Hansard

LEGISLATIVE COUNCIL

60th Parliament

Thursday 4 May 2023

By authority of the Victorian Government Printer

Members of the Legislative Council

60th Parliament

President

Shaun Leane

Deputy President

Wendy Lovell

Leader of the Government in the Legislative Council

Jaclyn Symes

Deputy Leader of the Government in the Legislative Council

Lizzie Blandthorn

Leader of the Opposition in the Legislative Council

Georgie Crozier

Deputy Leader of the Opposition in the Legislative Council

Matthew Bach

Member	Region	Party	Member	Region	Party
Bach, Matthew	North-Eastern Metropolitan	Lib	Luu, Trung	Western Metropolitan	Lib
Batchelor, Ryan	Southern Metropolitan	ALP	Mansfield, Sarah	Western Victoria	Greens
Bath, Melina	Eastern Victoria	Nat	McArthur, Bev	Western Victoria	Lib
Berger, John	Southern Metropolitan	ALP	McCracken, Joe	Western Victoria	Lib
Blandthorn, Lizzie	Western Metropolitan	ALP	McGowan, Nicholas	North-Eastern Metropolitan	Lib
Bourman, Jeff	Eastern Victoria	SFFP	McIntosh, Tom	Eastern Victoria	ALP
Broad, Gaelle	Northern Victoria	Nat	Mulholland, Evan	Northern Metropolitan	Lib
Copsey, Katherine	Southern Metropolitan	Greens	Payne, Rachel	South-Eastern Metropolitan	LCV
Crozier, Georgie	Southern Metropolitan	Lib	Puglielli, Aiv	North-Eastern Metropolitan	Greens
Davis, David	Southern Metropolitan	Lib	Purcell, Georgie	Northern Victoria	AJP
Deeming, Moira[1]	Western Metropolitan	IndLib	Ratnam, Samantha	Northern Metropolitan	Greens
Erdogan, Enver	Northern Metropolitan	ALP	Shing, Harriet	Eastern Victoria	ALP
Ermacora, Jacinta	Western Victoria	ALP	Somyurek, Adem	Northern Metropolitan	DLP
Ettershank, David	Western Metropolitan	LCV	Stitt, Ingrid	Western Metropolitan	ALP
Galea, Michael	South-Eastern Metropolitan	ALP	Symes, Jaclyn	Northern Victoria	ALP
Heath, Renee	Eastern Victoria	Lib	Tarlamis, Lee	South-Eastern Metropolitan	ALP
Hermans, Ann-Marie	South-Eastern Metropolitan	Lib	Terpstra, Sonja	North-Eastern Metropolitan	ALP
Leane, Shaun	North-Eastern Metropolitan	ALP	Tierney, Gayle	Western Victoria	ALP
Limbrick, David	South-Eastern Metropolitan	LDP	Tyrrell, Rikkie-Lee	Northern Victoria	PHON
Lovell, Wendy	Northern Victoria	Lib	Watt, Sheena	Northern Metropolitan	ALP

[1] Lib until 27 March 2023

Party abbreviations

AJP – Animal Justice Party; ALP – Australian Labor Party; DLP – Democratic Labour Party;
Greens – Australian Greens; IndLib – Independent Liberal; LCV – Legalise Cannabis Victoria;
LDP – Liberal Democratic Party; Lib – Liberal Party of Australia; Nat – National Party of Australia;
PHON – Pauline Hanson's One Nation; SFFP – Shooters, Fishers and Farmers Party

CONTENTS

Thursday 4 May 2023

The PRESIDENT (Shaun Leane) took the chair at 9:33 am, read the prayer and made an acknowledgement of country.

Joint sitting of Parliament

Victorian Health Promotion Foundation

Victorian Responsible Gambling Foundation

The PRESIDENT (09:34): I have to report that the house met with the Legislative Assembly yesterday to elect members to the Victorian Health Promotion Foundation and that Bridget Vallence, Kathleen Matthews-Ward and Tim Read were elected to the foundation for a three-year term commencing immediately and to elect members to the board of the Victorian Responsible Gambling Foundation and that Kim O'Keeffe, Luba Grigorovitch and Michael O'Brien were elected to the board for the term specified in section 11 of the Victorian Responsible Gambling Foundation Act 2011.

Committees

Public Accounts and Estimates Committee

Report on the Appointment of a Person to Conduct the Financial Audit of the Victorian Auditor-General's Office

Michael GALEA (South-Eastern Metropolitan) (09:35): Pursuant to section 35 of the Parliamentary Committees Act 2003, I present a report on the appointment of a person to conduct the financial audit of the Victorian Auditor-General's Office from the Public Accounts and Estimates Committee. I move:

That the report be published.

Motion agreed to.

Papers

Papers

Tabled by Clerk:

Subordinate Legislation Act 1994 – Documents under section 15 in respect of Statutory Rule No. 26.

Business of the house

Notices

Notices of motion given.

Adjournment

Lizzie BLANDTHORN (Western Metropolitan – Minister for Disability, Ageing and Carers, Minister for Child Protection and Family Services) (09:39): I move:

That the Council, at its rising, adjourn until Tuesday 16 May 2023.

Motion agreed to.

Members statements

Anzac Day

Michael GALEA (South-Eastern Metropolitan) (09:39): I was honoured to attend the Anzac Day service held in Beaconsfield on Sunday 23 April at the war memorial at the Beaconsfield cenotaph. This special service, which was established in 1999 by the late Tony Rushton, was organised by the

Beaconsfield Progress Association and included a special tribute to Beaconsfield soldiers Mick and Hughie McNaughton. Cr Brett Owen shared the story of the McNaughton brothers, which was researched and written by local historian Penny Harris Jennings.

Mick was the youngest brother and left for Egypt, joining the 22nd Infantry Battalion, in 1915, with his brother Hughie following months later. They fought the tough and cruel battle for two years until Hughie returned home and sadly passed away soon after. In 1919 Mick returned home when the war ended, married in Beaconsfield and named his first son Hugh. These two men were rightfully paid tribute to, as were all other local veterans.

I also had the privilege of attending the Cranbourne Anzac Day service organised by the Dandenong-Cranbourne RSL sub-branch, and I was so impressed by the number of community members in attendance. Hundreds of people showed up to pay their respects to those who have participated in all theatres of war. Importantly, many in the crowd were young children representing their schools and learning about and respecting their proud nation's history. Member for Holt Cassandra Fernando made a passionate speech honouring those who have made the ultimate sacrifice. Lest we forget.

Fire Ops 101

Rachel PAYNE (South-Eastern Metropolitan) (09:41): Last week I had the pleasure of participating in Fire Rescue Victoria's Fire Ops 101 training, along with my colleague Mrs Tyrrell, at the world-class Craigieburn training centre. I was incredibly excited to walk in the boots of a firefighter for a day. I have the utmost respect for our frontline workers, especially those who provide life-saving care and services in high-risk environments. Getting to experience just a fraction of what these brave individuals do daily has elevated them in my mind to hero status.

On the day I was kitted out in full firefighting gear, including breathing apparatus and tank, boots, overalls, jacket and gloves. It was heavy and restrictive. Some of the activities we participated in were extinguishing a fire at a petrol station; responding to a chemical spill with hazmat response; first respondence on a scene to resuscitate someone who was unconscious; a jaws-of-life rescue at a car crash scene; experience being in a smoke-filled train carriage with zero visibility; a gas station explosion; and a heat room with temperatures that reached over 400 degrees, which gave us a sense of how intense it is to be in a burning building.

I am incredibly grateful for this experience and would like to make a special mention of my guy Troy for the day, Ed Starinskas and Sharon Kewley. My colleagues, I encourage you all to give Fire Ops 101 training a go.

Hester Hornbrook Academy

John BERGER (Southern Metropolitan) (09:42): Today I want to talk about how lucky Southern Metro is to have a school like Hester Hornbrook Academy, an alternative school to mainstream education. Recently I visited the Prahran campus and met with principal Sally Lasslett and staff, and I have got to say I was extremely impressed. The school supports young people who have been disengaged from school because of educational and social challenges. They are changing young people's lives by ensuring they receive an education when they otherwise would not as they are not suited for mainstream school.

The school goes above and beyond by providing breakfast, lunch and dinner, ensuring students' basic needs are met so they can focus on learning. The school is equipped with in-house youth workers and psychologists in every classroom, along with various programs such as a wellbeing program, a trauma-informed healing program and tutorial support. School rules are replaced with the values of being safe, productive and respectful. The school is unique in that it also has a young parent classroom, which allows mothers to bring their children to school up until the age of one; after this time the child attends child care. The school is having a significant impact on our community in Southern Metro and other districts, with campuses in South Melbourne, the city and Sunshine. With individualised programs and

timetables, these young people achieve success in education and establish pathways to employment and further education.

Maroondah Hospital

Nicholas McGOWAN (North-Eastern Metropolitan) (09:44): In November 2018 Daniel Andrews promised to build a new emergency department at the Maroondah Hospital at the cost of $62.4 million. This upgrade never eventuated. Four years later – no surprise – Daniel Andrews again promised to build a new emergency department at Maroondah Hospital. In September 2022 the Labor Party, unsurprisingly, announced an election commitment of between $850 million and $1.05 billion, which was the first time in my living memory the Labor Party allowed for budget blowout in an election commitment – ironic and somewhat comical. It shows they have a sense of humour, if not an ability to manage projects. This funding will allow for, they say and claim, 200 new inpatient beds, a dedicated children's emergency department, new operating theatres, a day procedure unit and a mental health hub.

It is interesting to note that as part of that announcement the children's emergency department was included in their 2022 election commitment when in fact it had already been committed to by the government in the 2021–22 budget – more skulduggery indeed. $102.4 million was allocated to build dedicated children's emergency departments at our state's busiest hospitals, and Maroondah Hospital was one of them. The Croydon, Ringwood and Warrandyte electorates alone have over 20,000 children under the age of 15 years who would greatly benefit from a children's emergency department at Maroondah Hospital. This kind of dedicated department would create a calmer, more comfortable environment for children and their families. The minister must ensure that a new emergency department at the Maroondah Hospital, including a dedicated children's emergency department, is built and does not turn into another undelivered health commitment of the Andrews Labor government.

Anzac Day

Jeff BOURMAN (Eastern Victoria) (09:46): On Anzac Day I was privileged to attend the Anzac Day footy event at Crown Palladium, representing the TPI association as a guest of the Essendonians, which makes sense given the game that day was Essendon versus Collingwood. I subsequently went to the match at the MCG, which Collingwood ultimately won; we cannot have them all. Even as someone not into football I know about Collingwood.

