focused on the city and the CBD. We know that traffic congestion is felt further out in the suburbs and regional centres. That is why the South East Traffic Solution election policy is also relevant to the work of a select committee, as that is all about getting traffic moving better to and from Midway Point, Sorell and the southern beaches.

The South East Traffic Solution policy, which contains a suite of projects on the Tasman Highway between Hobart and Sorell, plus overtaking lanes on the Arthur Highway, has attracted \$130 million in funding from the state Government and the Australian Government.

The state Government has also allocated \$30.8 million over four years in 2018-19 as part of the full \$73.575 million committed over the next six financial years - 2018-23 - to assist with managing the growing peak-hour traffic demand in the Hobart CBD and beyond.

The budget commitment of \$30.8 million for congestion mitigation projects includes numerous initiatives -

- transferring ownership of Macquarie and Davey streets and implementation of traffic flow improvements;
- implementation of a traffic incident response capability;
- bus priority measures on key routes;

- improvements to key inner transport access points;
- commencement of public consultation, planning, design and initial works for a fifth lane on the Southern Outlet;
- planning for a new underground bus transit centre; and
- further work on the northern suburbs light rail project.

The Hobart City Deal contained \$106 million towards a range of transport initiatives, including -

- \$20 million allocated to address traffic issues affecting Kingborough, including redevelopment of the Kingston bus interchange and park and ride facilities to provide for a higher volume of passengers in the future;
- \$800 000 to redevelop the Kingston bus interchange and provide for higher volumes;
- a \$750 000 feasibility study for a Hobart transit centre;
- \$7.5 million over four years for the development of a single ticketing system;
- \$2 million to progress the trial of a Derwent river ferry service;
- \$16 million for improvement to better manage the flow of traffic on Davey and Macquarie streets;
- \$21 million to implement the south-east traffic package as part of the \$130 million total cost of projects;
- \$35.5 million to progress a fifth lane on the Southern Outlet;
- \$2 million in grants to support the Greater Hobart councils to create or extend cycling routes; and
- \$300 000 over two years to support the activation of the northern suburb transit corridor.

The Government has also jointly committed with the Australian Government to the replacement of the Bridgewater Bridge. The Tasmanian Government will contribute \$115 million and the Australian Government, \$461 million.

This Government has strong plans to make life easier for Greater Hobart commuters in a busier, growing Tasmania, and we look forward to participating in this inquiry and showing how the Government is delivering on that strong plan.

Madam Deputy President, the Government supports the formation of this committee.

[4.51 p.m.]

Mr DEAN (Windermere) - Madam Deputy President, I support this inquiry. It does not matter too much what is already happening and the Leader has given us a good summation of where they

are going and the strategies they have in place. I am not sure if she mentioned that Metro now has the right to operate ferries, another addition to what is happening in and around Hobart.

This inquiry will help inform the Government and departments on what is happening around Hobart and what is needed. In a similar way to the AFL football inquiry, it will complement the other things happening, and I see that as a real benefit. We had a briefing only last week on what is happening in and around Hobart and the Huntingfield development. Nearly 500 homes will be built in that area. A reasonably sized development in that area will increase traffic flows into Hobart and therefore it is incumbent on the Government and all of us to take a close look at what we are going to do in the future.

I am not so sure a fifth lane on the Kingston to Hobart highway will do much good, because the problem is when vehicles reach Hobart and you cannot disperse them quickly enough. That is the real problem.

Mr Valentine - You can only do so much down a funnel.

Mr DEAN - You are right. If they can cut off a lot coming from the eastern shore with ferries or what-have-you -

Mr Valentine - Just get there quicker.

Mr DEAN - Yes, it may well ease up the flow through Hobart and that is the real issue. The inquiry will be a worthwhile course of action. I look forward to the inquiry finding out what is going on and what it will recommend. I support the motion.

Motion agreed to.

MOTION

Consideration and Noting - Government Administration Committee A - Acute Health Services - Final Report

[4.54 p.m.]

Mr VALENTINE (Hobart) - Madam Deputy President, I move -

That the Government Administration Committee A Final Report on Acute Health Services be considered and noted.

For many years, continuing and significant public concern has been voiced in the media around the delivery of acute health services in this state - you would have to live under a rock not to know that - particularly around the level of resourcing available and often the governance structures employed to deliver essential services for the benefit of the community.

We all rely on public health services at one time or another, and we all understand the importance of that particular sector. Political parties have regularly traded blows in the media over the source and/or causes of the problems and issues the state faces in the health arena. More often than not, the politics rises to the top and those at the coalface are bearing the less than ordinary result that can sometimes occur after the war of words subsides and action is taken.

