Uncorrected transcript

REPORT OF PROCEEDINGS BEFORE

STANDING COMMITTEE ON SOCIAL ISSUES

INQUIRY INTO ISSUES RELATING TO REDFERN AND WATERLOO

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At Sydney on Tuesday 2 November 2004

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The Committee met at 9.30 a.m.

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PRESENT

The Hon. J. C. Burnswoods (Chair)

The Hon. Dr A. Chesterfield-Evans
The Hon. K. F. Griffin
The Hon. R. M. Parker
The Hon. G. S. Pearce
The Hon. I. W. West

MICHAEL ALLEN, Executive Director, Central Sydney Housing Services, Department of Housing, 223-239 Liverpool Road, Ashfield, sworn and examined:

CHAIR: Did you receive a copy of the questions prepared by the Committee?

Mr ALLEN: Yes, I did.

CHAIR: I will start by asking you those questions. Later the Committee members may ask further questions that arise. Do you wish to make an opening statement?

Mr ALLEN: No, I am happy to proceed.

CHAIR: The first batch of questions deal with the recent announcement about the establishment of the Redfern-Waterloo Authority. What discussions has the Department of Housing had in relation to that? What role do you see the department taking under the authority's 10-year plan?

Mr ALLEN: As a matter of government policy, it is not normally a matter that the department would be asked to comment on in respect to the Redfern-Waterloo Authority. However, the department will be an active and engaged partner in any redevelopment and community development processes in the area, particularly those involving public and affordable housing.

CHAIR: Your response answer almost answers the Committee's second question. The Premier's press release specifically referred to "investigating the renewal of public housing estates". The Committee has visited the Waterloo estate and talked to tenant groups and others there. What will that renewal involve? Does the department have any views on the most appropriate future for public housing in the area?

Mr ALLEN: At this stage the department's involvement is not clear, but we look forward to discussions with the Redfern-Waterloo Authority when it is established. The department wishes to see a reduction in the concentration of public housing in the area, but not a reduction in the level of housing assistance to the department's clients.

CHAIR: Can you expand on that? You said that there is to be a reduction in concentration but no reduction in assistance. What does that really mean in practice?

Mr ALLEN: It means reshaping the department's property portfolio in the area to better address the needs of current clients. I am sure the Committee would be aware that housing there was generally constructive in the 1960s and 1970s and housing needs for our clients have changed quite significantly since that time. The department has been undertaking a number of what we call community regeneration projects and processes to try to better reshape that housing so it addresses current needs.

CHAIR: The Committee will address that in later questions. Some of what you have just said is what the Premier was referring to in his media release when he said that the plan would address "increasing rental or home ownership housing opportunities" in the area. Is the department looking to that, to getting more diversity?

Mr ALLEN: Yes, it is. It would be desirable to see a reduction in the density of public housing, an increase in the level of affordable private rental and home ownership opportunities, and an increased focus on the needs of ageing residents in both public and private housing sectors. There is a variety of ways of achieving those outcomes: by utilising existing government assets and leveraging private sector contributions.

CHAIR: If some of those things happen will that not necessarily reduce the amount of public housing available for existing tenants?

Mr ALLEN: It could well do in specific parts of the area, but it may well see an increase in other parts of the area for adjoining parts of the area so that there was a more homogenous mix of public housing within the broader Redfern-Waterloo area.

CHAIR: For instance, you do not see a process of people moving to other suburbs or districts?

Mr ALLEN: No, not necessarily.

CHAIR: Not a long way away, but maybe within the area.

Mr ALLEN: Certainly within the broader area, unless, of course, it was a matter of that tenant's choice. It sometimes occurs that they are desirous of moving to another location, because their circumstances have changed.

CHAIR: The final question regarding the future plans is whether you have any comments on the future of the Block and how it relates to the Redfern-Waterloo Authority and what is being planned?

Mr ALLEN: Certainly the continuation of a range of rental and home ownership opportunities for Aboriginal people in Redfern and Waterloo is a priority for the whole community. But any more specific strategies for the Block are really a matter for the Aboriginal Housing Company.

CHAIR: The remainder of the questions are about what the department is currently doing, and what it has been doing over the past few years. Relating to the key challenges for your department in relation to social housing in Redfern and Waterloo, would you explain the current funding arrangements under the Commonwealth-State Housing Agreement and how that affects your agency's service delivery? What has occurred in the five-year plan?

Mr ALLEN: The department is principally funded under the Commonwealth-State Housing Agreement [CSHA]. The current agreement runs from 2003 to 2008. The Commonwealth and the States and Territories have committed to specified levels of funding for each financial year within that period. Although the agreement includes some indexation the funding levels for New South Wales are lower both in real and nominal terms than those of the previous agreement. Overall funding under successive agreements has been falling for more than 15 years in New South Wales. Because of that the New South Wales Government has contributed $187 million to social housing over the three financial years 2002-03 through to 2004-05 over and above the CSHA commitment to assist the department in meeting a large outstanding backlog of property maintenance liabilities.

Under the bilateral agreement, which forms part of the CSHA with the Commonwealth, New South Wales has agreed to pursue a range of strategies and targets within the funding constraints of the overarching multilateral agreement. Although strategies are of a general nature, the department has made some specific commitments to community regeneration. Objective three of the bilateral agreement states that New South Wales will strengthen local housing communities to help address social and economic disadvantage. That includes taking a comprehensive and integrated approach to regenerating priority communities. Redfern-Waterloo is one of the communities identified by New South Wales as a priority community. During the term of the current agreement the department will continue to build on the work performed during the 1990s to improve the physical living environment and work with other agencies to improve the quality of life for social housing tenants in the area.

CHAIR: The agreement and the strategies in the bilateral arrangement means that the department must put money, work, into a priority community such as Redfern-Waterloo. Does that kind of agreement mean that the department's options are lessened or that you have to do certain things that you might not otherwise do? Or is there a genuine agreement. If the pot of money keeps getting smaller and there are certain things that the department must do, presumably it has to be at the expense of certain other things.

Mr ALLEN: There is a reasonable degree of flexibility provided by the CSHA, but, at the same time, funds can be spent only on certain activities. I do not see those as a constraint, per se, in

the work that we are doing in Redfern and Waterloo other than their money available is considerably reduced and has been considerably reduced over a number of years.

The Hon. GREG PEARCE: Is that money for capital and recurrent expenditure?

Mr ALLEN: Generally the money is only for capital expenditure.

The Hon. GREG PEARCE: You have a fairly large stock of properties already.

Mr ALLEN: Yes, we do have a large stock of properties in Redfern-Waterloo. However, in terms of that capital expenditure it can be reused to physically reshape those properties so they better address the needs of our current residents and, for example, improvement in safety and security, improvement in fire safety, improvement in the level of community and liveability of that housing, that is something we can apply the CSHA funds to, and have done for several years.

CHAIR: So "capital" includes maintenance?

Mr ALLEN: For certain maintenance, not day-to-day maintenance. Day-to-day maintenance must be funded from the department's rental income. Where there are capital improvements to a property the CSHA funds can be used.

The Hon. GREG PEARCE: You would expect the amount of money to be reducing if it is basically for capital, because you have an ever-increasing stock of housing. Will you be increasing the amount of money to buy new housing?

Mr ALLEN: Well, there is a substantial waiting list for assistance and the department needs to address that waiting list, and those capital funds are important for new supply.

The Hon. GREG PEARCE: What is the current waiting list?

Mr ALLEN: At the moment it is approximately 80,000 households across the State.

CHAIR: Is it also the case that over the years the housing stock has, in some cases, reduced; for instance, properties in country towns which are no longer rentable. Also, in the past, properties were sold so it would not necessarily be true to say that the stock of usable housing has increased.

Mr ALLEN: In general terms, yes, the department sells a number of properties each year across the State. Under the CSHA that money needs to be reinvested in additional properties, so the department uses that asset sales income to provide housing areas where there is higher demand. In some more remote country locations the demand has dropped off reasonably significantly over a number of years. Those properties have been sold in some cases and those funds have been used in other areas where there is higher demand.

The Hon. ROBYN PARKER: What is the waiting list for Redfern-Waterloo?

Mr ALLEN: I could not give you an accurate answer off the top of my head. There is a reasonably significant demand for housing in the inner city, it would be in the order of thousands of households waiting.

The Hon. IAN WEST: What are the current initiatives and priorities for Redfern, especially regarding security, safety and maintenance?

Mr ALLEN: I have information here on a range of activities that the department has been undertaking in the area. We have been focusing on a number of things which broadly come under the heading of what we call community regeneration. It has involved improving safety and security in all of our buildings. For example, when those buildings were constructed security access was not an issue: there were open front doors to buildings and the security was provided at the entry door to each unit. Over the last several years we have been going through a process of upgrading that security and providing secure access at the front entry of the buildings. They now require electronic key access to try to ensure that only residents are accessing the building. There are resultant improvements in the

level of safety and security for the people that live in those projects. That is reasonably costly work but it is important work and certainly has the support of our tenants in undertaking that work. Almost all of our buildings—certainly all the lift service high-rise buildings—now have security key access to the buildings and they generally have the intercoms as well so visitors can access the building by contacting the tenants in their unit. That is one example of the work.

