**REPORT ON PROCEEDINGS BEFORE**

# PORTFOLIO COMMITTEE NO. 2 – HEALTH AND COMMUNITY SERVICES

## INQUIRY INTO THE PROVISION OF DRUG REHABILITATION SERVICES IN REGIONAL, RURAL AND REMOTE NEW SOUTH WALES

## CORRECTED

**At Dubbo on Wednesday 9 May 2018**

**The Committee met at 10:00**

**PRESENT**

The Hon. G. Donnelly (Chair)

Dr M. Faruqi
The Hon. P. Green (Deputy Chair)
The Hon. C. Houssos
Mr S. MacDonald
The Hon. Dr P. Phelps
The Hon. B. Taylor

**The CHAIR:** It is great to see a number of people attending the fourth hearing of the Portfolio Committee No. 2—Health and Community Services inquiry into the provision of drug rehabilitation services in regional, rural and remote New South Wales. The inquiry is examining a range of issues including the types of rehabilitation services available in regional areas as well as their funding, cost and accessibility. The inquiry will also consider if there are any gaps or shortages in the provision of drug rehabilitation services. Before I commence, I would like to acknowledge the traditional owners of this land and pay my respects to elders past and present and extend particularly my respect to Aboriginal people present here today. Today is the third regional hearing for this inquiry. As it has strong regional focus, the Committee will be conducting a further three hearings in regional areas in May and June. Today we are hearing from the Dubbo Regional Council as well as a range of Aboriginal and legal representatives.

Before we commence, I will make some brief comments about the procedures for today's hearing, which is open to the public. A transcript of today's hearing will be placed on the Committee's website when it becomes available. In accordance with the broadcasting guidelines, while members of the media may film or record committee members or witnesses, people in the public gallery should not be the primary focus of any filming or photography. I remind media representatives that they must take responsibility for what they publish about the Committee's proceedings. It is important to remember that parliamentary privilege does not apply to what witnesses may say outside of their evidence at the hearing. I urge witnesses to be careful about any comments they make to the media or to others after they complete giving evidence, as such comments would not be protected by parliamentary privilege if another person decides to take an action for defamation. The guidelines for the broadcast of proceedings are available from the secretariat.

There may be some questions that a witness could only answer if they had more time or with certain documents to hand. In these circumstances, witnesses are advised that they can take a question on notice and provide an answer within 21 days. Witnesses are advised that any messages should be delivered to committee members through the committee staff. To aid the audibility of this meeting, I remind both committee members and witnesses to speak into the microphones. In addition, several seats have been reserved near the loudspeakers for persons in the public gallery who have hearing difficulties. Finally, I ask everyone please to turn their mobile phones to silent for the duration of the hearing.

**ROD TOWNEY**, Chairperson, Three Rivers Regional Assembly, Member, Dubbo Aboriginal Community Working Party, and Member, Dubbo Local Aboriginal Lands Council, affirmed and examined

**STEPHEN LAWRENCE**, Councillor, Dubbo Regional Council, affirmed and examined

**MURRAY WOOD**, Director, Community and Recreation, Dubbo Regional Council, affirmed and examined

**The CHAIR:** I welcome the first witnesses. We have a submission from the Dubbo Regional Council and we have a submission on behalf of the Orana Regional Organisation of Councils. Do you wish to make an opening statement?

**Mr LAWRENCE:** Good morning and welcome to Dubbo on the half of the mayor, Ben Shields, who has asked me to speak on behalf of council. I thank you for the opportunity to appear before the Committee and I acknowledge the important work of the Committee. The Dubbo Regional Council area is experiencing an increasing prevalence of interrelated drug, alcohol and mental health problems. We are also experiencing an increase in community demand for action to address this problem and related crime problems. In the view of council, we are not, however, experiencing an adequate response to these problems. I am conscious that our submission has been received by the Committee and that it contains statistical information. I will take you briefly to some recent statistics that demonstrate the extent of these problems, particularly the methamphetamine-related problem.

According to our information, methamphetamine-related hospitalisations in Western NSW Primary Health Networks have risen from approximately five hospitalisations per 100,000 in 2008-2009 to approximately 110 per 100,000 in 2015-2016. During the period from 2012-2013 to 2015-2016, Dubbo saw a 40.3 per cent increase in the crime of possession and/or use of methamphetamine and a slightly lesser increase in the crime of the use of cannabis. This is a massive increase and one discernable over an extended period, meaning it reflects a real increase in use. I keep abreast of crime statistics in our local government area [LGA] generally. In most crime categories we see a stable situation, although there is an increase in some categories but nowhere near the 40.3 per cent increase, which is massive and, in my view, reflects a growing underlying problem.

I will come in a moment to the available services and gaps in service, but I will first set some important local context. Criminology research shows very clearly the link between drug and alcohol use and abuse and crime. I will not take you through the various reports and publications, but the research suggests that the percentage of crime to be drug and/or alcohol caused is between half and 60 per cent. Our LGA suffers from entrenched high crime rates and I will take you through some of the statistics briefly. We have double the State average of break and enter non-dwelling. We have 2½ times the State average of motor vehicle theft. We have 2.4 times the State average of steal from a motor vehicle. We have 1.3 times the State average of steal from person. I could go on, but suffice to say that in almost all the crime categories, we have crime rates of between two and three times the State average.

Our region is also a hotspot for the overrepresentation of Aboriginal people in the criminal justice system. I will not take you through the depressing statistics, but in my previous role as principal legal officer with the Aboriginal Legal Service in Western New South Wales, solicitors and field officers who worked with them assisted the vast majority of people appearing in criminal matters in our courts, although the percentage of the community that is Aboriginal or Torres Strait Islander is a minority in our community. The reality of over-representation is massive and it goes without saying to bring these two things together that the issue of over-representation of Aboriginal people is in a very real sense a problem of drug and alcohol use and therefore something of direct concern to the Committee.

In my experience at the Aboriginal Legal Service [ALS], our Aboriginal youth who are getting into trouble are not more predisposed to crime, they are more exposed to drugs, social disadvantage and to the other factors that breed crime. This is the social reality that the Government must confront and in council's view do so with increased resourcing for drug and alcohol rehabilitation services. One of the things that we have recognised as a council since our election last year is the link between the operation of the criminal justice system and the entrenchment of social disadvantage. We understand that Aboriginal over-representation in jails is not just a symptom of social disadvantage, it is a significant cause of it. Drug use is leading young people into trouble with the law, and trouble with the law is entrenching their problems and their drug use. A vicious and intergenerational cycle is underway. This is a problem that we cannot arrest or jail our way out of, however necessary and important those things are.

In October we passed a motion through council that recognised three things in particular: that the Dubbo Regional Council should be playing a greater role in helping people and families break the link between

intergenerational social disadvantage and substance abuse, criminal behaviour and other social problems; that a greater role in addressing crime-related social problems will help to reduce the scourge of entrenched high regional crime rates; and that addressing these social problems is key to bringing to an end the over-representation of our Indigenous people in the criminal justice system. In the same meeting we endorsed the principles of justice reinvestment and noted the trial being conducted by the Government in Bourke. We also created a new committee to examine how to achieve these things for our community, to help people and families break the link between intergenerational social disadvantage and substance abuse, and to bring to Dubbo a drug court, a residential rehabilitation centre, a youth Koori Court and the justice reinvestment initiatives.

I will now turn to the issues of service provision and gaps that exist in our community. Dubbo does not have a residential rehabilitation centre. I know from my previous role at the ALS that the lack of a local service means most people, particularly people involved in the criminal justice system, never have the option of residential rehabilitation. The solicitors and field officers whom I worked with would often try to arrange a bed in rehabilitation for clients. The lack of a local service meant that there was no-one locally to assist them in that process. Often they would not have the resources or time to do it. Rehabilitation centres across the State are not funded for transport. It is a perennial problem. Many people would be refused by the court as no viable option existed to get them there. A court would simply not bail a person from Wellington Correctional Centre, for example, if it meant that they would have to walk down to the train station and get on a train and then a bus out to Brewarrina, it is simply not an option for a court that is concerned, of course, about community risk and ensuring that the person attends the service.

Long waiting lists are also prevalent and many of the rehabilitation centres that exist in areas around our LGA, such as Brewarrina and Cowra, have long waiting lists, sometimes up to three months. An issue that I am sure Mr Towney will talk about also is the deterrent, for Aboriginal people particularly, in attending rehabilitation centres that are far from family and country. This week the council approved a draft budget and we have allocated $100,000 for the preparation of a business case for a rehabilitation centre to put to the State Government. Council staff, some of whom are here, are working closely on it. We met as a committee with our local member of Parliament, the Hon. Troy Grant, who has agreed to put a budget bid through the relevant State Government processes. We have reason to be optimistic and the council has set a goal of having a rehabilitation centre up and running by December next year. However, in our optimism we do not lose sight of the fact that a promise was made prior to the last State election that plans for a rehabilitation centre and a drug court in Dubbo were well underway and close to being finalised. Despite our optimism the council and the community are well aware of that broken promise.

Turning then to withdrawal or detoxification services and facilities. It is the case that NSW Health does not provide detoxification facilities at major hospitals in regional, rural and remote New South Wales. Persons admitted for other reasons may incidentally receive it, but there are no dedicated beds and services in our region for this. Lastly in the list of issues of gaps in service provision, Dubbo does not have a drug court. The need for a drug court has long been recognised. As I am sure the members of the Committee are aware, that is a specialised court that offers offenders the opportunity to intensively address their offending risk factors. It is a project that directly attacks this insidious cycle involving drugs, social disadvantage and imprisonment. A rehabilitation centre and specialist detoxification facilities for that purpose are a key component of such a project. Council is strongly advocating for a suite of all three services so that we can have a drug court in Dubbo that works closely with a rehabilitation centre and withdrawal facilities.

The push for a rehabilitation centre in Dubbo and other services has been underway for years, it has been led by members of the community, many of whom are here today. On behalf of the council I acknowledge their work and commitment that has enabled the council to be active in this space. As I have said, we have reason to be optimistic around these issues, but we have been let down before. As a council we are determined to be the voice for the community on these issues and we will continue to advocate and play an enabling role to assist in services being provided. There is, of course, a limit to what we can do. The ratepayers of our LGA cannot and should not bear the burden of the capital expenditure and the recurrent budget of rehabilitation centres, drug courts and the like. These things are fundamentally State and/or Federal Government responsibilities. I thank you for the opportunity to address you. I am hopeful that the findings of the Committee will be influential. The council is hopeful that recommendations will be made, specifically around the need for a rehabilitation centre, the withdrawal facilities and ultimately a drug court for Dubbo. Those are the things that I wanted to say. Of course, I am happy to take questions.

**The CHAIR:** Thank you, Councillor Lawrence, that was very detailed and thorough. I am sure the Committee will have some questions arising from that. Before we proceed to the questions, Mr Towney, would you like to make an opening statement?

**Mr TOWNEY:** I would, thank you, Mr Chair. Thank you very much for your acknowledgement to country. I am a Wiradjuri elder and would like to welcome you to Dubbo on behalf of our peoples and other peoples who now reside here from other countries. It is good to have you in our presence. Up-front I want to say that I support every word that Councillor Lawrence has stated and also support the submission written by the Dubbo Regional Council. Mr Chair, I would like to submit a bio of myself that will give you information about where I have been around the tracks.

**The CHAIR:** Thank you very much. Please do.

**Mr TOWNEY:** We live every day of our lives seeing our people who are neglected and are still on the bottom rung of the ladder and a lot of our people are down in the dumps. Alcohol and drugs have a lot to do with that. I understand from my research that New South Wales has an estimated Aboriginal population of 31 per cent, which is the largest in this country, and 67 per cent of those live in regional New South Wales. We have a very large Aboriginal population in Dubbo, Gilgandra, Wellington and Trangie and the surrounding areas. Most of those people commute to Dubbo, if they are not living here already, for work, school and just to visit relatives.

It is heart-wrenching to see our people being locked up all the time and since the Royal Commission into Aboriginal Deaths In Custody some years ago—I have forgotten how many but it has been a while—more of our people are incarcerated now than ever before, both males and females. That does not seem to be stopping. I will often ask the question, Mr Chair and Committee members, when we look at the monetary amounts that are supposedly given to Aboriginal communities and when I travel around to communities, there is nothing much happening on the ground, including in the drug and alcohol area. There is something amiss. What are we doing wrong in this State and in this country where our people are treated so appallingly? That has been recognised not just within New South Wales and Australia but on the international scene as well.

I did a bit of work with the United Nations some years ago and I was appalled by some of the comments that reflected back on how we treat our own people or governments treat our own people, peoples within this country. It is sad and an indictment on the government of the day. Something needs to happen. I believe that we have answers, but people need to listen to what we are saying and take us on. Yes, there may be risks but there are risks in all sorts of things. I see a world where we have non-Aboriginal people throughout the Federal and State bureaucracy and governments still making decisions for us and telling us what to do. I was involved in the drafting of the Uluru statement in which we are asking the Government to listen to us and take on what we are saying.

Back on the local level, we need something in Dubbo to help look after our people. As Mr Lawrence just stated, the Orana Haven Centre in Gongolgon is a long way away from Dubbo. The Weigelli Centre at Cowra is also a long way away from Dubbo. People do not have the means to travel back and forth to visit people. Once you separate families there is a big gap, right there and then. It causes a lot of heartache and it causes a lot of stress not only for the husbands and wives but also for the children and other members of the family. Once you affect an Aboriginal individual and an Aboriginal family you affect a lot of people within the community. Everyone seems to know about the government; that is what we call the Aboriginal grapevine. I am here to plead with you people and the Government to help us get it right. I would like to put my side with other members of the community to try to do that.

As chairmen of the Three Rivers Regional Assembly, we are looking for a meaningful change within government agencies and how they treat and deal with Aboriginal peoples. That includes education within schools, within TAFE, within the business sector and so on. We have had a number of meetings with senior members of government agencies in respect to that. I have been back and forth to Sydney with counterparts from across New South Wales in saying to Government, "This is how it should be. Please listen to us. Do not just take what you think is important but listen to us and capture it all in one big nutshell as to where we are at and where we are going."

The culturally appropriate education program that we deliver is my day job. Mr Chair and Committee members, I manage it with TAFE NSW here and we deliver change in a way how people think about us. Why do our people do the things that they do? It needs to be understood, and also the steps that they go through, to give people an understanding of why are our people locked up? Why are so many of our people incarcerated? We need a centre built in Dubbo. I am talking about the drug and alcohol place. The word they also use is "detoxification"—that as well, and all the other mechanisms to deal with that in trying to help our people get on the road. It will be much better for us and we will feel much more comfortable. I am talking about the whole community but also our Aboriginal community. That is what we are looking for to help us make those decisions. There are a lot of other things I can say but I will just leave it there at the moment.

**The CHAIR:** Thank you very much, Mr Towney. That was a very good statement.

**The Hon. PAUL GREEN:** Mr Lawrence, according to another submission we received in 2014, the partnership formed a working group to investigate the issue of the feasibility of establishing a residential rehabilitation facility near Dubbo—a 30-bed facility costing about $2.5 million. You say that it was a broken promise. What happened that it broke down? It sounds like a lot of people were behind it. How did it fall short?

**Mr LAWRENCE:** In terms of the broken promise, I was referring specifically to the comments that were made by Mr Grant on a National Indigenous Television [NITV] special on the Dubbo State election. It said that plans for a rehabilitation centre and a drug court were close to being finalised and would happen. In terms of the earlier proposal that was put up by the Committee to Mr Grant, Mr Dickens, who is coming later in the day, will talk more specifically about it because he has more knowledge than me. That proposal involved a business case that had been developed and that pertained to a particular property on Chapmans Road that is outside Dubbo. As I understand it, that property became unavailable at some point and that business case proposal, such as it was, did not ultimately make its way up to a cabinet-style process.

