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 Broken Hill on Thursday 10 May 2018

The Committee met at 9:30

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: Welcome to the fifth 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 type of rehabilitation services available in regional areas, as well as their funding costs and accessibility. The inquiry will also consider if there are any gaps or shortages in the provision of drug rehabilitation services. Before we commence I acknowledge the traditional custodians of the land on which we meet. I pay my respects to elders past and present, and to anyone else who may be joining us later today, and extend my respect to all Aboriginal and Indigenous Australians. Today is the fourth regional hearing of this inquiry. So far the Committee has visited Nowra, Batemans Bay, Dubbo and Broken Hill, and in June we will be holding regional hearings at Grafton and Lismore.

Today the Committee will hear from members of the Broken Hill Working Group as part of a roundtable discussion, the local Salvation Army and representatives of the Community Restorative Centre. Before we commence I will make some brief comments about the procedures for today's hearing. Today's hearing is open to the public. It is great to see the people in the public gallery and we hope many more will join us over the course of the day. A transcript of today's hearing will be placed on the Committee's website when it becomes available. In accordance with the guidelines for the broadcast of proceedings, while members of the media may film or record Committee members and witnesses, people in the public gallery should not be the primary focus of any filming or photography. I also 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 a witness may say outside of his or her evidence at today's hearing.

I urge witnesses to be careful about any comments they may make to the media or to others after they have completed their evidence as some comments would not be protected by parliamentary privilege if another person decided 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 those circumstances witnesses are free to take the question on notice and to provide an answer within 21 days. Witnesses are advised that any messages should be delivered to Committee members through the secretariat. To aid in the audibility of the hearing, I remind Committee members and witnesses to speak clearly into the microphones.

In addition, several seats have been reserved near the loudspeakers to amplify the room for persons in the public gallery who may have hearing difficulties. Finally, I thank the Broken Hill community for having us. It will be great to hear from so many well-known and engaged people who are very focused on trying to deal with the scourge of alcohol and drug addiction. They and others have been working hard on this issue for a very long time and their evidence today will be very helpful to our deliberations.

DARRIEA TURLEY, Mayor, Broken Hill City Council, affirmed and examined

RACHEL STOREY, President, Far West Law Society, sworn and examined

JILLIAN HEELEY, Principal Solicitor, Far West Community Legal Service, sworn and examined

ANDREW HOUSE, Social Worker, Broken Hill Correctional Centre, affirmed and examined

The CHAIR: Is any witness appearing today in a capacity different to that listed on the hearing schedule?

Mr HOUSE: Mr Chair, I am appearing before the Committee as a community member. I am employed by Corrective Services NSW but I am not representing them. I just happen to work at the Broken Hill Correctional Centre.

The CHAIR: Thank you. I understand that Mayor Turley is only available until 9.45 a.m. because she has another commitment. I ask Committee members to be conscience of that when asking questions. Mr Ken Dennis from the Broken Hill Aboriginal Legal Service, who is also listed as a panel member, is in Wentworth today on other official business but he will joining us via teleconference at around 11.00 a.m. The Committee has had the opportunity to read the Broken Hill Working Group submission so it will not be necessary to go into the detail of that in any opening statement. Would any or all of you like to make an opening statement?

Ms TURLEY: I will try and keep my opening statement brief but because I am leaving earlier I will need to make some comments around that.

The CHAIR: Absolutely.

Ms TURLEY: Broken Hill City Council would like to thank the Committee for the opportunity to speak to the inquiry into the provision of drug rehabilitation services in regional, rural and remote New South Wales. May I acknowledge the traditional owners of the land on which we are meeting today and pay my respect to elders both past and present. There is a significant unmet need for drug detoxification and rehabilitation services in Far West New South Wales. The scarcity of these services contributes to the legal and non-legal issues that our communities face and inhibits the ability of health and support service staff to make appropriate referrals.

While I represent the people of Broken Hill, this is not just about Broken Hill. This is about the whole area of the Far West. We have reports of drug use and a lack of access to services from across the Far West, particularly amphetamine use or ice in Wilcannia, Menindee, Tibooburra, White Cliffs, Ivanhoe and Dareton. Exacerbating the issue in the Far West is that there are few support services for underage drug users and Indigenous communities. These are the people who most need access to services in or close to their families and the community in which they live. There are many cases in Broken Hill where if there was an appropriate network where services were in place, if services had been able to provide the support to families begging for help at the base point, where their addictions may have been curbed, there would have been a better outcome.

When families are turned away from the hospitals after a suicide attempt of a 16-year-old and told that their children's behaviour problems are not the hospital's concern and that there are no beds for juveniles, that comes down to the lack of beds and the lack of specialised services in the region to deal with such cases. I am going to say that again. When a 16-year-old is turned away and the family is told that the child's behaviour problems are not the hospital's concern and that there are no beds for a juvenile, it comes down to the lack of services. I cannot imagine it. This was a suicide attempt. This child did not want to be stuck in that drug space anymore and it was not deemed to be a mental health issue. The child went on to be arrested on the east coast under one of the biggest drug operations New South Wales has ever seen.

The lack of detoxification, rehabilitation, age and culturally appropriate services in the Far West is a testament to a system that is failing our kids and our families. This issue is also bigger than detox and beds. This is about a holistic approach; a network of support services that can support families at the start of the problem. The solutions we need is a centre of excellence that provides drug detoxifications, rehabilitation services and a holistic approach to each individual case across all agencies, including health, social services, police, education and DOCS. It needs to be suitably resourced with experienced specialists in comorbidity. The only residential rehab services in the Far West is the healing centre, also known as Warrakoo, a rehabilitation hostel. This centre is located about 70 kilometres from the nearest major town in Wentworth, and about 332 kilometres from Broken Hill. There are only eight treatment beds, and it only provides drug rehabilitation services to Indigenous men.

Consequently, our people have no choice but to travel hundreds of kilometres to undergo drug detoxification. In most cases, a person in need of care needs to have detox from the drug before being eligible to enter a rehab service. Our people then travel hundreds of kilometres more to access those drug rehab services. Such distances impose severe barriers to access, which is exacerbated by the travel cost. For many disadvantaged people, the distance and cost are prohibitive. Further, the distance that people must travel to access drug rehab services displaces people from their local community and client supports to undergo treatment in unfamiliar environments without the benefit of family and friend contact. Indigenous people are moved off country and appropriate care is limited on their country to their community.

The lack of services locally and the cost and distance mean that our families are stuck on a carousel, reaching a point when it does not even matter if they want to get off drugs, they cannot access the crucial immediate intervention. It is an issue that has gone under-addressed for a long time and we are asking the inquiry to give considerations to a new model of care. A service in Far West New South Wales cannot replicate what happens in the city. It cannot even replicate the services provided in a larger centre such as Dubbo, which is closer to major cities but has a lot of support services their clients can access to a wider range of support services in that area.

A centre in Broken Hill servicing the Far West needs to be based on a model that breaks down traditions in drug detox and rehabilitation, and it needs to be innovative because of the location of the city. It needs to be culturally sensitive. It needs to reconsider the pre-entry conditions that a person must undergo drug detox before gaining access to rehabilitation services. It needs to consider that a person who has been convicted of a serious criminal offence is not eligible for treatment—it is often the drugs that have led them to that point. And there needs to be a space for drug users who are under 18. This will be a complex model, but it is a model that can be achieved with a can-do attitude, which I believe this Committee has. Thank you for visiting Broken Hill and listening to the concerns of the community. We look forward to your outcome.

The CHAIR: Thank you. Ms Storey?

Ms STOREY: Thank you for attending. I am the President of the Far West Law Society. I am also a small business operator here. I run one of the three private firms left in Broken Hill and I also have a personal interest in relation to drug use generally and especially in Broken Hill. We called together a working group last year, and honourable members would have seen our report as to who constituted that committee. I just want to emphasise that that committee was a bipartisan committee. It is very important; drugs is too big an issue to play politics, and in that regard we proceeded forward all of us together in this committed approach to making the submission. It is indeed a testament to those people that we will be continuing to meet because we cannot give up and we cannot let the support go between the workers that work in this area at all.

You have read the submission. The key issue, of course, facing Broken Hill at any time is the tyranny of distance, and that is in relation to the distance to go to rehabilitation centres but also the ability to stay in rehabilitation centres. Half of my practice, if not more, is now criminal law and I mainly represent inmates from the prison. I hear story after story of wanting to go to rehab but it is too far away; for Aboriginal clients it is not on country, which is a very significant cultural factor for them; and that they wish to attend something that also has cultural and recognition of traditional practices. But significantly there is also a lack of services for non-Aboriginal clients in the Far West. The closest services that we have, as pointed out by our mayor, is Warrakoo, which is 370 kilometres away, and that has a number of serious criteria that a lot of my clients would not meet; for example, methylamphetamines they do not treat in relation to that, and they only take Aboriginal men, which, of course, is no criticism, and it does produce some good results.

The other service is Brewarrina, which is 715 kilometres away, and that has a preference for Aboriginal males. It does take other men as well if there are beds available. Brewarrina, I do not know if you have seen it on a map, is nearly impossible to get to; it is extremely isolating—whether that is a good thing or not, I am sure the honourable members will form an opinion about whether rehabilitation services should be isolated or not. But certainly I concur with the mayor's comments that a holistic approach needs to be taken. At the moment we have four designated drug and alcohol counsellors in Broken Hill that also service Wilcannia and Menindee, and those towns are extremely disadvantaged. Menindee has been ravaged by the lack of a river, and that town needs a lot of assistance, as does Wilcannia, which is one of the most disadvantaged towns in this State, if not country. Aboriginal men in Australia have the highest rate of suicide in the world.

There is just a lack of services on the ground. There are also difficulties with being able to attract appropriately qualified staff to the services out here. In some cases, less qualified staff are taking on roles that more qualified staff really should be doing. Again, I just wish to highlight that as a practitioner in this area it is very difficult to convince a client who has an ice addiction to go to rehab in the first place. It is often when they have become involved in the criminal law process that they start expressing an interest in doing so. That is

unfortunate, but it is also understandable when we consider the nature of addiction. But I have to tell you that my most heartbreaking thing as a solicitor is dealing with the families and friends of those people, who are just standing by absolutely aghast and beside themselves—the amount of crying parents I have had to console. It is just heartbreaking to deal with people who have lost their child to addiction.

Those children and people would be capable of so much if they could just knock this on the head—for want of a colloquial term, which we are not too afraid of using out here in Broken Hill. One of the issues is the difficulties in accessing the rehabilitation services themselves. A lot of them preclude people with certain criminal records and also certain demographics. Then, of course, there are the costs in accommodation for families wishing to go across and support the person who is in the facility. If the person in the facility is the main breadwinner for the family it is a double whammy in relation to the absolute cost of these types of matters. If I may say, there is a focus on bricks and mortar and building prisons and new police stations. That is okay but we need also a commitment to preventative measures and rehabilitation services in the first place. Once someone is in the criminal justice system, it is often too late. They will have that criminal record for the future and it precludes them from a lot of employment opportunities, so they are already behind the eight ball.

In relation to rehabilitation centres, there is definitely a need to link in with proper vocational education services so that when those ladies, gentlemen and children get out, they have something real to go to. The best way to start—as my mother says—is to start, and people need the trust and faith to be able to move on from something that they have known forever. That is a very hard thing. It is like each of the Committee members stepping away into the drug world—it would be totally foreign to them, just as much as doing their job would be totally foreign to drug users. These people need support on the outside as well. The law and order matters and the lack of focus on rehabilitation centres and sentencing people to rehabilitation are very concerning. We have an 80-bed prison here in Broken Hill. It is a very good prison but it is hampered by a lack of services—through no fault of its own. But there is no money going in rehabilitation, counselling there, or even simple issues such as the provision of medication.

A lot of people in prisons have comorbidities such as psychological and extreme psychological and often psychosis and schizophrenia that has been brought on by drug use. They are very high-needs clients and it would be good to see more money being put into those services and helping with drug and alcohol counsellors and things like that. I mentioned that we had four drug and alcohol counsellors in Broken Hill who cover the area of Western Germany. Sorry, not Western Germany—I am back in the Cold War days—but Western New South Wales. It is a very big area to cover and it puts an enormous strain on those individuals. When those individuals are sick we simply lose them and they are not replaced until they are well again. That is not good enough. Mental health services in Broken Hill are seriously lacking. I come from Melbourne originally—I have been here for eight years—and I am astounded by the lack of mental health services in Broken Hill.

We have fly-in, fly-out psychiatrists and there is one psychiatrist who comes once a month for the children and adolescent mental health service. We have, of course, very good mental health caseworkers, but some of them—respectfully—are not as qualified as one would hope when working with mental health issues. I had one client who had been the victim of a serial killer who managed to escape from him and he had developed a serious heroin and ice addiction. When he turned up to his mental health appointment the caseworker said, "I don't know much about post-traumatic stress disorder. I will get a pamphlet and see if we can go through it together." Anyone can get a pamphlet or google something—it is not helpful. I have real concerns about mental health. I also anecdotally have a story of someone turning up with severe psychosis on a Saturday night at the hospital and being turned away because, "We don't offer mental health services on the weekend." If someone has a nervous breakdown or is suffering with acute psychosis, the hospital cannot help them until it happens on a Monday-to-Friday basis.

It is often on the weekend that these things happen. The jail is full to the brim. We have people sleeping down the corridors—or we did—on beds. I have a client with severe psychosis who has been attacked. That is not through any fault of the prison at all but the experiences one has in prison are likely to lead them to continue to abuse drugs, and they are introduced to a whole new network of people out there who can assist them with that— for want of a better phrase. If I may—

The CHAIR: Ms Storey, that has been a very good opening statement, and I do not wish to cut you off, but I want to get to the opening statement of the other two witnesses, in light of the fact that the mayor needs to get away at 9.45. I am sure we can return to this with questions. Is that okay?

Ms STOREY: Yes.

The CHAIR: That has set the scene very nicely.

Ms HEELEY: Thank you and good morning. I apologise for our unusually cold weather this morning. First, I would like to pay my respects to the Indigenous people of the land on which we sit and to elders past and present. Secondly, I concur with and endorse the comments of the previous speakers. They have expanded on some of the material I was going to present so I will leave that out. I would like to thank Ms Storey for the excellent work she has done in forming the committee, whose work is before you now. We are a generalist community legal centre and we service clients who have problems in diverse areas of law. The clients where we see the most vivid examples of drug and alcohol abuse in our practice are family law clients, to whom Ms Storey has previously alluded, and their families and clients who are suffering elder abuse through things such as the misuse of the power of attorney.

The CHAIR: Ms Heeley, is your microphone turned on?

Ms HEELEY: Yes, it was on, sorry. These people who are drug affected or alcohol affected makeup often the minority of cases which do not settle before they go to trial and the reason for this is that not only can they not carry out their parental obligations responsibly when they are substance affected—can you hear me now?

The CHAIR: Yes, I can.

Ms HEELEY: But even when it seems that a parent has overcome their problem they often relapse due to the paucity of detox and rehab facilities we have in the area. Not only this area but as the previous speakers have said, surrounding areas such as Menindee, Wanaaring, White Cliffs, Ivanhoe and Wilcannia. In the cases we see where there is a misuse of powers of attorney it is often a trusted child or grandchild of the elderly person who decimates that person's bank account to pay for their drug habit. And that drug is the drug of choice here, which is usually ice. Certainly the three cases we have had in the past year in which an elderly client has had an amount of over $100,000 removed from their bank accounts and have discovered by accident that they have no money left at all in the world have been due to these children and grandchildren actually having a problem with methamphetamine.

Our submission to the inquiry was quite lengthy, lots of words and statistics, but this morning I would like to concentrate on three main points and do those summarily, which I feel go to the nub of the need for better rehab services in the Far West. I could bring the members' attention, which the previous speakers have already done, to the dire and worsening situation we have here in the hill and also within the surrounding towns. I have been a lawyer for a long time and I know this is merely anecdotal, but I have never seen such a high percentage of clients and/or their partners, or former partners, affected by drug and alcohol addiction. There is a huge ice problem here, as we have said, which has a multifaceted deleterious effect on users, their families, victims of their break and enters and assaults, and consequently the health of the community in general.

The mental health problems which are associated with heavy or early drug use leads to situations such as the one described to our drug rehab committee meeting last week by a young man, who is present here today, who attended to speak to us, who had just been released from prison. He told us that he had been addicted to drugs when he went to jail and that since he has been in Broken Hill, which is a touch over a year, about 18 months, 11 of his friends, all from Broken Hill either now or previously, had committed suicide. One presumes that there is a good chance, and he has confirmed that his cohort were also drug addicted with the usual consequential mental health issues have resulted in these tragic consequences.

