

REPORT OF PROCEEDINGS BEFORE

GENERAL PURPOSE STANDING COMMITTEE No. 3

INQUIRY INTO POLICE RESOURCES IN CABRAMATTA

At Sydney on Monday, 12 March 2001

The Committee met at 10.00 a.m.

PRESENT

Reverend the Hon. H. W. Sham-Ho (Chair)

The Hon. P. J. Breen
The Hon. R. H. Colless
The Hon. R. D. Dyer
The Hon. J. Hatzistergos
The Hon. G. S. Pearce
Ms Lee Rhiannon
The Hon. I. W. West

CHAIR: I declare this meeting open. This is the sixth public hearing in the inquiry into Police Resources in Cabramatta. Today's hearing is vitally important to the Committee's inquiry. The witnesses who will be giving evidence today are senior representatives of Government agencies which either:

(1) work together with the Police in Cabramatta (for example, the Premier's Department's Cabramatta Project); or

(2) conduct research or develop policy in relation to matters relevant to the policing challenges in Cabramatta (for example, the Office of Drug).

This hearing will provide the Committee with essential information about the policy framework within which the police are working at Cabramatta.

Before we commence I would like to read in part from three letters received by the Committee late last week and this morning.

Firstly, The Hon John Della Bosca, Special Minister for State, has written in response to my invitation to him to appear at this hearing, and I quote in part from the Hon John Della Bosca's letter. Among other things he says:

I am unable to attend on that day (that is today) as I will be in Lismore for the opening of the Lismore Drug and Alcohol Centre, a major new Drug Service initiative in the Northern Rivers region of the State.

So we can forgive him for not attending our Committee hearing.

Secondly, in lieu of the media speculation about further police officers appearing before the Committee, I would like to read from the following letter, received from Mr Greg Chilvers of the Police Association of New South Wales, and he says, in part:

I write to inform you that this Association will be seeking leave to make a further submission to the above inquiry in the light of recent evidence before the Committee and subsequent media interest.

On the 15th March next I will be meeting with a number of police from Cabramatta Local Area Command to develop our submission. At that meeting I shall also establish whether any individual officers will be willing to appear before the Committee to give evidence.

I would anticipate that the submission would be ready by 30th March. If you wish to discuss our proposal, I can be reached at the above phone number...

Thirdly, because of the differences of opinion between the Government and the community in relation to this inquiry, Councillor Thang Ngo from the Fairfield Council, who was at one point a critic to our inquiry, has written to the Committee this morning. He flags the community's support to the inquiry after a round of consultation was carried out in the past week and I quote:

I am writing on behalf of Cabramatta community, Cabramatta

representative on Fairfield Council. In recent days I believe there have been repeated calls to shut down your inquiry. On behalf of the community, and especially residents of a non-English speaking background, I am writing to offer the community's full support for the continuation of your inquiry. This week I have consulted with local residents in including those of Vietnamese, Chinese, Burmese, Thai, Croatian, Khmer and of course English speaking background. The community believes that this inquiry is hearing relevant and strategic submissions from all stakeholders, including residents, businesses, police officers, the New South Wales Police Service and other Government and non-Government organisations. For the sake of finding an answer to the blatant drug problem in Cabramatta, I am asking you on behalf of my community to continue your work and we look forward to the tabling of your report at the conclusion of the inquiry process.

We want to thank Councillor Thang Ngo for his work and his comments.

DONALD ANDREW JOHN WILSON, Chief Health Officer, New South Wales Health, 73 Miller Street, North Sydney sworn and examined:

CHAIR: Did you receive a summons issued under my hand according to the provisions of the Parliamentary Evidence Act 1901?

Dr WILSON: I have, Madam Chair.

CHAIR: Are you conversant with the terms of reference of this inquiry?

Dr WILSON: I am, Madam.

CHAIR: If you should consider at any stage during your evidence that in the public interest certain evidence or documents that you may wish to present should be heard or seen only by the Committee, the Committee will be willing to accede to your request. Would you like to make an opening statement?

Dr WILSON: Thank you, Madam Chair. The Committee has asked me to address two particular issues. One is an issue of numbers and demand and the second is an issue of service and the service plans, in particular in relation to South West Sydney, and other sectors, specifically the Cabramatta area.

Could I first begin by just giving two apologies. Dr Jennifer Gray, who is the Director of the Drug Services Program in the branch, is unable to attend this morning, and the Area Health Service is also unable to attend this morning. The reason for the latter is that there is some fairly major transitioning of staff in the South West Area Health Service at the moment. Many of you will know that the very highly respected Professor Ian Webster retired at the beginning of this year. There has also been a change in the Director of Drug and Alcohol Services, and just to make complications worse, one of their other medical staff has recently moved to the UK. So there is a fairly major transition of medical staff there. We have been able to continue services in the area, but, clearly, the staff that are there are fairly heavily in demand on the ground.

However, having said that, I will be happy obviously to take any questions that the Committee has on specific elements that I am not able to elaborate on today to take to the area to seek additional information should you require it.

I can just give you a brief overview of how we are thinking about drug treatment services, drug dependency treatment services in New South Wales, to overview that for New South Wales and then focus down a little bit more specifically on what is happening in South West Sydney, is that acceptable?

CHAIR: Yes, that is fine.

Dr WILSON: The first thing to say is that when we talk about drug dependency, we are obviously not just talking here about heroin dependency, but drug dependency in general, we are talking about a large problem. We are not talking about a few hundred people across the State. By the estimates that are available to us, and I will go into that a little bit more, we are talking potentially around 35,000 people with some form of opiate dependency in New South Wales.

When you have a problem of that size, you can only respond to that if the whole of the health system is prepared to respond to it. So a major focus, a major part of what we are trying to

do at the moment, is skill up the broader workforce to be able to address the problem of that, and that sometimes is referred to as mainstreaming. I am a bit cautious with that term because that is sometimes seen as meaning a reduction in services, and that is not what we are on about. What we are saying is that if you are going to be able to address a problem like that, you are talking about a problem of a magnitude of something like high blood pressure or common conditions like that, and that means that you need to have a very strong participation from general practice in the management of people with drug dependency; it means that you need to have a process whereby people can be managed in a primary care setting, but where there is appropriate and relevant expert advice to back that up. The one thing that primary care practitioners and general practitioners find extremely difficult about work in this area is that when they have difficult clients or where they need some expert advice, they want to know where they can get it and they want to be able to get it relatively quickly, and it is when they find themselves unsupported that we have problems keeping them in the system. That is perhaps the first thing to say about what we are trying to do with drug dependency treatment services in New South Wales.

The second thing to say about it is that the way I view it and the way many other people view drug dependency, particularly opiate dependency, but it applies to alcohol dependency as well, is the best analogy you can use for it is that it is what we call a chronic relapsing condition. It is something when people have it, that they are going to have for quite a long period of time, that they will have periods when they may be drug dependent, there will be periods when they are off drugs, there will be periods when they are in control and periods when they are not. Some people, if they are fortunate, will have a very short period of dependency and will get out of it, it is frequently situational, and they are the fortunate ones. There are other people who get stuck in a whole vicious cycle and who find it much harder to break out of that process. So in thinking about the development of treatment services for it, there are two aspects. One is we have got to protect people's health during the periods when they are on and off drugs, and we also have to give them an opportunity and use the best therapies available to try and assist them with their dependency. So a key focus that I have been trying to push in relation to the development of treatments in New South Wales - and I should precede this by saying there is no miracle cure for any form of drug dependency. It is a hard business giving up drugs, giving up drugs when you are dependent on them. There are no simple cures, and what flows from that is that what works for some people will not work for others, and what is good at one point at a time in your illness is not necessarily what you need at another.

One of the things that we have been trying to do in developing services is to broaden the scope of the different types of treatment services that are available traditionally in the past there basically was two approaches people talked about abstinence and otherwise there was the methadone program. Both have appropriate places and both are appropriate for some people. However, there is an increasing number of other ways of dealing with drug dependency, perhaps the most high profile of this has been Naltrexone which can be used in a different forms but there are a range of other agents which are becoming available.

The good thing about that is that when there is a growth in the different types of treatments available it tends to make it a more attractive area for medical practitioners to work and so one of the positive spin offs I hope from that will be that we will see more people who are prepared to come into the area.

But it does mean that we need to try and provide a spectrum of services, a spectrum of different types of treatment approaches to best match individual's needs with the treatments that are available.

The third aspect that I would just comment on in relation to drug treatment services is that I think it has been a very neglected area of medical practice and as a consequence a lot of the developments in health care which have occurred elsewhere have almost bypassed the drug treatment area and in particular I am referring to here the aspects of quality control and quality improvement which we have been trying to develop in the rest of the health system.

So another major focus on what we are trying to do at the moment is saying well it is not just good enough to provide a service we have got to actually try and provide a quality service, and that means that we need to look at what we are doing, whether we are doing best practice in relation to what we are doing and we need to have some feel for what has actually happened, what actually occurs, what are the outcomes of the treatments that we offer.

In the past we have not had a particularly good handle on that. You cannot have quality improvement processes unless you are able to feedback information into the system to give a good indication of how you are going, whether things are improving or not.

So a major focus of what we are currently doing is trying to develop some better information systems that will better enable me to answer the sort of questions I am going to try and answer for you today about numbers of people requiring treatment, but also that will give us a much better handle in the longer term about what works and what doesn't work.

There are two systems that we are particularly in the process of developing at the moment, one is a system to look at the outcomes of treatment so that we get a systematic data collection across the State from all sectors, both non-government and government sectors about the outcomes of different types of treatment.

The second part is that we are developing a very simple intake system so that there will in the first instance be in each area health service one telephone number that people can ring if they want to access treatment services and the evolution of that is that we will have a system whereby there will be one access number across the State that people can call when they are seeking treatment. That will obviously also give us a much better handle on demand for services as well as providing a better service for the clients themselves.

I thought I started really in giving my apologies identifying the fact that there are problems in south west Sydney at present in terms of delivery of health care services into that area. They are a reflection of the major broader determinate at the moment that limits our expansion of services and that is the availability of trained staff.

Drug and alcohol treatment services has not been an attractive area for medical, nursing and other staff to work in. It is hard work. It is not something that gets well recognised and it requires a particular type of person with an interest and with a commitment to the area to do it.

We have a major challenge ahead of us to make it more attractive and to attract, train and retain people in the drug treatment services and I think we have made some important steps towards that but we have got a long way to go.

What that means is of course that those areas which are sometimes the most problematic are those where it is most difficult to recruit staff to do the work. So one of the things that we will be trying to do in relation to making it more attractive is that we are currently negotiating in relation to south west Sydney for the establishment of a clinical research unit in drug dependency which would see the establishment of a separate Chair or Professorship in drug and alcohol services

and which we would hope would act to attract and retain people in the area. It would provide a base from which we can start to look at different types of experimental therapies for dealing with drug therapy but it would also be a base to work with groups such as The National Drug and Alcohol Research Centre, our premier sort of research group at the moment in the drug and alcohol area, to get a better handle on what is actually happening in relation to the trends in drugs et cetera.

I might just conclude with just a couple of other general comments about numbers and then I will, if you do not mind, read you some information on drug treatment numbers in south west Sydney at the present time. Is that acceptable?

CHAIR: Yes.

Dr WILSON: I start with a caution in relation to any enumeration of drug dependent people. By the nature of drug dependency people do not come forward and identify themselves readily with that. So our estimates have to be based if you like on a sort of triangulation where we draw on whatever sources of information there are available to us and try and interpolate from those some reasonable number which is consistent with the information that we have. But we are dealing with a population, the drug dependent population, which is highly mobile, moves around a lot from different sources of supply so it is extremely difficult to count accurately in one place who is there.

Having said that however, it is also the experience that wherever there are major clustering of drugs you almost – well I certainly know of no incidents where you have major clustering of drugs where there is not a substantial of drug dependent people who are actually resident in the local area and that is important in terms of thinking about where you put the services et cetera for people with drug dependency.

What information do we have at the moment and what conclusions can we draw from it in relation to drug dependency? We do know a bit about who at present is on pharmacotherapy, the most common of which at the moment is methadone. There is approximately 1,600 patients who are currently registered on the methadone maintenance program in south western Sydney, that is from the December listing on the pharmaceutical services.

The Hon. G. S. PEARCE: Sorry, how many?

Dr WILSON: The number that is given here is 1,664 but that number does change, it goes up and down. We see there is quite a large amount of turnover in the methadone base but that is a reasonable number. Of those approximately 172 patients are dosed from 17 pharmacies in the Fairfield area, but only 22 patients are dosed in the Cabramatta area from the four pharmacies that dose there and that is in part a reflection of how many patient – whether the pharmacies are prepared to dose patients at all, which is an important limiting step for us, and also most pharmacies place a cap, or they all place a cap or are required to place a cap on the number they take, and that can range from a couple of people through to 20 or 30.

The Hon. J. HATZISTERGOS: Did you say 172 from 17 pharmacies?

Dr WILSON: That are dosed in the Fairfield area.

The Hon. J. HATZISTERGOS: That is the local government area, isn't it, and 22 of those are based in Cabramatta.

Dr WILSON: In the Cabramatta area, from four pharmacies in the Cabramatta area. There are 362 patients currently enrolled on the methadone program at Jacaranda Clinic, which is located at Liverpool Hospital, about 22% of those patients are residents of the Fairfield area. There are a further 180 patients who are registered with the Barbara Street Clinic in Fairfield. The Scots Street private clinic in Liverpool has 290 clients, a proportion of these – I am sorry we do not know the number of those – a proportion of these clients are residents of the Fairfield area.

We know something about the age distribution which will not surprise you at all. 86% of patients in the public methadone programs in south west Sydney are aged between 25 and 45 years of age. 21% of them are from non-English speaking backgrounds. That is the information we know relatively exactly with the rider that it does vary from month to month.

We then start to have to try and make some estimates from some of the other information we have got. I gave a figure before that there are estimated to be some 35,000 dependent drug users in New South Wales and I think the National Drug and Alcohol Research Centre are presenting to you a paper today is that right?

CHAIR: Yes.

Dr WILSON: And you may wish to speak to them further about that because that estimate comes from them.

The AIDS and infectious diseases branch in the department advises that about 14% of all injecting equipment is distributed in south western Sydney. Now extrapolating from these there would be some 4,900 dependent drug users in south west Sydney. We have already said about one-third of the clients dosed on the methadone population in south west Sydney are resident in the Fairfield LGA. On this basis it is reasonable to estimate that there are probably about 1,652 drug dependent people in the Fairfield LGA. South west Sydney Area Health Service states that one-quarter of the Fairfield LGA population lives in the Cabramatta area, so you would estimate that at a minimum the estimate for drug dependent users in Cabramatta would be something in the order of 305 people, now that is based on a pure allocation on a population basis and I hope you are not going to grill me too much about that particular issue.

The Hon. G. S. PEARCE: I can see the headlines, “There are 305 drug users in Cabramatta confirmed by Health Department”.

Dr WILSON: Clearly there are other factors that enter into that such as the attraction of the area to users which would suggest that the number who are actually in the area at any point in time would probably be higher than this. That figure on a couple of estimates are in the ballpark of a couple of other people who have looked at this for us would make an estimate of somewhere between 300 to 400 people who are residents in the area and I am making the point ‘resident’ because clearly there is, as I say, a very mobile population; it is a source of drugs for people.

For us there is still a challenge, a major challenge in trying to develop drug treatment services at the level which are necessary in this area. I think we have got a fair way to go in developing those services, we have made a start on it but just on the figures I have given you can see that we are not talking about a small problem. It is important to us that if we are going to address the problem this size that we have those elements that I outlined before. We need a specialist service to be able to deal with that support process, but we also have to have the support of the general practitioners and pharmacists in the area if we are going to be able to normalise that service in a way that meets needs.

Just in terms of the services in the area at the moment, I will just quickly outline for you what they are if you want. I can provide that information in writing if you would rather. At the moment the services are in place. There is the fairly recently established Corella Lodge Detoxification Centre at Fairfield Hospital, it has 20 beds and in the 12 months to August 2000 Corella Lodge managed some 884 out-patients and 1019 inpatients. The bed occupancy during that time was approximately 74%. In addition to that Corella Lodge received approximately 150 calls per day.

In addition to that we are trying to develop a home and ambulatory detoxification service. The extent to which that service is relevant to the Cabramatta area is yet to be tested, it obviously depends on people actually having a home in which you can home detoxify and so it relates to the nature of the user population as to how relevant it is.

In terms of rehabilitation, Odyssey House, which is a non-Government organisation located in the Campbelltown area, it is one of the major residential rehabilitation services in the South West Sydney area, has 120 to 125 bed capacity, rehabilitation is a much slower, stream activity, and therefore the turnover of patients is obviously much lower. Approximately a third of their clientele comes from the South West Sydney area.

The South West Sydney Area Health Service in the non-Government grant program provides funds to Grow, which is our State-wide dual diagnosis rehabilitation service. Grow has a 20 bed unit, and in 1998-99 Grow provided residential rehab for 55 patients, the majority of whom obviously had dual diagnosis, that is they had some mental health problem as well as a drug dependency problem. That is a particularly problematic group to deal with.

In the Cabramatta area specifically, we have the drug intervention service at Cabramatta. Between December 1998 and July 1999 this provided some 601 occasions of service for counselling and brief intervention. There were 166 clients registered for ongoing management at that time. Those numbers have continued to grow.

The State-wide Alcohol and Drug Information Service, ADIS as it is referred to, received some 392 calls related to heroin from the South West Sydney area in the first 55 days of this year. 76 percent of these calls were requesting referral information.