**The Hon. PAUL GREEN:** Is that property no longer available?

**Mr LAWRENCE:** I could not speak to that.

**The Hon. PAUL GREEN:** Are there any detox beds included in those rehabilitation residential services?

**Mr LAWRENCE:** There are no dedicated detox beds in Dubbo. There are none at the hospital.

**The Hon. PAUL GREEN:** None at all?

**Mr LAWRENCE:** No. As I said, people will receive that service incidentally while being at the hospital for another purpose.

**The Hon. PAUL GREEN:** If they are taken acutely up to the hospital, they will make a way for someone in that situation. Is that what you are saying, that there are no dedicated beds?

**Mr LAWRENCE:** If they are taken up there, as I understand it, for a different purpose.

**The Hon. PAUL GREEN:** Do you know where the closest detox beds are to Dubbo?

**Mr LAWRENCE:** I believe in Orange. I believe that Lyndon—

**The Hon. PAUL GREEN:** That will be Wattlegrove? I think that is Wattlegrove and Lyndon.

**Mr LAWRENCE:** I believe Lyndon runs a withdrawal unit in Orange that is residential.

**The Hon. PAUL GREEN:** Yes, that is right. There are two sides. In terms of the Aboriginal people, Mr Towney, it is blatantly obvious that we need a regional facility in Dubbo and it seems everyone is on the right track. Obviously, the healing of people would be better in country. Would that be true?

**Mr TOWNEY:** Yes.

**The Hon. PAUL GREEN:** You have already made comment that it is closer to family and support and that people need it as they are going through a tough time. Is that your take on it?

**Mr TOWNEY:** Yes, exactly right.

**The Hon. PAUL GREEN:** I will move to the subject of a drug court. You just quoted that Mr Grant said there were plans for dealing with that. Are either of you aware of the process involved to get a drug court in a regional area? How is an application made? Has a budget been allocated? Can you give us a snapshot of exactly what it takes to get a drug court.

**Mr LAWRENCE:** In terms of resources that need to exist, I think there would need to be a District Court that sits in that area because this is an equivalent court to a District Court and would require the same facilities. There needs to be a residential rehabilitation centre and detoxification facilities available in the area. As I understand it, those are the three main pre-conditions in terms of service provisions. In terms of the government process, I suppose it is a policy and resource decision that the government makes. I imagine it will have to be approved at a Cabinet level and the government would have to commit to doing it. It is certainly something that I have heard on and off over the years is being considered for Dubbo. I cannot speak about what is happening inside the justice department or the relevant parts of the State government at the moment.

**The Hon. PAUL GREEN:** Going back to the residential rehabilitation centre, what commitment has council given by way of land or finance to assist this much-needed service. I just want to pre-empt that, being a previous mayor. At the end of the day, the buck stops with council. If you want something for your community

council comes up with the goods for the good of the community. What has council done, in in-kind dollars or land, to promote the opportunity for a residential rehabilitation centre?

**Mr LAWRENCE:** Our financial commitment at this stage has been to allocate $100,000 in the budget for the formulation of the business case proposal. We are in the process. Indeed, it may have happened with the retaining of an expert consultant who will prepare that business case for us. Our inquiries and our learning so far have indicated to us that land is not so much the problem. As council, we have a lot of land.

**The Hon. PAUL GREEN:** You have a lot of land but have you identified any parcels that could be used in kind?

**Mr LAWRENCE:** We also have had very useful meetings with Councillor Stephen Ryan from the land council. He has spoken about these matters publicly also, but he has indicated to us firstly very much along the lines of what Mr Towney just said that certainly Dubbo—in the view of the land council and Mr Ryan—needs a healing centre, something that provides holistic services and addresses intergenerational trauma and other issues. He has also said to us that he is very supportive as a land councillor at looking at the possible provision of land from the local land council as well, so that is certainly something we can explore. In summary, in response, I do not think land will be so much the issue for us. I think the issue will be the capital expenditure for the infrastructure and then the ongoing recurrent funding, which we understand might be available through State Health or Federal money.

**The Hon. PAUL GREEN:** We travel across the State and we see that regional and remote communities are suffering greatly in this area.

**Mr LAWRENCE:** Yes.

**The Hon. PAUL GREEN:** We want to do everything to help the central Far West to achieve a hub model, given your regional influence.

**Mr LAWRENCE:** Yes.

**The Hon. PAUL GREEN:** When you present the business case for this, is there a way that you can table it with our Committee and maybe scrub out the commercial-in-confidence if there is anything there that we can help with by way of recommendation?

**Mr LAWRENCE:** I can make those inquiries. Our timetable is that our business case proposal would not be sent to the State Government until around July or August. In respect of the time frame, Mr Wood is more involved in that than I am.

**The Hon. PAUL GREEN:** Please take the opportunity to be broad on what this would look like so we get an undertaking of what it would look like.

**Mr LAWRENCE:** Certainly. The issue that I thought Mr Wood might particularly be able to assist with is the timing of when our business case proposal would be ready and that might assist the Committee in respect of when it could be tabled to the Committee.

**Mr WOOD:** Our target is to have a submission ready for State Government to be submitted in September so it can get incorporated into a budget development process. Certainly we aim to have that completed business case before the council and the Social Justice and Crime Prevention Working Party of Dubbo Regional Council by August. I am unsure of the deadlines for this Committee, but I would suggest we could have some preliminary finding put before the Committee. It would not be the complete business case until August.

**The Hon. PAUL GREEN:** Does a patient have to pay to get into this facility or how would the cost be dealt with?

**Mr WOOD:** Research to date shows that the successful models will be relying significantly on a portion of the Centrelink payments to clients of the drug rehab centre, and then there is some top-up funding available through either State or Federal health services.

**The Hon. PAUL GREEN:** So parents would not have to sell everything they own to try to get their child into this?

**Mr WOOD:** Certainly in our regional context that would not work because, typically, the majority of the drug rehabilitation service clients would be asset poor so there would not be much to sell to fund participation.

**The Hon. PAUL GREEN:** With due respect, we have heard a great deal of evidence on the Aboriginal situation here and understand that, but you have to understand that everyone in New South Wales is trying to get a detox or rehab bed, so you would have people from out of the area trying to press for this.

**Mr WOOD:** We service Western NSW. Certainly anything based in Dubbo, whether it is our sporting facilities or shopping centres, when we develop a facility in Dubbo Regional Council area, we knowingly know we will be supporting Western NSW as well.

**The Hon. BRONNIE TAYLOR:** My question is to you, Mr Towney. Thank you very much for your opening statement; it was informative and impressive. In your opening statement you talked about wanting meaningful change. You alluded to the fact that there are lots of services doing lots of things but no-one is working together—it is a service coordination thing. I know you have Just Reinvest. I have been involved with that program and so far it is exciting, but what do you think should happen on the ground? What are your suggestions about how we could be doing this better?

**Mr TOWNEY:** We are working through the assembly, talking to local government, State and Federal agencies about how we do all this. There needs to be a big mindset from non-Aboriginal people—mind change because from the invasion period up to now people have always told us what to do. The real decisions are made by non-Aboriginal people for us. Until we are in those real decision-making roles, or some of those roles, we are just going to go round and round in circles. We need to look at that, first and foremost, and come to some agreement in how we do things together and take this on. I talked about risk earlier. We need to do those sorts of things together because we cannot do it by ourselves. I am totally convinced that our elders in the community—if we can do that and if governments are listening to us and take us on that journey together, we can succeed. But nothing will change unless those things are put in place first.

**The Hon. BRONNIE TAYLOR:** Unless you are making those decisions here, as you say, not all of this investment, all of this work—do you think Just Reinvest NSW is making a difference?

**Mr TOWNEY:** Yes, it is, but, again, they need to be able to have the freedom to move forward and have the funds and other resources to do what they are required to do.

**The Hon. COURTNEY HOUSSOS:** I thank the Dubbo Regional Council for its submission but more broadly the region. We have received a number of submissions that have highlighted the issues that are being faced here. My first question is about the scale of the problem. We received a submission from the New South Wales Government that indicated that hospitalisation as a result of methamphetamine use is somewhat stabilising, perhaps even reducing. Would you say that reflects the experience in Dubbo? I would like to hear first of all from Councillor Lawrence and then Mr Towney.

**Mr TOWNEY:** It is a complicated equation in many respects. For example, if one looks at the economic side of things, unemployment has dropped and there are a lot of positive things happening. Then if you turn to crime statistics, you see many are largely stable and some are rising. It is difficult to unpick to what extent, for example, certain control activities might otherwise have dropped, except for methamphetamine-related problems. I do not think the situation is improving; in fact, I think the methamphetamine situation is worsening. But putting that beyond the anecdotal is difficult because it is so hard to unpick all of the different factors at play. The statistics that I referred to earlier in terms of possession of methamphetamine and hospitalisations, showed a very significant jump in the 2011-12, 2013-14 to 2015 period. Then there was a stabilisation. It is a complicated picture, but the use of words such as "crisis" and "epidemic" are warranted. But to talk about exactly what is happening now based on past statistics is difficult. I do not know if that is helpful.

**The Hon. COURTNEY HOUSSOS:** Obviously, as a counsellor you have frequent contact with the community and you hear feedback from the general community indicating that this is a problem that is not getting better—it is getting worse—and it obviously needs to be addressed.

**Mr TOWNEY:** Indeed. I think that Mr Dickens, who is to appear today, might have some things to say about numbers in the court list and those sorts of things that might reflect more recent trends.

**The Hon. COURTNEY HOUSSOS:** That would be very useful. Mr Towney, do you want to add anything specifically from an Aboriginal perspective?

**Mr LAWRENCE:** Unemployment is a big issue for us. When a person is able to get a meaningful job somewhere, it changes the focus on a family where people can contribute to the household. Currently, we are working with the inland rail and the State Rail people about the infrastructure. Hopefully that will be built here. We want to try to get people involved into that employment gig. In my day job, I understand that we enrol the highest number of Aboriginal students anywhere in the country. In TAFE Western, there are in excess of 7,000 and up to 8,000 Aboriginal students.

I have seen people who have come from homes that are not functional who have received a diploma or certificate and have gone on to university and done very well for themselves and have come back and contributed to the community. I would like to see a lot more focus on that as well; that is, in educating people. We need the resources to educate people. The fees for some courses mean that people just cannot do them; they do not have the money to do that. We need that help as well. Each of those people can contribute back to the community. Some go away to Sydney, and some go on to university and become lawyers, teachers and so on. But we need support to do that. At the moment we are going through a change in TAFE NSW. We are trying to increase the number of Aboriginal students that are coming to us, but we still have the problems. It seems to be getting worse rather than better at the moment.

**The Hon. COURTNEY HOUSSOS:** Thank you for that. We have seen a $300 million ice package from the Federal Government and a $75 million package from the New South Wales Government. Do you see any tangible effects here in your community in recent teams as a result of that?

**Mr TOWNEY:** I think Lyndon House was able to expand its day facilities in Dubbo as a consequence of some of that. But I think there will be other people speaking later who are more equipped to answer that question.

**The Hon. COURTNEY HOUSSOS:** But there have been no detox beds as a result of that funding?

**Mr TOWNEY:** No.

**The Hon. COURTNEY HOUSSOS:** That is obviously a crucial part of the ice epidemic?

**Mr TOWNEY:** Indeed. In my experience, people are who are in crisis, and also perhaps interacting with the criminal justice system, will not always benefit from day services because the way their life is functioning means it will not happen. Residential services are needed to break the cycle of what is happening.

**The Hon. COURTNEY HOUSSOS:** Whereas a traditional alcohol a day service would perhaps be more useful?

**Mr TOWNEY:** Yes.

**Mr SCOT MacDONALD:** I am trying to understand the business case you are developing. Are there some identified providers or partners? I am asking because the Committee has been to the South Coast looking at various providers. The providers we saw there were running on the smell of an oily rag. In Batemans Bay they were operating in an old pastor's rectory. The building was not fit for purpose. What has been holding it back? Are there not willing providers like churches, St Vincent de Paul or other people in Dubbo who want to put up their hand to partner you to make this business case work? Are they in the wings?

**Mr TOWNEY:** In answer to the first part of the question, we have been looking at a range of service providers. A group of councillors went down to Cowra last week and inspected the Weigelli Centre, which is run by the Aboriginal community. We are certainly considering a range of things. There is a group in Victoria, the Australian Community Support Organisation. We are making some inquiries about looking at that service and getting acquainted with them. However, we have not made a decision about a particular service provider.

**Mr SCOT MacDONALD:** In my mind, it seemed to be not so much the bricks-and-mortar capital that mattered; it seemed to be the will, the enthusiasm and the dedication of the people who wanted to provide it. They had very basic accommodation that was not fit for purpose. There were small rooms and kitchenettes.

**Mr LAWRENCE:** It is better than nothing.

**Mr SCOT MacDONALD:** I am curious about that. What is the feeling of the police about the Drug Court? Are they supportive of it?

**Mr TOWNEY:** I will answer the second question first. We have also had briefings from Lyndon House from Orange. I think the problem or the obstacle to this project happening earlier has been financial relating to the capital spend. I do not think it has been a lack of service providers willing to do it. Everyone we have spoken to in terms of service provision recognises there is a need and that they could do it. However, the initial expenditure has to happen first. In terms of the police, senior police in Dubbo have been very supportive on the record at different times in the past. For example, Mr Blackman, the local crime manager, has spoken out strongly in the media about supporting a residential rehabilitation centre.

**Mr SCOT MacDONALD:** And a drug court?

**Mr TOWNEY:** Yes, also a drug court. He is on the record supporting it.

**Mr SCOT MacDONALD:** Perhaps you can take that question on notice and clarify it, because the Committee is looking at the drug court side of things.

**Mr TOWNEY:** Good; I am glad to hear that. I will do that. Fortunately, it is not an issue in Dubbo that has polarised on political lines or with the police. I think everyone recognises the pressing need for these services. Everyone recognises the link between higher crime rates a lack of services. It is just something that has not happened.

**Mr SCOT MacDONALD:** Mr Towney, I refer to TAFE and accessibility. I think the Government released a significant amount of money for scholarships for Aboriginal students and students in public or social housing. Is that hitting the ground?

**Mr LAWRENCE:** Not as much as I would like to see. I think there needs to be a lot more of that. As I said earlier, there are courses that are out of the reach of people, and that needs to be addressed.

**Mr SCOT MacDONALD:** Is the scholarship not enough?

**Mr LAWRENCE:** It is not enough to cover the costs.

**The CHAIR:** What sorts of courses do you have in mind?

**Mr LAWRENCE:** There are all sorts of courses. The hairdressing course is very expensive. We also run language, cultural and music programs and all the mainstream courses that people enrol in. But some of those courses are extremely expensive and they just cannot afford them.

**Mr SCOT MacDONALD:** It is the Committee's role to make recommendations. Without putting words into your mouth, could one of the recommendations be to look at those scholarships, whether it be for Aboriginal students or residents in social housing, and their suitability or applicability to the range of vocational education courses?

**Mr LAWRENCE:** I would love to come back to the Committee with a list of courses.

**The CHAIR:** We are happy to take the question on notice.

**The Hon. Dr PETER PHELPS:** My first question is to Councillor Lawrence. Dubbo is doing pretty well; it has got one of the best rates of growth in the seven Evocities and it has got the lowest unemployment rate in the seven Evocities of 2.2 per cent.

**The CHAIR:** For Hansard, what are Evocities?

**The Hon. Dr PETER PHELPS:** Evocities are the seven cities in inland New South Wales. What is the argument? Is it simply a case that by rights there are no economic conditions in this area which would prompt an increase in drug use? Is it simply that people have product substituted away from alcohol and marijuana towards ice, or is this genuinely a new phenomenon with a greater number of people becoming addicted to drugs?

