

**Submission  
No 6**

## **INQUIRY INTO DRUG AND ALCOHOL TREATMENT**

**Organisation:** The Redfern Society

**Date received:** 27/02/2013

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**The Redfern Society**

**Submission to the Parliamentary**

**Committee and Enquiry into**

**Drug and Alcohol Treatments**

## **Background:**

**The Redfern Society represents a number of the residents and businesses in Redfern.**

**The Department of Health has put a free Automatic Needle Vending/Dispensing Machine (ADM) into the main high Street of Redfern, to which the residents are strongly opposed .**

**There are daily incidents of drug paraphernalia left as litter, from this machine and other needle exchanges. Such hazardous material left as litter causes the residents serious concern over the health of the local children and others in the community.**

**The Department of Health has claimed this ADM is in response to the National Needle and Syringe Programs Strategic Framework 2010-2014.**

**This framework was brought about by strong lobbying from the Australian Injecting and Illicit Drug Users League (AIVL) and the NSW Users and Aids Association INC (NUAA). Both papers outlining Legislative and Policy Barriers from these organisations are available on the web.**

**The residents found out about the (then)soon-to-be-installed ADM from a couple of residents to had been to a meeting organised by the Department of Health and who were concerned about the way the meeting was run by Health officials. These residents felt that they had been the intimidated and bullied by these Health officials.**

**We wrote to Area Heath and 2 more meetings were held as a result.**

**The first of these was a very negative experience for the residents. Residents who attended left feeling intimidated, bullyied and that the health officials had attempted to blind side the residents .**

**The Aboriginal Community representatives, who are also opposed to the ADM, left the meeting in disgust.**

**The Police officers from local area command also spoke in opposition and advised the those attending the meeting that despite claims from the Health officials, the current ADM in Surry Hills was a problem.**

**At the 2<sup>nd</sup> meeting the Department of Health provided a “facilitator”. This meeting became a farce as this Health appointed facilitator, together with an obviously stacked audience, consisting of Health officials and drug users, attempted to convince the residents that they should not be concerned.**

**At this meeting another Aboriginal representative, an elder, questioned the officials regarding the concerns of the local Aboriginal Health Service’s concerns, but was basically ignored.**

**Another question from the floor regarding the residents’ concerns for children led to one of the drug user representatives suggesting that it was the parents’ problem to control their children and ensure they did not pick up syringes and other paraphernalia (photos attached).**

**The residents have since developed concerns over what appears to be a culture of bullying and intimidation by both the Department of Health and Department of Police. The officers from the local area command seem to have been silenced by their department and no longer provide community input by the Police leadership, and we**

**suspect from the Ministers office. A copy of the letter from the Parliamentary Secretary attached**

**We heard from a local resident who is a medical practitioner that they could no longer comment for fear of retribution by senior health officials.**

**It is now necessary to broaden the scope of the vending machine discussion, as it has become clear that NSW Health plans to roll out more needle vending machines across local communities in NSW, to assist in the use of illegal drugs.**

**By way of background the Commonwealth Government, at the lobbying of the Illicit Drug users League and the NSW Users and Aids Association, have agreed on a Harm Minimisation programme, together with the States.**

**It appears now that NSW Health, rather than following the practice of supplying clean needles in exchange for consultation, will provide vending machines to dispense paraphernalia for illegal injecting (syringes, spoons and tourniquets) and plans to roll these vending machines out in suburbs across Sydney. It started in Surry Hills, is now Redfern and will soon be in the main street in other communities. NSW Health confirmed this at the last meeting.**

**NSW has more than 75% of all vending machines in Australia, now in hospitals and other concealed locations. The plan now is to roll them out in open communities.**

**The National Needle and Syringe Program Strategic Framework for 2010 to 2014 states that the measures needed for Harm Minimisation of drug users are:**

**.. To increase counselling and referral services through the needle and Syringe programmes and**

**..Diversify existing programmes to increase accessibility through pharmacies and to provide information and training**

**We need to ask NSW Health why in the UK the NHS has tied needle distribution to consultation and education rather than dispensing**

