



## Drug Summit Legislative Response Amendment (Trial Period Extension) Bill.

### Second Reading

**The Hon. CARMEL TEBBUTT** (Minister for Community Services, Minister for Ageing, Minister for Disability Services, and Minister for Youth) [5.01 p.m.]: I move:

That this bill be now read a second time.

I seek leave to incorporate the second reading speech 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 for a further four years the trial period of the Medically Supervised Injecting Centre operated by Uniting Care at 66 Darlinghurst Road, Kings Cross. The bill amends part 2A of the Drug Misuse and Trafficking Act 1985 to extend the trial so that it now concludes on 31 October 2007. Other amendments in the bill ensure that a review of the operations of the centre and the legislative framework are completed by May 2007.

All aspects of the current licence, the terms and conditions for operating the centre and the trial remain unchanged for the additional period. However, in line with this Government's evidence-based approach to drug policy, the trial over the next four years will continue to be carefully monitored. The extension period will be used to trial and assess new approaches to encouraging drug users into treatment. For example, a special case manager will be appointed to the centre to build relationships with clients and service providers in the area, and to take a proactive approach in client referral and follow-up.

Other research suggested by the New South Wales Expert Advisory Group on Drugs and the independent evaluators of the trial will also be considered. This includes research into the impact on the health of individuals of early intervention at drug overdoses in the centre. The extension will also provide an opportunity for information and data to be collected over a longer period and to take account of any changes in the drug market, such as any changes in the supply of heroin. A new evaluation protocol will be developed in the coming months under the direction of the Chief Health Officer, New South Wales Health.

The Government has made the decision to extend the trial based on the "Final Evaluation Report of the Medically Supervised Injecting Centre (Trial)", released on 9 July 2003, and on advice from the New South Wales expert advisory group on drugs. Honourable members will be aware that an evaluation was commissioned by the Government in July 1999 to independently assess the feasibility of the centre. The evaluation was undertaken by a team of experts drawn from several research institutions. It was conducted according to a detailed and publicly released protocol and was independent of government. The committee's report provides comprehensive information about the centre's operations during the first 18 months of the trial from 1 May 2001 to 31 October 2002. The final evaluation report has been available to the public since 9 July 2003.

The evaluators concluded that the operation of the centre is feasible in Kings Cross; the centre made service contact with its target population, including many who had no prior treatment for drug dependence; a small number of opioid overdoses managed at the centre may have been fatal had they occurred elsewhere; the centre made referrals for drug treatment, especially among frequent attendees; there was no overall loss of public amenity; there was no increase in crime; and the centre has afforded an opportunity to improve knowledge that can guide public health responses to drug injecting and its harms.

Some of the key statistics contained in the report show that the typical user of the centre was a 31-year-old male who had been injecting drugs for 12 years. Only 28 per cent of people registered had completed high school, 26 per cent had been imprisoned in the past year, and 11 per cent were homeless. About half the clients had injected daily or more in the last month. Some 66 per cent had been in drug treatment at some time but it had failed, while more than 1,000 attendees in the 18 months had never been in drug treatment. There were 329 heroin overdoses managed by staff. Some 44 per cent of people registered to use the centre had previously survived an overdose, 74 per cent reported their last overdose required an ambulance, and 36 per cent had overdosed in public.

It is estimated that the centre saved at least six lives during the trial period. It is likely that the centre played a role in reducing overdose-related morbidity through early intervention, which can minimise brain and vital organ damage. The rate of confirmed uptake of referral to treatment from the centre was three times higher among more frequent attendees. There was no evidence that the centre increased theft and robbery incidents in Kings Cross, and there was no evidence of a large increase in drug-related loitering—that is, no "honey-pot". The evaluators noted that the first six

months of service utilisation data were likely to under-represent the capacity and impact of the centre.

In addition to the findings in the first 18 months, the evaluators have continued to report on the process operational data from the centre. I can report that in the 26 months to 30 June 2003 some 5,038 individuals were assessed and registered by the centre. New registrations have stabilised at a rate of approximately 197 per month. One in every five visits resulted in the provision of health care and medical and social services by centre staff. There were 906 referrals for drug treatment, 614 for health care—the majority being for medical consultations—and 488 for social welfare services. Some 600 drug overdose-related clinical incidents were recorded as requiring medical management but there were no deaths. Some 502 were heroin overdoses. The centre is continuing to operate without major incident and to manage injecting drug users, who in many cases are in the depths of the addiction cycle.

I turn now to the 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 to conclude on 31 October 2003. The Act is amended to extend the trial for four years as set out in schedule 1 to the bill. Section 36A (1) is amended to omit "30 months" and insert at the end of the paragraph "and ending on 31 October 2007". A consequential amendment is made to the definition of the "*trial period*" in section 36D to ensure that the defined period ends on 31 October 2007.

Two amendments are made to section 36B to require that a review of the centre's operation and use, as well as the legislative provisions governing the centre, must be undertaken and concluded by 1 May 2007. This review is to be conducted by the Commissioner of Police and the Director-General of NSW Health as the "Responsible Authorities" for the medically supervised injecting centre trial. The amendments ensure that the review will be available for consideration before the trial concludes in October 2007.

Section 36T is amended to provide that the current licence is extended for the whole of the extended trial period and may not be challenged in the courts as a consequence of its term having been so extended. The extension of the trial is covered by this provision. The Government considers the provision is necessary to minimise disruption to the centre's operations by vexatious litigants. The legality of the centre has, in any event, been well tested by the courts. Honourable members should be quite clear that continuing the centre as a monitored and evaluated trial is a conservative option. All the current strict regulatory safeguards and arrangements will be kept in place. This bill does not change the current licence holder or any of the licence conditions, except for the length of the trial. Information on the operations of the centre will, however, be provided over a longer period and without the complication of the "start-up" period.

Caution has been our watchword in implementing this initiative, which was a recommendation of the New South Wales Drug Summit. Caution will continue to be paramount in our consideration of all issues pertaining to the centre. This Government does not condone drug use and we will 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. We will continue to review all the available research and evidence to assist us to make informed decisions about ways to deal with the drug problem. I commend the bill to the House.

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