

Chapter 5 Mobile needle and syringe service

Drug and alcohol use and misuse in the Redfern and Waterloo area has been the subject of some debate in the evidence to this Inquiry. The Committee has heard a range of views on the extent and the seriousness of drug and alcohol related problems, and the impact on government policy and service delivery. The Committee will continue to investigate the complex issues surrounding drug and alcohol use in Redfern and Waterloo as they relate to our terms of reference. The substantial debate on government and non-government services, and in particular the adequacy of drug and alcohol services in Redfern and Waterloo, will be dealt with in the Final Report due in November. In this chapter we consider the Redfern/Waterloo Anti-Drug Strategy and the mobile needle and syringe service. The Committee believes it is important to address the issue of the needle van at this stage of the Inquiry process given the degree of community interest and concern.

This chapter begins with an overview of the Government's approach to drug and alcohol issues in Redfern and Waterloo. This overview provides the context in which to understand the establishment of the needle and syringe service in Redfern. The chapter then covers the range of views put forward in evidence on the needle van, including its location, the image of a drug culture at the Block, the potential 'honey pot' effect, the number of needles provided and referral services. The Committee briefly canvasses views on different approaches to drug and alcohol problems, such as a safe injecting room, decriminalisation and 'wet rooms'. The Committee's view and recommendations complete the chapter.

Addressing drug and alcohol issues in Redfern and Waterloo

- 5.1 The Redfern/Waterloo Anti-Drug Strategy (RWADS) was announced by the Premier in November 2002 in response to community concerns about illicit drug use as a contributing factor to crime in Redfern and Waterloo. The Strategy aims to address illicit drug use in specific sites such as the Block and in public housing. The Strategy does acknowledge, however, that illegal drug use is not limited to these sites, nor to the two suburbs of Redfern and Waterloo.
- 5.2 RWADS was build upon previous drug strategies including a number of initiatives resulting from the 1999 NSW Drug Summit. The Summit was instrumental in achieving a level of consensus on the development of a new approach to drug policy. The Office of Drug Policy, was established in the Cabinet Office to guide the whole of government approach and ensure better interagency collaboration.
- 5.3 Community Drug Action Teams (CDATs) have been established to assist communities to act on drug related issues. The Redfern/Waterloo CDAT was established in 2001 but, according to the NSW Government submission, in spite of 'intensive support' from the Premier's Department, the CDAT has had limited achievements between 2001 and 2003. The Government notes that the CDAT 'struggled to reach agreement on key issues and projects identified under the plan were not fully implemented.'³⁶⁸ In negotiations with the Redfern Waterloo Partnership Project, it was agreed that the CDAT would suspend its

³⁶⁸ Submission 55, NSW Government, p122

operations until a Drug and Alcohol Taskforce had been established and was fully operational.³⁶⁹

5.4 In late 2003 a Drug and Alcohol Taskforce was established to oversee the implementation of RWADS. The Taskforce included six government agency representatives, a representative from the then South Sydney City Council and six community representatives. The Taskforce included two members from the CDAT. At the time of its introduction, the key aims of RWADS included:

- proactive policing to target drug dealers and drug houses in Redfern and Waterloo, including strategies to stop transient drug users from entering the area
- increased opportunities for magistrates to adopt a more flexible approach to bail conditions and sentencing including the establishment of a Redfern MERIT Program (Magistrates Early Referral Into Treatment)
- relocation of the needle and syringe service after 3pm to account for school hours, with a subsequent gradual reduction in hours for the services on the Block
- the establishment of an effective daily needle clean up program
- the introduction of new programs to increase access to services by local drug users
- establishment of early intervention programs for young people and families at risk
- addressing environmental factors contributing to illegal drug trade in the area
- development of a long term Community Safety Plan
- supporting the Aboriginal Housing Company in its plan to redevelop the Block in 2004.³⁷⁰

Drug use in Redfern and Waterloo

5.5 There has been some debate during this Inquiry about the level of drug use by residents in the Redfern and Waterloo area, and in particular by residents of the Block.

5.6 A 1999 study conducted by NSW Health revealed that there was widespread concern in the community about drug dealing and injecting in and around the Block. Anecdotal evidence from other community consultations suggested that residents are concerned about the level and impact of drug use in the community:

Many people mentioned the number of dysfunctional families in the area where drug and alcohol issues were perceived to be a problem and which was mentioned as an issue contributing to the numbers of unsupervised children and young people in the two suburbs.³⁷¹

5.7 The former Mayor of South Sydney Council, Mr Tony Pooley, when asked about the extent of the drug problem in Redfern and Waterloo, suggested it was:

³⁶⁹ ibid

³⁷⁰ ibid, p247

³⁷¹ City of Sydney Council, *Redfern-Waterloo Community Safety Plan – March 2004*, p79

Huge. I would also go as far as to say that I think it is less than it probably was a couple of years ago and I base that only on my own assessment of the number of needles around. There are literally hundreds around there on a daily basis but three or four years ago it might have been closer to thousands. A significant drug-heroin injecting culture exists amongst a number of people living in and around the Block.³⁷²

5.8 A small number of witnesses to our Inquiry have argued that there is not a significant drug misuse problem in and around the Block. The Aboriginal Housing Company (AHC) suggests that there has been a marked decrease in drug use in the Block since they have undertaken to evict drug dealers and demolish derelict properties. A tenant audit conducted by the AHC in 2001 found only six injecting drug users living on the Block.³⁷³ The Aboriginal Medical Service also conducted a survey in 1997 and found that at that time there were only seven to eight people living on the Block who were drug users.³⁷⁴

5.9 While it is difficult to find statistics to quantify the level of drug use by residents of Redfern and Waterloo, there are some figures on related health issues. According to the NSW Government, the need for a public health approach to drug and alcohol use in Redfern and Waterloo is particularly pertinent when considering the findings of a 2002 report, *Australian NSP (Needle and Syringe Program) Survey National Data Report 1999 – 2003*. As explained in the study, all injecting drug users attending selected NSPs during the designated survey week were asked to complete a brief questionnaire and provide a finger-prick blood sample for HIV and Hepatitis C antibody testing.³⁷⁵ The NSW Government submission quotes the following figures arising out of this national survey:

- the rate of HIV prevalence in 2002 is higher in Redfern (3.2%) compared to national (1.3%) and state (2.0%) levels
- the rate of HCV prevalence in 2002 for Redfern (69%) is similar to that of New South Wales (71%), though significantly higher than the national level (44%)³⁷⁶
- the number of times respondents have reused a syringe twice has increased in Redfern
- the percentage of respondents who re-used another's syringe has shown an increase since 2001
- re-using syringes greater than five times has also significantly increased from 2001.³⁷⁷

³⁷² Mr Pooley, City of Sydney Council, Evidence, 25 May 2004, p60

³⁷³ Submission 42, Aboriginal Housing Company, p4

³⁷⁴ Dr Mayers, Aboriginal Medical Service, Evidence, 4 June 2004, p25

³⁷⁵ National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales, *Australian NSP Survey, Prevalence of HIV, HCV and injecting and sexual behaviour among IDUs at Needle and Syringe Programs, National Data Report 1999-2003*, June 2004, p2

³⁷⁶ While not indicated in the NSW Government submission, the Committee understands that these figures are percentages of the sample tested

³⁷⁷ Submission 55, NSW Government, p121

5.10 In evidence to the Committee, Dr Gregory Stewart, Public Health and Chief Health Officer, NSW Health said that among the public health issues in Redfern and Waterloo, 'high rates of drug and alcohol use are of particular concern.' According to Dr Stewart:

... these problems are prevalent across the area and are not confined to any one location or population. It is quite evident, however, that drug and alcohol related problems are having a particularly destructive effect on Aboriginal people in the area and they are especially concentrated in the Block.³⁷⁸

5.11 According to Dr Stewart, there is a high level of injecting drug use at the Block, with heroin the most common drug and Aboriginal people making up the majority of injectors. Much of the injecting occurs in public places or in derelict buildings, unlike elsewhere in New South Wales where 80% of the injecting drug use occurs in private dwellings:

Reported levels of self-neglect, self-harm and high-risk behaviour, including indiscriminate needle sharing, are higher than elsewhere in New South Wales. Amongst the using population there are higher levels of physical and mental health problems. Health workers frequently report unpredictable and dangerous behaviours, including threats and assaults. Lastly, the majority of injectors have Hepatitis C and a number are known to have HIV.

This combination of factors means that there is a very high risk of transmission of HIV. In these circumstances, it is critical to ensure that an adequate supply of clean injecting equipment is available, and that any obstacles to accessing the equipment are minimised. In the event that such a supply was not available, or was withdrawn, the risk of a major outbreak of HIV occurring in the location would be extremely serious. The situation described above represents one of the highest risk locations in New South Wales in regard to a possible outbreak of HIV.

On the basis of the criteria that are generally applied within the needle and syringe program, the provision of a large, well-resourced needle syringe program would be considered to be of the highest priority.³⁷⁹

5.12 Information provided by the Department of Aboriginal Affairs indicates that there is considerable community concern, expressed at meetings held earlier this year in Redfern, about the spreading of the drug problem to regional areas if it 'goes on unchecked.'³⁸⁰ As discussed below, suggestions were made at the meetings about the establishment of Aboriginal drug and alcohol services.