The last thing I would just like to comment on is the pattern in relation to fatal and non-fatal overdose deaths, because I think this is important in terms of the type of problem that we are dealing with in the Cabramatta area. Again, if Professor Wayne Paul is appearing for the NDARC later on today, you may wish to take this up with him because this is an area of his particular expertise.

CHAIR: I do not think Professor Hall is going to be our witness this afternoon.

Dr WILSON: Fine. Well, I will comment on it, and if there is additional information, then we can get that for you. I am sure they would be more than happy to supply it. Basically, I am going to summarise the work which comes from them.

The ambulance data between 1997 and 1999 for the Fairfield/Liverpool area had the second highest call-out rate for drug overdoses in the State, second only to the inner Sydney area. Heroin related deaths rose from 20 in 1992 to 54 in 1996 and increased after that. We just have not got the break-down for that. The highest number of fatalities occurred in the Cabramatta area. 15

percent of all drug overdoses in New South Wales occur within a four kilometre radius of the Cabramatta area. Of 144 cases examined by the NDARC group, 65 percent occurred in a public place in the Cabramatta area, compared to 19 percent in the Kings Cross area. Clearly, this has implications in terms of how we need to address the problem.

Madam Chair, what I have tried to do is give you a bit of an overview of where we are going broadly with drug treatment services in New South Wales, and then tried to give you some feel for the numbers and how they develop, stressing however that these things are at best guesstimates based on the best information that we have available to us. We will over the next twelve months be moving to a situation where we will have a much better flow of information in relation to this and a much better handle on it, which will help us guide our services and quality improvement in our services, but those estimates are based on the best information we have to hand at the moment.

CHAIR: Thank you, Dr Wilson. You have been most informative. I am just wondering on behalf of the Committee whether you can actually table -

Dr WILSON: I would be happy to provide a written comment on that for you too.

CHAIR: Thank you very much. I would like to ask the first question of Dr Wilson. In view of migratory aspects, as you were saying, the mobility of drug users in the Cabramatta area, you were saying that there are only 75 people receiving treatment. What impact do you have on the drug treatment services in this area because it is service more than treatment? What is that number?

Dr WILSON: I stress that I think those numbers are very rubbery because the problem we are trying to deal with here is you are trying to estimate down to small areas what the numbers are that are there, and I personally would not place a great deal of faith in those numbers until we have some additional flow of information to be able to correct it, because as you quite rightly pointed out, Madam Chair, this population shifts quite a bit and these are global estimates extrapolated down to a small area. It is always very difficult to make those estimates once you move down to small areas like Cabramatta.

CHAIR: Does that mean then those people over the 75 number have no treatment service?

Dr WILSON: I certainly think there is a very significant gap at present between the level of service we are able to provide in the area and the level of service that we want to provide in the area. We would want to double the number of treatment places that were available in the Cabramatta area. That is our short-term aim. That is what we would like to have in place within the next twelve months.

CHAIR: Considering the elusive nature of the drug related activities, do you find it difficult to make plans for the services?

Dr WILSON: Very difficult and in fact what in general happens is that we start a service with one number and we then have to increase the numbers because we have either over-estimated or there are just more people who are prepared to come forward for treatment when we start the service, remembering of course that probably at any point in time less than fifty percent of people with drug dependency will be seeking treatment.

CHAIR: In relation to Naltrexone, which is in a sense so controversial, can you tell the

Committee is this very popular in the South West Sydney treatment services?

Dr WILSON: Naltrexone, most of the controversy which has surrounded Naltrexone has been associated with what it is called rapid opiate detoxification. Naltrexone is not a new drug, it has been around for a long time and the only controversial aspects really around it are that it is used in rapid opiate detoxification. That is where somebody is given an anaesthetic and while they are under anaesthetic they are given Naltrexone and they basically have a painless withdrawal, if you like.

That is not the tricky part of managing people with drug dependency. The tricky part of managing people with drug dependency is what happens after that point in time and how you provide an environment which is conducive to them remaining drug free, and that requires a lot more than any form of drug therapy.

CHAIR: In your opinion what is the major achievement of the department in the treatment process of drugs?

Dr WILSON: So far we have seen an expansion in every aspect of treatment services. We have more residential detox facilities; we have more rehabilitation facilities; we have more ambulatory care facilities available for people with drug treatment. I believe we are starting to address the quality issues, that we will have information flowing which will inform that; we have developed better guidelines and policies for what is happening in that regard; we have a much more thorough process for accrediting and following up, particularly on methadone prescribers in the system; and so I think we are starting to see a fairly significant improvement in services. The challenges, as I said before, though, and a very big challenge for us is that we have now reached that point where the rate limiting step is really the availability of appropriately trained staff to continue to expand services.

CHAIR: Can you tell the Committee your opinion in relation to Cabramatta services, how does that compare to other areas in drugs with health services?

Dr WILSON: Well, I would rather answer it in a different way, and that is to say I think we need to substantially increase the services in the area. That is our intention. That is what we -

CHAIR: How much?

Dr WILSON: I think we need to at least double the number of treatment places that are available in that immediate area.

The Hon. J. HATZISTERGOS: What role do you believe that law enforcement has in terms of your work?

Dr WILSON: There is no doubt that in any overall drug strategy you have got to have an effective policing strategy in terms of reducing supply, in terms of controlling what actually happens on the ground. So to be absolutely clear, and I do not think anybody would claim or would do anything but recognise that policing is an essential part of any overall drug strategy in that regard.

It is a very, very difficult role for the police in terms of balancing their role and in terms of enforcement and at the same time fostering and helping people to get appropriate support and treatment, and I think that is an incredible challenge for policemen, who do not necessarily have

any particular training in relation to what drug treatment is about and who find themselves in situations on a day-to-day basis where they come up against people who have drug dependencies.

The Hon. J. HATZISTERGOS: I suppose the question I am asking is a little bit more complex than that. In an area where some of the people who come to get treatment come as a consequence of having had a brush with the law, one of the indicators I am told of success for any treatment program is really commitment on the part of the individual to go through with the program. With individuals who are the subject of law enforcement activity, do you find the success rate as high as those people who voluntarily present themselves for treatment or not? And that brings to play another question. If you increase the level of law enforcement, does that lead to a corresponding increase in patient numbers that come to services such as those that you have outlined?

Dr WILSON: I can answer that - there are several parts to the reply. I am sorry, I did not pick up on what you were alluding to in the first instance. My reading of the evidence, and there has been a recent report produced looking at this issue of voluntary versus involuntary treatment, that is people who come within the ambit of either being picked up by the law and/or the courts and then pushed into drug treatment programs, suggests that the outcomes are about the same for people who are put in for voluntary programs versus non-voluntary programs.

However, I think any opportunity which would encourage people to go into treatment should be taken, and in New South Wales we have now a range of diversion programs being piloted. Perhaps the highest profile of those is the Drug Court in Parramatta, but there are a range of other programs, and you may wish to ask Mr Geoff Barnden from the Office on Drug Programs to speak more to those when he addresses you about the drug diversion programs.

Sorry, I have forgotten the second part of your question there.

The Hon. J. HATZISTERGOS: Whether an increase in law enforcement would result in -

DR WILSON: Certainly, I think there is some evidence that when heroin starts to dry up we see a growth of people seeking support during those periods of time.

The Hon. J. HATZISTERGOS: We have been told that it has been drying up at the moment, heroin supplies in Cabramatta, has that led to any reflection -

Dr WILSON: Informally I understand that that is true across the State, and I am informally told at the moment, I cannot give you the figures, that we appear to be having more registrations into the methadone program. So that would seem to suggest that there are more people who are seeking treatment at the current time. I will try and ascertain whether we have actually got data to support that. That is just an opinion that has been proffered to me.

The Hon. J. HATZISTERGOS: I also wanted to ask you a question about the difficulties that you are having at the moment with resources. You indicated that a major problem there is recruiting and training of the staff. What activities are being undertaken or proposed to be undertaken with a view to attracting more staff?

Dr WILSON: We have just completed a whole of Government review of training needs for staff, remembering that health is only one aspect of the care and services required for people with drug dependency and we need to think about the other areas as well. We have specifically

expanded our program for doctors, for prescribers, so that more people can get into that program. We have revised it to make it what we believe is more effective but reducing some of the time-out that people have to take to complete the requirements. We have completed a strategy with the Nurses Association to try and attract more nurses to work in the area. So broadly, we are tackling both of those.

You no doubt are aware of the Drug Summit in 1999 and the communiqué from that summit and I will not go into a lot of those conclusions but of course the communiqué stated that based on then current unmet service demands, in comparison with funding levels with other States, there was a need to substantially increase expenditure. Can you tell me how many drug treatment places have been added in the south western area and in particular Cabramatta since the Drug Summit?

Dr WILSON: I can tell you that we have substantially increased the number of places, increased the funding which is available in south west Sydney and there has been a small increase in the number of treatment places. I do not have those figures available to me, sorry, but I am more than happy to get you those figures. But, as I said, the key limiting step for us is trying to identify staff at this point in time.

The Hon. G. S. PEARCE: So a small number of additional treatment places?

Dr WILSON: I think we need something in the order of a thousand additional places there, we are talking of having achieved only a couple of hundred of those. There have been some other real challenges in that area.

The Hon. G. S. PEARCE: A couple of hundred have been achieved, can you outline in what areas?

Dr WILSON: I am sorry, I do not have that information with me but I am more than happy to get it for the Committee.

The Hon. G. S. PEARCE: You will get it for the Committee then, will you?

Dr WILSON: Yes.

The Hon. G. S. PEARCE: Can you tell me how much in terms of extra dollars your health service has committed to the drug problem in Cabramatta since the Summit?

Dr WILSON: Again I can give you the exact figures, I do not have them with me but I am more than happy to give you the figures.

The Hon. G. S. PEARCE: Would you know off the top of your head a rough sort of figure?

Dr WILSON: I can give you the categories of funding that are there and there have been additional funds for treatment beds, there have been additional funds for rehab beds, there have been additional funds for home detox, there have been additional funds for what we call the quality component of the methadone program, that is that this time round we are funding additional money for existing places to improve the quality of service that is provided to people on the methadone program. So there have been additional funds for all of those.

There is also some funding available for the establishment of a new clinic in the Fairfield Cabramatta area.

The Hon. G. S. PEARCE: But you have not got any of those figures with you today?

Dr WILSON: I have not got them with me. I am sorry.

The Hon. G. S. PEARCE: You quoted the 1996 figure for deaths from drug overdoses, do we happen to know what the numbers are since 1996?

Dr WILSON: We do, we have data which is more recent to that. They have continued to climb until about the last 12 months, in the last 12 months they appear to have plateaued.

The Hon. G. S. PEARCE: Can you tell me a figure for the year?

Dr WILSON: I can get the figure for you, I have not got it with me.

The Hon. G. S. PEARCE: So you will have to get that?

Dr WILSON: Yes.

The Hon. G. S. PEARCE: Do you know whether a methadone clinic has closed in the area in the last couple of years?

Dr WILSON: There is a clinic that I referred to in my notes, the Barbara Street Clinic, which is currently a subject of litigation, I cannot comment too much on it because it is currently the subject of an appeal, but it was a clinic which we had concerns about and as part of our strategy to address the quality of services we are looking at all clinics and all clinics are going to be required to meet accreditation but that particular clinic caused us a number of concerns and, as I say, it is the subject of an appeal at the moment.

The Hon. G. S. PEARCE: Have you opened any other clinics to replace that clinic?

Dr WILSON: That is one of my short term concerns, if you like. We will have to have the places for an additional 200-plus places in the near future if the Barber Street Clinic closes and clearly we are going to have to be able to offer those people treatment and that will take up some of those places.

Our experience in relation to closure of other clinics is that it does not translate that if you have got 180 people in a private clinic you suddenly end up with 180 in the public sector. Some people will go and find other clinics that they wish to attend, some people will decide at that point in time that that is a good time for them to stop on the program and then some of them will come into the public program.

The Hon. G. S. PEARCE: That 200 additional places in the near future, when you say the near future are we talking this year, a couple of years, five years?

Dr WILSON: No, those places are there at the moment but until I know the court case we have to be a bit careful about using those places.

The Hon. G. S. PEARCE: The additional 200 I am talking about.

Dr WILSON: That is what I am talking about. We have had to develop a capacity, because this process has now dragged out and as I say I am somewhat limited in what I can say at the moment but that legal process has dragged out over almost nine months now.

The Hon. G. S. PEARCE: I do not mean to interrupt you but I am a little bit confused here. You are the chief executive of the New South Wales Health Area?

Dr WILSON: I am the Chief Health Officer of New South Wales Health?

The Hon. G. S. PEARCE: What has a legal case involving a private methadone clinic got to do with you providing health services?

Dr WILSON: I would like to be able to say that we had no responsibility in relation to it but we do. There are 180 people in that clinic who are currently receiving treatment, if the court appeal is lost and that clinic closes then we will have a very short period of time in which to ensure that there are treatment services available for those clientele and that could occur basically within a couple of weeks of that closure. So we have to have a capacity to be able to respond to that whenever the court hands down its decision.

The Hon. G. S. PEARCE: I am sorry. You said earlier that there were going to be an additional 200 places, I took that to mean that New South Wales Health was going to provide an additional 200 places as a contribution towards that very significant gap that you say already exists, a thousand or so service places that seem to be missing at the moment. I am just trying to understand.

Dr WILSON: Sorry, I may not have made myself clear. We are expanding services and it will be more than that 200 places that we are talking about. What I have just said is that we are at the moment having to ensure that we have contingency arrangements in place when that court case is decided. That clearly means that some of our expanded capacity that we have at the moment may be absorbed with existing clients.

We will continue to expand, as we are, the overall services and as I have said to you I am more than happy to come back with information on exact numbers, I just do not have those numbers with me.

The Hon. G. S. PEARCE: I think we need exact numbers, because it is really not possible to follow this discussion where you say that you are placing an additional 200 places there but then you say they are not there because you have got 180 which you have got to replace.

Dr WILSON: No, sorry, you are misrepresenting me. Madam Chair, can I be absolutely clear about this?

The Hon. G. S. PEARCE: That is what I would like you to do.

Dr WILSON: What I have said is we are expanding the places but we have a need in the short term to have a contingency arrangement in relation to this particular clinic which would pick up those patients.

CHAIR: I understood you just now. Also you were going to provide the Committee with more statistics that the Honourable Greg Pearce wants and I appreciate that very much.

The Hon. G. S. PEARCE: Dr Wilson, you apologised to us that you could not be accompanied by one of your senior administrative officers today because of the shortage of staff in the south west area health service. Is that service in such a crisis that you could not bring along a senior administrator today?

Dr WILSON: No, that is not the case at all. I have apologised for the clinical staff who are providing services in that area. The Committee has not provided a specific list of questions that it wanted and we would be more than happy to address any specific list of questions that you raised in that regard. I felt that the most appropriate way was for me to come forward to the Committee, provide you with the information that we had to hand and to identify whatever specific questions you may have about the area so I can take them away and get that information as efficiently as possible for that regard.

In fact in the face of this very difficult situation south west Sydney has maintained drug treatment services and is working rapidly to modify the situation so that those gaps are filled as quickly as possible.

The Hon. P. J. BREEN: I am interested doctor in the question of the number of people that might be going into Cabramatta from outside the area looking for drugs. Are there any figures about that available?

Dr WILSON: In the notes that have been given to me and my discussions with the people I really do not think I have any reasonable estimate that we can give you on that.

The Hon. P. J. BREEN: The concern is that if there are a large number of people from Cabramatta going in there to get drugs that the treatment clinics in Cabramatta and the addition of those clinics to the local community could be a burden on the community; would you agree with that, an unfair burden given that the people that use them might be coming from outside the area?

Dr WILSON: The nature of drug treatment services is that they are never confined to people who are in the local area. People will travel quite a substantial period of time to attend clinics out of the area where they live because they do not want to be identified, they want the anonymity of participating in clinics in other areas.

It is very difficult, I would say impossible, for us to try and establish a clinic where we just say we will only treat people in the local area, that may of course also have the effect of having people migrate because of the clinic.

The other point that I made in the opening is that there is almost certainly a very substantial drug using population who are resident in the area who need that service, so it is a balance between the two.

The Hon. P. J. BREEN: Can you just confirm on that point your previous statement that there are approximately 305 drug dependent people that live in the Cabramatta area?

Dr WILSON: What I will confirm is what I said before, is that you need to treat those figures with a degree of scepticism, that is extremely difficult to estimate those but our guesstimates are that there must be at least 300 to 400 drug dependent persons resident in that area but there may be a very substantially more who are coming in from other areas.

The Hon. P. J. BREEN: The point that I would like to make is that that to my mind is not a substantial number. If there are only 305 drug dependent people living in Cabramatta?

Dr WILSON: Cabramatta is not a large area. Even a number of that size is going to have an enormous impact on a community of that size. We are talking about one very localised area. My personal view would be even if it was only 300 to 400 people who were drug dependent in the area, the impact could be quite enormous in terms of that local community, especially given the pattern that I described of drug use.

The Hon. P. J. BREEN: I put it to you that your proposal for doubling the number of treatment clinics in Cabramatta is not warranted by the number of drug dependent people living in Cabramatta?

Dr WILSON: Again, I come back to my earlier statement that it is very difficult with the planning of drug treatment services to be clear about what the demand will be. People do not automatically identify themselves in the first instance of 'I am a drug dependent person and I want treatment'. It is a hidden population. Of those people when you establish a service the number of people who then put up their hand for treatment varies quite substantially. I would be cautious in terms of those things.

As I have clearly indicated to you, it is going to be problematic whatever we do in terms of trying to increase services because of the limitations in terms of staff, so we are not likely to be in a situation to be able to double numbers anyway but my guess, based on the sort of figures that we have got around, is that it probably is in that order.