Some units are bed-sitting rooms, fairly small accommodation that does not provide a reasonable level of amenity. We have been enlarging them to try to turn them into separate bedroom units in some cases and in other cases into two-bedroom units so that we have more flexibility in the accommodation. We have also been making other improvements broadly around safety and security. There have been fencing projects. In many cases when the apartment complexes were constructed there was no perimeter fencing, so people could wander across a so-called sea of grass around different projects. We have provided fencing there, again with the full support of tenants. We have done a number of other things at a social level to improve local democracy. We have established what we call neighbourhood advisory boards in Surry Hills, Redfern and Waterloo. They are made up of tenant representatives who are elected on a precinct-by-precinct basis. Those neighbourhood advisory boards are independently shared, in the case of Waterloo by Norah McGuire, who is a public housing tenant—

CHAIR: We met with Norah and her board a few weeks ago.

Mr ALLEN: —and John McIntyre from Redfern and as well, the local Anglican priest. So that democracy is as open and as participatory as we can make it for public housing tenants. On those boards other government and non-government agencies are also represented, in particular the Department of Community Services, the police, local council and so on. We work with the neighbourhood advisory board I guess as a guiding body in the department's activities in the area but also as a body to provide feedback to the department on our services and activities in the area.

The Hon. IAN WEST: Can you give us raw figures on Waterloo and Redfern as to the current numbers and what the proposed numbers will be over the next 10 years for the next 12 months or the next two years?

Mr ALLEN: Overall I can give you information that we have spent in excess of $17.5 million in the last several years.

The Hon. IAN WEST: No, the number of available occupancies.

Mr ALLEN: I cannot give specific figures to you. I am happy to take that as a question on notice to provide a response.

CHAIR: Could you clarify what you want, Mr West?

The Hon. IAN WEST: The number of actual homes available.

Mr ALLEN: I can certainly provide that information to you.

CHAIR: And I think you added what is planned over the next 12 months.

The Hon. IAN WEST: Yes, the plans for the next 12 months. I assume there is a 12 months, 5-year or 10-year plan. Could we get the actual numbers, the raw data that is available? In addition, if you have the jargon plan we can have that too.

Mr ALLEN: I can certainly provide you with information around the raw numbers, yes.

The Hon. ROBYN PARKER: A number of participants in this inquiry have told us that they have difficulties with the Department of Housing, that the staff turnover is high and the local offices are understaffed. Is that the case? If so, what is being done about that?

Mr ALLEN: The department does not believe its local offices are understaffed. The turnover in those offices is generally the same as would apply to all of the offices in our division. Our

division extends from the Hawkesbury River Bridge in the north to Heathcote and Sutherland in the south and out to the fringes of Parramatta and Bankstown. Staff turnover occurs quite naturally from time to time when staff gain promotions or take up employment opportunities in other government or non-government agencies. It can happen as a result of staff going on to maternity leave or staff taking other positions within our division. So there is a natural level of staff turnover and the department does not believe that our offices in Redfern and Waterloo are necessarily any different from the other offices in our division.

The Hon. ROBYN PARKER: A number of tenants in Department of Housing accommodation, particularly in Waterloo, have complex needs and mental health problems. What initiatives does the department take to address those needs?

Mr ALLEN: With regard to tenants with mental health needs the department has a signed joint guarantee of service with the Department of Health around mental health issues. Other signatories to that JGOS, if I can describe it as that, include the Department of Community Services, the Aboriginal Housing Office and the Aboriginal medical and welfare board. That sets in place a formal framework around which the department can reasonably ensure that there is appropriate access to service for its clients who need support with a mental health condition. In addition, over the last few years the department has created some new positions within most of our client service teams.

These are positions called senior client service officer specialist and one of the key requirements in the job description for those staff is that they have a welfare or social work qualification. They provide support to our client service officers in dealing with tenants who have complex or special needs. In some cases those specialist staff will manage the department's assistance directly to an individual tenant, or assist other staff in managing those situations and ensuring appropriate levels of support. We have good working relationships with the local mental health team in and around the inner city. Our local staff meet with them on a regular basis. We also network with a number of other non-government support agencies to ensure that as much as we can all of the necessary assistance and support that our tenants might individually require are provided to them.

The Hon. ROBYN PARKER: What you have presented today is basically a rosy picture about how the Department of Housing is operating in Redfern and Waterloo, everything is hunky-dory: you are not understaffed and you do not have high staff turnover and you have everything in place to address the issues. Is that the case?

Mr ALLEN: In many areas where the department operates there are certainly challenges in the issues that we face. Obviously, Redfern and Waterloo, as a priority for the department, is an area that suffers from a number of disadvantages. We in the department are certainly working very hard to try to make sure that we have a range of measures in place to address those needs. I would not suggest to you that in every single case the department is able to guarantee the sort of outcomes that we would like for our clients, but we work very hard with other agencies to ensure as much as we can that that is the case. At the end of the day tenants are responsible for their own behaviour and at times it is difficult for the department to provide support if the client refuses that support.

The Hon. IAN WEST: Safety, security and maintenance are usually outside the control of the tenant. Where it is not the tenant's responsibility there appears to be general concern in the area that the addressing of those external issues is a problem. If you were a tenant what would you wish from the department?

Mr ALLEN: I would certainly wish to have a responsive maintenance service. The department does have a responsive maintenance service. We have a housing contact centre that is open 24 hours a day, seven days a week. Tenants can simply make a phone call. Based on the nature of the maintenance a contractor will undertake any of the necessary pairs. For urgent work we have a four-hour response time and for less urgent work, but still what we would call priority work, the response is by close of business the next day. So there is a service available that tenants regularly access to deal with maintenance issues. I would disagree with you that tenants have no responsibility for safety and security. It is important that tenants work with the department and the local police to try to improve safety and security. For example, if tenants allow access to their building by people who they do not know then they are placing at some risk their safety and the safety of other tenants. So there is some responsibility on the tenant for addressing some of those safety concerns.

The Hon. IAN WEST: Control is the issue. Responsibility and control are slightly different issues. So what you are suggesting is that there is not a problem?

Mr ALLEN: No, I am not suggesting that from time to time there are no problems, but the department is working hard to address them.

CHAIR: When we spoke to the neighbourhood advisory board, and then perhaps more strongly when we spoke to a group representing the Russian community, who are on the whole amongst the older tenants, security was a big issue. One of the issues raised was the employment of security managers, actually a human presence provided as well as the electronic card system for the doors and so on. There seemed to be concern that there had been rearrangement or cuts in terms of the provision of what people referred to as security managers. Can you enlighten us a little on that?

Mr ALLEN: Certainly. The department provides an after-hours security watching service. We contract that out to a security company—

CHAIR: Not Chubb, I hope.

MR ALLEN: No. It operates across the Redfern-Waterloo area. It employs a number of guards and they work after hours. We rotate shifts. We consult with local tenants about changing the shifts and patrol areas. There is active consultation to ensure we are addressing any hot spots that might arise from time to time. The department spends in excess of several hundred thousand dollars each year on those active security services. We are aware of concerns that tenants of Russian origin have raised with the department. We have run sessions locally over recent weeks with those tenants and the local police addressing broader safety and security education. I have had positive feedback from them about that.

CHAIR: We have not directly touched on it, but clearly vandalism is a big problem. I guess part of the issue is the perception of insecurity. Older tenants, in particular, seem to be frightened by what they see as gangs of young people wandering or rampaging around. What is the department doing to address these issues? Do you consider them serious problems?

MR ALLEN: There are certainly problems in the Redfern-Waterloo area, both in reality and in perception. We work closely with the local police to identify whether any public housing tenants are involved in those activities and take some action with the tenant to address them. We also work with a number of local government and non-government human service agencies to see what other support might be provided to families in the area if they are having any difficulties or challenges with the younger members of those households to ensure there is active engagement with them if they are getting into trouble. Hopefully we can help them to resolve some of those problems.

CHAIR: I am not sure whether it was explicit, but there appeared to me to be a suggestion that some of the young people causing problems were not from the Waterloo estate. They might have been public housing tenants from elsewhere. There appears to be a perception that the problems are caused, to a large extent, by people coming into the area.

MR ALLEN: It is the department's understanding that that happens from time to time. If it does happen, we try to identify the individuals and work with the local police. We contact the families involved if they are public housing tenants. We see what we can do to prevent that behaviour and to provide support to those families in that process.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Have you had any contact with the Premier's office, Frank Sartor's office or Dr Refshauge's office about the new authority or the new position that Frank Sartor is taking?

MR ALLEN: That is a matter of Government policy and it is not normal for the department to be consulted in that process.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is Government policy developed without the department being consulted?

MR ALLEN: I think you will find that that was a Cabinet process and certain confidentiality surrounds that.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Do you mean that you were consulted but that you want to keep the nature of those consultations private, or that you do not want to tell the committee whether you were consulted?

MR ALLEN: The department has been working with the Premier's Department Redfern-Waterloo Partnership Project, but the department was not consulted formally about a number of the proposals that I understand have been released in the press recently.

CHAIR: We asked those initial questions.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I am pushing them a little further. I want to hear for myself.

The Hon. GREG PEARCE: Does the department have a policy unit, or is it essentially just a real estate manager?

