Drug Summit Legislative Response Amendment (Trial Period Extension) Bill 2007

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Extract from NSW Legislative Council Hansard and Papers Tuesday 26 June 2007.

Second Reading

The Hon. PENNY SHARPE (Parliamentary Secretary) [9.30 p.m.], on behalf of the Hon. John Hatzistergos: I move:
That this bill be now read a second time.
As the second reading speech has already been delivered in the other place, I seek leave to have it incorporated in *Hansard*.

Leave granted.
I am pleased to bring before the House the Drug Summit Legislative Response Amendment (Trial Period Extension) Bill 2007. The bill provides for the continuation for a further four years of the trial of the Medically Supervised Injecting Centre, which commenced in Kings Cross more than six years ago, in May 2001. The bill enables the centre to continue providing a service for a group of marginalised long-term drug users with significant health and social problems who have either failed drug treatment or never sought it before. A further trial period will also enable a longer-term evidence base to be established as to the effectiveness of the centre. This is of particular importance, given the long-term drug use of its client group and will inform any future decisions on permanency of the centre.

Members will be aware that the Medically Supervised Injecting Centre arose from the 1999 New South Wales Drug Summit, which called for the trial of this sort of facility in an area of high drug use. It is clear from the independent and final evaluation report released today by the National Centre in HIV Epidemiology and Clinical Research at the University of New South Wales that the trial of this facility has clearly met the Government's objectives to decrease overdose deaths, provide a gateway to treatment, reduce discarded needles and drug users injecting in public places, and help reduce the spread of diseases such as HIV and hepatitis C.

The report states that the evidence shows the centre has provided a service that reduces the impact of overdose-related events and other health consequences of injecting drug use, reduces public injecting and community visibility of injecting drug use, provides access to drug treatment and other services to highly socially marginalised people and has not led to an increase in crime or social disturbance in its immediate vicinity. In addition, on 21 December 2006, the Director of the Bureau of Crime Statistics and Research reported that there is no evidence that the centre has had an adverse impact on drug-related crime. It is clear also from this independent evidence that without the centre and its services this group of drug users would be at extreme risk of drug-related death and morbidity.

The centre has managed more than 2,100 drug overdoses without death or serious brain or vital organ damage; made more than 2,800 referrals to drug treatment and more than 3,400 referrals to health or social welfare services; helped reduce the spread of diseases such as HIV and hepatitis C, with advice on safe injecting practices provided on more than 21,700 occasions; and distributed more than 205,000 needles and syringes. I am sure I do not have to remind members of the great cost and burden such adverse outcomes would have for the individuals involved, their families, the community and services in increased policing and health system costs, and diminished public amenity in the Kings Cross area.

As members would know, there were significant local business concerns amongst some operators when the trial was being developed. They were concerned about the possible adverse impact of such a facility in Kings Cross. I am pleased to report that the independent evaluator has also found that since the trial started the support of local business for the centre has increased. In fact, there is now, to quote the evaluator, "high and sustained" support from the majority of business operators, with support now at about 68 per cent. In addition, since the centre opened in May 2001 9,778 individuals have been assessed and registered with the centre; there has been a total of 391,170 visits by registered clients, with approximately 6,500 visits in April 2007; and 113 in every 1,000 visits have resulted in provision of health care, medical and social services by centre staff on a total of 44,082 occasions.

Residents and business operators in local areas have reported that there are fewer discarded syringes and less public injecting. Between January 2000 and January 2007 there was a 48 per cent decrease in needles and syringes collected within 500 metres of the centre. The Government believes it is crucial to maintaining 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 their likelihood of accessing and remaining in drug treatment and associated social welfare support. These good outcomes are confirmed in the report on the statutory review into the centre and its legislation required under section 36B of the Drug Misuse and Trafficking Act.

The report concludes that the centre is operating well, that it is conducted to an appropriate standard and is regulated and monitored to a high degree, as is appropriate for a service of this nature. I remind members that the Medically Supervised Injecting Centre is just one component of the Government's comprehensive response to the complex problems of drug abuse in our society. Law enforcement continues to be our first line of defence in the war on drugs. As just one example, in 2006 New South Wales police laid more than 20,000 drug-related charges. Almost 1,000 of them related to heroin.

Education and early intervention is our second line of defence. Since the 1999 Drug Summit the Government has invested more than $406 million in two dedicated drug budgets on a range of anti-drug initiatives across the areas of treatment, education, prevention and law enforcement. The third line of defence is harm minimisation. Programs such as the Medically Supervised Injecting Centre and the needle and syringe exchange program are both reducing disease and saving lives. While demand remains we will provide these services but we would like nothing better than for demand to decrease. That is why the bill will include, for the first time, a threshold for client attendance levels. If client attendance falls below 75 per cent of

current daily levels, a formal review of the need for the centre will be triggered.
I turn now to the provisions in the bill. The bill amends the Drug Misuse and Trafficking Act 1985. Part 2A of the Act currently permits the operation and use, under licence, of a single medically supervised injecting centre but restricts the period during which such a licence can have effect to a trial period to conclude on 31 October 2007. The primary amendment in the bill is to change the period during which such a licence can have effect to a trial period to conclude on 31 October 2011, under section 36A. The provisions allowing only a single centre and single licence will not change. The Government recognises that the programs should be subject to continued review, not least to ensure that it is meeting its medical objectives. To this end, section 36B will be amended to provide for ongoing review of the centre. This will include review of the relevant provisions of the Act and review for the purposes of medical and scientific research into the treatment of drug addiction.
The Government is also mindful to ensure accountability for public moneys provided to operate the centre and to ensure it remains financially viable. To this end, the bill also includes provision, in new section 36K (2), to enable the regulations under the Act to prescribe a level of service activity for the centre. Schedule 2 to the bill amends the Drug Misuse and Trafficking Regulation 2006 to set the level of service activity as 208 client visits per day averaged over any one-month period. This figure is based on the average client visit levels reported over the last four years of the operation of the centre in the review report.
As I mentioned earlier, amendments to section 36K will require the responsible authorities to conduct a specific review of the viability of the centre if service levels fall below 75 per cent of this figure. If, after such a review, the responsible authorities consider there is no longer a need for the centre, or it is no longer economically viable, the authorities will be entitled to revoke the licence. The Government has taken a cautious approach with this initiative and it will continue to do so. We will continue to strictly regulate and tightly control the program by retaining the existing legislative framework and licensing system with the Commissioner of Police and Director General of NSW 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 continue to review all available research and evidence to help the Government make informed decisions about how to deal with the drug problem. Research as to the medical and scientific effectiveness of the centre will also provide information critical to support such decision-making. In closing, the Government would like to recognise the efforts of Reverend Harry Herbert and Uniting Care as well as the director of the centre, Dr Ingrid van Beek, and all the dedicated staff at the centre over the past six years. I commend the bill to the House.