5.13 Dr Stewart also suggested that as Redfern is well known as a traditional meeting place for Aboriginal people from all parts of NSW, Queensland and Victoria, in the event of a serious outbreak of HIV occurring amongst Aboriginal injecting drug users in Redfern, there would be a 'very real danger of rapid, undetected spread to other Aboriginal communities, due to the recently infected individuals returning to their homes':

³⁷⁸ Dr Gregory Stewart, Public Health and Chief Health Officer, NSW Health, Evidence, 8 June 2004, p36

³⁷⁹ *ibid*, pp36-37

³⁸⁰ Submission 55, NSW Government, p119

The consequences for Aboriginal communities can only be imagined. I want to emphasise that this is not a fanciful, far-fetched scenario.³⁸¹

Principles of harm minimisation

5.14 Harm minimisation has been part of Federal and State government policy since the mid 1980s. The harm minimisation approach was adopted by public health professionals in response to concerns about HIV/AIDS for both injecting drug users and the broader community. According to NSW Health, harm minimisation does not condone drug use, rather it aims to prevent and reduce harms associated with both licit and illicit drugs.³⁸² The Ministerial Council on Drug Strategy suggests that harm minimisation encompasses:

Supply reduction strategies to disrupt the production and supply of illicit drugs and the control and regulation of illicit substances

Demand reduction strategies to prevent the uptake of harmful drug use, including abstinence oriented strategies to reduce drug use

Harm reduction strategies to reduce the drug related harm to individuals and communities.³⁸³

5.15 The harm minimisation philosophy acknowledges that a range of strategies are required to achieve the desired results of improving the health, social and economic outcomes for individuals and the community. Some of these strategies include abstinence-based approaches, primary prevention, early intervention and treatment and rehabilitation. A key component of harm minimisation strategies is the provision of needle and syringe programs (NSPs) to ensure the use of clean injecting equipment:

NSPs are a public health measure funded to reduce the spread of blood borne viral infections such as HIV and Hepatitis C among injecting drug users and are supported by the National Drug Strategy's harm reduction framework.³⁸⁴

5.16 Central Sydney Area Health Service (CSAHS) is responsible for the provision of health services and public health care for an estimated 496 080 residents which represents 7.6% of the NSW population. These residents live in suburbs covering the Local Government Areas of Ashfield, Burwood, Canada Bay, Canterbury, Leichhardt, Marrickville, Strathfield and parts of the City of Sydney. CSAHS is one of the State's most culturally diverse areas with 39.6% of residents born overseas. Treatments are delivered from more than 70 sites, including six hospitals, a family care centre, a forensic medicine centre and an extensive network of community health centres.³⁸⁵ CSAHS provides a range of services directed at harm minimisation including counselling, detoxification, rehabilitation, pharmacotherapy treatments and health promotion. The needle and syringe programs are also a central part

³⁸¹ Dr Stewart, NSW Health, Evidence, 8 June 2004, p37

³⁸² Answers to QON 18 May 2004, Dr Gellatly, Premier's Department, Qu 2 NSW Health Submission, p16

³⁸³ National Drug Strategic Framework 1988-9 to 2002-3. Ministerial Council on Drug Strategy, Commonwealth of Australia, November 1998, in NSW Health Submission, p16

³⁸⁴ Answers to QON 18 May 2004, Dr Gellatly, Premier's Department, Qu 2 NSW Health Submission, p16

³⁸⁵ Email correspondence from Ms Karen Becker, Director, Drug Health Services, Central Sydney Area Health Service, 19 July 2004

of the CSAHS harm minimisation strategy. According to NSW Health, a key premise behind the strategy is that ‘some drug users cannot cease their drug use at the present time. The task is to minimise the risk, or occurrence, of harm.’³⁸⁶

Redfern and Waterloo fixed and mobile needle services

- 5.17** CSAHS provides a range of health services in the Redfern and Waterloo areas. Three CSAHS facilities are located in Redfern: the Redfern Community Health Centre, the Redfern Early Childhood Centre and the Resource and Education Program for Injecting Drug Users (REPIDU).
- 5.18** The REPIDU provides a fixed needle and syringe outlet in Redfern as well as a mobile service currently located in and around the Block. The fixed service is located in Pitt Street, Redfern and operates from Monday to Friday from 9am to 6pm. A home delivery and disposal service can be provided on Tuesdays, Thursdays and Fridays from 6pm to 8pm where necessary and appropriate. The fixed service also operates on Saturdays and Sundays from 12pm to 2.30pm.³⁸⁷
- 5.19** The mobile service was established in 1993 with a view to minimise the harms associated with high levels of drug injection in the area. At the time, the service operated for a couple of hours per day, Monday to Friday. Between 1993 and 1996, the service operated in a number of locations with moves occurring in response to either community consultations or concerns about limited effectiveness.³⁸⁸ According to the NSW Government submission, the mobile service was required due to an increased and identified need in the community.³⁸⁹ The mobile service currently operates on Monday to Friday from 10am to 3pm in Hugo Street and from 3pm to 5pm in Hudson Street. On Saturdays and Sundays the mobile service operates from 10am to 11.30am and 3pm to 5pm in Hugo Street.³⁹⁰
- 5.20** The attached map shows the locations of the mobile service. The debate around the location of the service is discussed in detail below.

³⁸⁶ Answers to QON 18 May 2004, Dr Gellatly, Premier's Department, Qu 2 NSW Health Submission, p16

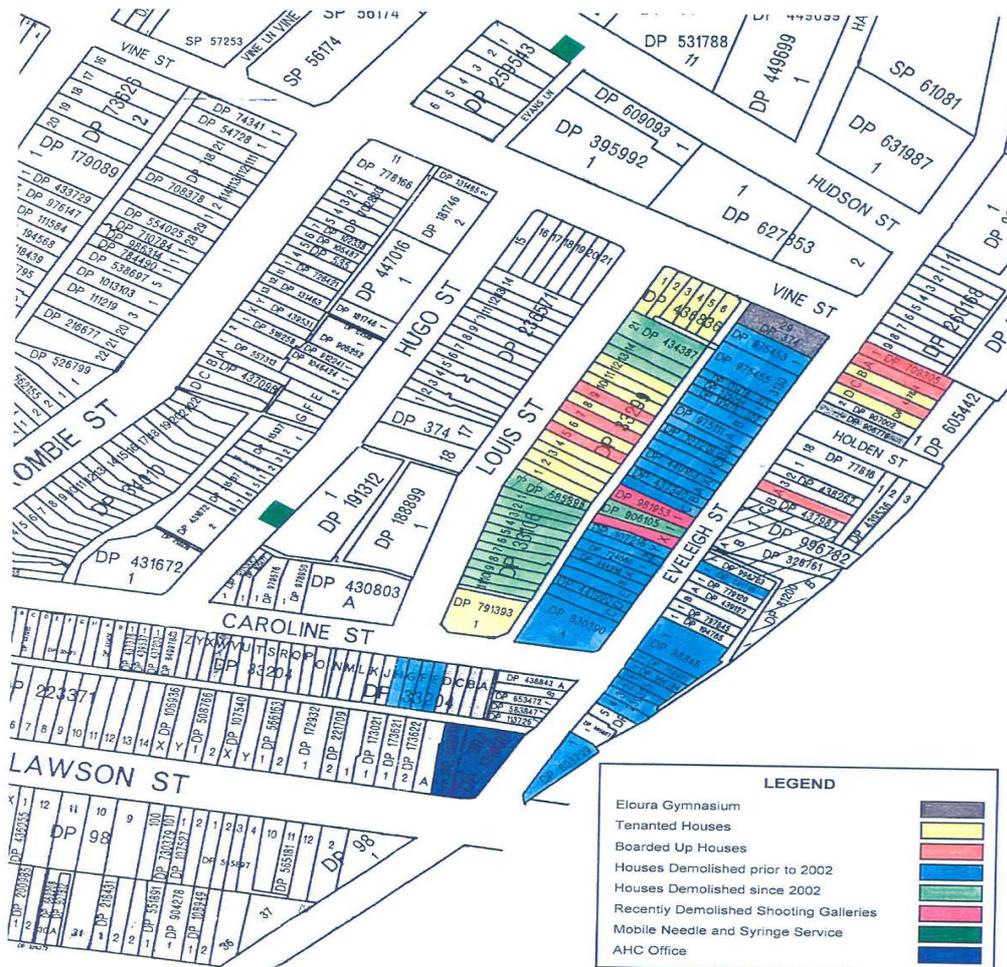
³⁸⁷ Email correspondence from Ms Karen Becker, Director, Drug Health Services, Central Sydney Area Health Service, 19 July 2004

³⁸⁸ Answers to questions on notice taken during evidence 8 June 2004, Ms Karen Becker, Director of Drug Health Services, Central Sydney Area Health Service, NSW Health, Qu 1, p1

³⁸⁹ Submission 55, NSW Government, p253

³⁹⁰ Email correspondence from Ms Karen Becker, Director, Drug Health Services, Central Sydney Area Health Service, 19 July 2004

Figure 5.1 Locations of mobile needle and syringe van and demolished houses



Source: Submission 55, NSW Government, Part 6 – Community Safety and Justice, p250

5.21 The health services provided seven days per week through REPIDU's fixed and mobile outlets in Redfern and Waterloo include:

- provision of information, resources and education on issues including harm reduction, overdose prevention and safer sex practices
- management of accidental overdose, including interventions to provide critical life support prior to arrival at emergency services
- facilitating referrals to other health and human services including drug treatment services
- provision of sterile equipment, safe disposal containers, condoms and lubricants
- ensuring a process of clean up of inappropriately discarded syringes in and around the Block.³⁹¹

³⁹¹ Answers to QON 18 May 2004, Dr Gellatly, Premier's Department, Qu 2 NSW Health Submission, p6

The effectiveness of the anti-drug strategy and harm minimisation

5.22 A number of witnesses commented on the effectiveness of the anti-drug strategy and harm minimisation. Mr Alex Wodak from the Australian Drug Law Reform Foundation is a supporter of the harm reduction strategies taken up by Australian governments over the last few decades. He argues that harm reduction has been shown to work in reducing the health risks to users, particularly the risk of HIV and Hepatitis transmission. He says that while there will always be an important role for law enforcement, it is unrealistic to place the major burden of drug policy on police:

In general, health and social interventions have been shown to be far less expensive and far more effective than customs, police, courts and prisons.³⁹²

5.23 Mr Clive Small spent many years with the Police Department and, as he explained in his submission, has provided considerable input to government on the drug problems in areas such as Cabramatta, Kings Cross and Redfern. He has witnessed the development of the Redfern Anti-Drug Strategy in response to the policing and health issues surrounding the illicit drug problem. Mr Small suggests the problems in Redfern are the result of many factors including poverty, unemployment, mental illness and alcohol and illicit drug dependency. In his view, at least one of the solutions to the problems in Redfern lies in the Anti-Drug Strategy:

Rigorous application of the 2003 Redfern Anti Drug Strategy would go a long way towards making things better for the Redfern community and towards reducing the illicit drug trade and its associated problems in the area.³⁹³

5.24 According to a study by the United States Surgeon General, referred to in the NSW Health submission, there is conclusive scientific evidence that NSPs, as part of a comprehensive HIV prevention strategy, 'are an effective public health intervention that reduce transmission of HIV and do not encourage the illegal use of drugs.'³⁹⁴ In relation to economic effectiveness, a report in 2002 for the Commonwealth Department of Health and Ageing concluded that Australia's needle and syringe programs have prevented 25,000 new HIV infections and 21,000 Hepatitis C infections in 10 years, saving an estimated \$2.4 billion in public health funding. The study found that 'NSPs are effective in reducing the incidence of both diseases and that they represent an effective financial investment by government.'³⁹⁵

5.25 In its submission to the Inquiry, Anex, a community-based not-for-profit organisation working in this area, provides an overview of the role NSPs have played in the prevention and reduction of the spread of HIV and Hepatitis C. They argue that research from Australia and overseas suggests that the success of NSPs is based on an approach that is confidential, anonymous and respectful of drug users accessing services. Evidence also

³⁹² Submission 9, Mr Alex Wodak, p2

³⁹³ Submission 80, Mr Clive Small, p7

³⁹⁴ Answers to QON 18 May 2004, Dr Gellatly,, Premier's Department, Qu 2 NSW Health Submission, p17

³⁹⁵ Health Outcomes International Pty Ltd, The National Centre from HIV Epidemiology and Clinical Research & Professor Michael Drummond, Centre of Health Economics, York University, from the Commonwealth Department of Health and Ageing, Return on Investment in Needle & Syringe Programs in Australia, 2002, p6

shows that accessibility to services and sterile injecting equipment are vital to the primary aim of NSPs. Anex cites research that indicates difficulties in accessing sterile injecting equipment, such as the location of the NSPs, hours of operation and policies that limit the distribution per visit, have been given as reasons for sharing injecting equipment.³⁹⁶

- 5.26** A small number of witnesses raised concerns about the effectiveness of harm minimisation. Sergeant Paul Huxtable, Administrator for the Redfern Branch of the Police Association of NSW, told the Committee:

I think harm minimisation has failed. I have some figures, and I can source all these figures. In 2002 there were 195 diagnosed AIDS cases. We talk about the problem with harm minimisation, there will be this epidemic of AIDS if we do not continue it. In 2001 there were 16,000 new cases of Hepatitis C, 91 per cent from intravenous drug users. That means there are a hell of a lot of people out there not using clean syringes. Yet for AIDS, only seven of the 195 were put down as intravenous drug users—3.8 per cent. The evidence does not support the fact that harm minimisation, if we get rid of harm minimisation there will be an epidemic of AIDS. The figures just do not back that up.³⁹⁷

Concerns about the mobile needle and syringe service

- 5.27** In this section we consider the variety of issues raised in relation to the needle van including concerns about the location of the van, the possible ‘honey pot’ effect, the number of syringes distributed to users, clean-up programs, referral services and other options to the van. The section briefly canvasses different approaches to drug and alcohol problems in the area including the establishment of a safe injecting room and ‘wet rooms’, and the decriminalisation of illicit drugs. The section begins with a brief description of the different views held by NSW Health and NSW Police, and attempts by them to resolve these differences.

Health and Police views on the mobile needle and syringe service

- 5.28** While both NSW Police and NSW Health are committed to the principles of harm minimisation, evidence to this Inquiry suggests there are a number of differences in each agency’s view of the Redfern mobile needle and syringe service.
- 5.29** According to NSW Health, needle and syringe services are an essential public health measure. They argue that there is overwhelming evidence to show the services are a vital part of Australia’s HIV/AIDS and Hepatitis C strategies aimed at reducing the spread of blood borne viral infections. NSW Health is of the view that needle and syringe programs need to be accessible and therefore located in relatively public places. In response to community pressure to withdraw services from the location on the Block, NSW Health believes that:

³⁹⁶ Dwyer, R, C Fry, S Carruthers, A Bokketer, K Dolan, A Donald, J Byrne & W Loxley, ABRIDUS: The Australian Blood Borne Virus Risk and Injecting Drug Use Study – A study of hepatitis C risk practices and contexts in Melbourne, Perth and Sydney, Fitzroy, Turning Point Alcohol and Drug Centre Inc, 2002, in Submission 85, Anex, p4

³⁹⁷ Sergeant Huxtable, Police Association of NSW, Evidence, 8 June 2004, p21

...the withdrawal of this service has the real and immediate risk of a resulting increase in sharing of needles amongst injecting drug users with the risk of a major outbreak of HIV and Hepatitis C potentially affecting Aboriginal communities throughout NSW.³⁹⁸

5.30 In addition, NSW Health expressed concern that any spread of HIV and Hepatitis C would also be expected to rapidly extend into the prison population, affecting both Aboriginal and non Aboriginal people over a short period of time. They argue this would present a grave risk to the Aboriginal community and to the overall effectiveness of the State's HIV/AIDS prevention strategies.³⁹⁹

5.31 In evidence, Deputy Commissioner David Madden, NSW Police, told the Committee that the NSW Police are committed to the agreements made with the Department of Health on the principles of harm minimisation. Deputy Commissioner Madden explained that while mindful of the need for an exchange van or supply van to try to stop the spread of infectious diseases, NSW Police were also charged with the enforcement of the law. Operationally, Deputy Commissioner Madden explained, this causes some difficulties for the two Departments:

we are talking of competing priorities: Department of Health and Police. One is law enforcement; one is harm minimisation, and they often conflict.⁴⁰⁰

5.32 The difficulties for policing are explained in the Government submission:

In relation to policing issues, while it is lawful to possess or supply needles and syringes for the purpose of promoting health, it is illegal to inject or self administer illicit drugs. As a result, the law in this area does not reflect the Government's policies aiming to promote public health.⁴⁰¹

5.33 A number of individual Redfern police officers expressed their frustration with these arrangements. One officer said in a submission to the Inquiry:

... police have been told and I have personally been told when the exchange was in Caroline Lane not to search or speak to users in the laneway. I was told to wait till (they) leave the lane area away from the van, I could then search them under the provisions of Stop, Search and Detain. Even if they are wanted for a bagsnatch and go to (the) van. Police are then harassed or even hindered by operators of the van for harassing these people or arresting them.⁴⁰²

5.34 According to Deputy Commissioner Madden, particular problems for police include the potential 'honey pot' effect of the location of the van at the Block, the large number of needles exchanged and the proximity of the van to the children's playground. These issues are discussed further below.

³⁹⁸ Answers to QON 18 May 2004, Dr Gellatly, Premier's Department, Qu 2 NSW Health Submission, p18

³⁹⁹ Submission 55, NSW Government, p254

⁴⁰⁰ Deputy Commissioner Madden, NSW Police, Evidence, 18 May 2004, p67

⁴⁰¹ Submission 55, NSW Government, p255

⁴⁰² Submission 72, Name confidential at author's request, p2

5.35 In 2003, there was agreement to move the van for two hours per day, between 3pm and 5pm, from the Block to the corner of Abercrombie and Hudson Streets. According to NSW Health, an intensive education strategy was conducted with clients prior to the relocation of the service from 3pm to 5pm.⁴⁰³ While this location is an industrial area, the police continue to experience operational difficulties:

[The location at Abercrombie Street] still remains a problem operationally in a sense because we are encouraging officers to do everything they can to stop people using drugs and to enforce rules and legislation about suppliers, people who may be in possession of drugs, so in effect people are getting off the railway and are being stopped, people are being searched, names are being taken, move-alongs are occurring, but people can then go to the needle exchange van or needle supply van and obtain syringes which facilitate drug use in and around the area.⁴⁰⁴

5.36 While difficulties exist for Health and Police, Deputy Commissioner Madden told the Committee that both agencies continue to work together to find solutions to the competing priorities of each department.⁴⁰⁵

5.37 Ms Karen Becker, Director of Drug Health Services, Central Sydney Area Health Service, NSW Health said in evidence that the CSAHS supports the work being done by police in reducing the illicit drug use in the area. She explained that there was an agreement between the service and police that officers do not approach people who come directly to the van.⁴⁰⁶

5.38 A number of witnesses suggested that a Memorandum of Understanding (MOU) between the Departments of Health and Police was created at the time that the mobile needle exchange was established in Redfern to guide the responsibilities of each agency. In correspondence to the Committee, Deputy Commissioner Madden said that the document referred to in evidence is not a MOU but a NSW Police Circular:

...a direction from then Commissioner Avery, dated 17 June 1988 and which remains in effect. The circular provides advice from health officials about the introduction of needle-syringe distribution and exchange programs and guidance for police cooperation in these programs. It is not strictly a memorandum of understanding between agencies.⁴⁰⁷

5.39 The information contained in the 1988 Circular remains in effect, and according to Deputy Commissioner Madden, 'still provides apt and accurate guidance for police.'⁴⁰⁸