MR ALLEN: The department has a reasonably extensive policy group within the head office structure.

The Hon. GREG PEARCE: But not in your office.

MR ALLEN: No, my responsibilities are for service delivery. Generally I have an opportunity to comment on any new policies or procedures being considered by the department for implementation. Practice and experience on the ground can make an important contribution to that policy or procedure process.

The Hon. GREG PEARCE: But the policy unit is in head office.

MR ALLEN: That is correct.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But you have given policy advice to other elements of the government. Presumably that unit comes up with advice that goes to you as the chief executive officer.

MR ALLEN: Yes, from time to time on a range of issues.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Where else does that advice go?

MR ALLEN: There would be discussions across other government agencies from time to time on a range of issues. That is a fairly regular process within and across departments.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: There are interdepartmental committees that might include your policy unit and policy units in the Premier's Department or somewhere else.

MR ALLEN: Or other agencies, yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is that an ongoing consultation process?

MR ALLEN: Yes, generally it is.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: It may be that someone in another department picked up an idea from your department and ran with it. Is that possible?

MR ALLEN: I am not sure about the purpose of the question. That consultation would be on a range of issues, and strategies, objectives and ideas would be discussed in that process. I am not in a position to comment on whether specific ideas have been swapped across agencies.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But you are the boss.

MR ALLEN: I am the executive director for the central Sydney housing services division; I am not the CEO of the department.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I see; I understand now. Have you met with Frank Sartor to discuss the redevelopment of Redfern-Waterloo?

MR ALLEN: No, I have not.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Will this new authority be involved in implementing private-public partnerships for public housing?

MR ALLEN: I am not clear about the role of the new authority. I have not been briefed on it so I cannot make a comment.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Are you aware of whether the area will have a sizeable proportion of affordable housing?

CHAIR: The committee has asked questions Nos 1 to 4 and it has answers.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I noticed them but they are not quite the same. Is the department likely to be involved in implementing private-public partnerships for public housing?

MR ALLEN: That is certainly possible and desirable from the department's perspective. We would like to see an increase in affordable housing in the area, both rental and purchased houses. The department has recently announced a couple of pilot projects dealing with affordable rental housing focusing on retaining key workers in areas who the private market may have priced out of the location. I see some good opportunities to do that in the Redfern-Waterloo area.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Are you talking about key tenants or key construction people?

MR ALLEN: Key workers. They may be teachers, police officers or aged care workers. That is a particular issue in Redfern-Waterloo, because there is a strong need for aged care services in that area. We have an ageing public housing population in the area. A number of the department's efforts have been focused on implementing strategies for the future as that population ages. That demographic is greater in the Redfern-Waterloo area than in the general population.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You are effectively talking about rental subsidies for key people in relatively poorly paid professions.

MR ALLEN: Yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: It is more or less housing going with the job.

MR ALLEN: In a broad sense, but it would not be related to a specific individual's employment.

CHAIR: Can you tell the committee about the status of Green Square? What is happening with the court cases and so on?

MR ALLEN: I do not know.

CHAIR: I know that it is not officially part of the department's responsibility.

MR ALLEN: I do not have any knowledge of the progress, so I cannot comment.

CHAIR: The idea was to have a sizeable percentage—although a minority—of units earmarked as affordable housing.

MR ALLEN: I recollect that the figure is about 3 per cent of the accommodation in the area.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Are you familiar with Aboriginal participation in the construction and implementation guidelines?

MR ALLEN: Broadly, yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is it true that the guidelines are not part of the selection criteria for head contractors competing for Department of Housing contracts?

MR ALLEN: I understand that that is not true; it is part of the process of those contracts.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Are you sure? I understand that those guidelines are not part of the selection criteria. If you were to read the web site containing the criteria you would see that they are not.

MR ALLEN: I will take that as a question on notice. However, I am aware there are discussions with a number of departmental contractors about that issue. My division has regularly engaged Aboriginal construction organisations, and specifically the Redfern Aboriginal Corporation's construction arm, to undertake construction of public housing in and around the inner city. It recently completed some accommodation for the department at Alexandria and at Berowra. It has been used on a number of other construction sites for the department.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I understand that the three contractors for the central city Sydney region are Danis Building, SSL Asset Services and Transfield Services. Is that correct?

MR ALLEN: Yes, that is correct.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: What work has SSL Asset Services been contracted to do?

MR ALLEN: All three of those contractors provide a multi-trade contract services to the department. They contract to provide a range of services, including carpentry, electrical and plumbing work and other building work for day-to-day maintenance and repairs and other property improvement or upgrading work.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Do you know whether any of those companies or their subcontractors have adopted the guidelines for Aboriginal participation in construction and implementation?

MR ALLEN: I am happy to take that as a question on notice. I cannot answer accurately at this time.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: If they have taken on the guidelines, will you undertake to establish how many Aboriginal people they are employing?

MR ALLEN: That would be a reasonable part of the process and a reasonable expectation.

CHAIR: We will be able to provide details of these questions from the transcript.

The Hon. IAN WEST: Do you want the history?

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: It would be nice to know where they started, how many they have taken on, how many person years they have done, how many they are doing at the moment and how many apprentices have been taken on. Let us deal with it thoroughly.

The Hon. ROBYN PARKER: You referred to your role within the department. Does it involve visiting the offices in your region?

MR ALLEN: Absolutely, and on a reasonably regular basis.

The Hon. ROBYN PARKER: How often have you been to the Redfern-Waterloo area in the past 12 months?

MR ALLEN: I cannot provide a specific figure, but it would be tens of times. I regularly visit the offices at Redfern, Waterloo and Surry Hills and the intensive tenancy management office in the McKell Building at Redfern. I meet with a number of local representatives, including tenants who sit on our divisional tenant forum.

The Hon. ROBYN PARKER: Do you look around as well as talk to people?

MR ALLEN: Most definitely. I also monitor the performance of our client service teams in that area. We have team service contracts, which involve the team committing to an annual work and activity plan in terms of operational strategies and targets for issues such as vacant turnaround times, rental arrears and other community development activities. As part of the team service contract process we also encourage teams to develop an innovation project. The Waterloo team's innovation project over the past 12 months has been to establish a closer working relationship with a group called the "Luncheon Club", which provides support and assistance to people living with HIV-AIDS.

We now attend the luncheon club each week and provide outreach services at that venue. It is perhaps a little more low key than those people coming into a Department of Housing office. We are able to establish good working relationships with those individuals as well as that organisation. Pleasingly, we have been able to encourage a number of other organisations to also attend the luncheon club and provide outreach services, so Centrelink and a number of other groups now attend the luncheon club as well. Our staff are quite active in the local area.

The Hon. ROBYN PARKER: In the period leading up to and following the riot in February, what extra initiatives did your staff take on board? Did they feed you any information prior to the riot that there were problems brewing, and after the riot were extra initiatives undertaken at all or was it business as usual?

Mr ALLEN: We certainly had no indication prior to the riot of the riot taking place. There is no public housing on The Block. In fact there is some distance between public housing in Redfern generally and the area of The Block.

The Hon. ROBYN PARKER: But TJ Hickey died around a Department of Housing block, did he not?

Mr ALLEN: That is correct, he did.

CHAIR: He was injured.

The Hon. ROBYN PARKER: Sorry, yes.

Mr ALLEN: In response to the second part of your question, we work actively with the local Aboriginal community. We have offered to have a memorial to TJ erected on the site adjacent to where he was injured, if that is what the community wishes, and we are in consultation with the family about that opportunity right now.

The Hon. KAYEE GRIFFIN: There have been comments throughout this inquiry about the fact that residents from Waterloo feel that Redfern and Waterloo should be seen as separate groups and separate entities. In terms of the work the department does, does the department look at the

Waterloo and Redfern communities as separate communities with perhaps in some cases separate problems and issues that may not necessarily go through those two communities or that may be in both communities?

Mr ALLEN: Our general approach is that they are different communities and we relate to them as individual communities. I think that is evidenced by the neighbourhood advisory boards that we have established across three of the primary areas of the department's activity: Redfern, Waterloo and Surrey Hills. As I mentioned, in that area we have precinct representatives elected from each area and we relate to them quite specifically. They also have a role in providing feedback on maintenance as well as a range of other activities at what we call housing standards meetings. Our local staff meet with those tenants on a regular basis. As I said, we do generally relate to them as separate areas. That is not to say that some of the issues and challenges are not reasonably consistent across the area.

The Hon. KAYEE GRIFFIN: There has also been a lot of discussion in the Committee about issues with drugs in the communities and the fact that, apart from a number of people being addicted in some of the communities, there is an issue with people coming in and people dealing. Would you care to make some comments on how the department deals with some of these issues or some of the complaints you receive from tenants in relation to drug use and drug dealing?

Mr ALLEN: As far as drug dealing is concerned, we keep a strong and close partnership with the local police because drug dealing is essentially a police matter. We try to ensure that we are providing any information or intelligence through to the police. We certainly work with our local tenants to encourage them to contact police when they have any concerns or allegations, and we do a range of other things with the police, including supporting and assisting them in any covert activities that they might be undertaking in the area. At my level I certainly talk with the local patrol commander, Denis Smith, on a reasonably regular basis about some of those issues more broadly.