The presenters at the event were varied, but what has stuck with me was the story of Russell Morris, the singer, whose father endured the Sandakan death march. Russell's dad died when Russell was two, so he never got to know him in person. It also brings me to think of my great-grandfather Richard Glanville Knight, who endured the battle for Broodseinde Ridge in early October 1917 and was awarded the military medal for his actions on those days. Anzac Day may seem like a holiday for some – a reason to go to the footy or to have a barbecue – but for others it is a time to reflect on what they did and on others who went before them. I will be forever grateful for people like Russell Morris's father and my great-grandfather and for all those who fought for our country. Lest we forget.

Towards Improved Anti-Racism Support in Casey and Greater Dandenong

Lee TARLAMIS (South-Eastern Metropolitan) (09:47): Recently I attended the launch of *Towards Improved Anti-Racism Support in Casey and Greater Dandenong*. The report is a joint initiative by the cities of Casey and Greater Dandenong with Victoria University which seeks to address the issue of racism in Melbourne's south-east. It draws on research, community consultation and expert input to develop a range of strategies and initiatives to promote inclusivity and combat racism. One of the report's key areas of focus is raising awareness in education, and it emphasises the importance of inclusive policies and practices. Recommendations include developing cultural awareness training programs, an annual anti-racism week and resources to promote cross-cultural understanding.

The report highlights the issue of under-reporting, with alarming numbers indicating that 80 per cent of those who report a racist incident once are less likely to report a similar incident again due to inaction. Whilst 86 per cent of those who formally reported an incident felt better, they still faced the burden of proving that the incident was driven by racism and felt their reports were not always taken seriously. The report recommends the establishment of a cultural and language appropriate support network for those affected by racism, including creating a victim support service, establishing a community complaints mechanism and developing resources for those affected by racism.

Racism and discrimination in all forms have no place in our society. This anti-racism road map is a call to action to work together to promote inclusivity and combat race-based discrimination. It highlights the importance of taking a coordinated and comprehensive approach to tackling the issue. Preventing race-based discrimination and abuse is vital in building an inclusive, harmonious and equal society where everyone has the opportunity to reach their full potential.

Gallery funding

David DAVIS (Southern Metropolitan) (09:48): I want to raise a matter today, which is the funding of our public galleries across the state. As we approach the state budget – and I understand the financial woes of the state and the fact that the state government has, through its financial mismanagement, particularly of major projects, left us in a very bad financial position – I do plead the case for many of the public galleries, which are both important local cultural institutions and also very significant economic generators. They are very significant in terms of tourism and very significant in terms of local culture. Before the last state election we committed $40 million for the upgrade of the Geelong performing arts and gallery complex and also committed funds for a number of other galleries around the state. The state government appears not to have prioritised our public galleries around the state, and I think that is unfortunate.

I think it is true that Victoria gets less than its share of federal support for these sorts of occasions. It is true that after we announced money for the Bendigo gallery the federal opposition indicated it would provide some significant support too – the federal Labor Party, I should say – and we welcomed that commitment because we see that often this is a partnership between state, federal and local. Galleries are important and should be prioritised in this budget over many of the wasteful things this government undertakes.

Drug harm reduction

Aiv PUGLIELLI (North-Eastern Metropolitan) (09:50): On Saturday my team and I had the opportunity to attend the music festival Groovin the Moo in Bendigo. For those who do not know, Groovin the Moo held two successful pill-testing trials in 2018 and 2019 in Canberra. What I learned from this event is that the festivals themselves, the medical professionals doing amazing life-saving work at these events and the attendees all want pill-testing services to be legal in Victoria. I personally spoke to over 100 attendees at the festival, a diverse group from all over Victoria, who came to enjoy the beautiful sunny day that had amazing music and just overall fun, positive vibes. I can tell you not a single person I spoke to opposed pill-testing services – not a single one. They all said the same thing: they are going to take drugs anyway, so it is better to make sure it is safe and save lives. That is the reality. Young people will take drugs – they will take drugs at these events – and we have the opportunity to ensure the safety of these young people. Evidence from pill-testing sites shows if people are aware the pill they are taking is potentially lethal, they will throw it away. But right now they have no way of knowing, and many are just willing to take the risk. If we have pill testing and it can save even one life, then it is worth it.

Anzac Day

Melina BATH (Eastern Victoria) (09:52): Beneath the gum trees and beside the cenotaph on Anzac Day morning 250 people met at Korumburra RSL sub-branch to honour the fallen and those that have served. It was a most beautiful ceremony. I was so pleased to be able to address the community there.

I want to say congratulations and thank you to the president David Jackson; the bugler Phil Richards; and World War II veteran Hugh Hendry, who is 96 years old and looked very dapper. I was so honoured to speak to him.

Tony Moon, Andrew Moon and Brenda Jordan

Melina BATH (Eastern Victoria) (09:52): Tony Moon, Andrew Moon and Brenda Jordan have written a book. It is 700 pages long, and it is about those that have lost their lives in conflict. We thank them for that record and doing that work.

Anzac Day

Melina BATH (Eastern Victoria) (09:52): I also had the pleasure of attending the Cowes Anzac Day ceremony at the sparkling, beautiful staged area down near the beach at Cowes, with president Chris Thompson, treasurer Greg Mead OAM, vice-president Peter Paul, secretary Malcolm Percy and the wonderful welfare officer Cheryl Overton. It was also an honour.

Sir Stanley Savige

Melina BATH (Eastern Victoria) (09:53): And finally, Legacy is 100 years old this year. Sir Stanley Savige was born in Morwell, grew up in Korumburra and initiated the service that cares for the fallen, their families and those who have returned from all conflicts who are in need of support. We congratulate him.

Liberal Democrats policies

David LIMBRICK (South-Eastern Metropolitan) (09:53): It has been a bit of a pleasant surprise over the last couple of months to see the media talking about the Labor Party apparently adopting some of our policies from the election campaign. The *Age* reported in March that:

> Department of Treasury and Finance secretary David Martine has written to the heads of government departments ordering them to detail plans to cut their budgets by 10 per cent without harming "front-line services" …

The Liberal Democrats policy on our website states 'a one-off immediate 10 per cent cut to all state departments, excluding critical frontline workers'. Whilst the Labor Party is seemingly taking policy advice from our website, they might also consider the next line, which states 'an additional 1 per cent cut per year until the state government debt is repaid'. The *Age* also reported that the state government is considering streamlining planning approvals for new homes to allow for 1 million new houses. That is another one of our policies.

While the government seem to be open to sensible policies, I will take the opportunity to suggest some other ones from our website that they could adopt. They could consider introducing a school voucher scheme to fund students rather than schools or remove restrictions on the safe extraction of gas, or they could be bold and repeal the ban on nuclear energy.

Business of the house

Notices of motion

Lee TARLAMIS (South-Eastern Metropolitan) (09:55): I move:

> That the consideration of notices of motion, government business, 2 to 69, be postponed until later this day.

Motion agreed to.

Bills

Drugs, Poisons and Controlled Substances Amendment (Medically Supervised Injecting Centre) Bill 2023

Second reading

Debate resumed on motion of Jaclyn Symes:

That the bill be now read a second time.

Georgie CROZIER (Southern Metropolitan) (09:55): I rise to speak to this important piece of legislation that we are debating today because it has been subject to enormous community concern for many years. It is of course the Drugs, Poisons and Controlled Substances Amendment (Medically Supervised Injecting Centre) Bill 2023. The bill does a number of things, and my colleague in the Assembly Emma Kealy has done an excellent job in prosecuting the case around the concerns that we have heard of for many years and putting together some sensible amendments that will improve this flawed bill.

I want to go through this bill, and I want to speak to the Ryan report. Obviously during the committee stage there will be more to say, and I will have more questions for the government about various aspects that have been raised with me, Ms Kealy and my other colleagues around the impacts of this bill. But more specifically, if I can just go to what the bill does, the bill amends, as I said, the Drugs, Poisons and Controlled Substances Act 1981 to provide for the ongoing licensing of the operation of a medically supervised injecting centre. It also allows for more than one medically supervised injecting centre licence to be issued, but no more than one licence can be enforced at a time. It provides for the transfer of a medically supervised injecting centre licence and makes changes in relation to the roles of the supervisors and the directors of the licensed medically supervised injecting centre. It allows the Secretary of the Department of Health to delegate certain powers regarding the amendment of internal management protocols of the licensed medically supervised injecting centre and provides for further provision for the operation of planning schemes and planning amendments in relation to the centre.

Of course we have had, as I said, a number of issues that have arisen over the last number of years. There have been two reviews; this is the second trial period for the injecting centre, and there have been two reviews. The Hamilton review was published in the middle of COVID, in June 2020. I think that is important to state, and I will come back to the issues around COVID, because that did have an impact on what all Melburnians could do in their movement and ability to move around the city and the state. Then of course we have had the more recent Ryan review. We have got a copy of the Ryan review. It is 25 pages long – it is not very long – and I will be asking about this in committee. But I make a point about the Ryan review: the terms of reference for the review did go to a number of things, particularly around considering the operation and use of the injecting room, but they did not actually go to the specific site or the current location. And that is really where the Liberals' and Nationals' concerns lie – that this injecting centre is situated right next to a primary school.

For the residents and the children that attend that school, you have to say that it has been an abject failure, because that school has security guards, it has CCTV and it has other security measures that are in place to protect children. They were not there before this trial started. We have been very adamant that no injecting centre should be next to a primary school or a childcare centre. And can I say that we are very understanding about the complexity of drug use and the impacts to those people that are addicted to these heinous drugs like heroin and ice and that support, education and treatment must be provided for them to get off these heinous drugs.

Our concern is about the complexity for drug users – that they do receive that support and that the stakeholders that are involved with supporting drug users do have that support as well from government. Despite all of that, those concerns around this site remain absolutely of huge concern because of what we have seen. There have been many, many reports and many images around not just drug use but also the dealing of drugs and explicit sexual and antisocial behaviours that have occurred

and that children have had to witness. Unfortunately children have seen fatal drug overdoses not in the injecting room but in the vicinity of the injecting room and of course the thousands and thousands of discarded syringes and needles that are evident every single day around this facility.