**Mr LAWRENCE:** I think in terms of the pattern of drug use, we have indisputably seen the percentage of drug users who were using methamphetamine obviously increase and those using heroin drop. So that is, I suppose, a feature of supply and pricing, largely. In terms of the general conditions in Dubbo, one of the things that we have talked about in council, in terms of the motivation or the justification for the steps that we are taking and selling what we are doing to the community, is what is our crisis in Dubbo? Why are we at a turning point where we should be taking a different approach? And certainly, as you say, a range of economic indicators are positive. But what we see in Dubbo is that that is not extended to everybody and we have a socially defined group that is racially defined to a significant extent and is locked out of society.

**The Hon. Dr PETER PHELPS:** So is the argument that the problem of severe substance abuse is substantially a problem in relation to Aboriginality or the Aboriginal community in the region?

**Mr LAWRENCE:** It is a very significant problem in that group in the community. So you might be able to point to the overall features economically and so forth, but that does not necessarily speak to the condition and circumstance of this particular group, and that largely explains our disproportionately high crime rates, for example. Our disproportionately high crime rates speak to a group in society locked out of economic activity and disproportionately afflicted by substance abuse and the like, not due to general economic conditions. Our crisis in our community that justifies what our council is doing is about that group that is effectively locked out and trapped in intergenerational cycles.

**The Hon. Dr PETER PHELPS:** Which leads me to Mr Towney for my next question. Would it be better if we just gave every Aboriginal land council [ALC] in New South Wales $10 million and said, "There is the money. Local solutions for local problems—sort it out yourself", and leave it at that?

**Mr TOWNEY:** The local decision-making under OCHRE is about that—local people making decisions for themselves. But there need to be ways and means of doing it. I always say that throwing—and I use the word "throwing"—money to an organisation does not always solve the problems.

**The Hon. Dr PETER PHELPS:** Why is that? Surely the local ALC would have an understanding of what problems need to be addressed.

**Mr TOWNEY:** Yes, it would. It depends who the money would be going to. It is something that we need to look at collectively.

**The Hon. Dr PETER PHELPS:** But if the local ALCs are representative of the communities in their area—would you say that is the case that the local ALCs are representative of the communities in their area?

**Mr TOWNEY:** Land councils, yes.

**The Hon. Dr PETER PHELPS:** Why would they not be best placed to make decisions on how spending should be done?

**Mr TOWNEY:** Can I say to you respectfully that not everyone are members of local Aboriginal land councils.

**The Hon. Dr PETER PHELPS:** Why not?

**Mr TOWNEY:** They choose not to be. Some are, some are not. It is the same as not every person is a member of the RSL or any other organisation—they have a choice, and there are some land councils doing extremely well across the State and others are not so good; they need that assistance.

**The Hon. Dr PETER PHELPS:** Assistance from whom though?

**Mr TOWNEY:** They need help, in my view—and I have been involved with land councils and I know Councillor Steve Ryan was here earlier; he would have been better speaking to this—that we need people in organisations, whether it is a land council or somewhere else, that are able to do the job that is required of them in an appropriate fashion, and be accountable in doing so.

**The Hon. Dr PETER PHELPS:** But if we accept that ALCs are representative of their local communities and one of the problems is white fella bureaucratic interference in ALC decision-making, why would you simply not say to each ALC, "Here is a certain amount of money"—and it might not be $10 million across the board for each of the 120 ALCs around the State; it might be varied depending on the number of people or particular social demographic circumstances, but just give it a direct allocation, cut out the entire white middle-class bureaucracy sitting in Sydney and let the local ALCs determine what is wrong? Some ALCs might be great and some ALCs might be terrible, but why is it not up to their local communities to solve the local ALC problems if the local ALC does have a problem?

**Mr TOWNEY:** As I said, it could work in some areas but it is up to the community and government and the land council. I support land councils, but it needs to be done fairly and equitably because there are other Aboriginal organisations out there as well, not just land councils.

**The Hon. Dr PETER PHELPS:** Agreed, but ALCs are probably the most representative bodies within the State. That is certainly what the NSW Aboriginal Land Council's head office has contended at a number of inquiries that we have had relating to the Aboriginal community within New South Wales, that while they are not perfect they still remain the most representative body, particularly at a local level.

**Mr TOWNEY:** Yes, I agree.

**The Hon. Dr PETER PHELPS:** So it gets back to my original point, and that is: Why do we not simply allocate money directly to ALCs to allow them to do what they want to do based on their own community input and own community needs rather than go through the filter of a middle-class white bureaucracy in Sydney?

**Mr TOWNEY:** Ideally that would be the best way to go—if we had people in organisations that can run the organisations as they should be run.

**The Hon. Dr PETER PHELPS:** But even assuming a worst-case ALC, why would you not just have upskilling programs?

**Mr TOWNEY:** We can do that.

**The Hon. Dr PETER PHELPS:** Exactly right. Why should we not? We should.

**Mr TOWNEY:** Yes, agreed.

**Dr MEHREEN FARUQI:** Good morning, and thank you so much for coming in to provide evidence today, Councillor Lawrence, Mr Towney and Mr Wood forcefully. Councillor Lawrence, in the submission that council made a couple of facilities are listed there as proposed. I think both of them are in Orange.

**Mr LAWRENCE:** Yes.

**Dr MEHREEN FARUQI:** Lyndon Community Orange, it says opening early 2018, which is a women's and children's facility. Do you know if that has opened?

**Mr LAWRENCE:** I am not sure about the answer to that. I can take that on notice.

**Dr MEHREEN FARUQI:** That would be great, and the same for the other one that was proposed for April 2018. There is the Lyndon Community Day Program which was proposed for April 2018.

**Mr LAWRENCE:** I will take that on notice as well. I think that has opened, but I will take that on notice.

**Dr MEHREEN FARUQI:** That would be great. Is there a facility specifically for women in Dubbo?

**Mr LAWRENCE:** No, I do not believe so.

**Dr MEHREEN FARUQI:** Does council think that there is a need for that? We were down on the South Coast and definitely there the community pointed out to us that there was a need for a separate facility for women. Is that something that you think is needed in Dubbo as well?

**Mr LAWRENCE:** I am certainly aware that the percentage of Aboriginal over-representation in so far as it relates to women is increasing and that many of these same problems exist particularly in respect of women also. As to whether balancing need and resource and expenditure, a dedicated facility is needed I am not quite sure. I could certainly take it on notice in terms of formulating an opinion about that though. I will just turn to Mr Wood though.

**Mr WOOD:** Our data in terms of looking at the sector is also showing that the ability to have families participate together—so some accommodation that is the family unit, touching on what Mr Towney said before that you have got to have that ability to keep that connection going and that is a key part of the success of rehabilitation programs is what we have been told.

**Dr MEHREEN FARUQI:** And there is a youth facility in Dubbo, am I right?

**Mr LAWRENCE:** Yes, there is, Mac River.

**Dr MEHREEN FARUQI:** What ages does it take?

**Mr LAWRENCE:** I think it is 14 to 18.

**Mr WOOD:** I think it is up to 18.

**Mr LAWRENCE:** I will take that on notice in terms of the precise age.

**Dr MEHREEN FARUQI:** If you could tell us if it is an under-18 facility, because we also heard from many places that those are really required as well—under 18s. We have heard in evidence provided to us during the inquiry that there is a real difficulty finding qualified staff to provide alcohol and other drugs [AOD] services. In your experience is that the same situation in your council area?

**Mr LAWRENCE:** I do not think that I could really add much on that. Mr Wood may be able to.

**Mr WOOD:** That is one of the dominant employment sectors, Dubbo regional area, so it is actually a strength, given we provide such a hub service to western New South Wales. Typically it is less difficult for us to attract health workers in that space.

**Dr MEHREEN FARUQI:** Is that true as well, Mr Towney, for finding Aboriginal and Torres Strait Islander qualified workers in this space?

**Mr TOWNEY:** Yes.

**Dr MEHREEN FARUQI:** Are there enough workers to provide the service?

**Mr TOWNEY:** It depends what area, but I am sure that people can be trained if they are not there already. But there are people around.

**Dr MEHREEN FARUQI:** I want to come back to the resolution of the council. We have had a bit of a discussion about the implementation of a Drug Court, a new rehabilitation facility, a youth Koori community centre, and Just Reinvest. Does the business case that is being prepared cover that whole package?

**Mr LAWRENCE:** No, the business case specifically pertains to the residential facility.

**Dr MEHREEN FARUQI:** Just the residential?

**Mr LAWRENCE:** Yes. We certainly see it as one very important component of that broader scheme. But that business case is specific to the rehabilitation centre.

**Dr MEHREEN FARUQI:** What actions have council taken to advocate for a Drug Court?

**Mr LAWRENCE:** Our focus at the moment is to put in place the building block of the detoxification and rehabilitation facilities. We certainly have been advocating strongly and have communicated with our local member about the Drug Court issue. Our steps will continue in that regard. It is obviously something, because it is a traditional entity, that falls within State government functions. It is not something that we can really take concrete steps to realise, except to put in place services that are needed for it to occur.

**Dr MEHREEN FARUQI:** Have you written to the Attorney General, given that is it within the Justice portfolio?

**Mr LAWRENCE:** We have.

**Dr MEHREEN FARUQI:** I have a couple of questions for you, Mr Towney. I was having a look at the regional priority plan on your website and one of the things that I noted was that it pointed out the lack of cultural sensitivity in the general health system for Aboriginal people, as well as the issues of transport and the costs associated with travel. Could you give the inquiry some specific recommendations around how to improve that situation?

**Mr TOWNEY:** I keep going back to the real decision-making and who makes the decisions. Recently we sat down with Mr McLachlan, who looks after health in this area, and we talked about a lot of issues in the health space and why our people are still suffering from terrible health in lots of areas. It is not good and it needs to be fixed. We need to do it together. We need to have our own people trained in those areas. Again, we need a lot more resources. We need a lot more Aboriginal staff. I do not work in the health sector so I cannot comment a lot on that, but it is the same whether it is in health, housing or whatever else. We need more of our own people in the decision-making roles.

**Dr MEHREEN FARUQI:** In terms of transport, are better public transport or more facilities required so people do not have to travel too much? Or is it both of those things?

**Mr TOWNEY:** You are exactly right. In Sydney you can just jump on the train or bus, but here you cannot. Places that are closer to Dubbo, such as Gilgandra, Narromine and Trangie, have difficulties with transport as well. I understand that there is some community transport with one or two of the agencies but they are very far and few between. It makes it difficult because we have families who do not have vehicles.

**Dr MEHREEN FARUQI:** In the Legal Aid submission the issue was raised about some services requiring a birth certificate to access the service. Is that an issue that you have come across here and is that a problem for Aboriginal communities?

**Mr LAWRENCE:** I know that it is a problem when accessing different services, such as becoming entitled to Centrelink. There have been various programs designed to allow Aboriginal people to get birth certificates and outreach down in western New South Wales. But I could not be more specific than that.

**The CHAIR:** Although we have gone over time, we will do one more quick round of questions. We will provide the next witnesses with enough time for their full hour. But we are happy to squeeze our lunch a little bit to get as many questions asked while we are here.

**The Hon. Dr PETER PHELPS:** Mr Towney, one of the interesting things we have found in this discussion in various areas is in relation to where rehabilitation services are located. We have heard in many instances that Aboriginal people want the service in their own local areas, while white people have said that they had to get away from their local areas to get away from their friends, the community and the financial, economic and social situation that they found themselves in, which led them to drugs in the first place. How do you account for this discrepancy?

**Mr TOWNEY:** I do not think it is a discrepancy; I think it is a cultural issue that we deal with ourselves. It is how we operate. Family is important to us, including the extended family. If you divide or take two or three members away, it upsets the rest of the family. Having people altogether in one place is better for us. If we had time I would love to take you through the cultural issues and why this is important. There is a big difference and gap that people do not understand because they are thinking of a non-Aboriginal world view.

**The Hon. Dr PETER PHELPS:** But why would post-detoxification cultural support help when, presumably, pre-detox the same cultural milieu did not prevent them from becoming addicted in the first place? Is it that they need the shock of what has happened to appreciate their community more or that the community appreciates people more after they have been through the shock of addiction and detoxification?

**Mr TOWNEY:** Probably both.

**Mr LAWRENCE:** In my experience at the Aboriginal Legal Service, I found that it is very much a horses for courses approach. When we went to Weigelli we observed that there were local Aboriginal people and Aboriginal people from elsewhere. I do not think it is necessarily one uniform approach, but in my experience at the ALS we definitely noticed that our Aboriginal clients wanted to access residential services closer to home and were reluctant and/or unable to access—

**The Hon. Dr PETER PHELPS:** The further away it was?

**Mr LAWRENCE:** Absolutely.

**The Hon. PAUL GREEN:** Councillor, the mayor in his comments in the submission makes it very clear that the benefits of a Drug Court without residential drug and alcohol rehabilitation service would never be truly realised. It is a marriage, is it not? You have to have both?

**Mr LAWRENCE:** As far as I am aware, and I speak from involvement in the criminal justice system, you need a residential rehabilitation centre in the area where the Drug Court is proposed to operate because a high percentage of the people entering the program will have as a component of their Drug Court experience a spell in a residential rehabilitation centre.

**The Hon. PAUL GREEN:** He also talked about how Dubbo does not have either adequate numbers of beds or appropriate access to rehabilitation or withdrawal facilities. What is an adequate number?

**Mr LAWRENCE:** We have been looking at a centre that might have up to 30 beds.

**The Hon. PAUL GREEN:** Is that an adequate number?

**Mr LAWRENCE:** We think it would be at least an adequate starting point.

**The Hon. Dr PETER PHELPS:** To be fair, it is comparable to the other facilities, whether they be in Wollongong or the North Coast. You cannot have 400 beds. There are no economies of scale there.

**The Hon. PAUL GREEN:** I am not questioning you, Dr Phelps, I am questioning the councillor.

**The CHAIR:** I think we have the answer, thank you.

**Mr LAWRENCE:** There is a huge need across far western New South Wales as well and I would not be at all surprised if a successful facility here starts and we see an increasing need for the service here.

**The Hon. COURTNEY HOUSSOS:** I have one final question that builds on that point. Mr Wood said the Dubbo Regional Council appreciates that it is hard for far western New South Wales. How much have you taken the far western populations into consideration in your planning when it comes to that 30-bed proposal? As my colleague the Hon. Paul Green noted, the impact could reach not only the Far West but also perhaps the entire State. Was that part of your planning? I am not interested so much about the specific number but more about whether that is part of your process.

**Mr LAWRENCE:** The process that started with that community committee has been very much driven by local issues and local demand and concern about things that are happening in our community. But certainly part of our planning has recognised that we will inevitably—as we do in a range of things other than health—service a large part of the State. Our consultant that we are retaining to prepare the business case I think will more specifically delve into the issue of the catchment area and the precise size. We have not committed ourselves to any given size, but we certainly have been conscious that many facilities seem to operate on around 20 to 30 beds and that has been a bit of a starting point for us. The consultant we have retained I am confident will look closely at that issue of size.

**The CHAIR:** On that note can I thank you all very much. It has been a most informative almost 70 minutes worth of information exchange. It has been very detailed and there is much in there for us to reflect

on in the development of our report and its recommendations. With respect to questions on notice, some have been taken but the Committee members themselves might have additional questions arising from evidence that we will provide to you. There is a 21-day turnaround time for you to provide the answers. The Committee secretariat will liaise with you over that. Once again thank you for the passionate presentation of the issue here. We came to Dubbo with a sense that we did need to hear and you have laid it out pretty clearly for us.

