

DRUG AND ALCOHOL TREATMENT AMENDMENT (REHABILITATION OF PERSONS WITH SEVERE SUBSTANCE DEPENDENCE) BILL 2015

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 [12.22 p.m.]: I move: That this bill be now read a second time.

I am pleased to have this opportunity to introduce this bill at what I regard as a crucial time in the history of this State and nation. I was reminded of this when I looked at the front page of the Sunday Telegraph of 23 August 2015 which has a large coloured photograph and the following statement:

Three guards, one cop, one ambo, four medicos, one raging drug addict. How ice is turning EVERY town into a war zone.

Members would also be aware of the statement by Senator Jacqui Lambie in the Federal Parliament. We were all surprised because often parents do not speak about their children in this way, but the situation was so desperate she believed she had no other option. Senator Lambie issued a desperate plea for action on Australia's ice epidemic, saying she was driven to do so by an overwhelming sense of powerlessness and a desperate desire to help her son. Senator Lambie said she hopes her 21-year-old son's battle will mobilise support for new laws to give parents the power to force their children into drug treatment. Since that revelation she has had a flood of calls from fellow senators pledging support for involuntary detoxification laws.

Her cry as a mother had a big impact on me. I thought that even though it is difficult to get bills through this place I would have another go with the Drug and Alcohol Treatment Amendment (Rehabilitation of Persons with Severe Substance Dependence) Bill 2015 because I believe the climate is now right and that members at both Federal and State levels understand the seriousness and necessity for involuntary drug rehabilitation programs. Members might also remember the recent report concerning Grammy award winner Amy Winehouse, who said:

They tried to make me go to rehab but I said, 'No, no, no.'"

Amy Winehouse died of alcohol poisoning at the tender age of 27. If this bill had existed at that time it is probable that Amy would be still writing award-winning songs. I am pleased to introduce this bill. Members know that I have been working on it for more than eight 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 the 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.

As members know, alcohol is no longer the greatest threat. Now, ice has been called the most dangerous and destructive drug of our time. Ice, along with speed and base, is a form of the potent stimulant drug methamphetamine. Also referred to as shabu, crystal, crystal meth or d-meth, ice is the purest and most potent form of methamphetamine. It comes as a powder or crystals that are usually snorted, injected or smoked. Amongst methamphetamine users, the use of ice has more than doubled, from 22 per cent to 50 per cent between 2010 and 2013. The more shocking development is the association of ice with violence and often the inability of ambulance officers and others to control the person under the influence of ice. They have almost supernatural strength through the impact of the

drug on them. On 31 March 2015 New South Wales Commissioner of Police, Andrew Scipione, wrote:

The ice epidemic could bring Australia to its knees ...

If we don't adequately address this problem, it's not an overstatement to say that it could bring us to our knees as a nation.

This monster could steal everything we as Australians cherish so very much and it could be taken from right under our noses ...

We, the community, need to be united and together defeat this insidious poison and those that peddle this substance of misery.

As members of this House we must act in response to that cry for action. The latest figures from the National Drug Survey, as stated by Nicole Lee, an Associate Professor at the National Centre for Education and Training on Addiction at Flinders University, suggest that 2 per cent of Australians use methamphetamine. About half of those who use methamphetamines say they prefer to take ice. According to Professor Lee, the number of people using ice has doubled since the last survey. The effects of ice usually last between four and 12 hours, although methamphetamine can be detected in blood and urine for up to 72 hours. All drugs have the potential for dependence. In 2013-14, 40 per cent of treatment in Australia was for alcohol, 24 per cent for cannabis, 14 per cent for methamphetamine and 7 for heroin. Compared to some other drugs it has moderate dependence potential. The rate of dependence among users is probably similar to cannabis.

However, because of the significant brain changes from the use of ice, once someone becomes dependent they often find it difficult to get off it. We do not know who will become dependent and who will not. Professor Lee and her colleagues who have done research in this area found that there was a year between when people started using ice regularly, weekly or more than weekly and when they started experiencing problems, including dependence. However, it is hard to predict who will become dependent and who will not, and once someone is dependent it is quite hard to get them off it because of its effects on their brain. It is those users who typically turn up in emergency departments and pose a challenge to medical staff. Dr David Caldicott, an emergency consultant at the Calvary Hospital in Canberra said:

This is because they are often dealing with [ice] ... "double-whammy" of physical as well as psychological effects, he says.