The Hon. KAYEE GRIFFIN: As for the neighbourhood advisory boards, there are a lot of groups such as the police, local council and so on that are represented on those boards. Given that, for instance, the city of Sydney and south Sydney merged earlier this year, are there any difficulties in terms of continuity with some of these government departments or other groups, outside the tenants themselves, with continuity on those boards and, therefore, resolving some of the concerns of tenants?

Mr ALLEN: I am not aware of any specific concerns of our tenants but certainly there has been a reasonable level of consistency in the council staff that we work with because a lot of the former south Sydney council staff are now part of the city of Sydney council staff and we continue to work, as I say, in most cases with the same individuals on those local issues.

The Hon. GREG PEARCE: You took on notice a question about how many properties you have in Redfern-Waterloo. Can you tell me roughly how many are in your central Sydney division?

Mr ALLEN: There are approximately 32,000 in the central Sydney division.

The Hon. GREG PEARCE: What is your estimate of the maintenance backlog for those properties? Do you have a dollar figure?

Mr ALLEN: I would not be able to guess at that figure.

The Hon. GREG PEARCE: So you do not have that figure.

Mr ALLEN: I do not have that figure readily to hand, no.

The Hon. GREG PEARCE: You must have some sort of planning basis for it though, do you not?

Mr ALLEN: We certainly have information that we plan on. I simply cannot recall a figure that I can accurately quote to you here this morning.

The Hon. GREG PEARCE: Can you take that on notice?

Mr ALLEN: Yes, I am comfortable to take that question on notice.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: The tenants were concerned about the fact that there are insufficient security guards or they are not there when there are problems. They were also concerned about the slowness of response to maintenance problems. Will you provide an on-site manager for the large estates?

Mr ALLEN: We already have our staff based on site. The Waterloo team is in fact based in the bottom level of a residential building in Waterloo. Likewise, the Surrey Hills team, which provides staffing to Redfern as well, is based within the ground level of a public housing building and the intensive tenancy management project that we have at Redfern is based in the McKell building so we do have staff on site working with our tenants on a daily basis.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Would you have security people also locally based, rather than just coming in, presumably, on contracts from security firms? Have you looked at that?

Mr ALLEN: Using security contractors, we feel, in the department is the best approach. Security is a specialised profession and we feel it is more appropriate to contract those services in, rather than having those people as part of the department's staff. It means that their professional support and supervision is far more expert than we could provide from the department.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: There seems to be a shortage of age-cap services, is that right? That seems to be the tenants' perception.

Mr ALLEN: There is a funded age-cap worker for Redfern and Waterloo which is one of several across the State.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: The tenants felt that at least another one was needed. What do you think of that proposition, that the demand is such?

Mr ALLEN: I guess the question comes down to what you expect people in those roles to undertake. Essentially, they are a community development role and we see in the department that community development is part of our core business and it is something that our client service teams are undertaking on a daily basis. It is part of their core activities. So I do not see that there is a need to fund additional workers. There is also an issue of ensuring that we are linking in with all the other government and non-government agencies that provide community development activities in that area. For example, the department enhances those community development activities by the formal partnership agreement we have with the University of New South Wales.

We have a funded worker who operates in that area to support a range of tenant activities. We have faculty staff from the School of Social Work and the School of the Built Environment working alongside department staff and our tenants on a range of projects from as simple as cooking classes through to community gardens and a number of other local community action planning processes. We gain through that partnership agreement the support and work of a number of students from that university. So there are a variety of ways in which we seek to provide community development services and activities.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: What is your response time, and what monitoring do you do for minor repairs? People are saying that it takes a long time to get minor repairs done.

CHAIR: We did get numbers of hours and so on.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You said you have a target of four hours. Is that right?

Mr ALLEN: A target of four hours for urgent repairs; a target by the close of business the next working day for priority repairs; and other more minor repairs would be within 21 days. We monitor the performance of our contractors in achieving those targets. We also provide a handyman

service out of the intensive tenancy management project at Redfern. That is a new activity that we have been piloting in a number of locations across the State to see whether we can work more closely with tenants around some of the much more minor day-to-day maintenance issues that might come up for them. We also work with a local group called odd-jobbers. We provide them with tangible support through the provision of premises and other support to undertake activities for tenants who might not be able to do those things for themselves, like hanging curtains, changing light globes and so on. That has been a very successful initiative that has been run and operated by local tenants.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Can you give us figures on how you meet those guidelines? Presumably they are better than the trains. Can you give us guidelines in the different categories of what percentage are meeting their targets?

Mr ALLEN: I said they can take that as a question on notice.

CHAIR: We already have a question on notice but we can add something more specific if you want.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: In terms of mental health support, I gather you have been praised, dare I say, in your support for mentally ill people in providing accommodation and working with the department. We had evidence at one of the Waterloo hearings that there was a woman who was standing naked on the balcony and was being unsupported. Do you monitor whether the Department of Health is providing staff for the people you have provided housing for?

Mr ALLEN: Certainly if we are aware of any mental health support needs for our tenants we would be very active in making referrals for those tenants so that they get appropriate support services.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: And there is a mechanism for you feeding that back to the Department of Health, is there?

Mr ALLEN: Yes, there is. There are regular meetings with staff from the Department of Health and there are interagency groups and case conference meetings for those individuals as well.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Between the Department of Health and the Department of Housing?

Mr ALLEN: And a range of other agencies, yes, that work in support of those tenants.

The Hon. IAN WEST: I come back to question 5 relating to the department's key challenges in relation to social housing. Either now or on notice, could you give us some details of that, not only in terms of a mission statement and core business and that sort of jargon but also some specifics in terms of challenges relating to social housing.

Mr ALLEN: I apologise that I have used jargon this morning.

The Hon. IAN WEST: Sorry, I was not meaning you in particular. I was merely meaning in trying to understand the detail of what is happening. Sometimes we can all get caught up in the jargon.

Mr ALLEN: Certainly, one of the clear and consistent trends for the department overall is that we are seeing clients come for our assistance with a range of more complex needs than existed previously. I think it is fairly clear—I have been with the department for a long period of time and, for example, in the mid-seventies a very small number of the department's tenants would have been on social security incomes. Many of them were low-income families but working families, and they were generally nuclear families. We have seen a significant change in the demographics of the department's tenants and applicant clients, so these days in excess of 90 per cent of our tenant clients and our applicant clients would be social security recipients and that is a big change in a relatively small period of time.

We have tried to address those needs by changing our services and I have mentioned examples like the specialist social and welfare work staff that we employ now and the intensive tenancy management project that we have in place in Redfern and Waterloo and a number of other community development activities that we undertake to try and address those needs, and also the importance that we place on working with other government and non-government support agencies to ensure that we have got a range of services available for our tenants.

The Hon. IAN WEST: And is there satisfaction in the department that supply and demand are being met?

Mr ALLEN: I do not think that in the real world the department would be satisfied with the range of resources available to us. We could certainly always do with more resources. It would be foolish of me to suggest otherwise.

The Hon. IAN WEST: And is that part of the key challenge that you face, trying to match the diminishing supply with increasing demand?

Mr ALLEN: Certainly, we have been hard hit by the funding reductions from the Commonwealth-State Housing Agreement. We see one of the key issues for us in the Redfern-Waterloo area is to reshape some of our existing public housing. We substantially have, as I am sure the Committee would already be aware and appreciate, apartment homes in Redfern-Waterloo. We see that there is a need for more homes with private open space for those families that do have children. We are seeking to bring forward some proposals to increase the range of terrace-style housing, for example, so that we have, in one sense, more traditional forms of housing but housing that has more private open space where children can properly play and be supervised by their parents.

We also have a need to increase the level of accommodation available for elderly people so that they can age in place and, for example, have level access to the unit and be able to cope with the increase in frailty that comes with that ageing process. They are a couple of the key priorities that we have.

CHAIR: We refer in question 10 to the need for community capacity building and community development initiatives. The question of the Hon. Dr Arthur Chesterfield-Evans touched on that before in relation to community development workers. Can you give us more detail on those aspects of what is happening in Redfern and Waterloo?

Mr ALLEN: There has been a review of human services in the area of Redfern-Waterloo. I think it will be important to reflect on that report and the findings of that report on how we shape and appropriately reshape services in the area. We see the department's responsibility quite critically working with a range of other government and non-government agencies on community capacity building activities. That is one area that we have focused on in our relationship with the University of New South Wales.

We have run a number of courses with our tenants and with my staff jointly to try and build leadership capability within our tenants and to support them in that process, as we do with them as precinct representatives and members of neighbourhood advisory boards. We see those tenants engaging with the community more broadly on an independent basis as an important aspect of that and we are pleased to see some achievement in that area, where tenants are able to operate some of their own organisations quite independently of the department and we support them in that process.

CHAIR: You mention the responsibility of the department to work with other services. This Committee has had quite a lot of evidence about problems of co-ordination, or the lack of it, between both government and non-government services. From the point of view of your division of housing, would you say that co-ordination, or its absence, has been a problem?

Mr ALLEN: I do not believe that there is an absence of co-ordination. I believe that there is a serious effort and commitment around co-ordination, but I think we can always do better and I think in Redfern and Waterloo, it is an area where we do need to do better in working with other government and non-government agencies. There are some that the department more actively than others supports. Whether it is through funding for a housing communities assistance program worker

or whether it is the provision of buildings and other premises in the area, we are doing a range of things to try and address that need.