**(The witnesses withdrew)**

**TREVOR FORREST**, Aboriginal Family Well-being and Violence Prevention Caseworker, Central West Co-operative Legal Service Delivery, affirmed and examined

**JOE GORDON**, Alcohol and Other Drugs Caseworker, Salvation Army, Central West Co-operative Legal Service Delivery, affirmed and examined

**BILL DICKENS**, Solicitor in Charge, Legal Aid NSW - Dubbo Regional Office, Member, Orana Law Society, member, Central West Cooperative Legal Service Delivery, affirmed and examined

**MARK DAVIES**, Member, Orana Law Society, sworn and examined

**The CHAIR:** Thank you for joining us today for the hearing in Dubbo. In respect of the submissions from the representative organisations. Mr Dickens, number 27 is the legal aid submission.

**Mr DICKENS:** Yes.

**The CHAIR:** Mr Davies, the Orana Law Society is marked number three. And Mr Gordon, the Central West Cooperative Legal Service Delivery is submission number 30. I say that to indicate that they have been read and we have had the opportunity to look at them. With respect to the opening statements I invite you to make opening statements but there is no need to go through the content of your submissions because we have that. If your keep your opening statements to a relatively short period of time that will maximise the opportunity for questions from Committee members. We will start with an opening statement from Mr Davies.

**Mr DAVIES:** I do not have a great deal to say. What I have to say has been said before. I will say that I come at this from a point of view of about 18 years in the criminal justice system. I was a police officer for 10 years. I have been with the Department of Public Prosecutions [DPP] now for eight years, including one year with the Aboriginal Legal Service. I am now a Crown Prosecutor. In those years I have seen the rise of ice, in particular, but also alcohol, which goes hand-in-hand with mental health issues. Those three comorbidities underlie the vast, vast, vast majority of my work.

Now I am involved in the prosecution of serious criminal matters, so I only see what comes before the district and supreme courts. But what I have seen as a police officer and police prosecutor and in my early years at the DPP is just the devastating impact that these three comorbidities have upon the local community in Dubbo, but also other regional centres, in particular Moree, and metropolitan Sydney as well. I wholeheartedly agree, and there are no words to express how wholeheartedly I agree, with the submissions of everybody here for a proper and appropriate approach dealing with drug and alcohol and mental health issues. I am behind it, I can tell you the police are behind it, and the prosecutors are behind it.

It is just massively important. I will say that the criminal justice system is a blunt tool. There were some comments made by Supreme Court justices some 20 years ago saying the criminal justice system is a blunt tool when we talk about social welfare and impacting society. What is important—and the criminal justice system has acknowledged this—is the way the criminal justice system goes hand-in-hand with rehabilitation, with medical services and with social services and the people that can provide those changes. If there is some way the criminal justice system can facilitate that through bonds and orders and bail conditions and those sorts of things, we can do that. But what we rely upon is adequate services. At the moment in Dubbo and regional New South Wales, we do not have adequate services.

My final point is that the way I became involved was through a letter from a judicial officer in 2013, who was pulling out his hair at the lack of services available to him properly and appropriately when he sentenced offenders. The judiciary are acutely aware of the problems we are facing out here.

**The CHAIR:** You talked about the comment from the judicial officer. Was that in a judgement that is in the public domain?

**Mr DAVIES:** No, it was a private letter.

**Mr DICKENS:** Thank you for coming here; the community is incredibly grateful for your interest and the fact that we are eventually being listened to about this. I will be very brief. To answer some of the issues that were raised earlier, Dubbo is sometimes known as the hub of the west, for good reason. We are a service centre that provides services to a fairly vast area. The townships of Bourke, Brewarrina, Lightning Ridge, Cobar, Nyngan, Warren, Trangie, Narromine, Coonamble, Walgett—all of those townships come to Dubbo for services. Many of the Aboriginal people that live in those townships have family here. To answer the question about location, we think that Dubbo is the appropriate location, because we can conveniently service all of those townships.

But the issues in those townships are extremely challenging. They are challenging because of the geography, because of the size of the townships. Most of them have populations of about 2,000 people or less. It is very hard to justify the sort of thing that we want in a population of that size. That is primarily why we think Dubbo is the appropriate location. A facility needs to be sufficiently isolated from the township itself but also have access to the services that the township can provide. I seek to table an up-to-date list of facilities that are available in Western New South Wales, which I have prepared.

**The CHAIR:** Thank you.

**Mr DICKENS:** Essentially, you will see from this list the only facility that we have in this area is Orana Haven, which is situated at Brewarrina. We occasionally access a facility in Moree, in the north, and Wagga, in the south. We are unable to access, in a criminal justice context, the Lyndon community at Orange. The Lyndon community will not assess or accept persons from a custodial environment. These townships that I have mentioned have the highest levels of social disadvantaged in the State. The local government areas within the region that I have described have a very high or the highest rates of offending across many offence categories. We see this as a law and order issue; we see it as a health and wellbeing issue; we see it particularly as an equity and fairness issue. If you happen to live on the other side of the sandstone curtain then you have access to a whole lot of facilities and a whole lot of programs that the people out here simply do not have access to. These facilities are described in the three submissions that you have before you.

We think that having this sort of facility is an essential but not sufficient step that has to be taken in order to address particularly domestic violence. In my experience, violent domestic violence offending is almost always accompanied by drunkenness. If there is to be any progress in that area, this has to be available to people. There is no detoxification facility at all. On the other side of the equation, there is serious investment by the State in the policing of these issues. But there is nothing in terms of detoxification and rehabilitation services available locally.

**Mr GORDON:** Today I want to speak from my work and as a community member at Dubbo. I have lived here for a lot of years. In my job I cover Dubbo, Narromine, Trangie, Warren, right out to Cobar and across to Bourke, back through Brewarrina, Walgett and Coonamble. I usually offer casework or one-on-one support for people, if they want it. They might be self-referred or referred through the courts or the hospital or whatever, and I am quite happy to sit down and work with them. I currently have about 15 clients on board throughout the communities I cover.

The biggest thing is around the rehabilitation centre for Dubbo. I think it needs to be a multi-purpose centre, so you are covering your mental health, your detoxification and your drug and alcohol addictions, because they all run together. A major part is to get somebody to detoxification first. If someone comes here and they want to go to detoxification, you have to get them in there and then that day, otherwise you will lose them and you might not see them again for three months, six months. You could even read about them in the paper ending up dead by overdose.

I have lived in Dubbo for 30-odd years, and I myself have had struggles with alcohol and drugs and addictions throughout my time here. I have been clean of drugs and alcohol now for five years. The people I have grown up with and known throughout my time here in Dubbo, most of them are in and out of the justice system, jail, on the methadone programs for 20-plus years. Many of them have died from drug overdoses and whatever else throughout their lives with drugs and alcohol. The rehabilitation centre has to get them job ready throughout the detoxification time. They have to do some programs, with the job provider agencies, to get them work ready. Not every employer wants to employ drug addicts or jailbirds—know what I mean? If you tell them we have a bloke coming off ice addiction, who has just done jail time, they do not want to touch them. Why would they want to employ them?

That is the sort of stuff that we need to look at also; it needs people to change their lives and contribute to community by working. Most of these people affected by drugs and alcohol have never ever held a job together or been given the opportunity to get a start working for somebody. There is a great need in Dubbo for a rehabilitation centre. As everyone has said, we cover a great area in the Far West and the outback. Most of the people who live in the surrounding communities have relatives who live in Dubbo, not only the Aboriginal people but white people as well. If Dubbo had a drug and alcohol rehabilitation centre it could only benefit the community and the surrounding areas, take a load off the hospitals, the court system and maybe get some people into work. Thank you.

**The CHAIR:** Thank you, Mr Gordon, that is very useful. Mr Forrest?

**Mr FORREST:** As I am an Aboriginal Family Wellbeing and Violence Prevention caseworker, I worked out of the Dubbo Neighbourhood Centre and also I worked in the drug rehabilitation centre know

known as Mac River. I used to work with the Ted Noffs Foundation; I am not sure if the Committee has heard of that. I am the chairperson of the Wambool Aboriginal Suicide Prevention Team and I worked on circle sentencing. What I have seen coming through my work is people coming in and wanting to go to rehabilitation. I ring up and try to get them a place and there is a three-month waiting list, then they do not come back. All issues with family revolve around drugs and alcohol, such as domestic violence, suicide, mental health. It all sits in the one basket.

We have been pushing for a rehabilitation centre here for a long time. We had a drug and alcohol forum set up by the Federal Minister, Tanya Plibersek, four or five years ago. Nothing has ever come of that. This is our best opportunity at the moment with this Committee to really get the rehabilitation ball rolling. We need to become self-sufficient. Mac River is run by the justice system, not the community. It is not just a justice system issue, it is a community issue. This is where a lot of people get mixed up. It is a community problem, not a justice problem. The community needs to come together—Aboriginal people, non-Aboriginal people, everybody. We all need it together.

**The CHAIR:** Thank you. How many kilometres away roughly is Mac River from Dubbo?

**Mr FORREST:** It is about 10 kilometres out on the back Warren road towards Gilgandra, turn left and follow that out.

**The Hon. PAUL GREEN:** I want to go to the Central West Cooperative Legal Service Delivery submission at page 5 about the gaps in services. While you are looking for that I have a quick question for Mr Davies. Given your great experience, should the legal age for drinking be raised to 21, and in your view would that help?

**Mr DAVIES:** I do not think so. I think people will drink anyway. Factors of legality, illegality or morality are irrelevant. They will drink if they see their friends and family drink.

**The Hon. PAUL GREEN:** Either Mr Gordon or Mr Forrest, would you like to answer? Your submission talks about the gaps and shortages in provision of services, including geographical resources and funding. Would you be able to walk the Committee through those? Mr Davies has already mentioned some. I am particularly concerned about the comment that there is no access to Parklea Compulsory Drug Treatment Centre.

**Mr DICKENS:** I might be better placed to answer that, Mr Deputy Chair.

**The Hon. PAUL GREEN:** Great, anyone. I am looking at who put the submission in.

**The CHAIR:** Which number submission is it?

**Mr GORDON:** Parklea is a long way from here.

**The Hon. PAUL GREEN:** No. 30.

**The CHAIR:** Mr Dickens?

**The Hon. PAUL GREEN:** I do not mind who answers it.

**Mr DICKENS:** Access to that program can be had if you are processed through a metropolitan court. If you are sentenced in a metropolitan court, in some circumstances the court is required to refer you under the Drug Court Act for participation in that program. That is why it is not available here.

**The Hon. PAUL GREEN:** It seems crazy that it is a reversible binder. As one of my colleagues said earlier, on the South Coast we heard about Aboriginal people going to Orange, Wattlegrove and Lyndon. You can bring people out here but you cannot seem to send people into the metropolitan system, is that right?

**Mr DICKENS:** That is quite right. In the same way that there is no Drug Court program. The Drug Court operates in three locations but you are only eligible if you are sentenced by a court in their local area. If you are dealt with by the District Court at Dubbo you cannot get into either of those programs.

**The Hon. PAUL GREEN:** Seems pretty crazy. Are there any Drug Courts in regional and remote areas?

**Mr DICKENS:** No, the Drug Court operates in three locations at Parramatta, Sydney and Toronto.

**The CHAIR:** Newcastle.

**The Hon. PAUL GREEN:** The other major thing that the Committee has not investigated is that there are no adequate or appropriate outpatient treatment options for many people charged with criminal offences. Can anyone give us a snapshot of what is available in outpatient treatments and resources?

**Mr DICKENS:** The Lyndon Community provides some services in association with the Royal Flying Doctor Service in remote locations. But for criminal justice purposes, outpatient programs generally are not sufficient. Courts generally require something more rigorous and will make bail orders or orders of conditions of bonds requiring people to admit themselves to a facility and remain in the facility.

**Mr FORREST:** They have a merit program.

**The Hon. PAUL GREEN:** Do you want to take the Committee through that?

**Mr FORREST:** It is a magistrates early intervention program. The magistrate will refer the client on to maybe Lyndon if they need to go to rehabilitation. They have a couple of beds at Lyndon, and also Weigelli and they can put them into that program. That is only through the magistrate.

**The Hon. PAUL GREEN:** That is right, and that is my point. Mum and dad across the Far West have very little opportunity to put their child into rehabilitation. When I say "child", we are talking about young adults, adolescents. We are parents until we die. Everyone out here is aiming for Lyndon, which is the only option.

**Mr FORREST:** The only detoxification centre we have here is Lyndon. If you need another detoxification centre I think it is Nepean.

**The Hon. PAUL GREEN:** Where does the magistrate come in the pecking order? Are they able to get someone in quicker than everyone else?

**Mr FORREST:** Yes. The magistrate can do it.

**The Hon. PAUL GREEN:** In the meantime the rest can wait, and some die.

**Mr FORREST:** That is correct, yes.

**The Hon. PAUL GREEN:** It is pretty shameful, and that is not to reflect on the magistrates; it is more to talk about a broken system.

**Mr GORDON:** I could pick those people up in my program as a rural outreach worker. I could run educational groups around crime prevention, drug and alcohol courses, refer them on to other services, provide one-on-one support. But in saying that, I also have access to get people to William Booth House in Sydney, but the people I deal with out in the rural areas do not want to go to Sydney, they do not want to go over the mountains.

**The Hon. PAUL GREEN:** They do not want to be out at country?

**Mr GORDON:** No, not even non-Indigenous people.

**The Hon. PAUL GREEN:** They do not want to be away from their families or friends?

**Mr GORDON:** Exactly.

**The Hon. PAUL GREEN:** You cannot blame them, can you? That is their support network.

**Mr GORDON:** Exactly. They do not want to be down there, left alone by themselves.

**The Hon. PAUL GREEN:** Yes, it is a lonely place.

**Mr GORDON:** Sydney is a big place. The heart of Sydney, Albion Street where we work, is a busy place. For country people, it makes them more anxious.

**The Hon. PAUL GREEN:** Ironically, the busiest place in the world can also be the loneliest place in the world if you do not have your friends, community and support bases there.

**Mr GORDON:** Exactly.

**Mr FORREST:** You have got to find your own way down there.

**The Hon. PAUL GREEN:** And you have got to find your own way down there, on top of that. It is just crazy: let's find every way we can to make you fail before you even get help.

**Mr FORREST:** I referred a client who I rehabilitated down in Sydney. He had to be there at 11 o'clock that morning. There was no train or bus service there till the day before and then he had to find himself accommodation that night.

**The Hon. PAUL GREEN:** It is a no-brainer to have a hub-and-spoke service in Dubbo?

**Mr FORREST:** That is right.

**Mr GORDON:** Exactly.

**Dr MEHREEN FARUQI:** Thank you for coming today and for your submissions. Mr Dickens, you mentioned earlier in your evidence—it is also in the Orana Law Society submission—that some providers refuse to accept patients from custodial environments. Why do they do this and what happens to those people?

**Mr DICKENS:** There are two schools of thought about this. I anticipate that Mr Henderson later today would be able to address it. I know that the view of the Lyndon community is that they doubt the bona fides of a person: once that person is locked up that person will say or do anything in order to get out. That is not a view shared by all but that is the view of the Lyndon community. That is why they will not assess or accept people from Corrective Services custody.

**Dr MEHREEN FARUQI:** Where do those people go?

**Mr DICKENS:** They stay in jail. Often, the processing of their cases will take a considerable period of time. Whilst they are on remand, they do not have access to programs that sentenced prisoners have access to. So really, those people are detoxing in custody and being released without any sort of rehabilitation. Consequently, there is a level of recidivism.