**machines; why Victoria, The Northern Territory and South Australia do not have vending machines at all, yet indications are that their HIV and HEP C rates are similar to NSW on a per capita basis.**

**The national strategy seeks to enhance the capacity of NSP workforce to engage with people with, or at risk of, HEP C infection and provide targeted education and health promotion interventions... vending machines will not do this.**

**What is also interesting to note is both the UK and Victorian Governments have large pharmacy programmes, Victoria more than double that of NSW.**

**In other jurisdictions they appear to follow the national strategy guidelines - that being , the programme effectively engages the community and that programmes are supported by the community, law enforcement and other health service providers, such as Aboriginal health in Redfern. We must ask why NSW Health is clearly not following these guidelines, and in doing so it seems both the Minister and Premier are avoiding their duty of care to the people of NSW.**

**The National Strategy also identifies targeted education for:**

**People under 25... we now understand that there has been an increase in HEP C and HIV for the 18 to 25 year age bracket... So why make injecting easy for them? They need the help of experts to move them from injecting these harmful drugs.**

**People from indigenous backgrounds... again education is key and this, as the community has separate issues that need to be addressed and not by making it easier for the IV drug users. Again, the indigenous community are against the vending machine.**

**People from culturally different backgrounds... it has been indentified that refugees and migrants from the Mediterranean, Eastern Europe , Africa and Latin America have high rates of HEP B... why not vaccinate these groups and make vaccination compulsory for refugees/ immigrants as part of the process**

**Those who have a history of imprisonment**

**Gay Men**...who exposure is primarily via sexual contact rather than injecting.

**People who inject steroids**...very topical currently and the subject of the Crime Commission.

**Are currently in prison**...this is most interesting as studies indicate 1/3 of male prisoners and 2/3 of female prisoners are existing illicit drug users and use in gaol. How are these drugs getting into the gaols? We need Corrective Services to answer this question.

As NSW Health has the intention of broadening community distribution the community now asks NSW Health some serious questions which deserve answers, and holds NSW Health accountable for its actions.

**A number of claims by area health are inconsistent:**

**Available Public Transport has been apparently a key issue for Health ....They may not know, that the buses do not run between 1 am and 5 am. If they intend that their target clients use the rail as a transport component, then the Health intention is clearly to bring users from outside the area for their needles. Something the community will not accept. We suggest that Health stay open until 1 am rather than install the machine. If users have their own means of transport then they can go to RPA to get the needed equipment.**

**At other times they can continue with the local chemist for supply**

**We have requested health to provide a further breakdown of the statistics on HIV/Hep c between Redfern and Waterloo. Health cannot provide this so they are using data that does not accurately reflect the true community position**

**We have asked Health to provide an action plan to the community as to how they intend to work with other agencies such as Police, Welfare and Housing to combat the core problem, the drug issue itself.... this is the real issue, the machine is a cop out for poor Government, poor management by health and other departments in the drug loop....it is time Health took a lead on this. Nothing as yet from Health**

**We also asked Sydney Council, who have been represented to take note of what can happen with overdevelopment in an area with an acknowledged drug problem**

**Dealers are also a concern. We do not believe health's claim that this machine will not attract the criminal element to the main street of Redfern We require Health to come up with a joint action plan, with Police, as to how they will jointly manage this problem as it will occur**

**The claims by health of 150 units in the community is spurious, we are only aware of 2 that are not attached to hospitals.**

**Lots of spin by health**



## **Conclusion:**

**The Redfern Society supports the proposed Bill but conditionally ties its support to further evaluation of ADM's and free needles being distributed in public areas.**

**The concerns of the Redfern Society are that these vending machines are in fact leading to increased use of illicit drugs by making it easier for addicts to access paraphernalia for the purpose of injecting illicit drugs while at the same time contributing to potential harm to the general resident and business community( photo's attached).**

**Evidence has been demonstrated abroad and in other Australian jurisdictions that supply of needles when not combined with consultation does not provide the incentive for addicts to rehabilitate which should be the prime aim of The Needle and Exchange programme**