CHAIR: Is the Department of Housing a lead agency for many of these activities that bring services together?

Mr ALLEN: I do not know that it is always fair to describe us as a lead agency but we certainly are a leading player in the area and we see a whole-of-government approach, in particular, as a fundamental responsibility for us as an agency and certainly fundamentally part of my role as an executive member of the department.

CHAIR: Could we add to our questions on notice, because we have not heard much about it, a request for some information about the intensive tenancy management service and the role it plays in the Redfern-Waterloo areas?

Mr ALLEN: Yes, I could certainly provide that information as part of my response to the formal questions that were provided to me before today.

CHAIR: Our final question is: What would you like to see come out of this inquiry?

Mr ALLEN: I would certainly like to see, I suppose, a commitment to long-term co-ordinated and funded strategies to improve the life opportunities of low-income families and households in the Redfern-Waterloo area—hopefully, not too idealistic.

The Hon. GREG PEARCE: Could you also give us the actual figures for the next five years that the Commonwealth does provide?

Mr ALLEN: Yes, under the Commonwealth-State Housing Agreement.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: And could you give us back figures, so that we can see the trend?

CHAIR: They go well beyond the Central Sydney division, obviously, but if they are not in the Government's submission, it may be helpful if we can see them. How much they will tell us as a raw figure, given that they are statewide and our inquiry is focused on a specific area, but perhaps it is possible to tell us something more about the Central Sydney division?

Mr ALLEN: Certainly, information around funding levels of the Commonwealth-State Housing Agreement is regularly provided as part of our annual reporting process as an organisation, but I can provide more historical data if that is helpful.

CHAIR: Thank you, Mr Allen. Merrin has made a note of the areas where you have either volunteered or we have asked you to provide further information. By giving you the transcript and identifying those, I am sure we can make it clear what we need. Thank you very much for attending.

Mr ALLEN: Thank you for your interest.

(The witness withdrew)

ANDREW JAMES BYRNE, Medical Practitioner, 75 Redfern Street, Redfern, affirmed and examined:

Dr BYRNE: I have worked as a medical practitioner for the last 15 years at 75 Redfern Street in what was originally a general practice but is now an addiction treatment service. I originally worked at the Rachel Foster Hospital from 1978 to 1985.

CHAIR: We have sent you questions and you have had a chance to look at them. Shall we go straight into them or did you want to make a statement to start with? Our first question invites you to tell us about your work as a general practitioner in Redfern, but would you like to make a statement first?

Dr BYRNE: No, I am happy just to address the issues.

CHAIR: We want to know about your work as a general practitioner in Redfern, particularly your work with people who have a substance dependence. We hear a lot about drugs, particularly heroin, but we are interested in hearing from you about the extent to which other drugs are a problem, in particular, alcohol because we hear much less about that?

Dr BYRNE: Certainly, and it is even more of a problem, of course. Within six months of opening a general practice in Redfern I realised that drug and alcohol issues were very major, but in 1984 to 1986 general practitioners were not permitted by the authorities to be involved in the prescribing of methadone, to be involved in hospital in-patient detoxifications or other active treatments for drug addiction. I realised that this was crazy because, in fact, the drug problem was getting larger and in conjunction with the Health Department, three general practitioners originally from the inner city—one from Kings Cross, one from Surry Hills and one from Redfern—started a small pilot program prescribing methadone to some heroin addicts and that got us interested more in the subject because we got some feedback from our patients.

We all spent more time learning about predictions from the St Vincent's Drug and Alcohol Service, Sydney University and other areas. We all had rewards, as GPs, whereas normally GPs who treat drug addicts or alcoholics get nothing but sorrow because it has been very difficult to treat drug addicts without all the modalities—without being able to put somebody into a detox ward, without being able to prescribe methadone. We now have half a dozen very effective drugs for alcoholism and drug addiction. When I first started there was one flavour of one drug. There are now many more, which has made it much easier for us—and therefore more rewarding.

The reason I am here is because the three of us were the first GPs in New South Wales to prescribe methadone in a normal family practice setting, utilising the local pharmacy and the local community care centre. In fact, I had worked at Rachel Forster Hospital, which is around the corner from my surgery, and I knew the staff at the community care centre there. In conjunction with their psychological and psychiatric support, me as the GP—as I was then—and our local pharmacists, we were able to take originally 10 and then up to 50 patients into treatment who previously were not being assisted by the existing services.

CHAIR: Can you quantify any of what you are saying? You started in the mid-1980s and dealt with the Redfern-Waterloo areas, which are the subjects of this inquiry. Can you quantify the extent of the problem and the extent of the services, other than yours, that exist to address it?

Dr BYRNE: There have always been numerous services for drug and alcohol victims, and these have waxed and waned. I could draw up a list. We have the detox wards, which are at Rozelle Hospital.

CHAIR: We are not looking so much for names but for the extent to which addiction is a bigger problem now, particularly amongst local residents. We have had conflicting evidence about the extent to which there is a honey pot effect.

Dr BYRNE: When people found out that I was starting to prescribe methadone in the Redfern-Waterloo area my phone ran hot. I could have put 200 patients onto methadone within a

week. Of course I was only allowed to put 10 patients, and that is all I could really cope with. But there was certainly enormous demand, as there remains to this day—it is not quite as bad because there are now 600 doctors in New South Wales who what I do. But back then there was certainly enormous demand and only a very limited number of doctors involved. Prior to the GPs being involved only a small number of psychiatrists and specialty clinics would prescribe methadone and only a limited number of detox wards and rehabilitation centres would take drug addicts or alcoholics for longer term treatment.

CHAIR: Can you describe your practice today? What do you do and who do you do it for?

Dr BYRNE: I perform two tasks. I guess one is assessing patients who are referred to me by other GPs, usually in our area. I take some of those patients into treatment—that is my core business—and I refer others on for other services elsewhere. I guess that all psychiatrists do that sort of thing too. I currently have 172 patients on prescribed treatment of one kind or another and perhaps another 20 or 30 patients who attend for counselling, urine testing or for other purposes who were previously substance abuse patients. We dispense methadone, buprenorphine, valium and a number of other drugs at the surgery under New South Wales poisons Act regulations, and our practice is stable and rewarding. Three or four of my nursing staff have worked with me for almost 20 years. We have a small turnover of patients—we see perhaps three or four new patients a week. That does not mean three or four patients leave every week but we now have up to 200 patients who have been through prescribed treatments and who are now drug free. We have seen them at some stage. Hopefully there are many more success stories out there that we do not know about because patients do not always come back and tell you how they are doing.

CHAIR: You said earlier that in many ways alcohol is a bigger problem than illicit drugs.

Dr BYRNE: Yes.

CHAIR: Do you see many of the effects of alcohol? Are we talking about people with multiple dependencies or are you focusing on one group but in the meantime the group seriously affected by alcohol is not coming to you?

Dr BYRNE: I see all three: I see people who are dependent on alcohol almost solely, I see people who are largely illicit drug users and I see a group in the middle who have abused, or continue to abuse, both opiates, stimulants and the legal drug alcohol. Certainly in Australia we know from household surveys and other demographics that alcohol is by far the biggest substance problem after tobacco. Its victims do not always walk through the doors of hospitals or doctors' surgeries but the ones who do absolutely need all the stops pulled out—for example, a smoker who says, "Doc, I'm ready to give up smoking" or who seeks advice from a pharmacist or any other professional should be entitled to all evidence-based treatments, and these should be funded by Medicare, NSW Health or whatever other appropriate authorities. In Australia, and in New South Wales in particular, we are fortunate that many modalities have been made available very widely. That has not happened in certain other jurisdictions.

CHAIR: I am sure other Committee members have many questions for you. We have more questions about specific drug and alcohol issues. To give us the context, can you indicate what you see as the major health problems in the area? I guess that we are focusing particularly on Aboriginal and children's health.

Dr BYRNE: There are a lot of problems, which you obviously all know about. I see them every day. Driving around Redfern one sees the consequences. As a doctor, when people phone me—and often the telephone is the first contact—or walk through my door, usually with a referral from their GP—so they have already gone through one step of referral and are sent to me because they are perceived as having a substance abuse problem, alcohol or other drugs—I look at their priorities of children, spouses, jobs or housing—rent is often behind. There are myriad problems, often stemming from one member of one family with one substance abuse problem—sometimes more. Your Committee members know that and I do not know how I can enlighten them further from my experience. I guess you will have to let me know so that I do not repeat evidence that you have heard already from others.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I would not count too much on how much we know about the medical problems. I do not think we know about them.

Dr BYRNE: I would be happy to address the medical side.

CHAIR: We are trying to get at your sense of the people you see. What is their health background and what is their community health picture? How can you throw light on the high level of addiction in the area?

Dr BYRNE: I still see a spectrum. I still have people from respectable upper middle-class backgrounds who have fallen on hard times and ended up on skid row, as it were, and who need help. I guess the majority are from socially deprived backgrounds, especially in Redfern-Waterloo, but not all by any means. We have a population who have been to private schools and had fancy cars that have long since gone and who have become subject to amphetamine, heroin and alcohol abuse. Of course they all need the same help. In the old days in the detox ward I often heard the comment that you could see a millionaire in one bed, a prostitute in the next bed, a "junkie" in the next bed and they all needed the same care and attention. Hopefully in New South Wales they should receive it. But, as we know, resources are stretched and budgets are limited.