I think that drug and alcohol abuse places enormous and disproportionate emotional and financial abuse on a rural or remote community. I say "disproportionate" because our communities are different from city communities. Drug use in cities is, to an extent, compartmentalised in that there is a party set and perhaps a criminal set who have historically abused drugs and alcohol. They influence each other but not the community as a whole to the same extent that substance abusers influence other community members in a rural community. To give a simplistic example: If there are 10 people in a community and two of them use drugs their influence on the remaining community members will be disproportionately large because in a small community, to paint it with a broad brush, everybody is exposed to everybody else and we share in most community activities. Therefore, the chances of those two people exerting peer pressure on the other eight is a very real possibility.

It is surely a matter of common sense that it is more advantageous to the addicted person, as well as the community they live in and affect by their behaviour, if they are helped rather than punished, as Ms Storey has said. And if they are helped early enough their personally destructive behaviour will not impact on their friends, family and community to the extent that it would have if they are unchecked and increasingly uninhibited and often aggressive behaviour eventually results in criminal offending.

That said, just back to the first point, present barriers to drug and alcohol addiction assistance in this region. The first and most obvious is the geographical barrier, which has already been spoken of. On page three

of our submission you can see what our people are up against. The services that are available to the people here are: Mildura, which is over three hours from here; Adelaide, 512 kilometres away; Murray Bridge, 547 kilometres away; Brewarrina, which is a targeted service for men only with 18 treatment beds, which is 708 kilometres away; Orange, 887 kilometres; Cowra, 922 kilometres; and Sydney 1,144 kilometres.

At present, even if a person has the means to get themselves to and pay for residential rehabilitation they may never get there because it is so common for them to fall at the first hurdle, their geographical barrier, or the other hurdle, the detox requirement. It is the case that many of these rehab facilities require a person to be detoxed before they go there. The detox facilities in Broken Hill are very limited and anecdotally not very successful. Other barriers to our clients obtaining timely assistance with their addiction are described in our submission on pages four, five, six and seven and can be summarised as: prohibitive direct and indirect costs associated with getting to their rehab; lengthy waiting lists at existing detox and rehab centres—and it goes without saying, it has been pointed out by Ms Storey and the mayor, that even a week's hiatus can be quite destructive to an addict's chance of succeeding at detox or rehab; and not striking when the iron is hot, for example, when a person has been brought before the court and experienced a wake up call, as we call it, can be fatal to their chances.

Another issue is draconian or unrealistic pre-entry conditions for residential rehab centres, which besides detox requirements includes such illogical requirements as their not having committed a major crime, their not having come straight from prison, their not being a methamphetamine user, their not being a voluntary inpatient and other more mundane requirements such as, not being female, not being male, or not being indigenous. Surely it is the very people that are excluded, under what I have just referred to, who are most in need of immediate therapeutic intervention and whose communities would benefit most from their attending detox or rehab facilities.

I think the likely outcomes if better rehab facilities are not provided are, it stands to reason, that there is more than a fair chance that heavy users will end up dead at an early age either from a drug overdose or at their own hand as a result of mental health issues derived from their drug use. We have heard about the mental health facilities here being quite inadequate. It is clear that the younger the age at which a person begins using the more likely it is they will suffer drug induced psychosis or schizophrenia, as Ms Storey said, and the less likely it is that they will be able to live a normal life and contribute to their community in a positive manner.

The CHAIR: Ms Heeley, can I just be rude and ask you to mark where you are up to. Mr House, we do want to hear your opening statement but I would like to keep a 10 minute block for questions to the mayor.

Ms HEELEY: Yes, absolutely, I apologise for being so long winded.

The CHAIR: We will return to allow you to complete what you wish to. We have Committee members from a range of parties as I have indicated. We have a 10 minute block. Is that okay?

Ms TURLEY: Yes, absolutely.

The Hon. PAUL GREEN: Mayor, in light of a centre of excellence, and we were at Dubbo and we have seen a couple of distance models that were put forward to the Government, have you ever put forward a business model of an opportunity to have a centre of excellence in Broken Hill?

Ms TURLEY: I am not aware of that. Can I just share with you that we did have a forum that was held about two years ago, an ice forum. It seems to me that community cannot connect the message forward to health and to others that we could be innovative in the Far West. As I said, we cannot repeat the model. We have not put a submission in. What we looked at is when we saw this inquiry happening we thought this is our opportunity to put forward an idea.

It cannot be the same model that you use in Sydney. I am keen to remind everybody that in the early 1990s, when they were setting up the HIV and AIDS programs, people said it does not happen in the bush and you do not need programs because the numbers are low. But the government of the day had the vision to invest, and it invested in project workers who work with doctors in how to look at early intervention. Imagine if you had the opportunity to look at early intervention: the young boy, the 16-year-old, when he was showing the first signs that something had changed, and how could that have been prevented? This is the opportunity for us to escalate and see whether the Government will invest money in rural communities. Before, the Government said no, but you could look at the Government being brave and thinking about that 16-year-old boy and every other child and how we could prevent the behaviour.

As we go along the line, we are looking at legal and other issues. I am very interested in prevention; I am very interested in how our kids could do this. My background is as a project worker setting up the methadone program and working in a field that I had not known about. I was that worker, and then I came back

when I set up the Magistrates Early Referral into Treatment [MERIT] program here. I have more understanding about that, but I am passionate about that 16-year-old kid and how we stop that behaviour.

The Hon. PAUL GREEN: A couple of members on this Committee were nurses and we know that prevention is better than cure. I would encourage you to put forward your ideas about a centre of excellence and how we can get services out to Broken Hill. Please explain what happens in a situation of acute psychosis from, say, ice when the person is far from services. Is the person whacked in the back of a police wagon? Do hospitals turn them away? Are they put in a cell?

Ms TURLEY: I am not in the position any more to make a comment on that; it is not in my skill base. The story that is more powerful is one like was told by Ms Storey, who spoke about patients presenting. That is not my area of expertise, so I could not say.

The Hon. COURTNEY HOUSSOS: Obviously, with your history in drug and alcohol work and from a health perspective, you would know that we have new challenges with the prevalence of ice, particularly in rural, regional and remote New South Wales. Why does the response need to be different? We have four counsellors covering a huge area, and they may have been helpful in the past with other drug use. Why is it important to have a detoxification and rehabilitation centre now that we are facing ice use? Ms Heeley said that ice is the drug of choice in Broken Hill and surrounding areas.

Ms TURLEY: If you understand that if I was in Dubbo, it is easy to access not only services in Cowra but also other early counselling and early intervention services provided by non-government organisations [NGOs]. We do not have those NGOs out here working with us. There is a big reliance on health services, which is unfortunate for those health services. They cannot provide everything; they have a limited budget and therefore who and what they employ. We do not have NGOs support and we do not have NSW Users and AIDS Association [NUAA] at our door. It is an incredibly strong organisation that will stand close if you live close to Sydney. In fact, it probably has services in Dubbo, but in Broken Hill we do not have the service. Clients out here to not have access to that peer support. In some cases they do not even understand that support exists.

I am non-Indigenous, so I cannot speak for them, but I can see the isolation and that it is important for families to have support services. For young people to leave Broken Hill and for Indigenous people to leave their land, that is another barrier to accessing services. Quite often I am sure it is just too hard. I was invited to facilitate a forum on ice, and a young boy stood up and told a story. His mother also stood up, and the story was powerful when she spoke about putting him on a bus, because that was the only transport they could afford, and wondering where he would end up. Would he get there and, if so, what state would he be in? He was 40-odd kilos, he had gone from a very successful job to selling all his property and assets and he had come back. We know when they come back, they get back into their circle of friends. What new ideas can we bring to look at breaking those circles? That is why when we are looking at a centre of excellence, we need to look at what is happening internationally and what we can bring here. What is the rural perspective on the centre? What can we change, so our kids have an opportunity?

The Hon. COURTNEY HOUSSOS: We heard yesterday in Dubbo about the proposal for a Drug Court in Dubbo, which is obviously a long way from Broken Hill. Would you support that proposal? Do you think it would have any impact on the Far West?

Ms TURLEY: I am not in a position to answer that, so I will refer it to the legal minds who have experienced the legal system. I think that anything in Dubbo is not going to have an effect on me. Would it affect you in Sydney? Dubbo is closer to Sydney than it is to Broken Hill; it is very simple.

The Hon. Dr PETER PHELPS: Broken Hill is doing fairly well at the moment, with an unemployment rate of 3.75 per cent. I take it from what the two legal professionals have said that it is not merely a substitution away from alcohol or heroin to ice but an increased number of users of methamphetamine. In prosperous circumstances with a low unemployment level, why has methamphetamine use suddenly become a problem?

Ms TURLEY: The unemployment rate at the moment has decreased. It is situational at the moment. Traditionally we have an 8 per cent unemployment rate. We had the biggest storm hit our town two years ago, and every house and every business in Broken Hill has a new roof. That means we have a lot of employment and more than $50 million of development happening around our city. It worries me that we do not see the unemployment rate being situational, because we hear the positive data. But the traditional unemployment rate is 8 per cent, and therefore we have a lot of people who do not have access to employment and the opportunity to work. We know that having a job makes a difference and influences the circle and the process of using drugs.

Why is ice an issue all of a sudden? It is interesting, although I must say that I have not been working in the field for many years when I was involved in getting the methadone program in Broken Hill, that when we

introduced that program people on speed went to methadone. You would not think that that would be a fit either. People are using what they can get hold of, what is popular, what they can get access to. People control the market, and that is the reality. We know there is a market, but how do we control it? If you are not scoring a lot of money on one drug then that will not be accessible and another one will be introduced.

The Hon. Dr PETER PHELPS: Is part of the problem a new and burgeoning group of people who previously would not take drugs but have now gone on to methamphetamine? Or is it simply because methamphetamine is relatively cheap? We heard yesterday it is something like $50 a point, which is cheaper than a slab of beer. Is it product substitution out of that, or is there a new cohort of people who are taking up drug use for the first time, where they previously would not have done so? If so, why is that happening?

Ms TURLEY: I do not have any information on that, so I would not be able to comment.

Dr MEHREEN FARUQI: Mayor Turley, you are one of the people who has pointed out the horrendous and heart-wrenching human costs of not having adequate services here and the cost to young people, parents, families and to the community. If you get a service in Broken Hill or surrounds, what would it ideally look like, given your experience in the area and that you know the community so well? For example, would it have detoxification and rehabilitation? Would it be a wraparound service? Would it be for under-18s? Would it have special facilities for women?

Ms TURLEY: This is a dreaming effect and one of the things that first comes to my mind at the beginning is that we are looking at a centre of excellence: What is it that we could do about prevention first? What is it that we could do with our general practitioners? How could we provide a toolkit to them to identify risk? How could we provide a toolkit to provide intervention counselling without having to wait for the next stage? That would be the first part of it. The other part is that women are critical. We hear that there are some limited services for men and Indigenous men but women are very limited. I often wonder what are the opportunities of day services as well if you are from here. That is the thing about rules. What are the rules? What are the things that we can change? What are the new treatment regimes?

I cannot sit here and say to you: Here is the perfect model. What I could say to you is that the Government could be brave thinking about how it could deliver something into a rural community. It is not a community such as Dubbo that has a population of 30,000 or 40,000, this is a small community that captures the Far West, that brings people in. We know that we have population swings into Broken Hill from the Indigenous communities. We are around about 8 per cent at the moment for those communities. What is it that we could do to support the family structure that when they do come home we are not going back to the same model, we have a skill base to go back? Addiction is heart-wrenching. I cannot imagine what families go though, but I hear their stories.

We need to be creative, we need to think about what is new. My background is old—I should not say "old"; I should say experienced. That was many years ago and it was a time where I saw a Government that was willing to experiment with concepts and ideas. Rural communities, where everyone said acquired immunodeficiency syndrome [AIDS] did not exist or human immunodeficiency virus [HIV] did not exist, and there was not a lot of drug use, when they created my position they said two days a week but within three months I was full-time. It was just incredible but I think that is what this Government can look at.

Dr MEHREEN FARUQI: Do you think a residential facility is definitely needed in Broken Hill?

Ms TURLEY: I do. I think there needs to be a safe space for people who use to have time out, and family to have time out. What I hear is exhausting. I think absolutely we need a residential facility. As I said, the model has to be a mixed model because if we do not get the prevention or look at post, people do not just go back to life as normal. That is the message we have to keep going.

The Hon. BRONNIE TAYLOR: Thank you very much Mayor Turley, you had some interesting points. I was interested to hear about your history and dealing with the HIV epidemic. What a great public health story that is. Last week I had the privilege of visiting Maari Ma primary healthcare centre here. To me that strikes that model and everything that it is strikes so much of what we are talking about here today. They have wraparound services, everything in one place, dental, renal, maternity, everything is there. You talk about models, would you not say that is a pretty terrific model to look at in a holistic approach?

Ms TURLEY: It is. What Maari Ma is targeting is trying to create a holistic, healthy community. Then you add a chaotic drug user into that mix and it does not fit. The model itself is what you would be looking at. What care could we provide? How could we be different? That is the point of difference. As the mayor, I worry. We forget, we look at people and think that they look healthy, or look at people and say, "Let's fix your teeth," but we do not look inside and say, "What is it that we can reach there?" Reaching it early is important to me. It is a great concept, a great idea. It is those things about how would that work and then put it into a drug

using situation. With much respect, people are in crisis, then another crisis. The drug is too strong, it is taking over. I know that one of the areas they talk about is you have to be clean before you go in.

The Hon. BRONNIE TAYLOR: Thank you, and that is my point. You talk a lot about prevention. You mentioned a 16-year-old and the terrible situation when they presented to the health service. I certainly hope someone has made a formal representation on their behalf. I would be keen to know what the result of that was. One thing we heard yesterday was the concept of school nurses. I know the Far West has looked at six primary roles at the moment. They are trying to do something different. We cannot keep doing the same thing, it is not working. Do you feel that it would help your community to have nurses in schools looking at primary health care?

Ms TURLEY: Given my age I was around when school nurses were around, and shame on the Government for withdrawing them. The school nurse could easily be a great port of call. If you look at behaviours in the younger kids in primary school, it is critical. You hate to say it, my sons are grown up, but it is always critical to me when I think of those early days of what could have changed for some of their friends around them. What could have been? Some of it you will never see. Some of the mental health illnesses will come through but some of those behaviours—we know that chaotic households and child sexual assault, all those things are happening in those primary school areas and nobody steps in, nobody is a voice for them.

If we had a nurse who could see that element because there will not be counsellors there. The school health system that has been introduced to Broken Hill, putting a school nurse in there is one step. I think that is the message about the centre of excellence, about being innovative, looking outside the square that is critical to the success of the kids of the Far West.

The Hon. BRONNIE TAYLOR: And about everybody working together.

Ms TURLEY: Absolutely. Thank you.

Mr SCOT MacDONALD: The Committee was in Dubbo yesterday and the deputy mayor said they were putting together a proposal for Dubbo Regional Council to build or buy a residential rehabilitation centre, which would go out to whichever provider they best choose or collaborate with. Is the Broken Hill City Council going down that track?

Ms TURLEY: No. Broken Hill City Council has a deficit budget. That is reflective of the Far West community. We would never be able to afford to look at a model like that. What we can do is provide our other skills. We have excellent staff on board who write great grant submissions and who work with our community committee in many ways. We can provide that. We are not in a financial position to build anything but we can provide a strong lobbying voice about supporting our community.

The CHAIR: We have held you back but this was a great opportunity and the Committee is very grateful for your insights and the frankness you provided. You are welcome to make a concluding comment if you wish before you head off.

Ms TURLEY: I thank everybody, I thank our working group and all the families that contributed. Their voice is being heard through us but there are many strong voices here that you may want to hear from. Their personal stories are more powerful than what we could say. Can I remind everybody that we are not Dubbo. Dubbo is a very strong, vibrant community with a big population that can afford to build things and has a lot of other services. We are very isolated, and our transport system, for you to fly here it probably cost $1,000 return. We have 3.75 per cent unemployment at the moment. It is traditionally 8 per cent and we will go back to 8 per cent when this building infrastructure stops. We are a community that is on the cusp, and the cusp could change if the Government looked at investing in those issues and the early intervention and an innovative model for looking at our drug use issues in the Far West. Thank you.