5.40 The Committee understands that the information contained in the Police Circular has not been updated since this time to reflect the changes that have occurred in relation to the location of the needle van, changes in policing priorities for the area and the demolition of buildings in the Block. In his evidence to the Committee, Superintendent Dennis Smith,

⁴⁰³ Answers to QON 8 June 2004, Ms Karen Becker, NSW Health, Qu 1, p2

⁴⁰⁴ Deputy Commissioner Madden, NSW Police, Evidence, 18 May 2004, p67

⁴⁰⁵ *ibid*, p68

⁴⁰⁶ Ms Becker, NSW Health, Evidence, 8 June 2004, p47

⁴⁰⁷ Correspondence from Deputy Commissioner David Madden, Deputy Commissioner Operations, NSW Police, dated 4 June 2004, p2

⁴⁰⁸ *ibid*, p2

Redfern Local Area Command, reiterated the commitment of police to harm minimisation, but also explained the importance of having a Memorandum of Understanding to guide current police tactics and strategies. According to Superintendent Smith, while there are some guidelines, there is no current MOU regarding the mobile needle and syringe service.⁴⁰⁹

- 5.41** In her evidence, Ms Becker said that NSW Health and NSW Police were meeting in June 2004 to discuss the needle van and the issue of a MOU:

We will look at the possibility of developing a memorandum of understanding in Redfern.⁴¹⁰

- 5.42** The Committee understands that as a result of that meeting, health and police are considering the development of an MOU. The need for a MOU is discussed further below in the section, 'A way forward for the mobile needle and syringe service'.

Location and operating hours

- 5.43** One of the contentious issues surrounding the mobile needle and syringe service is its current location. There is a range of views from community members living in Redfern and Waterloo on the appropriateness of the location of the mobile van. A number of people support the public health principles of harm minimisation and the needle van. Ms Joyce Ingram told the Committee:

Those that are on drugs, it is better for them to have a clean needle to stick into their arm with drugs but if you take that van and needles away, as the saying goes, they are hanging out. So that if they walk around the streets and see a needle laying on the ground and get it, wash it under the tap, they do not know what is in it. They do not know who had that needle. It does not worry them, as long as they can put the drugs into their arm or wherever. That is my opinion, so I think it would be better for the van to be there then we know that they are going to have clean needles than for them to pick up dirty needles.⁴¹¹

- 5.44** In answer to the question of where the needle van should be located, Ms Ingram said:

Seeing that I do not live on the Block now, I suppose in Louis Street where it usually is or there could be a special place.⁴¹²

- 5.45** Another local resident, Mr Kevin Smith, told the Committee that there was a need for a needle van service in the area:

Another thing why the needle exchange van is essential is because there is a hidden HIV crisis in the inner city. We have people who are drug users who also suffer from HIV. In particular, one young kid is in a bad way and he walks around and literally up-

⁴⁰⁹ Superintendent Smith, NSW Police, Evidence, 25 May 2004, p29

⁴¹⁰ Ms Becker, NSW Health, Evidence, 8 June 2004, p47

⁴¹¹ Ms Ingram, Evidence, 19 May 2004, p30

⁴¹² *ibid*, p30

ends the needle bins and takes out all what is left over in the needles and puts them into one needle and shoots it up his arm, and it is really a sad thing to see.⁴¹³

5.46 According to Mr Tony Pooley, while the van is not ideally located, it needs to stay because ‘the potential for an HIV epidemic would be significant.’⁴¹⁴

5.47 A number of other witnesses were not supportive of locating the mobile needle and syringe service on or around the Block. The majority of the criticism of its location concerned the needle van’s proximity to children’s play areas. The Vine and Hugo Action Group expressed concern about the location of the needle van directly opposite a children’s playground:

Children in this area grow up seeing injection of recreational drugs in the middle of the street, in the middle of the day, as a normal part of everyday life. As a society, do we really want this? As a community we certainly don’t.⁴¹⁵

5.48 Another submission to the Inquiry expressed concern about the close proximity of the van to the new community centre located in Hugo Street:

Children who play at this park and who use the new community centre in Hugo Street are forced to mix with drug users and dealers as they play and move about on the street. ... (No one in my street would ever go near the new community centre because of the drug-dealing on its doorstep.)⁴¹⁶

5.49 Ms Clover Moore, Member for Bligh and Lord Mayor of the City of Sydney, told the Committee that while deeply committed to harm minimisation and the location of the van in the local community, she was aware of concerns about the location of the van near the community centre. According to Ms Moore, she has had discussions with the CSAHS about a more acceptable location for the van, ‘so it is close enough to be used but perhaps minimising the impact on mothers with young children.’⁴¹⁷

5.50 In evidence to the Committee, the Aboriginal Medical Service (AMS) stressed that the AMS supported the principles of harm minimisation and needle and syringe programs, but not the location of the needle van. According to AMS Chief Executive Officer Dr Naomi Mayers, the AMS asked that the van be moved:

And we did ask them to move it up to Rachel Foster Hospital. We asked them to move it over to Prince Alfred—to move it off the Block where the families were. They also rented a property near Redfern station but on the other side, out of the Block. It was rented for three years. Nothing was done in there. That is where they were supposed to have the needle exchange and so on.⁴¹⁸

⁴¹³ Mr Smith, Evidence, 19 May 2004, p47

⁴¹⁴ Mr Pooley, Evidence, 25 May 2004, p60

⁴¹⁵ Submission 27, Vine and Hugo Action Group, p22

⁴¹⁶ Submission 40, Name confidential at the author’s request, p2

⁴¹⁷ Ms Moore, Member for Bligh and Lord Mayor of the City of Sydney, Evidence, 25 May 2004, p81

⁴¹⁸ Dr Mayers, Aboriginal Medical Service, Evidence, 4 June 2004, p26

- 5.51** The NSW Police would like to see the van moved from Hugo Street to Abercrombie Street because:
- ...if we can actually move it to a point where we are not getting through traffic through the Block or in the areas we may be able to achieve the needs of the department of health in terms of harm minimisation and allow police enforcement practices, but at a moment there is a memorandum of understanding with the department of health about what is appropriate and we cannot target people who are using the needle exchange van and we cannot, for want of a better term, harass but target in the sense of speaking to them and getting names, details, searching and doing what we would as police officers do normally.⁴¹⁹
- 5.52** Superintendent Smith from NSW Police argued that moving the van into an industrial area 'could certainly stop people accessing the van in terms of drug dealing.'⁴²⁰
- 5.53** In its submission to the Inquiry, the NSW Government expressed a commitment to the permanent relocation of the mobile needle and syringe service away from the residential area. The Government acknowledges, however, that there continues to be significant debate both within Government and the community on this approach and the timing of any relocation.⁴²¹
- 5.54** As noted above, according to NSW Health, the mobile service has been moved on a number of occasions in response to either community consultation or limited effectiveness. In summary:
- 1993 – 1996 – the service operated from a range of locations including corner of Caroline and Eveleigh Streets, a number of locations along Vine Street, Hudson Street and Little Eveleigh Street
- 1996 – 1998 – the service operated from Caroline Lane
- 1998 – 1999 – the service operated from Louis Street
- 1999 – 2004 – the service operated from a variety of places including Caroline Street, and several different places along Louis and Hugo Streets.⁴²²
- 5.55** The latest Update of the Redfern/Waterloo Anti-Drug Strategy in March 2004 provides an overview of the approach taken in relation to the operation of the needle van, as well as other issues to address drug use and misuse in the area. This Update can be found at Appendix 7. The Update provides information on the location and operation of the needle van as well as details of the education program targeted at intravenous drug users on changes to the operating arrangements of the needle van. Proposed future permanent locations identified in the Update include Hugo Street, opposite the Wilsons Brothers site and the corner of Abercrombie and Hudson Streets.

⁴¹⁹ Deputy Commissioner Madden, NSW Police, Evidence, 18 May 2004, p68

⁴²⁰ Superintendent Smith, NSW Police, Evidence, 25 May 2004, p30

⁴²¹ Submission 55, NSW Government, p250

⁴²² Answers to QON 8 June 2004, Ms Becker, NSW Health, Qu 1, pp1-2

- 5.56** According to NSW Health, the education program was conducted and the mobile needle service is ‘currently in a position to respond effectively to overdoses on the Block.’⁴²³ The Committee understands that an evaluation process will be undertaken.
- 5.57** As indicated earlier in the Chapter, the mobile service currently operates on Monday to Fridays from 10am to 3pm in Hugo Street and from 3pm to 5pm in Hudson Street. On Saturdays and Sundays the mobile service operates from 10am to 11.30am and 3pm to 5pm in Hugo Street.⁴²⁴
- 5.58** NSW Health representatives told the Committee there is no simple solution to the complex problem of where to locate the needle van. NSW Health argues that while there remains a drug using community on the Block, the CSAHS:
- ... has a statutory responsibility to effectively manage the public health risks and is committed to providing an appropriate level of care in relation to public health risks on the Block. This means being in an accessible location for the injecting drug users.⁴²⁵
- 5.59** Ms Karen Becker from CSAHS said one of the problems with moving the van is that it can potentially limit or reduce injecting drug users’ access to the service:
- They have stated that down at Abercrombie and Hudson, for example, where we moved from three to five o'clock in the afternoon, it is too far they say. They have also stated that they get arrested if they actually come that far down, and that was supported in some sense by what Superintendent Smith said at the hearing here. In terms of access, clients do not actually come and access the van at Abercrombie and Hudson where we are now located from three until five. We have had a significant reduction in the afternoon service since we have relocated, and I think the statistics show us that an average of three people will access the service in the afternoon on a daily average of three people versus close to 40 in the morning. That is a real concern in terms of where we are actually locating the van.⁴²⁶
- 5.60** In answer to a question on notice, NSW Health added that:
- An interim evaluation indicated that clients were reluctant to access injecting equipment from this site and there was a significant shift in the pattern of accessing the service between 2 and 3pm. This has not changed.⁴²⁷
- 5.61** The Committee’s view on the future location of the mobile needle and syringe service is discussed below.

