

ROADSIDE DRUG TESTING

5 March 2008

The Hon. A.L. EVANS: I rise to indicate Family First's support for this motion, as introduced by the Hon. Ann Bressington. The honourable member is concerned about the accuracy of our roadside drug testing when it comes to the detection of cannabis misuse. Family First's inquiries into this matter have also raised a number of concerning issues. Here in South Australia we use two different tests, the first being Cozart RapiScan, and the second, as I understand it, being the Securetec DrugWipe Twin II test. Much of the information regarding test data is kept confidential by SAPOL, but we understand that those are the testing systems used in South Australia.

We also understand, following discussion with those in the industry, that the Cozart test is able to detect THC in a driver's saliva above 150 nanograms, and the second test (DrugWipe II) can detect THC above 30 nanograms. In the absence of official data, I am using industry figures regarding the accuracy of these tests, and I would welcome the minister's release of SAPOL-held data regarding the current testing, if that is at all possible.

In any event, both tests fall well short of internationally accepted standards for THC detection. Pennsylvania in the United States has recently specified that their drug swabbing must be able to detect THC at the level of 5 nanograms, which seems to be a common accuracy requirement in that country. Nevada recently mandated 2 nanograms, according to an industry representative consulted by Family First; yet our police have paid something of the order of \$16.5 million for swab tests which can only detect THC at levels of 30 and 150 nanograms.

The Hon. Ann Bressington states that at 150 nanograms someone would have to be 'absolutely legless' and totally incapacitated from the effects of cannabis. An article in the *Drug and Alcohol Dependence* magazine noted 'slight and selective

impairment' at levels between 2 and 5 nanograms per millilitre, with impairments becoming 'truly prominent across all performance domains' at THC concentrations between 5 and 10 nanograms per millilitre. One industry representative, Matthew Fry of Rapid Swan Holdings, who is an importer of drug swab tests, has informed me that THC levels initially spike at 1,000 to 2,000 nanograms within five minutes of consuming cannabis. The level then dramatically drops to below 150 nanograms within 30 minutes. Within an hour, the THC level is usually around 20 nanograms, a level which would not be picked up, even by the Drug Wipe 2 test. This means that, in South Australia, we can potentially have someone smoking cannabis half an hour before being swab tested, driving while under the influence of cannabis, and the test not producing a positive result.

As I understand it, we currently find about 2.2 per cent to 2.9 per cent of drivers under the influence of drugs. A recent industry study conducted in New Zealand with a 4 nanogram swab test had a staggering 16.6 per cent of 600 drivers delivering a positive result. The only distinguishing feature between our 2.9 per cent positive result and New Zealand's 16.6 per cent result was the type of test used.

It is a sad fact that 33 per cent of Australia's population admit to illicit drug use, particularly cannabis. Clearly, our current drug swab tests do not catch everyone they should, and I encourage the minister to look at other swab tests on the market when the current stocks run out. Therefore, Family First strongly supports the motion moved by the Hon. Ann Bressington.