I am here to hope that your Committee and others can lobby for bigger budgets for this very important area and not allow the sentiment of hopelessness to come in—to say, "It's a waste of time treating alcoholics" or "It's a waste of time treating drug addicts." From my experience and from the research evidence—which is abundant now—nothing could be further from the truth. Every dollar put into drug and alcohol treatments yields many dollars for society, and some of those dollars come back within a very short time and not years down the line, such as occurs with education or other public investments.

CHAIR: You may be aware that our Committee recently finished an inquiry into the Inebriates Act, so we have become fairly knowledgeable about the extreme end of what you are talking about. Our third question deals with what you see as the major challenges in delivering drug and alcohol services in Redfern-Waterloo. Is the sense of hopelessness you mentioned one of the main challenges?

Dr BYRNE: Yes, indeed, but from outside Redfern-Waterloo. Anyone who lives in Redfern-Waterloo have seen the worst of the worst pick up their goods and chattels and get rehabilitated and get things together—get a job, get their families back together and get their legal problem sorted out. Every general practitioner has a couple of recent cases they can think of of alcohol drug victims who have got things together. Unfortunately, many people think those patients are the absolute exceptions. Most GPs will come to me and say, "I have a methadone patient who is a university lecturer. It is absolutely remarkable. She has been such a difficult drug user over many years and now she is a university lecturer." And I say, "Yes, but actually that is very common." If we looked at our patients who had been in rehabilitation for three months, six months or three years, six years, as long as they are in treatment the chances of their dying are very, very low and their chances of prospering are very, very high.

If I may mention another challenge, one of the biggest challenges with drug and alcohol treatments is having a range of services. In certain other areas, such as in a tertiary teaching hospital like Prince Alfred, it is a great benefit to have a large, specialised hospital that looks after multidisciplinary things. People walk in one door and then they are shown many others. With drug and alcohol, as people would know if they have ever been to an AA meeting, getting a lot of alcoholics or drug addicts together in one place can be a disaster. Getting a certain number together can be very helpful. We know that counselling sessions, small group therapies and many AA meetings are extremely positive. But to expect a lot of drug addicts and alcoholics to turn up for medication, counselling or group therapy sessions at one place at one time is asking for trouble because there is always someone who is unstable, someone who owes someone some money and so on.

It is a great benefit to have a large number of smaller agencies, pharmacies, GPs, offices and detox wards. Of course the tertiary hospital has to have a methadone clinic and should have a detox ward. But it should be a small methadone clinic that is open for long hours and not just for a brief period in the morning. That is one of the challenges. I am not sure whether this is mentioned later in

your questions but we used to have a lot more services in Redfern-Waterloo than we have now. That has happened in every other suburb from Double Bay to Lakemba. The areas have rationalised. As we know, there are fewer banks, fewer pharmacies and fewer hospitals. We had banks, pharmacies and hospitals in Redfern-Waterloo that have closed and not been replaced by anything else in most cases. The one exception is the Aboriginal Medical Service, which has been a great bonus. But it is not nearly enough to replace the services that have gone. I do not know whether you would like me to address that point now or later.

The Hon. ROBYN PARKER: To follow up those comments, a number of other participants in the inquiry have mentioned a need for Aboriginal-specific detox services, on-the-ground counselling and so on—the diversity you were talking about. In light of the recent Government announcement about a service in Lawson Street, what do you think of that facility, as you understand it, and how it will meet community needs?

Dr BYRNE: As I understand it, I have only read a press release but it certainly sounds extremely encouraging. I would hope that it would be up and running before anything else were closed down. Certainly that is exactly what we need—a primary health care facility with all the services that the local community need. I do not know what all of those are. I know what some of them are—it may be a child vaccination service, a geriatric service. It certainly would involve drug addiction services, counselling and needle exchange. It should probably have a research arm because this is a hot bed of urban problems. Sydney university is only five or six blocks away and there should be someone investigating. I know there are people involved in Aboriginal health and community health so I think it sounds like an excellent suggestion, and I have been calling for this for years.

Yes, certainly to have a primary care facility that will be no cost to the consumer, with a range of services, as long as there are no restrictions on those services. If they say "We are not giving out needles here" or "We do not give contraceptive advice here" or "We do not give podiatry here" that would be crazy. It should be decided by a local community board what is needed whether it is needle exchange, methadone services or podiatry. They cannot have everything, of course, and there would be a budget that the State Health would allow, and I hope that that would be decided on a community basis with a board, such as the Aboriginal Medical Service or other public funded services operate.

The Hon. ROBYN PARKER: Was there any community consultation of which you are aware with the Government as to what that facility will provide? It seems to me it has already been decided what it will provide? Was their public consultation?

Dr BYRNE: I have been writing to be Health department, the Special Minister of State and others over the years. Whether there were actual public meetings, I do not know. Clover Moore had a big public meeting that called for this type of service, at which some of the residents spoke. But in terms of public consultation, if it is proposed that we need more medical facilities in Redfern as soon as something opens the better. I do not know if anybody could design a perfect service right now, such as the Aboriginal Medical Service did not know for a few years that it would need a dental service but now it does. It did not know that it would need a drug and alcohol service but it did and it was eventually opened. I would hope that the new facility which could be based on the Kirketon Road centre at Kings Cross but, whatever it is, it will be better than what is there at the moment.

The Hon. ROBYN PARKER: Do you know what services will be provided?

Dr BYRNE: I read that it was to be a primary health care facility with other services, so that is where we need to start, and that is excellent.

The Hon. ROBYN PARKER: I read in a press release that it would replace the needle van that will be shut down. Obviously needles will then be dispensed from this service. What is your view of that?

Dr BYRNE: I find that very worrying, with the proviso that if the new service had opened, and the needle van was not being used—it was only dispensing a few hundred needles per week then it should be closed down. But as long as it is dispensing a large number of needles, and there is the market there—we know with so many needles dispensed that one, two or three cases of hepatitis C,

has obviously prevented Australia having a HIV epidemic amongst drug users, so I would be very concerned about closing down any service that was being utilised. But I could see some time when a service such as the primary health care facility, the Aboriginal Medical Service, my surgery or the local pharmacy that used to be there, only eight a few metres away, were dispensing syringes free, and as very few people were going to the van, the van should be closed down. Just like the old tuberculosis vans that were useful when they were there, but we do not need them any more for TB x-rays. It was part of the public health program but it has run its course.

I would hope that we will not need vans dispensing needles forever but certainly at the moment, if what I am told is correct, and it is dispensing very large numbers of syringes, it proves that there are a large number of people interjecting with clean needles in Redfern. If that were closed down some of them would presumably be reusing needles and at grave risk to their health.

The Hon. ROBYN PARKER: Is that because they would not go to the centre to get their needle dispensed?

Dr BYRNE: Absolutely. Some would come, some would not if the other centre was providing more services. The more services we have the better so I would only be closing down one service if it was hardly being used.

CHAIR: Why would someone who goes to the needle van not want to go to the planned facility in Lawson Street?

Dr BYRNE: That is an easy question to answer. Drug users, especially in Redfern where a proportion of our middle-class suburban folk who can get on the train, come to Redfern, buy their drugs, inject their drugs and go back to middle suburbia, do not want to be seen at a clinic where there are waiting rooms, there might be a journalist and there might be a camera whereas they may well go to a window in a caravan and say "I will have a clean needle, please" or to a dispensing machine as they have Kings Cross where they put $2 in a slot and get a couple of clean needles dispensed totally anonymously.

We certainly need a range of venues. Some people need advice, counselling, blood tests and a whole lot of services but others just want a needle and they want to get out of there, and they are entitled to that. So that is the sort of person who may go to a caravan or a single needle exchange facility but they may not want to go to my surgery or to a primary health care facility just to obtain a dozen needles.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Are the services available 24 hours a day? When I was working as an after-hours doctor there was an immense demand both in the Block and in Waterloo for after-hours medical services. You say there are now more services there, and more doctors dispensing and so on. If they were available and open, presumably they would not be calling after-hour services?

Dr BYRNE: There are few of most services. Although there is more methadone available, there are fewer sites from which it is available. Three chemist shops have closed down in recent years. One in Abercrombie Street, one right on Redfern station itself which was run by a pharmacist who was a specialist dependency pharmacist. He was the first pharmacist I knew who gave—he was doing innovations. He was doing supervised Valium reduction regimes, and this is 15 years ago when nobody had ever heard of it.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: He was very progressive?

Dr BYRNE: Yes, he was progressive. He had a window onto a Redfern platform and one onto Lawson Street. This pharmacy could actually dose people who could get off the train, get their methadone, get back on the train and go into the city, and he did.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: On the same ticket?

Dr BYRNE: On the same ticket, which was quite a saving. But that pharmacy has closed down for one reason or another. Another pharmacy next to the Commonwealth Bank in Redfern Street has long since closed.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Was the problem that they were being burgled a lot?