**It would appear to the Redfern society that the push by the Health Department is primarily motivated by money (savings) rather than the rehabilitation of licit and illicit drug users, and hence the spread of HIV and HEP C**

**We recommend the committee suggest NSW Health re evaluate the current programme and bring it more in line with other jurisdictions with a focus on harm prevention rather than harm minimisation**

**Evidence of discarded paraphernalia in local residents yards, local parks , lanes and streets validates concerns that the naïve approach by the Department of Health that users will administer their "hit" and then place the discarded material in designated sharps bins is spurious at best , and negligent in terms of the duty of care to the wider community**

**As NSW Health have now the intention of broadening community distribution the community now has to ask NSW some serious questions and they need to answer them and be held accountable.**

**The addict, who by virtue of that addiction, at times becomes incompetent (they cannot legally drive as an example of this) so it is**

**unreasonable to expect that an addict who injects up to 1000 times per year and observe aseptic conditions. It is imperative that the addict should be observed by trained people at the time of collection and have access to counselling**

## **Case Study on local installation of ADM**

**The National Needle and Syringe Programs Strategic Framework 2010-2014 clearly articulates that the program effectively engages with the public. It is essential that the program is supported by the public community including other services such as law enforcement etc**

**It now is becoming evident in NSW that this program is being used to increase needle supply and police and councils are compliant. Sydney City Council is now putting sharps bins in areas where people “hit up” and this is growing**

**It is of concern that Government funded paraphernalia is being distributed in increasing numbers under the guise of Harm Minimisation**

**We the residents became aware of the plan to install an ADM in Redfern Street after a meeting NSW Health had with a couple of residents. Most residents were not aware. AT this meeting the residents claimed to be bullied and intimidated by Health officials. We wrote to health and two more meetings were arranged and residents at the 1<sup>st</sup> meeting were dictated to, no consultation and at the 2<sup>nd</sup> meeting where a facilitator was appointed was a farce.**

**The farce was further compounded by the Police Local area command being gagged in their ability to work with the public community sharing their concerns. Letter to me from Parliamentary Sec stating Police support NSW Health in conflict with Local Area Command. Political, ill-informed and contrary to rehabilitation which one would think would be police priority**

**The majority of lobbying for changes to the law to allow needle exchange has come from the Illicit Drug Users League (AVIL) and NSW Users and Aids Association (NUAA).**

**Note Stats attached. Over 75% of vending machines in AUS in NSW**

**IN the UK no machines and 70% needle exchange done via trained pharmacists in consultation.**

**It has always been made clear that needle exchange needs to be done in combination with consulting in an endeavour to rehabilitate drug users**

**The vending machines offer injecting paraphernalia (5 needles, tourniquet, spoons and wipes ) anonymously and free of charge. It is our opinion this contravenes the intent of the National Strategy**

**Litter now around the community despite Health assurances this would not be an issue (pictures attached)**

**Australia has already (at 2010 data) exhausted the value of increased needle provision. We distribute at a rate 3 times greater than Western Europe per injecting user and have an HIV infection rate in IDU below 1% The conclusion can be drawn that further supply beyond the 200 per user per year simply leads to the wasteful and dangerous discarding of syringes such as was evidenced in James St.**

**The focus of spending should be on modes of needle supply that provide opportunities for engagement with counselling and other health services - not a ramping up of anonymous (vending) provision that not only avoids engagement for those who most need it, but also encourages the dangerous discarding of sharps - at a social cost to the entire community**

**The community once supported harm minimisation but we believe this platform has been hijacked by drug users and health and now have shifted toward harm prevention**

**Residents writing a petition to the Minister for Health with no response from her, very poor form**

**Health committed to ensure no sharps or equipment would be left to harm the community, the photos clearly show this failure and the email suggesting the community can “dispose themselves” (email attached)**

**There is an argument that Govt funded programs for needle supply has increased the HEP C Aids spread, as if these needles were not provided where would the users get them**

