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The NSW Inebriates Act is being reviewed.
While I do not have a copy of the preamble to the original Act and the intents of the lawmakers of 1912 I am sure that the use of the Act has altered over the years, but not as much as community attitudes.

Does the removal of 'victimless crimes' from the statute book leave the Inebriates Act as an anacronism, or is it still useful?
The Act permits the removal of chronic alcoholics from their homes (of varying types) and their incarceration in a institution, which normally is 'dry' or alcohol-free and permits medical care.
I assume that it has always been used for persons of no or minimal assets and that alcoholics with assets have been handled differently.

Questions - to which answers are needed so that best decisions can be made.

Are there any alternatives available which permit alcoholics to obtain care and hopefully rehabilitation?

Are these provided by charities (eg Salvation Army) or by government agencies?
Would removal of this Act simply transfer further costs onto the charity system and out of taxpayers' costs?

Is there evidence of misuse of the Act by committal of persons who are socially undesirable but otherwise harmless?

Has the Act been used to 'move persons on' to other areas (a concept referred to in medicine as a geographical cure or in the popular press as 'not in my backyard')?

My Opinions
In my experience the Act has been used for the treatment of persons whose alcoholism had prevented them from getting medical treatment, which would be rated urgent, because they walked out of open facilities like a normal hospital without obtaining treatment - although they did present to hospital voluntarily in crisis.
The simple nature of the committal process can be contrasted to the Mental Health Act and the extreme difficulty in rural areas of getting someone to formal psychiatric treatment.
In practical terms the committal requires the collusion of a community representative who is the Police Sergeant, the medical practitioner and the Magistrate. The Clerk of the Court needs to be onside too, as Court time needs to be arranged, and the inebriate needs to manouevred into Court at the right time.
Having arranged this formidable team of authority the inebriate doesn't have much chance to weight the evidence in their own favour, although they are permitted to try.
Current social norms proscribe this form of behaviour, of railroading persons into alcohol free lives, but we should pass beyond the norms of society and consider if any persons can benefit from this system, how we can define persons who would benefit and how we would give them the greatest benefit.
People with alcohol related dementia who cannot survive on the streets, requiring permanent institutional care, are currently finding their way into Nursing Homes. This seems to be a better place for people to live than the old State Institutions, but the Nursing Homes have difficulty in providing for these people as their needs are different from the frail elderly whom they normally serve.

Advances in the treatment of alcoholism - new drugs
There are now drugs available to assist persons with alcoholism, and optimally they are taken for a prolonged course of 3 to 12 months. One drug is daily and one is three times daily. It is difficult to get any person living on the streets to accept treatment past the next pension day (when they can afford alcohol again). The incarceration of persons offers a chance to have them started and maybe even completed these sorts of drug treatment before full discharge. Long term hospitalisation is termed as 'too costly' but the return of a person to productive employment is a real possibility with these drugs.
Should we deny people the chance to start again because we are following the mantra of self-determination when we know that drug addiction also denies self-determination to that person?

The future

I see a continuing, small role for an Act such as the Inebriates Act. There are potentials for abusing the rights of persons with the Inebriates Act in its current form and process needs to be tightened to make this more difficult but not as difficult as the Mental Health Act, where remote rural people can be effectively denied inpatient psychiatric care (I am happy to explain this to the Committee, but feel that this is not relevant in this discussion).

The availability of new treatments for alcoholism has not yet filtered to the people who live on the streets and they are denied this treatment opportunity in our current system.