As I have said in this Chamber on more than one occasion, I personally went through at least three restructures during the 20 years I spent with the department in the ICT section: centralising, decentralising, centralising again, depending on the wont of the government of the day. I have also said before, staff can feel like flies in a bottle being shaken up and are expected to maintain focus and direction in the individual roles they play. At the coalface of service delivery to members of the public, it is especially hard, often with high daily stress levels caused by all manner of circumstances in and through what is the public health system.

In June 2017, this was a main motivation for me to raise the prospect of an acute health services inquiry with Government Administration Committee A, among other motivations, and we think of bed block, ramping and all those other things that were in the public eye at the time. I was keen to see those at the coalface given an opportunity to have a say, to bring to light the facts concerning their day-to-day experiences and problems in the workplace as they try to do their job. From my perspective, to do this, it was important that politics be kept at arm's length, if possible.

The findings and recommendations that arose out of the inquiry had a greater chance of being placed out there and clearly viewed through an apolitical lens. I was most grateful when the Administration Committee A saw the sense in this approach and was happy to endorse it on 28 June 2017. I thank the committee very much for allowing that to happen.

I realise there have been a number of committees over the years inquiring into aspects of the health sector, not the least being the significant preventative health inquiry. Having members agree to yet another was very much appreciated, Madam Deputy President. I thank both you, as the member for Murchison, and the member for Rosevears for agreeing to join me in what has turned out to be quite a lengthy inquiry, intense at times and of some two years duration. That said, it was significantly interrupted by an election and the prorogation of parliament, which halted it for six months and required it to be re-established. In fact, the parliament was prorogued twice, and on both occasions the inquiry had to be re-established. At times the forces seemed to be against us in progressing it.

Subsequently, there were two interim reports, the first published in December 2017. It was important to make sure the content of the submissions received in hearings undertaken, together with the findings and recommendations, was released in a timely manner. It was the committee's initial desire that the second report of December 2018 be the final report. However, it was necessary for the inquiry to fully consider responses from the minister to questions on notice, which had yet to be provided at the time, along with evidence received from the minister at a later hearing and also the contents of a KPMG report that the inquiry had requested of the minister. When combined, this caused the committee to reluctantly make the decision to produce a second interim report to make sure the significant body of information we had was still relevant at the time of publishing.

I will reiterate the inquiry's terms of reference here for the record once more for those who have since joined us and for the convenience of those reading this *Hansard*.

They are -

To inquire into and report upon the resourcing of Tasmania's major hospitals to deliver acute health services, including mental health services, to the people of Tasmania, with particular reference to:

- (1) Current and projected state demand for acute health services;

- (2) Factors impacting on the capacity of each hospital to meet the current and projected demand in the provision of acute health services;
- (3) The adequacy and efficacy of current state and Commonwealth funding arrangements;
- (4) The level of engagement with the private sector in the delivery of acute health services;
- (5) The impact, extent of and factors contributing to adverse patient outcomes in the delivery of acute health services; and
- (6) Any other matters incidental thereto.

When delving into the inquiry, it is important to look at all three reports, the transcripts of evidence and the submissions provided to gain a full understanding of the inquiry and its findings and recommendations.

Let me turn briefly to the first interim report. To provide some background, the first interim report resulted from some 35 written submissions, which included seven private submissions and six days of hearings with 21 groups or individuals giving verbal evidence on those occasions. Site visits were undertaken to the four major hospitals and North West Private Hospital maternity services. In short, the report is around 45 pages in length and has eight findings and one recommendation.

I do not propose to cover those at this point as they have been dealt with before here in the Chamber and are available in the report, which is on the inquiry website. I may refer to one or two of them later. However, I will mention the single recommendation of that particular report and that was -

The Sub-Committee recommends all parties fully consider the key findings contained in this Interim Report and work collaboratively to propose, refine and implement solutions to the challenges and problems identified within the Tasmanian Health Service and the State's major hospitals.

This still stands. I am sure the community wants to see party politics take a back seat in favour of a collaborative approach in fixing the health system in this state. On that note, I must acknowledge the steps that were taken by the previous minister, Mr Ferguson, to engage with the opposition parties recently on these matters. I congratulate both Labor and the Greens for engaging with the minister at the time by attending the solutions meeting in June of this year.