I remain concerned about the impacts of this on the local amenity and the residents. I was going to the community meetings when they first started years ago. In fact I was the only MP that actually turned up to those community meetings – not the then local member Richard Wynne; not the then responsible minister Martin Foley; nor the education minister James Merlino, and he was also mental health minister; nor the local members at the time, none of them. At the very first meeting I was the only MP to go and listen to the residents, and there were residents who were very supportive of the injecting centre, but equally there were concerned residents who had been living in the area for a long time and had seen just what had occurred. They described it as a honey pot for users, and I think that was backed up by Police Association Victoria secretary Wayne Gatt. When their members were surveyed on this and throughout this trial period, that was the case – that it did have a honey pot effect and that antisocial behaviour and an increase in crime had occurred. The government will argue that it is saving lives and that there is a decrease in ambulance call-outs and a decrease in overdoses et cetera. I will speak to the government in committee about this, because I want to question and get to the bottom of that.

Having worked in the health sector for a number of years and having worked with drug-affected pregnant women when I was at the Royal Women's Hospital and also when I worked at the Alfred hospital, I have seen the impacts of overdose and I have seen the terrible impacts of withdrawing babies of addicted mothers. Again I say I understand the complexity of this for those drug users and how they need to be supported, but we need to be doing as much as we can to be supporting them and getting people off these drugs because of those impacts to not only themselves, not only those that are close to them, like I have explained – pregnant women and their newborn babies that are withdrawing – but equally the community and the broader Victorian community in terms of the impacts of crime and other antisocial behaviour that occur. Some of that antisocial behaviour, as I have said, has been quite awful. I make the point that both the Hamilton review and the Ryan review did identify that deterioration of the amenity around the injecting centre had occurred since its opening. Those two reviews did say that there was a deterioration in amenity, and that has not changed.

I was at a residents meeting with my colleague Mr Mulholland on Monday evening, and those residents spoke about the impacts of what is occurring. I have received some emails from residents around this very point that really highlight some of that, and I just want to read from one of them. This is an email I received from a concerned resident. She is a 79-year-old woman. She has lived in the public housing estate near the injecting room for over 47 years, and she has been using the facilities at the North Richmond Community Health centre, which is right next door to the injecting room, for all of that time. She needs to access the services of the North Richmond Community Health centre for doctor and dental appointments. As she says, she has been living in this area, and that public housing tower, which I know very well, is just metres away from the injecting centre and the community health centre. She says in this email:

> On many occasions over the last few years going to my doctor or dentist appointments my experiences have been marred by drug affected people loitering around the health centre. I have been intimidated and verbally abused by people under the influence of drugs while walking from my home to the centre. I do not feel safe …

She is a 79-year-old woman. She does not feel safe going from the public housing towers, which are not very far from the community health centre, to get that medical treatment that she requires because of what is occurring. She goes on to say, which is extremely concerning:

> I have been barricaded in my home on many occasions because of drug users injecting in front of my door, some passing out, using the area as a toilet, leaving used and bloody syringes behind.

She goes on to explain in really graphic detail the impact to her as a woman who has lived in this area, and she has seen the difference in what is occurring since the injecting centre has opened. She says:

> The trauma caused by these incidents had taken a toll on my health.

I think that is really concerning. She also says in her email that she has had to contact security and the police on multiple occasions, too many to count, to have drug users removed:

> … it's been a horrific experience each time I've opened my front door to see them there.

How is that fair and reasonable for somebody who has lived in the area for 47 years? The government's rationale for having an injecting centre here is that this is where drug use was occurring and there were too many overdoses. There are too many overdoses; I do not disagree with any of that. But when you have got residents who do not feel safe and when you have got vulnerable elderly women who are subjected to that sort of behaviour, how is that fair and reasonable? It tells the story about the reality of what is happening on the ground. The most disappointing thing about what we see from the government is that they are just ploughing through with this legislation.

Members interjecting.

Georgie CROZIER: What was the interjection?

A member: Look at the Sydney research.

Georgie CROZIER: I will come to the Sydney research. The Sydney injecting centre is not next to a school, it is not next to a childcare centre and it does not have the same issues that are occurring in North Richmond or at this local primary school. That is the difference here. I would urge you to support our amendments, which reflect exactly what is in New South Wales. I know those in the government just want to plough on with this legislation, but it is not right for this local area to have this injecting centre where it is located. We have been consistent about this, consistent about the impacts on the local amenity, and we have also put forward a number of sensible suggestions.

As I said, my colleague Emma Kealy took to the election last year an opioid replacement therapy, hydromorphone, to assist those people that are addicted to heroin to be able to get off it. I know Mr Limbrick has an amendment that goes exactly to this point, which I will speak to and which we will be supporting. They are sensible measures. The government has not listened to any of this. If I can go back to my initial point before the interjection: you have not listened to the local community. You have been selective. You have been selective with the Ryan review. You have been selective with the data that you present. You have been selective on a whole range of things. You have been selective with the terms of reference for the Ryan review – it did not even look at the location, where the most contentious issue arises.

As I said, I have spoken to a lot of those community members, and many of them were very supportive of the injecting room. They understand the complexity that this has for people who are addicted to drugs. But after living there, living in the very vicinity where this is located, they want improvements, and they want it moved because of what is going on. And surely that should be a reason for the government to take some note, but they just have not. They have not listened.

There is no other place in the world where an injecting centre is right next to a primary school, and let us just reflect back on that. When this was put up with the first initial legislation, the government botched the legislation; they botched the planning requirement. They said it was going to be metres away from a primary school, but actually they botched it with the planning aspect of where the building had to go to. It was an absolute shambles. Now, most of you sitting in this chamber, in fact all of you except for the President, were not here when we debated that and that shambolic legislation that was brought in at that time. So I make the point: while this is an important issue about giving support to those that have drug addictions, there should be consideration to those people that are living within the vicinity.

As I said, this bill goes to doing a number of things in relation to how it will be providing the services, and I want to just go to a point around how we have got no reviews. It is proposed the recommissioning of the injecting centre will occur over the coming year, with a new operator to be appointed by tender and expected to be a consortium of a community health provider, a hospital and an alcohol and other

drug (AOD) service provider. Reviews are to commence within five years, no later than 30 June 2028; however, the issuing and extension of licences is in four-year terms. There is no date specified for a review to be completed at all. It is extraordinary that we are not having these reviews. We are not having the reviews that we need to. Every other health service and agency has to have an annual review, and we will be moving amendments along these lines. We really want to see how we can improve that aspect.

Another area of concern that has been raised by various stakeholders, including the AOD sector, is around those people that will be attending it and their health records – as in that bill we passed a few weeks ago – and how that information will be shared. It goes to the point of what we were concerned about in terms of sharing of data and people having no ability to opt out. Again, this just goes to the heart of how the government operates and just takes on board a whole range of things without actually putting into place some reasonable and sensible considerations.

I make the point around the Ryan review again, which I will speak more about in committee, that the government relied on this report to inform the current legislation that we are debating. I am concerned about the level of stakeholder consultation that was done in the AOD sector around the specifics that I have just mentioned. There was some concern expressed around the lack of consultation by the government with these various stakeholders. We have not seen the full Ryan review – we know there is one but we have not seen it – and I do not think that is in the interests of transparency either for what the government is trying to achieve here. If they were truly open and transparent about the reason they are bringing in this legislation, they would release that entire review. They have not done that. There are many issues around that aspect. There are also concerns around licensing, as I have noted.

As I said, I will be moving a reasoned amendment. In fact, President, I am wondering if I could just move that reasoned amendment now. It is very specific. It is exactly what was moved in the Assembly. I move:

> That all the words after 'That' be omitted and replaced with the words 'this bill be withdrawn and redrafted to prevent a medically supervised injecting centre from operating in near proximity to schools, childcare centres and community centres.'.

It is very clear that the Liberals and Nationals do not believe that an injecting centre should be next to a primary school, and that is why the shadow minister and member for Lowan Emma Kealy in the other place also moved this reasoned amendment.

Can I go to the other amendments. I urge the government and the crossbench to support the reasoned amendment so that we can get this right, but should it not be successful, we have other amendments to move that align with New South Wales so that we will have a 250-metre buffer zone around any further injecting centres that the government might provide or might be putting in place in Victoria – a 250-metre buffer zone from an education facility or a childcare centre. We think that is incredibly important. It is very clear, and it is what is happening in New South Wales. They also have an issue around the visibility of the premises, and our amendments go to the aspect around public safety.

The other parts of our amendments go to the measure of eligibility of a licensee to be a fit and proper person, including strict requirements that a person with a prior conviction for a drug-related offence must not be deemed eligible for appointment as licensee, and ensure that the review panel that is spoken about aligns with the period of licensing – reviews must be completed before any licence is extended.

Amendments circulated pursuant to standing orders.

Georgie CROZIER: These amendments that we are bringing into place are aimed at improving what this bill is trying to achieve. We feel that annual reviews should be in line with any other review that is provided for a public health facility. If the government is fair dinkum about this being in the interests of public health, then have an annual review. Have an annual report so that there is reporting

done on an annual basis. It just seems extraordinary that that is not being taken into consideration for this bill.

There is just so much more that we could say on this, but I wanted to just finally make this point: the government put in funding to improve amenity in last year's budget. They have failed. They have failed to consult with the community around the real impacts to those people living around this facility. They have failed to provide proper transparency around the data. Actually how many people have been fully rehabilitated? What are the criteria for those that have had an overdose reversed? I have done that. I know what that means. But I am not sure of the criteria that the government is relying on. There are the ambulance call-outs. Why has the government not taken any notice of the concerns raised by the police association? The police are called out there continuously. The residents will tell you that.

Some of the vision, as I said previously, is absolutely unacceptable. Children should not be having to witness what is going on in the streets. These are the streets where these children are going to school, where they play, and they have to look at what is on the streets – not only what people are doing but the numbers of syringes that are discarded. We know that before the injecting room was set up there were 6000 discarded syringes and needles that were collected a month. It is now 12,000 to 18,000 a month that have to be picked up every month by the City of Yarra. How is that a success, when you are saying that you have got all of this use around?

It is clear that there is a lot of activity around this centre, that they are not all going through the centre. They are actually not – 12,000 to 18,000 discarded syringes and needles a month. That tells you the level of activity, and so it is no wonder the residents have got an enormous concern about those people coming into this area. They will tell you. They see people injecting and then driving off in cars – high as a kite – sometimes with children in them. How is that safe? How is that responsible? What is it telling you? There is a problem here; that is what it is telling you. And for the government to gloss over all of these concerns again demonstrates a government that is actually not listening to some really major concerns, and I think that is incredibly disappointing.

