

Legislative Council Drug Summit Legislative Response Amendment (Trial Period Extension) Bill Hansard - Extract

Second Reading

The Hon. CARMEL TEBBUTT (Minister for Juvenile Justice, Minister Assisting the Premier on Youth, and Minister Assisting the Minister for the Environment) [5.02 p.m.]: I move:

That this bill be now read a second time.

I seek leave to have my second reading speech incorporated in Hansard.

Leave granted.

I am pleased to introduce the Drug Summit Legislative Response Amendment (Trial Period Extension) Bill.

The purpose of the bill is to extend the trial period of the medically supervised injecting centre operated by Uniting Care, a ministry of the Uniting Church, in Kings Cross.

The effect of the change is that the trial becomes a 30-month trial rather than an 18-month trial.

The trial will now conclude on 31 October 2003.

Consequential amendments in the bill ensure that the current licence, the terms and conditions for operating the centre and all other aspects relating to the licence and the trial remain unchanged for the additional period.

The 12-month extension is required to allow the centre to remain operating until the final report of the independent Evaluation Committee is delivered.

The extension period will provide for a period of community consultation and parliamentary debate.

The Government has made this decision based on advice from the New South Wales Expert Advisory Group on Drugs in February 2002 that:

... consideration be given to extending the trial of the medically supervised injecting centre to allow the government of the day to receive the report from the evaluation committee and sufficient time for consideration of the policy implications of all of the findings.

It is logical and commonsense to leave the centre operating while we wait for the independent evaluation of the trial.

Such a course is also consistent with this Government's evidence-based approach to drug policy.

Closing the doors without waiting for the scientific evaluation results would be pre-emptive.

The Government has funded a very comprehensive and independent evaluation.

The evaluation is being undertaken pursuant to an agreed and published protocol primarily developed by the National Drug and Alcohol Research Centre.

The evaluation protocol was published on 30 April 2001.

The Evaluation Committee comprises Professor John Kaldor from the National Centre for HIV Epidemiology and Clinical Research;

Professor Richard Mattick, Executive Director of the National Drug and Alcohol Research Centre;

Dr Don Weatherburn, Director of the Bureau of Crime Statistics and Research; and

Ms Helen Lapsley, formerly a senior lecturer in health economics at the University of New South Wales.

There are three components to the evaluation: first, the process evaluation of the centre's operations and service delivery; second, the impact evaluation of the centre, which is assessing five areas, namely, the public health impact, the impact on treatment uptake and client health, the public amenity impact, and the impacts on drug dealing and other crime, and on community attitudes; and, third, an economic evaluation.

This evaluation analysis will cover a period of 18 months—that is, from May 2000, when the centre opened, to October 2002.

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The evaluation team is providing regular reports on the first component of the evaluation, that is, the process or operational aspects of the medically supervised injecting centre trial.

Three-monthly process reports have been received by the Government and publicly released by the evaluators.

The two other components of the evaluation—the impact evaluation and the economic evaluation—are long-term studies. These are to be reported on after the conclusion of the 18-month period.

Some data associated with the evaluation cannot be collected until the end of or after the period under review. That data must then be properly and scientifically processed and written up.

The Government has been advised that the final report of the evaluators, which will include findings on all three components of the evaluation, will be completed and available for consideration by the end of April 2003.

I can advise the House that the 12-month interim process report was released by the Independent Evaluation Committee on the 24th of May and has been made available to all parties and members of the crossbench.

The New South Wales Government views as encouraging the process and operational results in the process reports and other information to hand.

There is evidence that lives have potentially been saved, and that people at most risk have been helped towards treatment, health and social services.

The centre's management has indicated that a large number of the visitors to the medically supervised injecting centre are people who have no other contact with the health system.

Overdose deaths have dropped in New South Wales.

Ambulance call-out rates to non-fatal overdoses have been falling in Kings Cross and nearby Darlinghurst for over 12 months and have continued to fall during the period of the trial.

Notwithstanding these observations, the New South Wales Government will continue to view all results with caution.

That is why we will wait for the evaluators to submit their final report before making judgements.

I turn now to the major provisions in the bill.

This bill amends the Drug Misuse and Trafficking Act 1985.

Part 2A of the Drug Misuse and Trafficking Act 1985 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 of 18 months.

For the reasons I have outlined, amendments are necessary so as to extend the trial from 18 months to 30 months.

These amendments are contained in schedule 1 to the bill. Section 36A is amended to omit "18 months" and insert instead "30 months" for the trial period for which a licence is issued under part 2A of the Drug Misuse and Trafficking Act 1985.

An identical amendment is made to the definition of the "trial period" in section 36D to ensure that it is now defined as a period of 30 months.

These two amendments implement the main object of the bill, which is to extend the period of the trial from October 2002 to October 2003.

A number of consequential amendments have also been made.

Section 36B is amended so as to ensure that the period for which a review must be conducted into the operation and use of the licensed injecting centre remains the current trial period of 18 months, and not the extended trial period of 30 months.

The original legislation which established the trial requires the responsible authorities, that is the Commissioner of Police and the Director-General of the Department of Health, to arrange for a review of the operation and use of the centre, part 2A of the Drug Misuse and Trafficking Act 1985 and any regulations which may be made.

This review by the Commissioner of Police and the Director-General of New South Wales Health, is separate from the comprehensive independent evaluation commissioned by the Government.

It is concerned with the operational aspects of the centre and the legislative provisions that govern these operations.

However, for consistency the review should cover the same period as the evaluation, that is, the first 18 months of the trial, and will be informed by the published data of the evaluation.

The review will be available for consideration during the period allowed for consultation and parliamentary scrutiny after April 2003.

I should also point out that while the review and the formal evaluation will cover the 18 month period of the trial, process and operational data will continue to be collected from the centre up to October 2003.

Section 36G, which relates to the duration of the licence, is amended so as to extend to 30 months the period for which the current licence is in force.

A new section 36T is inserted into the Drug Misuse and Trafficking Act 1985 to provide that the licence currently in force be extended for the whole of the new trial period of 30 months.

This section also provides that the extension of the licence may not be challenged in the courts.

Honourable members should be quite clear. This bill does not change the current licence holder or any of the licence conditions under which the current trial is operating, except for the length of the trial.

Finally, for avoidance of doubt, section 36T also provides that section 36Q, which covers the application of the Environmental Planning and Assessment Act 1979, applies with respect to the whole of the extended trial period.

This is a trial with national and international significance.

Let us not rush to judgment but wait until the evidence is collected and we can all carefully consider the findings.

I commend the bill to the House.