Whatever the outcome of such meetings, politics must continue to be resisted in this space wherever possible. The second interim report presented on 16 November 2018 resulted from further analysis of information already received, together with new information from a further 11 submissions, because we went out and advertised for other submissions. Six of the submissions we already had were updated, three were new, and there were two private submissions at that time. They were called for after the new government was formed and the inquiry was re-established on 12 July 2018. A further six days of public hearings were conducted, with nine individuals or organisations presenting at those hearings and providing further information for the inquiry to be taken into account.

It is a significant report, having been debated in this Chamber earlier - and I am sure members remember those debates. It is 141 pages long, and contains some 70 findings across the six terms of reference with a total of eight recommendations. The final report, the subject of today's motion, deals with information received since from the minister on 17 December 2018 and 12 April 2019 in response to questions on notice and information gained from our final hearing with the minister on 16 November 2018, though sadly, not the much sought-after KPMG report.

I will not dwell on that issue, except to say that I firmly believe the contents would have been directly applicable to a number of the terms of reference of this inquiry, given it contained budget advice, according to the minister at our hearing with him on 16 November.

I will not expand further as it would not be appropriate to do so, given I have provided the submission to the production of documents inquiry and in the fullness of time we will hopefully receive some solutions to such an impasse.

With regard to the hearing on 16 November, I thank the minister for allowing that transcript to be published as it was originally scheduled as an in camera hearing. On review by the minister and at the request of the committee, it was considered to be nonconfidential and therefore publishable. Hence components of it are in the report.

If I turn to the report, in the executive summary it is stated that -

the Committee is of the view that all interested stakeholders share a primary interest in ensuring the best possible sustainable health services are delivered to the people of Tasmania.

All stakeholders, including political, consumer and health care professionals must work constructively together to address the barriers to optimal acute health care provision identified during the course of the Inquiry. This is one of the most important clarifying issues the Committee has taken from the inquiry and is the focus of committee recommendations made in this and earlier Reports.

It goes on further to state and is our first recommendation in the report -

The Committee strongly recommends a non-partisan approach be taken to address the financial, cultural and structural issues facing Tasmanian acute health service delivery. This approach must engage key stakeholders, public policy makers, consumer groups and health care professionals, to cooperatively develop a long-term strategic framework that transcends the 4 year election cycle.

I reiterate because it is so important: if we want to solve the health issues of this state in terms of the delivery of acute health services to those who need it, we really need to take that broad view. It needs to be all parties working together, and not just on a four-year cycle. We have to look at the longer term. It is not just about political parties playing ball or only about money either. It encompasses key stakeholders in the service delivery area. There is not much point trying to change the paradigm without the surgeons, administrators or frontline workers on board. It simply will not work without all of those coming together.

You say it is an ideal - well, yes, it is an ideal but there is an old saying that if you aim at nothing, you hit it, and that is exactly why it needs to be collaborative. We do not need the angst

or the argy-bargy of the political domain; we need to focus on the job at hand to get it right, to deliver the services, to reduce the stress for the workers and all sorts of aspects. If any of those groups of workers are not prepared to listen and learn and be prepared to look at a situation through different eyes and perhaps consider changing the way they operate, it will be difficult to achieve anything real and meaningful. We must achieve something real and meaningful for the sake of our community, our workers and, not least, our budget.

But achieve what, you may ask? Page 4 of the executive summary points it out and it is basically the second recommendation in the report. The emphasis is on the last word there -

A full assessment and review of the efficacy -

That is, to have a job done satisfactorily -

of current governance and clinical leadership arrangements also needs to be undertaken prior to any further structural change being made, to avoid change fatigue.

If you have been in a washing machine on the spin cycle, you will know what I mean. Workers are over it. I told you I have been through it three times at least, if not four. They want to be focused on delivering the services that are so desperately needed, but the folk we have heard from at the coalface are stretched to the limit in many cases. The work environment is becoming more like a room with a hot floor. You have to keep your feet moving, otherwise they get burnt. People need to be listened to and feel a part of the solution, not the problem. We need our workers to feel valued and be operating with less stress so they can deliver quality services in a reasonable environment. Something less than a pressure cooker would be good because that is what some of them may feel they are in at the moment, especially those in the emergency services area.

At the bottom of page 4 is our third recommendation. It reads -

The Committee also recommends that Government provide more timely, open and transparent reporting of clinical outcomes, in addition to clinical output reporting currently provided.

The idea here is to find out how we have performed in reaching the desired outcome rather than simply reporting on the metrics of what we have delivered in terms of outputs. An example, four knee operations a day may seem like a reasonable output for a surgeon, but if two of them are previous operations gone awry, the outcome is not so good.

The member for Murchison may care to expand on that but she is in the Chair. The point is the outputs produced are outcomes as a result of those outputs being put into train.