The Hon. P. J. BREEN: But if you were to double the number of treatment places would that not act as a lure for people who were drug dependent?

Dr WILSON: You mean it is a bad thing that we attract people to a treatment service? I am sorry, I do not think we can argue that one.

The Hon. P. J. BREEN: No, I am looking at it from the point of view from the Cabramatta community. If you double the number of treatment places in the area is it not likely that the community will say all you are doing is bringing more drug people into the Cabramatta area?

Dr WILSON: What we do not want to see is the development of any service independent of the overall strategy which is adopted in the area. You asked me before how important were the police in this role, it is not just the police, it is the overall strategy that you have in place because if you do things in isolation in the way you have just described, if the only thing we do in the area is develop a larger clinic then I think you are not addressing the fundamental problems overall and who knows what the next consequence of that might be.

The Hon. P. J. BREEN: But is it not part of the problem overall that we have in New South Wales with 35,000 drug dependent people, that a good number of those see Cabramatta as a place where they can go to get drugs that are readily available, they become part of the local drug milieu, they create an extra burden on the people living in Cabramatta, and that to my mind, and I would put to you, is the real problem that needs to be addressed. How do you stop these people coming from all around the State to Cabramatta whenever they want to score on drugs?

Dr WILSON: Again, I think all you have done is confirmed what I said before. You

cannot see these things in isolation. It has to be an overall strategy that we are developing. We certainly need to take into account what the community concerns are in terms of trying to develop appropriate services, and we need to try and balance that.

In developing services, we are not talking about developing services in Cabramatta alone. We are talking about trying to expand services, remembering if people at the moment from that area also go outside the area to seek treatment. They go to western Sydney, they go to other parts of south western Sydney, they go into central Sydney.

So the question in relation to expansion of services has to be seen in terms of expansion of services overall. At least part of the problem that you are identifying will be addressed by creating treatment opportunities for people in other places so they do not need to travel.

The Hon. P. J. BREEN: I just have one more question. In relation to the methadone program, do you see that as a long term solution to the problem? I think you said there are 1664 methadone treatment programs in the State.

Dr WILSON: That is in South West Sydney.

The Hon. P. J. BREEN: In South West Sydney. Do you see that as a long term solution to the problem of heroin addiction, given that there are a lot of people who cannot use methadone or find that the effect on them is worse than the effect of using heroin?

Dr WILSON: I think the important thing is that we need to have the full range of treatment options available for people. People at different times in the course of their dependency will do better on different - may do better on other forms of treatment, and we know to make sure that the spectrum of treatments are available to people, providing the treatments are safe, providing there is some evidence of effectiveness of them, we should be adopting them and trying to make them available to people.

Methadone itself is a treatment program which has known effectiveness. It is one of the few strategies which has been shown as being associated with reductions in crime, and I think it is an important part of the program, an extremely important part of what we do, but, as I say, I welcome as to all other people involved in this development of other therapies which are available, because the more opportunities and the more different options you have, the more people you will attract into treatment.

The Hon. R. D. DYER: Dr Wilson, I have in front of me a copy of the executive summary of the New South Wales Drug Treatment Services Plan. The statement is made, among others, that the plan recognises the need to shift away from inpatient detoxification to ambulatory detoxification, particularly for opiate dependents. To what extent do you say that that strategy or objective has been implemented in the Cabramatta area?

Dr WILSON: Certainly in developing a home detoxification team in South Western Sydney and it is applicable across the area. The point I was making before is that for home detoxification to be a successful strategy there are some components of the home life that need to be in place. You need to have a home, and preferably you need to have one with a supportive family and it certainly is not useful to do it in an environment if you are sharing with other users. That particular strategy works for some people and not for others.

The Hon. R. D. DYER: You are trialing it however?

Dr WILSON: Yes.

The Hon. R. D. DYER: A further statement is made regarding the methadone maintenance program:

The expansion of methadone maintenance treatment is recommended by facilitating the movement of clients through the treatment system and the recruitment of general practitioners and community pharmacists to participate in the scheme.

It appeared to me from something you said earlier that you might be experiencing some difficulty in recruiting pharmacists in particular to participate in methadone maintenance, for example I understood you to have said that 22 persons are dosed in Cabramatta at four pharmacies. What can be done in your view to facilitate a higher level of co-operation and participation?

Dr WILSON: We have done very well so far in recruitment of general practitioners. The number of general practitioners who have been through the pharmacotherapy training program is continuing to increase, so the number of people who are available to prescribe is increasing. The rate limiting step in this is very much about recruiting people, particularly pharmacists, who are prepared to dispense.

Now, we have put in place an incentive program, a financial incentive program, for pharmacists to participate in the program. That is a program which not only seeks to attract pharmacists to participate in the program, but also addresses some of the concerns that we have had about the quality of supervision provided through pharmacies. It also incorporates training for pharmacists and how they can more effectively identify problem clients and what they can do about those clients. We have provided some additional funding to the Pharmacy Guild to recruit more pharmacists into the process. I think it is going to take some time for that to work, but we have got to keep at it, because I think it is a very important part of our strategy.

The Hon. R. D. DYER: You said earlier that Corella Lodge at Fairfield Hospital contains I think 20 rehabilitation beds and that the bed occupancy rate is 74 percent, which is fairly high. Is there any indication that there is further need for rehabilitation beds at Fairfield Hospital or elsewhere to meet the local need?

Dr WILSON: I think we can safely say at the moment that there is a need for all of these services to expand and that is our intention, for all the services to expand.

The Hon. R. H. COLLESS: Dr Wilson, I want to get back to this three to four hundred people again. I have trouble with that number. I thought it might have been out by a factor of ten. You did say that there were approximately 4900 dependent drug users in South West Sydney, and I presume you meant the South West Sydney Area Health Service area?

Dr WILSON: In the South West Sydney Area Health Service, yes.

The Hon. R. H. COLLESS: If there are only three to four hundred of them that actually live in Cabramatta, have you any idea where the others live?

Dr WILSON: South West Sydney Area Health Service, as you know, is quite a large area.

The Hon. R. H. COLLESS: For the record, could you tell us what sort of geographical area it takes in?

Dr WILSON: South West Sydney goes from the Bankstown area out to - it goes as far as Bowral, it goes all the way down there, all the way through the Liverpool area, it goes round through to Hurstville, all that area.

The Hon. R. H. COLLESS: The figures we have for the Cabramatta Local Area Command tell us that there are about somewhere in the vicinity of 55,000 to 60,000 people live in that Cabramatta Local Area Command area. So in an area that is touted as having a major drug problem, to only have three or four hundred people out of a population of 60 odd thousand seems a very low percentage. In fact, I would put it to you that that low percentage is probably more representative of the drug problem we have in many other towns and country centres in New South Wales.

The Hon. R. D. DYER: A point of order, Madam Chair. I think Mr Colless ought to put the correct facts to the witness. The population figure to which he refers I believe relates to the Hume police region, not to the Cabramatta Local Area Command.

The Hon. R. H. COLLESS: The Cabramatta Local Area Command, the clerk roughly checked the figures for me a moment ago.

CHAIR: Of the facts, I am not sure myself. I cannot rule out -

The Hon. R. D. DYER: I think it sounds excessive.

CHAIR: I think perhaps you are not certain about the number.

The Hon. R. H. COLLESS: I have just checked with the clerk.

Dr WILSON: Madam Chair, as I stressed at the beginning, these sorts of estimates are extremely difficult when one starts to try and take it down to a particular area. As I said before, we are more than happy to provide you with the information on which it is based, but if you are trying to draw a conclusion about the distribution of people with drug dependencies, clearly that is not necessarily even through the population. Clearly, people with drug dependency are more likely to live in or be attracted to certain areas than they are to others, but the extent to which you can actually determine that is problematic.

The Hon. R. H. COLLESS: I do put it to you, sir, that it is fundamental to have an understanding of where the people come from that actually buy their drugs in Cabramatta, and if you are looking at allocating resources to where they are most required, surely you need to know where the people are living, where they are going to go back to after they have been to Cabramatta to buy their drugs.

Dr WILSON: That is why we try and draw these numbers in the first instance, to try and get some feel for where the services are. There are specific elements to the services that we develop and they may have a very specific intent for a local area in terms of that service - Kirketon Road, for instance, in Kings Cross is an example of a service which has been developed around very specific needs in that area - versus the general services we develop for an area, and most of the planning of services is based on the whole area. As part of the Drug Summit there is a requirement

on us to develop a drug treatment services plan for every Area Health Service. There is an overall State-wide drug treatment services plan, which gives an indication of the expansion of services that we are proposing across all the different drug treatment areas. That is currently being translated by each area into what that means for the services in those areas. I am more than happy to provide you with copies of the State-wide service plan, and that may help you understand the figures better, because there is quite a bit of information in there. I am talking about our estimation of numbers.

The Hon. R. H. COLLESS: I have a further question, if I may, Madam Chair. You raised the issue of policing and the need to have an effective policing program working in conjunction with the health program. Do you have any formal programs in place with the New South Wales Police Service which you are actively participating in, in the Cabramatta area?

Dr WILSON: I did not actually raise the policing issue, but I am more than happy to address it.

The Hon. R. H. COLLESS: You did comment on it.

Dr WILSON: In fact, we have had a long association working with the police on drug and alcohol matters, and that continues. There is an MOU, a memorandum of understanding, between the police and the Health Department about this, and one of the things that we are looking at in this training review that I have just indicated is what are the specific things that we need to work with, is there actually a need for a specific training component, for instance, for police, and as part of that is there one which actually will help the police. My view is very strongly yes. I think we actually do work very closely together, but we do not necessarily understand very well what each other's limitations and opportunities are for that matter.

CHAIR: Can I interrupt here, because I have a question that is really important in relation to that point, between the Health Department and the police. Last year on 18 November, Dr Don Weatherburn from the Bureau of Crimes Statistics and Research, in answer to the Deputy Chair's question about the appropriate performance indicators, because there was a recommendation from the Drug Summit to measure performance of the police, and in his answer Dr Weatherburn was talking about the difficulty of getting health data from the Health Department, and if I can just quote partly, here he said:

A much greater exchange of data between Health and Police Departments is going to have to occur if police are to fulfil their obligations to make a meaningful contribution to harm minimisation. Data exchange between Government agencies is somewhat fraught affairs at the best of times.

This is from the Bulletin of the Crime and Justice of February last year.

Dr WILSON: The issue is not one of reluctance on our part to provide the information to the police, but the issue has been one of accessing the information that they want at the level that they want it in a way they want it. We have a first draft of a set of indicators that police have requested from us. We are currently trying to work out how we get that information to them in a timely way. As much as anything, the information has to be timely if it is going to inform their processes.

As I flagged earlier, a key part of what we are trying to do in our response to the Drug Summit is develop their information systems, and there is now people specifically working on that in the Health Department, and we believe we will be able to provide the information that the police

have been looking to as part of their performance indicators, but they are also part of, if you like, our performance indicators as well.

CHAIR: Is there any formal mechanism between the Health Department and the Police Department?

Dr WILSON: Where that is leading to is that we will have a specific agreement with the police to provide that information to them. Once we have given them this copy, say, here is our information that we think we can provide on a regular basis for what you want, and if they agree, then we will sign an agreement with them and they will get that information flow to them on a regular basis.

I should just be cautious here and be clear that this is all de-identified data, this is not data which identifies clients in any way that could be used for criminal detection activities. This is information about trying to understand the number of people who are coming into treatment or the number of people who are in a particular area. I want to stress that it is information which is de-identified and in no way useable for detection of individuals.

The Hon. R. H. COLLESS: Just another question on the policing resources, if I may Dr Wilson. Do you believe that the policing effort that is currently being applied in Cabramatta is adequately addressing the supply problem?

Dr WILSON: I do not think I am in a position to comment on that. It is not really within the spectrum of information that I have. As I have said before, we get a sense of when there is a shortage and when there is not a shortage in terms of the demand for services, but I cannot really comment on the specific question.

The Hon. R. H. COLLESS: If I might just now turn to the funding of health in the area and my colleague the Honourable Greg Pearce raised the issue of the Drug Summit communiqué. In June 2000 the Local Member for Cabramatta, Reba Meagher, gave a speech that indicated that the results of the Summit's work in that Cabramatta area and she indicated in that speech that the Government's Plan of Action contained 172 recommendations and was underpinned by \$176 million in new funding over a four year period.

Is the allocation of the resources that you apply in the south west Sydney area health service based on those figures?

Dr WILSON: The funding which has been provided to us, which is the most substantial growth that we have ever had in terms of the drug treatment program, is very specifically allocated to us, it comes to us for specific identified purposes and the only way we can vary that is by going back to Government and seeking to vary that. This information, as far as I am aware, is on the public record and Geoff Barnden will probably be able to clarify that about what dollars have been allocated for what purpose over the four years of the Drug Summit funding.

The Hon. R. H. COLLESS: I want to go back to those statistics that were raised too about the number of deaths and so on. The other thing that I would be interested in knowing is if you have any figures regarding the statistics for admissions to hospital for other things like street violence and gunshot wounds and stabbings and those sorts of offences or cases. Have you got any data on that?

Dr WILSON: Injury data is problematic. In the coding information there is a thing

called the e-codes which are the things which actually describe how an injury was occurred and those are variably used but we can certainly produce that information for you.

Madam Chair, could I perhaps request that if there are some specific questions like that that they be forwarded to me in writing so that I can answer them. Is that fine? I just have not taken any notes as we have gone along. I apologise.

CHAIR: We certainly appreciate that. We will probably have a record anyway.

The Hon. R. H. COLLESS: The last issue, which again would come into that category but I will put it on the record, is the call out figures for ambulance service in that area for drug overdose and other drug related incidents as well as the violence and stabbings and so on.

Dr WILSON: Certainly we will try and get you the information.

(The witness withdrew)

GEOFF GREY BARNDEN, Director, Office of Drug Policy, Policy Manager, Justice Branch, The Cabinet Office, level 37, Governor Macquarie Tower, Farrer Place, Sydney sworn, and

MICHAEL WILLIAM HOGAN, Director, Strategic Projects Division, Premiers Department, affirmed, level 32, Governor Macquarie Tower, Farrer Place, Sydney, affirmed and examined:

CHAIR: What is your full name?

Mr BARNDEN: Geoff Grey Barnden.

CHAIR: What is your occupation?

Mr BARNDEN: I am the Director of the Office of Drug Policy in the Cabinet Office.

CHAIR: What is your address?

Mr BARNDEN: My address is the Cabinet Office, level 37, Governor Macquarie Tower, Farrer Place, Sydney.

CHAIR: In what capacity are you appearing before the Committee?

Mr BARNDEN: I am appearing in my capacity as representative of the Government, in my capacity as Director of the Office of Drug Policy.

CHAIR: Did you receive a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act (1901)?

Mr BARNDEN: Yes, I did.

CHAIR: Are you conversant with the terms of reference of this Inquiry?

Mr BARNDEN: Yes, I am.

CHAIR: What is your full name?

Mr HOGAN: Michael William Hogan?

CHAIR: What is your occupation?

Mr HOGAN: I am the Director of Strategic Projects in the Premier's Department.

CHAIR: What is your address?

Mr HOGAN: Level 32, Governor Macquarie Tower, 1 Farrer Place, Sydney.

CHAIR: In what capacity are you appearing before the Committee?

Mr HOGAN: As a representative of the Premier's Department.

CHAIR: Did you receive a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act (1901)?

Mr HOGAN: I did, Madam Chair.

CHAIR: Are you conversant with the terms of reference of this Inquiry?

Mr HOGAN: Yes. Thank you.

CHAIR: Mr Barnden and Mr Hogan, if you should consider at any stage during your evidence that in the public interest certain evidence or documents you may wish to present should be heard or seen only by the Committee, the Committee will be willing to accede to your request.

Would either or both of you like to make a statement? If at any time that you feel that there should be evidence in camera we will accede to it.

Mr BARNDEN: Madam Chair, if it pleases you I will make a statement first and then I will hand over to my colleague, Michael Hogan.

CHAIR: Thank you.

Mr BARNDEN: Madam Chair, I am very pleased to be able to make a short statement to the Committee today. I understand that the Committee would like to hear about co-ordination and management of drug programs in New South Wales and drug policy in New South Wales.

I propose to address this in three brief parts, outlining the context in which the current co-ordination and management arrangements have been developed, the cross Government Plan of Action and the mechanisms that the Government has put in place to implement the cross Government Plan of Action.

Firstly, the context of the present arrangements flows from the last State election in 1999. At that time, the Premier, recognising the growing problem of drugs in the community, and the diversity of views in the community about the problem, decided that the first priority of the Government following the election would be to convene a special Drug Summit in the Parliament of New South Wales.

The Summit, held in May 1999, as Honourable Members will recall, included all Parliamentarians, experts, law enforcement representatives, health representatives, representatives of professional groups, family members and local community representatives. More than 300 people attended that Summit.

I think it is true to say that it was a unique experience in democracy and in public policy making. As Honourable Members will know, the Summit met over five full days of intense democratic debate, breaking into working groups and then meeting to debate and resolve approaches in a bipartisan way.

Special experts were brought from overseas to ensure that all participants were informed by international best practice.

The Drug Summit reinvigorated Government and community action and it resulted in an agreed communiqué of recommended action which included a set of 20 principles and 172 recommendations.

Two months after the Summit was held, in July 1999, the Government responded comprehensively to each of the Summit recommendations with a four year funded Plan of Action across all sectors of Government and the community.

This Plan of Action incorporates more than 400 specific projects, it directly involves more than 10 Government agencies and it targets 11 key areas for action. This especially includes drug prevention programs to strengthen and protect families; preventive measures to keep young people from taking up drugs or placing them at risk; early intervention to prevent young people from entering an addiction cycle and to divert them from the criminal justice system into treatment wherever this is possible; law enforcement and crime prevention programs to make the community safer; better health and treatment programs; community action programs to strengthen and involve communities; better community and school drug education programs; better programs in prisons, including treatment, education and detection programs in correction services and programs for rural and regional communities.