I will say more in committee when we get to committee, but in my final few minutes I do want to thank all of those residents who have spoken to me over the last five years since this trial has been going – nearly five years. I want to thank them for expressing to me the reality, for being really clear about what the impacts to them are. I read out the concerns from the 79-year-old who lives in the public housing tower. That is what I heard when I attended those community meetings – stories like that. It is a pity the government has never attended those community meetings. They just selectively speak to people. Well, I have spoken to those proponents that are supportive of the injecting room and those residents and others that have got concerns. So I just want to say I thank them for doing that.

A lot of their concerns are the reasons why we are moving these amendments. We are moving the amendments so that an injecting facility is not located next to a primary school; so that any future injecting facility will not be located next to a primary school or childcare centre – or within 250 metres, let us be reasonable about it; so that there is proper support for people that are addicted to these heinous drugs; and so that we protect the community, we protect the amenity and we importantly listen to those residents and others who are trying to do this work on behalf of those people in the sector, rather than taking this government's continual bulldoze approach.

Just because they made this election commitment does not mean they got it right. They did not. They got it very, very wrong. There should never, ever have been an injecting facility next to a primary school. I urge all members to support the Liberals' and Nationals' amendment.

Sheena WATT (Northern Metropolitan) (10:25): I rise to speak on the Drugs, Poisons and Controlled Substances Amendment (Medically Supervised Injecting Centre) Bill 2023, which is a bill that seeks to establish the North Richmond medically supervised injecting room (MSIR) in my

electorate of Northern Metropolitan Region as a permanent facility as well as improve the services that this facility provides and set the facility up for longevity.

First and foremost, I want to put on the record that this bill will save lives, that medically supervised injecting rooms save lives and that the North Richmond facility has already saved lives. I send my sincere thanks to the health professionals who choose every day to save lives at North Richmond Community Health and to the board, who have stood strongly in their leadership to save lives. Our work in this place should be guided by achieving better outcomes for Victoria, and that is what this bill will do for some the most vulnerable in our community. This bill will mean that people that need support the most will get the help they need to break habits and get back on their feet, it will mean that families will not have to mourn the loss of loved ones and it will mean less people dying on our streets from preventable causes.

The supervised injecting room in North Richmond works. In late 2017 the Andrews Labor government announced the first trial of a medically supervised injecting room in our state's history. This was bold, brave action, taking a safety-first medical approach to addressing the decades of harm caused by drugs in the City of Yarra. Can I take this opportunity to commend the Premier Daniel Andrews, the Minister for Mental Health at the time Martin Foley and the former member for Richmond Richard Wynne for their leadership and compassion in announcing the opening of that facility. I recall being at a community celebration last year and how, unprompted, members of the community came up to Mr Wynne and expressed their heartfelt thanks. They told stories to him that would bring tears to your eyes, frankly. They shook his hand, and some members felt such warmth and affection for Mr Wynne that they came up and gave him big, solid hugs. You see, for all the stories that we hear from those opposite, there are stories of grateful thanks. I have seen them firsthand, and I heard those stories being shared with Mr Wynne. It is something that I know he took on board with such pride, and so he should have. Their work will not soon be forgotten, and they can indeed be proud of the legacy they have left. Richard Wynne, Martin Foley and indeed our Premier will be remembered as giants of public health on this side of the house.

The establishment of the trial followed growing concerns about the number of heroin-related deaths, two parliamentary inquiries and coronial findings that an injecting room would reduce the risk of death from heroin overdose. Two independent reviews were conducted over the trial period. In June 2020 an independent panel chaired by Professor Margaret Hamilton AO delivered the first review of the trial, and following that in February 2023 an independent panel, which was chaired by Mr John Ryan, delivered the second review. These reviews have provided solid evidence that the service is doing what it was designed to do: save lives and change lives. Since opening in June 2018 the facility has safely managed more than 6750 overdoses and saved 63 lives. It has taken pressure off the local hospitals, reduced ambulance call-outs and led to a reduction in the spread of bloodborne viruses within the City of Yarra. There have also been more than 3200 referrals to health and social services, including general practitioners, oral health services, housing services, drug treatment services and bloodborne virus testing and treatment services.

One of the most significant recommendations that the Ryan review made is to keep the North Richmond service as an ongoing service, which is why we have introduced this amendment bill to achieve exactly that. This legislation will pave the way for immediate measures to be taken to further boost safety and amenity in the North Richmond precinct and increase wraparound supports for clients of the service. You see, every single life lost to drugs is a terrible, terrible tragedy for the families and friends affected and for the wider community. The government remains unwavering in its work to reduce drug harms in the North Richmond community. These changes will strengthen the service, ensuring it continues to do what it was designed to do, which is – I will say it again – save lives and change lives. This bill is not about politics, it is about lives – the lives of people who are loved. Only a Labor government can be trusted to reduce drug harm and support those who are struggling with addiction to get the support they need for a better life.

Those opposite continue to use the injecting room to drive what is moral panic. They have no regard for the value of human life, and if they had their way, they would close the service that we know has saved at least 63 lives and changed thousands more. The first supervised injecting room has a long history right around the globe. In fact it opened in Switzerland in the 1980s. There are now more than 120 legal services operating worldwide. Most recently the Australian Capital Territory expressed its commitment to join Victoria and New South Wales in providing these critical services that save lives and sometimes change them as well.

A medically supervised injecting centre (MSIC) provides a safer place for people to inject drugs of dependence in a supervised health setting. It is an alternative to injecting in the home or in public, where people are far more likely to die, suffer other harms from drug use and raise risks and concerns for family members or indeed the general public. It also provides life-changing interventions for people who often have a full range of health needs and may otherwise experience significant barriers to accessing health care and other services. It is intended to be a gateway to broader support, such as medical care, drug treatment and hepatitis C screening and treatment. It offers referrals to other health and social support, such as mental health counselling, treatment for alcohol and other drug issues and housing services. Dealing with drug addiction in the community is incredibly complex, in large part because it requires people with complex needs to interact with a complex web of social, legal and other support systems. Governments committed to addressing addiction must find solutions within this complexity while balancing a set of sometimes competing aims, including preventing deaths, promoting health, offering pathways out of addiction, protecting safety and amenity and generating community support. Supervised injecting facilities are not a silver bullet, but there is a growing body of evidence, including from supervised injecting facilities established in other jurisdictions, that they are an effective intervention that can reduce deaths and health burdens while also addressing safety and amenity concerns.

As I mentioned earlier, two independent reviews were conducted over that trial period. In June 2020 we had the independent panel chaired by Professor Margaret Hamilton AO. Later, in February 2023, the independent panel chaired by Mr John Ryan delivered the second review. The terms of reference for those reviews asked panel members to consider the North Richmond service's operation and use and the extent to which the service has advanced the goals as set out in the underpinning legislation and to provide advice to government on any recommended changes. I think it is worth reintroducing now that the goals of the service as set out in that legislation are (1) to reduce overdose deaths and overdose harm, (2) to provide a gateway to health and social services for people who inject drugs, (3) to reduce ambulance attendances and emergency department presentations attributed to overdoses, (4) to reduce the number of discarded needles and syringes in public places, (5) to improve neighbourhood amenity for residents and local businesses and (6) to assist in reducing the spread of bloodborne diseases.

The recently released Ryan review report is the culmination of more than a year of research and hundreds of stakeholder consultations. The panel spent hundreds of hours speaking with people living and working in the local area and those directly involved in the MSIR to develop a deeper understanding of people's experiences, perspectives and suggestions. The panel's report tells us not only that this trial is saving lives but that the service has been successful in providing access to general health, housing support and social and emotional wellbeing assistance.

The facility has safely managed around 6000 overdoses and saved 63 lives. It has taken pressure off local hospitals and reduced ambulance call-outs. In the 3½ years before the service opened there were 818 ambulance attendances involving naloxone administration – that is the one used to reverse a heroin overdose – within 1 kilometre of the service, compared to 459 ambulance attendances in the 3½ years after the MSIR opened. There has also been a declining trend in opioid overdose presentation at St Vincent's – that is the nearest public hospital emergency department – since the service began operating. We have not seen this trend in other comparable hospitals in Melbourne, suggesting that the MSIC is helping drive these reductions. There have also been more than 112,000 people accessing

health and social services providing onsite hepatitis C testing and treatment, homelessness support, mental health support, dental care, general practice and addiction support and treatment. Between September 2019 and December 2022 more than 500 clients commenced long-acting injectable buprenorphine treatment through the MSIC's pharmacotherapy clinic. The pharmacotherapy clinic has more than twice as many appointments as any other service offered in the consulting area of the MSIC.

As outlined in the Ryan review, these achievements are all the more significant because of the complex needs of MSIC clients, who are often living in the margins of our society. Many of the 6191 registered clients have experienced high levels of psychological distress, the result of other life stressors such as housing uncertainty, unemployment, food instability and high rates of chronic and complex health issues. On behalf of the Andrews Labor government I commend North Richmond Community Health and the dedicated healthcare workers at this facility for leading these incredible outcomes and continuing to provide unwavering support and care to clients. We acknowledge that there is more work to do to further improve safety and amenity in the area, and we will absolutely work with the community to action that. But we know that the MSIC is clearly saving lives and changing lives exactly where it is.

I will say that I am absolutely supporting this bill. I know that in the neighbourhood right there in North Richmond there have been new and upgraded public housing, improvements to the housing estate grounds and communal areas, a new playground, a futsal pitch, lighting, landscaping and community room upgrades, all with a focus on improving amenity and safety in the precinct. They have gone down incredibly well with the community. That was one of the recent trips that I made to that area. This investment has also included projects to activate and encourage community usage around the area of North Richmond Community Health and the creation of a separate entrance to provide a new private screened area for clients to gather when exiting the facility. There is more work underway, and we might hear about that work from others that are familiar with and equally passionate about the MSIC continuing its operation in North Richmond, in its current location. But I say I am proudly, proudly supporting this bill because I believe it is the responsibility of governments to treat people with compassion and dignity. I believe governments should be supporting the most vulnerable instead of leaving them without support, and I commend this bill to the chamber.