That is what we need reporting on. They are desired outcomes. We can never guess what the actual outcomes will be in any circumstance when we put outputs out there. We need to have some understanding as to what the effect has been of producing outputs x , y and z , which is what I think the member for Murchison was getting at, Madam Deputy President.

A further observation by the committee points to an important matter -

It is vital the Government provides timely and transparent reporting of the financial performance of the acute health sector to ensure early identification and response to emerging and actual challenges.

The last thing we need are surprises on the financial side of things. Transparent reporting is a must.

The executive summary comments on the Auditor-General's report affirming the terms of the findings and recommendations in that report supporting a number of ours in the various reports we have published. For the sake of *Hansard*, the title of that report is 'Performance of Tasmania's four major hospitals in the delivery of Emergency Department services'. It is a significant report and the recommendations are on page 7, for any who care to look at them; I am not going to go through all of them, but they are significant recommendations.

I will read you a couple -

THS and the DoH urgently implement a culture improvement program and initiatives with clearly defined goals, accountabilities and timeframes to:

- (a) eliminate the longstanding dysfunctional silos, attitudes and behaviours within the health system preventing sustained improvements to hospital admission, bed management and discharge practices
- (b) ensure that all THS departments and staff work collaboratively to prioritise the interests of patients by diligently supporting initiatives that seek to optimise patient flow.

There are many others. I am not going to go through them, but is a great report and underscores many things brought to light during the inquiry via the submissions made to us.

With regard to the findings of our report, I will broadly cover the ground of the findings in this report but will not mention each one individually, otherwise we will be here for some time and no doubt other members may focus on particular items.

Deficiencies in the provision of mental health services were highlighted throughout the inquiry and were the subject of a number of findings in the first interim report. It is pleasing to see that the Premier has appointed Mr Rockliff as the Minister for Mental Health and Wellbeing. That is a very pleasing outcome in the latest reshuffle.

It is an area that demands attention, given the lack of facilities that exist in the state, especially for adolescents and mothers who may be experiencing postnatal depression, as I have mentioned here before. There is only one mother baby unit in this state and it is in the south. It is in a private hospital, not in a public hospital. It is publicly available, but it is in a private hospital. A mother from the north-east or north-west, often with a newborn having issues, is forced to be taken away from her support network to be attended to. It is simply not good enough. To have a minister overseeing this area more acutely is wonderful news, provided the resources are found to support the work that needs to be done. The resources needed to provide the services must be paid attention to. Hopefully the new minister will do that.

Concerns have been expressed by clinicians over the design of the acute psychiatric ward in K Block of the Royal Hobart Hospital. It was mentioned in our previous reports. The previous Health minister, Michael Ferguson, informed the inquiry that a southern reference group has been set up, which provides an opportunity for clinicians to have an input. One can only hope this is honoured in good faith. It seemed one step removed from ideal, having a say through a third party. However, the opportunity is there. Some clinicians were concerned they did not have an

opportunity to talk about the necessary design for ideal circumstances for those suffering mental disability issues.

Other clinical positions were filled prior to this report being published, which means the Government listened. I applaud the Government for listening when it came to how the governance structures will now work. There is one overarching governance and local decision-making can occur.

They were the concerns expressed by the Australian Medical Association.

We have previously dealt with the minister's restructure to ensure local decision making becomes a reality. The committee adopted a 'wait and see approach' to see if it delivers.

The last thing that is needed is a return to the fiefdoms of old, where it becomes disjointed and unmanageable from a state perspective. This can only do one thing - drive up costs and impact on service delivery in each location.

It needs an overarching, guiding hand, but the clinicians need to be able to make local decisions and make them reasonably quickly. We just have to make sure that it does not degrade and end up becoming three or four silos.

Findings (5) to (7) point to an issue with the private hospital licensing system. The system does not guarantee advanced warning is provided when emergency departments go on bypass. It is not something they are forced to do. The private hospital might have staff to undertake work on certain days, then one or two staff ring in sick and all of a sudden they have to close their emergency department. They do not then need to ring the public hospitals to tell them they are going on bypass. Suddenly, the public hospitals find they have to cope with more people at their door. That makes it difficult to manage a public emergency department at peak times, over a weekend, for instance. It must be further negotiated to reduce the impact on public emergency departments. I think that negotiation is underway.

Further statistics were made available to the inquiry on presentations to emergency departments. Finding (10) on page 7 of the report details that presentations have increased by 8 per cent from 2014-15 to 2017-18, with a further 12 400 people presenting to emergency departments, and an extra 11 300 individuals being admitted to a ward during that period. They are significant statistics. In an already stressed system, to think it is growing to that extent is worrying.

