

Agreement in Principle

Ms CARMEL TEBBUTT (Marrickville—Deputy Premier, and Minister for Health) [10.08 a.m.]: I move:

That this bill be now agreed to in principle.

I am pleased to introduce to the House the Drug Misuse and Trafficking Amendment (Medically Supervised Injecting Centre) Bill 2010. The bill provides for the removal of the trial status of the medically supervised injecting centre, which UnitingCare NSW.ACT has been operating at Darlinghurst Road, Kings Cross, Sydney, since May 2001. The bill enables the medically supervised injecting centre to continue to operate as an ongoing service for its target group of marginalised long-term drug users with significant health and social problems. This group is at high risk of drug-related death and morbidity and there is strong evidence that the centre has been successful in reaching these people.

No-one in this House condones drug use; and, as a Government, we will continue to do all in our power to discourage people from this destructive course. But we will not give up on anyone with a drug dependency problem who needs help to get his or her life back on track, and that is why we are introducing this bill. Since the centre opened in May 2001, 12,050 individuals have been assessed and registered with the centre. There have been a total of 609,177 visits by registered clients, with an average of 5,641 visits per month, with most visits made by the group of long-term, frequent drug users that the centre was intended to target. Clinical and psycho-social advice, general medical assistance and drug treatment referrals have been provided to clients on more than 51,000 occasions. While it is not possible to confirm that all those injections would have taken place in the streets without the centre, the 2007 independent evaluation of the centre estimated more than 300,000 public injections had been potentially averted.

As members would recall, the Government established the trial in response to the New South Wales Drug Summit in May 1999. I can still remember the hope and optimism of delegates at the summit, as those with divergent views came together to find better ways to deal with drug addiction and the problems it brings. Recommendation 3.15 of the summit stated:

The Government should not veto proposals from non-Government organisations for a tightly controlled trial of medically supervised injecting rooms in defined areas where there is a high prevalence of street dealing in illicit drugs...

The recommendation generated heated debate. The Government recognised that a new approach was needed to reach marginalised and long-term injecting drug users, many who had never sought treatment before. So a trial of one medically supervised injecting room at one location was commenced, bound by the following Government objectives that the centre: decrease overdose deaths, provide a gateway to treatment and counselling, reduce discarded needles and users injecting in public places, and reduce the spread of diseases like HIV and hepatitis C. The Government has made the decision to continue the Medically Supervised Injecting Centre as an ongoing program following strong evidence from numerous independent evaluations that the centre is achieving those objectives. Those evaluations were undertaken by the National Drug and Alcohol Research Centre, the National Centre in HIV Epidemiology and Clinical Research based at the University of New South Wales, SAHA International, the New South Wales Bureau of Crime Statistics and Research and, most recently, KPMG. Those organisations have made their findings publically available.

The key findings to date of the evaluations include that the centre has saved lives and avoided serious injury from drug overdose with 3,426 drug overdoses by its clients successfully managed. KPMG has said that it is reasonable to assume that a proportion of those overdose-related events would have led to serious injury or death had they occurred in another location without medical supervision and intervention. KPMG also found that the centre is helping to reduce drug overdose-related events in the Kings Cross area with ambulance call-outs to suspected opioid overdoses during the centre's opening hours decreasing by 44 per cent since the centre opened, compared with a 36 per cent decline in the rest of New South Wales. Those trends also mean significant cost savings for the health system. In fact, the economic evaluation undertaken by SAHA International in 2008 found that the centre saves the health system at least \$658,000 per annum in avoided costs. The centre has been increasingly successful in getting a marginalised group of injecting drug users to treatment with 3,871 referrals to drug dependence treatment accepted by clients since 2001.

I note that reaching this marginalised cohort is a significant achievement in itself given that 40 per cent of clients had not sought drug treatment before using the centre. This is even more remarkable given that it can take more than three years for a long-term marginalised drug addict to start to engage in the concept of treatment and rehabilitation. Most encouragingly, the more frequently a client visits the centre, the more likely they are to accept a referral to a drug treatment service. KPMG found that this demonstrates how the model employed by the centre is successful in engaging with and supporting this particularly vulnerable group of frequent injecting drug users to move towards treatment.

There is continuing evidence of improvements in public amenity in the area with the proportion of residents who

reported having observed public injecting falling from 55 per cent in 2000 to 27 per cent in 2010. The proportion of business owners who report having observed public injecting has also declined sharply from 61 per cent in 2000 to 22 per cent in 2010. There also has been a steady decline in the proportion of residents who reported seeing publically discarded syringes, from 66 per cent in 2000 to 46 per cent in 2010. A similar decline has been seen amongst business respondents, from 80 per cent in 2000 to 46 per cent in 2010. Furthermore, the number of needles and syringes collected in the Kings Cross area more than halved between 2003-04 and 2008-09, with the largest reductions in the areas immediately surrounding the centre. Overall there is strong support from the majority of residents and business operators with approximately 78 per cent of local residents agreeing with the establishment of the centre, an increase from 68 per cent in 2000. Similarly, 70 per cent of local businesses now support the centre, an increase from 58 per cent in 2000.

As part of its efforts to help reduce the spread of diseases like HIV and hepatitis C, the centre has provided vein care and safer injecting advice on more than 23,998 occasions, with 97 per cent of surveyed clients reporting that since going to the centre, they now inject more safely. The centre has also dispensed more than 300,000 needles and syringes to clients exiting the centre to minimise health risks, including the spread of blood-borne disease. The centre has saved law enforcement costs and police resources through its positive impact on public amenity in the Kings Cross area and its contribution toward reducing local crime and antisocial behaviour in Kings Cross.

