# Drug and Alcohol Treatment Amendment (Rehabilitation of Persons with Severe Substance Dependence) Bill 2012

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## DRUG AND ALCOHOL TREATMENT AMENDMENT (REHABILITATION OF PERSONS WITH SEVERE SUBSTANCE DEPENDENCE) BILL 2012

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**Bill introduced, and read a first time and ordered to be printed on motion by Reverend the Hon. Fred Nile.**

### Second Reading

**Reverend the Hon. FRED NILE** [12.15 p.m.]: I move:

> That this bill be now read a second time.

I am pleased to introduce the Drug and Alcohol Treatment Amendment (Rehabilitation of Persons with Severe Substance Dependence) Bill 2012, which I have been working on for more than five years because of my deep concern and compassion for drug addicts, to save their lives and to give them a drug-free future, a drug-free life. The purpose of this bill is to amend the Drug and Alcohol Treatment Act 2007 to further provide for both voluntary and involuntary rehabilitative care of persons with severe substance dependence, and for other purposes.

In due course, when the bill returns to this House, I will seek to refer it to General Purpose Standing Committee No. 2, chaired by the Hon. Marie Ficarra, for its detailed consideration and report on these measures and other relevant matters. I recognise that this is an innovation being introduced into drug rehabilitation programs and legislation in this State, so it needs to be seriously considered by an upper House inquiry, and I am keen for that to happen. I have no intention of trying to ram this bill through the House. All members will have an opportunity to make contributions to that inquiry when it is held.

There is no doubt that we in New South Wales face a serious problem with drug addiction. Because of problems we have almost developed a drug industry, which has become quite extensive and almost undercover. I am not criticising anyone; people have set up various programs to try to cope with the problems of individuals who have a drug addiction. One of those approaches was to introduce the needle and syringe programs, which started in 1986. That will be one of the matters that a future inquiry could consider as well because, as I said, activities under that program have grown to such an extent that 814 needle and syringe programs exist in New South Wales. That involved between 1999 and 2008 the distribution of a total of 96,509,189 needles—that is, nearly 100 million needles in New South Wales alone. Currently more than 9,650 needles are distributed every year in New South Wales.

These types of figures show that many people are involved in using various substances—mostly heroin but other drugs as well—and we have to deal with those who have a drug addiction. According to official government reports, in just one day in June 2011 there were 46,446 clients and 1,444 prescribers—government, private and pharmacies. In fact, 80 per cent of dosing points are in pharmacies in New South Wales. The main substitute drug was methadone, which was provided to 69 per cent of clients. Is this the best system that we have for drug addicts? Is methadone keeping people on another drug instead of heroin?

I am also very supportive of a program that I have been investigating in Western Australia called Fresh Start. The program's treatment is summed up by the acronym PHREE: physiology, housing, relationships, education and employment. That program in Perth, which is funded by the Western Australian Liberal Government, treats physical addictions with the use of naltrexone implants as well as other medical services in the general practitioner clinic and other areas to help the general health of patients. That is another program that could be considered by the inquiry in due course.

In 2005 my wife, Elaine, and I undertook a worldwide study of what we called the problems and solutions for the drug epidemic. We visited about 30 different countries inspecting their drug rehabilitation programs. We particularly wanted to compare the different programs in Asia so we visited China, Taiwan and places like that,

and we also went to the Middle East, Egypt, various European countries and, of course, the United States of America, although we did not want to copy what the United States of America was doing; we were trying to move away from what I would call a western society approach to see whether other nations with other cultures had more effective programs.

We were very impressed with the Swedish drug rehabilitation programs. Sweden has one of the lowest levels of drug use in the world, and this bill, I am not ashamed to say, is based on the Swedish legislation. In Sweden the program is not radical, but it has been employed there for many years now and has been very successful. The program consists of a number of stages: the addicts first come into one centre and then they go to another centre and then another centre. We visited all those centres and we also met with the drug addicts. The different aspect about the Swedish drug program is that it is coercive, not voluntary. I know that social workers in New South Wales, and indeed throughout Australia, argue that drug addicts cannot be treated with any coercive programs. They should tell that to the Swedish Government, because Sweden has been doing it.