Mr Finch - We heard about unbelievable numbers during the inquiry.

Mr VALENTINE - Certainly, we did. Significantly growing demand is a real issue apart from any underfunding problem there may be already. The inquiry found a growing and ageing population and increases in the incidence of chronic disease have contributed to the increase in presentations to emergency departments. The Government is taking steps to reduce the presentations by trialling a community rapid response service and an ambulance secondary triage service, as well as analysing data to find better ways for patients with mental health issues to access services without having to present to an ED, which is not the place to be for someone with significant mental health issues. We have to take care of our most vulnerable. It is pleasing to see the Government is attempting to address that. They need to keep their minds on it.

Bed numbers continue to be an issue; however, the Government believes the opening of the new K Block at the RHH will relieve some of the demand-related pressures. With the increase in people coming through the door at the emergency department and with the increases in people needing a hospital bed, there are deficiencies in bed numbers prior to the opening of the new block at the Royal Hobart. It may be that the new blocks at the Royal Hobart will reduce the deficit to zero and growth still has to be catered for. It will be interesting to see how that flows over time. These pressures are not going to reduce in the short term, they will increase in the near future and then we will have another deficit. Once the Royal's construction is complete, I believe there will be a further 200 or so beds, which will go a long way to addressing current deficits although it may not address future growth.

The final finding I will touch on is that an academic medical centre model is not being pursued at this time, the Government tells us. For those who may not know, there is a suggestion that all clinicians be employed through one source, that they are offered research, teaching and practice. Most surgeons coming into the system would want to have the opportunity to do a bit of research; they want the opportunity to do a bit of teaching; they want the opportunity to practise their craft. For that to occur through one avenue would be good because you would be able to populate all the needs across the state and provide those three avenues for them, making them more likely to accept positions in regional locations. That is the idea behind Dr Bryan Walpole's academic medical centre model. The Government does not see the sense in pursuing this. I think it has some merit, but I am not the one doing the hiring and the firing. Maybe they can give it some consideration and consider the benefits it might produce.

Finally, there is the North West Integrated Maternity Service Review. The committee requested a copy of the full review; however, only the executive summary and recommendations were provided. There are significant concerns about the operation of midwifery in the north-west. Should the recommendations in the review be implemented, it would alleviate some of those issues. The point is: if they are implemented. We have to keep our eyes on this. I am sure the member for Murchison would want to do that into the future.

Madam DEPUTY PRESIDENT - Very close to my heart.

Mr VALENTINE - Yes, I am sure it is, seeing as you spent a bit of time up there in practice, I believe. In your professional capacity, I am talking about - not practising.

I want to read the three recommendations again as I close off on this -

The committee recommends that:

1. The Government, through a non-partisan approach, engage all other parliamentary parties, key stakeholders, public policy makers, consumer groups and health care professionals, in the cooperative development of a long-term strategic framework that transcends the 4 year election cycle.
2. Full assessment and review of the efficacy of current governance and clinical leadership arrangements be undertaken prior to any further structural change.
3. More timely, open and transparent outcomes-focused public reporting of episodes of care, funding and financial performance regarding the acute health sector be undertaken.

Madam Deputy President, I want to close by thanking all staff involved in what has been, as I said, a two-year inquiry. I thank the members participated - your good self and the member for Rosevears. I also want to thank the minister. Although he did not come to us with the document we wanted, in the end he presented himself for scrutiny to us, which is something we are very appreciative of - in fact, not just once, it might have been on three occasions. I thank the minister for taking an interest in his portfolio in that regard.

I sincerely request that the Government look closely at the findings and recommendations of all the reports and address them accordingly.

Last, I look forward to the Government's fulsome response. I would like a good government response on this, on all the reports we have produced, however many pages they are collectively, quite a significant body of work.

I note the report.

[5.27 p.m.]

Mr FINCH (Rosevears) - Madam Deputy President, I thank the member for Hobart, the chairman of our committee, for that summation. He has covered most of the things of relevance in this motion.

I want to say how enjoyable it was for me to be involved with the member for Hobart and the member for Murchison - two people who have huge knowledge of the area in which we are functioning. It was good for me to bask in their reflected glory. They are a couple of machines.

Mr Valentine - I am not sure I agree, member for Rosevears. I think I learnt a lot during this inquiry.

Mr FINCH - They work with a great deal of efficiency and efficacy, I might point out. I knew I would get it in somewhere - even though it was elongated for reasons beyond our control in some circumstances over two years. It was a long inquiry, but, as the member pointed out, the changes that came about and the observations made about what was submitted to us are really pleasing.