Aiv PUGLIELLI (North-Eastern Metropolitan) (10:40): I am proud to rise today to speak in support of the Drugs, Poisons and Controlled Substances Amendment (Medically Supervised Injecting Centre) Bill 2023. This bill will make the medically supervised injecting room, or MSIR, in North Richmond a permanent site by allowing for a medically supervised injecting centre licence to be renewed more than once, among other more technical changes to both licensing and operation. The Greens wholeheartedly welcome this bill because supervised injecting centres save lives and assist drug users to get on the pathway of treatment and recovery. This is something the Greens have always supported, and I thank my Greens predecessors in this place who carried this work before me.

Drug use is a health issue. The Greens have always believed that, and the evidence and experts continue to back us up. Applying a law-and-order lens to drug issues has simply never worked. Prohibition does not work. Locking people up for drug use and possession does not decrease use of drugs in our communities; it just increases the number of prisoners in our justice system – prisoners who then do not receive adequate support to overcome drug dependence or address the underlying causes of their drug use. But what does work? What does help people who use drugs and the communities around them? Supervised injecting facilities, opioid substitution therapies like buprenorphine and harm reduction measures that acknowledge the reality that people are using injectable drugs in our communities. Leaving people out in the open without medical supervision to use these substances will lead to more deaths and more harm done to people and communities. Many people hear the words 'heroin' or 'overdose' and they switch off. They think, 'These people knew what they were in for.' But every Victorian deserves to get support for their health issues, particularly

when those health issues are life threatening and have such a huge impact on our health system, our emergency services and our local communities.

In its time of operation the MSIR trial in North Richmond has been an undeniable success in achieving its key objective: saving lives. Overdose from heroin or other opiates can stop people from breathing, and when this occurs in the MSIR there are skilled staff to treat people, to resuscitate them and to prevent their death. On average there are around six overdoses a day in the North Richmond centre, and they have been treated with a 100 per cent success rate. There have been almost 6000 overdose events in the MSIR during the trial, and none have been fatal. Conservative modelling suggests that during its time in operation the MSIR has prevented up to 63 deaths. As at September of last year the North Richmond site had had to close to 350,000 visits. That is 350,000 times members of our community had access to a hygienic, safe place to inject drugs with healthcare staff on call to manage an overdose.

But of course the North Richmond site does so much more than just provide that supervision and rapid overdose response. It is also a place to access other crucial health and social services. The North Richmond site offers a range of healthcare services, including primary care, oral health, hepatitis C testing and treatment, drug treatment, wound care and blood testing. Moreover, by partnering with other organisations the North Richmond site is able to offer co-located legal, employment and housing support services. Altogether, the site has provided 112,000 health and social support service interactions on site, including over 2500 homelessness support service interactions through Launch Housing. It is also important to note that the site does not just offer a gateway to health and social services for people who inject drugs – it also provides treatment for drug dependence on site. More than 700 people have commenced opioid agonist treatment, and more than 3200 people have been referred on to external drug dependence related health and social support services.

The MSIR's impact on the local community is undeniable. It has played a crucial role in dramatically reducing ambulance call-outs for opioid overdoses in its vicinity and led to far fewer overdose-related admissions at its nearest public hospital emergency department. It has also contributed to reducing the spread of bloodborne illnesses such as hepatitis C. I applaud the team from North Richmond Community Health. They have done an extraordinary job developing and managing the centre and all of the complexity that this brings. The exemplary performance of the North Richmond site has more than proved the utility of and need for a facility like this.

However, the Greens do have some concerns about this bill in its current form. We are disappointed to see that the government is not accepting all of the evidence-based recommendations from the expert panel they commissioned to undertake the Ryan review of the MSIR's performance. The Ryan review's recommendations clearly identify the need to expand the eligibility criteria for clients of the MSIR. Creating barriers to accessing safe injecting services will not reduce the number of injecting drugs being used; all it will do is ensure people use these drugs on the streets without supervision or a safety net. It is unclear why the government refused to accept the expert panel's recommendation to expand the eligibility criteria for use of the MSIR. As it stands, currently people under the age of 18 years, pregnant people and those under a court order, as well as people requiring peer- and partner-assisted injecting, cannot access the safe injecting room. These groups are some of the most vulnerable, and denying them access to supervised injecting or referring them away to another site when they are standing at the front desk of the North Richmond site is putting them at risk of more harm.

There is also no sense in needlessly delaying the establishment of further supervised injecting facilities where there is evidence of need. We know the government has bought a building for a community health service incorporating a discrete supervised injecting room in Melbourne's CBD. Every day in Melbourne people are risking death by injecting drugs on the streets and in car parks, laneways and public toilets. Approximately one person a month dies after using heroin in the City of Melbourne. Just last month a joint letter in support of a trial of a CBD safe injecting room was signed by 78 CEOs and other leaders from a range of community organisations. Drug and alcohol, health, housing, legal, religious and welfare and support services all came together to support this life-saving facility.

Every day we delay, more people are at risk of overdose and death. The government seems to be backing away from evidence-based harm reduction in places where we are seeing an increase in use, overdoses and deaths, including in the Melbourne CBD, Dandenong, St Kilda, Geelong and beyond. These communities are crying out for support. The Greens want to make sure that where there is a need for a safe injecting site, one can be provided. And this does not have to mean that every safe injecting centre has to be a permanent, purpose-built site – we certainly do need more of those – but we should also be able to provide pop-up-style clinics or rooms that could be rolled out more quickly to respond to changing community needs. The evidence is in: safe injecting rooms save people's lives. So building more of these rooms will save more lives.

Another concern we have is about the implications for the service if an MSIR licence is granted to a hospital. Having spoken to the management at the North Richmond Community Health service, as well as a number of other stakeholders, both the Greens and these stakeholders are deeply concerned about the consequences of a hospital playing a more significant role in the operation of the MSIR. We all know that hospitals are under incredible pressure; doctors, nurses and all hospital staff are overworked, they are burning out and they are leaving health care are many instances. The pandemic laid bare the pressures on our health system, and there is much to be done to ensure that our public hospitals are the fully resourced institutions that we all need and want. But for the provision of a medically supervised safe injecting room, I implore the government to continue with the community health model of service. A community health service has already been exemplary in the running of the MSIR. They are closest to the ground, and they are expertly able to provide the responsive and holistic care required for clients of a safe injecting centre. We already know that there are barriers preventing effective referrals for MSIR clients, even to the services next door. It is about building relationships, reducing stigma and creating a comfortable environment for people to seek support. Community health services have the skills and knowledge to offer specialised and holistic care for clients of the MSIR. I strongly believe that the government should continue to support community health services in the provision of this service.

The Greens are proposing some straightforward amendments that will allow the government to be more responsive and more comprehensive in minimising the harms of opioid use in our community. I am happy for those amendments to be circulated now.

Amendments circulated pursuant to standing orders.

Aiv PUGLIELLI: These amendments have been led by the government's own Ryan review into the performance of the North Richmond site. I will speak to them in more detail during the committee stage, but in brief they seek to allow for multiple MSIR licences to operate at the same time at multiple locations so that if and when more safe injecting rooms are announced, there is no need to write new legislation to grant the licences for additional centres. Our amendments put in place the provisions that will allow this to occur as required.

Secondly, our amendments expand the eligibility for people to access the MSIR. As I have mentioned already, there are currently certain groups of very vulnerable people who do not have access to safe injecting at the MSIR. Our amendments would permit access to this service to pregnant people, those under 18 and those on a court order, provided that the court order does not prohibit them from attending the centre or accessing its services. They also provide for those who require peer- or partner-assisted injecting to have access to the MSIR. Our amendments are based on a health-led response to drug use. They acknowledge the reality that all sorts of people inject drugs and that if this is occurring, then we want them to have access to safe injecting and wraparound services to provide them with medical supervision and support pathways that reduce harm. As I have said, I will speak more to this in committee.

The Greens also understand that supervised injecting facilities are only one part of a holistic approach to reducing drug-related harms and lifting people out of drug dependence. As the recent Royal Commission into Victoria's Mental Health System found, there are strong links between drug

addiction and poor mental health. Moreover, Victoria's mental health support sector is in urgent need of reform, with services continually under-resourced and often extremely difficult to navigate. Mental health is of course a complex issue that is impacted by a range of social and physical determinants. Right now the system is so fragmented and so difficult to access for those most in need of support that for many people it does more harm than good. This is particularly true for people struggling with drug dependence. Clients accessing the MSIR are nearly 40 times more likely to exhibit signs of PTSD than the general population. They are far more likely to have experienced multiple serious life events or traumas – for example, family violence, abuse, death of family members and so on. The government must ensure that an MSIR site is set up to provide best practice, wraparound mental health care that is supported by an integrated, well-resourced mental health sector, as recommended by the royal commission.

This is also true of MSIR's clients' current ability to receive pharmacotherapy treatment. Pharmacotherapy is crucial to helping people end or reduce their drug use. It provides chemical relief from the symptoms of chronic pain and withdrawal. When MSIR clients were asked to select a single statement that best described what they wanted in regard to their drug use, 42 per cent had abstinence-related goals, with a further 20 per cent aiming to reduce use or get it under control. Additionally, almost 90 per cent of MSIR clients have received treatment in the past for heroin use. This demonstrates an extremely high level of willingness to overcome drug dependence. What we need to step up is Victoria's pharmacotherapy system to support that desire to change. Victoria's pharmacotherapy system is currently unable to meet the needs of the community, with major workforce issues and a dwindling pool of doctors and pharmacists willing to take on pharmacotherapy patients. We need a massive injection of public funding into the sector and urgent statewide reform to meet the need of our community.

We welcome the government committing to accepting several of the recommendations from the Ryan review, including making the North Richmond site permanent and expanding and better integrating mental health and pharmacotherapy services.

Before I conclude my remarks I would like to remind people that we are talking about life-saving health care. These reforms will very literally save lives and lift people out of drug dependence and instability. The MSIR should be above politics. People are using injectable drugs. Leaving people out in the open without medical supervision to use these substances will lead to more deaths and will put people and communities in harm's way. We have to do better. I reiterate the Greens' strong commitment to a harm-reduction response to drug use and to the amazing and ongoing success of the North Richmond medically supervised injecting room. I commend this bill to the house.

Evan MULHOLLAND (Northern Metropolitan) (10:56): This is an important debate, and I see it as an important duty to stand up for my constituents today, being the Liberal member for Northern Metropolitan and having consulted with my local constituents. I am very keen to address the proposed permanent enshrining of the Labor government's medically supervised injecting centre (MSIC) in Richmond.