⁴²³ Answers to QON 8 June 2004, Ms Becker, NSW Health, Qu 1, p3

⁴²⁴ Email correspondence from Ms Karen Becker, Director, Drug Health Services, Central Sydney Area Health Service, 19 July 2004

⁴²⁵ Answers to QON 8 June 2004, Ms Becker, NSW Health, Qu 1, p2

⁴²⁶ Ms Becker, NSW Health, Evidence, 8 June 2004, p40

⁴²⁷ Answers to QON 8 June 2004, Ms Becker, NSW Health, Qu 1, p2

The image of a drug culture at Redfern

- 5.62** In her evidence, ATSIC's Marcia Ella-Duncan told the Committee she felt 'terribly uncomfortable' with the reputation of Redfern as the drug capital of Aboriginal Australia:

[The reputation] is not consistent with my experience in the Redfern/Waterloo area, although it certainly has changed over time. There is still a vibrant Aboriginal community.⁴²⁸

- 5.63** A number of other inquiry participants felt that the presence of the needle service contributed directly to the image of the Block as a drug centre. The AHC believes the program has undermined their attempts to remove the drug industry from the Block and has perpetuated the image of a drug culture in the area:

Although research from other areas may indicate the needle services do not attract drugs but simply respond to a drug culture, the reverse is true on the Block. The presence of the needle bus on the Block has substantiated and ratified a culture of tolerance for drugs in the immediate area.⁴²⁹

- 5.64** One of the key issues raised in the 2002 South Sydney Council Community Safety Audit for Redfern was that the area has a reputation for substance abuse, and in particular illicit drug use. According to the Audit, information suggests that the majority of people using the mobile and syringe service are not from the local area and may be attracted by the bus:

Members of the audit team also indicated that there are a number of transients that have moved into the area to either deal or use drugs. Some of the transients have been classified as homeless when in fact they have accommodation in other parts of Sydney or New South Wales. These people will often bunk in abandoned buildings or around public or private buildings in the area. They often contribute to the 'negative image' the area has been given.⁴³⁰

- 5.65** The Aboriginal Medical Service believes that the location of needle van at the Block is motivated by racism:

...it is pure out and out racism that they have kept that van on the Block so that it is hidden and the community would break down. There is prime real estate worth millions. They are trying to get the blacks out of there. We were told this is what they tried to do way back; we had the biggest fight. Now we are back to square one again fighting over the Block.⁴³¹

- 5.66** Some Aboriginal organisations and individuals feel that the location of the van in the Block gives the impression that the drug problem in the Redfern area is exclusively an Aboriginal problem. Mr Michael Ramsey agreed with the Aboriginal community that the van is not servicing only Aboriginal people, but instead 'services a mixed group of people.'⁴³²

⁴²⁸ Ms Ella-Duncan, ATSIC, Evidence, 18 May 2004, p38

⁴²⁹ Submission 42, Aboriginal Housing Company, p3

⁴³⁰ Answers to QON taken during evidence 8 June 2004, Ms Monica Barone, Director, Community Living, City of Sydney Council, Qu 2 Redfern/Waterloo Safety Audit, May 2002, p2

⁴³¹ Dr Mayers, Aboriginal Medical Service, Evidence, 4 June 2004, p25

⁴³² Mr Ramsey, Redfern Waterloo Partnership Project, Evidence, 18 May 2004, p24

‘Honey pot’ effect

5.67 A considerable number of witnesses expressed the view that the location of the van in Redfern attracted a drug culture to the area. The Aboriginal Housing Company (AHC), located at the Block, believes that the needle van is a ‘honey pot’ for drug users and dealers. The AHC is concerned about the transient population attracted to the area because of the location of the needle van on the Block:

Many of the transient people who were involved in the riot were directly or indirectly attracted to the Block because of the needle bus.⁴³³

5.68 The AHC argues that the small number of injecting drug users and the recent removal of drug houses from the Block is justification for the complete removal of the mobile needle and syringe service.⁴³⁴

5.69 NSW Police’s Deputy Commissioner David Madden told the Committee, that from the intelligence collected by police:

It is our belief that the large proportion of those people who obtain needles do not come from the Redfern/Waterloo area, they do not come from the Block, they are actually coming in from other areas and obtaining needles, and the sheer numbers of needles that are supplied would support that assertion.⁴³⁵

5.70 While it is difficult to determine where people were coming from, according to Deputy Commissioner Madden, anecdotal evidence suggests people come to Redfern from Campsie, Campbelltown, Bankstown, the southern suburbs, the northern suburbs and from Kings Cross. The proximity of Redfern train station to the Block contributes to the ease with which people can come and go from the area.

5.71 The Committee heard that the number of people travelling to the area was causing concern for police, with people making their drug purchases in the Block and then ‘shooting up’ in the area. Numerous witnesses gave accounts of people shooting up in the laneways and drug houses in and around the Block.

5.72 In his submission to the Inquiry, Sergeant Paul Huxtable from Redfern LAC suggested that while heroin is a health issue in Kings Cross, in Redfern it is a crime issue:

Drugs are the hub that all other crimes orbit. If drug use is to be a crime issue then we have to make life for those who trade in and use it as uncomfortable as possible. One way is to remove the needle giveaway from the Block, which acts as a honey pot for drug suppliers and users and thus criminals.⁴³⁶

5.73 Others believe that while there is a serious drug market operating in Redfern, the mobile needle and syringe service is not the problem. Mr Clive Small suggests that the claim that

⁴³³ Submission 42, Aboriginal Housing Company, p3

⁴³⁴ Submission 42, Aboriginal Housing Company, p4

⁴³⁵ Deputy Commissioner Madden, NSW Police, Evidence, 18 May 2004, p68

⁴³⁶ Submission 29, Sergeant Paul Huxtable, p18

the needle and syringe distribution van in Redfern has acted as a 'honey pot' for drug users is 'nonsense':

Dealers and users do not set up drug markets around needle distribution centres. Rather these centres are established in areas where there are already active and mostly highly visible drug markets operating. Such a claim is an excuse for a failure of strategy and action.⁴³⁷

- 5.74** According to Anex, while members of the local community attribute increases in drug activity to the existence of a needle and syringe service, evidence suggests that increased security and policing activity are the most likely factors to impact on the migration of drugs.⁴³⁸ Anex points to the recent examples of Cabramatta in Sydney and Fitzroy in Melbourne.
- 5.75** The NSW Police Association and others suggested that there is a serious drug trade operating in Redfern.⁴³⁹ The increase in statistics on robbery and break and enters for Redfern over the past 5 years indicates that the availability of drugs in the area may be a factor in that it can encourage crime to take place near to the drug supply source.⁴⁴⁰ According to the City Of Sydney Council, offenders have reported to police that one of the main motivating factors behind offences such as stealing and break and enter is drug addition.⁴⁴¹ A number of policing issues are dealt with in Chapter 4. Other policing issues will be dealt with in the second stage of the Inquiry including the way in which police tackle drug related crime.

Number of needles provided to users

- 5.76** The Committee heard a range of views on the number of needles provided to users. Some witnesses suggested a link between the number of needles provided to users at each 'contact' and the number of needles littering the streets. Other criticisms include the allegation that drug dealers are obtaining a high volume of needles and syringes and on-selling them at a profit to users as part of a package with their 'fit'. In response to comments made during our Inquiry, NSW Health representatives said needle van staff would not knowingly distribute needles to dealers.⁴⁴²
- 5.77** While supportive of the needle van, Mr Clive Small suggested that effective management of the service by NSW Health professionals is an essential part of the success of needle exchange programs. According to Mr Small, in 2002 in Redfern, for each 'contact' with a user an average of 28 needles was handed out compared with about 10 needles per 'contact' in Cabramatta and Kings Cross:

⁴³⁷ Submission 80, Mr Clive Small, p8

⁴³⁸ Fitzgerald, J, S Broad & A Dare, *Regulating the Street Heroin Market in Fitzroy/Collingwood, Parkville*, University of Melbourne, 1999, in Submission 85, Anex, p6

⁴³⁹ Submission 59, Police Association of NSW, p8

⁴⁴⁰ City of Sydney Council, *Redfern-Waterloo Community Safety Plan – March 2004*, p34

⁴⁴¹ *ibid*, p35

⁴⁴² Ms Becker, NSW Health, Evidence, 8 June 2004, p41

Little wonder that Redfern was littered with needles.