We did not have to wait until the end of the report to get some semblance of understanding about what we were trying to achieve, and what people were suggesting could be achieved. What we were trying to do was taken seriously, as was what we were trying to bring to the table in respect of our investigation.

If ever a committee inquiry were urgently needed, this one into acute health services was really a major priority, considering the concern being reflected to us from the community.

However, there was one notable agreement, which you have alluded to, that was disappointing, as the committee noted -

The requested release of the KPMG Report to the Committee was protracted and frustrating to the work of the Inquiry. ...

Further -

The refusal of the Minister to provide the Committee with a copy of the KPMG Report has hampered independent scrutiny of the demand factors impacting on the health budget and has limited its capacity to fully report against the Inquiry's Terms of Reference.

That was an unsatisfactory state of affairs, and I am not sure it was entirely necessary. As you say, this is a circumstance that may be corrected in the future - or we just might need to reword the whole process of calling an inquiry, because if people can refuse to appear or present papers to an inquiry, well, it is just nonsense. It just makes a nonsense of the process, and I suppose where we place the importance of these committee inquiries is just ignored.

Hopefully, that circumstance can be scrutinised closely, and the importance of those words resonate to make sure it is agreed with and that we get the opportunity to have proper scrutiny of issues we have called inquiries for.

I found the submission by the Australasian College for Emergency Medicine significant, and I want to quote from the introduction -

The data is clear - patients in Tasmanian emergency departments are more likely to be impacted by, or experience, access block. Where access block occurs, ACEM considers it is indicative of a whole-of-hospital problem that is underpinned by systemic inefficiencies, such as a lack of inpatient resources (particularly beds and staff). A measure of this systemic inefficiency is patients spending eight hours or more waiting in the emergency department, which is highest across Tasmanian, Northern Territory and Australian Capital Territory jurisdictions. Tasmanian patients are also more likely to experience waits longer than 24 hours in emergency departments compared to other Australian jurisdictions.

That is damning on the system. So what is wrong with the Tasmanian system? To reinforce the question, I will quote from the Australasian College for Emergency Medicine's submission -

Many patients in Tasmania wait for days in the emergency department, which is not designed or resourced to provide mental health care. Emergency departments are full of physical hazards for people at risk of harm or self-harm. The lack of certainty about how long people might have to wait for a bed or a transfer, and the stimulation from noise and lights of the emergency department environment, is harmful for people experiencing mental health crisis and behavioural disturbance. The risks of violence, sedation or patients leaving without being treated also escalates the longer a patient waits.

These circumstances combine to undermine rather than support their recovery, while also placing additional demands on already stretched emergency departments.

I thought that really encapsulated much of what we heard, as the member for Hobart said. Also, I am comforted by the fact - as the Chairman is - that Jeremy Rockliff has been appointed to this position, to get more of an understanding, take control and look to where these circumstances might be supported and handled better in the future.

We are hearing more and more about young people with mental health issues, and certainly depression is a major problem. Just being a little discombobulated - there needs to be much support given to these people. It is good Jeremy Rockliff has taken this job on.

That quote I gave then alone justifies Committee A's inquiry. The findings and recommendations must be noted and acted on. As the member for Hobart did, I thank the staff who worked with us. We were a close-knit team which was really good, just the three independent members - I suppose each representing an area of the state as figureheads - that three made it quite efficient but we also had terrific staff.

We had Jenny Mannering until she left to have a baby; I thought for one minute the baby would be in high school before we finished the report. However, I am glad to say that is not the case. Jenny was terrific in the early stages of establishing this committee. Stuart Wright was superhuman in developing that understanding when he needed us to step into the breach and then guiding us through to the final stages of our report and, of course, our secretary, Julie Thompson. A great team to work with. I appreciated working on the committee with my colleagues.

I note this report.

[5.36 p.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Madam Deputy President, the Government first thanks the members of the subcommittee for their months of work on this extremely important topic. We appreciate and acknowledge the strong interest every member of the Tasmanian Parliament - and every Tasmanian for that matter - has in seeing our community served by the best possible health and hospital system.

It is clear and an indisputable fact the health system touches so many lives in our community each and every day. This was one of the key messages borne out from the various representations provided by patients, staff, stakeholders and other interested parties who contributed to this process. We thank you all for your contributions and for your efforts.

It was also clear to everybody that the staff working in our health system are world class and we are so lucky to have them. I do not think you would find a single person on the street who is not in awe of the incredible work they do and, as a government, we are committed to supporting them so they can undertake their work in the best possible environment.