Dr BYRNE: No, there was a Federal government policy of rationalising pharmacies and they were offered monies to closed down. They had various lease problems. It was to do with NHS funding. You would have to ask a pharmacist or a policy person and not me. But I know that in all suburbs there has been an encouragement for pharmacies to rationalise.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But the one that is left does not offer the comprehensive services?

Dr BYRNE: No, the one that is left is excellent and is open until 9.00 p.m. every day of the year, which is a great benefit for us and for after-hours doctors. There is usually somewhere people can get some assistance at least until 9.00 p.m. But any pharmacy can only treat 30, 40, maybe 50 regular drug addiction or alcoholic clients for dispensing, just because of the volume and people coming and they have got to come every day or every other day.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Are the surgery hours of after-hours doctors no better than what they were or perhaps worst?

Dr BYRNE: The big problem with after-hours doctors is that the after-hours-doctors service's are reluctant to accept Medicare card in some cases and the patient has to have $100 in their pocket or that has to have the cheque or Visa card. So for most of these patients it is just not realistic, and a long walk to Prince Alfred Hospital or St Vincent's, or calling an ambulance is the usual option for people with acute or subacute injuries or illnesses.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Do you mean doctors in surgery do not stay open, or doctors in cars do not go to a patient who does not have the cash?

Dr BYRNE: Both. I do not know any doctor who is open after 6.00 p.m. maybe 6.30 p.m. All my patients have my home number, but I think I am an exception these days. Most doctors keep their privacy and have a phone answering machine. My patients very rarely abuse the privilege but once or twice a month somebody rings me at an ungodly hour with a particular problem which I am always happy to try to help with. I cannot always, but I always try to be available. I know some of my colleagues do the same, others work very hard during the day and turn the phone answering machine on that night, and I can understand that too. They also had deputising services such as you and I have worked for working after-hours.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: It is simply not economical with the Medicare rebate?

Dr BYRNE: That is right.

CHAIR: We are not going into that. The Hon. Robyn Parker was going to pick up a couple of those issues in question four and five.

The Hon. ROBYN PARKER: Are you aware of what the Aboriginal community think of the new service that is muted?

Dr BYRNE: Most sensible Aboriginal residents I know would only encourage a new service of any kind. Obviously they would like to have input that it was high-quality and multidisciplinary. I have some Aboriginal patients who have complained about the existing services because, being a community service, they are likely to see their relatives there but to go somewhere else may mean having to go a long-distance or pay extra money to a private place. So I do not know anyone who could argue that it would not be a positive innovation, but that it should be flexible and governed on what the community needs.

The Hon. ROBYN PARKER: With that problem in mind, and given the specific matters, how could that service respond and be more effective? How will it engage the Aboriginal community?

Dr BYRNE: Not really, it has not opened yet. A good doctor, a good nurse and a good receptionist are very important and just open the doors and see who walks in. If nobody walks in the place should be closed down but I suspect you would find a large number of people coming in for a range of problems but I cannot predict what they would be. They are things that I am not providing at the moment. They are things that the needle van is not providing at the moment. They are things the Aboriginal medical service is not providing at the moment. The closer it is to the Block the better and I believe it is going to be in Lawson Street which is ideal from all of our points of view. For some people walking five blocks with two children is insurmountable. Yet, they may have pneumonia, a terrible headache, a substance abuse problem, domestic violence and all of that so the closer a service is, the better for the local residents.

The Hon. ROBYN PARKER: A lot of people have told the committee an Aboriginal-specific detoxification program and rehabilitation program, and services specifically designed are crucial. What is your view?

Dr BYRNE: They are entitled to their opinion. I think all public health facilities should be Koori-friendly. They should not have policies of being ageist, sexist or racist. I would hope that we have passed the point where we need Aboriginal-only facilities for most Aboriginal services. And yet to have an Aboriginal service as well, I think, is excellent and necessary. I know that there are some detoxification programs that are particularly known to the Koori community, some have Koori names but they take non-Koori patients as well. Once again if the community wanted that I certainly would not be object to it, but I would hope that a standard detoxification facility would be able to be friendly to any race or creed.

The Hon. ROBYN PARKER: You mentioned the Aboriginal Medical Service. How do you think that service could be enhanced in relation to drug and alcohol services?

Dr BYRNE: By continuing to do what they do: to take on more patients, to take on more staff, to dispense newer drugs, to do research in the field—all of these need funding and they cannot do it without funding, of course. But at the moment they are treating a lot of patients who previously were not in treatment. I do not think you can treat drug addicts and alcoholics unless you have immediate access to methadone, detoxification wards, AA meetings or a list stating where the current AA meetings are to be held. It is nice to be able to tell the person that they really should go to a self-help group, but to be able to give them a piece of paper, or say, "There is a meeting at 8 o'clock tonight at the Roundhouse at Rachel Forster Hospital", or "There is a meeting at 10 o'clock tomorrow morning at the Langton Clinic", is preferable. When the time is right it is crucial that drug addicts and alcoholics have access to services, close to home, with all the usual attributes.

CHAIR: The Committee heard evidence from Aboriginal groups about the prospect of using land at Windsor for an Aboriginal-specific rehabilitation service. Given what you have just said about the need for a range of local services—but in that case the argument was that at the rehabilitation stage there is an advantage in getting away from the local scene—do you have a view on that?

Dr BYRNE: Absolutely.

CHAIR: You keep stressing the need for a great mix of services. Do you have a view on whether an Aboriginal-specific rehabilitation service deliberately located quite a distance away would be a good thing?

Dr BYRNE: Oh yes, we have some. I have used the Wollongong Crisis Centre quite often because the two local detoxification centres have closed down, which I have been very vocal and critical about in articles in the *Sydney Morning Herald* and elsewhere. The Langton centre used to have a large two-ward or three-ward detoxification area. The Prince Alfred Hospital, the largest hospital in the country, certainly one of the oldest, attached to Sydney university, used to have a detoxification. ward, but it does not anymore. These places are only a few short blocks from Redfern-

Waterloo. You are quite right, a lot of patients would prefer to go to detoxification out of town, for good reason.

CHAIR: That is for detoxification as well as rehabilitation?

Dr BYRNE: Yes. All detoxification centres should have a connection with a rehabilitation centre; this is a bit beyond a local medical practitioner's purview; but certainly I refer people to an excellent detoxification at Wyong, which has an Aboriginal name I cannot remember, something like Maria Lee. It looks after people from out of the area, which is excellent. They are certainly Koori friendly, because I have sent a number of Aboriginal clients there and they have been looked after. They have come back drug free weeks or months later. Certainly if there is a proposal to have an Aboriginal-friendly detoxification centre on the outskirts of Sydney, I would encourage that. If it did not have enough Aboriginal clients I would hope that it would take some non-Aboriginal clients. Obviously that is up to the local community for funding.

CHAIR: On the other side of that, do you think it would be crucial for the new primary health care facility in Lawson Street to have some Aboriginal staff?.

Dr BYRNE: If it has more than three or four staff, obviously some should be drawn from the Koori community, if at all possible. Are we talking about a general practice set-up, funded by the State Government or a large multidisciplinary team? If it had 10 or 20 staff it would be essential that some were from the Koori community, in my opinion.

The Hon. IAN WEST: You have mentioned the SMART recovery program at St Vincent's hospital. Can you tell the Committee more about that program and about any other models you believe to be helpful to the Redfern-Waterloo communities?

Dr BYRNE: Sure. The traditional approach to drug and alcohol problems is often based on the AA 12-step model. We have found that that is very effective for a proportion of alcoholics and Narcotics Anonymous [NA] is helpful for opiate uses. However, some people, although they are absolutely persuaded that day need to be abstinent and want to be abstinent, have found that those models tend to emphasise some aspects of God or a power above; some of them emphasise the disease model; some clients are put off by that. A group from America started something called the SMART recovery program, that is Self Management And Recovery Training. It has been introduced into Australia only recently, and it would be unfair for me to discuss it in detail. However, there are alternatives to AA and this is another self-help group and if it suits some proportion of alcoholics or drug addicts that is excellent. It has been going for only a couple of months and it is very early days.

In America it has been going for a little while. It is an evidence-based cognitive behavioural model. It seems terribly sensible to me that Redfern and Waterloo would be the best areas to start the next group. Of course it needs a little seeding funding and a venue, and a coffee machine. I mention that because there are a lot of different aspects to drug and alcohol treatment, especially on the abstinence side that we know less about than the prescribing side. Doctors and research journals such as the British journal "Addiction" have covered prescribing and actively treating drug addicts and alcoholics in a broad fashion, whereas on the abstinence side AA meetings, by their very nature, are anonymous. We cannot do good research to find out their benefits. All we know is that a proportion of people swear by the principles and by the big book. No-one would argue against that.

The Hon. IAN WEST: In the context of the primary health care facility in Lawson Street, would you see any ability to incorporate that?

Dr BYRNE: Absolutely. Just as Rachel Forster Hospital had a roundhouse community function room at the front of the hospital, if this primary health-care facility was sufficiently funded I would hope it would have a room—not the size of grandeur of this one—which could cope with a community meeting for 15 or 20 people that could be used during the day as a clinic or waiting room and at night as an AA or an NA or SMART recovery group meeting. That takes a lot of organisation and I do not mean to say that it is simple, but certainly if it was well funded and if the real estate was sufficiently large, people could be advised that there was to be a meeting at 8 o'clock with coffee and sandwiches provided. That applies mainly to people who are ready for abstinence, and there are a lot of them around and a lot of them feel very vulnerable and unsupported at the present time.