There is no evidence from the Bureau of Crime Statistics and Research that the centre has had a honey-pot effect of drawing drug users and dealers to the immediate vicinity of the centre or causing any increase in local property or drug-related crime. Long-term crime trends reported by the Director of the Bureau of Crime Statistics and Research indicate that since May 2001, theft-related crime continues to decrease in Kings Cross with the most recent data indicating the lowest level since 2001. Trends in robberies have declined, possession or use and dealing or trafficking of narcotics remains stable, and possession or use and dealing or trafficking of amphetamines has also remained stable. I also highlight the view of Superintendent Tony Crandell, the Kings Cross Local Area Commander, who recently described how his officers now encounter far fewer cases of drug overdoses in the back lanes of Kings Cross since the centre started operating.

The evidence is that the number of people who visit the centre is stabilising with an average of 68 new registrations a month. The Government believes it is important to maintain the positive outcomes that have been identified to date for this marginalised group by continuing to operate the centre while at the same time striving to improve the likelihood of their accessing and remaining in drug treatment and associated social welfare support. As the Premier has said elsewhere, in an ideal world we would not need a supervised injecting centre. But this is not an ideal world and, as a Government, we have been prepared to face up to this difficult issue and develop an appropriate policy response. As many members know, legislation was introduced in 2007 which ensured a formal review of the centre would be undertaken should client attendance fall below 75 per cent of prescribed levels. We want to have in place a mechanism that might help us determine if there was continuing need for this sort of facility. Finally, I confirm that the funding for the centre's operation will continue to be sourced from confiscated proceeds of crime with no funding diverted from treatment programs.

I now turn to the specific provisions of the bill. In order to ensure that the medically supervised injecting centre can continue to operate on an on-going basis, the bill amends section 36A to remove all references to the trial status and the trial period of the centre. The amended section 36A retains the restriction that only one licence can be issued in respect of only one premises. Consequential amendments are made to other sections to remove the references to the trial status of the centre. The objectives of part 2A are clearly articulated for the first time in the amended section 36B. Those objectives are to reduce the number of deaths from drug overdoses; to provide a gateway to treatment and counselling for clients of the licensed injecting centre; to reduce the number of discarded needles and syringes and the incidence of drug injecting in public places, and to assist in reducing the spread of blood-borne diseases, such as HIV infection or hepatitis C.

As the bill removes the references to the trial status and trial period, the current section 36C, which provided for a review of the centre at the end of the trial period, has been amended. Instead, the amended section 36C now provides that there is to be a review conducted by the Minister after five years from the commencement of the bill to determine whether the policy objectives of part 2A remain valid and whether the legislative framework is appropriate for securing those objectives. In addition, the existing requirements for the responsible authorities to review the centre, including its service activity and economic viability, are retained at section 36K. It should be noted that the licensee would separately need to negotiate periodic funding and performance agreements with the department in line with required corporate governance practice. As part of this, and in keeping with all New South Wales Health treatment programs that have a substantial budget, the centre will be subject to further independent evaluation within the next four years.

Further, the Medically Supervised Injecting Centre licence will continue to be subject to conditions imposed by the Act and the responsible authorities and any failure to comply with the licence conditions may result in the revocation of the licence. In fact, the bill strengthens the grounds under which a licence can be revoked. The new section 36KA provides that the licence can be revoked if the responsible authorities are satisfied that the licence should be issued in respect of different premises; if the responsible authorities are satisfied the licence holder is not a fit and proper person, and in other prescribed circumstances. I note that no changes have been

made to the licensing requirements and internal management protocols in sections 36E-M except for a new section 36KA which, as already noted, provides additional grounds under which a licence can be revoked. No changes have been made to the exemptions from liability in sections 36N-P or machinery provisions of sections 36Q-S. The amendments to part 2A will apply to the current medically supervised injecting centre licence as provided by the amended section 36T.

The Government has developed an appropriate policy and legislative response in relation to the Medically Supervised Injecting Centre. We are not proposing to establish additional medically supervised injecting rooms in other areas. We will continue to strictly regulate and tightly control the program through the legislative framework and licensing system with the Commissioner of Police and the Director-General of New South Wales Health remaining as the responsible authorities. We will continue to closely monitor and rigorously evaluate the program to ensure its ongoing effectiveness against the Government's objectives. We will also continue to review all available research and evidence to help the Government make informed decisions about how to deal with the drug problem in line with the evidence based approach we have taken in relation to the Medically Supervised Injecting Centre.

In closing, the Government recognises the efforts of the Reverend Harry Herbert, Executive Director of UnitingCare New South Wales-Australian Capital Territory, the centre's current medical director, Dr Marianne Jauncey, and the centre's previous medical directors, Dr Ingrid van Beek—the founding medical director—and Dr Hester Wilson for their leadership and commitment to this important Drug Summit initiative. The Government also acknowledges the work of all the dedicated clinical and other staff at the centre over the past nine years. They have maintained their focus on helping a marginalised group of entrenched drug users in our society. It is their efforts that have saved lives, provided long-term users with the tools to start rebuilding their lives, and improved the quality of life in the local community at Kings Cross and made the streets of that community safer. I commend the bill to the House.