If passed, this bill will ensure that a policy program whose intent has merit will forever be tarred with the failures of its execution. I do not come to this debate as an opponent of the idea of a medically supervised injecting centre. The evidence is clear that these centres, when integrated and when they have appropriate consultation and preventative measures with their surrounding communities, can drive effective harm minimisation and rehabilitation of some of our state's most vulnerable and most disadvantaged people.

I am very glad that the coalition has come to this position. I remember being a candidate for the Liberal Party in the 2018 election. I was given a corflute to put up of a needle going into someone's arm saying 'Stop the injecting room in x suburb'. From memory I very quickly put that corflute in the back of my car and did not put it out for voters to see as they were coming in to the polling booth, so I am very pleased about the position. I guess that might be the libertarian in me in terms of my personal views

towards harm minimisation and drugs in general, which are probably more in line with Mr Puglielli than some of my colleagues.

There is no debate around the injecting room in New South Wales. There is no debate – politicians do not talk about it really – around the Kings Cross facility, so we know that this can be done right. But that is not what has happened in Victoria. It is not what happened in Richmond. Residents have not been listened to by the state government. The government have not even really thought to investigate how things have happened and been done in New South Wales. There has been no feedback, consultation, advice or research at all. I know they have failed to consult because as their local member in the upper house it is my job to listen to residents, and that is exactly what I did on Monday night with members of the Richmond community. I was there at the All Nations Hotel with my colleague the Shadow Minister for Health Georgie Crozier and many of the residents that are joining us in the gallery this morning, and I urge all of you to have a chat to those locals and see the effect the injecting room is having. Like me, locals in the North Richmond community are not against an injecting room. What they are against is it being next to a primary school.

I think it is important to hear the views of locals first. I have been listening to parents of the children who attend Richmond West Primary School and some of the stories of what school students have had to see. No child should ever see what these students have had to see. As I said, most residents support the idea of the facility. The site's location has never been suitable for the work required of this centre, and we know some of the site's problems. It is located less than 50 steps from Richmond West Primary School and continues to distress parents, who are rightly concerned when they see injecting needles scattered across school grounds and violent abuse on the surrounding streets. It has a massive effect on the Victoria Street traders, whose businesses have been pushed to the wall as a result of this centre, and they are concerned for their safety. I have spoken to Ha Nguyen, the head of the traders association. There are only a couple of businesses that are profiting locally: the illegal drug market and if you are a glass repair business, because about every third day a shop on Victoria Street has their front glass broken. I am not sure how many of you on the other side have tried to run a small business, but that seems pretty unsustainable to me, and I come as someone who has lived in the area. I used to live in Abbotsford. I remember a time when Victoria Street was somewhere you would travel to. Now it is just somewhere that you travel through, and it is quite disappointing and quite sad to see the state of Victoria Street. I urge some of you to catch the tram down and have a look for yourselves.

At the time the government announced it would make this facility permanent, I condemned the government for not allowing the review to consider the location of the injecting room. As I said, it is like announcing a review into the effectiveness of Victoria's quarantine system and not allowing the use of private security guards into that review. The main point of contention was left out of the terms of reference.

I want to say that advocates agree – and I have spoken to them, I hear them and they have told me – that the location of this centre has ruined the reputation of injecting rooms and made it a lot harder to put any injecting rooms elsewhere, in places like Springvale, in places like Dandenong, where an injecting room could possibly go. It is much harder to do so because of the location of this centre. So what we are saying is let us have a reset. Let us pass our sensible amendments to move the injecting room so it can be 250 metres away from a school or childcare centre. The research from the Sydney injecting room literally says that the best location for it is next to a train station so as to not create an ant trail of harm and abuse, and that is exactly what has happened. If any of you have been to North Richmond station, between North Richmond station and Lennox Street is an ant trail of harm and abuse. As I said, I am not against the idea of a supervised injecting room, but the location is the most crucial factor when making such a decision.

I thought it was best put when I heard one mother, Josie Carberry from Richmond West, who highlighted that her kids, like other kids, have seen things that no kids should see and that locals do not send their kids to a school to learn about knuckledusters and flick-knives. We heard from Tilly, a nine-year-old student at the school, who bravely spoke to Neil Mitchell about what it was like to have

classes put into lockdown because of the drug users from next door. Asked what she wanted to do when she grows up, she simply said:

> … move somewhere else where there's not these sorts of people.

Just today we have heard from Ky, a 15-year-old student who was on the front steps of Parliament. As I was saying before, some of these students have seen things that no 15-year-old should see and no primary school student should see.

The Ryan report, while it was a closed shop on assessing the suitability of location, did at least admit there were some negative sentiments from members of the community. One resident commented that:

> I walk my daughter to school, witness fights, brazen drug deals, drug use, drug-affected people.

Another local resident expressed disappointment that her five-year-old daughter:

> … is familiar with what a syringe looks like, and what to do if she sees one.

The antisocial behaviour stemming from the injecting room is not only affecting the primary school next door. The Ryan report highlights that locals are intimidated as they seek access to other essential health services that are co-located at the same site of the North Richmond community complex. The Ryan report itself includes:

> Safety and amenity is the key issue –

as families –

> … need to be able to have a picnic and run barefoot in their backyard and not fear stepping on needles.

My final excerpt from the review is from a harm reduction expert, who is quoted as saying:

> When the public see [intoxicated people], that is not a good outcome for the injecting room. We need to address the visibility of people … and how they are … seen. Unless we do that, we won't convince the community of the benefits.

For such an initiative to work, I repeat once again that the government must work with the community, not against it. This has not been done in Richmond to date, and I am concerned that by pushing through this law, the Andrews government never will listen to the community. The Premier, despite all of this evidence in the government-commissioned report, has deemed this a successful trial in Richmond – no introspection, no remorse. With every proposal that the Labor government have come up with to date there has been strong local backlash from businesses and communities. The government is indeed adamant about opening a second injecting room. They first need to listen to the lessons of Richmond and fix that first. I speak to plenty of industry sources who say the latest round of consultations is more about finding out for the government than actual serious consultations about a CBD injecting room.

As I mentioned earlier, we do not have to look far for a successful model. Sydney's Kings Cross has a notorious history of illicit drug use, which reached unprecedented peaks in the mid-1990s. The 1997 Royal Commission into the New South Wales Police Service recommended the establishment of a safe injecting site within the precinct. The initial proposal was that it be set up in a residential area, but this naturally elicited a strong response, as we have seen in Richmond. I note that it was actually the Sisters of Charity that did the research and operationalised the centre. In the year 2000, upon invitation from the New South Wales government, the medically supervised injecting centre began its operation under the guise of the Uniting Church. The key condition that the New South Wales government set for granting the licence to the church was 'successful community acceptance'. Those are key words. All it took to achieve this was a simple reversion of the location to a more commercial part of Darlinghurst Road – as I said, next to a train station – so as to not create an ant trail of harm and abuse – funny that. Sydney's service placed strong emphasis on community consultation and approval, which it enjoys to this day. It was established as a small and discreet facility, removing the associated stigma and keeping the social fabric of the neighbourhood.

I do want to comment on something that Ms Watt said in her contribution earlier. She said that my side of politics 'has no regard for human life.' What an absolutely offensive remark. I will just point out that the Uniting MSIC celebrated its 21st anniversary last May. In 20 years it has supervised over 1.2 million injections and 18,000 registered clients and successfully managed 11,000 overdoses without a single fatality, which is not something that North Richmond can boast of. So to say that we have got no regard for human life is completely offensive. In a Victorian setting it may not necessarily be the case that we need to involve a church group, but it is an example of a successful program that can be easily replicated here in this state and, more importantly, a program that works. But the government has not listened. What we need to do is take a step back, listen to the community and make the right decision about where these facilities go.

I am not against supervised injecting rooms, but Labor's model is broken. I am against a government approach that treats community feedback as a hostile attack rather than an opportunity to improve. It is arrogant and out of touch. As my colleague the Shadow Minister for Health Emma Kealy has pointed out time and time again, Labor's broken model does no more than pose a critical danger to the safety of children, families and the wider community. She has cited data that the local community is seeing more needles on streets, not less, and seeing droves of people coming into the otherwise vibrant community and injecting drugs.

I ask the house to support our sensible amendment so a centre cannot be closer than 250 metres from an education or care service. It will require annual reporting so that we can see the evidence stack up. This is something that advocates like my friends, like Mr Puglielli, should support, because we want that evidence and we want that consistent annual evidence. So we will be moving that as a separate amendment. Police Association Victoria secretary Wayne Gatt said we do not want, in three years time, to come back with a report that says, 'we've got a problem with amenity'. He is someone that agrees with that. So I call on the Andrews government to be up-front and be honest with the community about its plan for a second site but commit to a genuine process of community consultation and finally commit to ensuring community amenity and safety. *(Time expired)*

Jacinta ERMACORA (Western Victoria) (11:11): I am pleased to offer my contribution on the Drugs, Poisons and Controlled Substances Amendment (Medically Supervised Injecting Centre) Bill 2023, which seeks to make permanent the current medically supervised injecting centre in Richmond. I will start off by acknowledging Father Bob and his support for this concept. The state funeral of Father Bob will be held tomorrow at St Patrick's Cathedral. He was an advocate for people experiencing drug addiction and related issues for a very long time.

Father Bob dedicated his life to supporting those in need. He is known for his work with the homeless, marginalised and disadvantaged in the community and his commitment to social justice and equality. He was a generous, sharp, exceptional maverick Catholic priest who epitomised values of love and generosity towards the most disadvantaged in our community. He was not interested in issues of hierarchy of the church but rather doggedly persistent in his support for all people in his neighbourhood. He believed community is made up of compassion, care, common sense and communication. He established the Father Bob Maguire Foundation to provide material, emotional and social support to whomever, whenever and wherever necessary. His motto was, 'We leave no-one behind.'

The advocacy of his foundation is based on the principle of working actively with the community and with like-minded organisations to implement new and sustainable solutions for people who need support, so it is hardly surprising that the Father Bob Maguire Foundation was one of 80 organisations to recently write to the Premier Daniel Andrews in support of the concept of medically supervised injecting rooms and in fact, as reported in the *Age* on Friday 10 March 2023, requested that a second medically supervised injecting centre be established. I feel it is very apt to channel the values of Father Bob as I speak to the bill, which seeks to help and support those who find themselves in difficult circumstances, rather than judge or police them. The evidence supports a response to drug addiction as a health issue requiring treatment and support rather than as a moral failing or a criminal activity. It

should not be used to drive fear and panic in communities. It is about regard for human lives and the lives of people who are loved.