CHAIR: In saying that, are you deliberately meaning to say that that kind of space should be on the same site? Is there an argument against a facility being a block away in another building? Is it important that the range of facilities including a meeting room, coffee shop or whatever, are on the same sites?

Dr BYRNE: I do not think it matters that much up. In fact, going to another site probably has a benefit of someone getting himself to a particular site, turning up and registering or booking in, or just having a coffee and in introducing himself. It does not matter too much, at Rachel Forster Hospital it was just convenient. There was a government-funded venue that had a pleasant room with a nice outlook with people could get together and discuss issues of mutual interest.

CHAIR: If the Lawson Street site is up and running but requires people to go down the road a block or two, that would be fined? It would not need to have ancillary or related services on site, in addition to the primary facility?

Dr BYRNE: No. The primary care facility can be performed in a caravan. Doctors do it from the back of a car with a black bag. But an AA meeting clearly needs substantial real estate and these days with fire laws and bomb hoaxes it would have to be an appropriate venue. It might be that it should be up the road in another venue, such as a church hall. That is not usually a problem. The problem is knowing the time and the date and having an up-to-date list. So often we get a list of AA meetings in Melbourne or from 1994.

The Hon. IAN WEST: Exactly. There should be substantial proper co-ordination.

Dr BYRNE: Yes, and the Internet should solve all that. We should be able to download today's latest information on which beds are available in detoxification wards. That still has not happened in New South Wales. We should be able to find out on the spot whether there is a male or female bed in a detoxification ward available somewhere. I should not have to make 25 phone calls, I should have to make only one call or download one web site.

The Hon. IAN WEST: In the planning of the primary care facilities, Lawson Street may not be the end product. It may have other expansion.

Dr BYRNE: Absolutely.

The Hon. IAN WEST: At Lawson Street there is the possibility of different types of delivery of the needle and syringe exchange. Some people may need to go into the facility at Lawson Street but also there may be an ATM type facility around the corner?

Dr BYRNE: This is the difference between anonymous services and services that register patients. Doctors cannot treat someone without knowing who they are and are given a Medicare card or other identification. Whereas there are public health services which are anonymous. In the injecting room at Kings Cross people can walk up and say, "I am a drug addict and I want to inject under supervision in your trial injecting centre", or "I want to take some condoms and literature and some needles". They do not have to give their name or address or show their ID. That is very important. Perhaps there should be two doors, perhaps there should be an automatic dispenser to the right and an entree door to the left for patients who are prepared to wait to see the nurse, the doctor, the pharmacist or the counsellor.

The Hon. GREG PEARCE: What is your experience with the Department of Community Services [DOCS] in relation to your clients in the period you have been there?

Dr BYRNE: I admire the task that DOCS do. I fear it is almost impossible for DOCS to do what they are expected to do by the legislation, protecting all children in New South Wales. Obviously it has to have a priority system, and that depends on information it is given. I have seen DOCS overreact to some situations. I have seen DOCS not informed about other situations, where I have had to do so myself. It is a very difficult area, I have observed that and have had occasional inputs into it. All Australians worry about young people who are not in proper care and control. All adults should

have proper access to addiction services in the field. Putting dollars into addiction services would certainly improve the lot of a whole lot of children.

Most of the drug-using population of child-bearing years often do not have their children with them all the time, the children are with another generation. To watch families coming together and to watch embarrassed mothers coming back with their children whom they had fostered out, is very rewarding. The acute situation that DOCS is often asked to intervene in is terribly difficult. My job is to avoid that happening as much as possible. But when it does, obviously they have to perform their duties.

The Hon. ROBYN PARKER: Earlier you talked about making 25 phone calls to find a detoxification bed, and about services closing down. What is your perception of the shortage of detoxification beds in New South Wales?

Dr BYRNE: It is unfortunate that some of my colleagues have been on record as saying that detoxification beds are not cost effective and therefore the health system should discourage detoxification wards and beds in favour of out-patient services. In a way that is true, but it is like saying that nursing homes or kindergartens or funeral homes are not cost-effective. A caring society needs all of the above, and needs detoxification wards, in my opinion. To determine if something is cost-effective is much more complex than just saying what goes in and what goes out. If you could measure the benefits of, let us say, Langton Centre, which was a detox ward, for the last 40 years or more, during most of my professional life, patients arrived from all over New South Wales on a train, they wended their way down to Surry Hills, found the Langton Centre and usually found a bed.

That has helped them, it has helped their families and it has helped the local doctors. They have had a week or two or three of medical services. They may have had a liver test, some counselling. To cost that and work out its benefits would be very difficult, almost impossible. So I find the rationale that has been used, the sort of simplistic commercial rationale of cost-benefit, is not really fair. I think that a caring society should have access. If your doctor wants you or your sister or kid to go to a detox ward—like going to a hospital with a broken leg or to go for an x-ray with a chest infection—that doctor should be able to make one or two simple phone calls, write out a note saying that the patient has a major alcohol problem and has requested detox or rehab, tear that of and give it to the person to take up the hall or call an ambulance or tell the person to get themselves to such and such a facility and be quite sure that that person will be looked after.

That no longer happens in New South Wales. As I said, sometimes it is very difficult, sometimes it takes 25 phone calls. Of course, if it is more than a few phone calls the window of opportunity may have closed. The person may have given up seeking help and said, "Nobody cares. I might as well go back to my grog. It is now pay day again. I will go down to the ATM and then go to the pub" or the equivalent with illicit drug use.

CHAIR: We now come to questions 9 and 10. You have said a lot already, for which we thank you. But do you have any further comments about government and non-government services in the Redfern and Waterloo area and how they could be improved and co-ordinated. I know that you have a particular expertise and window onto these things. Are there any other comments about departmental or non-government services?

Dr BYRNE: Housing is the most crucial area. The most difficult patient I have to treat is a homeless person. It is almost impossible. Whether they have alcoholism, drug addiction, tuberculosis or HIV, until they have got a residence—that does not have to be a three-bedroom apartment with a balcony; it could be just a bed in a decent hospital with plumbing and three meals. I still have patients who have this problem. I can make phone calls and write letters and find that Matthew Talbot is full, Gorman House is full—it is a detox place—the housing commission has a seven-year waiting list for people without priority and a seven-month waiting list for people with priority. It is terribly difficult.

I would certainly emphasise what your Committee has heard already, that housing is a crucial part of addressing the problem. It may address one of the problems that I do not know anything about, and that is why and how young people take up illicit drugs or alcohol, petrol sniffing or any substance abuse matter in the first place. As I said, that is a mystery to me. There is very little research on it, although people are now starting to research how people came to have their first petrol sniff or first

drank alcohol. But certainly many of these people were on the streets; they were not at home with their parents or at school. They were not at day care or having the regular attention that I and other people present had. They were at a loose end. They were on the street. They had resources: anyone has resources to find some petrol, of course. But alcohol and illicit drugs can still be had for very little money on the streets of Redfern.

I would just say that the existing government services should be funded better and that new services should be contemplated such as the one proposed by the New South Wales Government presently, and that patients have a choice of a range of options and not be told that they should be going on methadone or going into a detox or going to have rapid deep sleep treatment. There should be horses for courses. People should be told that all those treatments are available and that some of them suit some of the people some of the time. I am very suspicious of people who peddle one over another. Some people need a detox, some people need a methadone program, some people need a course of counselling, some people need a bottle of Prozac. So I would emphasise having a range of treatments, which would usually be orchestrated by the GP in conjunction with expert other services—utilising the pharmacist, the psychiatrist, the local hospital.

There must be back-up from the local hospital. No GP or pharmacist can treat complicated new patients without support. Like new schizophrenic patients, like unstable diabetics, they need support. No GP is going to take on a new, complicated, unstable HIV case or an alcoholic without knowing that there is a hospital with facilities close by that can support him or her, whereas all GPs would take someone back who is in the course of treatment, who has seen a specialist and who is getting back on the road. We do not have enough hospitals or specialists to look after all these people. As you know, there are very large numbers involved.

CHAIR: Is that what you would like to see come out of this inquiry, or do you have a further wish list?

Dr BYRNE: I think that encompasses what I would hope this inquiry would do, just put the focus on to drug and alcohol issues, to point out that, far from being hopeless, drug and alcohol issues are very addressable. People often ask me what success rate I get. I am usually insulted by the question but I usually answer by saying 100 per cent, just to be devilish. I would say that more than 90 per cent of substance abuse patients who have walked through the door of a good treatment facility are improved and benefited month by month by month. It is the ones who do not walk through that door, the ones who have died previously from substance abuse, that we need to address. That is why we need to encourage more people to walked through the door and have more doors available so they are not all seen as a local doctor in a suit or as the priest or the voodoo doctor. There are a lot of different approaches, from religion to computer science and intensive-care units with deep sleep therapy and things which we could talk about all day, but you do not have that time, of course.

(The witness withdrew)

(The Committee adjourned at 11.38 a.m.)