Madam Chair, in approaching the drug problem in this way the Government wants to encourage solutions which prevent drug problems, rather than engaging in crisis management after people have already entered the addiction cycle.

The Plan of Action is fully funded, and it is backed by extra funding of \$176 million allocated over a four year period.

Madam Chair, the total New South Wales Drug Program budget allocation now amounts to over \$500 million over the four year period from 1999/2000 – 2002/2003. This represents an approximate increase of 50 percent in the budget over previous years.

I have brought for each Member of the Committee today some of the key Government documents on drug policy and drug programs which illustrate the depth and breadth of the New South Wales drug program and these are all in the brown paper packages.

CHAIR: Thank you very much, a very impressive parcel of papers.

Mr BARDEN: Madam Chair, the Plan of Action is steadily being rolled out and comprehensively rolled out across the State. The program is essentially a careful balance of demand side and supply side policies.

The Government has balanced demand side initiatives such as Families First, youth programs, treatment, rehabilitation, detoxification, counselling and diversion programs with supply side initiatives including tougher laws against drug trafficking, smarter policing strategies, targeted law enforcement initiatives and drug crime research.

Underpinning all these initiatives is a strong Government commitment to evaluation and evidenced based policy, this means that each of the Government projects and each of the projects in the Plan of Action must include an evaluation component to justify the continuation of funding.

Madam Chair, I would now like to briefly outline the management and co-ordination mechanisms that the Government has put in place. These mechanisms reflect the principles and recommendations of the Drug Summit and are outlined in the Plan of Action, and a copy of the Plan of Action is in each of the papers that I have tabled today.

First, the Government has appointed the Special Minister of State as Minister responsible for drug policy co-ordination and the Plan of Action. The Ministerial appointment facilitates a cross Government approach and it ensures the focus on drug policy commitments, programs and roll out is constant, continuing and integrated.

Secondly, the Government has established a special Cabinet Committee on Drugs and this is chaired by the Special Minister of State. It ensures an avenue for Ministerial discussion of important cross Government initiatives on drugs. All key Ministers responsible for drug programs in New South Wales are members of this committee, it includes the Ministers for Health, Corrective Services, Juvenile Justice, Police, Education and the Attorney General.

Thirdly, the Government has established the Office of Drug Policy. This is a small unit of approximately six staff of which I am the Director. It is located in The Cabinet Office and is fully funded by contributions from eight Government agencies and the confiscated proceeds account which is primarily confiscated proceeds of drug traffickers.

The primary role of this office is to advise the Premier and the Special Minister of State on drug programs and policies, provide leadership, to co-ordinate drug policy across Government, to facilitate integration of programs, to implement and monitor progress on the Plan of Action, to oversight agency programs, to monitor and report on drug program expenditure, to advise on evaluation and also importantly to provide advice and link in with national drug policies.

Fourthly, the Government has appointed an Expert Advisory Group on Drugs. This is a very high level group, it is chaired by Professor Ian Webster. It comprises Professor Wayne Hall, Dr Don Weatherburn, Ms Linda Burney, Commander Clive Small, Ms Anne Deverson, Mr John Menadue, Ms Elizabeth McKay and Mr Scott Nestorovic who is our youth representative.

The group meets regularly and is regularly consulted individually or in meetings as a reference point in drug policy development. The group also has a specific function of oversighting the roll out of the Plan of Action.

Fifthly, the Government has established a Senior Officers Co-ordinating Committee on Drugs. I chair this committee and it includes representatives from 10 agencies, all of whom have responsibility for drug programs in New South Wales. It meets regularly to receive updates on drug programs and drug policies and a number of key sub-groups also operate under the framework of this committee and they are primarily focused on the Plan of Action roll out.

Sixth, the Government has approved a specific cross Government Drug Summit Plan of Action Budget. The additional four year funding made available under the Plan of Action has been allocated on the basis that the funding is protected, that is it is to be spent on the projects for which it was allocated.

The Government has put into place accountability arrangements and reporting requirements to monitor the expenditure. This is an integral part of ensuring the delivery of agreed projects and programs, and monitoring and evaluating the projects and their results.

Finally, the Government has extensively involved other Governments and the community in policy and program co-ordination and development. Because the Government is committed to tackling drugs in an integrated manner, the Government is working together with all Australian Governments, especially through a range of intergovernmental Ministerial Councils and through COAG.

The Government is also extensively involving local communities, local councils and key stakeholders including families, parents, young people, non-government organisations, unions and the professions especially through the new network of community drug action teams.

Finally Madam Chair, I would like to make brief reference to the linkages between the Drug Summit Plan of Action, which is primarily focussed on illicit drugs, and the co-ordination and management mechanisms for alcohol and tobacco.

The Plan of Action fully recognises the 'gateway' issues associated with tobacco and alcohol, and the Government has instructed the Office of Drug Policy and the Expert Advisory Group to consider these 'gateway' issues in the context of drug policy and drug program developments.

The primary cross Government co-ordination arrangements for tobacco and alcohol however remain with New South Wales Health. The Tobacco Policy co-ordination rests with the Tobacco Policy Unit in New South Wales Health and a new New South Wales Tobacco Action Plan for 2001 to 2004/5 is expected to be finalised and released in the near future.

Alcohol Policy co-ordination rests with the New South Wales Health Drug Programs Bureau. The Bureau is responsible for monitoring the Adult Alcohol Action Plan 1998-2002 and it is also finalising a youth alcohol action plan which the Government is expected to consider in the near future.

Madam Chair, thank you for the opportunity to make this short presentation. I will now hand over to my colleague, Mr Michael Hogan, Director of Strategic Projects Division in the Premier's Department.

Mr HOGAN: I understand that the Committee was keen to receive a briefing on the Cabramatta Project, and I would like to make a statement describing for you the key features and activities in relation to the Cabramatta Project and I have also got some material that I will leave with the Committee that provides information about the project.

I might mention as well that I also have responsibility for, in the Premier's Department, the State-wide roll-out of the Drugs and Community Action Strategy, which was one of the key initiatives arising from the Drug Summit, and on the ground in Cabramatta and Fairfield there is a very close relationship between the Cabramatta Project and the work we are also doing in relation to the Drugs and Community Action Strategy that Geoff actually referred to.

Madam Chair, just for the Members' background, I am the Director of the Strategic Projects Division of the Premier's Department. The division was established in 1996 to assist the Director General of the Premier's Department in his role as co-ordinator of Government agencies in relation to key strategic issues and projects that require a whole of Government approach. The division operates at State, regional and local levels, spans economic, infrastructure, environmental and social issues, and one of the areas of activity or streams of activity in the team that I am responsible for includes place management and co-ordination initiatives, of which Cabramatta is one.

Those initiatives were first given to the Premier's Department in early 1997 by the Premier, who asked for a whole of Government response to issues in Kings Cross. The second project that the Premier requested the Premier's Department take lead responsibility for was the Cabramatta Project. That started a few months later. Essentially, those projects are about trying to develop a co-ordinated and integrated approach to the very complex and difficult issues facing particular communities in New South Wales. The rationale is that those issues, in particular how they impact on particular communities and particular individuals, mean that no one agency by themselves are really capable of providing the sorts of effective responses that are required. Just as people's needs are very much interrelated, therefore Government needs to be able to respond in an integrated and customised way, and in a way that can facilitate continuous improvement in the way that Government agencies endeavour to work with communities and to deliver services.

The other important component of the strategy is that it relates closely to the Regional Co-ordination Program, which some Members may well be aware of. It is also a State-wide program that is managed by the division of which I am a director, and the Regional Co-ordination Program was extended State-wide in 1999, including to South West Sydney. In fact the Cabramatta Project reports through the Regional Co-ordinator for South West Sydney to myself.

The features of the place management co-ordination projects is that they do seek to take a whole of Government and a whole of community approach. They are about co-ordinating effort, building better relationships between agencies and with communities, building good working relationships with local government. They are about trying to be strategic and results focussed. We are not there to do everyone else's business for them or to tell them how to do their business necessarily. The way in which the projects have been done is to identify what are the key issues that require a joint approach, how can we devise a project to make some things happen and then to facilitate action in relation to those projects.

As I indicated, the Cabramatta Project was announced by the Premier in April 1997 after he visited the area, and obviously that was a response to the detrimental impact of illicit drugs on that area, both the issues of crime and loss of amenity for the people who live and work in Cabramatta, but also in terms of the image that Cabramatta was getting and its impact on local businesses, and, indeed, on the prospects of young people who live in Cabramatta who seek employment outside the area.

In the initial package that the Premier announced there were 11 initiatives worth over \$4 million. That included the 20 bed treatment service for Corella Lodge that Dr Wilson spoke to you about. The project was initially a two year project, but has subsequently been extended by the Premier. It has been in a close partnership with Fairfield City Council from its inception. There have been a number of further packages of initiatives that have been announced by the Premier. The principal vehicle that was used to pursue some of the most

important issues were action teams where we brought together representatives of other levels of Government, as well as non-Government organisations, ethnic communities and business, and those action teams have been a process of continually trying to identify better ways of responding to the issues in Cabramatta.

The Cabramatta Project is staffed by a senior project manager and supported by a part-time project officer and part-time administrative support. As I indicated, they are backed up and supervised by the South West Sydney Regional Co-ordinator for the Premier's Department. There is also, as part of the team, a project manager who is responsible for the Drugs and Community Action Strategy in South West Sydney, and that position commenced in 2000.

Fairfield City Council, as you are probably already aware, also appointed a project officer to focus on Cabramatta at the same time as we initially did, and they have also subsequently appointed a project officer responsible for tourism. That position was initially funded jointly with the council from State Government sources. We share an office in Cabramatta and it is used as a base, but the team is actually in Bankstown.

The project is overseen by a reference group that brings together the senior representatives of the relevant State Government agencies and the council. They include the Premier's Department, the Department of Juvenile Justice, the Police Service, the Area Health Service, the Technical and Further Education Institute of South West Sydney, the Ethnic Affairs Commission, the School Education section of the Department of Education and Training, the Local Court Magistrate, the Department of Community Services and the Department of Housing.

The focus of the project, in addition to the particular initiatives that the Premier has announced from time to time, had been to co-ordinate action on four key issues, drug treatment and law and order, vocational training and employment for young people, tourism development and urban amenity improvements. The rationale essentially for that, Madam Chair, is that any chance of responding to the issues of the impact of adverse drugs or of illicit drugs in Cabramatta was going to require a multi-pronged approach. It was not going to be sufficient to respond only in terms of either treatment or policing, but that we had to deal with some of the other underlying issues, like unemployment, the impact of the bad image of Cabramatta on tourism and on business prosperity, the fact that Cabramatta was only known for being the so-called heroin capital of Australia, and that we had to try and improve the amenity to improve the quality of life of the residents of Cabramatta.

The project has now been going for almost four years. There have been a series of initiatives under each of those action teams, and there was an evaluation in late 1999 that commented on the successes and areas where the project could be strengthened, and as a result of that evaluation the Premier determined to continue the project, and we are now in the process of developing a further action plan for the next stage of the project.

CHAIR: That is the end of the final findings of the Committee. I certainly applaud the whole of Government approach. As you were saying, this multi-pronged approach is essential to combat drug problems in Cabramatta but dealing with it in the Health Department as well. I am particularly interested in Mr Hogan talking about community drug action teams, because we support a joint effort of everyone concerned.

In the last three weeks there has been a crack-down on drug usage in Cabramatta. It

created a crisis in the life of a user. Has there been discussion between the Regional Command or the Local Area Command and the Office of Drug Policy about the impact of this crack-down on other services, for example DOCS, when children are left? Can you provide details of discussions between the police and other agencies, in implementing this new strategy?

Mr HOGAN: Madam Chair, I will need to obtain a more detailed briefing about the recent discussions of the Fairfield Drug Action Team. I do not attend that team meeting. They are also in the process of devising a new action plan for their efforts and that is a forum, just as the reference group is for the Cabramatta Project, it is a forum for agencies to come and discuss some of the issues about how they work together or what some of the impacts might be of particular initiatives that one agency might be taking.

CHAIR: What other agencies are involved in the Fairfield Community Drug Action Team?

Mr HOGAN: Madam Chair, again, I do not have the precise list of members of the drug action team with me. We can obviously supply that to the Committee, but it includes the relevant State Government agencies, the Area Health Service, in particular the Police Service, Fairfield City Council, a number of non-Government organisations that are service providers in the local community, including Open Family and Burnside, as I recall, but I can supply the Committee with a list of members.

CHAIR: I would appreciate if you could supply the Committee with who are actually in this drug action team, how many times it has met and I would really like to know what have they actually done since their establishment in 1997?

Mr HOGAN: Madam Chair, the drug action team pre-dated the Cabramatta Project in fact. It was established first in 1996. It was part of a national pilot scheme that was initiated in conjunction between the police and health departments across Australia as a crime prevention initiative. It was strongly supported by Fairfield City Council and by the Police Service.

Over that time they have had a number of action plans, and, again, we can supply copies of those action plans to the Committee. The sorts of initiatives that they have pursued include providing training for police. That is another issue that came up in your early session with Dr Andrew Wilson, supplying training to police as part of their induction on alcohol and drug issues. It has included working with the Salvation Army and the Adventist Church providing facilities for drug users to go to seek treatment as a gateway to information and support and treatment. It has included providing information to families and young people about drugs and the law. It has already produced and translated into a number of languages a booklet called "Young People, Drugs and the Law". It was co-funded the Law Foundation of New South Wales. It has worked on issues such as overdose and street users. But we can supply more detailed material to the Committee about the work of the drug action team.

CHAIR: Mr Barnden, early on in your own submission you talked about the strategies. One was early childhood intervention. Can you tell the Committee what are the funding initiatives that were given to Cabramatta specifically in terms of combating drugs?

Mr BARDEN: Are you referring to the Families First program?

CHAIR: You listed a whole list of responses, one of which was early childhood intervention.

Mr BARNDEN: Yes.

Mr HOGAN: I will see if I can just indicate. There are a number of initiatives that are currently happening in Fairfield and South West Sydney. Families First operates in South West Sydney. One of the projects that was facilitated by the Fairfield Drug Action Team was an application by the Vietnamese community for funding from the Commonwealth Government's Community Partners Scheme, which is run by the Commonwealth Government. It is called the Bright Futures Family Project. Again, I do not have the detail of the project with me, but it was about providing information and support, targeted at the Vietnamese community.

The Hon. G. S. PEARCE: Commonwealth Government funded?

Mr HOGAN: Yes, they provided the funds, and the drug action team, the Premier's Department helped them develop submissions for that funding.

Mr BARNDEN: If I could add too, Madam Chair, the Government's Families First program, which has been implemented across the State over a number of years involved \$54 million worth of funding, and I am advised that the Families First strategy will provide \$15.3 million in additional funding over four years to South West Sydney.

The program involves six Government agencies working together and with non-Government services and local government. It was first started in the MacArthur sector of South West Sydney in 1999, and it is now expanding to Liverpool, Bankstown and the Fairfield sectors. So we would expect that it will have a significant and long-term impact in those areas.

CHAIR: Is there any evaluation or any monitoring of the outcome of that strategy?

Mr BARNDEN: Yes, there is a very rigorous evaluation being developed for those strategies, and I can provide advice back to you on those things.

The Hon. I. W. WEST: That was my question, the question of outcomes, and you are going to get us some information on that?

Mr BARNDEN: Yes.

The Hon. R. D. DYER: Mr Hogan, could I focus for a moment on the question of place management. I think I am correct in saying that the Cabramatta Project is an example of a place management initiative, but there have been some others in the past, for example Kings Cross. To what extent would you say that the place management model is successful to deal with the social problems evident at Cabramatta?

Mr HOGAN: Madam Chair, my view is that place management provides one useful additional means for Governments and communities to respond to the particularly complex and difficult issues like illicit drugs in a community like Cabramatta. It is obviously important that it is seen as part of a suite of initiatives, the ones that are coming out of the Drug Summit in particular.

From the evaluation that was undertaken in 1999 there was - certainly the stakeholders reported that the placement management project had added value by improving the relationships between State Government agencies, improving the relationships with key stakeholders like Fairfield City Council and with key community organisations. So the ability to work together to come up with responses to the particular issues was improved by the presence of the place project.

The Hon. R. D. DYER: Could I ask you in regard to the agencies represented, are they represented at a sufficient level of seniority for those representatives to in effect speak authoritatively or perhaps bind the agencies they represent when they attend meetings?

Mr HOGAN: Madam Chair, again the members of the Cabramatta Reference Group have been a very senior level, they included for example the regional commander for Hume, Chris Evans and lately the local area commander now Frank Hanson, it includes the General Manager and the City Manager outcomes for Fairfield City Council, it includes senior area managers of the other agencies that are involved, either Community Services, Juvenile Justice, the Director of the South Western Institute of TAFE and senior representatives of the area health service.

So they have been able to come to the table and talk authoritatively about the issues and what can be done. Of course they are subject also to their accountabilities, to their CEOs and Ministers, but it has been a very useful way of ensuring that we can get co-ordinated action within their realms of responsibility.

The Hon. R. D. DYER: Could I ask at what approximate intervals the participants in the place management project actually meet together?

Mr HOGAN: The reference group has met three or four times a year. The other area of activity has been the action teams for the four key issues where we bring representatives of those agencies again together as required. I cannot give you the details now of when and how often they have been meeting over the term of the project.