The trial of the current medically supervised injecting centre in North Richmond began in 2017 and was unprecedented in our state. It was a brave step to take – a safety-first medical approach to address the decades of harm caused by drugs in the City of Yarra. For decades the City of Yarra had experienced the harm caused by drugs. In 2015, before the medically supervised injecting centre was established, 35 people died from overdoses related to heroin purchased or used in the City of Yarra. This government wanted to stop people from dying of drug overdoses. Medically supervised injecting centres provide controlled, safe and hygienic environments for individuals to inject drugs. The centres are staffed by trained medical professionals, who are equipped to respond to overdoses and other medical emergencies that may arise from drug use.

From a health and human service practice model perspective, this approach is often referred to as a 'health promotion' or 'harm minimisation' strategy in contrast to one of judgement and punishment. No evidence supports punishing someone for being drug addicted, but there is plenty of evidence that a punishment approach makes others feel righteous. The centre provides sterile injection equipment and disposal facilities, and the service is designed to be a non-judgemental and welcoming environment that provides access to additional healthcare services, drug treatment and other support services. This provides a safe environment that encourages drug users to seek help, as evidenced by the reviews, and can lead to improved health outcomes.

In addition to supervising injections the medically supervised injecting centre provides access to health and support services, including mental health services, drug treatment and rehabilitation support. Two independent reviews have been conducted over the trial period. An independent panel chaired by Professor Margaret Hamilton AO recommended a further review be undertaken, resulting in the Ryan review chaired by John Ryan in 2023.

Since opening in June 2018 the facility has safely managed more than 6750 overdoses and saved 63 lives. This has taken critical pressure off hospitals and, critically, achieved a 55 per cent reduction in ambulance call-outs in the area. Ambulances are therefore freed up to be called out elsewhere, potentially saving even more lives. Significantly, for many it has led to a reduction in the spread of bloodborne diseases such as hepatitis C and HIV within the City of Yarra. The trial has been a valuable tool in helping us learn what works well and what can be improved. A lot of new ground has been broken, and I commend and appreciate the work done by North Richmond Community Health and the dedicated healthcare staff workers for their unwavering support and care to their clients during this time.

This bill aims to strengthen the current medically supervised injecting centre experience and continue saving lives with an enhanced outreach service, drawing on the evidence emerging from the reviews and local health data. The terms of reference for these reviews asked panel members to consider the North Richmond service's operation and use and the extent to which the service has advanced its goals as set out in the underpinning legislation and to provide advice to government on the recommended changes. If we have a look at the goals of the service as set out in the existing legislation, they are: to reduce overdose deaths and overdose harm – tick; to provide a gateway to health and social services for people who inject drugs – tick; to reduce ambulance attendances and emergency department presentations attributable to overdoses – again successful; to reduce the number of discarded needles and syringes going to public places – progress made; to improve neighbourhood amenity for residents and local businesses – again improved; and to assist in reducing the spread of bloodborne diseases – again improved. Significantly, the Ryan review made the recommendation to make permanent the North Richmond service as an ongoing service in recognition of the critical lifesaving service it provides. This bill draws on the results of the reviews and implements the recommendations.

Knowing that the future of the service is permanent will greatly facilitate making ongoing improvements. It will include coordinated care to support clients to access key health and social issues.

It will deliver specialised services for vulnerable cohorts, including women and Aboriginal and Torres Strait Islander peoples. A recommended recommissioning process will be put in place following this amendment to identify a provider with capacity to deliver an improved model of care that will support the needs of medically supervised injecting centre clients. The enhanced and more assertive outreach service will play an important role in supporting safety and amenity in the community.

We acknowledge as most reasonable the recommendation to deliver a visible service presence across North Richmond to engage people who inject drugs. Outreach workers will patrol for discarded needles and promote safe and appropriate needle disposal. It needs to be recognised that long before the centre was established the issue of amenity was clearly of grave concern within the Richmond community, and it is recognised there remains more to be done to improve safety and amenity in the community. Evidence shows that if the medically supervised injecting centre was not located in North Richmond, most people would continue to visit the area to access the street-based drug market that has operated in the area for at least two decades.

The enhanced outreach service model will provide additional support to the North Richmond community, including with increased hours of operation, and will be delivered by a multidisciplinary team which includes nurses, Aboriginal health workers and those workers with lived experience. The service will work to improve coordination and response between Victoria Police and housing estate security and strengthen partnerships with existing outreach services for the network of homelessness, mental health, case management, alcohol and other drug treatment, legal, post-corrections and harm reduction service providers. The service will engage with local businesses and community members to respond to community concerns. Through the enhanced outreach and continued presence of the medically supervised injecting centre, public amenity will also continue to proactively improve.

Already the Victorian government has been investing across the North Richmond precinct, investing over $200 million to upgrade and develop new public housing accommodation and to upgrade the housing estate grounds and communal buildings. This includes new playgrounds, a futsal pitch, lighting, landscaping and community room upgrades. There has been more than $14 million invested in place-based action for additional CCTV cameras on the North Richmond estate, homelessness outreach and improving the Richmond West Primary School drop-off zone. An additional $1.7 million has been spent to improve the entrance to North Richmond Community Health, to improve the landscape and to reduce congregation outside the medically supervised injecting room.

I know there has been a lot of angst aired by the opposition regarding the medically supervised injecting centre being located next to a school, but let us be realistic: we know previously the area near the school was completely unregulated and the amenity was poor and worsening over the years. The centre was established in the area due to the dire need. Richmond West Primary School is a great school with a strong academic record and a wonderfully diverse student population from culturally, linguistically and socio-economically diverse backgrounds. Richmond West Primary School have been strong supporters of the medically supervised injecting centre since it was established, and we thank them for their ongoing cooperation. They are aware of plans to make the service ongoing at its current location, and we will continue to work with them as we implement the Ryan review's safety and amenity recommendations. Department of Education enrolment data shows that student numbers at Richmond West Primary School have largely remained stable over the last five years.

In conclusion, I note that this issue is complex. The medically supervised injection centre addresses the complex array of problems. The Andrews government is actively seeking solutions. Sometimes the facts and evidence do not line up with our personal views and opinions. In fact sometimes new evidence, such as the improvements in the health outcomes and amenity, challenges us to change our position on an issue, even if we have long-held opinions and even if they are views that are emotionally based rather than evidence based. I call on those involved in this debate today to put aside hard and fixed positions and to collaborate with the Andrews government to save lives and make North Richmond a safer community.

David LIMBRICK (South-Eastern Metropolitan) (11:25): I am pleased to speak on the Drugs, Poisons and Controlled Substances Amendment (Medically Supervised Injecting Centre) Bill 2023. I have said many times in this place my views on drug prohibition: I believe that it has been one of the most catastrophic policy failures of the Western world. People often talk about the harm caused by drugs, but we also must talk about the harms caused by prohibition. As we can see, drug prohibition does not protect drug users, it does not protect the wider community. There is only one group that it protects, and that is organised crime. The drugs that have been coming into Australia are usually from war-torn nations where they are harvested by war lords and distributed in our local networks by organised crime. This is a direct result of drug prohibition. That money that these people spend on drugs goes to these foreign networks and props up this evil trade.

To our credit, Australia resisted international efforts between the 1930s and the 1950s. For almost two decades we resisted international efforts to criminalise heroin. We did this much later than many other countries, and one of the reasons that we did this later is because our medical community – doctors – believed that they could treat people with addiction. Eventually, through international pressure, we caved and joined in on the catastrophic war on drugs that has been going now for a very long time. When we see the negative effects of prohibition, especially in this state – the gangland wars, the Lawyer X saga, the murders, the people suffering from overdoses – all of this ultimately is rooted in our catastrophic drug prohibition and war on drugs policy. In a mad scramble, many governments throughout the world have tried to alleviate some of these harms caused by prohibition. To our credit, after much to-ing and fro-ing under the Bracks government, who had plans to open five of these centres but did not go ahead with them, eventually we opened up the medically supervised injecting room in Melbourne.

Before I talk about the room, I want to talk about the people that are affected by drugs. In 2021, in metro Melbourne alone, 151 people died of heroin overdoses. These people, they are not junkies. They are our fellow Victorians, they are people with families that love them, and we need to be compassionate about the situation that they have found themselves in. I have been very impressed by some private organisations, charities and others, that have done work to try and help these people. One in particular I would like to mention is Family Drug Support, I have gone along to a lot of their events now. They acknowledge that ultimately the people that help those with drug problems the most are their families. Families can feel very alone when they have got someone close to them with severe addiction issues, and this organisation provides families with tools and support for how to deal with those challenging scenarios.

The goal of the supervised injecting room was firstly to help save people's lives, and I think in that goal it has been quite successful. Another of the goals of the centre was to get people who were isolated and in the streets into our medical system so that they could get treatment not just for drug issues but also – as I found out when I went on a tour of the centre – simple things like dental treatment, because many people have dental issues and that can be a huge problem. I met someone who had serious dental problems, and getting their teeth fixed changed their life. They were able to get a job; they did not feel confident enough before because they were missing teeth and stuff. Simple things like this can really change people's lives.

But one of the other things that really struck me when I visited the centre was something that I did not fully appreciate. There is a lot of talk about stopping people dying from overdose, and that is what the focus is on, but one of the more insidious effects of overdose is acquired brain injury. When someone overdoses on heroin their respiratory system slows down and sometimes unfortunately they can die, but in other cases they can acquire a brain injury, and this can be a lifelong injury. In some cases it is really severe; in other cases it is mild. But this can result in a lifetime disability that means that this person may not be able to ever get a job, socially integrate or do all of the normal things that someone without this sort of injury could do, so saving people from that is a wonderful thing.

However, on some of the things that the injecting room was proposed to do, such as improve local amenity, from the Ryan review and after talking with residents – I was very pleased to meet some

residents yesterday – I think it is very clear that it is right to question the location and to question whether amenity has been improved in the local area. I do not really see a problem with having that conversation about whether this is the right location for it. I share Mr Mulholland's view that it is important that a centre like this succeeds, because if it does not succeed, that means that it will be resisted everywhere that the government attempts it. It is very important that it succeeds not only in helping drug users but also in getting the buy-in and the support of the local community. I do feel that discussing the location of the centre is an appropriate discussion that we should be having.