For instance a user could present to emergency with stroke like symptoms but be severely agitated and aggressive.

"It's kind of a Benjamin Button type drug so... [you could] see a stroke or aortic dissection in someone using ice in their 20s or 30s," he says.

Almost one quarter of regular methamphetamine users will experience a symptom of psychosis in any given year ...

It takes between 10 to 14 days to physically detox from [ice] ... almost twice as long as many other drugs. After an acute withdrawal period, there's a more chronic withdrawal period that may take 12 to 18 months.

We have all read the reports of the impact of the new drug ice. It seems everyone acknowledges that it is a drug such that we have never seen before. Ice is a drug that affects people like no other, leaving them unable to help themselves, and those who love them are powerless to intervene, as outlined by Senator Jacqui Lambie. I congratulate the New South Wales Government on pouring approximately \$7 million into opening dedicated ice clinics across the State. As members know, I have had an interest in this subject for many years. In 2005 my late wife, Elaine, and I undertook a Commonwealth Parliamentary Association [CPA] 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 similar places, 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.

The program in Sweden is not radical, but it has been employed for many years now and has been very successful. My late wife and I inspected the three stages of the Swedish program where addicts were accommodated in various centres according to their progression through the rehabilitation treatment. The program consists of a number of stages: the addicts first come into one centre and then they go to another centre and then to another. We visited all of those centres and we also met with the drug addicts. The Swedish drug program is coercive; it is 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 successfully.

I was amazed when I met with drug addicts in the first few weeks of the coercive program: They were resistant and unhappy. But as the effect of the drug wears off they realise that the program is for their benefit. I observed a remarkable change in attitude from drug addicts in the program from resistance to passiveness and then to co-operation. Obviously it is very difficult during the first few weeks of treatment because the clients have to go through withdrawal. For the first stage of the treatment they are in a facility that is something like a sanatorium, 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 during the withdrawal phase, when symptoms 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 and move through the various stages of the program. I believe the Swedish Government has shown New South Wales the way forward. I implore the House to support this drug and alcohol treatment amendment bill to further tackle the problem where it counts, to help people who cannot help themselves, and to empower those who care for those who are addicted to ice. The bill will amend the Drug and Alcohol Treatment Act 2007 to further provide for the involuntary rehabilitative care of persons with severe substance dependence. The main objects of the bill provide for the involuntary rehabilitative care of persons with severe substance dependence:

- (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
- (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
- (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
- (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
- (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
- (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
- (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
- (h) by applying the Act to young people and specifying the rights of their parents or guardians.

Part of the success of the Swedish program is the establishment of a Social Court, similar to our Drug Court, where a person who is addicted to ice appears before a judge and evidence of the drug problem is produced by the authorities, the police, social workers and family members. The judge then rules whether the person should be ordered into involuntary treatment. It is not heavy-handed police treatment but it is handled very carefully in the Social Court, which is required to make this legislation work. I do not think these types of cases would work in our normal court system.

As members know, ice is tearing families apart. Users of ice come from all walks of life and have all sorts of impacts: professionals who have had great jobs becoming unemployed; on families, destroying their lives through a family member taking these drugs; violence in families caused by people using ice who are unable to control their addiction or their violent tendencies; theft from family and friends by users seeking money to fund this drug; broken homes; and grandparents caring for grandchildren. Ice is incredibly pervasive and it is affecting people right across the community. The Christian Democratic Party applauds the State and Federal Coalition governments for working on education, health and law enforcement to try to solve the problem. Yet more is needed. We know that ice is extremely addictive and can cause people to be so violent that they do not recognise themselves and their lives quickly spiral out of control. Some users need help. When they are in that situation they cannot see it for themselves. We are the ones who must do all we can to provide that help.

In relation to the drug ice, the NSW Commissioner of Police Andrew Scipione said, "The community now frowns upon drink-driving and finds it socially unacceptable, and that is the cultural shift we need to achieve in relation to drug use. It's not going to be easy. It will be a long, hard road." This bill

will do just that for drug users who are out of control and putting themselves and others in danger. We support a coordinated response to help persons who are victims of those using ice and, importantly, to help ice users to get off the drug. I commend the Drug and Alcohol Treatment Amendment (Rehabilitation of Persons with Severe Substance Dependence) Bill 2015 to the House.