I met with drug addicts who were going through the program. Obviously it is very difficult for the first few weeks of treatment because the clients have to go through withdrawal. For the first stage of the treatment they go to a facility that is something like a sanatorium and that is staffed by young men and women who wear white T-shirts and white slacks. It is not a prison; there are no police. They told me that with the withdrawal symptoms, which are very upsetting to the drug addict, the staff would spend all night massaging the clients to help them get through it. Their attitude is so compassionate and caring that after two weeks the drug addicts, who might not have wanted to be there in the first instance, become completely cooperative with the program and move through the various stages. The object of this bill will be to amend the Drug and Alcohol Treatment Act 2007 to further provide for the involuntary rehabilitative care of persons with severe substance dependence. The bill also will provide for voluntary rehabilitation as follows:

> (a) by providing a new option for rehabilitation, so that, instead of being detained, persons with severe substance dependence can (during a trial-period) agree to undergo out-patient treatment, including having naltrexone implanted under their skin and undergoing counselling for relapse prevention and other health issues, and

That is basically the approach of Fresh Start in Perth, Western Australia. The bill also provides:

> (b) by amending the procedure for assessing persons for involuntary treatment, including by adding to the persons who can request an assessment and to the circumstances in which a person can be involuntarily treated, and
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> (c) by amending the procedure for the detention and transportation of persons for the purposes of involuntary rehabilitative treatment and for the conduct of the subsequent treatment of those persons, and
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> (d) by adding to the rights of detained dependent persons, including their right to plan their treatment and their rights to competent and reasonable care, to legal representation and to information about these and other rights, and

I was keen for that aspect to be included in the legislation in order to protect the civil rights, human rights and privacy rights of all patients in the program. The bill then provides:

> (e) by further restricting the conduct of detained dependent persons (including by prohibiting the abuse or possession of addictive substances, including liquor or drugs, during the period of treatment), and
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> (f) by increasing the maximum time for which a person may be involuntarily detained for treatment (from 28 days to 90 days) and by removing the ability to extend that time, and
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> (g) by providing for the post-rehabilitative care of persons who were formerly detained or treated (which may involve a second detention or treatment if substance use continues), and
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> (h) by applying the Act to young people and specifying the rights of their parents or guardians.

The outline of provisions relating to schedule 1 is as follows:

> **Schedule 1 [1]** updates the objects of the Act to clarify that involuntary treatment provided under the Act is rehabilitative treatment.
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> **Schedule 1 [2]** includes in the objects of the Act the objects of facilitating post-care and assistance to dependent persons so as to help the reintegration of those persons into the workforce and society and granting the police, and the staff of treatment centres, the necessary powers to achieve that and other objects.
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> **Schedule 1 [13]** restates the procedure for assessing persons for treatment, including by inserting new provisions in proposed section 9A (3) and (4) which change the criteria that must be present before a dependence certificate can be issued so that:
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> (a) a dependency certificate may be issued if the accredited medical practitioner who assesses a person is satisfied that the care, treatment or control of the person is necessary to protect the person from harm to his or her own physical or mental health, to protect others and to remove the risk of the person committing an offence due to the person's

substance dependence (whereas, at present, the certificate may only be issued if necessary to protect the person himself or herself from serious harm), and

(b) a dependency certificate may be issued if the accredited medical practitioner who assesses a person is satisfied that the person is likely to benefit from treatment for his or her substance dependence but is unable or unwilling to participate in treatment voluntarily (whereas, at present, the certificate may be issued only if the person has refused treatment), and

(c) a dependency certificate must not be issued unless the accredited medical practitioner who assesses a person has sought the involvement of the relevant person in the process of planning and developing a personalised plan for the person's rehabilitation and treatment.

As I said at the outset, when the bill returns to the House I intend to move a motion to refer it to General Purpose Standing Committee No. 2, where it will be carefully considered and members will have an opportunity to hear from expert witnesses about the merits of the legislation. As I said, that committee will be chaired by the Hon. Marie Ficarra. The committee can either have a referral via a motion of the House or a self-referral. I will leave it to the committee to make that decision. The referral to that committee may include other matters and not be restricted simply to this bill. This may seem like a radical proposal but I do not believe it is. I invite all members of the House to keep an open mind when considering this legislation when it goes through the committee. I hope the committee recommends that the legislation proceed.

**Debate adjourned on motion by the Hon. Lynda Voltz and set down as an order of the day for a future day.**