The CHAIR: Thank you.

Ms HEELEY: I was going to make a couple of quick comments about the questions that have been asked of the mayor so far. In relation to Maari Ma, it is an excellent centre, but I have recently had a meeting with one of the senior doctors there and he is tearing his hair out at the situation our local mental health services are in, so it is not all a bed of roses, even at Maari Ma. While I think from some people's perspective that the Drug Courts might be tackling the problem at the wrong end, an analysis of the outcomes are positive. It is demonstrated that 37 per cent of participants are unlikely to be reconvicted of any offence, 65 per cent are less likely to be reconvicted of an offence against the person, 35 per cent are less likely to be reconvicted of a property offence, and 58 per cent are less likely to be reconvicted of a drug offence. This has produced a net saving of $1.76 million each year, but that does not account for the health gains of participants, for which the net savings are likely to be higher.

We should remember that the heavy use of drug and alcohol is by those experimenting with them the first time, and that is the point at which I think help should become available to them. In our communities in the Far West that is lacking at the moment. I would endorse the mayor's suggestion that we need a centre of excellence, which is a combination of detox facilities, rehab residential facilities and perhaps onsite counsellors, which are extremely important to saving people's lives. In fact, I asked the young person I was speaking about who has had 11 friends die what could have helped them. He said having someone there at the point that they actually did the—they committed suicide. If there had been someone to talk to at that time, none that might have happened.

In summary, I would say we are in dire need of a residential detox unit and rehab facilities to be constructed within 50 kilometres of Broken Hill with the largest population centre in the Far West. Up-front, we need the residential detox unit, not one such as we have at present in Broken Hill, which seems to be poorly resourced and ineffective. I have several clients who have bemoaned the fact that their addicted former partners have attended this centre, listened to a one-hour lecture each morning and then were let loose to fraternise with their peers for the rest of the day. Unsurprisingly, each of these three had checked out after a couple of days to resume their addictive and sometimes criminal behaviours. We have been talking about it in committee and we think we need sufficient funding to resource, perhaps, a 16-bed residential centre. Is that what we came to, Ms Storey?

Ms STOREY: No, a lot more than that.

Ms HEELEY: It was 20 beds, for both men and women with a separate part of the centre—perhaps a five-bed or six-bed unit—devoted to women, including pregnant women, and women who can bring their small children with them. This cohort are excluded from many of the existing rehab centres. This is not best practice and we should learn from it. Finally, bearing in mind the remote location of the Far West and its demographic, the facility needs to be close enough to Broken Hill that a person's friends and family do not have a problem financially or otherwise visiting them and supporting them, and far enough away that absconding is not a desirable option. Discussions within our committee resolved that a maximum distance of about 50 kilometres and an optimum distance of 25 kilometres from Broken Hill would be our preference.

The CHAIR: Mr House, you will be given equal time for an opening statement. Please proceed.

Mr HOUSE: I have nothing prepared. I am a unique witness, having lived on both sides of this story.

The CHAIR: You have probably got some gems for us.

Mr HOUSE: Yes. I will start from the beginning. I was a forced adoptee in 1963. My mother was 18 years old, forced into a home and never laid eyes on me until I was 28 years old, so I lived with that through my life. I was also a product of the Catholic system, being an altar boy, and you can make up your own mind about that. I will leave that, without going into depth about it. I went through a Catholic school. I picked up my first drug, which was alcohol, when I was 14 years and nine months. By the time I was 22 I had been in eight rehabs and three prisons and I would wind up living—I was a street junkie, basically, and I would wind up living on the streets. I used syringes I found in the streets. It was the days before needle exchanges. I drew water from toilet bowls. I had all the hepatitises and I did not know I had them until I was drug free and was tested.

The CHAIR: Was that in the big smoke or in a city or town outside—

Mr HOUSE: I grew up in Griffith, in a country town. For me, to be a heroin addict in a small country town was not easy; it was very expensive. Ice was not around, really, when I was using, it was speed. For me, coming from a different perspective, my attention was not on the drug itself, the addiction was my issue. The drug was just a symptom of it, because I used pretty much every drug there was. Whether I was using alcohol, cannabis, pills, heroin, speed, it was sort of irrelevant. The goal for me was to get into a blackout. That was my goal. If I could get into a blackout, I felt some relief. My experience of addiction is that in having an addiction I felt separate and drugs gave me the illusion of connection. The issue that I had to deal with was the feeling separate.

In 1984 I got introduced to a therapeutic community at Goulburn, which at that time was We Help Ourselves. You have probably heard of We Help Ourselves. That was May 1984. I left there in August 1984 because I did not want to be an addict anymore. I thought if I just do not use needles I would be all right. I had seven other admissions into rehab and three times in and out of prison during this time as well. What I realised— and I came to this point on 19 August 1985; that was the last day I used alcohol or any other drug, which is close to 33 years ago—that the addiction is in me and the person who needed the help was me. We can throw money at ice, we can throw money at heroin, we can throw money at all this sort of stuff, but, at the end of the day, once I am okay with me it does not matter what drugs are around or what environment I am in, I am

okay. Ice itself is just an inanimate object. It lies there in the packet. It does not have any power. Ice becomes something when I put it in my system. Because of who I am, it turns me into someone I do not want to be.

For me, going through a therapeutic community and learning about who I am and learning about the truth about who I am so I can become okay with me and then having ongoing support—I have been a member of Narcotics Anonymous [NA] for nearly 33 years as well. I have travelled the world going to Narcotics Anonymous meetings. There is something like 75,000 Narcotics Anonymous meetings held every week around the world. I have been to countries like Iran where there are 18,000 Narcotics Anonymous meetings a week, because the government said, "This is a good thing." It is free, it does not cost the government anything. "You guys can go there and be clean and we do not mind." It grew from something like 11,000 addicts attending to more than 500,000 addicts attending meetings supporting each other to stay clean.

Similarly in Sydney, there is a lot of self-help groups and a lot of support. When I first got clean in 1985 I went to an NA convention in Sydney. There were over 2,000 people there. To go to a convention in Sydney now there might be about 450 people. What I have witnessed over the last 30-odd years is that the jail population has gone up and the recovery community has gone down. I think a big thing about that is there is a big move away from addicts having the ability and being empowered to help themselves. A lot of agencies and organisations have taken over. They have taken that out of the hands of people like myself who can sit down with another addict and feel like we understand each other. I would really support the idea of having a therapeutic community in a location like this. It would give people like me the opportunity to walk in and spend time with people like them and feel understood and actually be empowered to move through their lives and grow into who they are.

My experience since I have been in long-term recovery is that I am out of the welfare system, I am out of the jail system, I am out of creating a lot of issues and a lot of dramas for a lot of other people. My goals when I was using drugs was to rob the people closest to me and generally that was—I broke into all my neighbour's houses. I robbed our house at home. I cleaned out the whole house, basically. I faked a suicide attempt to get out of getting into trouble for robbing our house. I created a lot of mayhem and a lot of drama and created a lot of pain for the people who were in my life. I did not care about you or your things, what I was interested in was getting money for me for drugs. It is really important for me that we start as a society referring to "alcohol and other drugs", not "drugs and alcohol" as if they are two separate things. Alcohol is a drug; it is no less a drug because it is legal and sold over a counter than heroin, which is sold down a back alley. A lot of people relapse because they believe alcohol is different and it is not a drug like any other.

My first drug was alcohol. When I put that drug into my system, it changed me and gave me an illusion of wellbeing because it medicated the pain. Chemicals medicate pain. People who use chemicals and who end up with chronic addictions are medicating pain. You have a group of traumatised people and they are finding some relief. As a result of that relief, they cannot get enough. My drug use was about enough was not enough. It did not matter how much I had, it was not enough because it was not the answer to my problem. The answer to my problem was to meet people like me to teach me how to live and to show me how to do it. You are only going to do that through a therapeutic community where people can come in and have that.

I was in the therapeutic community for 19 months. That was the longest stay I was there. Back in those days it was pretty heavy. There was a lot of work and education and I was empowered. When I was nine months clean, I was the house director of a 24-hour detox centre in Lidcombe. I was 24 years old and nine months out, and I was running a detox centre. I was empowered enough to be able to live that lifestyle.

I started working at We Help Ourselves in Redfern in 1994. I worked there for four years and I was the first staff member employed in a methadone-to-abstinence program in a rehab centre in Australia. That was in 1999. I started working for Corrective Services in 2001, and I am still working there today. I worked in the Ngara Nura therapeutic community at Long Bay for more than 10 years. It is a separate unit within the jail system. We have a group of inmates for six months at a time. This is all relative to Broken Hill because this is about the value of having a therapeutic community. I hope the Committee understands that.

Through that process and witnessing the way things are done working in a therapeutic in custody and in the community demonstrates that they are an important tool. I have probably paid for a therapeutic community myself with the tax I have paid since I got clean. The economic turnaround in itself is from me being a product of the system and being a drain on the system to someone who contributes to the system. That is beneficial in itself. If you have therapeutic community in Broken Hill and maybe 150 or 200 people go through the program, if you get a percentage of those people able to get drug free and be responsible, productive members of the community, the economic turnaround will pay for itself.

The most important thing about the process that a lot of people talk about having a holistic approach. It is a whole-of-person treatment from the person walking in on the first day, whether it is an assessment or an

intervention centre, through to a therapeutic environment and into a post-release environment. They are supported from the first time they walk into a centre saying they have a drug problem to maybe even 12 months out of treatment. They still have ongoing support and people who are going to be available to them. To wrap it all up, I am living proof of what works and what is available if these opportunities are presented to people. At the moment in this area, people do not have that specific opportunity. I work out in the jail and people come into the centre not in good shape. When they do want to get help, it is very difficult for them to walk into a place where they can get the intensive and specific treatment that addicts need. I have had examples of where I have tried to refer people to The Glen Centre on the Central Coast. We have gone through the whole assessment process, which takes a long time.

We have to get an order through the court and so on. Work wise, it takes a lot of time. They will be released at 3.45 a.m. to catch a bus, but not one person has made it to The Glen Centre. It has a great program. If the court said it wanted this person to go into a rehabilitation centre and we can walk him down the road and take him through a whole process and say what is available for him here, that would be a lot better outcome. The one thing I am very conscious of is that we want to create better neighbours, not better prisoners or safer drug users. We want better people in our community living next door, working in our jobs and being around our people. All the money for drug use comes from people's houses, people's cars, people's wallets and people's pockets. Even the dude at very top driving his Bentley at the top of the food chain, his $50 notes come from our homes.

We need to interfere and intervene. Although I had eight admissions into rehab, the first intervention was very important because it planted a seed in me that there was something better, people who understood and a way out. I thought I was the only one going through this. I did not think there was any way out. That intervention was important, and I never forgot it. It interfered with my using. When I went out and used again, I had a conscience and I knew what I was doing and that I was hurting other people and myself. My active addiction creates a lot of victims, not just within my family but within my criminality and within the people I stole the drugs from. We have a responsibility as well to the victims of crime to get people out of the mess they are in and to get them into a situation where they can stand on their own two feet and be their own people

The CHAIR: Thank you very much. That has been very useful.

Ms STOREY: Thank you. One of the people who died last year was one of my best friends, Scott McCasker. Another person who died was a former partner of mine—an Aboriginal man with an alcohol-related disease. Scott was from Melbourne, like me. Do not hold that against us. He called here in a very bad way and I met him. He was such a likeable charismatic character. He used to be a male model. He had his life ahead of him; he had houses and everything, and he had a daughter. He lost it all. Of course, his family got sick and tired of his lying, which comes with the territory, and taking things from around the house. They had had enough. He was on his own. For one reason or another, he ended up here.

He also ended up in our in our court system for driving whilst disqualified. He was sent to MERIT and, being a very experienced drug user, he told them what they wanted to hear and they said he did not have a drug problem. He was turned away from getting any alcohol counselling from them. He was homeless and he used to call me frightened. There was one non-government organisation that will be addressing the Committee today that refused to help him on the basis that he had a drug problem. Their advice to me—and I am a solicitor—was, "Can he stay at your house?" I did not know what to do; there was nothing I could do. I put him up in a hotel because I could not have him living at my house. I do not have a lot of money; I do a lot of legal aid work and I do pro bono work a day a week. I do not want to be political, but that is the result of cutbacks in legal aid work.

I came to Broken Hill to work with the Aboriginal community. I did everything that I could. He ended up in the hospital for two overdoses—in one of those he died eight times. I pleaded with the psychiatrist at the hospital to please take him in because he had a lot of mental health problems and he needed help. Then there is that chicken-and-the-egg issue about what leads to the other: Does mental health lead to an addiction or is it vice versa? He was let home on the basis that he did not suffer a psychiatric illness. I can tell you as someone who has worked as a Legal Aid lawyer for psychiatric patients that he had a psychiatric illness. Guess whose house he was sent to? Mine. I was very worried. I had no support; every day was a living hell. But when he was off the drugs he was one of the best people that you could meet.

He was under the care of Probation and Parole. They refused to liaise with me about what they were saying to him about what his needs were. They refused to speak to me full stop and I could have helped—I really could have helped. There was no drug and alcohol counselling available. He died in my house from a drug overdose. This was someone's father; this was my best friend. You can hear all the statistics in the world, but there are two people in the audience today who I know are facing their own battles and one of them wishes to speak to you off the record. I know what she has been through. For every one of Scott I could show you a

hundred pictures for the 20 years that I have been working as a solicitor. Hear the statistics, hear the long stories but, please, help us. The mayor is correct, we do not have the money to fund our own service out here. We need the help of a non- government organisation and the Government in relation to this.

Scott wanted to find employment. I heard what you said about the employment rate. The unemployment rate in the Aboriginal community is 95 per cent. The unemployment rate in Wilcannia is 95 per cent Aboriginal, non-Aboriginal. In Menindee it is 70 per cent. It is not just unemployed people who use drugs—as my colleague Jillian Heeley has referred, we practice in family law—it is miners. They have a lot of income, then they have got seven days on and seven days off and what they do in their seven days off can sometimes be an interesting exercise. Ice is cheap, as the Committee heard, and it is very easy to get. The police have done a good job here trying as much as they can to get rid of it but they have become de facto drug and alcohol support workers and mental health support workers because there is nothing here in this town.

Out of respect for my friend I mentioned his story because every single place that we turned to, turned us away. We could not get rehabilitation unless I paid $30,000—which I do not have—to get him in. At the end of the day it is up to the user so the next question is: Would he stay? I am sorry for adding this personal element but there are so many people in Broken Hill, all the blokes up in the prison who support what we are doing today. There are so many people out there in the community who consider that they are functioning ice users—maybe, maybe not. I thank you so much for coming here on behalf of Scott and my friend Charlie who is here today. Thank you.

The CHAIR: You have nothing to apologise about. The personal example you have given is just heartbreaking. It was so moving to hear it presented in those terms because behind every one of these examples we are talking about a human being. Sometimes the numbers just become a number but behind every one of those numbers is a human being with innate dignity and respect. It was tragic to hear that in Scott's circumstances we as a society—I am not blaming individuals or agencies—were not able to reach out and help him in his time of need. How old was Scott?

Ms STOREY: He was 43.

The CHAIR: A man who still had decades of life in which to do a range of things. To hear of such a shocking waste of life makes one feel quite chilled. We do hope that this Committee's deliberations will bring forward some fresh ideas in thinking and initiatives that hopefully will be considered by the Government. This problem cannot be immediately resolved; it has taken some time to get this point. This problem cannot be fixed overnight but surely as a society we can do better with the role of government, its agencies, bodies and resources to help individuals in communities who are in need. Thank you so much for that very moving testimony on behalf of Scott. Indeed, we wish Scott's family and you well. May his soul rest in peace.

Dr MEHREEN FARUQI: Thank you for sharing your very personal life stories. I know it is very difficult and I thank you from the bottom of my heart. What needs to change so that we can stop what happened to Scott from happening again? What are three key things that you think we could change to save lives? We cannot go on listening to these stories and not do anything. The system needs to change.

Ms STOREY: Obviously, a rehab centre. I think there also needs to be a change of attitude from perhaps some of the hospital and medical staff in relation to people who are facing addictions. As soon as they hear that someone is an addict they are put in the too-hard basket or they are seen as manipulative or drug seeking or whatever, and then they are just denied help. We have tried to set him up with a private psychiatrist and the general practitioner [GP] that we were sent to refused to write the referral on the basis that that psychiatrist was known for prescribing medication. This fellow needed a lot of help—a holistic approach. We are sent very good doctors out here but we are also sent doctors that come out here on specific visa requirements. If you are an overseas-trained doctor you can get fast-tracked in relation to your recognition if you are sent to a remote or rural area.