If necessary we will also contact people out of session obviously if there is an issue comes up or an opportunity for some sort of co-ordinated response then the place manager will co-ordinate some discussions across the agencies to get a response.

The Hon. R. D. DYER: I have here a document describing the Cabramatta Project issued jointly by the Premier's Department and Fairfield City Council in August 2000. Some achievements highlighted by the project evaluation are set out there, for example the 20 bed detoxification unit at Fairfield Hospital and the drug intervention service Cabramatta, otherwise known as DISC. Are there any disappointments or objectives that you would like to achieve that it has not been possible to so far?

Mr HOGAN: I cannot honestly say that there are.

The Hon. R. D. DYER: What would be on the agenda to advance the place management project?

Mr HOGAN: I guess some of the difficulties with trying to co-ordinate things locally is that you cannot fix everything locally, that some issues need to be dealt with at a

regional level or a State-wide level or indeed at a national level.

The Cabramatta Project is not going to be able to change the global nature of the drug market and the importation of illicit drugs into the country.

I guess one of the challenges has been trying to work out what we can actually affect at a local level and what we cannot. The issues that we are dealing with are exceedingly difficult, they are exceedingly complex, the relationships between jobs opportunities on the one hand and education and training and employment assistance some of those areas are not within the control of the State Government, let alone local government. Federal Government decisions about types of assistance have a major impact locally. So there are some things that are outside anyone's control in terms of a local project.

The other thing I would say is that this is an exercise of continually looking for new ways of doing things better and I cannot say there are any particular areas of disappointment but we have kept the pressure up for agencies to keep thinking creatively about how we can do things better.

The Hon. R. D. DYER: Finally for my part, drawing on what Mr Hogan has just said could I perhaps ask Mr Barnden in regard to the Office of Drug Policy, I think I am correct in saying that that policy is approached at a State-wide level, if that is the case is there a specific drug strategy that relates in particular to Cabramatta or is there a more generic approach to the problem?

Mr BARNDEN: I think you would have to say it is part and parcel of the bigger picture. The Drug Summit Plan of Action Report sets the State-wide strategies from which everything else flows, so they are cascading down if you like. For example, if you were to look at the Plan of Action which we released in July 1999 and late last year we released the Drug Treatment Services Plan, now that actually sets the future directions for the health system in the area of drugs and it will then cascade down into area health, drug and alcohol plans so that each area health service will itself have a drug treatment services plan.

We have this cascading effect which actually links back to the top, so I think you could probably say that is the way we are dealing with it at this stage.

The Hon. R. H. COLLESS: Mr Hogan, many witnesses have mentioned to the Committee that there has been a major decline in trust between the local police and the community out there and to give you an idea of just how severe that is I will quote from a letter, I will not read the name out, I will just read from the letter, about a family that was burgled just recently and this is a third person writing to the Committee to tell us about it:

She and her husband rang the police station at Cabramatta, they arrived after more than an hour and told them that they would come back to take fingerprints the next day but they did not turn up at all. They have just lost confidence in them,

meaning the police. What activities is the Cabramatta Project doing to address that issue of the confidence within the Police Service by the community?

Mr HOGAN: As I indicated earlier, the responsibility of the project has been to ensure that the initiatives that the Premier has announced are implemented and that we can

co-ordinate the activities of agencies where they need to work together. We do not take responsibility for the particular operational issues of other agencies.

What we have done is on issues of police community relations, for example we have from time to time participated in the Police Customer Council at a local level where the local area commander has thought it would be useful for the members of that council to have an appreciation of what else is being done across the community.

We have also participated in discussions in the reference group led by the police about how they work with the various communities in the Cabramatta area and the opportunities to do things together and sometimes the difficulties of working with those communities, for cultural and language and other reasons.

I am not familiar with the particular instance that you have raised.

The Hon. R. H. COLLESS: It has only happened in the last few days, I will say that, but what it does point out is that there is still an ongoing problem with the confidence in the police. I am just wondering if that has been discussed as an issue in the Cabramatta Project meetings?

Mr HOGAN: Certainly the broader issue of the ability of government agencies to communicate effectively with the diverse communities in that area and build up relationships is an ongoing issue for discussion. It is an exceedingly difficult, as you are probably well aware, issue and amongst some communities there is a high level of distrust that those communities may bring to the country with them about authority and agencies like the police.

It has been a very difficult issue for the police out there to work out effective ways that they can engage with and get the co-operation of and the trust of the community. The work of their ethnic community liaison officers is very critical to that effort. It is an issue that is not peculiar to the police though I must say.

The Hon. R. H. COLLESS: Following on from that then a number of witnesses have also told us about blatant drug dealing from a number of houses and units in Cabramatta, in fact I have witnessed such trading occurring myself on a visit out there on one occasion. Are the Cabramatta Project staff aware of those premises being used for that sort of business?

Mr HOGAN: From time to time, either from their own observation or from information supplied to them, a particular location may come to notice and that is passed on quickly to the police. Generally we do not have our staff out there looking, you know, that is not their job. We do encourage the staff, along with the Fairfield City Council Project staff, to sort of keep an eye on what is going on around particularly the business district, but it is not our responsibility to get involved in particular instances or locations.

CHAIR: The issue of dealers having dealings through the doors of those houses is being discussed, because the police expressed concern that they cannot arrest anybody inside their house because they cannot see the person dealing with the drug. Is there any proposal from your group to change legislation so that that aspect of the drug deals can be addressed?

Mr HOGAN: Madam Chair, that sort of level of detailed discussion has not taken place at the reference group. The more general issue of the displacement of some of the

activity as a result of various policing strategies has been raised. One of the consequences of the intensive street policing that was undertaken through Operation Puccini was that the activity was displaced outside the line of sight of the CCTV cameras, and particularly policing around the CBD, so the police then were seeking to devise strategies to target the dealing as it shifted.

CHAIR: My point is, in your group has there been any discussion since the change of legislation that this kind of police work has been assisted?

Mr HOGAN: The issue that there was a policy issue has been identified, that they had been brought to notice and taken up through the Police Service, and that is all I am aware of.

Mr BARNDEN: Madam Chair, we could get some advice from the Police Service about that and provide advice back to the Committee on whether there are substantive issues there or whether it is just an operational issue at the local level.

CHAIR: I certainly think this is a big issue to help the police to catch the drug dealers inside a house.

The Hon. R. H. COLLESS: Madam Chair, I am a little bit concerned at the separation between the work that the reference group is doing and the operational issues. It would appear to me that if the Cabramatta Project is really going to get down to the essence of the issues and the problems that exist in Cabramatta, that they need to be fully aware of some of these operational type things and to be working closely in conjunction with the police and developing programs that are going to address those issues.

If the community members can take me out and show me where all these drug houses are, and there is trading going on there during the day while we are parked in a car on the other side of the street, surely the reference group and the police must be able to go and see it and observe it as easily as I can, and if they know it is going on there, why is not something being done about it?

Mr HOGAN: As I indicated before, it is not our brief to get involved in operational issues at that sort of level of detail. In particular, our brief is to make sure that agencies are working together, so where there is a joint issue between health and police or police and the council, or health and the council, then that those relationships are working well, that those issues are being brought up and dealt with. Where an operational issue comes to attention, as I indicated, we would pass that information back to the Police as soon as it comes to notice.

The Hon. R. H. COLLESS: Just finally, Madam Chair - you talked about the evaluation of the Cabramatta Project. Do we have a copy of that in our papers?

Mr HOGAN: I do have a copy of the evaluations to provide to the Committee, yes.

The Hon. R. H. COLLESS: If we can get it so we can have a look at that, thank you. Thank you, Madam Chair.

Ms LEE RHIANNON: I just want to get an idea about how substantial the Cabramatta Project is and how many facilities there are for the community. Considering in the past few weeks there has been just so much attention to drug taking and that area and the

issues to do with the police, particularly last Monday I think it was, that meeting of I think about 40-41 officers at the Cabramatta Police Station. Does the Cabramatta Project actually respond to something like that, or have you just got your set meetings and your projects and is your way of working that you are just moving through that, or when there are current new developments out there that are getting a lot of attention, do you have special meetings to respond to it? I would just like to get a feel for how it works.

Mr HOGAN: In addition to the regular reference group meetings or action team meetings, where a particular issue arises that requires a whole of Government response, then we will convene a special meeting or get the particular agencies together to discuss it and to sort something out, or if we think there is an issue that requires a multi-agency approach, we may bring that again to the attention of the agencies and our Minister.

Ms LEE RHIANNON: Has that happened in the past few weeks?

Mr HOGAN: Well, I guess I would reiterate that it is not our responsibility to get involved in certainly internal industrial issues involving the police or particular operational issues.

Ms LEE RHIANNON: No, I do not expect that, but considering that Cabramatta has been just so much in the news lately with all the issues, did you have any special response?

Mr HOGAN: Yes. The reference group met last week and it talked again about some of the difficulties and issues and opportunities for further initiatives in the Cabramatta area.

Ms LEE RHIANNON: And has it discussed our Committee and this inquiry?

Mr HOGAN: The only discussion arose because I asked for copies of the Police Service submission and the council's submission to the inquiry and indicated that I would be appearing before the inquiry.

Ms LEE RHIANNON: In terms of the work of the Cabramatta Project, I notice that you put out a newsletter. Is it produced in other languages other than English?

Mr HOGAN: At this stage it is not, but it is something that we are going to look at. One of the recommendations for the evaluation was that we improve the communications with the diversity of communities in the Cabramatta area. The division has just taken on an information officer to support work such as is happening with the Cabramatta Project. We also rely on the agencies involved to get the information out about what is happening with the project and their particular initiatives, out to their clients and communities that they work with.

Ms LEE RHIANNON: When did the Cabramatta Project start again?

Mr HOGAN: The Premier announced the project in April 1997.

Ms LEE RHIANNON: Considering it is now 2001, how long do you think before the information comes out in other languages?

Mr HOGAN: Well, as I indicated, that is something we are looking at now, about translating some information to get that out to the community.

Ms LEE RHIANNON: Can you just give us an idea of the annual budget or the total budget that has been allocated for the Cabramatta Project?

Mr HOGAN: The total budget for the Premier's Department in South West Sydney is in the vicinity of - it is over \$500,000 per annum. The budget for the project, the Cabramatta Project itself, is about \$150,000 per annum.

Ms LEE RHIANNON: And just a final question: Considering there is a little bit of cross-over with the work of our inquiry, can you give us a comment on what you would like to see come out of our inquiry in terms of the issues at Cabramatta?

Mr HOGAN: I guess to reiterate the first, one of the early points I made, it is particularly important in Cabramatta that the response to illicit drugs is seen as a multi-faceted one, and obviously the focus of this inquiry has been on a very particular issue, police resources, and I guess I would be hopeful that the Committee acknowledges that there is a lot of effort going on across a wide range of agencies to deal with the consequences of illicit drugs in that community, and also that it is important that some of the good news about Cabramatta is balanced with the attention that Cabramatta seems to be getting in recent times. We have worked very hard over the last four years to balance that image, and we have had put a lot of effort into tourism initiatives, the Cabramatta food trails, the festivals, Lunar Festival, Chinese New Year Festival, material from the council about the positives of Cabramatta, now we have got night markets in Cabramatta. There is a lot of other good things happening, and unfortunately that is not getting much attention in the current climate.

Mr BARNDEN: Madam Chair, I just wonder if I might just add to what Michael has just said if that is okay with you?

CHAIR: Yes please.

Mr BARNDEN: If we were to look at what we, as officers working in this area - and we have been working in this area for quite some time - would hope to come out of your inquiry, I think it would probably be that we would like to see a recognition that drugs, and dealing with this problem is really very difficult, it is very hard work, it is very complex, it is very challenging to everyone in the field. Andrew Wilson mentioned our difficulties for the front-line workers, and there are front-line workers in every agency who are going to face those sorts of challenges, and it is also the communities, the local communities, and also the State agencies working out in the field. If you had asked me what I would like to see, I would like to see the sorts of key areas in the Plan of Action which came straight out of the Drug Summit, came straight out of the co-operative bi-partisan approach, I would like to see that reflected in your inquiry. I would like to see a realisation that policing is very important, law enforcement is incredibly important to this and the way we deal with it, but so is early intervention, so is crime prevention, so is community planning, safety planning, so is education, and so too is co-operation and good will at the local level and the regional level and the State level. I just think you need to understand how difficult we as bureaucrats have found rolling this program out, getting everyone to work together, because often people see themselves as in silos, and in this area there are no simple solutions, and also I think we have to recognise that there are no quick fixes. It is going to take, I would say, ten years to get on top of all of this, and I think that is a challenge, but we actually have to have this incredible

commitment to work towards the goals that really have been set up by everyone here working together back in 1999.

CHAIR: Yes, I appreciate that. That is why I made at the beginning the statement that the Government should be applauded for this very much whole of Government, multi-pronged approach. I understand. I have professional work experience in the area, I can assure you, so I understand.

The Hon. J. HATZISTERGOS: Just in relation to that issue, I have noticed in one of the materials that you have given us, which is "Drug Crime Prevention and Mitigation: A Literature Review and Research Agenda", attended by, amongst others, Don Weatherburn and Libby Topp from the National Drug and Alcohol Research Centre, there is on page 29 some exposition of the extent of the problem which the community faces in this area, where it says this:

... the quantities seized are unlikely to represent a large proportion of the total imported. Rough estimates of the quantity of heroin consumed per annum in Australia are about two tonnes. The quantities of heroin seized have never risen to more than about a quarter of this figure. Over the past three years at least, quantities seized have usually hovered around 10 per cent of estimated consumption.

And it goes on to say that because of the differences in purity, true interdiction levels are probably substantially lower than the figures that have been outlined.

In the material that we have also been provided with "Long-term Solutions - A Seven Point Plan Production against Drugs", you say:

100 per cent of Australia's heroin and cocaine is imported across our borders. Cocaine looms as the next greatest threat. We have got to work together to keep drugs out and we need to use Commonwealth resources.

You go on to state that:

Without enough Commonwealth resources committed to stopping drug imports at the borders, providing sophisticated intelligence, high levels of co-operation, tackling the whole of drug trafficking networks and sources of distribution in New South Wales and other States - (and these are the key words) - at best we fight a losing battle.

Bearing in mind those comments, how do you see the Cabramatta Project in that battle? Secondly, what resources and assistance are you getting from the Federal Government towards the initiatives that you are responsible for?

Mr HOGAN: I would suggest that there has been a positive change in Cabramatta in the four-five years since the operation of the Cabramatta Project and other Government

initiatives. Now, things are still not yet what they ought to be in Cabramatta, and, as has been suggested in previous discussion, there is still a long way to go and a lot more to do, but things are better than they used to be, and so there has been some positive outcome from the intensity of effort that has been happening across the State Government.

I have to say in relation to Federal Government that we have had some limited co-operation from the Federal Government. There has been some positive co-operation in the area of employment and training initiatives. There are some further discussions happening with one of its instrumentalities, the area consultative committee, Grow I think it is called out there, which has responsibility for providing funds for innovative employment and training initiatives, and we are hopeful that we can mobilise some further resources from the Commonwealth Government for those activities.

In relation to programs like Community Partners, I would have to say that it would be useful to have a closer working relationship with the Commonwealth about how decisions are made about expenditure of those sort of funds at a local level, where we are doing things like the Cabramatta Project and the Fairfield Drug Action Team. I hope that we would be able to line up, I guess, align some of the effort that is happening at a local, State and Federal level, that is better than we have been able to do in the past.

The Hon. J. HATZISTERGOS: As Mr Palmer, the Federal Police Commissioner, said today in the newspaper:

... co-operation with overseas agencies and other States, particularly in NSW, had improved dramatically in recent years. A good example was the Joint Asian Crime Group, based in Sydney, which was tackling heroin trafficking and other serious crimes. "I think they have had some very notable successes that were unlikely to have been achieved had we continued to operate separately".

Is your agency in any way responsible for co-ordinating Federal Government relations in this area?

Mr BARNDEN: Yes, I think they are probably more looking at the drug policy. We have been working quite closely through the Minister of Health on a drug strategy and through the inter-Governmental Committee on Drugs, which has senior officers from all jurisdictions. We have also been working quite closely with the Premier through COAG, and you might recall that the State Government signed an agreement with the Commonwealth last year under the Prime Minister's National Use of Drug Strategy initiative, and as a result of that we have had an allocation of approximately \$31 million over four years to roll out a State diversion program which links the justice system with the health system. It is pretty cutting edge stuff, and it has been trialed in a number of areas, but we hope to roll it out gradually, in the light of evidence and evaluation, depending on how things go over the next few years.

I think this is an excellent example of Commonwealth-State co-operation. We have a States working group on these initiatives to monitor them and evaluate them. They involve about six different agencies, but at a local level we actually have a Commonwealth State reference group, which includes the Commonwealth representative, Major Watters, who is chair of the Australian National Council on Drugs. So we have actually a pretty good

co-operative arrangement with the Commonwealth in a number of areas. There are, of course, always challenges in those sorts of relationships.

Minister Della Bosca, for example, took to the Ministerial Council on Drug Strategy recently a number of proposals for a national overdose strategy, so that all States were tackling this and focussing on this, and also proposals that we adopt new pharmacotherapy strategies, particularly in relation to buprenorphine, which has immense potential in terms of treatment of people in the next few years. Those proposals for the development of those strategies have been accepted by the Commonwealth and other jurisdictions and they are now being finalised as we speak.

I think you could say that in some areas we are actually working very well with the Commonwealth and with other jurisdictions but of course it is always a question of resource allocation. As you know, the Premier and the Government were concerned a number of years ago about the allocation of resources to the AFP and to Customs and they were particularly concerned because of the flood of drugs coming into the country. The Commonwealth has to some degree addressed this, whether or not it is to the extent that the State Government would want is something we are still assessing, but there have been considerable improvements in those areas.