**Dr MEHREEN FARUQI:** That is a pretty serious issue.

**Mr DICKENS:** That is an extremely serious issue.

**Mr DAVIES:** Can I add to that? Often, if an accused person cannot demonstrate rehabilitation, the other purposes of sentencing under the Crimes (Sentencing Procedure) Act will weigh more heavily on those on the punitive punishment side. Often, if someone cannot demonstrate rehabilitation because we do not let them in our system, the judge has no choice but to add time to the sentence. This ultimately costs the community more, both in terms of someone who is not and cannot be rehabilitated and in terms of keeping someone in jail for longer than they need to.

**Dr MEHREEN FARUQI:** One of the areas in your submission that I particularly agree with is the statement that whilst the State devotes significant resources to detection, policing and drugs, very few resources are allocated for residential detoxification and rehabilitation facilities. You say that this is at a great cost. Could you explain what those costs are in your estimation?

**Mr DICKENS:** The costs are in terms of family breakdown, suicide issues and this entrenching of the cycle of offending through families. It is particularly an issue in the remote locations that I referred to earlier. We regularly see crimes of extreme violence. Always associated with that crimes, in my experience, is drunkenness and/or ice issues.

**Dr MEHREEN FARUQI:** When you have raised this with the State or with politicians or decision-makers, what has been the response?

**Mr DICKENS:** It was referred to earlier, a business case that was developed essentially by the Cooperative Legal Service Delivery [CLSD] group. You asked questions about that business case earlier. What happened was that we identified some appropriate location owned by a local businessman. We then invited service providers to tell us how much it would cost to administer those premises. We got responses from three service providers. We came up with a case that it would cost about $2.5 million or $83,000 per annum per person to provide that facility. That facility might be available again. There were some issues about it being available and it never advanced. You also have got to have detoxification as a necessary ingredient for admission to a facility. We have talked about Mac River, which works together with Juvenile Justice. A lot of those kids have been essentially detoxed in the Orana Juvenile Detention Centre and they go from there to the Mac River program.

**Dr MEHREEN FARUQI:** Is that the rehabilitation facility?

**Mr DICKENS:** It is. It is small; it has six or eight beds.

**Dr MEHREEN FARUQI:** The submission by Central West Cooperative Legal Service Delivery says:

> … mental health services and admission to Mental Health Facilities are often routinely refused to persons who are actively using substances but not assessed as being mentally ill pursuant to the Mental Health Act.

Could you explain that a little further? What is that process and why are they refused?

**Mr DICKENS:** In three ways. Either police will take people up for assessment at the mental health unit at the Dubbo-based hospital under section 22 of the Mental Health Act; persons might be referred for assessment under section 33 of the Mental Health (Forensic Provisions) Act; or alternatively people simply present up there in some situational distress by themselves or with the encouragement of friends and family.

Quite often, those persons are not assessed as being mentally ill; they are assessed as being in situational crisis and primarily having drug and alcohol issues, not mental health issues. They are not admitted because they are not mentally ill and so they are not dealt with under the Mental Health Act. But at that point there is nothing; those people are simply turned away. They return to the court under section 33 and will generally go into custody, or they are simply turned away without having any further follow-up. It is not said to them, "We have some detox beds that you can go to. We have a program that you can go to after that." That is what we are missing.

**Dr MEHREEN FARUQI:** What can be done about that? What would be your recommendation?

**Mr DICKENS:** There is a responsibility with Health to provide for detoxification. There is a responsibility to the community more widely to provide for a proper rehabilitation facility that is culturally sensitive, that is available to men and women, and that has at its conclusion a program so as to ensure relapse prevention.

**Dr MEHREEN FARUQI:** A more integrated and wraparound service is really what is needed?

**Mr DICKENS:** Yes.

**The Hon. BRONNIE TAYLOR:** Mr Gordon, you mentioned that you work in the primary health space. I presume you do home visits and you do a lot of one-on-one support. You mentioned that you also can refer people and that you could refer them to a place in Albion Street in Sydney. Do you have the same ability to refer people to somewhere like Orana?

**Mr GORDON:** Yes. I can refer them to whatever they want to do for themselves.

**The Hon. BRONNIE TAYLOR:** So you go in and see someone who says, "I am ready to go now. I am ready to commit today", and you ring up Orana. How often would you not be able to get a bed?

**Mr GORDON:** They have got to go and get detoxed at Orange for seven days.

**The Hon. Dr PETER PHELPS:** Do they not detox first? That is the problem.

**The Hon. BRONNIE TAYLOR:** I know; that is what I am trying to get to. Thank you; you appreciate my questioning. Say you want to get them into detox because they are ready to go, they have committed, but you cannot get a bed. How often does that happen to you?

**Mr GORDON:** That has happened on a number of occasions.

**The Hon. BRONNIE TAYLOR:** Ballpark, would that be 50 per cent of the time, 60 per cent?

**Mr GORDON:** I would say 50 per cent now because I only have a small number of clients.

**The Hon. BRONNIE TAYLOR:** That is fine. What I want to clarify for the record is that when you see your clients, and approximately 50 per cent of the time when they are ready to go—and we all know how important that is—as you stated in your evidence, you cannot get them a detox bed so you have missed that opportunity?

**Mr GORDON:** Missed the opportunity, yes.

**The Hon. BRONNIE TAYLOR:** Then what happens? Say you hit gold and you get the detox bed for your client. Is there a guarantee then from the detox that they can go into rehab?

**Mr GORDON:** No. They will go to Lyndon. They will do their detox for a week or two, whatever they want to do, and then they have got to have a bed ready, either at Weigelli, I think, or Orana Haven, or any other rehab.

**The Hon. BRONNIE TAYLOR:** And if that bed is not ready?

**Mr GORDON:** They go back out on the street and relapse. You are back to square one.

**The Hon. BRONNIE TAYLOR:** Thank you. Mr Forrest, you mentioned transport. If you have got someone ready to go and for some reason they accepted to go to Albion Street in Sydney, which would be a pretty big ask, there is no financial assistance or ability to get them there; is that correct?

**Mr FORREST:** Yes, that is correct.

**The Hon. BRONNIE TAYLOR:** So you have to say, "No, I have got you this spot. You have to go now and you have to be there by 11, but there is no transport. There is nothing I can do to help you." How often would your clients then say, "Mate, I cannot do it. I cannot get there."?

**Mr FORREST:** All the time they say they cannot afford to go.

**The Hon. BRONNIE TAYLOR:** We need to address that as well if we have that opportunity.

**Mr FORREST:** Yes.

**The Hon. BRONNIE TAYLOR:** My last question, Mr Davies, and I am sorry I am not a lawyer, when on remand, there is no access to any programs; is that correct?

**Mr DAVIES:** That is true. Before you are sentenced, if you are refused bail, you are generally in a remand centre. Until you are sentenced or classified, you cannot do any of the courses that are available to you.

**The Hon. BRONNIE TAYLOR:** Why not?

**Mr DAVIES:** That is a question for Corrective Services, I think.

**The Hon. BRONNIE TAYLOR:** If we had someone who had been charged with an offence of using illegal substances, we cannot do anything to help them if they said, "I have stuffed up but I really want some help. I am ready now. You have got me. I am done."?

**Mr DAVIES:** There is one very rare situation under section 11 of the Criminal Procedure Act. It is the old Griffiths remand. Basically a judge in serious matters, but not too serious matters, can release someone on special bail to allow them to go into rehabilitation, but that is very rare. The poor old defence lawyer has to jump through hoops to get the bed, to get them there. You get the most convoluted bail conditions to ensure they get there. The courts also have to consider the safety of the community. If you have someone who has committed a serious crime whilst on drugs, the court has to be—

**The Hon. BRONNIE TAYLOR:** Absolutely. I am not going there. What I am saying is if we did have a situation where we had people who were on remand and we were able to offer them services, how beneficial do you think that would be in respect of getting them to progress to their rehabilitation and to remission?

**Mr DAVIES:** Hugely—unspeakably beneficial.

**The Hon. BRONNIE TAYLOR:** Does everyone agree?

**Mr DICKENS:** Yes.

**The Hon. Dr PETER PHELPS:** Mr Davies and/or Mr Dickens, what proportion of the police and courts time is taken up with drug-related matters in and around Dubbo?

**Mr DAVIES:** I would say 100 per cent is probably a little bit too much, but certainly more than 90.

**The Hon. Dr PETER PHELPS:** Are individual offenders generally only charged with possession and/or supply or does possession and supply tack on to property and personal offences?

**Mr DICKENS:** We feel it in the criminal justice system in a number of ways. We have the possession and supply of the drug. There are very significant police resources and controlled operations that go into the detection and prosecution of those matters of supply. We then have property crime that is committed in order to obtain the drug. Ice is generally sold in what is called a point. A point is generally about $50, or it is sold by an eight ball, which is about 3.5 grams. I am advised that at the moment that might cost $600, depending on the quality of the drug. It is expensive. We have crimes being committed in order to obtain the drug, and then we have the third category, which is people committing crimes, typically of violence, whilst under the influence of the drug. Alcohol and domestic violence, in my experience, are almost always linked. It has effects on crime in those ways.

**The Hon. Dr PETER PHELPS:** But the move towards prosecution essentially comes about not through possession or supply, but the attendant effects of the use of the drugs, whether it be illegal and alcohol or illegal in respect of methamphetamine?

**Mr DAVIES:** That is exactly right. It would be rare to have a case that did not have a witness, a victim or an accused who did not have some sort of alcohol, drug or mental illness.

**The Hon. Dr PETER PHELPS:** Is there an argument for decriminalisation of possession?

**Mr DAVIES:** How long have you got?

**The Hon. Dr PETER PHELPS:** Is there an argument to be made for decriminalisation of possession for personal use?

**Mr DICKENS:** Well of course that argument can be made.

**The Hon. Dr PETER PHELPS:** Is it one in which you as a defence lawyer—

**Mr DICKENS:** Well, probably, but it is a bit beyond my pay grade at the moment.

**The Hon. Dr PETER PHELPS:** It is an important point. If the argument is that Aboriginal people come into disproportionately high contact with the criminal justice system because they are arrested for possession of a prescribed substance, then the way to avoid Aboriginal people coming into contact with the criminal justice system is to decriminalise possession, surely? Mr Davies?

**Mr DAVIES:** I will just say this is my personal opinion, it does not reflect the opinion of the Director.

**The Hon. Dr PETER PHELPS:** That is fine.

**Mr DAVIES:** But I agree that decriminalisation of possession of small amounts of cannabis, MDMA—I guess the less harmful drugs—would keep some people and not just Aboriginal people—

**The Hon. Dr PETER PHELPS:** Is there a particular structural problem with methamphetamine which means its very nature is different to MDMA, marijuana and even heroin, because heroin is not an upper?

**Mr DAVIES:** I would put heroin in that same category as ice, and I am not a pharmacologist, but the impact of methamphetamine on the human brain is such that even after one use you go down a terrible path, which is why I think possession of those types of drugs should still be illegal. That said, we still need to approach possession from a rehabilitation point of view, not from a punitive point of view. We need to say, "You have done the wrong thing, but you go off for rehab. Here is all the information" to take them completely out of the criminal justice system. Once someone gets involved in crime, the horse has essentially already bolted. All this talk about bonds and bail and rehab in jail is wonderful, and I wholeheartedly support it, but we should be tackling this issue before you even get to that point.

**Mr SCOT MacDONALD:** My question is similar to those I have asked previous witnesses. I am trying to understand what the barriers are to rehab. Mr Gordon, you are involved in the Salvos, Mr Forrest you are involved in the Ted Noffs Foundation. Mac River has an association with Mission Australia, so there are typical providers around. What is stopping them from getting involved in the rehab provision at that level, whether it be 10 beds or 20 beds, or whatever?

**Mr FORREST:** Mac River is thrown under the justice system. It can only—it only helps young people from—

**Mr SCOT MacDONALD:** Ages13 to 18?

**Mr FORREST:** Yes, but from Juvenile Justice. They rarely take kids from off the street. They will take them, but the first priority is Juvenile Justice kids.

**Mr SCOT MacDONALD:** What is stopping churches, as we have seen on the South Coast or the Salvos or St Vinnies, whatever it might be, from setting up these rehabs? Obviously they are in Dubbo. They are working in this space, but why do they not go down the bricks and mortar path? It seems to be a barrier according to Dubbo Regional Council?

We have seen elsewhere where rehabs run on the smell of an oily rag, literally.

**The Hon. Dr PETER PHELPS:** Figuratively.

**Mr SCOT MacDONALD:** Obviously, the supporter might be Centrelink, however it might be funded. What is stopping rehab substantially being set up here in Dubbo? What are the barriers?

**Mr GORDON:** Finance, I think—money.

**Mr SCOT MacDONALD:** Capital or operating?

**Mr GORDON:** Both. You have to get the place up and built. You have to get the land and the qualified people working there. That is not only drug and alcohol workers, there are nurses, psychologists and so on; it is across the board.

**Mr SCOT MacDONALD:** You have been involved in the Salvos. Those people are out there and you are out there; they have people helping there at the moment. Does it not suit their model to set up a rehab premises and to do this sort of work?

**Mr GORDON:** I am not sure about that. They may have made submissions in the past. I cannot speak for managers; I am only a caseworker.

**Mr FORREST:** I think they would. But as everything boils down, it is the magical dollar. It is going to cost money to set up something like that. You cannot set it up on nothing. I know you are saying that down the South Coast they are running on an oily rag.

**Mr SCOT MacDONALD:** It still costs.

**Mr FORREST:** Yes, there are still going to be costs. If you can set up rehab and make it self-sufficient on a farm where you can do stuff, like an irrigation farm growing lucerne or something like that and make it self-sufficient, they can pay their way through Centrelink and the dole.

**Mr SCOT MacDONALD:** There is a program like that in Armidale called Backtrack; it is for the younger ones.

**Mr FORREST:** That is for the younger ones; this is for the older people.

**The Hon. COURTNEY HOUSSOS:** Thank you so much for your time this morning. It is very useful for the Committee to see such a broad cross-section of the community coming together in a roundtable discussion—prosecutors, defence and community workers. It shows the Committee the views of Dubbo being united. I refer to submission No. 30 from the Central West Cooperative Legal Service Delivery. The conclusion outlines the situation perfectly. I have a few specific questions. First, Mr Davies and Mr Dickens, the Committee has received evidence in other parts of the State that it would be useful for the MERIT scheme, but obviously more broadly for magistrates and judges, to have a centralised list of rehab services to be able to refer people to. The list you have tabled today seems to cover some of those areas. Is there a centralised list locally or is there a need for this more broadly?

**Mr DICKENS:** I have tried to provide the Committee with a precise and up-to-date list of what is currently available in this region. I think annexed to that submission is a complete list that is prepared by the people who run the MERIT program. That is an exhaustive list of facilities throughout the State. In my experience, that is the best kind of directory of what exists. The MERIT program is currently being reviewed. From time to time reviews have taken place, but there is an interdepartmental steering committee at the moment that has representatives from Justice, Health, the NSW Police Force and the Chief Magistrate's office. They meet every three months and my understanding is that Legal Aid NSW has a representative. That representative continues to advocate for an expansion of the program geographically and also to make it available to persons in custody and persons charged with more serious offences.

**The Hon. COURTNEY HOUSSOS:** Mr Davies, do you want to add anything?

**Mr DAVIES:** No.

**The Hon. COURTNEY HOUSSOS:** Mr Gordon and Mr Forrest, how many people doing similar work to yourself do you know of within your catchment area?

**Mr FORREST:** I think there are a lot of services doing similar work to what we are doing. It is just that maybe we all need to come together a lot better. I know the Lyndon community has a new outreach program running now drawing road maps. They start it next week.