The Government knows that current pressures on our health system are causing stress for staff, families and patients, but there is a plan for our future. The state Government chose to engage constructively with the subcommittee's inquiry, including providing comprehensive submissions, making appearances at hearings and answering many questions on notice with accompanying detailed data, information and analysis.

We note, and will consider, the various findings and recommendations contained in the reports of the subcommittee. I assure all members and anybody watching or reading this debate that health is a top priority for this Government.

It has been made all the more important as we try to meet the significant challenges posed by increasing demand and patient complexity, but we do not shy away from these challenges. We are determined to meet them head-on by building a better health system for our community with more staff, better processes, more beds and more capacity.

The Government has consistently shown it is prepared to respond to extra demand. We have increased health spending each and every year, now devoting a record portion of the budget to our health system. Crucially, this significant funding boost has allowed us to recruit more than 1000 FTEs of additional staff since the 2014 election.

These are not just numbers on a page. They are vital staff delivering record service levels. There are 550 FTE more nurses, 160 more doctors, 112 more allied health professionals and 92 more paramedics and ambulance dispatch officers. These staff have helped the Government to open over 130 hospital beds and delivered new initiatives designed to divert demand.

Madam Deputy President, you simply cannot do any of this without funding, which we are in a position to deliver only because of our Government's strong approach to managing the budget.

Our focus has not just been on recruiting more staff and doing more of what we have been doing. Since being elected in 2014, the Government has also embarked on a system-wide program of health governance reform. We have taken three competing area-based organisations and delivered the single statewide Tasmanian Health Service, a reform many said could not be done. The Government does not believe this is a 'set and forget' model. The first piece of legislation passed by the new parliament following the 2018 election, unanimously I might add, was the Tasmanian Health Service Act 2018, which strengthened local decision-making.

Following from these important changes, one action to come out of the Access Solutions Meeting was to review THS governance to further build on the progress that has been made and ensure our governance is working as it should. To put it simply, we want our clinicians and our workforce to be empowered to make decisions that provide the best possible care for patients and ensure our hospitals are operating effectively.

The Government took a clear plan to the 2018 election to boost services, which received the resounding endorsement of the Tasmanian community. We are committed to ensuring that the healthcare needs of Tasmanians are met through a range of measures that address short- and long-term demand. Our plan to open nearly 300 more beds over the next five years will mean vastly improved access to health care for thousands of Tasmanians every year. To do this we are progressing a significant and bold capital works program in all three regions of the state as well as among our rural and regional communities.

We are delivering the \$35 million Mersey Hospital redevelopment. We have provided \$87 million for Launceston General Hospital, including the extended Ward 4K which is being constructed as we speak. We have committed to the \$91 million stage 2 of the Royal Hobart Hospital redevelopment.

Mental health care is so important for many Tasmanians, which is why this is also a particular focus of this Government. Our \$104 million plan will deliver better mental health, including more community-based care and better access to the services people need. I was delighted to see the Deputy Premier take on this vital portfolio recently.

With respect to paramedics, just this weekend my colleague and friend, the member for Prosser, was at Dodges Ferry with some of the volunteers there. They welcomed our plan for 42 more regional paramedics, providing more access to emergency services in our rural communities and delivering more support for our extraordinary volunteers.

Needless to say, the Government is committed to building a better health system so we can meet Tasmania's needs for the future, acknowledging the demand pressures and the challenges posed by Tasmania's ageing, poorer and sicker population.

Again, I thank honourable members for their time and commitment to the work of the subcommittee. The Government will consider the findings and recommendations of the report. I note the motion.

Recognition of Visitors

Madam DEPUTY PRESIDENT - Honourable members, before the member for Hobart starts his contribution, I note in the President's Reserve a couple of guests of the member for Windermere. There is Grant, an accountant who is semi-retired, and Ruth Hoare, both from Launceston.

The member for Windemere informs me - I hope it is okay to inform people publicly - that Grant and Ruth are recently engaged and to be married shortly. They are here to learn more about how parliament works. Congratulations on the engagement and impending nuptials. It is a first visit for Ruth to the parliament and we warmly welcome her. Welcome, I hope you enjoy what you are seeing and learn a bit more about how we work.

Members - Hear, hear.

[5.44 p.m.]

Mr VALENTINE (Hobart) - Madam Deputy President, I also acknowledge Mr John Jones, who is at the back of the Chamber. I thank the members for their contributions, and the member for Rosevears for talking about the Australian College of Emergency Medicine. I support his comments absolutely in that regard.