We will need to continue to work with the Commonwealth and encourage them to enhance resources and enhance co-operation in terms of drug law enforcement and border control issues.

The Hon. G. S. PEARCE: Gentlemen, thank you for telling us about the Government's plans of action and targets and action teams and thank you for the Government's package of initiatives. But I have to tell you the people of Cabramatta are saying that ten years is not good enough and if I take this package of initiatives out there and give it to somebody on one of the street corners it is going to do nothing to do anything about the real issues in Cabramatta.

Can you give me a couple of straight answers. For example, how many extra drug treatment places have been provided in the south west Sydney area health service area since the Drug Summit?

Mr BARNDEN: I would have to talk to Andrew Wilson and provide you with the precise figures on that.

The Hon. G. S. PEARCE: Andrew Wilson was here and he didn't know the figures.

CHAIR: Mr Pearce, I think those specific questions in relation to Health should be questions on notice, because it is very difficult.

The Hon. G. S. PEARCE: I would have thought that the team from The Cabinet and the Premier's Office would know these sorts of basic pieces of information.

Can I ask you for example how many drug related deaths were there in New South Wales in 2000 and how many of those occurred in Cabramatta?

CHAIR: Can you actually ask those questions first on notice? I would prefer you

to.

The Hon. G. S. PEARCE: I will ask them on notice but I do think that they are fairly fundamental pieces of information that the core central government agencies should know about.

In the August 2000 issue of the Cabramatta Project Newsletter, which my colleague Lee Rhiannon noted was only published in English, notwithstanding that four years have passed since the project began, it says that there was a downward trend in relation to crime and it said that in January 1998 Cabramatta was ranked 42 but in April 2000 was ranked 52. Can you tell us what the rankings are since then?

Mr HOGAN: I don't have that information with me Madam Chair, but again we can take that on notice and supply that.

The Hon. G. S. PEARCE: Has there been another version of this newsletter since August 2000?

Mr HOGAN: There is another one in development now.

The Hon. G. S. PEARCE: Will it have that sort of information in it?

Mr HOGAN: We will check with the police as to what they are able to provide.

The Hon. G. S. PEARCE: I assume you cannot tell me the actual expenditure of new dollars since the Drug Summit?

Mr BARNDEN: I could not tell you precise expenditure. I can tell you precise allocations but the actual expenditure I would have to get back to you on that.

The Hon. G. S. PEARCE: Dr Wilson in his evidence said that we have a significant gap at present in the health services available in the Cabramatta area and he thought that we would want to at least double the number of services in the next twelve months. He mentioned a figure of 1,000, I am not quite sure what that actually meant. Do you think his assessment is correct, that the shortage of health services in the Cabramatta area is so deficient that it needs to be doubled in 12 months?

Mr HOGAN: I am not in a position to verify the precise figures that Dr Wilson has given you. It is the Health Department's responsibility for determining the appropriate number of positions. I certainly I guess can vouch for the fact that health services have come to the table of the Cabramatta reference group indicating their desire to increase the number of treatment places available.

Mr BARNDEN: As I mentioned before, we have a State-wide treatment services plan which identifies future directions. One of the key initiatives under that plan is that every area health service will have a drug and alcohol treatment services plan. I understand that the south west area health service is just about completing their plan and that will probably be released by the end of this year and I am sure that that particular plan will identify the sorts of issues that you are addressing and as soon as it is available we will get you a copy.

The other thing I would like to mention is you did ask about heroin overdose, I have

not got the Cabramatta figure precisely but I can tell you that last year there were approximately 400 overdose deaths in New South Wales.

You might remember that the Premier announced that the State had completed a New South Wales heroin overdoes prevention and management strategy, we have allocated \$670,000 to that over three years. We will be implementing that. I would expect that that will have a significant impact in Cabramatta and I can get advice from New South Wales Health on how they are going to roll this out in the Cabramatta area; I am sure it will make a difference.

The Hon. P. J. BREEN: Just on that question of the overdoses in Cabramatta. I think Dr Wilson said in his evidence that 15% of all drug overdoses in New South Wales occur in Cabramatta. Do you have any experience from the Cabramatta Project as to whether that figure is accurate?

Mr HOGAN: I would have to take that one on notice and check back with the relevant staff about that.

The Hon. P. J. BREEN: Another question that arises out of Dr Wilson's evidence that I would ask you to comment on, if you are able to, is Dr Wilson made this statement:

Wherever there is a major clustering of drugs
there is always a large number of residents who
are drug dependent.

Would you agree with that statement?

Mr HOGAN: I am not in a position to provide a view on that statement, I am afraid.

The Hon. P. J. BREEN: I think you were here when Dr Wilson then went on to give further evidence that on the extrapolation of certain figures available to him there were 300 or 400 residents in Cabramatta who were drug dependent. Is that figure consistent with your information from the Cabramatta Project?

Mr HOGAN: The issue of information that would give us a more accurate picture of what is actually happening in relation to illicit drugs has been an ongoing challenge for the project and it was an important part of the Government's Plan of Action in response to the Drug Summit to commit to and invest in building better information systems because one of the things that was bedevilling efforts to do good program design at a local level was the rubbery nature of some of the figures.

The Hon. P. J. BREEN: It does seem, to my mind anyway, extraordinary that there are only 300 or 400 drug dependent residents in Cabramatta and if there are plans to double the number of drug clinics, for example, that this will have an impact on the local community. It may not be consistent with the number of drug dependents there are in the area. Do you have any comment about that?

Mr HOGAN: The only comment I would make is that no doubt there are substantial numbers of people who travel to Cabramatta to obtain drugs and then leave at some point. We do need a better picture of the breakdown between the number of residents

and those who come to Cabramatta to acquire drugs.

It is worth noting that the bigger picture is to make sure that there is ready access to appropriate treatment services right across the State so that people do not have to travel necessarily long distances to get appropriate treatment and support.

The Hon. P. J. BREEN: In your evidence you also said that the Cabramatta Project was formulated in response to the detrimental impact of drugs on the local community. This is a bit provocative, this question, but would you say that this Committee and the information that it has received so far suggests that there is a failure of the Cabramatta Project in terms of doing anything about the detrimental impact on the local community?

Mr HOGAN: As I indicated in my previous evidence, the evaluation that was undertaken of the Cabramatta Project indicated that the Project had had a positive difference. As I also said, these are complex and difficult issues to deal with. There are no quick fixes, no easy answers. It is a long haul. The evaluation suggests that the project has added value, has made a positive difference but it is not the solution, and the Premier has never pretended it would be the solution, to the difficult issues facing Cabramatta.

The Hon. P. J. BREEN: You indicated earlier that that evaluation would be available to the Committee?

Mr HOGAN: Yes.

The Hon. P. J. BREEN: Just two questions finally Madam Chairman to Mr Barnden. In the past few days Commissioner Ryan has identified ethnicity as a cause for concern to the local police in Cabramatta. The Commissioner says it is against the law to identify any particular group such as Vietnamese or Lebanese. Do you think the Commissioner's concerns are consistent with difficulties experienced by the Cabinet Office in implementing drug policy?

The question is do you think the Commissioner's concerns are consistent with difficulties experienced by the Cabinet Office in implementing drug policy?

Mr BARNDEN: Are you suggesting that because there are certain ethnic communities involved it is difficult to implement drug policies?

The Hon. P. J. BREEN: No, what I am suggesting is that you represent the Justice Branch of the Cabinet Office in relation to these issues and if the Commissioner's concerns are real then is there a question before the Cabinet Office or before your group in relation to changing the law so that this problem that is identified of ethnicity can be overcome with changes to the anti-discrimination law or some other law? Are there proposals on your plate for that?

Mr BARNDEN: I would really have to get advice on that and get back to the Committee. I have not seen the Commissioner's comments and I would really just have to get some advice from the Police Service about where he is coming from in relation to that issue.

The Hon. P. J. BREEN: My final question is similar. Commander Clive Small when he gave evidence to the Committee identified a deficiency in the law in that the police

are unable to do anything about people who, in his words, “were standing around waiting to score”. Do you think that Commander Small’s concerns are consistent with difficulties experienced by the Cabinet Office in implementing drug policy?

Mr BARNDEN: I have spoken to Assistant Commissioner Small about that issue, we have regular discussions because he participates in the Intergovernmental Committee on Drugs with me and also in our senior officers group and we have regular discussions.

I suppose there are a number of issues there, one is the question of how police enforce some of the laws which are in existence, the other question is whether the existing laws are adequate; that would have to be assessed as based on the evidence produced.

I have also spoken to him re the recent amendments to The Intoxicated Persons Act. I am not sure if you are aware that that Act was amended last year and now extends to cover people who are seriously affected by drugs as well as alcohol; they may be a threat to themselves or a threat to others.

This Act will commence later this month and I would expect and I—

The Hon. P. J. BREEN: I am sorry, The Intoxicated Persons Act?

Mr BARNDEN: The amendments to it.

The Hon. P. J. BREEN: The amendments?

Mr BARNDEN: The amendments which now encompass drug affected, drug dependent people. We would expect, and I have spoken to Clive about this, and we would expect that this may present some new opportunities for the police in Cabramatta to address some of the issues they have about people who are affected by drugs.

The Hon. P. J. BREEN: These amendments you are talking about are amendments that have already gone through the Parliament?

Mr BARNDEN: Yes, that is right.

The Hon. P. J. BREEN: My understanding is that those amendments were passed and implemented prior to the Olympics for the purpose of the Olympics, is that not correct?

Mr BARNDEN: No. My understanding is the Act actually commences later this month. I would have to go back and confirm that.

The Hon. P. J. BREEN: Even if what you are saying is correct, that the Act is yet to commence, is it not true that those kind of provisions, which are a throwback to the old loitering laws, raise serious questions about civil liberties and people’s right to collect and aggregate in a public place?

Mr BARNDEN: That is why in implementing those particular provisions a local protocol will be developed which will be developed again by interagency co-operation. We have established state-wide protocol for interagency co-operation between police, community services, Health and Housing and as it rolls out it must have protocols too. So the sorts of concerns that you are raising will be properly and effectively addressed.

There has to be a balance in all of these things and, as I said, it needs to be an integrated approach because it requires consideration of the consequences of law enforcement on the lives of people and the way they are treated and their housing and their general support and their ongoing issues as well. So we would expect that that would be a sort of comprehensive little package for each local area.

The Hon. P. J. BREEN: Just to sum up. The only proposals that you have at the moment to change the law or to implement changes in the law relate to those amendments to The Intoxicated Persons Act, there is no other proposals as far as you are concerned?

Mr BARNDEN: I have not seen any other proposals at this stage, but as you know the Government has always indicated willingness to address deficiencies in relation to drug laws and over the past few years it has amended I think about at least a dozen laws to increase the penalties, increase the sentences, address police concerns about law enforcement issues and I think the Government is always willing to address concerns where there is evidence of a gap in the law.

The Hon. I. W. WEST: When you did the evaluation, I am assuming that in that evaluation there will be details on outcomes from the major initiatives of the Cabramatta Project. One of those major initiatives was the issue of building links with the communities in Cabramatta. Every person we talk to tells us that they are ready, willing and able to sit down and discuss relationship building in the community, yet it does not seem to happen. The party does not occur. Everyone is all dressed up but nowhere to go. Can you give us some indication now as to a detailed itemisation of what is happening in that regard with the evaluation?

Mr HOGAN: As I indicated earlier, the evaluation does raise the issue of communication with the broader range of stakeholders in the communities and I guess the organisations like the council and key service providers that we work closely with. That is something that will be part of the next stage for the project, the communication strategy to go along with the next stage of the project.

We have endeavoured to work with existing forums and existing groups, so we have regularly met with key organisations, the chamber's business association or key non-Government organisations, as the issue arises or there is scope to work on a particular issue.

The Hon. I. W. WEST: A final follow-up to that, you say in the Cabramatta Project newsletter that came out in April 1998, that was then under way and we were about to get evaluations and outcomes as to the major initiative of building links with the Indo-Chinese communities. Can I say that it appears that everything seems to be on its way but nothing seems to happen.

Mr HOGAN: There have been lots of projects where we have worked very closely with teaching the organisations, whether it is the Vietnamese community's organisations, the Open Family, Burnside, the Cabramatta Community Centre, very close working relationships on a raft of projects and issues under the four action teams. We have attended briefings by the council with community organisations, with the local Member with community organisations and the chamber and PCYC. It is not as if things are just about to happen, because a lot of things are happening all the time and we will continue within our capability

to do it better.

The Hon. I. W. WEST: I would ask that we get some detailed information on that issue.

Mr HOGAN: Yes.

CHAIR: Maybe if I can ask both of you, if you have any outcome in the next few months that you have already monitored and written, that you can provide to the Committee, the Committee would appreciate it because it is very important.

I have a final question. The final question is very short. Both of you can answer the question if you like. What are the current priorities of the New South Wales Government regarding the implementation of the 1999 Drug Summit? I realise you have given the whole package. I want the priorities. What would you consider the notable success to date? I just want it off-the-cuff, if you like. There must be something that stands out in your work.

Mr HOGAN: Madam Chair, in my area of responsibility, which is the community drug strategies, the fact that the Government has invested in the Drugs and Community Action Strategy, which is one of the recommendations from the Drug Summit, and we now have a team of people working across the State to support local community drug action teams. At last count I think there was something like 46 had been established or were being established in a relatively short period of time. Those teams are now working on their local drug action plans, bringing together business, councils, service providers, youth organisations and State Government agencies, working more closely than has been the case before. So I think that given the importance of getting that level of collaboration at a local level, to have any chance of effective sustainable responses to illicit drugs, that that has been a particular highlight in my area of responsibility.

CHAIR: Do you have any comments, Mr Barnden?

Mr BARNDEN: If you were to talk about the success, I think it is the fact that - it is the roll-out which is now happening right across Government, right across the State, at every local level, at every regional level. It is the fact that we now have in place a clear plan of action for about ten different Government agencies. It is the fact that each of those Government agencies is developing very clear strategies. As I said, we now have a very focussed New South Wales health agency which has a clear plan of action which will be cascading down. We now have a very clear heroin overdose strategy. We are developing a whole range of initiatives. We have a State Diversion Program now, which covers about six or seven different initiatives, which for the first time brings together the justice system, the health system, the community services area, the juvenile justice area and the police. We have got an expanded methadone maintenance program which is developing into a broader pharmacotherapy program. We are looking at key directions in that area which will improve the quality control of treatment services. And I might add that Dr Wilson mentioned, and this is a key issue for a lot of people, quality control in the health system. There is a whole section in this report, if Honourable Members have a look at it, on quality control, accreditation issues. We have treatment agreements for everyone on the methadone program being rolled out. Every client receiving methadone or in the future, pharmacotherapy treatment, will have an agreement between the State and themselves. They have a little booklet which tells them what their obligations are. There is a reciprocity in the process now.

I could go on, but, as I said, there are ten Government agencies, each of them have got some fantastic programs under way and there are a lot of things happening. I think there will be a big difference if we can just continue this.

The Hon. G. S. PEARCE: Madam Chair, can I pick up your point there, which the Hon. Ian West also raised. I guess where we are perhaps getting a little diverted is looking at the original Cabramatta Project newsletter in April 1998, it says, the mission statement:

... although lengthy planning in favour of strategies to achieve real change in the short and medium term, to put it simply, the project is about action not just more talk.

You seem to have lots of publications.

Mr HOGAN: Could I clarify. They are publications at State-wide level from various agencies about roll-out of the Drug Action Plan. The evaluation report will provide a list of the particular initiatives that we have pursued as part of the Cabramatta Project. There is further information in each of those newsletters about particular initiatives and about some of the results that have been achieved.

Getting tourists back to Cabramatta, the significant investment by the council in improving urban amenity, improving opportunities for young people to get jobs out of the area, because the bad image of Cabramatta generated by adverse publicity means if they put Cabramatta on their letter of application an employer will not give them an interview. So there have been all sorts of, I think, positive outcomes achieved, quite a number of them significant issues too.

CHAIR: In concluding, we would appreciate if you would send us your written response to all the questions that you have been asked, because it is very relevant to our inquiry, and on behalf of the Committee, again, we want to thank both of you, because it was relatively short notice, for appearing before the Committee and our special thanks to Minister Della Bosca, because he has been most co-operative and most forthcoming with his help to our inquiry. So thank you very much.

(The witnesses withdrew)

(Luncheon adjournment)

CHAIR: In my opening statement this morning I read from some letters from various people. I have two more letters I would like to read for everybody concerned.

The first letter is from the New South Wales Treasury, the Director, Justice and Emergency Services, Mr P Bickerstaff, addressing the Committee, and I quote:

Inquiry into Police Resources in Cabramatta.

I refer to your recent letter seeking the attendance of an appropriate senior officer from Treasury to provide evidence to the Committee on Monday, 12 March 2001.

While Treasury is involved in determining the overall levels of funding available to the NSW Police Service, it has no involvement in the subsequent allocation of resources within the Service. Moreover, the Service is not currently required to prepare a Service and Resource Allocation Agreement and the only measures of policing effectiveness available to Treasury are the same as those accessible to the general public.

And this part of the letter I would like people to be aware.

Another letter I received today is from the President of the Cabramatta Chamber of Commerce, Mr Ross Treyvaud. I just want to mention the fact that this morning I read in public from a letter from Councillor Thang Ngo, now supporting the Committee, and this is another letter supporting the Committee that I would like the Committee members to note, and I quote in part from this letter:

The business community in Cabramatta greatly appreciates the efforts that you and your Committee have put into this current inquiry. We have tried many means in the past to raise awareness of what has been happening in our town for a number of years now, without effect.