**The CHAIR:** Is that a new program?

**Mr FORREST:** Yes.

**The CHAIR:** Called "Roadmaps"?

**Mr FORREST:** Yes, it is a drug and alcohol program doing similar work to what Joe is doing.

**Mr GORDON:** Lyndon has male and female drug and alcohol counsellors. A Royal Flying Doctor Service clinician works out of Cobar, and there are Aboriginal Medical Service drug and alcohol workers in Bourke and Walgett. Out of the nine communities I cover, only seven have an accident and emergency department. Coonamble had a drug and alcohol worker for the Aboriginal Medical Service, but I am picking up most of their community members. These organisations provide space for me and look after me.

**The Hon. COURTNEY HOUSSOS:** But it is limited.

**Mr FORREST:** I think there are some at Walgett as well.

**The Hon. COURTNEY HOUSSOS:** So there are very limited services—outpatient, detox or residential?

**Mr GORDON:** I know of an instance in Brewarrina. If there is a drug psychosis or whatever, the police will get them into hospital and straight into a bed, sedate them and drive them straight to Orange. That would not be a very good experience for a person—male or female.

**The Hon. COURTNEY HOUSSOS:** No. The Committee has received submissions from the New South Wales Government saying that the problem with ice might be stabilising or under control. Is that your experience?

**Mr DAVIES:** No.

**Mr DICKENS:** No, many matters I see involve ice.

**Mr DAVIES:** I believe ice makes people unpredictable.

**Mr GORDON:** Definitely not; it is a huge problem, and not only in Dubbo.

**Mr DAVIES:** It is in all those small communities.

**Mr GORDON:** All the small communities around Dubbo have a problem.

**The Hon. COURTNEY HOUSSOS:** That is very valuable evidence. Thank you very much for your time today.

**The CHAIR:** Dubbo is a big regional city and we have mentioned townships with 1,000 or 2,000 people. Beyond that, there are isolated places where there might be small numbers of people. Can you give the Committee some insights into what the small groups living together or small settlements might be, if they exist, and I presume they do? Without giving away a particular example, can you provide some insights into what it is like in those very small settlements or small communities and the issue of alcohol and drug addiction?

**Mr GORDON:** I believe the families will band together and banish those people from the community, whether it be through violence or any other means.

**The CHAIR:** Are we talking about pockets of a couple of dozen people or 10 people?

**Mr GORDON:** Probably 50 to 100 in these smaller communities. I do not cover them; I have only heard about them because I am from that area. I am originally from Brewarrina.

**The CHAIR:** Would there be a few of these population groups?

**Mr GORDON:** Yes, and people are taking it into their own hands. These places do not have police or the police might come once or twice a week. They pretty much run them out of town; they do not want that problem in their community or in and around their kids or other families.

**The Hon. Dr PETER PHELPS:** Mr Gordon, what prompted you to get clean?

**Mr GORDON:** My wife and children.

**The Hon. Dr PETER PHELPS:** Which is exactly the testimony we heard from another person who is working as a social worker following his own addiction. He basically said it was the kids, being told that he would lose contact with the kids was enough.

**Mr GORDON:** I was going to commit suicide on a number of occasions and at the last minute my kids come into my head and that is why I got up and walked away. Family and friends helped me. No-one else was willing to help me. I did not think I had a problem and I did not think I needed to go to rehab so I went back to where I come from out at Brewarrina and went out on country and stayed there for three months heavily medicated with all these psych tablets, and I thought to myself if I am going to give away drugs why should I take doctors' pills because it was pretty much defeating the purpose and I threw them away too.

**The Hon. Dr PETER PHELPS:** Do you think anyone could have forced you to get clean, or is it a decision that you had to make yourself?

**Mr GORDON:** You cannot force people to do it; they have got to want it themselves.

**The Hon. Dr PETER PHELPS:** So compulsory detox is basically a waste of time?

**Mr GORDON:** No. People are different. Compulsory detox, they have never experienced that before in their life. So if you are making them do it that is getting them thinking about how they want to live their life in the future—better not only for themselves but for their kids and family unit; to set an example for other community members.

**The Hon. Dr PETER PHELPS:** Mr Forrest, would you agree with that?

**Mr FORREST:** I think compulsory rehab—

**The Hon. Dr PETER PHELPS:** I want to go to the issue of rehab later, but the question is: Is compulsory detox forcing people into detox?

**Mr FORREST:** You have got to go to detox before you go to rehab, so you have got no choice.

**The Hon. Dr PETER PHELPS:** I agree with that.

**Mr FORREST:** You have got no choice, so you have got to go to detox. Whether it is compulsory or not, you cannot go to rehab unless you have been detoxed.

**The Hon. Dr PETER PHELPS:** There is some issue about whether we should recommend compulsory detox vacation programs and the question I want to ask specifically you two for your own lived experiences is: Is compulsion going to work in the absence of a genuine personal desire to want to get clean?

**Mr FORREST:** I think so, yes.

**Mr GORDON:** Yes, I think it is. It has been drummed into them if they do not go to detox they go to jail. If I had the opportunity to go to detox and better myself, even if I did not at that time—I was not willing to get off the drugs—that is my get-out-of-jail-free card. That is a pretty easy decision.

**The Hon. PAUL GREEN:** Would it be true to say that being under the influence you are not yourself anyway and you cannot make that decision until you get clean anyway, and then build on that?

**Mr GORDON:** Exactly. Detox for myself—I went to the doctor and I told him what I had been up to for the last two years and he prescribed a whole heap of pills and I went away and slept for two weeks. I took the pills for three months, I would say, until I realised that I had to do it on my own. Being in compulsory detox or rehab is what some of these habitual offenders and people with lifelong drug and alcohol issues might be what they need to make a change in their life.

**Mr FORREST:** But even people in community being in compulsory detox, if they want to get off it and they know they have got to go there first, they will go there first and then they can get into rehab. They do not go through the justice system. I know through my work there is a lot of community people want to get off it but because they cannot get into detox it turns a lot of people away.

**The Hon. Dr PETER PHELPS:** We heard also from others, and particularly your experience, Mr Forrest, that detox and rehab are all well and good, but if you do not have a home and you do not have a job to go to afterwards, then the chance of sliding back is almost 100 per cent. Would that be your experience?

**Mr FORREST:** No, because you got family there. Just because you have not got a job does not mean you cannot go to detox and rehab.

**The Hon. Dr PETER PHELPS:** I mean afterwards.

**Mr FORREST:** That is what I mean. Just because you go to rehab and you come back and you have not got a job, as long as you have got that family placement there for the support around you.

**Mr GORDON:** Dr Phelps, I think it comes back to each individual. Not everyone is the same.

**The Hon. Dr PETER PHELPS:** I absolutely agree.

**Mr GORDON:** And if you want to make the change for something you have got to make it, no matter who you are or where you came from.

**Mr FORREST:** Because if you are on drugs there are not many places will employ you.

**The Hon. Dr PETER PHELPS:** But surely that is where rehab comes in. A compulsory component of rehab would have to be giving you enough life skills to be able to manage your own life, manage your own finances and preferably also getting you some sort of education or vocational education that can get you into a mainstream environment of going to work every day.

**Mr FORREST:** Yes, but you have got to come back out of there and try to get a job. Out in the bush it is difficult to get a job.

**The Hon. Dr PETER PHELPS:** Yes, okay, but not in Dubbo—Dubbo is doing pretty well.

**Mr GORDON:** That is why you have got to be in a multipurpose facility—not only for men; for women too, because in this day and age, with the ice, women are also using the drug the same as the males, and the children are just left to fend for themselves.

**Mr SCOT MacDONALD:** You talked about outreach. Outreach is no substitute for these rehab centres. If you are doing a bit of this work and there is outreach rehab going on, is that an inferior service to bricks and mortar, somewhere where people go for six weeks or six months or whatever?

**Mr GORDON:** That is what I am doing at the moment, considering I get funding again next year.

**Mr SCOT MacDONALD:** But you are going out to various people.

**Mr GORDON:** Yes, one-on-one support or group support activities.

**Mr SCOT MacDONALD:** Are those people generally at home?

**Mr GORDON:** Within communities, yes.

**Mr SCOT MacDONALD:** They are within the community. Is that inferior to a you-beaut centre wherever it might be, a live-in?

**Mr GORDON:** I am only providing them with tools and skills.

**Mr SCOT MacDONALD:** So not the full rehab?

**Mr GORDON:** No.

**The CHAIR:** On that note, we will conclude. On behalf of the Committee I thank you all for coming along. You have been able to provide us with, in addition to what have been very good submissions, some excellent information that we will be able to take away, and some deep and rich insights into the melee that operates out here in terms of the matters that are being considered by this Committee. I think there are some questions on notice, or if there are not, I suspect following members reading *Hansard* they may have some questions. The normal arrangement is, if you are okay with it, that the Committee secretariat will liaise with you in regards to those questions. There is normally a 21-day turnaround time to have them returned to the Committee. Once again, on behalf on the Committee thank you all very, very much.

**(The witnesses withdrew)**

**(Luncheon adjournment)**

**NORM HENDERSON**, appearing on behalf of the Dharriwaa Elders Group and Weigelli Aboriginal Corporation, affirmed and examined

**The CHAIR:** I welcome Mr Henderson. We have received the submission that was provided by the organisation. We have read what has been forwarded to the Committee. It has been processed and is on the Committee's website. The Committee members have read it. I invite you to make an opening statement and cover whatever you wish. Then we will proceed with questioning from the Committee members.

**Mr HENDERSON:** I come from a background of 23 years of working in resi rehabs and non-government organisations. I have worked in all of the positions: caseworker, residential caseworker, chief executive officer and manager of resi rehabs. I have got a fair bit of experience.

**The CHAIR:** Is "resi rehab" residential rehabilitation?

**Mr HENDERSON:** Residential rehabilitation services. In the last five years I have worked predominantly in Aboriginal resi rehab services. I worked out at Orana Haven for five years and currently am working for Weigelli Aboriginal Corporation. The Dharriwaa Elders Group out in Walgett have also asked me to represent them. I also represent Weigelli and Orana Haven in the New South Wales Aboriginal Residential Rehabilitation Healing Drug and Alcohol Network and we have meetings every couple of months in Sydney. I get around a far bit in the resi rehab area and I spend a lot of time out in the back country in places like Walgett, Brewarrina and Bourke. I have got a fair idea of what is happening on the ground, and, in my opinion, what is missing—I will not go into statistics and that because that has all been said—is local decision-making in those small areas. Decisions need to be made by the local community.

For instance, in Walgett there is the Dharriwaa Elders Group, the Aboriginal Medical Service [AMS] and the services of the University of New South Wales that are doing research for them. They have done a lot of research and groundwork into solutions for the local community, but no-one seems to go out there and ask local people what their solutions are. I have been to a lot of meetings out there, including meetings with the coppers and all the different services, and one of the problems is that all the services are not working together. I think competitive tendering is a problem because it isolates services and services are competing with each other for money in the same area doing the same sort of stuff. Therefore services tend to work more in isolation. I know that in the coordination I am doing out in Walgett, Bourke and Parkes, we have come across some of that stuff and we are trying to get services to work together. I have a bit to do with Just Reinvest in Bourke and that seems to be working quite well and services are working together more because local people are being consulted about local solutions.

**The CHAIR:** Can I just stop you there and ask you to elaborate on that? I am sorry for jumping into your opening statement, but you made the comment earlier that people are not listening, but you have just said—

**Mr HENDERSON:** In particular with—

**The CHAIR:** What is being done differently in that model that is creating people to say that it is working or is working better? What is happening and how are they doing it?

**Mr HENDERSON:** All of the services are getting together under the one banner and they are all talking about what is needed, especially with domestic violence. When the coppers get called out to domestic violence incidents now they are taking an Aboriginal worker with them. That type of thing. It is only small stuff, but in a small community where people all know each other it is better to have a local person come along with the coppers than a copper standing on your doorway ready to pull a gun or capsicum spray. To me that is simple, it is a no-brainer in outback communities. It does not seem to be a no-brainer to other people higher up the chain. They sort of do not think of that stuff, they do not think of the simple stuff.

That seems to be a really large problem. I know it is been talked about here before about local decision-making. I think too some these small communities need the support of the higher decision-making people just to support them and lead them through some of those decisions. There are a lot of well meaning people on the ground but you have to coordinate them a little bit. You have to have that expertise as well. I was involved with an a resi rehab out at Orana Haven which was closed down.

**The CHAIR:** Why?

**Mr HENDERSON:** It was under administration. I am not too sure of the actual problems. An Aboriginal committee was formed and they wanted to reopen it. So I went up there and worked with them and

they told me—not the committee—other people told me who were in higher-up positions in the local health district [LHD] that I would never get it reopened, I would not get the people working in there. It now has 11 staff, predominantly local people, who are running that rehab and there is a program in place and it is a culturally safe program. It has all been done by the local people and put together and we use the wraparound services. You do not have to have a psychologist in a rehab out in a place like that because you are not going to get them. You could not even get a registered nurse there.

So we use the wraparound services. We use the local Aboriginal Medical Service [AMS]. This is what I am talking about local solutions. We have got an agreement with the local hospital for detox patients for the rehab, one bed. It is not much but it is a start. It was better than sending people down to Orange or Tamworth. They were our only other two choices. They are the things that can happen but you need a lot of support with that. That is isolated and it is only one bed and you have one person in a bed for whatever amount of days. It could be up to two or three weeks detoxing. It is a 18-bed male only rehabilitation service.

Now, 18 beds sounds a lot, but in the scheme of things if you get all 18 people staying there for the three months of the program, it is only 60-odd people a year are going to go through the place. That is where people do not look at that either. They think 18 beds, you get people in and out. It is a three month program and some people stay six months. This is the same with all rehabilitation services. In my opinion of 23 years of working in resi rehab, residential rehab is the best way to treat people with the complex conditions that we are seeing with drug and alcohol.

**The CHAIR:** After detoxification?

**Mr HENDERSON:** After detox. The detox is a problem because ideally when you detox someone you want to get them straight into rehab.

**The Hon. BRONNIE TAYLOR:** That is right.

**Mr HENDERSON:** And like has been said before, if I am in Brewarrina at Orana Haven, which is 50 kilometres south of Bre, if I am there and I can organise to get somebody detoxed, I then have to organise a bed in a rehab somewhere. Say Orana has a bed available. I then have to coordinate the detox and the rehab to be consecutive. I then have to get the person from Brewarrina to Orange. There is a bus every second day from Brewarrina to Dubbo. So they may have to stay overnight in Dubbo. Now, they have mates. Of course their mates are all using and drinking, so they get lost in the ozone layer. Even if they get to there, they have to get on the XPT and get to Sydney. They sell grog on the XPT. You have got all these things. Then they get to Sydney, or Orange, sorry. Then they have to get from there to the detox.

There are a lot of problems that I am pretty sure if we sit down we can nut them all out, but no-one seems to get that whole idea of sitting down and getting all these services together to nut it all out. It astounds me. I see services—sometimes in the back country I will go into a town and there will be service pop up and you will think, "What do they do?" Some of them are reluctant to tell you what they actually do because they are getting a bit of funding from here and the PHM throws a bit of money there and the State Government throws it in, the feds, you get the Indigenous Advancement Strategy [IAS] stuff and all this stuff is a problem.

**The CHAIR:** The Hon. Bronnie Taylor is our specialist in dealing with these things, I am sure she will have questions.

**The Hon. BRONNIE TAYLOR:** I hear you. I think you have put it so eloquently. There are all these service out there and no-one is talking to each other.

**Mr HENDERSON:** I have worked in resi rehabs for quite a while now and we do not deal just with drug and alcohol problems. We are dealing with legal problems, we have DOCS stuff happening with parents that are in the place. They may have court cases coming up. They may have to contact legal aid. We have people, if they have just come out of the nick they have to get on to Centrelink. And they come out of jail just with what they are standing up in. Corrections do not organise to get them on Centrelink or any ID either. They could be in there for four years and they come out with what they are standing up in. When you ask corrections if they can do that they tell us it is not up to them.