So we do have doctors that have cultural issues and maybe strong attitudes in relation to matters that do not necessarily correlate with what we are trying to do. You also get drug and alcohol counsellors that may or may not be as committed as you would like. For example, one today that I tried to get here said, "I don't know what this has to do with me", and it has everything to do with him. It is just disappointing. But then you have very good people like Andrew House down at the prison, at the coalface, doing hard work. But by the time they get to prison it is too late. You also need family services because drugs affect the whole family and one of the good things is that we have been able to set up a family support group through the Royal Flying Doctor Service.

I must also mention I am a counsellor in relation to families facing drug and ice addiction in my spare time, which I sometimes have. You are on the phone all hours of the night talking to people who are in a state of

crisis in relation to their child who has just absconded again or whatever. You need help for the families definitely; they are just devastated. It is so sad. Thank you so much for the question.

Dr MEHREEN FARUQI: I was reading an article a couple of days ago from the ABC last year where you were advocating the need and many in the community were advocating the need for a rehabilitation centre. But in that article your local member of Parliament, Kevin Humphries, said something like there has not been enough work done to know whether a local facility would actually help. What more work needs to be done to convince the Government—I guess we are doing this inquiry to find more out—that a local centre is required, and why would a local centre not help?

Ms STOREY: I was a little taken aback by that response, but I do wish to highlight that we wanted the working committee to be bipartisan. Everyone was invited. Mr Mark Coulton, who is the Federal member, is interested in the issue. I have asked to meet with Mr Humphries and have a delegation of the working group to tell him about some of the issues, but I know he is busy. We will be positive and wait for that to happen. I would very much like to work with him—whoever our local members are—because drugs is bigger than politics.

Dr MEHREEN FARUQI: It sure is. Ms Heeley, you mentioned, and I think you did as well, Ms Storey, the barriers that people face in terms of entering rehabilitation facilities, and some of them to do with possibly remand or custodial environments; people who are in those sorts of situations are not accepted by a centre. How do we get over that barrier? What can we do as a recommendation if we were to make one?

Ms HEELEY: I think the way to get around it is to actually have a purpose-built facility built here and, as I said, to learn from past mistakes. Those mistakes are going to continue; they are policies that I do not think we can do anything about in particular facilities in the centres. My view is that we need to start afresh here. We need to have a very comprehensive facility which incorporates pre- and post-treatment for our drug and alcohol abusers. It does not incorporate all of those draconian measures which keep the people out who are the very people who should be in there.

Dr MEHREEN FARUQI: The Broken Hill working group submission also raised the issue, and we have heard it before in this inquiry as well, of losing public housing when you go into a residential facility and then also having the risk of children being taken away. That is kind of a very perverse outcome, when I look at it, especially for people here who have to travel, as you said, hundreds, even thousands, of kilometres. Again, what is a recommendation for that? How could that be avoided? Of course, a residential facility is one answer, but surely if people have to travel now what can we do to make sure that they do not lose public housing, that they do not have their children taken away?

Ms HEELEY: Can I divert that question to Rachel Storey, who has done more work on this than I have?

Dr MEHREEN FARUQI: Yes, sure.

Ms STOREY: Simply a policy by those public housing entities. Compass Housing, which is the main public housing provider in Broken Hill, has been part of the working group and they have been fantastic. It was them that raised that issue. I think some sort of policy or protection that if the tenant is in rehabilitation that their housing is able to continue. I know that is a big ask. Sorry, what was the second part of your question?

Dr MEHREEN FARUQI: Just with the children, obviously there is that risk as well.

Ms STOREY: We have been doing some work with Warra Warra, which is the Aboriginal family violence prevention legal service here. They are very pro young Aboriginal ladies, where unfortunately ice is a major problem, and they certainly do not have access to rehab out here at all unless they go into Sydney—facilities where they can take their babies with them. There are units where that does happen. I think there is one in New South Wales—Mr House might know—that would appear to be successful. The other thing is that I know that in Aboriginal culture extended family can look after the child whilst that person is in rehabilitation, if those people are available. We have had some very successful outcomes. Never underestimate a grandparent—they are willing to step in.

Dr MEHREEN FARUQI: Mr Chair, I am aware of the time so I will stop now.

The Hon. Dr PETER PHELPS: Three quite quick questions. We have heard previously that Aboriginal clients are particularly reticent about using mainline services. In far western New South Wales are addiction problems overwhelmingly in Aboriginal communities or would it be split, and if it is could you just give a rough proportion of how you see the problem of addiction in far western New South Wales?

Ms STOREY: I would see it, and again my colleagues might have a comment to make about this, as a problem across all communities. It does seem to be particularly prevalent in Aboriginal communities just because of the lack of employment opportunities and educational opportunities.

The Hon. Dr PETER PHELPS: I do not want to cut you off, but the question is: Should we have a facility purely for Aboriginal people that has additional capacity for non-Aboriginal people, or do we simply set up an Aboriginal facility and a non-Aboriginal facility? We have heard that Aboriginal people will not go to mainstream facilities, so we either have to have an Aboriginal facility with added facilities for white people or two separate facilities. What would be your recommendation?

Ms STOREY: Brewarrina allows for both but with a propensity towards Aboriginal people. Mr Ken Dennis, who you will be hearing from, is very supportive of a co-rehabilitation service, where there would be specific programs for the Aboriginal participants. Certainly a co-service is needed.

The Hon. Dr PETER PHELPS: To the two legal professionals, I do not want you to put words into their mouths, but have you had any private or formal discussions with police and Crown prosecutors about how they foresee a better way of dealing with drug-addicted offenders within the system and, if so, can you elaborate on what police and Crown prosecutors think would be a reasonable situation?

Ms HEELEY: I have had no experience and have not spoken to anybody or been approached by any one from the police.

Ms STOREY: I have dealt a lot with the command out here, who were only able to participate in the working group in a private capacity due to their command structure. I deal with the prosecutors everyday. They are supportive of rehabilitation. I think there probably needs to be greater support of it. Their key issue—and I understand why it would be—is that those offenders or people charged with offences stay there.

The Hon. Dr PETER PHELPS: Finally, to Mr House, this is quite a personal question, but is one I have asked previous witnesses. What finally prompted you to make the decision that you wanted to get clean and what was the spark that prompted you to make that decision?

Mr HOUSE: A lot of people ask me that question—what was the moment? There was a moment, but I suppose there were a thousand proceeding moments. Even when I had the first drug I knew there was something different about me and that the drug did something for me that I could not do myself. I knew that at some level but it was out of my awareness. Then I guess over time there were little consequences. It came to the point where I had an adult experience of the consequence of my behaviour and I was able to join the dots—it was the first drug that did the damage.

The Hon. Dr PETER PHELPS: We have heard conflicting things about mandatory detoxification programs. Some have said, "Definitely not" and some have said "Definitely, because even if you only get a small percentage of people, the moment of lucidity and clarity that you get through detoxification is often enough, and even if you only get one out of eight or one out of 10, mandatory detoxification is worthwhile." What is your view on mandatory detoxification as opposed to voluntary entry?

Mr HOUSE: I work with coerced clients and people who are forced into treatment and there is no answer. You can force 100 people in and 20 people might get it or you can have 100 invitations and 20 people might turn up. It is a really hard one. I personally think—and it is a broader issue—that the whole attitude towards addiction needs to change in society. You cannot legislate against addiction, pretty much.

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

Mr HOUSE: They did not build supermarkets and then people decided to start eating. Addiction begins and then there are all the associated things that come with it. It is about changing the attitude to addiction, changing the communications about addiction and changing the message, as a society, about addiction. At the moment it is demonised and there is a stigma attached to it. There is a lot of shame in being an addict or alcoholic. I think we need to remove those barriers and look at addiction—and a lot of people talk about it—as a health issue and treat it as such. I did not choose to be an addict.

The Hon. Dr PETER PHELPS: No-one chooses to be an addict.

Mr HOUSE: If I had a choice, why would I choose that? It is about having broader communication across society about that and removing the barriers. If you look at the symptoms of addiction and talk about those things, people might say, "Oh hang on, I am developing these symptoms, maybe I am an addict; maybe I am an alcoholic." Then they might go to seek help earlier, as opposed to—like everyone here said—waiting to get into the criminal justice system. By then, they are a criminal. We cannot lock up addiction. The jails are full of drugs. All of the addicts still operate, regardless of where they are and the addiction is still alive and well

regardless of where they are. The whole discussion needs to change and the whole atmosphere of referring to addicts and alcoholics needs to change. We need to remove the stigma and make it okay to be an addict and make it okay to seek treatment—not make it a criminal offence. "Scumbag junkies" and "pieces of shit" and all those terms that get used to refer to people who are drug users make it hard for them to seek treatment, because they are seen that way.

Mr SCOT MacDONALD: Mr House, you mentioned you went through eight rehab experiences. One of the things we have wrestled with is what a residential rehab should look like. We have seen pretty basic rehabs. We went to some on the South Coast and they were not gold plated; they were pretty basic. They had two or three men to a room and pretty small kitchens. I am trying to reconcile in my mind what it will look like. Broken Hill City Council has said that it does not want to go down the path of spending money on a residential rehab. It keeps occurring to me—and Dubbo Regional Council is looking at it now—that there does not need to be Taj Mahal style, gold-plated, expensive commitments. Am I reading that wrong?

Mr HOUSE: It is almost like we have got a great opportunity out here to be radical. If someone comes from the street, imagine them just moving across the road. Why not move them into a centre that actually gives them self-respect and self-esteem and is almost five star?

Mr SCOT MacDONALD: Sorry to interrupt you, but I have walked around town—I have been here a number of times—and there are a least half a dozen empty grand hotels and there are many empty buildings. Yes, they have to be fire safe and have good hygiene and all those sorts of things, but surely for a modest amount of money they could be converted into something functional. Is that your experience?

Mr HOUSE: Yes, absolutely, and it needs to be purpose built. If we are going to do it, there is no point in half doing it. If we are going to do it, let us do it properly.

Mr SCOT MacDONALD: What do you mean by that?

Mr HOUSE: We should have the full service. We should have an intervention centre, an assessment centre, a respite centre—

Mr SCOT MacDONALD: You are not talking about the size and shape of the room or the colour of the paint; you are talking about some of the meeting rooms or whatever.

Mr HOUSE: Yes, and have it all incorporated. People could have their own rooms. We should make it a place where people are treated with dignity and respect, not a place where there are four or five men out in a room with second-hand—

The Hon. Dr PETER PHELPS: Would you also envision that detox take place on site, followed by an immediate allocation in a residential rehab?

Mr HOUSE: Absolutely.

The Hon. Dr PETER PHELPS: Absolute co-location from early intervention all the way through to stationing people for post-release day trips?

Mr HOUSE: Yes, almost like a stepped approach. Imagine a corridor—someone would move into detox here, go into their treatment there, go into their transition here; go into their leaving here, and then maybe move out into a house where they can actually start to take the next step. My experience is that people who get that A to Z thing seem to be more successful.

The Hon. BRONNIE TAYLOR: Mr House, thank you so much for sharing your story. It is really inspirational because you are living proof that people can do this when they want to and, most importantly, when they have the support. I thank you for sharing your story. When you talked about stigmas and things, you are exactly the person that can break down those stigmas. All of us can sit here and talk about it, but you have lived it. You have walked the walk and talked the talk and look at what you are doing. It is really inspirational. Thank you so very much for your strength and your courage.

I just wanted to flesh it out a bit more. I think you got some pretty good questioning there and it was really interesting about that whole progression from whoa to go, which was what I was trying to demonstrate with this other centre. I think that is what it is all about. I really liked what you said about NA, narcotics anonymous. I know from personal experience with a cousin how Alcoholics Anonymous has really saved her and continues to a decade after. When you talked about that and you talked about that ability to come together and to share that experience and we know how successful it is. I had to go out and come back during your testimony. How could we do that better and how could the government help those organisations to run those programs so that long-term support is there and there are people like you that people can see that there is hope. I can have a life. How can we do it better with those programs?

Mr HOUSE: Just acknowledge it exists and acknowledge it is a viable option. Not everything is for everybody. There will be people that come to NA meetings and they just get annoyed and there will be people that go into cognitive behaviour therapy treatment and they will get annoyed. I think it is just recognising that it is a viable option. My experience when I went was in Iran, like I said, they used to meet in secret. The addicts used to meet in secret to help each other stay clean and then they met with the ayatollahs and the government there and the government said, "Hang on a minute, this is actually all right". It just went through the roof.

When I got clean there was not openness and acceptance of these programs. Like I said before, there was a lot of people going, there was 80 or 100 people at every meeting and it was a really vibrant recovery community and people were into it. Addicts are different animals. We are very creative, very do not live inside the box. I always refer to it as you have normal society here, you have the drug addicted community here and everyone is trying to put these people back in here and I did not fit in there in the first place so I did not get it. What I did is I joined a group of people like me who live like these people who used to live like these people and now they are able to head in this direction. To go back and be normal guy, I still do not get it.

I was sitting next to a guy on a plane the other day and he had a little whisky there and he is stirring it and reading his paper, and then he stirred it again and read his paper, and I am thinking, "Drink it, will you". I do not get it. I have never had a social drink in my life. I do not understand that part of what things are about. People with addictions are unique people in the community. There is this expectation that we should be normal and we get punished because we are not. I think it needs to be accepted that we are a little bit different and we do think a little bit different and we do have a different way of actually operating. To get us to fit back in the box is almost abusive in a sense. It is painful. I do not want to be in the box. I want to be encouraged to be free and be creative and to live the life that potentially I can live.

The Hon. BRONNIE TAYLOR: Do you think it is harder in a country town because everybody knows everybody? I noticed myself when I was a nurse and I would go to woollies and I specialised in cancer, so if anyone was having treatment they would grab me in the aisle and my children would roll their eyes and say, "Can we hurry up and go home?" Everybody knows. Do you think it is harder in the country town and what can we do about that?

Mr HOUSE: I grew up in Griffith. I was using heroin in Griffith. A lot of my addiction was around that Griffith area. It was a small town and everybody knew and the police would pull you over and check your arms and they would even drive me out of town 20 miles and drop me off and say, "Walk home, you scumbag". I had a lot of long walks.

The Hon. BRONNIE TAYLOR: Reflection.

The CHAIR: It got your steps up.

Mr HOUSE: A lot of the crime would happen next door. People knew and there was a lot of shame. There is a way to heal the community is if you had a treatment centre here and you had people going in and you had people getting well and coming back into the community, that also changes the conversation and changes the view. It is like I said, we have an opportunity to be radical and have a community. I think addiction affects the community. It is a community issue, it is not just a drug addict's issue, we are all involved in this.

The Hon. BRONNIE TAYLOR: And then they get to see people like you.

Mr HOUSE: That's right. And then they come out through treatment. The person that walks into detox is me. I might not look the same but that is who you are getting.

The Hon. COURTNEY HOUSSOS: Can I begin by thanking all of you for your time this morning and for your insights. It is invaluable for us as a Committee. Thank you for taking the time with both of the submissions, they were excellent. Mr House, we heard from several of you about attracting staff out here and the issues of that and the potential problems of people receiving treatment from people who are not appropriately trained. There is another challenge we face which is people with lived experience, like yourself, Mr House, have a unique opportunity to provide that support. Do you have any ideas about how we can recognise that lived experience and treat it in the same way that someone who gains a qualification has?

Mr HOUSE: It is tricky because a lot of the fellowships are anonymous and everyone is on a first name basis. It is really hard to research these programs for their effectiveness. It is almost, in effect, celebrating it. Celebrate recovery, celebrate people that get well. In the Drug Court in Sydney there is a round of applause and there is a celebration when people are successful. It is maybe to look at how do we celebrate people who get well and acknowledge them. I was talking in the jail the other day and I mentioned people going from jail that are coming out and going to meetings and staying clean. It was, "Uh".

I guess a whole attitude shift needs to happen across the areas. I have referred to it before, I am a human being. I am not a criminal. I am not a junky. I am not a scumbag. I am a person who was really, really, unwell. I know if we treated cancer patients the way we treat people addicted to alcohol and other drugs there would be an uproar. I guess again it is how do we change the conversation. To attract people with qualifications, I do not know. How do we make it attractive? I suppose if we celebrate the recovery and we celebrate the achievements people will want to be involved in that and people will want to participate in that and it will be something that people can help out with, rather than, "Oh, I have to work with these addicts".