It goes on:

We have the greatest faith in both your effort and sincerity in finding lasting solutions for our Cabramatta.

This is only part of the letters, I would like the public and the Committee to be aware.

ELIZABETH MARY COOMBS, Executive Director, Review and Reform Division, Premier's Department, Level 39, Governor Macquarie Tower, 1 Farrer Place, Sydney, sworn and examined:

CHAIR: In what capacity do you appear before the Committee?

Dr COOMBS: My capacity comes from my role as Executive Director of the division inside the Premier's Department that services the Council on the Cost and Quality of Government.

CHAIR: Did you receive a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act 1901?

Dr COOMBS: Yes, I did.

CHAIR: Are you conversant with the terms of reference of this inquiry?

Dr COOMBS: Yes, I am.

CHAIR: If you should consider at any stage during your evidence that in the public interest certain evidence or documents that you may wish to present should be heard or seen only by the Committee, the Committee would be willing to accede to your request. Would you like to make an opening statement?

Dr COOMBS: Yes, I would, thank you, Madam Chair. My opening statement is essentially just to inform the Committee of the role I have inherited. I have been in this position since November 1999. So in many ways the evidence that I have is constrained by not having corporate memory that goes back over the full life of the former Council on the Cost of Government. I have only come on board since the council was reconstituted, that is the Council on the Cost and Quality of Government, under the chairmanship of Professor Percy Allan.

CHAIR: Do you have any comments in relation to our terms of reference?

Dr COOMBS: No. I am prepared to take questions as you may see fit to place them.

CHAIR: The document entitled NSW Police Service Review of Resource Management Scope Study Report November 1996, although now more than four years old, addresses a number of issues of direct relevance to the Committee of inquiry. Appendix 7 deals with the issue of resource allocation between police patrols. I quote from on page 15:

The Council on the Cost of Government was unable to identify any official formula used by the Police Service to allocate resources.

However, the Committee has been provided with a copy of the New South Wales Police Service, now in use, Resource Allocation Formula, which appears to be dated 9.12.1992. Deputy Commissioner Jarratt has told the Committee that this formula was in use in 1997 when patrols were replaced by Local Area Command.

Can you shed any light on this issue, that is whether or not the Police Service had a

resource allocation formula at the time of the council's study and the extent to which it may have been used?

Dr COOMBS: Unfortunately, I will not be able to help you on that particular matter, Madam Chair, for two reasons: One, that I wasn't actually in the Council Servicing the Council at that time and so did not have contact with the officers who would have been preparing the review, and since my time in the council that particular issue has not arisen.

CHAIR: Attachment 4 to Appendix 7 has the resource allocation formula used in the United Kingdom. However, only one page is provided. Could your office have a look at the file on this issue and provide the Committee with further details about a UK resource allocation formula, including a copy of the full document?

Dr COOMBS: We would be happy to take that matter on notice and to provide whatever might still be in our files for consideration by the Committee, but I have no knowledge of that UK formula.

CHAIR: It may be easier for you to get that document for us.

Dr COOMBS: I will make a note of that.

The Hon. R. D. DYER: Dr Coombs, I appreciate that you have just said that you did not have your existing responsibility in November 1996 when this report was issued by the then Council on the Cost of Government, namely Review of Resource Management Scoping Study Report. I was reading this document yesterday. Could I ask you about a passage on page 28 where there is reference to:

The Council's modelling points to the opportunity to re-allocate 1362 police officers from non-operational to operational duties. These officers will be replaced by civilians at a net saving in salary and related costs of 30 percent.

I think it is true to say that it has been a recurring theme under various governments, or a desired objective to civilianise some police functions. I think it is also true to say that at any time that a Government, of whatever political colour, has tried to do that that there has been some resistance within the police service by officers who feel quite comfortable in filling those supervisory or administrative roles.

Do you agree with that and do you agree that it is a desirable objective to get police out of pen pushing roles, to use that vernacular expression, into direct service delivery?

Dr COOMBS: It most certainly has been the objective of many governments to actually seek to maximise the amount of resources that go into direct service delivery as compared to support functions such as administration; at the time of writing that report that of course was a similar objective.

Some of the issues concerned with what is a role that should be undertaken by a police officer and those which can be undertaken by civilians has always been a problematic issue. I think many people have attempted to try and provide a clear definition of what is a core police function and what is not. The work that the council did then was very much along the lines of it is a desirable objective to free up as many police officers and to return them, not just out of administrative jobs but to get them back to service direct clients in the

community.

The Hon. R. D. DYER: The passage I was just quoting from goes on to say:

Civilianisation has been of limited success up to date

bearing in mind this is 1996:

because of the institutional impediments imposed by authorised strength and the lack of incentives for change.

Dealing with authorised strength first, I understand that it is still a procedure and a requirement in the Police Service that every police station, including Cabramatta, has an authorised strength. I think that Commissioner Jarratt gave evidence to the Committee that the authorised strength of Cabramatta was in the area of 111, from memory.

Would you agree with the Council on the Cost of Government when they expressed the view at that stage that authorised strength might well be an impediment to change in the context of civilianisation of police positions?

Dr COOMBS: I hesitate to give a definitive response simply because I have never actually gone into detail to actually examine the concept of authorised strength and it would concern me to actually place an opinion before a committee such as this without having done sufficient homework to give a firm and very considered opinion.

So I would prefer just to say I am aware that the Council was of that view. The current council has not considered the issue and I myself in both my current and former roles have not been required to actually examine it, so I do not have a great deal of familiarity with the concept or what it means in operational terms for management.

The Hon. R. D. DYER: I think what the Council on the Cost of Government was trying to say, if I might give my own interpretation, was that perhaps authorised strength is an unduly rigid formula, it is sort of a totemic symbol to which people give obeisance, but it lacks reality and to the extent that it exists there is an unwillingness to surrender positions currently occupied by police to civilians and thereby bring down this ceiling which is the authorised strength. Do you follow what I am saying?

Dr COOMBS: Yes, I do.

The Hon. R. D. DYER: That may be a reason for the resistance.

Dr COOMBS: I notice that they were quite strong on that issue of authorised strength and quite a part of the report does actually concentrate upon the adequacy or lack of adequacy of that for actually making those operational decisions.

The Hon. R. D. DYER: They also referred in the passage I quoted to you a moment ago to a lack of incentives for change. Do you think there is some room to inject some incentives to change that presently rigid formula?

Dr COOMBS: I am not familiar with the formula they used then or the formula they are using now. I know that it is possible that they have a formula that is used but how it

relates to authorised strength I am not familiar with. So I am sorry, once again I do not really feel that I am best placed to give you a definitive response.

The Hon. R. D. DYER: Finally for my part could I ask you whether you, in your current position and with your present responsibilities, have done any work regarding other public sector agencies in regard to the allocation of resources that might have relevance to the Police Service in terms of allocation of resources?

Dr COOMBS: Typically with the work that the council does the bulk of it actually is concerned with an aggregated State picture, so the day to day decisions concerning resource allocation is not something that the council has involved itself with, it would be regarded as issues for the agency to actually address.

The Hon. G. S. PEARCE: Dr Coombs, in your time with the division have you done any work on performance measures for the Police Service in New South Wales?

Dr COOMBS: Mr Pearce, we have not. No.

The Hon. G. S. PEARCE: You have not done any?

Dr COOMBS: No. There has been this former Law, Order and Public Safety Report which is the Service Efforts and Accomplishments report put out by the former Council in 1997. The Council on Cost and Quality is continuing the Service Efforts and Accomplishments reports and in due course, over their rolling cycle of these reports, will actually prepare a report once again on the law order and public safety policy area but we have not undertaken that in my time with the council.

The Hon. G. S. PEARCE: Do you have any idea when in that rolling cycle you might reach--?

Dr COOMBS: The term or the life of the council finishes in October 2002 and I fully anticipate that we will be moving towards that at some point. I work to a work program that is set by the Council and they make the decision as to when we do the policy areas we do and the order in which we do them.

The Hon. G. S. PEARCE: You would be aware from our terms of reference that one of the issues we are looking into is the police crime index, are you familiar with that index?

Dr COOMBS: No, I am not, other than what I have read through skimming the former work of the Council on the Cost of Government.

The Hon. G. S. PEARCE: Your background and experience is it work on performance indicators and allocation of resources, or not, your personal experience?

Dr COOMBS: My personal experience has been very diverse and across the sector and it has included decisions as to resource allocation and reviews and the like, yes, however I am not sure whether that is necessarily an issue for the Committee.

The Hon. G. S. PEARCE: I am looking for some guidance. How would you set about measuring the performance of the Police Service and what sort of indicators would you

use as resource allocation tools?

Dr COOMBS: Within the responsibilities that I carry for the Council I would be using the methodologies which they have both developed and endorsed. We have methodologies for performance measurement and program reviews. I am very happy to make those available to the Committee if they would assist.

In the program review area we have 13 areas which we must provide a response to, look at each of the issues underneath those 13 areas. Similarly in the service efforts and accomplishments reports our methodology requires us to go in to work in certain ways to actually identify indicators which are relevant, timely, accessible, along those lines.

The model that has been endorsed by the Council on the Cost and Quality of Government under Professor Allan is one which is based very much upon a collaborative model. So we establish working parties which are chaired by a member of the Council, serviced by members of my division and agency staff who are seconded in, so we get an independence there, and then we work through the actual process that is required through working parties and the like, so we have a much stronger base for drawing forward indicators and that is the methodology that I would be using.

The Hon. G. S. PEARCE: If I understand you, you are saying that you have working groups which would develop the indicators in some sort of depth I suppose, is that what you are really saying?

Dr COOMBS: We seek to use agency knowledge, both because they have the expertise but also it is important for them to own the work as much as ourselves, so that they are involved with a central agency who has responsibility for doing this across all policy areas and then we provide the expertise in terms of ensuring that we have consistency of indicators developed across the 12 policy areas that we are required to develop service efforts and accomplishments reports for. That methodology actually is very rigorous and it also ensures that we are consistent both in terms of process but in terms of the sorts of factors which we draw out and how we treat those in a reporting sense as well.

The Hon. G. S. PEARCE: So I take it from that that you would not be recommending as a performance indicator a selection of four or five statistics and imposing that from above as the means of measuring outcomes for a service like the police service?

Dr COOMBS: The model that is required of me to implement for the council is a collaborative model, so in that sense no we do not prescribe for agencies 'these are the five that you must...'

CHAIR: From a public sector reform and public sector management point of view, can you tell the Committee ideally what would you like to see come out of a Committee inquiry?

Dr COOMBS: I think for a public servant such as myself information which adds to the knowledge concerning an agency is always something that is useful, particularly in the role that we have, but in terms of any particular issues or recommendations that the Committee may be considering I have not formulated a view. I look forward though to the results of your deliberations and will read the report, that I can assure you.

The Hon. J. HATZISTERGOS: When it comes to measuring something as a performance by the Police Service what are the difficulties that you see in putting together an appropriate set of indicators?

Dr COOMBS: Putting together an appropriate set of indicators, be it for police, health, community services, or any of the smaller agencies, it is always an issue to get indicators which are relevant, which are timely, which do not impose an additional or unreasonable workload upon the agency, that you utilise existing information systems that they have in place as best that you can.

Performance measurements, performance monitoring always carries workload and that also means cost and we seek to ensure that the work that we do manages these issues as well, so that we are not imposing a work burden that is going to take resources away from other issues, other work objectives which may be a priority as well. But also too that they are indicators which are not only useful for publication to the broader community or for central agencies but are also ones which are useful to the management of the agency that is actually being reviewed or is subject to one of the service efforts and accomplishments performance measurement reviews.

The Hon. I. W. WEST: Just a follow-up question to that particular question. You went to the issue of the difficulties of measuring for people who are doing the measuring but in terms of the actual unique nature of say the Police Force, can you think of any particular indicators that would assist?

Dr COOMBS: I think one of the issues which came through to me in the report there was the difference you have between reported crime and crime which - you have to make an acknowledgment of the fact that a lot of the data that you have comes from reported crimes and that there may be a sufficient amount of activity going on out there which actually is not captured through the existing indicators and the Council on the Cost of Government Report actually brings that point through very clearly, I felt.

CHAIR: Dr Coombs, are you aware of any development in other States or overseas in relation to the application of performance measurement systems and methodologies for assessing the outcome of policing activities specifically?

Dr COOMBS: Because we have not done a program review of the police we have not got that data available to us in the time that I have been there. The report which was done at that time would have assessed the work overseas or of other jurisdictions within Australia, but currently no I have not been aware of anything additional to what is contained and referred to inside that report.

CHAIR: Can you comment on the resource allocation formula used by the New South Wales Police Service?

Dr COOMBS: No, I am sorry, I do not have any comments that I can make.

CHAIR: Do you have any view on Crime Index that was used until last year?

Dr COOMBS: No, I am sorry. I have not looked at that. I have not examined that. I am not familiar with it. I do not have any comments on that.

The Hon. G. S. PEARCE: You heard the letter that the Chair read out from Treasury. Are you familiar with the Police Service resource allocation agreements that were referred to in that letter?

Dr COOMBS: Yes, I am familiar with the fact that Treasury does them and I am aware of their general nature.

The Hon. G. S. PEARCE: Are they a tool that might be used to measure outcomes in an organisation like the Police Service? Is that something that would be useful?

Dr COOMBS: It is really not inside my role to make comment upon what is useful or not to Treasury. We seek very much to work in tandem with them, so that work that we have and the indicators which we develop and the issues which we identify through our program reviews, they are involved with us during committees, so that we get that cross-fertilisation of information about indicators about performance, and we seek to actually ensure that we do not duplicate each other but that we actually feed information backwards and forwards. I have not been involved in the development of any of those service level agreements with any agency, but certainly I have not been involved with the one with the police.

CHAIR: If there is any further information that is relevant or useful to the Committee, we would appreciate it if you can forward it to us.

(The witness withdrew)

THOMAS BELA JAMBRICH, Assistant Auditor-General, The Audit Office of New South Wales, 234 Sussex Street, Sydney, sworn and examined:

CHAIR: In what capacity do you appear before the Committee?

Mr JAMBRICH: I am the Assistant Auditor-General in charge of performance auditing and representing The Audit Office in that capacity.

CHAIR: Did you receive a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act 1901?

Mr JAMBRICH: I did, Madam Chair.

CHAIR: Are you conversant with the terms of reference of this inquiry?

Mr JAMBRICH: I am.

CHAIR: Mr Jambrich, if you should consider at any stage during your evidence that in the public interest certain evidence or documents you may wish to present should be heard or seen only by the Committee, the Committee would be willing to accede to your request.

Mr JAMBRICH: Thank you, Madam Chair.

CHAIR: Would you like to make an opening statement?

Mr JAMBRICH: Yes, if I may, please. Madam Chair, at the start, may I just point out that the Audit Office has no specific knowledge that would relate to the activities at Cabramatta. As a general rule, the Audit Office does not inquire into specific locations to deal with isolated local matters. In the case of the Police Service, we would not necessarily look at or report matters that led to particular Local Area Command only. We would rather look at general systems and procedures and make recommendations relating to those activities that affect the whole organisation. Our recommendations in the Police Service would relate to the service itself, rather than any specific location.

The Audit Office has so far undertaken a number of audits relating to the police force. The more recent ones are: the Police Response to Call Assistance, which was tabled in the Parliament in March 1998; Police Response to Fraud, October 1998; Staff Rostering, Tasking and Allocation, January 2000; Judging Performance from Annual Reports, August 2000. That included eight agencies. The Police Service was one of those.

In our report on staff rostering, the audit indicated that more attention could be given to pro-active policing. It also commented on staff rostering, that it could better cater for anticipated demands. The Judging Performance Annual Report indicated that the Police Service has significantly improved the way it accounts for and reports on its activities in its Annual Report. It was a welcome change from the other agencies included in our survey.

That, of course, does not necessarily mean that the reporting should not or could not improve further. For instance, the report indicated, that the current performance indicators in the Police Service's Annual Report concentrate primarily on effectiveness, with only limited information provided on operational efficiency. For example, the cost of many police activities, i.e. investigating crimes, processing and charging offenders, attending all accidents

and others are not reported. Although it is recognised that difficulties exist in developing indicators, the Service, in our opinion, would need to expand to include service costs.

Madam Chair, subject to the limitations outlined above, namely the relatively few audits that we have conducted and they relate mainly to the service itself. I would be happy to respond to any questions that you or your Committee would have.

CHAIR: I think it would be a help to the Committee if you could outline the role of the Performance Audit Division of the Audit Office.

Mr JAMBRICH: Yes. Madam Chair, the performance audit looks basically at efficiency, effectiveness and the economy of activities in any organisation, either in its entirety or of selected activities. Because we look at an agency, it does not necessarily mean that we look at the whole agency, but more than likely we would be looking at a segment, like for instance the police force response to 000 calls, the emergency response; same as when we looked at the rostering or other activities. Basically, another way of describing it is that we are value for money auditors and we are not necessarily looking at the financial statements and audit financial statements.

CHAIR: In your own submission just now you were talking about you have actually looked at the Police Service, the performance audit for the Police Service. Can you elaborate on this for the Committee?

Mr JAMBRICH: Audit of the Police Service?

CHAIR: Yes.

Mr JAMBRICH: Yes. We recognise that the Police Service consumes substantial funds, and obviously it is one of the large public sector organisations in New South Wales. Obviously apart from health, education, RTA, Police are among the top. As a consequence we do perform a number of performance audits, probably more than in many other agencies, apart from health and education. We do look at, as I indicated, the response time or the police response to the 000 calls. We also looked at the way they roster and the rostering services included in the Police Service. We obviously make recommendations.