**The CHAIR:** I am sure there are going to be a range of questions. Can we consider what you have said as your opening statement?

**Mr HENDERSON:** Yeah, I can go on.

**The CHAIR:** I thought that.

**Mr HENDERSON:** We do not have time, I tell you.

**The CHAIR:** You set the scene very nicely, thank you, Mr Henderson. We will start questions, are you okay with that?

**Mr HENDERSON:** Yeah, I am fine.

**The Hon. PAUL GREEN:** Mr Henderson, it was bush eloquence, it was beautiful. In terms of the children, it is a point we have not focused on in terms of the ripple out effect. If you have someone going to detox then you need to attend the children and quite often they are going to school. And in your submission you talk about having a school nurse navigate those situations. It is an interesting point. I had not visited the impact to the school lives of the child. What is your experience when someone does have a drug induced psychotic state: Do the police put them into the back of the wagon and drive them somewhere?

**Mr HENDERSON:** Well, in my experience is they get hit with the capsicum spray first and they may be scheduled as a result of that or they get hit with the capsicum spray, thrown in the cells, and then depending on whether they get charged they may be let out four hours later and they are back using and another psychotic episode that night.

**The Hon. PAUL GREEN:** Right.

**Mr HENDERSON:** It is a revolving door. This is why hospitals are reluctant to do detox. They say to people like me who are trying to arrange a detox, "Yeah, Norm, we know, we understand, but we know Johnny here, he will be back. If we cannot get him to detox he will back in two days time in the same state. So it is a waste of time detoxing him".

**The Hon. PAUL GREEN:** It is not only that, speaking from being a nurse in those casualty situations, you do get beaten up a little bit.

**Mr HENDERSON:** And that is right.

**The Hon. PAUL GREEN:** With a few loose arms and hands and feet. I do not imagine that professional health carers want to be doing that every night in those situations. Down our way if you had an acute psychotic situation obviously going to hospital is a dangerous thing. You take the police. I would imagine the police have to stay with the patient?

**Mr HENDERSON:** Yes.

**The Hon. PAUL GREEN:** Because it is too dangerous for the healthcare workers to be able to do that?

**Mr HENDERSON:** Ties up a lot of resources.

**The Hon. PAUL GREEN:** So you take the police off the road, you take that resource. You have taken a car off the road as well.

**Mr HENDERSON:** Exactly.

**The Hon. PAUL GREEN:** Because normally they use a paddy wagon to transport that person effecting an acute psychotic episode. Are you saying they are literally taken to the police station and put in a cell to try to sober them up?

**Mr HENDERSON:** It happens.

**The Hon. PAUL GREEN:** Do they not take them to hospital?

**Mr HENDERSON:** They do if it is a bad psychotic episode, but if they know the person, a lot of the time that does not happen. Psychotic episodes are quite normal in some of these back country towns; it is just what happens.

**The Hon. PAUL GREEN:** They could be travelling hundreds of kilometres.

**Mr HENDERSON:** Like has been said before, if they decide to take them somewhere it is Bloomfield at Orange. That means you tie a police car up from Brewarrina to Bloomfield or from Walgett to Coonamble.

**The Hon. PAUL GREEN:** They are already resource starved.

**Mr HENDERSON:** Yes, they are already under-resourced.

**The Hon. PAUL GREEN:** It is a terrible problem. On page 2 of your submission you talk about your group seeking support for a smart micro-factory to produce high-value items from locally produced waste. You say you are seeking the use of the rarely used Roads and Maritime Services [RMS] sub-depot in Walgett for this

purpose. Could you comment on the support for this proposal that you are seeking? Are you seeking support from this Committee?

**Mr HENDERSON:** Yes. What was put in the submission might lead to questions on notice, because I am not really familiar with all that. We were getting across the idea that there are a lot of local solutions and local ideas about work, once people go through rehabilitation and get into some sort of stable state. In a place like Walgett, there is not a lot of work, so you have to create some. The idea is to get people to a point where they are stable. If they have mental health problems, you can get them stable on medications in a residential setting, but there is another problem, post-residential setting. There need to be services pre- and post-residential. If a person is waiting to get into rehabilitation, they need to have people like Mr Gordon, who goes out and talks the whole family through the process.

Many of these people are from what most of us would see as a completely dysfunctional family. In a case of a husband, a wife and five children, say, which is pretty normal, both partners might be using. If you take the husband out of the situation and put him in rehabilitation, the kids are left with their mother, who is using. Then community services get involved, and there are all the other problems associated with that. The kids do not do well at school. This is all a result of drug and alcohol abuse and mental health stuff. If we can do something with those issues then you get better attendance at school and better behaviour at school. Like was said, in the residential rehabilitation places especially, there is a structure. You are getting people work ready; you are getting people up at a certain time and eating at certain times; they have to be in bed at certain times; they have group sessions during the day; they have chores to do every day.

**The Hon. PAUL GREEN:** With all due respect, if they go to rehabilitation and then are sent back to an unstructured family situation with unstructured living conditions, and back to the people they were doing drugs with or drinking with, they will continue with their drug use or drinking behaviour.

**Mr HENDERSON:** That is right. Johnny goes into rehabilitation for three months and we say, "Johnny, you have done a great job; good on you, mate. Now go forth and conquer." The poor bugger goes back to the street and there are three dealers on the street and drinking going on at his place seven days a week. There is no wraparound stuff, which we need. We need halfway houses, for want of a better word.

**The Hon. PAUL GREEN:** We are setting them up to fail, but a lot of churches provide those sorts of services. I have seen a lot of effective programs from local churches.

**Mr HENDERSON:** Yes, the service is very effective and I have had a lot to do with it. But in back country communities, historically the churches do not go down too well with some of the people. It is the same with hospitals, with coppers—they are not seen in the same light. You have to get into a back country town to understand the thinking, because it is very different. With all due respect, I have lived in these places most of me life, and the thinking is very different. If you have not had an addiction, you have no idea what the thinking is. I work in a residential rehabilitation field, because I came out of a thirty-year addiction. I have been through seven detoxifications. I was living on the streets of Sydney, in Surry Hills, drinking metho and plonk outside the Matthew Talbot. The thinking someone with addiction has, no-one else can get. That is not saying that someone who has not had an addiction cannot help people in addiction—

**The Hon. PAUL GREEN:** I was going to say that we all have our own demons to fight. I can assure you that hurt people hurt people, and healed people heal people. The choice is up to you.

**Mr HENDERSON:** I agree with that. Sometimes people need to get into a detoxification program and rehabilitation just long enough to be away from the substance and make some decisions for themselves. There is a lifestyle that goes with the substance, and it is very hard to get away from that. You have to break that whole circle. There is a lot of trauma involved.

**The Hon. PAUL GREEN:** If the person is dealt with too harshly, particularly in an Aboriginal situation, you move them out of country, which is a big thing. That is another issue to deal within getting them away from the influence.

**Mr HENDERSON:** That is why you have a three-month wait for a place like Orana Haven.

**The Hon. PAUL GREEN:** Because it is in country.

**Mr HENDERSON:** In my time, five years, as being the CEO there, I can give you 20 stories about people who have come through there and are doing quite well now. I have people ring me every night of the week telling me they are doing alright. These are methamphetamine users too, by the way.

**The Hon. BRONNIE TAYLOR:** It must be very rewarding for you to hear the stories of the people who are doing well. You talked about Justice Reinvest and the good outcomes from the program, although it is

early days. Would you attribute the success to the fact that the program is a new way of looking at service coordination and making all the services work together?

**Mr HENDERSON:** Yes, and because it is driven locally. You have the justice mob come in to give their expertise, suggest things and lead the way on some things that some small communities have no idea about. It is for local decision-making. The project that I am involved with, we were not told to hurry up by the Government. We needed to get people on the ground, but we got local people. If you hire local Aboriginal people, trust is there to start with. They trust these people, know these people, because these people have been there all their lives. It took us 12 months to get the people, but now we are showing the benefits. Justice Reinvest is because you have people working on the ground who are community people and have the respect and trust.

**The Hon. BRONNIE TAYLOR:** The program does not consist of NGOs flying in for two days; these people are based on the community. I think it is an exciting program, because we cannot keep doing the same thing and expect a different outcome. I am excited that in your submission you mentioned school nurse navigators, as you call them. We have been looking at these positions in southern New South Wales and in Western New South Wales they are looking at six positions. These positions are about care coordination. Should the Committee, look at the school nurse navigators as a recommendation to foster prevention and early intervention? Do you think these positions would be beneficial?

**Mr HENDERSON:** What we have found, especially in back country communities, predominantly Aboriginal communities, is that you have to work with the whole community. You do not just pop one person out, work with them and say, "You are right now, Johnny" and go to the next one. You have to work with the kids, the grandparents, the parents, the uncles, the aunts. In that process they are all getting the education. You are treating a lot of the primary dysfunction, for want of a better word, in the school attendance. You talk about the people in the schools. The disruptive behaviour in schools comes from the kids not having a safe place at home. If you make that home a safe place, then the kids are obviously going to do better at school. If you have people at schools who can support them in school as well, you will get an even better result.

**The Hon. BRONNIE TAYLOR:** That is right. Thank you, that is a good recommendation.

**The Hon. Dr PETER PHELPS:** Thank you for coming along, Mr Henderson. How does Weigelli define success for one of its clients, and what would you claim as your success rate for your rehabilitation program?

**Mr HENDERSON:** It is a wonderful word, success, is it not? I hear all sorts of things. Some people say it is someone staying the length of the program, others say it is people staying abstinent for the rest of their life. I see it is as an individual thing. It is the quality of life. If a person's quality of life improves and if they are a parent, so does the family's quality of life improve. I was talking to a bloke who is a tradesman who started using ice three years ago. Three years ago he had $300,000. He ended up in Weigelli living on the streets in Bathurst. He is now out, back working as a tradesman and he has a drink, but he is not using ice. The purists would say, "But he is having a drink." But to me that is a success. He is back in the workforce. He has been out for three years. His kids and missus did not want to know him at all. He is back talking to his children. To me, there is a fairly big element of success in that. He is a card-carrying member of society, more or less. He is paying his taxes. Before, he was doing crime. Two years of doing crimes, such as armed robbery.

**The Hon. Dr PETER PHELPS:** I agree. It is quite clear that you can be a functioning member of society, even if you are not totally abstinent. I think I am a functioning member of society and I am not totally abstinent.

**Mr HENDERSON:** Some people have to be though.

**The Hon. Dr PETER PHELPS:** How many of your clients would go through and you could say a couple of years afterwards that they are functioning, contributing members of society? Would you say it is a high proportion of them or is there a lot of fall back?

**Mr HENDERSON:** I think the average most residential rehabilitation centres would say from what they know, maybe 15 per cent.

**The Hon. Dr PETER PHELPS:** Fifteen per cent would be right after two years?

**Mr HENDERSON:** Yes. What happens with people who go through rehabilitation, they go and get on with their lives a lot of the time, and you do not hear from them again. That has been a snapshot of their life and they have changed it and gone on. I think we could improve that rate where people have a better quality of life if we have the wraparound services and the post-rehabilitation services.

**The Hon. COURTNEY HOUSSOS:** Did you say 15 per cent of people do go on to be successful, or 15 per cent relapse?

**Mr HENDERSON:** No, there is a higher relapse rate. The World Health Organization puts addiction down to a chronic relapsing disease. That is the definition of addiction according to the World Health Organization.

**The Hon. Dr PETER PHELPS:** Following on from that—I am not Aboriginal and I do not understand Aboriginal communities and do not pretend to—we are told that community is vital for Aboriginal identity, yet at the same time you seem to be saying that returning to that very community proves to be destructive on those people who have, not always, gone through rehabilitation programs. Does this not become a deathly cycle? So why are we spending money on rehabilitation programs if they are functionally useless?

**Mr HENDERSON:** They are not useless, because I have plenty of people who can attest to that, and I am one of them. What we do in a residential rehabilitation setting is community is the method of healing in there. It is almost like a small family, a small community in there. That is the method of treatment. That fits in with Aboriginal family. That fits in with identity and belonging.

**The Hon. Dr PETER PHELPS:** But then they go back to real community and real family and they fall back.

**Mr HENDERSON:** Yes, some people before they leave the rehabilitation centre make the decision to live separately to going back, if they are a single person. The people who I know have gone back to their community but they have not gone back to living with Uncle Joe or Uncle Johnny, who is using and drinking. They will go and stay with somebody who is not drinking. Usually a lot of the older people do not drink or take drugs. That is the difference. This is where we help navigate them through that. But you need somebody in the community to support them, a halfway house, something like that, transitional houses. We are getting research done through the National Drug and Alcohol Research Centre [NDARC] and they are proving that having something on country is more beneficial to that person's quality of life than having it off country.

A lot of people when they go off country do not stay the length of the program, they are a long way from home, they relapse, they end up in jail a long way from home. I understand what you are saying. It is hard to see from your point of view—and I am not Aboriginal either but I have spent a lot of time in Aboriginal communities. I understand this whole idea of having healing on country. It is something that most probably a lot of Aboriginal people cannot explain themselves. It is just something. Especially Aboriginal residential rehabilitation centres, culture, it is a very hard thing to define but just having an Aboriginal person on staff in an Aboriginal residence you have culture.

**The Hon. Dr PETER PHELPS:** That is a common theme that we have heard previously. But it strikes me as an exercise in futility if you have gone through this process of detoxification, residential rehabilitation, only to find yourself back in a community where you fall back into existing habits. How does that cease? What is the level of wraparound service which you need for the initial springboard you have from detoxification and rehabilitation to get you in a community which has brought about your addiction in the first place? How do you insulate yourself from that community?

**Mr HENDERSON:** You do not need to insulate yourself from it. If you have housing available for those people who come out, then you have a worker in the community and with the support of that worker they learn how to live in that community, because addiction is all around you. You cannot burn all the pubs down just because I have got a problem with grog. You are not going to get rid of all the dealers just because I have got a problem with drugs. You have to learn how to navigate life clean and sober. In a three-month snapshot we can get a start happening on that, but there needs to be ongoing support. The first twelve months is crucial. I think the Australasian Therapeutic Communities Association has some statistics that if a person makes it through the first twelve months clean and sober, then they increase their chances by 50 per cent. To me that is a crucial time.

**The Hon. COURTNEY HOUSSOS:** Thank you Mr Henderson, and thank you for your time this afternoon. You are obviously very informed and have some real practical experience that is valuable for us. Earlier you gave some examples about how small specialised services can operate in small regional communities using the local Aboriginal Medical Service instead of trying to get a psychologist or a detoxification bed in a local hospital. Are there any other ways that you can allow these small specialised services? We have heard consistently how valuable they are but how difficult it can be to make them work.

**Mr HENDERSON:** In smaller communities, you get a person in a rehab and they go back to that same community. Up at Orana Haven, we have partnerships with the local Aboriginal Medical Service [AMS] and with any of the services in town that would help us out. People could go back into that community and there

will be a little bit of support there. You have got all the fly-in-fly-out services come into Walgett. While a person is in rehab—and this is purely my opinion—I do not think you need a psychologist or a psychiatrist in that specific instance. You just need to get the person free of alcohol and drugs. They need to learn to be in a situation in the rehab with structure and a little bit of learning without alcohol and drugs.

Most doctors and mental health workers will say that a person needs to be clean and off drugs for at least three months before they can make a proper diagnosis. Some of these fellows come in with diagnoses that fall away once they are off the alcohol and drugs because some of the behaviours on alcohol and drugs mimic mental health stuff. Then you can get them to the wraparound services. That is what we do at Orana and Weigelli. Initially they work with the counsellors and caseworkers in rehab, go to groups and start getting back a little bit of that self-confidence, a little bit of identity, a little bit of that belonging stuff. And then we start with them—in the case of couples, relationship counselling. Mental health workers come into the situation and work out whether they need to see a psychiatrist or someone higher up the order.