We are a difficult group, do not worry. I have lived with myself for a long time. It is difficult. I think celebrate it and make it attractive to get clean. When I got clean there was an article in *Rolling Stone* about Narcotics Anonymous and it was cool to get clean. So make it cool to get clean, make it cool to recover, make it cool to get better, maybe get businesses on board that co-sponsor rehabs and employ graduates. Things like that. Include everybody in this and make it okay.

The Hon. COURTNEY HOUSSOS: That is helpful, thank you. It is interesting the language we use around "recovering addicts" but "cancer survivors" and the message that sends. That is very important. The next question I wanted to ask is to the whole panel. In Dubbo yesterday we spoke about a challenge we face in remote regional and rural New South Wales, that is that we do need some kind of hub and spoke model. If there was to be a facility in Broken Hill that would need to accommodate or account for people in surrounding areas. In Dubbo they said that the supports required for the surrounding areas, particularly within the Aboriginal community, have family support or existing support within Dubbo. Would you say that is the same experience in Broken Hill, that they would be able to tap into support, even if they were coming from the rest of the region?

Ms HEELEY: From my perspective and our centre's perspective, yes, that does occur. There are very strong Aboriginal cultural ties, particularly in places that are at greatest risk, like Wilcannia. It is very difficult for people from those families to be sent somewhere else. It does not work.

Mr HOUSE: You might have a whole family that is not well and it might be that one person presents for treatment and if that person actually starts to get better it might actually invite other people close to that person to maybe seek treatment themselves, rather than send them away and then they come back. What happens if they come back? They are coming back into the same system and then how do they stay better in the same system? Whereas, if the whole family gets an opportunity to be involved that could heal the whole family and you have a much more productive outcome.

Ms HEELEY: Hear! Hear!

Ms STOREY: I think Mr Dennis will able to assist in answering the question. One thing I notice is that with rehabilitation centres, a lot of them will not allow contact with family and friends for a certain period of time, or the whole time. That has huge cultural ramifications for the Aboriginal community. I would be really keen to hear Mr Dennis's comments in relation to that, but that is something I just something that I have noticed.

The Hon. COURTNEY HOUSSOS: Some initiatives around ice received funding, and we have heard that at a Federal level they have received $300 million and a State level they have received $75 million. Have you seen any of the effects of that spending? Were there any lessons from those initiatives?

Ms HEELEY: No, I do not know about it.

The Hon. COURTNEY HOUSSOS: I appreciate that Mayor Turley said that a drug court in Dubbo would not necessarily have an effect in Broken Hill. Would such a court be entirely irrelevant from a legal perspective?

Ms STOREY: I think any effort would be good. A drug court can work very well. I know from my experience in Victoria it has worked very well indeed. But there are many things that could work better at the courts—for example, Aboriginal liaison officers being given more powers. I have been a great advocate for circle sentencing here. I do not want to get onto another issue, but we will wait for the new magistrate to arrive and we hope the discussions within continue.

Ms HEELEY: There was a recommendation from the New South Wales Government that drug courts be expanded to areas outside Sydney and the Hunter. That has not happened; that was in 2013 and that is a long time ago.

The Hon. COURTNEY HOUSSOS: Ms Storey, you touched on the issue of the lack of a full-time magistrate here and the implications, particularly when we talk about the MERIT scheme and the opportunities that the scheme offers. Without significant rehabilitation support in Broken Hill, what other services are available if you want to show that you are prepared to undertake counselling through the MERIT scheme? You

need to show that you are willing to undertake rehabilitation; what initiatives are available for people who want to participate in the scheme?

Ms STOREY: It is 12 sessions and a report is produced at the end. I often ask my clients to go to the Royal Flying Doctor Service, where there is a new drug and alcohol clinician. He goes to the outlying communities. They could also approach Peter Crossing at Maari Ma, should they be Aboriginal. They are the only services, other than NUAA and things like that.

Ms HEELEY: People can be sent to all the medical services to attend their GP every month for a review and that sort of thing.

The Hon. COURTNEY HOUSSOS: Obviously, they would be assisted by having rehabilitation or detoxification support.

Ms HEELEY: Absolutely.

The Hon. PAUL GREEN: Your evidence has been amazing. Yesterday I said that hurt people hurt people, and healed people heal people. Mr House, you are a good-news story because you were hurt and now you are healed and you have a destiny of healing others. The other side of the continuum, sadly, is Scott McCasker, but I believe his legacy will heal a lot of people as we do whatever we can to save them. We called this inquiry to reach out to the Scotts of this world. I hope you are encouraged by seeing the Committee out here gathering evidence to see what we can do to combat this difficult situation. Mayor Turley said we have to look beyond the outer person and look at the inner person. People are complex, which we realise when we look at the inner person. Mr House, being of the Christian faith and from Hillsong, I know that growing churches are full of people like you. Thank you for your evidence.

Mr HOUSE: Thank you.

(The witnesses withdrew)

(Short adjournment)

KEN DENNIS, Manager, Broken Hill Aboriginal Legal Service, before the Committee via teleconference, affirmed and examined

The CHAIR: Would you like to make an opening statement?

Mr DENNIS: Yes. My name is Ken Dennis. I work for the Aboriginal Legal Service [ALS]. I have been employed for the past five years. I have recently been the Community Engagement Manager for Western New South Wales. I have facilitated three community forums for the ALS regarding drug and alcohol rehabilitation and I have been involved in submissions for the ALS and also for the Aboriginal community.

The CHAIR: That is introducing yourself. Would you like to make an opening statement to the Committee on the issue of provision of services for drug rehabilitation in regional, rural and remote New South Wales before we ask you questions?

Mr DENNIS: The biggest thing we need is rehabilitation centres in this area. It is a big thing with the suicide rate of young people in Broken Hill and surrounding areas, the remoteness of Broken Hill. We need one and the only way we can try to prevent this is to have a proper rehabilitation centre so people can travel to it and have ready access to it.

The Hon. Dr PETER PHELPS: My question goes to what the Committee has heard previously that Aboriginal addicts are reticent to go to mainstream facilities and would prefer to have predominantly Aboriginal staff and Aboriginal patients. Would that be your experience? Or do you believe that in far western New South Wales a single mainstream facility with both Aboriginal and non-Aboriginal people would be effective?

Mr DENNIS: In my experience Aboriginal people are crying out to get into rehabilitation. We spoke about it before in Broken Hill, a mainstream one is something we really need so Aboriginal, non-Aboriginal and all different people can go to these facilities.

Mr SCOT MacDONALD: My questions have been regarding residential rehabilitation and at the moment there is a gap here in Broken Hill. Do you have anything you would like to say about your experience with residential rehabilitation centres elsewhere, what might be desirable here or translatable here, who might possibly deliver it and what standard of investment in accommodation do we look at here?

Mr DENNIS: The main issue we have here is getting people to travel there, the cost, and trying to get services to work with our people. We have to have someone strong to run it. I am not really sure, if it would be a tender process for a facility in this area, who puts in a tender to run it? There will have to be some very qualified people to run a rehabilitation centre to run the programs.

Mr SCOT MacDONALD: One of the barriers seems to be the commitment needed for capital expenditure. What are your thoughts on the level of accommodation and bricks and mortar, does it need to be gold plated or can it be basic? What do we need?

Mr DENNIS: We do not need a flash centre. We need a centre for people to go to, do their programs, be housed away from home, to go in there to be rehabilitated. You go to these places not to try and reduce, it is about getting off the substances completely. It is not going to be like a holiday camp. Some of these places in different areas; they are big, flash places. We do not need a big flash one out here.

The Hon. Dr PETER PHELPS: The people who come from Wilcannia, Nyngan or White Cliffs, are you sure that Aboriginal members of that community would be willing to travel to Broken Hill to attend resi rehab? Do you feel confident that would occur, or do you think that Broken Hill is still too far away from those towns to be suitable as a catchment area?

Mr DENNIS: It would be no trouble for people to travel because it is still closer than going—a lot of services have been using Footsteps at Port Augusta, which is a long way to go. At least in Broken Hill we have family members and families—you know, the same with Broken Hill jail. If you go to jail, people do not like leaving Broken Hill jail because they are leaving their families. Broken Hill is like the base for people to come and visit.

The Hon. Dr PETER PHELPS: In your view, there is enough cultural connection from the small towns in Broken Hill already to offer that level of community for those people who would be seeking treatment here?

Mr DENNIS: Exactly mate, yes.

Dr MEHREEN FARUQI: Good morning, Mr Dennis, I am The Greens member of the Committee. We heard earlier in evidence that it is really difficult to attract qualified staff in the alcohol and other drugs

services in and around Broken Hill. Do you know if there are qualified staff who identify as Aboriginal or Torres Strait Islanders working here?

Mr DENNIS: I am not really sure in the health service what we have in Broken Hill, but there are highly qualified Aboriginal people working in jobs. I do not know what they are qualified in. There are a lot of qualified people here. I am not sure whether they are qualified specifically in drug and alcohol and counselling and this sort of stuff. I am not really sure. I know there are a lot of people in the health service who have degrees and masters and that. It is a different line of work, but not specifically in drug and alcohol. I am not really sure.

Dr MEHREEN FARUQI: Do you think it is important to have people who identify as Aboriginal or Torres Strait Islanders working with other Aboriginal people or others who are working in this space to have cultural sensitivity training?

Mr DENNIS: Yes. My biggest issue in my work is across cultural awareness and cultural training. I push it with the police and Community Corrections. We need that culture with our people. It does not matter if they are not Aboriginal people, but as long as they know our culture. They have to know the culture and respect our culture as well.

Dr MEHREEN FARUQI: We heard earlier today and from other evidence how we, as a society, look at drugs and drug addiction and that there is still a huge stigma and shame attached to it that prevents people from seeking help. I want your view on that. Do you think that is the case and what can be done about that?

Mr DENNIS: The biggest part is that people do try to get help. With these bigger regional process centres outside of Broken Hill, my biggest problem is people with criminal records and domestic violence and they cannot get into the rehabilitation centres. They are crying out for help, because what fuels domestic violence—drug and alcohol is one of the main issues that fuels most of the crimes. My biggest issue is that a criminal record is a big factor. Some rehabilitation services will not take people in because of their criminal record. That is a big issue in this area. It is not about shame. They want to get rehabilitation, but a lot of times they cannot get in because of their criminal record.

Dr MEHREEN FARUQI: How do we change that?

Mr DENNIS: I am not really sure. Some of the rehabilitation services coming in, like I explained to the management, they are in remand or they are in jail because alcohol and drugs caused them to do this crime. They are not drinking alcohol while they are in jail, so they want rehabilitation and they should be able to get rehabilitation.

The Hon. BRONNIE TAYLOR: One of my colleagues, Dr Faruqi, brought up the difficulty of retaining specialist staff in all of our rural and regional areas. We have tried different things but we do not seem to be countering it. I do not know if you are aware, but the Country Universities Centre opened in Broken Hill about four weeks ago. They already have 62 students enrolled, which is phenomenal. I was talking to a general practitioner and he said that he felt it could be a game-changer for Broken Hill in the respect that we want to educate and upskill more people who live here and who are culturally aware and conscious of Indigenous heritage and now they feel there is an opportunity to train those people locally who could then work locally. Do you think that will be helpful for your community?

Mr DENNIS: Yes, it would be, but I have been pushing for that for a long time. Everything used to stop at Dubbo. Not long ago I got a diploma course at Broken Hill for Broken Hill people and I got a number of people. This program is still running now. Aboriginal people are willing to do these courses if they come to Broken Hill. We never had the opportunity before. Last year was the first diploma course for Aboriginal people that came to Broken Hill.

The Hon. BRONNIE TAYLOR: If we could target these courses through your new Country Universities Centre, that would be a real benefit?

Mr DENNIS: It would be a real benefit. People are always looking to enhance their skills, even me. I am 51 years of age and I have been doing diplomas and adult education late in life to enhance my skills. There are a lot of other people like me out there, Aboriginal people, and there are young Aboriginal people, too, trying to enhance their skills.

The Hon. BRONNIE TAYLOR: Now you do not have to leave home. That is good. Thank you, Mr Dennis.

The Hon. PAUL GREEN: Mr Dennis, we have heard some evidence that when someone is taken to court and has stayed in custody that the gap between that and sentencing or the outcome really clashes with the

opportunity for them to get help or the opportunity to go to rehab or detox. Do you have any comment about what we should do differently about that gap in time?

Mr DENNIS: When you get a good magistrate, if they can get people into rehabilitation when they are on remand, because if the person is willing to do the rehabilitation, and the biggest issue that I have seen—the other day I had somebody in Broken Hill who did three months in rehabilitation, and that time—it was time served, so it was quite good.

The Hon. PAUL GREEN: It is very hard to get into any services, is it not?

Mr DENNIS: Very hard.

The Hon. PAUL GREEN: Having something local would be very helpful if it was complimentary to the remand system?

Mr DENNIS: Yes.

The Hon. PAUL GREEN: It would be really helpful to have a centre of excellence complimentary to the Broken Hill Correctional Centre?

Mr DENNIS: That is correct.

The Hon. COURTNEY HOUSSOS: My question concerns a range of challenges faced in Broken Hill, including its isolation and across State line issues. From the Aboriginal Legal Service perspective could you expand on the issue of getting people from Broken Hill into a rehabilitation service when that service may be across State lines—although it is technically the closest to Broken Hill—and those people are not allowed to travel because they are subject to a correctional order. To me that highlights the need to have a facility in Broken Hill.

Mr DENNIS: If you speak to anybody in rehabilitation we actually go through rehabilitation bail to get these people out on bail but the biggest challenge is getting these people there. So if you go cross border, a lot of Aboriginal people have not got the money to get their way to these services. It is hard to get other agencies to actually do this if they have not got the funding to do that as well. This is why we need one in this area. It does not matter where they are—it could be 270 kilometres away or it could be 500 kilometres away—the biggest challenge is getting these people there. We can get rehabilitation bail when they are on remand to get them out but the biggest issue is that these people have got to get there.

The Hon. COURTNEY HOUSSOS: What proportion of the people you are assisting through the Aboriginal Legal Service are affected by ice or other drugs?

Mr DENNIS: The other day the police had a big meeting and they were talking about drug and alcohol usage had dropped in their rates but just about every crime is caused by ice or other drugs and alcohol. They do not tell the police because they might be coming off ice and the police are not recording that on the majority of the factsheets. In domestic violence it is probably the number one cause. They always say that domestic violence is the highest part of any crime but what is causing domestic violence? Ice and alcohol in our community is actually causing these crimes. Destroying property is caused by people on ice and alcohol, driving without a licence and stuff like. Just about 98 per cent of the crime is ice or drug and alcohol related.

The Hon. COURTNEY HOUSSOS: Part of the challenge for this Committee is to ascertain what the problem is. Some of these other traditional collection methods might not necessarily tap into it but the experience of people such as yourself is really important. Thank you very much.

Mr DENNIS: Thank you.

The CHAIR: Mr Dennis we have come to the end of our questions. I take this opportunity to thank you for the important work that you do not only for the Broken Hill community but also for the whole area—from Dubbo to the border. The Committee is very appreciative that you have taken the time today to answer our questions.

Mr DENNIS: Thank you for giving me the time to have my say. It was really good of you.

(The witness withdrew)

DAVID PULLEN, Rural Chaplain, Broken Hill and Far West New South Wales, The Salvation Army, sworn and examined

PAUL KURTH, Corps Officer, Broken Hill and Far West New South Wales, The Salvation Army, sworn and examined

The CHAIR: Thank you for appearing before the Committee today. Would either of you like to make a brief opening statement.

Mr PULLEN: Initially I would like to recognise the traditional owners of the land on which we meet. I personally pray for the future elders and I also respect the past and current elders of the community. At the outset we want to thank the Committee for giving us this opportunity to appear. The Salvation Army has a long history of working with people whose lives have been affected by harmful drugs and alcohol. The need for treatment in rural and regional areas is extremely high. In relation to residential rehabilitation services for people in rural and remote New South Wales, there is a need and there is a gap. There are a lot of social and logistical barriers that disadvantage people living in regional and remote communities. There is a need to increase the number of residential rehabilitation beds or programs. It would be interesting to note that the last real increase came out of the New South Wales Drug Summit, I think in 1999.

The CHAIR: Some years ago.