I am happy to say that the Police Service is one of those agencies that responds very positively to our performance audits, and they take our recommendations quite seriously, and they are attempting to implement them. Of course, we have not gone back as yet, and we have not investigated just to what extent they have been implemented, but hopefully they are acting on it.

CHAIR: When you say the Police Service responds positively, what does that mean? I do not understand. How does it compare? What comparison do you have to say positively or not?

Mr JAMBRICH: Very often - I probably should preempt my comments that performance auditing, I personally like to describe it as the unwelcome visitors. The financial auditors are the invited guests; performance auditors are the unwelcome visitors. We go unannounced. They are not really inviting us and they really do not wish - as a general rule, agencies do not wish us going through there and tramping through their activities. As a consequence, what you could say is that very often at the beginning there is

some form of, if not hostile, but not the most welcome attitude on the part of the agencies. And it manifests itself in the course of the audit - that the co-operation we get and the way they respond to our reports and recommendations is not always positive. So they will always try to fight what we are saying, why we should not be saying it or try to flaw the recommendations. Of course, certainly those who are in the agencies and have been there for a long time, can always find some little niggly point on which they can argue, but basically what we would like to hope for is that agencies would look at the totality of the recommendations and would look at it in the spirit that it is given. The Police Service is one of those.

CHAIR: In your earlier submissions to the Royal Commission you were saying that you have audited their roster, the police roster?

Mr JAMBRICH: Yes.

CHAIR: Can you tell the Committee what is your finding about that?

Mr JAMBRICH: There were a number of issues in rostering, Madam Chair. Firstly, we found that the Police Service at that time did not have the best information system to roster on for active basis. What we were suggesting is that the Police Service, anybody and not just the Police Service but any agency who has to roster for demand, the first thing that you would need to determine is the actual pattern of demand. It is not much use of rostering everybody for a time when you least expect a demand but you would have to try to roster when you expect it.

So quite obviously with the Police Service what we suggested is that they should try in the first instance to get a better understanding of the demand pattern.

Mind you, I should probably mention that they had a reasonable understanding but the rostering system that they used did not necessarily reflect that, especially at the local area command.

One of the problems we encountered was that senior people, I suppose for reasons that one can understand, tried not to be rostered at the weekend and yet the pattern for crime and demand when senior officers would be required probably would have been in those times. So there is a need to match demand with supply. Demand is what you determine, the crime or whatever you want to respond to, and the supply is your number of officers you have.

CHAIR: I understood when you said you are not going to local areas specifically, but your comments to me are very general because you are talking rostering, because there has been a lot of criticism of the police roster because of the fact that most of the drug activities are at any hours and not just 9.00 to 5.00.

Mr JAMBRICH: Yes.

CHAIR: So would the Audit Office make any suggestions to the Police Service that perhaps in this particular area the demands are at all hours and not just at particular office hours.

Mr JAMBRICH: Yes, I think we pointed out, in fact as I tried to mention before, that the service itself has some knowledge of the pattern of demand but in our opinion they

did not utilise it in the best possible way. We thought that they could utilise it better.

As I mentioned before very often what we saw when we looked at the rosters, was senior officers being rostered from 9.00 to 5.00 Monday to Friday, now it would not take too much to determine that maybe senior officers ought to be there after 5.00 on Fridays and Monday morning.

CHAIR: What is their response to your suggestion?

Mr JAMBRICH: They have accepted it positively and in fact I probably should mention that the police were in fact working on a new rostering system. It was being developed in conjunction with another organisation. We made recommendations as to how they could improve on that and as I referred to it before they reacted positively; that is one of those instances where they have taken on board what we suggested and they certainly indicated that they would try to bring it into their rostering system.

What they were saying is that: yes we will look at the rostering system and based on your recommendations and based on our knowledge we want to do something about it.

The Hon. R. D. DYER: Mr Jambrich I am very interested in particular in the performance audit that the Audit Office has done on staff rostering, tasking and allocation. Are you able to encapsulate or briefly summarise for the Committee what principal recommendations came out of that performance audit?

Mr JAMBRICH: Yes. I think there are a number of issues that we have raised in the report itself, but I suppose the biggest thing was what constitutes proactive policing and we thought that there is a need for police to consider that more effectively, rather than reactively. Because at that stage there was a lack of definition and a lack of appreciation as to what extent they should be proactive or reactive.

The Hon. R. D. DYER: So you are saying there that a concern of the audit was that the police ought to not merely react to reports, for example, but ought to be out there on the streets, one might presume, preventing crime occurring in the first place?

Mr JAMBRICH: There are all sorts of ways to implement or consider proactive policing. Quite obviously I think if you can prevent a crime I think that is what everybody, most of us, would wish.

We looked at the number of initiatives and activities that police services overseas have taken because with our audits part of the consideration is what and how they do it overseas. We suggested activities that they could consider and try to implement in policing.

One of the issues that we indicated is the undertaking that we further examine the possibilities of more flexible deployment of police from shop front or large stations, support large LAC stations and off main street locations. The options are to replace the concept of authorised strength for police officers positioned with a more flexible, whole of service, funding mechanism to release police officers from non-operational supportive duties and I think that is an issue that probably goes to the core as to what extent support activities need to, or should, be carried out by police officers rather than could be used by civilians.

The Hon. R. D. DYER: You might perhaps have heard me earlier in the afternoon

ask Dr Elizabeth Coombs questions about the concept of authorised strength. Were you here when she was addressing herself to that?

Mr JAMBRICH: I was here but I did not hear the response.

The Hon. R. D. DYER: Could I ask you in regard to the matter of authorised strength in various police patrols or stations, would you agree with the statement made by the Council on Cost of Government in 1996 to the effect that civilianisation, that is civilianisation of the Police Service, has been a limited success because of the institutional impediments imposed by authorised strength and the lack of incentives for change?

Mr JAMBRICH: I think we reported the same thing.

The Hon. R. D. DYER: You have criticised the concept of authorised strength?

Mr JAMBRICH: I think we have in fact stated the same thing, that there is a need to address the police force and the civilianisation, or the activities within the civilianisation.

The Hon. R. D. DYER: Could I ask you regarding authorised strength, first of all could you assign a particular reason for your criticism? Is it perhaps the concept of authorised strength is unduly inflexible and has undesirable consequences for the deployment of police in a local area?

Mr JAMBRICH: I do not know if I am in a position to comment on it, to be perfectly honest, in the form that you would wish me to. We did have a look at, as I said, the conflict or the tension, or maybe the most efficient and effective utilisation of individuals within the police force and our concern was that better or more efficient use could be made of the resources if the police force would consider the use of civilians in tasks not necessarily committed to uniformed police.

The Hon. R. D. DYER: Yes, I am going to come to the issue of civilianisation but I am just wondering whether you were able to further assist us regarding the concept of authorised strength and why your office might have been critical of that?

Mr JAMBRICH: Not without further study of the report, sorry.

The Hon. R. D. DYER: If you are in a position to, and you feel inclined to, could you make any written comments?

Mr JAMBRICH: Yes, I will be happy to provide you with a report on that if I can.

The Hon. R. D. DYER: On the issue of civilianisation I note that the Council on the Cost of Government in 1996 found that civilians undertaking equivalent tasks to police officers cost around 30% less to employ. You would agree with that, would you?

Mr JAMBRICH: I don't know whether we agree to the 30%, I would have to look at our data, but we certainly found that the employment of civilians was more economical than uniformed police, yes.

The Hon. R. D. DYER: Would you agree with me that it does not necessarily make a great deal of sense to have sworn police officers trained as law enforcement officers to be

performing tasks that could be as well performed by civilians such as for example maintaining vehicles or filling out summonses, to give two instances?

Mr JAMBRICH: I think, unfortunately, you will find that, and maybe I am stepping outside the arena that I am supposed to comment on, but you might find that one of the issues that we find with most of the uniformed Services is that very often services that could be done by civilians are in fact carried out by uniformed people which invariably, inevitably is not as efficient and not as cost effective as using civilians. So the short answer is yes.

The Hon. R. D. DYER: Would the Audit Office be aware of any resistance from the Police Association over the years to a civilianisation process?

Mr JAMBRICH: I am not sure that I can comment on the Police Association. I think generally there is some reluctance by people in uniform to accept civilians and I think that is something that maybe would need to be addressed.

The Hon. R. D. DYER: Would the Audit Office have taken any notice of, or interest in, police on the beat as shall we say an efficient use of police resources?

Mr JAMBRICH: I think that we have looked at it and I think that what we were saying is it was part of what we call the proactive policing. I suppose the edict that if the police can be seen it is effective and if the police cannot be seen it is not as effective would have to apply. I think we are all aware that - certainly I must admit that if I see a police patrol car on the highway I slow down.

The Hon. J. HATZISTERGOS: Just because the police are seen does not necessarily mean they are more effective.

Mr JAMBRICH: You are quite right.

The Hon. R. D. DYER: The relevance of the question to the Cabramatta context in my mind is police being seen on the beat might well have some deterrent effect to the commission of offences.

Mr JAMBRICH: I am really sorry, I cannot really respond to that question because I do not know the situation in Cabramatta and I think that, as it has just been said a minute ago, while obviously there are some intrinsic benefits that can be seen from the police on the beat one has to be careful because you have to be able to measure it. And I think that was what we are saying in the report and that is what we said in the report too, that whatever you do you have to try to measure your activities. Efficiency and effectiveness: it is not much use of just measuring effectiveness without efficiency and equally it is not much use of looking at it the other way around.

The Hon. R. D. DYER: When you did the performance audit on staff rostering, tasking and allocation, do you recall whether you drew any conclusions or expressed any criticisms regarding the allocation of police as between, shall we say, duties in day time as opposed to night time? In other words, was there an imbalance that you thought was worth taking notice of?

Mr JAMBRICH: First, not initially just a distinction between day time and night

time. I think that I tried to allude to it before. It is the matter of considering the demand. I think that the demand for the Police Service is 24 hours a day, seven days a week, and if you can measure the demand and if you are able to respond and if you have resources, then I think you should try to match resources. What we found was that, that it was not as well done as, in our opinion, it could or should have been.

The Hon. R. D. DYER: I agree with what you are saying. However, anecdotally at least, the understanding of most people is that criminals do not keep office hours and that there is a disproportionate amount of crime committed under cover of darkness. The relevance of my question was, for example, if 75 percent of police were rostered during the day and only 25 percent at night time, I would see that as possibly being problematic.

Mr JAMBRICH: Well, probably, but you would have to look at the demand. I do not want to sidestep that question. I do understand it, but unfortunately the auditors are pretty stubborn, they only like to comment on facts.

The Hon. R. D. DYER: Yes, I appreciate you want to comment on facts. However, it seems to me to be a relevant consideration whether there are adequate police rostered to meet the demand to which you refer whether it occurs in the day time or night time.

Mr JAMBRICH: Yes. That was basically the recommendation in our report, that they ought to consider the rostering more in line with the demand.

CHAIR: The police have the copy I think of "Volunteer Policing". Did you audit their performance as well, the volunteer policing?

Mr JAMBRICH: No, we didn't.

The Hon. G. S. PEARCE: What did you find were the criteria or the basis of resource allocation amongst area commands when you were conducting the audits you referred to?

Mr JAMBRICH: There were two things. Firstly is it was more on a historical basis, that the pattern grew up over that time and they had grown with it, and, secondly, the information base that they had, that was not as updated, and then when they started to shift from the historical type to a more scientific data base system, then we found that the data they had and the information system were not as accurate as it could or should have been, and they had a problem with the time clocks in some of their other systems, but they were actioning it.

The Hon. G. S. PEARCE: What time period are you talking about?

Mr JAMBRICH: The report was in January 2000, so it would have been in the year before.

The Hon. G. S. PEARCE: So the way they allocated resources was historical plus, what you are saying is -

Mr JAMBRICH: It was more akin to historically based, yes, because of the pattern that they grew up with, and, consequently, in certain stations when they were starting to go across to an information data base, then the information that they had was not up-to-date. So the allocation did not necessarily match the actual demand.

The Hon. G. S. PEARCE: That information you are talking about, was that the basis of the crime index that subsequently was used?

Mr JAMBRICH: I could not really answer that, I am sorry. I could look it up for you tonight, but I could not answer.

The Hon. G. S. PEARCE: Did you find that the crime index was used as a basis for allocation of resources between -

MR JAMBRICH: Again, I am sorry, I can't really - I would have to look up as to just what exactly. There were all sorts of indices used and I am sure that that would have been one, but whether that was or not or to what extent it was, I could not tell you off the cuff.

The Hon. G. S. PEARCE: The inaccuracies in the diagram, is that Central or -

Mr JAMBRICH: Both, both Central and the Local Area Commands, and I think that was a concern that we had, that the communication between Central and the Local Area Commands was not the best, and the information. I suppose the person sending the information has to be within the Local Area Command. They had a system.

One of the things we found in a couple of the LACs was that the persons in charge maintained their own, I suppose, call it a manual system, because they relied on that and they had more faith in that one than in the computerised system.

The Hon. G. S. PEARCE: Would various crimes and events have been categorised the same way throughout the Police Service?

Mr JAMBRICH: To my recollection, I understand that they were categorised, that is right.

The Hon. G. S. PEARCE: Can you tell us how such resources as surveillance technology, cars, information technology are allocated? Is that the same sort of basis or how is that done?

Mr JAMBRICH: Again, I would have to go back to records to see whether we have any information on it. I do know that in a couple of instances that we examined, in fact the audit team that accompanied the patrol cars was under the impression, that the incidences that they responded to were not necessarily the ones where you would have really required a police car. For instance, to attend to somebody's place who was burgled a couple of hours before or many hours before, where only minor items were taken.

The Hon. G. S. PEARCE: What you are saying, it seems to me, is that it is a fairly ad hoc usage of those resources. Is that what you are saying?

Mr JAMBRICH: It is not a matter of ad hoc. It is a matter of as they receive the request and come in and try to process it, so the filtering of it as to what was required and what was not required and what should have been the response, but that may not have been the best.

The Hon. G. S. PEARCE: How would you suggest police measure demand for

police resources? On a number of occasions you said that the issue needs to be looked at in terms of the demand side. How would you suggest the police measure the demand side?

MR JAMBRICH: Well, I think it has been said before. You have to try to measure it and you have to record it over a period of time. It takes over some time but you have to be able to try to measure from the type of activities and what response would be required to those activities.

The Hon. G. S. PEARCE: Are you aware that in the communique for the Drug Summit in 1999, one of the recommendations was that the New South Wales Police Service develop an explicit set of performance indicators for drug law enforcement and annually report on performance against those indicators. Are you aware of that?

Mr JAMBRICH: No, we did not deal with that at all.

The Hon. G. S. PEARCE: Just finally, you said that performance auditors are the unwelcome visitors. Did you have any role in assisting or giving advice to the Police Integrity Commission in relation to its recent report on the reform process in the Police Service?

Mr JAMBRICH: One of the staff in the Audit Office is on the committee that assists the Police Integrity Commission, and I am not aware of as to what extent she was involved in that.

The Hon. R. H. COLLESS: Mr Jambrich, in your view generally, what procedures should be followed to ensure that resources are allocated to those areas most in need?

Mr JAMBRICH: I think that as we said in the report, first you must identify the demand, and there are ways to do that. We just talk about it, and once you know that, then really you should be able to - they have the SMART rostering system that they are developing, they have the COPS system, and between those and other information, you should be able to gather the information as to what the demand is and what is the pattern of crime and who should be responding to it, and I think that is also important to consider, that not just there has to be a response, but who should respond and on what basis that response should be.

The Hon. R. H. COLLESS: In terms of the efficiency and efficacy of those management tools that you have just described in the allocation of resources in Cabramatta, do you have any comments on that?

Mr JAMBRICH: Not in Cabramatta.

The Hon. R. H. COLLESS: What about in the Police Service generally?

Mr JAMBRICH: Well, our information is reasonably old. I do not know what improvements they have made since then. At the time it was not the most efficient and it needed improvement. They were working on it at the time, and, hopefully, that would have improved by now.

The Hon. R. H. COLLESS: And when is your next proposed review of those parameters in the Police Service? Is that due?

Mr JAMBRICH: No, we do not have a schedule of performance audits for the Police Service as yet. Unfortunately, we can only carry out about 12 audits a year. That is all our resources would permit, and obviously of the twelve audits, we already carry out a number in the Police Service, we have to measure what we are going to do and where. We do follow-up audits, and in fact we are following up as to what they do, but we have not got one in respect of police as yet.

CHAIR: Before I ask the last question, I wonder, Mr Jambrich, whether you can provide the Committee with that report on the Police Service, about the rostering, the response times and the 000 calls? Can you give us a submission for our Committee of inquiry?

Mr JAMBRICH: Yes, I would be happy to.

CHAIR: My last question is: Do you have any comment on the crime index of the Police Service used up until last year? Do you know the crimes index that the police use?

Mr JAMBRICH: Yes.

CHAIR: I actually thought initially it was supposedly a resource allocation index. It is not a very accurate reflection of what police are doing in Cabramatta. I was just wondering if you have any comments on that.

Mr JAMBRICH: I think I responded to a similar question before. I really cannot comment on what is happening in Cabramatta and whatever. I can comment on as per rostering and the indices that they use that relates back to 1999 and so again it is a little bit out of date.

At that time line indicators was not the best, it needed improvements but obviously they were working on it. They were working on the smart rostering system and they were also the COPS so hopefully they would have improved the information base by now.

CHAIR: Perhaps I did not hear it but did you comment on the police resource allocation as well, because they did not use the crime index but they have a new formula I suppose on resource allocation?

Mr JAMBRICH: We did not comment on that one specifically.

CHAIR: No, but do you have any comment on it?

Mr JAMBRICH: No, not without examining the facts and studying the facts.

(The witness withdrew)

(The Committee adjourned at 3.12 p.m.)