In relation to the Leader's comments, I am sure the committee appreciates the thanks and the assurance that the Government will look at the recommendations and findings we produced over such a long time. I agree with you that we have world-class workers but, as I said before, they need world-class support in that sense.

I also acknowledge the Government's contributions and the submissions it made. I thanked the minister but neglected to talk about the Government's submissions, which were significant. I am comforted in being told that the Government sees health as a top priority. Indeed it is a top priority but it needs the funding. Yes, spending increased each year, and I acknowledge that is the case, but there is always an underspend. You can increase the funding and continue to say, yes, we are putting more and more money into it, but the fact is that if you are not putting enough in to cover a year's operations, which happens every budget, you are not doing enough. The dollar flow from the Australian Government is there and we need to use that to provide the services needed. There is no question about that in my mind.

Yes, there will be 300 more beds and I acknowledge the Government will provide those over five years but by the time the five years are up, there will still be a deficit, given the rise in conditions that Tasmanians have in their personal health and Tasmania's increasing population. If you are going to grow your population, you are going to grow your demand for health services and given what the baby boomers are going through, there is a bubble and an elevation in chronic conditions, including obesity. Those sorts of things mean we have to keep our eyes on this very specifically -

and very carefully - to make sure that whatever we do in the future, we have that in the back of our mind. This is not a problem that will go away. It is going to grow.

We need to grow the strategic direction with it and, as the Leader said, we are an ageing population, we are poorer and we are sicker. That does not thrill me as a Tasmanian and I am sure members do not want to see your fellow Tasmanians suffer interminable lengths of time to have their conditions and ailments dealt with, which is what is happening at the moment. Whatever can be done for us all working together, across the political divide in a long-term strategic manner, which is what our report is basically saying, we need to concentrate on doing.

I thank the members for their contributions.

I note the report.

Mr Finch - Before you sit down, member for Hobart, I missed a page of my notes. I wanted to say how interesting it was - the comprehensive and constructive submissions we had from the organisations that work in the hospital and the health space, and how good those submissions were in describing what was going on within the health system. They were wonderful.

Mr VALENTINE - We mentioned this in debates on the earlier reports, but I also thank the patient groups that came forward with reams of information about their experiences in the system. It is important to note their contributions. The amount of time and effort they went to in providing those were particularly picked up in our first iteration, if I can put it that way. It was really important to hear those stories and while we have not reported particularly on each of those, it built a picture about what the circumstances were out there and how well or otherwise the acute health services in our state were coping with it.

I agree with you. The submissions we received were fantastic and also those from the patient health groups that came forward with their personal submissions. I think it was wonderful that people had the courage - even those who wanted to give their submissions in camera - to come and tell their stories to add to the full picture, allowing us to report the way we did.

Motion agreed to.

ADJOURNMENT

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I move -

That the Council at its rising adjourn until 11 a.m. Wednesday 14 August 2019.

Madam Deputy President, I remind honourable members of our briefings tomorrow, which start at 9.30 a.m. in Committee Room 2. My office has sent members an updated version of what is happening tomorrow.

River Derwent Sewage Spillage

[5.51 p.m.]

Mr VALENTINE (Hobart) - Madam Deputy President, I rise on the adjournment on a matter of significant public interest, that being the sewage spillage at Macquarie Point wastewater treatment plant in Hobart.

I am sure all in this Chamber were absolutely amazed to hear that 6 megalitres of untreated sewage could escape into the River Derwent before it was detected. That is two-and-a-half Olympic swimming pools in size. That is a lot of effluent.

We were told a spill of some 4 megalitres occurred in January but that was treated unchlorinated water, a very significant difference to Sunday's event.

I realise steps have been taken to ensure it does not happen again and no doubt they are in overdrive trying to work out how it happened. But it begs the question, Madam Deputy President, as to the possibility of other treatment plants across the state lacking similar fail-safe mechanisms which allows spills of this nature to occur.

Launceston's capacity for such spills is well known, and steps have been taken there, I believe, but maybe not as quickly as some in this Chamber might want. I realise this is TasWater's jurisdiction and not a direct responsibility of government. But its environmental performance is, through the EPA, and I understand they are taking steps in this regard to investigate the event.

In the broader picture, I would have thought there needs to be an audit of sewage treatment plants across the state into the fail-safe mechanisms employed in them, and I would hope the Government can give us an assurance that something of that nature will occur as a result of the dreadful circumstances at Macquarie Point, to prevent spills like these from happening again in our cities and towns across the state.

The Council adjourned at 5.53 p.m.