Mr PULLEN: Yes. It was some years ago. We know that treatment works. We know that it needs to be available, it needs to be accessible, and the Salvation Army does provide a range of treatment programs both residential and non-residential. The closest one to Broken Hill would a non-residential program in Dubbo that is funded by the Country Women's Association. From the Salvation Army's experience, people in regional, rural and remote New South Wales are not serviced well in relationship to AOD work, and I think this creates a situation where people in regional, rural and remote New South Wales have to travel outside their areas to obtain significant treatment.

The CHAIR: Captain Kurth, would you like to add to that statement, or can we commence questioning?

Mr KURTH: You can commence questioning.

The Hon. PAUL GREEN: Thank you for what you do. God bless the Salvos. We hear right across the regional areas that there are just not enough people on deck, there are not enough services. I am wondering if you can give us maybe a snapshot of your experience of what different faith groups are doing and what services may be out in the far west or central west that faith groups are providing. We have heard a lot about non-government organisations and we have heard a lot about government, but we know that faith groups carry a lot of burdens for this type of service throughout New South Wales. Anything you can add about your experience in the way of other faith groups and what they are contributing to this issue.

Mr PULLEN: I would have to defer that question to Captain Kurth. He may have a better idea of that.

Mr KURTH: I think the main thing, from my experience being about three years within the far west, is that the church-based groups, you have people coming in that are facing alcohol or drug addictions and it also impacts the families as well. The faith-based groups, whether it is churches, are probably helping a lot with emergency relief—the fall-out from the drug and alcohol. People have gone into a family home, they have stolen possessions, sold them off, so they are now without food but cash within the wallets. We get a lot of people coming to us in need for handouts, whether it be food, welfare, to pay bills or the like. I think that is my small bit of the experience within the faith-based.

The Hon. PAUL GREEN: Are you able to name any other organisations? Are there Catholic organisations doing stuff? Is there some Baptist aid? See if you can name just a couple of networks that you may cross.

Mr KURTH: I know within Broken Hill the churches link together at times, so people know where they are. They will rock up at the Church of Christ per se, the Anglican Church, us at the Salvation Army; I think Impact Churches have had people turn up before. I know from my experience, on a Sunday morning, when you are coming into your place of worship there could be someone waiting at the door ready. So it is basically within that Sunday and the weekend when their services traditionally are active that we will see people at our church buildings needing help and assistance.

The Hon. PAUL GREEN: The evidence that we are taking—and I can only just go on my testimony history—is that a really good place for people to go after they have had the detox, if they have been fortunate

and have been able to get access to it, then they had their rehabilitation. It seems the next section of that healing process if quite broken because we tend to put them back in their communities where all the drugs, ice or whatever drug of choice is, is happening in that community. We put them straight back in with the lions, so to speak, and it starts all over again. One of the interventions I have seen effectively used is faith groups coming beside those people and at least getting them regularly to church—not that they are going to proceed to a place of receiving Christ and follow Christ, but more so, that that relationship that the church offers with other individuals is incredibly important to help them stay out and off drugs. Is that the way you experience it and see it?

Mr PULLEN: From my perspective, addiction is normally about three things, as I understand it: people, places and things. It is about the people they mix with, the places they go and the things they have about them. If you are able, which the Salvation Army does, along with Professor David Best—who I had the privilege of co-authoring a study in this area—if you are able to change those three things: the places they go, not necessarily the community they live in; the people they mix with; and the things they have about them, then recovery is enhanced. To answer your question, Deputy Chair: I agree with you. Churches, boarding groups, the PCYC groups, any of those groups do add community enhancement.

From my perspective, one of the good things that these groups do is that it builds resilience. We teach people to be happy, but in reality we ought to be teaching them to be resilient so that they are able to, from an AA perspective, role with the punches.

The Hon. PAUL GREEN: In terms of that, I like how you say that—people, place and things. In youth ministry we used to say that if you are going to minister youth you need three things there: love, acceptance and atmosphere. So you have to have a cracker of an atmosphere, you have to show love, and just acceptability at any stage—acceptance is a big part—and if you can do that you have gone a long way to keeping the kids down from the street and into a program where they can actually find self-esteem and self-respect, and, of course, that goes on as you grow your youth ministry. It is not much different to this. We talk about a silos approach—different people doing what they do and never communicating with others. It seems to be that there could be a big, wide open space here that could be closed quite a bit if government agencies or NGO agencies were able to combine with the faith groups to ensure that the third part of that treatment—out of detox, out of rehab—is a safe place where these people can continue to grow what they have learnt in the previous residential rehab situation. That seems to be broken and we send them back to those communities.

Would it be your view that the opportunity to work with faith groups, PCYCs, all these other groups that do exist, is underutilised? That at the end of the week they could go and be part of that and be protected maybe and encouraged to stay on track with their treatment?

Mr PULLEN: I am absolutely sure you are right. I think the pathways that we have have to be sustainable. I intend when I retire to write a book on silos. I do not think the silos are the problem.

The CHAIR: These are not grain silos either, are they?

Mr PULLEN: But they are the illustration, because if the silos are broken down then we have a mess. It is the gantry around the silos that is broken, in my opinion. So it is all those pathways. If I had a chicken farm I am not going to take pig feed to a chicken farm; I am going to take the right commodity to the right farm so that that farm flourishes. So when we are working with people in addiction, if we take the right product to the right person then we get them to flourish. So it is the gantry, not the silo. That is a personal view. I intend to write a book. Maybe you will buy it.

The Hon. PAUL GREEN: It is an interesting thought because I think more and more the Christian faith in particular is being pushed out, and it is being pushed out at the expense of the person that is trying to be healed or seek healing. Faith groups are a very important part of that third part and can add the opportunity for that person to have healthy relationships that can help them build on the earlier treatments to get out of addiction and into a life of productivity, as spoken about by Mr House earlier—which was an exceptional contribution.

The Hon. COURTNEY HOUSSOS: Thank you for appearing before us this morning. I have a question about the service in Dubbo that you talked about. Is the non-residential program that the Salvation Army runs in Dubbo the closest service that you can refer people to?

Mr PULLEN: The Royal Flying Doctor Service does run an outreach program here in Broken Hill and one of its partners is the Lyndon community. Quite honestly, if I was referring someone at the moment my first point of call would be the Royal Flying Doctor Service, which is supported by the Lyndon community. That is where I make my first point of referral.

The Hon. COURTNEY HOUSSOS: My next question was how do people get to Dubbo, but if you refer them locally then—

Mr PULLEN: Well for the residential situation that is one of the real issues. I am aware that you had Major Gavin Watts from Dooralong Transformation Centre appear before the Committee some time ago. Dooralong is the largest residential rehabilitation in the State. How do we send a person to Dooralong, especially if they have a mental health issue, which Dooralong specialises in? I had the privilege of being part of the opening of that.

The Hon. COURTNEY HOUSSOS: We heard very positive reports about the work that Dooralong is doing, but you are right, the logistics of actually getting someone to Dooralong or any of the services that are so far away is obviously really challenging.

Mr PULLEN: And on the point that the Hon. Paul Green made, where the church then comes in, and where they have a real place, is in working with the families and the victims in families. That is where the church or the faith-based community can step in. I hope and pray that the church has not retreated more than it has been pushed out.

The Hon. COURTNEY HOUSSOS: That is an important point that perhaps we have not covered in depth. We often focus on the rehabilitation for the individual but not so much for the family and the supports that are required for them. That is a great point to make to us.

Dr MEHREEN FARUQI: Thank you very much for coming in today. I understand that the Salvation Army does operate a women's refuge here in Broken Hill. Is that correct?

Mr PULLEN: We do.

Dr MEHREEN FARUQI: Do you think there is a link between domestic violence and the lack of drug rehabilitation services in Broken Hill? If we had a drug rehabilitation service would it have a positive impact on the domestic and family violence space?

Mr PULLEN: Before Captain Paul Kurth speaks on that, I will say that as you would most likely be aware, rehabilitation services came out of homelessness. It has its roots planted in homelessness. The reason for that was that there was a link. I do not believe that has changed. There is a link across the board. Again, if I could go back to people, place and things. Having those three things in place un-fractured will result in a better outcome. Captain Paul Kurth, as the chaplain of that service, has a far better understanding.

Mr KURTH: I think the staff at Catherine Haven Women's Refuge would be able to better answer that question, but from my experience in working with the staff over there I think the answer would be yes. Rehabilitation services would help the holistic factors of domestic violence and homelessness. It is treating some of the symptoms of the causes there. I would say that yes it would have an impact.

Mr SCOT MacDONALD: I want to go discuss residential rehab again. Major, you made a comment that the building of the residential rehabs took place in the 1990s or something like that—it was the drug summit I think. Do you think there is a need for more bricks and mortar? What is holding back the development of these things? Would your organisation look at being part of a residential rehab if it did not have to jump the hurdle of building the centre itself—in other words if it was built by Broken Hill City Council or someone else—and had access to it at a novel rate? Is that a pathway you would go down for the Salvation Army?

Mr PULLEN: It is hard for to speak on behalf of the Salvation Army in that area, but my understanding—and I have actually spoken to Mr Gerard Byrne, who appeared before you back in March—is that the answer would be yes.

Mr SCOT MacDONALD: The recurring thing that we are hearing is that capital is the big barrier.

Mr PULLEN: Capital is one barrier. The effective size is another barrier.

Mr SCOT MacDONALD: So you do not want to be part of something with six beds, or something like that? You would need 20 beds, 30 beds—

Mr PULLEN: I would say 30.

Mr SCOT MacDONALD: 30 beds. So it has to have size and scale?

Mr PULLEN: Yes because—

Mr SCOT MacDONALD: You do not want to be part of something that is set up to fail or is expensive to run?

Mr PULLEN: I think it would be a bad use of people's money. As a taxpayer I want my money spent wisely.

Mr SCOT MacDONALD: Yes, and that applied whether it is local government, State or whatever else it might be. Captain Kurth do you have anything to add on that?

Mr KURTH: I think Major Pullen covered it.

The Hon. PAUL GREEN: I want to continue on the line of questioning that I had earlier. It is said that we are made up of body, soul, mind and spirit and Captain Kurth mentioned holistic care, which we learn in health care is body, soul, mind and spirit and that you have to take all of those things into consideration to totally heal someone or help them heal themselves. What part do you feel that spirituality plays in terms of the healing of a human being, if at all?

Mr PULLEN: I do, but it is holistic. For spirituality to be effective it has to be effective across the board. Part of the Salvation Army ethos is that we will live, love and fight against injustice. I think the reality is that it is a holistic approach. I think what Captain Kurth was saying was that we need to be holistic so that it is the whole person. Rehabilitation, whether it is cognitive behavioural therapy, the community reinforcement approach, the community rehabilitation model or whatever else, does not work unless it affects the person holistically. That is one of the issues. I saw an example of where that is becoming an increasing problem and the detoxification takes longer. We should look at the body, mind, spirit and soul.

The Hon. PAUL GREEN: Earlier, the mayor made a very profound comment. She said, "We look at the outward person, but really what we should be doing is looking to the inner person." It is within the inner person that most of us are messed up. We need to be healed inside out, so to speak, rather than outside in. Things like insecurity affect so many people who we would never pick as being insecure—it is an inner being. You would never pick a lot of people who look like their lives together but who inside are feeling absolutely rejected. Then there are a lot of people who are in a situation where they have had a terrible life by way of parenting or other outcomes and they hold unforgiveness. Those three things are internal.

Mr PULLEN: It is interesting point on the forgiveness, because one of the studies that the Salvation Army has done has been on forgiveness through the University of Wollongong. When people are able to forgive themselves, which is a very hard thing for them to do, feel forgiven by others, and then feel forgiven by, I would say god, but the god of their understanding, then their chances of meaningful recovery again is enhanced. The other thing that is interesting, from a faith-based thing, which the University of Wollongong also did a study for is on the place of prayer. A person who prays has a greater chance of recovering also, which is an interesting study. I believe in prayer and believe strongly in prayer but it is about being able to take that inner self to that holistic concept.

The Hon. PAUL GREEN: It is another dynamic to the therapy. You can put psychological principles in place, which are very helpful there is no doubt, but then you have another opportunity to put spiritual principles together which can further add to the opportunity for healing. We had Mr House once again saying that he could not take enough drugs, alcohol, or whatever it was, until he blacked out and when he blacked out he was out of pain.

Mr PULLEN: That's right.

The Hon. PAUL GREEN: Another thing he said, "You cannot stop addiction, you take it into jail with you". My point is that not enough white powder will get you away from insecurity, rejection or un-forgiveness. Those things are spiritual and they need a spiritual approach. With that training, with the detox to get you to be the person that you know you are before you take those drugs and become someone that you certainly are not, then you go into resi rehab. There you learn some principles to help you get away from, as he said, a white packet down there has no power, the power is in the person picking up the packet and then that affects the person who chose to pick up the ice, or whatever it may be. I want to drive this home to say that the faith-based organisations, I am not picking just Christian, but any faith-based organisation, that can add a component of spirituality to the healing process would be deeply helpful, would that be your view?

Mr PULLEN: Yes, it is my view. It takes more than one intervention.

The Hon. PAUL GREEN: Of course.

Mr PULLEN: The reason being for what the gentleman said prior. If I was to have a heart attack and was to be put in hospital, then I left hospital and had another heart attack, they are not going to say, "No, you have been here once, we are not going to treat you again". We do that in drug and alcohol work by the way, sometimes. What we would do is to step up the care for a person with a heart attack. The same is true with rehabilitation. The organisations constantly step up the care, which means building the person holistically

constantly—working with the family, working with all the significant others that it impacts. When you look at a lot of people that have addiction, their friends and cohorts—we use greens, reds and white colour dots to help us map their life, there are too many red dots—there are too many abusive friends.

The Hon. PAUL GREEN: Like you say, it goes without saying, if you get a victim into what we would call church there is a lot more people in church who can share the burden of that individual rather than one person, as we saw earlier, trying to carry the burden of a particular victim and lost the battle, sadly. My goodness, it is really nice when you are able to share a burden with another 50 or 100 people in your church that carry the load not just of the victim coming back from rehab but also carry the family's burdens, a little lighter load.

Mr PULLEN: I would agree with that. I would also add to that, if that person is volunteering at St Vincent De Paul, Lifeline or is part of the local soccer club or local philharmonic group, or whatever it may be, they have built community.

The Hon. PAUL GREEN: Here, here.

The CHAIR: Can I change tack slightly. We have been giving attention to the issue of illicit drug use and the need for detoxification and rehabilitation. On the issue of alcohol abuse specifically, the Salvation Army have a long proud history of work in this area around the world. Specifically in Far Western New South Wales, can I invite you to comment on alcohol addiction and the work you have done that has been successful or thoughts about what is missing specifically with alcohol abuse and addiction. Feel free to broadly comment on it.

Mr PULLEN: Just over two years ago I was moved from my position as the director for the Salvation Army rehabilitation programs for New South Wales and Queensland. When I moved from that seat at that time 57 per cent of people going to residential rehab were alcohol affected as their primary drug. Now I have been told that has changed. The greatest primary drug now is ice. That has never happened before under the heroin debate, marijuana, if you take it right back, that is the first time that alcohol has been knocked off its perch. I think that is a community issue. Alcohol, ice, it affects this community as much as any other community in Australia. In some ways it may even affect us a little more because we are on a major transport route. We do know, history has told us, towns that are on major transport routes, the transportation of the drugs into the communities is easy. Yes, it does affect us here.

The CHAIR: Captain Kurth, you are very much on the ground here, the issue of alcohol abuse and addiction, what have you seen, what has worked, not worked, your own initiatives and your general thoughts?

Mr KURTH: There is definitely an issue with alcoholism in town here and other outlying areas. There are times where I have people coming in for help at the centre and you can smell the alcohol already on them and sometimes that is at 10:00 a.m. in the morning. There is definitely an issue. As mentioned before I see the alcohol trouble is a symptom of that internal issue. It is the outlier, whether it is self-medicated or something going on, it is the deeper issues internal playing out through the alcohol abuse.

The Hon. Dr PETER PHELPS: Further on that point, it is a question I have been asking at a number of hearings. There has been a lot of talk about an ice "epidemic". Is it the case that there are new cohorts of people who are taking drugs who previously would not have taken drugs or is it merely a product substitution away from alcohol, heroin, marijuana into methamphetamine?

Mr PULLEN: I could not give—

The Hon. Dr PETER PHELPS: I am happy for anecdotal information.