When they come to the end of the three months, that is when the problem starts: to try to match them up back into their community. They may be in the community but there may be a three-month wait for them to get in to see someone. In the case of one person we had in Weigelli, they went back to Nowra or somewhere, they had to wait three or four weeks to see a drug and alcohol counsellor. These are the problems. I came to try and talk about people specially in rehab staying for six months. I think six months is a good length of stay. But it is very complicated. Also, when you are running a rehab, you have to be very mindful of the make-up of the rehab, all this stuff.

Orana Haven takes people that have come straight out of the nick. You do not want 10 people there straight from Wellington jail—they will run it like Wellington jail. That is why we give people who are trying to get people into the rehab the shits when we say, "No, you cannot come in. We have already got enough from Wellington jail." You need to get people from some other place or people that are just doing it of their own free volition. So you have got to mix and match it. It is a very complicated procedure. It is not as simple as, "Come on in, Jimmy. You will be all right."

**The Hon. COURTNEY HOUSSOS:** That is a really interesting point because it has not come up previously in our testimony: the need for consideration of the make-up of the client population is just as important as rehabilitation.

**Mr HENDERSON:** Yes, assessment is a big thing. The assessment process is a very important part. If there is anything else I do not get across for a residential rehab, the most important thing in a residential rehab is the staff. They create the environment. If it is the right type of environment you will do wonders with people. I have seen people—the ones that other people have written off—get well. They are just ordinary society members now, but before that they have been written off by coppers, magistrates, family, everybody.

**The Hon. COURTNEY HOUSSOS:** That is a great segue to my next question. You talked about lived experience and how valuable that was in terms of your work. Do you think there is a way that we can quantify that? It is a really valuable part of drug and alcohol work and it has come through to us consistently. Is there some way that we can incorporate that into recognition? Often we talk about the qualifications that we need for drug and alcohol workers but sometimes lived experience can be just as valuable. I am interested to hear your thoughts on that.

**Mr HENDERSON:** The National Drug and Alcohol Research Centre are doing some research with Aboriginal residential rehabs. Part of that research is about the make-up of staff. My first thing when I staff a residential rehab is that I look for "knockabout". That is my term for it. There is going to be a knockabout. Even if they have never got a lived experience, you have to put up with some pretty full-on stuff in a residential rehab. It is not like you have a person come in for an hour's counselling session and away they go. In most of these back-country residential rehabs people live onsite. If you are an Aboriginal person, even in a small town you do not just work your eight hours and go home. Some of them want you after hours and call you up at 3 o'clock in the morning when someone is having a problem. You are on call and it creates a problem of burnout among workers. People get disillusioned. I figure if I get the people into the rehab and introduce them to the way the rehab needs to be run, then I give them the training. Of course, when they get the training, the local health district [LHD] offers them $10,000 more.

**The Hon. Dr PETER PHELPS:** We have heard that on more than one occasion today.

**Mr HENDERSON:** So they say, "Norm, it has been wonderful. But look here, can you match that?", and I go,"No." Then I say, "Yes, go on." At least it is another Aboriginal person getting trained and going back, even if they working in the LHD.

**The Hon. COURTNEY HOUSSOS:** That is obviously another challenge—getting Aboriginal workers in the LHD. We are really limited in our time today. I want to thank you. If we had may be 10 or 15 like you and we could just spread them across far western New South Wales I think we would be fine. Thank you very much.

**Dr MEHREEN FARUQI:** Mr Henderson, thank you so much for coming to provide evidence today. You pointed out the complexity of not just the issue of alcohol and drugs but also the problems with current responses, the lack of services, as well as the lack of holistic support that needs to be provided. My question is a big one: If you had a magic wand with three wishes, what would be the top three things that you would do or recommend to the inquiry to change the current system to one that better provides for people with alcohol and drug issues?

**Mr HENDERSON:** To me, the no-brainer one is more rehabs that are strategically placed. You need to work that out and talk to people on the ground. You need more rehabs. The existing rehabs and their infrastructure also need some help. Some of them have been plonked there. I think 1996 was when most of them were put up and nothing has been done infrastructure-wise since then. Then there is the pre- and post-rehab, if you could get support with that. I do not think you need large amounts of money, you just need to look at the situation.

You have people organisations like Network of Alcohol and other Drug Agencies [NADA]. You have a residential rehab. We have a get-together every two months and there are a lot of ideas there. You have got the Australasian Therapeutic Communities Association, a collection of AMSs from Dubbo out west, the Bila Muuji, the Three Rivers, all those peak bodies. We could get some sort of commitment to work together. Bila Muuji is something like six or seven AMSs that you could get working with you. I do not think there needs to be great amounts of money. We just need to be smarter. We need to listen to the people on the ground a little bit more and then provide the expertise and provide the way to get the stuff at them.

**Dr MEHREEN FARUQI:** I refer to rehab services. I understand from your submission that the group made a proposal to NSW Health for a new residential facility in Walgett, but it was not backed. When did it happen?

**Mr HENDERSON:** That was done in conjunction with the University of New South Wales about two years ago. Every time a submission is made because they have no buildings, whenever there is a mention of having to buy a building, straightaway your submission gets knocked out. We keep getting told, "There is no money for infrastructure." I do not understand it.

**The CHAIR:** There is in Sydney.

**Mr HENDERSON:** The submission was looked at in very good favour until it was said that they needed to purchase a building and that they needed money to purchase the building. Straightaway it was like, "No, we are not doing that."

**Dr MEHREEN FARUQI:** But that is a problem for regional areas especially?

**Mr HENDERSON:** Yes, for all the back country areas, it is a building in a lot of cases. Then you have a problem of the maintenance of the building. Then you have got—again, I come up with the other big problem out there, which is transport, getting people to and from places. I do not know what happened, but years ago there was a fellow named Jack Walker who used to bring people from jails out to rehabs. He was an older Aboriginal fellow. I think they supplied him with a car and a petrol card. I do not think there was a wage, just if he had to stay overnight somewhere. He happily did that for years and all of a sudden that was stopped, no explanation—we have not got the money. There are people who are willing to do this stuff, as long as we get a little bit of help.

**Dr MEHREEN FARUQI:** That is a simple solution.

**Mr HENDERSON:** It is a simple solution.

**Dr MEHREEN FARUQI:** It creates jobs as well for local people.

**Mr HENDERSON:** Yes, for local people. I just do not understand it. Orana Haven, as an example, there are 10 local people earning a wage now, which filters out to the local businesses, the butcher, the IGA. It is a bonus for the whole community when they are earning a wage. Those same people are getting upskilled. There is another problem when we upskill them—we have to send them to Sydney, so the service is up for the travel and the time spent in Sydney. You still have to pay the people while they are down there.

**Dr MEHREEN FARUQI:** Mr Henderson I am very interested in your suggestion that for every new skilled position, for example for a drug and alcohol worker, a full-time Aboriginal trainee position must be provided and that allows a two-way learning process. What do you need to set that up?

**Mr HENDERSON:** Well, the University of New South Wales is most probably better placed to explain that, but the concept is a very good concept. We have a fly in, fly out psychologist that goes to Walgett. If we could have an Aboriginal mental health worker tag along with that person, we could get that person upskilled. Maybe we would end up with an Aboriginal psychologist. There are a few of them around, but not a lot. The same in the hospitals. The hospitals seem reticent to hire people and skill them, especially Aboriginal people. They might hire an Aboriginal person and then they put them over here and say, "Well, anyone who looks like an Aboriginal we will just spear them to you." They do not teach them anything. I think we need to look at upskilling Aboriginal people. The whole community benefits. It is a no-brainer to me.

**Dr MEHREEN FARUQI:** It seems like a no-brainer to me as well. You mentioned the Western NSW Primary Health Network [PHN] Walgett Aboriginal hub as a new initiative.

**Mr HENDERSON:** Yes PHN, far western.

**Dr MEHREEN FARUQI:** Can you tell us more about that? What is their role and how does it operate?

**Mr HENDERSON:** Oh, God. Money came through the PHNs for this hub project. They came up with this hub idea. There are non-Aboriginal hubs, apparently, and Aboriginal hubs. The Aboriginal hubs are Walgett, Bourke and Parkes. The non-Aboriginal ones—I do not know why—are Dubbo, Broken Hill and Cobar. I thought Dubbo and Broken Hill might come under Aboriginal hubs, but that is only my opinion. The Royal Flying Doctor Service has the money for the non-Aboriginal hubs, and a partnership between Weigelli and Orana Haven has the running of these hubs. What we have done is hired workers in Bourke, Parkes and Walgett. Originally the idea was it was assessment and referral. Now every man and his dog out there is doing assessment and referral. It is like: not another one. We have taken it on ourselves to morph it a little into—nobody seems to be asking us too much about what the changes are, but we have a lot of people on our books.

We go to places in Walgett where no other worker has ever been. Just one example is we go to a place that is locally known as Pisspot Point, which is down on the river where all the older fellows and everyone drinks, so we go down there and talk to the fellows there. The local people we have hired know all them people; they are related to most of them. Those fellows trust them. You cannot get someone to fly in and fly out to do that. If you walked down there, they would chase you off the river if you do not know them. So what we do is we get people up to get the Aboriginal health checks. We get them up to the hospital. If they have medication, we try to get them stable on medication. Our workers visit them at their homes every day. It has never been done before, but to us it is what you need to do in these communities.

**Dr MEHREEN FARUQI:** The funding for this comes from State Government?

**Mr HENDERSON:** Yes, the public health network.

**Dr MEHREEN FARUQI:** We have also heard from other people during the inquiry that often the way the criteria for the funding grants is explained does not match up with the reality on the ground. Is that something that you have experienced as well, that what you need on the ground is not what the funding grant is for?

**Mr HENDERSON:** Yes.

**Dr MEHREEN FARUQI:** Like the example you gave?

**Mr HENDERSON:** We do a little bit of assessment. It is a bit hard to do an assessment down on the riverbank, and you cannot wander down there with a clipboard. Over a period of time, we get a view of the person and we can fill out a fairly comprehensive assessment and we can get them to a doctor. But in the case of this, too, we got the funding and we got told, "Come on, hurry up, get people on the ground." We got the key performance indicators 12 months after we got the funding. But we can work with that. It is all right. We are pretty flexible on the ground.

**The CHAIR:** It sounds like you have to be. You do not have much choice, do you?

**Mr SCOT MacDONALD:** Can you tell me who runs Orana Haven?

**Mr HENDERSON:** It is an Aboriginal community controlled health organisation, so there is an Aboriginal board with two non-Aboriginal people with health expertise who also sit on the board.

**Mr SCOT MacDONALD:** The one at Moree, Maayu Mali—

**Mr HENDERSON:** The Wellington Aboriginal corporation run that.

**Mr SCOT MacDONALD:** So two Aboriginal corporations?

**Mr HENDERSON:** Yes. There are six Aboriginal resi rehabs in New South Wales all run by Aboriginal community controlled organisations.

**Mr SCOT MacDONALD:** I am trying to understand, Brewarrina is quite small, Moree has 5,000 people, 6,000 people. They have managed to get resi rehabs working there. Why has it not been able to be established in a large place such as Dubbo where you would think there would be more services, or providers?

**Mr HENDERSON:** I've asked the same question myself for the last 10 years. There have been plenty of suggestions to have one here and plenty of people have wanted one here but it has not seemed to have eventuated. Mostly the Aboriginal resi rehabs that are in place now came in in 1996 after the deaths in custody report.

**Mr SCOT MacDONALD:** They built something or they bought something?

**Mr HENDERSON:** They bought places and put them where they thought—I think primarily where they could get a spot and then—

**Mr SCOT MacDONALD:** But they survived, they prospered; they are working.

**Mr HENDERSON:** They survived. They are pretty rough. But everything is ad hoc. When you get a bit of money, if you can, you add something on, or you get the residents to paint it. You buy the paint and you get residents to paint the place, things like that.

**Mr SCOT MacDONALD:** You cannot resolve in your mind why you have not been able to do that in Dubbo?

**Mr HENDERSON:** No.

**Mr SCOT MacDONALD:** Is it capital or the organisation?

**Mr HENDERSON:** If funding is the only problem—that is usually what we get told, "Funding is a problem." I do not know why. Maybe there is a reason why, but I have not heard it.

**Mr SCOT MacDONALD:** We heard from the first witnesses that Dubbo City Council has been dancing around this proposal for a long time; that is, doing the capital works, acquiring or building. If it does that, do you think it will be able to find service providers of some sort? If the capital works issue is solved, is the operation workable?

**Mr HENDERSON:** Like a said, there are organisations and peak bodies that are prepared to jump in. I am part of the New South Wales Aboriginal Residential Healing Network, and we would be quite willing to jump in and sort it out.

**Mr SCOT MacDONALD:** As long as you did not have to buy or build?

**Mr HENDERSON:** We do have not the money to buy anything anyway.

**The Hon. Dr PETER PHELPS:** I notice that the Weigelli Centre has no detox facility, neither does Orana Haven. Is that because you have made a conscious decision that you do not want a detox facility on site or is it simply because you do not have the funding and/or personnel to have an onsite detox facility as well?

**Mr HENDERSON:** We do not have the funding to start and we do not have the personnel.

**The Hon. Dr PETER PHELPS:** Assuming that you had funding and you could find personnel, do you think it would be preferable for your facility to have both onsite detox followed by rehab?

**Mr HENDERSON:** Yes. We could have Orana Haven, the Weigelli Centre and the rehab in Dubbo utilise the detox properly. If you had a six- to eight-bed detox facility in Dubbo—

**The Hon. Dr PETER PHELPS:** But does that not have the same problem you have with current hospital detoxification; that is, that the gap between finishing the detox and then moving in the residential facility is a danger zone for your clients because if there is a significant time difference there is a possibility of relapse into their old ways? Is it not better for a facility to have detox followed by residence immediately?

**Mr HENDERSON:** Yes, it is better, but you then have to put one at every rehab. We have a central one—

**The Hon. Dr PETER PHELPS:** Or do you need better coordination?

**Mr HENDERSON:** —and we pick up. Someone from the Weigelli Centre would come across here if someone was in Dubbo, pick them up and take them back to Weigelli. Orana Haven would do the same. We would figure out a way to do that. We would coordinate the person going into the detox with a bed in one of the residential rehabs.

**The Hon. Dr PETER PHELPS:** So it is almost like you would have a forward program of expecting Jack to come out of Dubbo's detox on this day and then the following day he is in a bed at—

**Mr HENDERSON:** And he would be transported there.

**The CHAIR:** Thank you very much. Your evidence has been very good. Committee members meet very wise people when we get out of the city and into the country. You must have seen so many people fly out to Dubbo but nothing changes. People like your are on the ground chipping away. We have had other great witnesses today who are chipping away every day making a difference in the lives of people who are so badly affected by alcohol and drug addiction.

**Mr HENDERSON:** By the same token, I have seen things improve over time. So I have hope.

**The CHAIR:** That is what I wanted to get to. Notwithstanding some of the things that you have seen, I hope that you trust that we will deliberate on this and other evidence very thoroughly and carefully to produce recommendations that hopefully will take the issue forward. Clearly there is a problem here and a number of matters need to be addressed. Once again, thank you, and particularly for the work you do on the ground that is make a big difference to the lives of people who would otherwise be in utter despair.

**Mr HENDERSON:** If you need any more information, I am eager to lend a helping hand.

**The Hon. Dr PETER PHELPS:** We might ask you some questions on notice.

**The CHAIR:** The secretariat will liaise with you about questions on notice. There will be a 21-day turnaround.

**Mr HENDERSON:** Thank you for making the time to come out here.

**(The witness withdrew)**

**The Committee adjourned at 14:05.**