Reports suggest that there has been little, if any improvements in the clean-up of discarded needles since the announced 2002 Anti-Drugs Strategy, yet improved needle clean up programs were a component of that Strategy.⁴⁴³

- 5.78** The Aboriginal Housing Company (AHC) told the Committee that until recently the Block was covered in discarded used syringes and needle stick injuries were common amongst children living in the Block. Research conducted by social planner Ms Angie Pitts on behalf of the AHC found that the way the needles were distributed on the Block did not conform to REPIDU's own standards for the fixed needle exchange service. The AHC suggests that where the fixed service places a limit on the number of needles an individual could access per day:

At the needle bus on the Block the side door of the van was open and users of the service were welcome to take as many needles as they wanted.⁴⁴⁴

- 5.79** Several individual police officers working in the Redfern area questioned the rationale behind the distribution of large numbers of syringes. One police officer who asked for his/her name to remain confidential, suggested that the needle van should operate as an 'exchange':

Why isn't there a return system? You hand a syringe in you get a clean one in return. Not let's hand you five or ten and receive no dirty syringes.⁴⁴⁵

- 5.80** In evidence, NSW Health representative, Ms Karen Becker suggested that approximately 15,000 to 30,000 syringes are distributed per month in Redfern. Ms Becker also suggested, as indicated above, that prior to 3.00pm the needle van is getting approximately 40 users per day, and between 3.00pm and 5.00pm an average of 3 users.⁴⁴⁶

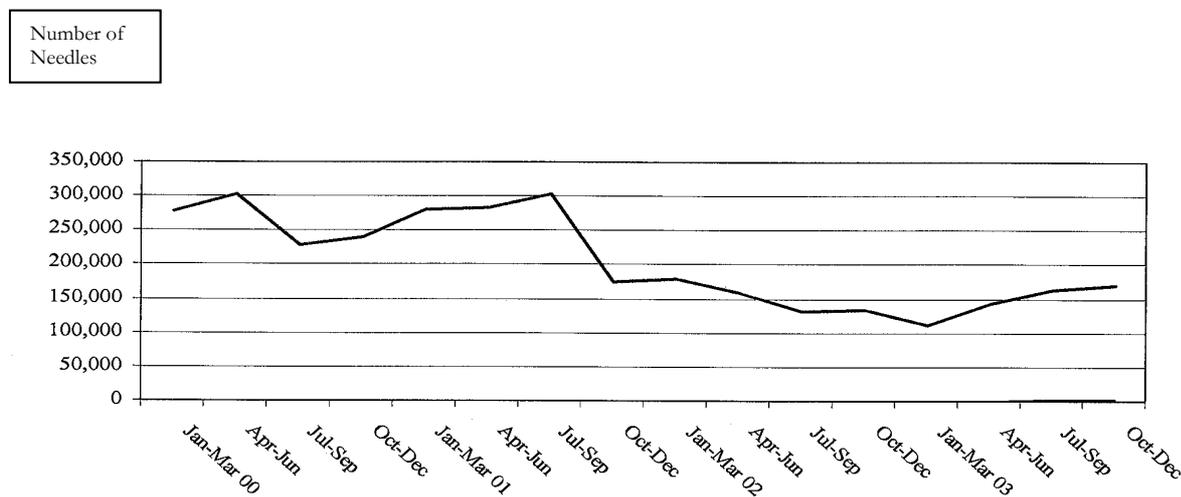
- 5.81** According to the NSW Government, there has been a decline in the overall distribution of needles in Redfern since January 2000.

⁴⁴³ Submission 80, Mr Clive Small, pp8-9

⁴⁴⁴ Submission 42, Aboriginal Housing Company, p4

⁴⁴⁵ Submission 72, Name confidential, p1

⁴⁴⁶ Ms Becker, NSW Health, Evidence, 8 June 2004, p42, 48

Figure 5.2 Distribution statistics for the Needle and Syringe Program - Redfern

Notes: Needle and syringe program (2003). Needle and Syringe Distribution Data 2001-2003.

Source: Submission 55, NSW Government, Part 6 – Community Safety and Justice p249

- 5.82** The CSAHS reports that between August 2002 and March 2004, the number of needles distributed to each person presenting to the service decreased by 30-40%.⁴⁴⁷ The Committee understands that the process of reducing the number of needles distributed to clients was a gradual process. At the same time as the reduction, a re-education program was undertaken by health officers to ensure that clients of the van were informed of changes to the provision of needles per presentation. The education program also informed users that requests for large numbers of needles and syringes would be referred to fixed outlets such as the Pitt Street service. The re-education of needle van clients as to the current arrangements for needle distribution is on-going.
- 5.83** According to the City of Sydney Council, the education program is one of the major achievements of the Anti-Drug Strategy. They claim that the numbers of needles distributed per presentation on the Block have decreased from 30.9 in August 2002 to 18.8 in March 2003.⁴⁴⁸
- 5.84** While agreeing with the changes made to the distribution of needles and syringes, NSW Health told the Committee they would not like to see a reduction in the access to sterile injecting equipment due to the increased risk for injecting drug users to share needles. Ms Becker also indicated that a reduction in the access to clean equipment could potentially increase the black market trade in needles.⁴⁴⁹

⁴⁴⁷ Submission 55, NSW Government, p248

⁴⁴⁸ City of Sydney Council, *Redfern-Waterloo Community Safety Plan – March 2004*, p80

⁴⁴⁹ Ms Becker, NSW Health, Evidence, 8 June 2004, p41

- 5.85** Other submission authors warned against reducing the access to sterile injecting equipment. Anex provided the following example to illustrate the need for access to an adequate supply of clean equipment:

In Vancouver during 1995, HIV prevalence tripled in an 18-month period despite the presence of the largest-volume NSP on the North American continent that distributed an estimated two million needles and syringes a year. In this instance the operational policy for the service that restricted the number of equipment provided to six sets of needles and syringes per visit was cited as a contributory factor.⁴⁵⁰

Clean-up programs

- 5.86** According to the NSW Government submission, the clean-up of the streets of Redfern and Waterloo to remove discarded needles is being undertaken regularly and effectively. In December 2002, CSAHS engaged a contractor to undertake the clean-up of needles seven days a week in the streets in and around the Block.⁴⁵¹ The Project Director of the Redfern Waterloo Partnership Project, Mr Michael Ramsey, told the Committee:

Part of the Anti-drug Strategy was about cleaning up of needles in and around the Block. There has been a far more aggressive clean-up of needles in and around the Block by the area health service, they have brought in a contractor to actually do that.⁴⁵²

- 5.87** According to Ms Monica Barone, Director, Community Living, City of Sydney Council the Council also has a role in addressing the number of discarded syringes in the area:

We also have a syringe program for the whole city where we roll out the syringe bins and we are responsible for co-ordinating cleansing around syringes and that kind of thing.⁴⁵³

- 5.88** The Committee understands there is a real need for fixed syringe bins for Redfern and Waterloo. The City of Sydney Council has suggested that recent shifts in injecting drug activity due to the demolition of the shooting galleries have resulted in more syringes being discarded in public places. To address this significant public health and safety issue, the Council is committed to install new fixed syringe bins built to NSW Health recommended standards. The Council identified two locations in City South as requiring urgent installation of the 23 litre fixed syringe bins. The Council advises that the CSAHS will service the two fixed bin locations via their syringe clean up contractors.⁴⁵⁴ The Committee understands that there are two bins now located in the Redfern and Waterloo area, with a new larger bin recently installed in Caroline Lane.

- 5.89** Some inquiry participants acknowledged the changes that have occurred in relation to the clean-up of needles:

⁴⁵⁰ Submission 85, Anex, p5

⁴⁵¹ Submission 55, NSW Government, p248

⁴⁵² Mr Ramsey, Redfern Waterloo Partnership Project, Evidence, 18 May 2004, pp9-10

⁴⁵³ Ms Barone, City of Sydney Council, Evidence, 8 June 2004, p79

⁴⁵⁴ Submission 55, NSW Government, pp257-258

It was not until the Redfern Waterloo Partnership Program director Michael Ramsey stepped in and insisted that CSAHS do a daily clean up on the Block that things have improved.⁴⁵⁵

5.90 A small number of submissions noted where improvements could be made to the current needle and syringe clean-up arrangements. Anex outlines the approach taken by different jurisdictions in dealing with syringe litter. For instance, the City of Melbourne has adopted a comprehensive syringe management plan for 2001 – 03 and 2004 – 06, including daily syringe clean-ups, expansions of syringe clean-up services for ‘hot-spot’ areas and installation of syringe disposal units in every cubicle in Council public toilets. A similar syringe management strategy was developed by the City of Brisbane together with the Queensland government. Components of the strategy include the installation of 500 sharps disposal bins in public toilets and other public places, ‘sharps sweeps’ throughout the city and drug user education programs. Anex recommends that:

...the NSW Government and the City of Sydney Council initiate a review of strategies relating to the management of syringe litter in the Redfern/Waterloo area, and develop and implement further enhanced strategies to ensure that sufficient numbers of and efficiently serviced syringe bins and chutes are installed.⁴⁵⁶

Referral services and other drug related services

5.91 As mentioned above, one of the major aims of NSPs is to provide referrals to other health and human services including drug treatment services. NSW Health have identified that NSPs provide a unique window of opportunity to engage users who may not access mainstream health services:

NSPs are often the first contact that these clients have with any health service. By engaging injecting drug users through NSP services, those who continue to use drugs are likely to incur less harm to themselves and the broader society.⁴⁵⁷

5.92 NSW Health stressed the importance of the opportunity provided by the needle van to give information and link injecting drug users to other health services. One intention of the service is to allow for health workers to engage with injecting drug users and talk to them about the risks associated with drug use, as well as related issues such as the impact on families. According to Ms Karen Becker, referral services include counselling services provided through Royal Prince Alfred Hospital and other services through the Redfern Community Health Centre and the MERIT program. In addition to that, the recently established Street Team provides a range of outreach services.⁴⁵⁸

5.93 The Aboriginal Medical Service (AMS) expressed support for the drug services within the area health service. The Coordinator of the AMS Drug and Alcohol Unit, Mr Bradley Freeburn, acknowledged that health workers with the mobile needle service were working

⁴⁵⁵ Submission 42, Aboriginal Housing Company, p4

⁴⁵⁶ Submission 85, Anex, p1

⁴⁵⁷ Answers to QON 18 May 2004, Dr Col Gellatly, Premier's Department, Qu 2 NSW Health Submission, p17

⁴⁵⁸ Ms Becker, NSW Health, Evidence, 8 June 2004, p40

under an ‘incredible amount of pressure’.⁴⁵⁹ Despite this support, Dr Mayers told the Committee that the AMS is unwilling to participate in the delivery of services such as counselling to users of the service while the needle van is located at the Block:

So we said we do not want anything to do with it unless you move it off the Block. So they set up where they pay the rent and they have not even moved it there. They were going to have everything there. There was a building that would have been suitable, and it would have been away from the Block and away from the families and the kids. Then we would have worked in with them.⁴⁶⁰

5.94 One of the issues identified by the Aboriginal community is the need for Aboriginal drug and alcohol services, including detoxification and rehabilitation services. Ms Shirley Lomas told the Committee that funding should go to land councils and medical services to provide rehabilitation services.⁴⁶¹ In community meetings held earlier this year with the Department of Aboriginal Affairs, it was suggested that the former Rachel Foster Hospital was a possible site for the location of drug and alcohol services. As mentioned earlier in the chapter, there is concern that the drug problem may spread to regional areas if the issues ‘goes on unchecked.’⁴⁶²

5.95 NSW Health’s Ms Karen Becker told the Committee that she was unaware of any formal request to establish Aboriginal specific drug and alcohol services at the Rachel Foster hospital site:

The Rachel Foster site is currently being redeveloped. It is proposed to put the Redfern community health centre there. There have been a number of discussions about what sorts of services will be provided. We are providing some places for them. Central Sydney Area Health Service will certainly support the establishment of an Aboriginal specific rehabilitation program in the area if the appropriate resources are provided.⁴⁶³

5.96 A number of inquiry participants told the Committee that the Rachel Foster Hospital site has ‘lain dormant’ for years. The Inner Sydney Regional Council for Social Development argue that the site has the potential to be a place that could be used to provide necessary services for the community.⁴⁶⁴

5.97 According to the March 2004 Redfern/Waterloo Anti-Drug Strategy Update, the feasibility of establishing a health/overdose management response team operating from the Aboriginal Housing Company building on the Block is being examined.⁴⁶⁵ The Update has identified the need to convene a meeting between the Aboriginal Medical Service (AMS), the CSAHS and the Aboriginal Housing Company (AHC) to develop a letter of intent between the AMS, the CSAHS and the AHC to work collaboratively to improve health

⁴⁵⁹ Mr Bradley Freeburn, Aboriginal Medical Service, Evidence, 4 June 2004, p34

⁴⁶⁰ Dr Mayers, Aboriginal Medical Service, Evidence, 4 June 2004, p26

⁴⁶¹ Ms Shirley Lomas, Evidence, 26 May 2004, p52

⁴⁶² Submission 55, NSW Government, p119

⁴⁶³ Ms Becker, NSW Health, Evidence, 8 June 2004, p46, 48

⁴⁶⁴ Submission 46, Inner Sydney Regional Council for Social Development, p6

⁴⁶⁵ See Appendix 7, March 2004 Redfern/Waterloo Anti-Drug Strategy Update, Issue 10.6

outcomes for residents on the Block and reach agreement on locating a health/overdose management response team from the AHC offices.⁴⁶⁶

- 5.98** The Anti-Drug Strategy is also considering the feasibility of establishing a program to provide free needles, syringes and sterile water for injecting drug use through local Redfern and Waterloo pharmacies.⁴⁶⁷

Other options to the needle van

- 5.99** The use of back-pack exchanges is one alternative to the needle van canvassed by the Departments of Health and Police. According to NSW Police's Deputy Commissioner Madden, one alternative discussed at a meeting with NSW Health in 2002 was for health officers to go into the Redfern area with back-packs with syringes to exchange. Another suggestion put forward was the use of vending machines.⁴⁶⁸ In her evidence to the Committee, Ms Monica Barone explained the current progress on the consideration of vending machines:

The issue of the vending machines was one option, so it was like if we do not have the van is this an acceptable option? The City of Sydney will just be consulting with the local community around their tolerance to that idea and really we do it via the partnership project, via the drug and alcohol task force, because that is the appropriate mechanism.⁴⁶⁹

- 5.100** In answer to a question on notice, Ms Barone added that while the City of Sydney Council had received no formal submission from the Government on the placement of a needle vending machine near the Block:

I can confirm that a number of ongoing discussions have been taking place with Government representatives and other relevant stakeholders on this issue. Council is currently considering several options.⁴⁷⁰

- 5.101** NSW Health representative, Ms Karen Becker explained that the issue of vending machines arose in relation to discussions about moving the mobile needle and syringe van from the Block:

There is very strong pressure for the van to move off the Block, as you are well aware. The primary role of an NSP is to provide clean injecting equipment to reduce the spread of blood-borne virus. That was the primary goal. If the van was located off the Block, then we could put up a dispensing machine, which could provide the clean syringes. That was a compromise. Certainly, in an ideal world we would prefer to have face-to-face contact with clients to provide a range of different services.⁴⁷¹

⁴⁶⁶ *ibid*, Issue 10.5

⁴⁶⁷ *ibid*, Issues 10.7 and 10.8

⁴⁶⁸ Deputy Commissioner Madden, NSW Police, Evidence, 18 May 2004, p69

⁴⁶⁹ Ms Barone, City of Sydney Council, Evidence, 8 June 2004, p79

⁴⁷⁰ Answers to QON 8 June 2004, Ms Barone, City of Sydney Council, Qu 1, needle vending machine, p1

⁴⁷¹ Ms Karen Becker, Evidence, 8 June 2004, p48

- 5.102** There have been a number of proposed locations for vending machines in and around the Block, including Caroline Lane and Holden Street. Witnesses have suggested that, in the event of the relocation of the needle van from the Block, vending machines should be located in the Block. The Committee understands that there are a number of concerns about locating vending machines in unsupervised areas or places where there is no opportunity for contact with health professionals.

Different approaches to drug and alcohol issues

- 5.103** During evidence, a number of witnesses expressed views on whether more radical solutions for the drug problems would be appropriate for the Redfern and Waterloo area. Such proposals included the decriminalisation of illicit drugs and the establishment of a safe injecting room.

- 5.104** The Lord Mayor of Sydney, Ms Clover Moore MP, told the Committee that she would support the introduction of a medically supervised injecting room similar to the service that operates in Kings Cross for Redfern and Waterloo. Ms Moore explained that such a service would ‘take injecting off the streets, getting people into treatment and saving lives from overdosing.’⁴⁷² In the context of providing this kind of service, with the aim of minimising the risks associated with illegal drug use, Ms Moore also favoured the decriminalisation of hard drugs. She told the Committee:

For someone with an established drug habit a supervised centre would be very beneficial for the community because of the reduction of crime and again helping people get appropriate support...you should also provide prescription drugs for people in those centres, under supervision.⁴⁷³

- 5.105** In his submission to the inquiry, Dr Alex Wodak, President of the Australian Drug Law Reform Foundation, suggested that the full range of harm reduction strategies should be considered, including a medically supervised injecting room.⁴⁷⁴ Aboriginal community representative, Mr Kevin Smith also told the Committee that he believed a legal heroin gallery was needed to ‘allow heroin users to be registered and monitored and the statistics could be better confirmed by those who are using heroin on whether the rates are increasing or decreasing.’⁴⁷⁵ Conversely, a number of witnesses advised the Committee that both a medically supervised injecting centre and the decriminalisation of hard drugs would seriously compromise the Redfern and Waterloo areas. Mr Clive Small argued that such a service ‘would send the message that the government accepts that Redfern will continue to have flagrant and open drug markets, supported mostly by “visitors” to the area’⁴⁷⁶
- 5.106** Deputy Commissioner Madden also argued that, in his experience, such a service would actually increase the risk of crime in the area:

⁴⁷² Ms Moore, Lord Mayor of City of Sydney, Evidence, 25 May 2004, p81

⁴⁷³ *ibid*, p82

⁴⁷⁴ Submission 9, Dr Alex Wodak, p2

⁴⁷⁵ Mr Kevin Smith, Evidence, 19 May 2004, p48

⁴⁷⁶ Submission 80, Mr Clive Small, p9

...at some of the other locations where we have trouble with methadone clinics, where people are committing crime around methadone clinics, it is the same type of thing where people are looking for funds to make purchases...⁴⁷⁷

5.107 Premier Carr did not dismiss the possibility of a medically supervised injecting centre, although he emphasised the need for a cautious approach:

We would need all the Aboriginal leadership and the police and the other stakeholders in Redfern to come to the government and say 'look we think this is a way forward' before we would seriously contemplate it.⁴⁷⁸

5.108 In relation to alcohol, a small number of witnesses commented on the possibility of establishing 'wet rooms' in the area. Ms Clover Moore MP told the Committee that the Redfern Waterloo areas would benefit from a 'drying out place...particularly to address domestic violence related to alcoholism':

Wet centres are working successfully in the United Kingdom. A recent evaluation showed that they improve safety and amenity, they reduce costs for government and business, and they reach homeless people who do not currently use services.⁴⁷⁹

5.109 The Committee notes that the issues of drug and alcohol misuse are extremely serious issues in relation to Redfern and Waterloo. The Committee will continue to consider these in the second stage of the Inquiry. We welcome any further comments on issues related to drug and alcohol use and misuse in the Redfern and Waterloo area.

A way forward for the mobile needle and syringe service

5.110 The Committee strongly supports the principles of harm minimisation as a tested public health measure aimed at improving the health of drug users and general community wellbeing. We accept that a range of strategies are required to address harmful drug use including abstinence-based approaches, primary prevention, early intervention, treatment and rehabilitation. In addition, the Committee believes there is an important role for needle and syringe programs. There is overwhelming evidence to suggest that needle and syringe programs are effective in terms of health outcomes for drug users and the broader community, and for their cost effectiveness.