Mr PULLEN: Thank you.

The Hon. Dr PETER PHELPS: I understand you cannot quantify it, but being on the ground you have at least an anecdotal understanding.

Mr PULLEN: I think it is cheaper.

The Hon. Dr PETER PHELPS: It is cheaper but the question is; is it the same group of people who otherwise would have been using alcohol and heroin, or is it new groups of people who are being brought into a particularly insidious drug?

Mr PULLEN: As I said, I think it is cheaper and as a result of its cost then it is more cost effective. For me if I picked up one beer I would be off my brain. For the average person they are spending a lot of money to get drunk whereas ice is much cheaper. I think that is having an effect on our cashflow society and there is a

new group of people as well as a shift in communities. People in the community in those ranges do not change too much; they just change the things, really, and the things are changed.

The Hon. Dr PETER PHELPS: Is there a greater problem with alcohol and addiction to drugs today than there was 10 years ago or 20 years ago, or is it simply more noticeable because of the violent outburst tendencies of people on methamphetamine?

Mr PULLEN: Our waiting lists for rehabilitation centres are longer than they have ever been.

The CHAIR: On behalf of the Committee, thank you for appearing before the Committee today. Your insights are very valuable and will prove to be very useful in our deliberations in preparation for our report and recommendations. Appearing before this Committee to provide evidence is very important, because we can use that information in our deliberations. Thank you for the work that the Salvation Army does.

Mr PULLEN: Thank you for the opportunity.

(The witnesses withdrew)

(Luncheon adjournment)

IAN HARVEY, Team Leader—Transition Programs, Far West NSW, Community Restorative Centre—Broken Hill Office, affirmed and examined

MINDY SOTIRI, Program Director—Advocacy, Policy and Research, Community Restorative Centre—Broken Hill Office, affirmed and examined

The CHAIR: Welcome and thank you for taking time out of your busy schedules to appear before the Committee today. I invite you to make an opening statement.

Dr SOTIRI: Thank you so much for the opportunity for the Community Restorative Centre to present to the Committee today. We are very encouraged that there is some serious thought that is being given to the absence of drug rehabilitation services in regional and remote New South Wales. We want to take the opportunity today to talk about the challenges of the clients of the Community Restorative Centre. Firstly, I will let you know who we are and what we do with regard to why we want to present at an inquiry such as this. We are the lead NGO in New South Wales providing targeted specialist services to people involved in the criminal justice system. We have a particular emphasis on the provision of programs for people who are leaving custody, with a focus on the transitional and reintegration stage. We have been doing this for about 65 years in New South Wales. We have been operating in the far west for only eight years, but we have offices both here in Broken Hill and in Wilcannia.

To give you a sense of the scope of what we do, we work only with people who would be considered highly complex—by that, I mean that in order to get onto our programs, our clients have to tick a number of boxes in terms of disadvantage. Almost everybody we work with, aside from having long histories of criminal justice system involvement, is homeless, often has active and ongoing drug and alcohol issues, has mental illness and has cognitive impairment. We have between 12 and 14 funding providers. We are currently funded here in far western New South Wales through the Department of the Prime Minister and Cabinet. We work intensively with approximately 500 people each year in New South Wales, which is tiny when you think about the 18,000-plus people who are getting discharged from custody each year. From the outset what I really wanted to make clear on our position—I have read some of the submissions and imagine that we will be saying very comparable things about the absence of beds and detoxification facilities and access generally for people in this region—from the perspective of the Community Restorative Centre, that is absolutely the case.

One of the things that we need to be really clear about is the absence of services is not just bad because it means that people cannot access them, what it does for our client group is criminalise people. By that I mean the vast majority of the people that we work with end up spending their lives being engaged in criminal justice system settings rather than being supported in the community. If the Committee has time as we are going through we have some very recent case studies that provide evidence of that. The key issues for this client group generally that are exacerbated by the lack of services in far western New South Wales is that people with criminal records or long histories of criminal justice system involvement throughout New South Wales have difficulties with accessing drug and alcohol rehabilitation services.

Sometimes this is explicitly as a consequence of the fact that they have a criminal justice conviction. A lot of rehabilitation centres will not take people who have been convicted of what are considered to be violent or serious offences, so it is quite explicit that they cannot access those services. For our clients more often the lack of access to drug and alcohol rehabilitation services in the community is as a consequence of the complexity of their need. That is, a lot of rehabilitation services will not take people with serious mental illness. A lot of mental health services will not take people with serious drug and alcohol addictions. A lot of our clients have cognitive impairment, either in the form of intellectual disability or acquired brain injury. Again, a lot of residential rehabilitation services will not take that client group. That is not because they do not want to, it is a resource issue.

The final thing I will say generally in terms of access and then we are very happy to answer questions, is that our clients have very long histories of failed service provision in the community and a lot of referral fatigue that comes with that. They are bounced from one service to another with very few services willing to say, "You know what! Yes, we can take you with your mental health condition, with your cognitive impairment, with your long history of criminal justice system involvement and with the fact of your homelessness," which is also the case for our clients. What ends up happening for our clients when they do manage to get into rehabilitation centres is often they do not last very long there. Our clients are regularly kicked out for behaviours that in prison are considered absolutely normal but in the context of a drug and alcohol rehabilitation centre are considered completely unacceptable.

Those are things, such as a particular language that in prison might be absolutely the norm, which in rehabilitation centres often is not. It might also be things like pacing, which again in prison is a really common and usual behaviour and in rehabilitation centres is considered to be threatening or unacceptable in other ways. The key thing also is this significant cultural difference. Our clients in prison are taught from the very outset of their criminal justice system lives that to dog or tell on somebody or dob on somebody is pretty much the worse thing you can do in a prison environment. Our clients learn very quickly that to do that is something that could provoke violence and is considered by many to be almost a life-threatening thing to do.

People then end up in rehabilitation centres where almost the opposite requirement is the case. People are asked to level, they are asked to share their stories, they are asked to tell a group if somebody has been leaving their towel on the floor in the morning. Our clients are often considered to be non-compliant because of this big cultural chasm between prison and rehabilitation. That is the general framework of some of the challenges for criminal justice clients entering into rehabilitation. That does not really touch on the issues of access when there are just no beds, which I am sure we will get to with the questions.

The CHAIR: Thank you very much for that introduction. Mr Harvey, would you like to add to those comments?

Mr HARVEY: Dr Sotiri has prepared some case studies that we would like to go through if that is okay?

The CHAIR: How many case studies and how long will it take to go through them?

Dr SOTIRI: It will take a minute or two.

The CHAIR: Then let us proceed with the case studies.

Dr SOTIRI: The first two are literally a couple of paragraphs.

The CHAIR: I do not want to pressure you but we need to have time for the questions.

Dr SOTIRI: I understand. The first ones are in the first person. They are stories that have been very recently told to our workers. It is just a paragraph each and we will update you on a couple of clients from last week that I think will give some context to what we are talking about:

> I was eight years old when my father first used me to assist him with break and enters by putting me into open windows that I could unlock the back door for him. I learnt from a very young age how to break into houses and take what wasn't mine. Dad sold or traded the stuff we stole to buy drugs for him and his mates. I was 12 years old when I first started using drugs. I used drugs to forget about the things I had done and the things that were done to me. My mother was also an addict and mum and dad were constantly fighting. My father would bash my mother, end up in jail and then come out and do the same thing over and over. I am now 20 years old. I sat in jail for five months waiting for an opportunity to have a bed available in a rehab. A bail application couldn't be considered until I have a bed. Eventually I was bailed to attend rehab at Footsteps in Port Augusta, some four hours away from my family. I have a younger brother aged 11 and I was in constant fear the things that happened to me were happening to him. Being four hours away made it difficult to communicate with my brother and other family. During my stay I found it very, very difficult due to the distance and my family were unable to visit.

That is the first case study. The second is a young woman whom we have been working with. She says:

> I was molested, bashed. I suffered a childhood of every type of abuse. Mum ran around with all her different boyfriends, gambled all her money away, was constantly high on drugs and I was left looking after my ten half-siblings. By 11 years old I had attempted suicide and by 12 I was using hard drugs. The only time I feel good is when I use drugs. It takes my pain away. Every partner in adulthood has abused me, fed my drug habit, aided in my criminal record. I didn't actually know what support was until I met my case manager. She supported me onto methadone, although I still use sometimes. She supports me with court, introduced me to a psychologist, to MERIT, saved my housing being terminated. When I get better I want to study counselling so I can help people like me too. I would go to rehab if there was one in town but I need to see my children. They are all I live for, even though they have been taken away.

That is the second one. Very briefly, just last week or the week before we supported a young Barkanji woman to travel from Broken Hill to Sydney for rehabilitation as a consequence of a court-ordered rehabilitation order. This was the first time that rehabilitation had ever been suggested or in fact ordered for her, even though she has been an intravenous drug user since the age of 13 and has been in and out of prison since the age of 13. We organised brokerage for her to travel to Sydney, which was the only rehabilitation centre that could take her. She needed to detoxify as well.

We provided brokerage for the flights, bought clothes and organised for her bags. But in the days leading up to her admission she became incredibly stressed and incredibly anxious at the thought of not seeing her children and also leaving everything that she knew and leaving country. Her drug use spiralled in these few days prior to getting to rehabilitation. She had never flown on an aeroplane before. She certainly had never been to Sydney or any town approaching the size of Sydney. She was incredibly emotionally distressed as she left for the plane and on the plane, as were here family who were distressed about her leaving. The experience of being

disconnected in this way and away from country and family meant that she ended up lasting only 48 hours in the rehabilitation centre that she attended in Sydney. It was just too much.

She was trying to detoxify from ice at the same time as being disconnected from everybody she knew and loved and everything that was familiar. She ended up being incredibly displaced, highly vulnerable and very unwell. We ended up very urgently organising for her to fly home again. We are in the process now of trying to find her another rehabilitation centre so that she does not go back to prison. Again, I think that when we talk about the criminalising of our client group, people are set up to fail in these kinds of circumstances and even though our workers work incredibly hard to get people into places, the challenges of finding something that is meaningful and appropriate for this client group are really big.

The final one, for the last couple of weeks I have been doing some advocacy for a young man who we have been working with for many years on and off. He is on parole and has been offered a place in South Australia for rehab. It is one of those incredibly rare situations for work as well. We have a client who is highly motivated to participate in rehab at exactly the same time as a bed has become available. Again, we offered to drive him because he needed to be supported in that way to get to the rehab. Unfortunately this client is on parole. He has only a few months left on his parole order and Community Corrections—again, this is not a critique of Community Corrections—but its policy suggests that it is unable to organise an interstate transfer for this client with such a short period of time left on his parole order.

The only way he could get to Adelaide is through an unsupervised transfer, but his risk level is considered to be too high for Community Corrections to agree to do that. We now have a situation where we have someone who is desperate to go to rehab, a rehab that is willing to take him despite his history of quite serious convictions, but total incapacity in respect of getting him there. He was not accepted into many of the rehabs in New South Wales that we were trying to get him into. Now the situation is that he has got a couple of months left on his parole and we are really hoping that he manages to hang on to that motivation and we will be able to still utilise that bed in South Australia when it comes up. The likelihood of those things happening is minimal.

We are in that situation with this fellow where, despite his motivation, and despite the fact that we can drive him, he is offering to attend police every day to say, "I am not planning to do anything bad while I am there, I just want to deal with this". There are no options for this particular fellow. Again, all of these stories are from the last couple of weeks. This is a regular part of the work that we do. Systemic or structural barriers to participation and service mean that our clients end up back in prison because that is the only place that cannot actually say, "No, sorry, we cannot take you", which is what happens with everywhere else we are trying.

The CHAIR: Mr Harvey, do you want to add any observations, comments, reflections to those case studies?

Mr HARVEY: I sat down with my team and we went through and prepared those case studies. There is not a real lot that I can add, but I am open to questions.

The CHAIR: Thank you.

The Hon. COURTNEY HOUSSOS: Thank you for your time today. They are heartbreaking but compelling stories and very important for us to hear. I have a couple of questions about your organisations. How many caseworkers do you have in Broken Hill?

Dr SOTIRI: You might be able to answer that better than me.

Mr HARVEY: Currently we have three other caseworkers, myself, and we have one in Wilcannia and we have one admin staff.

The Hon. COURTNEY HOUSSOS: You are funded entirely through the Department of Prime Minister and Cabinet, is that correct?

Mr HARVEY: That is correct.

Dr SOTIRI: In Broken Hill and Wilcannia we are.

The Hon. COURTNEY HOUSSOS: You said that you see 500 clients across New South Wales. How many do you see in Broken Hill and Wilcannia?

Dr SOTIRI: It is about 120 a year. It is quite a large percentage of our demographic. I should say, we are funded through Prime Minister and Cabinet now, but we have had about six different funding providers in the eight years that we have been providing services. Although the service that we have provided has remained basically the same, our funding has been through corrections, Federal Health, suicide prevention, Indigenous

Social Justice, NPAH—National Partnership Agreement on Homelessness—and then finally through Prime Minister and Cabinet, which, again, speaks to the way in which this client group falls between the gaps in respect of service provision and in respect of funding. We were looking at the statistics yesterday. We have been working with around 400 people over eight years that we have been in Broken Hill and Wilcannia. I should say that the service that we currently provide is entirely Indigenous, so it is through the Indigenous Advancement Strategy funding.

The Hon. COURTNEY HOUSSOS: That was my next question. What proportion of the people of those 400 or the 420 that you are currently seeing would you say are affected by ice?

Dr SOTIRI: I do not know. I think what I can observe is that it certainly seems to be the drug of choice of a lot of our clients in the same way that heroin was the drug of choice for a lot of our clients in the 1990s. Although ice is clearly a problem in respect of some of the behavioural stuff that happens for people when they are using, I would say that it is almost exactly the same demographic for whom the use of ice becomes a criminalising issue as it has been for other drugs.

From that perspective, ice is no more problematic for this client group than heroin was in the 1990s and 2000s. It is still the population that is incredibly disadvantaged in all kinds of other ways for whom ice becomes something that leads them into the criminal justice system. We are still not seeing, to be frank, a whole heap of middle-class people using ice going into prison. It is still poor people who are using the drugs that are available that are going into prison, whether it is ice, whether it is smack, whatever it is. It is the combination of poverty and drug use that results in them getting locked up. It does not happen for people who are living in more affluent areas.

The Hon. COURTNEY HOUSSOS: The working group suggested a 20-bed local facility. What would the impact of that be on the work that you do?

Dr SOTIRI: I think any amount of beds is better than no beds in this region. I am very happy to share another document we worked on in 2015 when we were doing a lot of scoping with a lot of other community agencies, including UnitingCare, on the need for a healing centre in far Western NSW. As part of that research we ran a number of community consultations and it became very clear that while there is absolutely the need for a rehab facility that the complexity of the issues for the majority of the people that we are working with that would require rehab facilities meant that a healing approach would probably be more useful than a mainstream medicalised rehab model. There are lots of arguments and debate what that can look like. We prepared some basic costings and also a basic model. There was a lot of debate whether it should be in town, whether it should be out of town, whether it should be men and women, whether it should be something that families could visit, or whether it needed to be a closed system. We have done a lot of thinking around that.

From our perspective, whatever that looks like, it cannot operate in isolation. It will need to acknowledge that where there are some great examples of great services in Broken Hill and Wilcannia, a safe house, for instance, in Wilcannia, which is amazing, but when women leave the safe house they are walking straight back into the same environment that they have come from. We know that almost 100 per cent of our clients are homeless when they come out of prison, both here and in New South Wales. We know across New South Wales 4,000 are leaving prison into primary homelessness. We would never say no to a 20-bed rehab. We would always want to make the point that when people leave rehab there needs to be some sort of pathway. Our approach is always for there to be a step down service delivery model. That is, if it is a residential program, then there needs to be something post-participation in that residential program.

There needs to be outreach work done regardless of what else is happening on the ground. From our perspective, our clients are very used to being excluded on the basis of their offence category, so if there was something like that in town, we would be advocating very hard that convictions of the sort that normally get people excluded from rehab should be considered very carefully in respect of whether or not there should be blanket exclusions around those things.

The Hon. COURTNEY HOUSSOS: That was an excellent point you made on the problem of the intersection of State borders, correction orders and how that does not necessarily work, which is something we discussed earlier today. That case study you have provided was helpful. You talked about the need for outreach services to complement. Do you also see the need for detoxification at the same time?