5.111 The Committee is of the view that the Redfern/Waterloo Anti-Drug Strategy is an important initiative aimed at addressing many of the serious drug problems in the area. We believe there is a role for a needle and syringe service in the Redfern/Waterloo area. The Committee acknowledges the evidence provided by NSW Health's Dr Gregory Stewart and others that without access to clean injecting equipment, there is a very real possibility of a major outbreak of blood borne diseases such as HIV, particularly among the Aboriginal community. The Committee agrees that the rates of HIV and Hepatitis C amongst injecting drug users are already too high, and every effort should be made to reduce the risks for all

⁴⁷⁷ Deputy Commissioner Madden, NSW Police, Evidence, 18 May 2004, p68

⁴⁷⁸ Premier Carr quoted in Australian Associated Press, 'Redfern injecting room only under certain conditions: Carr', 26 May 2004

⁴⁷⁹ Ms Moore, Lord Mayor of City of Sydney, Evidence, 25 May 2004, p81

injecting drug users. While the Committee accepts that there is not necessarily a large number of injecting drug users living in and around the Block, Redfern is well known as a traditional meeting place for Aboriginal people from all parts of NSW and other States and Territories. For this reason, Redfern is an appropriate place to locate a range of services for Aboriginal people, including access to harm minimisation programs such as needle and syringe services.

- 5.112** The Committee is concerned about the image of Redfern as a place with a substantial drug problem. We are mindful of the comments made by the Aboriginal Housing Company and others that services such as the needle and syringe program located in the Block give the impression that the Aboriginal culture is a 'drug culture'. The Committee strongly believes this is not the case. During our inquiry process, we have witnessed first hand that which was spoken about by Ms Marcia Ella-Duncan – a vibrant Aboriginal community. The Committee believes that governments, the media and the local community should make every effort to ensure that Redfern and Aboriginal culture are not identified with a 'drug culture'. We note too, the comment made by RWPP's Mr Michael Ramsey and others that the needle van is not only servicing Aboriginal people, but instead a mixed group of people from a range of cultures, socio-economic groups and places of residence.
- 5.113** The Committee acknowledges that the Government understands the challenge in maintaining a strong public health presence and preventing outbreaks of HIV and Hepatitis C among particular populations with high risk behaviours, while being flexible and responsive to concerns about illicit drug use in public places.⁴⁸⁰ However, the Committee is concerned about the slow pace with which a number of elements of the Redfern/Waterloo Anti-Drug Strategy have been implemented. In addition, the level of community anger and frustration from inquiry participants about the mobile needle and syringe service indicates a poor level of communication from government on the rationale for the service and changes to the service.
- 5.114** One particular area of concern for the local community is the location of the needle van. The Committee strongly supports the evidence to this Inquiry that the service should not be located directly adjacent to children's play areas. We also acknowledge that the location of the service close to the Community Centre is a concern for those people accessing the centre. The Government has indicated to the Committee a commitment to the relocation of the mobile service permanently away from the residential areas to a nearby industrial area on Hudson Street.
- 5.115** The Committee strongly believes that the mobile needle and syringe service must not be located in a residential area. While there have been a number of locations suggested, we believe the most appropriate place to locate the van is in Hudson Street. The Committee suggests that the service should be moved within the next three months.
- 5.116** One member of the Committee felt that the relocation of the van should not be a recommendation of the Committee but should be left to the relevant public health authorities.
- 5.117** The Committee is aware of NSW Health concerns that the relocation of the van not limit or reduce injecting drug users' access to the service. There has been a reduction in the use

⁴⁸⁰ Submission 55, NSW Government, p256

of the afternoon service since it was relocated. The Committee believes that the Redfern Waterloo Partnership Project, NSW Health and the City of Sydney Council must ensure that there is an education campaign to alert users to changes in the location of the service. In addition, they should ensure there is a comprehensive review process and evaluation of the impact of the relocation of the mobile needle and syringe service, including the changes in demand patterns for Redfern and Waterloo.

5.118 The Committee believes there is an urgent need to develop and implement a new Memorandum of Understanding (MOU), to guide the activities of health workers and police officers. There has been considerable confusion as to the responsibilities for each agency. The Committee acknowledges that the harm minimisation strategy in general, and the mobile needle van in particular, can cause conflict between Health and Police due to competing priorities. Evidence to this Inquiry suggests that this is creating considerable difficulties for police officers working in the area. For example, police expressed frustration with the confusion about determining the appropriate distance from the needle van for a police officer to target an individual suspected of criminal activity, while health workers expressed concern about police officers inappropriately targeting and intimidating users of the needle van. Nevertheless, it seems clear that police can do more to target drug dealers. The Committee believes that a comprehensive MOU must address these and other issues. As mentioned above, a meeting took place in June 2004 between police and health officers to discuss the development of a MOU. The Committee understands that as a result of that meeting, health and police are considering the development of an MOU. The Committee believes a comprehensive information campaign should be undertaken to ensure all relevant police officers and health workers in the Redfern and Waterloo area are aware of the MOU and the rationale behind harm minimisation strategies such as mobile needle and syringe services.

5.119 The Committee is concerned about the large numbers of syringes distributed in recent times by the needle van. We received assurances from NSW Health that they had reduced the number of needles distributed per user, and had undertaken to advise users to approach the fixed service for large numbers of needles. The Committee strongly urges adherence to the limit set on the number of needles distributed to users per contact with the mobile needle and syringe service. The Committee notes the comments made by some participants that drug dealers have been obtaining a large number of needles from the van and on-selling them at a profit to users as part of their 'fit'. The Committee also notes the evidence provided by Anex and others that lack of access to sterile injecting equipment can lead to increases in the incidence of Hepatitis C and HIV.⁴⁸¹ The Committee believes that while there must be a limit to the number of needles distributed, we would not like to see any reduction in access to sterile equipment for injecting drug users.

5.120 The Committee acknowledges that significant work has taken place to clean-up dirty needles and syringes in Redfern. This issue was a major cause for concern for a large number of inquiry participants. We encourage the Redfern Waterloo Partnership Project to ensure the continuation of the needle and syringe clean-up program. In addition, we urge the RWPP to work with the City of Sydney Council to ensure that there is appropriate maintenance of the syringe bins currently in place in two locations in Redfern and Waterloo. The RWPP should also conduct a review of services provided in other

⁴⁸¹ Submission 85, Anex, p5

jurisdictions including the installation of disposal units in all public toilets and 'sharps sweeps'.

- 5.121** In relation to the overdose management team, the Committee understands that arrangements are in place to ensure the overdose management team is able to respond when overdoses occur. The Committee believes the overdose management team must continue to operate with the re-location of the needle van.
- 5.122** In relation to referral services, the Committee took evidence from a range of organisations about the adequacy or otherwise of referral services in the area, particularly for Aboriginal people. The Committee will investigate further the adequacy of drug and alcohol related services in the Redfern and Waterloo areas for the Aboriginal and non-Aboriginal communities in the second stage of this Inquiry. No doubt the Human Services Review will provide useful information on the adequacy of these services. However, based on the evidence provided by the Aboriginal Medical Service and others, we believe there is value in investigating the adequacy of referral services for Aboriginal people with drug and alcohol problems in Redfern and Waterloo, and the feasibility of establishing an Aboriginal drug and alcohol services in the area, with the possible location at the Rachel Foster Hospital site or another appropriate site.
- 5.123** While the Committee believes the mobile needle and syringe service should remain located in the area, we also believe that the need for the service should be regularly reviewed. We note that some people have suggested that, with the relocation of the needle van to Hudson Street, consideration should be given to the installation of vending machines in the Block, with possible sites including Caroline Lane and Holden Street. The Committee notes that the location of vending machines in the area is under consideration. While we have not taken extensive evidence on the efficacy of vending machines, the Committee is not convinced that vending machines are an appropriate means of the distribution of clean injecting equipment. In addition, we are concerned about the location of vending machines in unsupervised areas or in places where there is no opportunity for contact with health professionals.
- 5.124** The location of the needle van at the Block has caused tension between government and local services, particularly Aboriginal services. The Committee believes the NSW Government should take a lead role in ensuring there is adequate understanding of the need for harm minimisation strategies such as the mobile needle and syringe service.

Recommendation 20

That the Redfern/Waterloo Partnership Project, NSW Health and the City of Sydney Council work together to ensure that the Redfern/Waterloo Anti-Drug Strategy is fully implemented including:

- the relocation, within the next three months, of the mobile needle and syringe service away from the residential area to a nearby industrial area on Hudson Street, Redfern, with comprehensive information to users of the needle and syringe service about the relocation
- a comprehensive review process and evaluation of the impact of the relocation of the mobile needle and syringe service, including the changes in demand patterns for Redfern and Waterloo
- as a matter of urgency, a Memorandum of Understanding between NSW Health and NSW Police on the mobile needle and syringe service with appropriate guidelines and operating procedures for front line police and health workers
- adherence to the limit set on the number of needles distributed to users per contact
- continuation of the needle and syringe clean-up program and review of services provided in other jurisdictions including the installation of disposal units in all public toilets and 'sharps sweeps'
- appropriate maintenance of the syringe bins currently in place in two locations in Redfern and Waterloo
- ensuring there is access to the overdose management response team.

Recommendation 21

That the NSW Government, through the Redfern/Waterloo Partnership Project, liaise with the Central Sydney Area Health Service, relevant Aboriginal organisations and representatives from the Aboriginal community, to ensure there are adequate referral services for Aboriginal people with drug and alcohol problems in Redfern and Waterloo. In particular, consideration should be given to the feasibility of establishing detoxication and other drug and alcohol related services, particularly for Aboriginal people, at the Rachel Foster Hospital site or another appropriate site.

Recommendation 22

That the NSW Government, together with the City of Sydney Council, undertake a community education campaign in the Redfern and Waterloo area providing information on the rationale for harm minimisation, the Redfern Anti-Drug Strategy and the needle and syringe service with a view to improving community understanding of the benefits to the health of illicit drug users as well to the wellbeing of the broader community.