Dr SOTIRI: Absolutely. If some clients want to have a detox that is assisted, they will have to travel hundreds of kilometres just to get to a detox and then hundreds of kilometres somewhere else to get to a rehab. Most rehabs will not take you until you have been through the detox process. It is a huge need. Sometimes clients use prison a little bit as a detox. I am not sure if I am allowed to say this, but obviously there are still lots of drugs in our prisons.

The Hon. Dr PETER PHELPS: You would not be the first person who has said it.

The CHAIR: You have parliamentary privilege in giving evidence to us today, so you are fine.

Dr SOTIRI: I am aware that Corrections is one of our key funders as well. Some people do choose to use prison as a place to try and detox. In fact, that is a really common thing for people to do, especially from alcohol because there is not as much booze in prison as there is on the outside. But there is certainly the availability of other drugs and people do want to use them. So, from our perspective, it is not a detox. All these social services should be operating in the community rather than in a prison environment.

The Hon. COURTNEY HOUSSOS: Yes, absolutely. I have got one final question around your funding. How long is your funding for and do you have any guarantees for it?

Dr SOTIRI: Like most community-sector organisations around this time of year is a very anxious one for us. We were fortunate in that we had three years which got extended for another four years through Prime Minister and Cabinet. We are waiting to hear whether or not that will be extended for another year at the moment. It is one of the biggest barriers to staff retention to forming a solid presence in the community sector generally. Across my job is kind of the partnerships with our funding providers. There are 16 of them at the moment at both State and Federal and some local levels. We consider ourselves to be very lucky when we get a three-year pot of money, but most of the time we are looking at two years max. One-year rollovers are very common occurrences, which in terms of the stability or capacity to promote services is really problematic.

The Hon. COURTNEY HOUSSOS: Especially when you are dealing with complex people for long periods of time, staff retention is so important.

Dr SOTIRI: Yes, that is right. We are hopeful. All indications are that we will have our funding renewed, but we have not got anything formalised yet.

The Hon. COURTNEY HOUSSOS: We wish you all the best with that as well. Thank you.

The Hon. BRONNIE TAYLOR: Could you just repeat that you said 16 organisations—

Dr SOTIRI: Sixteen funding providers. The Community Restorative Centre currently across all of our services across New South Wales has 16 different funding providers that we report to. It is probably worth making the point that we run a very comparable model across all of those different funding providers. We have got a very clear sense about what the evidence suggests or is very clear, in fact, about what works for people leaving custody. So we implement that model regardless of whether that funding comes from Health, whether that funding comes from Justice—

The Hon. BRONNIE TAYLOR: It is a lot of work for you though, is it not?

Dr SOTIRI: It is.

The Hon. COURTNEY HOUSSOS: Where else do you operate in the State, and what is roughly the size of those?

Dr SOTIRI: Our largest site is in Sydney metropolitan region. Across New South Wales we have 60 full-time paid staff. We are a mid-sized organisation turning over between $6 million and $7 million a year through all of those different streams. We are in far west New South Wales, Sydney metropolitan. We did have a site in Newcastle for 30 years, which we have recently had to, unfortunately, shut down because of the introduction of the National Disability Insurance Scheme, which is a whole other inquiry I am sure. We also have a site in Nepean Blue Mountains, the Hawkesbury region, Western Sydney. Greater Sydney metropolitan is where most of our sites are located.

The Hon. Dr PETER PHELPS: Dr Sotiri, you mentioned in passing the need for a healing centre. What does a healing centre look like? What does it do?

Dr SOTIRI: I guess there are lots of different sorts of healing centres, but the ones that we started exploring were really Indigenous healing centres for people which, rather than seeing issues like drug and alcohol, violence, criminal justice system involvement as being separate issues that required individualised approaches, healing centres tend to take an incredibly holistic sort of perspective. They really acknowledge the history of trauma and intergenerational trauma for Indigenous people and, I guess, take the perspective that in order to shift or to change or to build pathways out of whatever problematic behaviour or problematic involvement in the criminal justice system might be, that there needs to be an acknowledgement of what has happened historically. Most healing centres also will ensure that Indigenous culture and language is front and centre of the approaches that people are taking in order to respond to things like drug and alcohol use.

The Hon. Dr PETER PHELPS: Is this as an alternative to custodial sentencing or post-custodial sentencing?

Dr SOTIRI: It is often post-custodial sentencing and often as a kind of alternative to medical models of intervention—which is not to dismiss medical models. I am happy to share as well the research we did into what healing centres could operate with. Basically a healing centre can operate at like an individual level; that is, there could be Indigenous-specific counselling at a regional level. There might be a local healing centre that is open to lots of people that acknowledges, again, past injustices and looks at how you might move forward in a trauma-informed way; and then also a healing practice might be a form of capacity-building around training around Indigenous trauma-informed practice.

The Hon. Dr PETER PHELPS: I am sorry to cut you off there, but how does it actually work? What are you looking at? Someone comes out of prison and attempts to try to reconnect with their family, their relations, their broader community. Who is it aimed at and what does it aim to achieve? How does it work and does it achieve what it sets out to achieve?

Dr SOTIRI: They are great questions. I am not sure if I can definitively answer all of them. There is some really great work that the Indigenous Healing Foundation has done and we have done a huge amount of research, where they would say absolutely yes to all of those questions. The healing centres are remarkably effective at reducing recidivism especially, which has been a lot of the focus. But basically there is a physical space, a building, that people leaving prison would be able to attend where all of their needs would be looked at, not just in discrete categories but as a whole, and also connection to country, connection to culture would be absolutely front and centre of all the interventions that take place.

The Hon. Dr PETER PHELPS: What is the mechanism by which change is effected in that individual?

Dr SOTIRI: I think a lot of the time it is framed in terms of the creation of an identity outside of the criminal justice system and the creation of an identity in the sense of belonging within a culture, family and community. I think that the thinking behind it, especially with clients or with people that have been in the criminal justice system for long periods of time, is that very often people are very disconnected from their positions within the community outside of the criminal justice system. People, and certainly our clients, often say very clearly they do not know how to live outside of prison. People are very good at going to prisons, they are very good at knowing how to be in that environment.

Healing centres are ideally designed to provide a very genuine alternative in terms of not just focusing on the deficits of the addiction or the criminal behaviour, but looking at who is it that I can be outside of this setting? What would happen if I learnt about where my family was from, what this country was about for my community? Like I say, the research is really encouraging in terms of the reduction of recidivism for those healing centres that are really focused on people that are leaving custody, which I guess there is a crossover in terms of a AOD client group.

The Hon. Dr PETER PHELPS: It is somewhat ironic, is it not, that in a time when nationalism is currently demeaned and derided that an Indigenous nationalism gives a person a sense of worth and identity which they would not previously have?

Dr SOTIRI: I think especially in this region and what we experience with our clients is that although there is a connection to Indigenous culture in some ways, there are many, many people who feel that exposure to that is incredibly powerful in terms of building some sort of sense of identity. Like I was saying, I do not know that it is even around nationalism, but I think that all of us probably require a sense of belonging and a sense of place, and the research would indicate for Indigenous people that participate in healing programs that that sense of place and belonging is like a lever for a whole range of other kinds of changes.

The CHAIR: Would you like to table that document?

Dr SOTIRI: Yes, sure.

The CHAIR: One of the secretariat staff will come and receive it from you.

Document tabled.

The CHAIR: Would you be able to provide references or citations for that successful peer-reviewed research on restorative justice programs?.

Dr SOTIRI: Yes, absolutely.

Dr MEHREEN FARUQI: Thank you so much for coming in and providing evidence. The issues of treating drug addiction through a criminal justice system and the tyranny of distance because there is no facility here, especially for Aboriginal people with that disconnection, have become pretty clear through your case studies. It is becoming clearer and clearer to us that this needs to be treated. Dr Sotiri, earlier you said that drug and alcohol rehabilitation services will not take people who have mental health issues and mental health services will not take people who have alcohol and drug issues. Where do those people go?

Dr SOTIRI: Prison. That is the point that we are trying to make. That is not to say that all drug and alcohol services do that. But for our client group there is often the combination of long histories of criminal justice system involvement and—to be fair to the services—long histories of offences that would be considered violent and frightening. There are lots of occupational health and safety issues that need to be taken into consideration there. It is not so much even that people are falling through the gaps; in these circumstances they are almost on a conveyor belt to custody from the get go. It is very often the case that my staff will call up services—say a mental health service—to try to get somebody assessed, seen or admitted, only to be asked, "Are they still using?" If the answer is yes there is still an active addiction they say, "We can't possible start working with them." It is the same with the mental health stuff with residential rehabs. People do not necessarily see themselves as having that level of capacity.

I think, again, the intersection between the mental health stuff and the drug and alcohol stuff is obviously really profound. People use drugs to self medicate and then the use of the drug can exacerbate or shift gears in terms of what the mental health condition looks like. Then there are often also cognitive impairment issues, which are really massive and probably bigger for the clients in this region than for our clients in the metropolitan regions. By cognitive impairment I am talking about acquired brain injury and fetal alcohol syndrome disorders. I think that that combination means that sitting down in a group situation, as is required in many mainstream residential rehabs—even if people were accepted—is actually a really difficult environment for a lot of our clients to participant in. That is not to say that it does not need to be there and there are some great examples of rehabs that are very good at opening their doors to very complex-needs clients, but a lot of the time it is too hard, considered too risky and is a little bit more expensive, because you need to skill workers up and pay them a little bit more in order to hold that level of complexity.

Dr MEHREEN FARUQI: Would you agree that we need to hold that level of complexity?

Dr SOTIRI: Without a doubt. And can I just say that it is so much cheaper than sending people to prisons—always. That was part of the castings that we did when we were looking at healing centres. That was back in 2015 when it was $222 a day to keep someone in prison. The sort of outreach that the Community Restorative Centre provides costs between $14 and $52 a day, depending on how much housing we have attached to that. Even if you are looking at residential rehabs, which are not cheap—I think that we want so much for them to be cheap—you are still looking between $100 and $180 a day. It is always going to be cheaper than prison for both the operational costs and, much more significantly, the other costs that come along with the impact of a prison sentence.

The Hon. Dr PETER PHELPS: And indeed perspective costs over the course of that person's life.

Dr SOTIRI: Absolutely. So if you take a longitudinal approach, you are going to find that pumping the millions of dollars that are required for really good residential rehabs is worth it. But they are not cheap: they require staff 24 hours a day and they require highly skilled staff. But it is the same with the healing foundation costing. When you look at the cost over a long period of time and you look at the police costs, the hospital admissions and the court costs, as well as the intergenerational costs, it is worth it. We know that 50 per cent of women in prison were in out-of-home care as kids and we know that our women clients are getting their babies taken away all the time. Those are the bigger picture costs that are really important when considering the benefit of actually not just tinkering around the edges of what needs to happen in Wilcannia or Broken Hill but looking straight on at what it would actually cost to do something that would make a significant difference 20 years down the track.

Dr MEHREEN FARUQI: Throughout the inquiry we have heard from other people that it is sometimes really difficult to find qualified staff in rural and remote areas. How many staff do you have here and have you come across that barrier?

Dr SOTIRI: We are officially funded to have six staff between Broken Hill and Wilcannia and it is a constant struggle. We have strategies for trying to address that. We are required through our funding agreement—quite rightly—to have at least 60 per cent Indigenous staff.

Dr MEHREEN FARUQI: That was going to be my next question.

Dr SOTIRI: It is an incredibly difficult environment for our Indigenous staff to work in, partly because the nature of working in small or smallish towns such as Wilcannia means that everybody has a relative, friend or somebody that they are close to who is in prison. Many of our staff have lived experience, which we see as a strength rather than anything else. But it does mean support for that group, in terms of providing the kind of intensive case management that we offer, is really significant. We spend a fair bit of money on training and acknowledge that a lot of the time the people who we employ are going to need to skill up in terms of whatever they are coming to us with.

The Hon. Dr PETER PHELPS: On that point, we have heard that there is a tendency for government to poach non-government organisation staff. Has that been your experience?

Dr SOTIRI: Yes, both here and across New South Wales. The issue in the sector is that we pay heaps less than what those in government earn. An Indigenous traineeship pays a lot more than what a level 4 or 5 social and community services award worker would get under the community sector award. It is fair enough—I would be going for that as well. But we need to offer other things in terms of the environment in which we are supporting workers in order to retain staff. We are incredibly lucky in that we have had many amazing, dedicated staff members who are there because they care so passionately about what it is that they are doing. But there are plenty of jobs in government for our Indigenous workers should they want to work in that space.

Dr MEHREEN FARUQI: In terms of funding arrangements, what do you thing should change to make it easier for you to do your job and not spend immense amounts of time fulfilling the obligations of the funding applications?

Dr SOTIRI: It is not to say that there should not be competitive tendering processes and accountability, and it think that is very important, but I do think that if we could guarantee service provision for at least three years at a time, it would make things much easier in terms of the stability of service. Also, the competitive funding landscape means that when community sector organisations are not doing so well, it is very hard for us to talk about that publicly. It is very hard for us to say, "You know what, I don't think we are doing a great job with this particular project." To be really honest, we are in a situation where—I say this a lot at community sector conferences—even though we are asked all the time to evaluate and share our learnings, the reality is that because of the competitive nature of how the community sector operates at the moment and the short-term nature of funding, we do not really ever do that.

We talk quietly amongst ourselves about that ways that we have messed up, but we do not, as a sector or community, really learn from the mistakes that have been made. At the same time, from my perspective, although there is a very legitimate demand for an evidence base that says "What we are doing is working", I get disheartened at times because we provide quite a lot of very rich data about what happens for our clients that is not acknowledged. We outsource some of our data to the Bureau of Crime Statistics and Research so that it tracks what happens to our clients over time—we know that people who participant in our service have a 12 per cent recidivism rate, as opposed to the 50 per cent recidivism rate across the general population. But even with that quality of data we certainly do not seem to have a great deal more success in terms of convincing people of the importance of running these kinds of programs. Longer term funding and an acknowledge of the research that does exist would be very useful.

The Hon. BRONNIE TAYLOR: Dr Sotiri, thank you very much. I wanted to follow on from Dr Phelps' line of question on the retainment of workers and training. A country university centre has recently opened in Broken Hill and I understand that 70 students have already enrolled—or 62 last week. Do you think that now we have the ability to allow people to do distance learning with assistance and a centre where there is a lot of people, we could target that to help the workers in your organisation to up skill through those courses and support them? Do you think that would be a good recommendation?

Dr SOTIRI: Yes, I think that access is obviously the first thing, so it is an amazing opportunity for workers out here to be able to access that. I think that often we start fairly small with the training. Sometimes we employ staff with very limited formal qualifications, so really we are training people in basic case management and welfare 101. But I think that partly what we need to do in the community sector is write into our funding submissions the need for some additional funds for that purpose. But having options for staff in the community sector to up skill that did not cost them or the organisation too much money would be a good thing.

The Hon. BRONNIE TAYLOR: I know that the centre in Cooma runs a bridging course from school to university for people who did not get that or have those qualifications. That might be something really exciting for us to explore in terms of assisting people in NGOs to be able to take that up locally.

The Hon. COURTNEY HOUSSOS: One final question. You said that you sometimes have people with limited formal experience and that lived experience can be just as valuable in this particular case. Do you have any ideas on how we could possible recognise lived experience as being equally important.

Dr SOTIRI: That is a great question. We are only just starting to try to figure that out ourselves. We have a policy within our organisation that we only take—we get a lot of requests for student placements—students who have lived experience of incarceration or criminal justice system involvement because they cannot get placements anywhere else and through those placements often there might be jobs opportunities at the end of it. I am not sure if there are ways of acknowledging that in any kind of formal sense. We are just trying to it at a local level and acknowledge that someone having been to prison themselves and having come through that equips them in ways that I, for instance, am not equipped to deal with people.

The CHAIR: Thank you both very much for coming along this afternoon. It has been great to hear from you firsthand, particularly in terms of some specific initiatives and programs that you are involved with and running. We encourage you to keep it up. Having to do the paperwork for 16 funding grant proposals must be in and of itself a huge draw on your time. Thank you so much for the great work you do for the local community. That concludes today's hearing. I thank the Broken Hill community, some members of which have joined us in the public gallery today. I thank them very much for coming along. It has been great to be in Broken Hill to receive a day's worth of very detailed and comprehensive evidence, which we will take away and use in a very constructive way in our deliberation. Thank you all very much.

(The witnesses withdrew)

The Committee adjourned at 14:19