The other thing I would note is that the residents that I have met do not oppose having a centre. In fact I was struck by their compassion for drug users and their understanding that these are our fellow Victorians and that we need to help these people. But they were also concerned about criminals dealing drugs in the area and many of the other local amenity issues that have been canvassed at length through this debate. I think it is important to think about what we could do better here. To that end one of the things that I am proposing in an amendment – I will not circulate it now; I will wait until the committee stage – relates to one of the things that they do at the centre. One of the treatments for people is they can get pharmacotherapy, which is basically providing some other drug, often an opiate, as a substitution – drugs like methadone, suboxone and buprenorphine. I am proposing that we give the centre the ability to expand those options. In particular I am thinking of a drug called hydromorphone.

It is my view that every single person that we get onto opiate substitution therapy instead of taking heroin, every single person that gets onto one of these substitutes is one person that we are taking out of the hands of organised crime, it is one person that we are bringing into the medical system. And I think that eventually we will have an opportunity to seriously undermine organised crime in this state through ensuring that doctors can provide prescriptions for these substitutes so that people will not have to deal with organised crime, we will not have to worry about dealers on the street and we will not have to have people having adulterated substances and all this sort of stuff. I think that this was recommended by the Ryan review – to expand pharmacotherapy options.

If my amendment fails today, at the very least I would urge the government to be more bold in this area. As I say, the more options that we can provide, the more people that we can take out of the hands of organised crime and help to bring them to the support of the medical system and their families and communities, the more advantage. I do not think that it was ever anticipated that the centre would have a positive effect on undermining crime and drug dealing in the area, but I think we really need to take this opportunity to look at what more we can do to stop this in Victoria or at least reduce it to a level that we might be more comfortable with.

With regard to other amendments, I believe that the opposition will be moving an amendment to look at changing the location, to put restrictions on the location with a transition period. I will be supporting that amendment, but opposing this bill overall is not an option in my mind. Regardless of whether you support the injecting centre or not, the consequences of this bill failing will be a public health catastrophe. What it will mean is at the end of the trial period the centre will immediately shut down, and the consequences of that are almost too horrendous to think about.

I will not be opposing the bill overall. I will be supporting some amendments and proposing my own to expand pharmacotherapy options, but I would urge everyone in this place to seriously consider the consequences of this centre abruptly shutting down with no transition period. I think that would be a catastrophe for this city, and I would urge everyone, regardless of whether they support the centre or not, to at least think about the consequences of that.

Matthew BACH (North-Eastern Metropolitan) (11:37): I am pleased to rise and make a contribution on this debate as a representative of the original parties of harm reduction here in Victoria. We have heard some interesting contributions from the government and from the crossbench and, dare I say it, from members on this side of the house, and it is worth noting, given the tone and tenor of some of that commentary, that on this side of the house we have always had a deep commitment to evidence-based harm reduction policies.

Jeff Kennett famously put the wonderful Professor David Penington at the head of his drug advisory council, who provided frank and fearless advice to government – something we could have more of these days – and advocated for reforms, many of which of course Mr Kennett picked up and ran with. Then of course during the long and fruitful period of coalition government in Canberra between 1996 and 2007 Mr Howard and his government, albeit quietly, invested very significantly in needle and syringe programs, expanded those harm reduction programs and methadone programs – and we have just heard about replacement programs from Mr Limbrick. This was done at a state level under Mr Baillieu and Mr Napthine, and at that time I had the great privilege of being an adviser to the minister for drug abuse, and so I know some of the great work that was done in expanding rehabilitation options as well. So never let it be said, at least not with a straight face, that on this side of the house we do not support evidence-based harm reduction policy.

My understanding, however – I did not hear her remarks – is that Ms Watt took the government's ongoing position that anybody who has any problem with the current arrangement in North Richmond is against policy that saves lives. She took the government's position, I understand, to the grotesque extreme of arguing that on this side of the house we have no regard for human life. That is my understanding of what she said, which is a disgusting slur.

I am Shadow Minister for Child Protection, and under this Labor government record numbers of children are dying in care. Record numbers of children have been dying under the five different child protection ministers I have faced off against in the last two years. I think there is incompetence. I think there is policy failure. I think there is a lack of priority. I would never in a million years say that any of those Labor ministers do not care that vulnerable children are dying in state care. That would be a disgusting and despicable thing to say, yet it is my understanding that that is where Ms Watt went in this debate.

The last Labor speaker talked at length about the situation at West Richmond primary school, and I would like to start my contribution there, in particular because I have responsibilities on this side of the house as spokesperson for education. I have engaged extensively with parents in West Richmond. I am not aware that any member opposite has done that, so it was interesting to hear about collaboration. I think we should be collaborating with the local community. In particular, when it comes to the placement of this facility, we should be collaborating with parents and children at the primary school. We heard from the last Labor speaker that everything is going swimmingly, actually, at West Richmond primary school. We heard that enrolments are very strong and that things are going very well. Well, my advice from a parent after she finished speaking was that prep enrolments have collapsed at that school. That is despite the fact that this Labor government has a rigid and archaic system of school zoning that basically forces parents to send their children to a certain school. I would ditch that system of school zoning, but that is an argument for another day.

So despite this Labor government's archaic system of school zoning, which basically forces parents to go to one particular school, prep enrolments, I am advised – by a parent at Richmond West Primary School, no less – have in fact collapsed over this period. And that does not surprise me, because, unlike any member of the Labor Party, I attended a huge community meeting back in 2021 at the All Nations pub. The local member was invited – a Labor member at the time – the minister was invited and numerous other Labor members were invited. I was there, Ms Crozier was there and numerous other members of Parliament were there, and to be fair to those of other parties there were numerous members of other parties there. My understanding, my recollection, is that there was a Greens member there and there was a socialist from the local council there but not a Labor member in sight. And the mood in the room was very different from, respectfully may I say, the mood described by the previous Labor speaker. Nobody – no parent who was there, and many parents were there from the primary school – was in favour of the placement of the injecting room.

At one point a question was asked of parents about whether or not their children had found used needles on their way to school, and more than half of those in the room said they had. There are various other harms that have been experienced by children at that school that have been extensively discussed,

and in particular I want to recognise in the gallery today several residents of North Richmond – some parents from the school. I would note that one lady in the gallery nearly had a fit at one point when the previous speaker was banging on about the regard that local residents have for the current arrangements. Sadly, she is not able to speak today, but I am. Like her and like other members of the local community, I have much sympathy for, much empathy for, those unfortunate members of our community who find themselves, often as a result of many complex circumstances, addicted to various drugs. We should have an evidence-based approach in place to support them that could even involve something like a safe injecting room. But next to a primary school? No.

The harms that this has caused have even been noted by our otherwise largely silent education minister. She has in fact spoken about what is occurring in this community at the primary school, and she has acknowledged that there is now far more security at Richmond West Primary School. Well, if everything is hunky-dory, if there are no problems in that community, I am not entirely sure why you would need so much more security.

Young children from that community have been speaking. I am very interested in the views of their parents, but as a former teacher, I am always first and foremost interested in the voices and views of children themselves. A different young person to the one described by Mr Mulholland also spoke on the radio and was asked a relatively soft question in the interview about what she wants to do when she grows up, and she simply said, 'Move somewhere else.'

It is not a safe thing and it is not a reasonable thing to have a facility like this, no matter how much we may empathise with the unfortunate souls who need it, directly next door to a primary school, so I will support the amendments that are being moved by those of us on this side of the house simply to ensure that a facility like this is in a more proper location. I do not think it is possible to argue that that entails a deep disregard for human life. I think that is simply a sensible approach that seeks to balance, if you like, the rights of children and their families to a safe education and a good education and our obligations – the obligations of the state – to unfortunate people in our community, oftentimes who themselves have experienced significant trauma and, through a range of complex circumstances, find themselves addicted to various drugs.

I was interested to hear about collaboration from a backbench member of the Andrews Labor government, no less. Nonetheless let us do that today – let us listen to one another, let us have a respectful discussion, let us not engage in shocking slurs. Let us listen, let us pay due regard through this debate to the voices of children and the voices of local people in North Richmond who have a different view from the views of some experts who have been quoted by the government – not necessarily that facilities like this should simply be shut down. I confess when I have been engaging with parents, I have not heard the backward views being expressed that the government is purporting to have heard about people who are addicted to drugs. I have not heard those views. I confess that all I have heard and all I have seen is people who have deep empathy for unfortunate members of our community who find themselves experiencing very troubled times but who, nonetheless, simply want their children to be safe. I actually think that there is a sensible way forward embodied in the coalition's amendments that will allow us to do both of those things.

Sonja TERPSTRA (North-Eastern Metropolitan) (11:47): I rise to make a contribution on this bill, the Drugs, Poisons and Controlled Substances Amendment (Medically Supervised Injecting Centre) Bill 2023. I have had the benefit of listening to some of the contributions that have been made this morning, and certainly Dr Bach's contribution just a moment ago. I will comment that, strangely, I find myself actually agreeing with some of what Mr Limbrick said earlier about the fact that people who find themselves with a drug problem or a drug habit need therapeutic responses. I think what we are hearing a lot from the opposition is that we have got to lock them up and we need a punitive approach to these things. That does not work; it does not actually work.

Nicholas McGowan interjected.

Sonja TERPSTRA: I will take up the interjection from those opposite because it is implicit in everything they say. You will not come out and say these things directly, but it is implicit in every single thing you say. I can categorically say that despite Dr Bach talking about empathy, there is a complete lack of empathy in the way in which the coalition is dealing with this particular issue. You sit here wanting to lecture people, but I can tell you one thing: the views of some of those opposite are 'Lock them up and throw away the key.' They are very simplistic in their views and lack an understanding and have completely ridiculous notions about how people who have complex medical needs should be treated.

This program is about harm minimisation. I can say that from experience with people in my community. Certainly growing up and working in various places, I have seen people fall over when they have had an overdose of heroin. In fact I have witnessed somebody actually having an overdose after they had a hit of heroin. They were seeking treatment through a methadone program. They had gone in and had some methadone and fallen over on the pavement. They had young children with them. This was in New South Wales. I was relieved to see people come out of that facility to render aid and assistance, because that person would have died.

What you opposite want is for no-one to have any help ever and just for them to rot in jail. That is what you want. You will not say it because you are gutless. It is implicit in everything you say. I listen to the constant carping from those opposite about, 'We shouldn't do this, it shouldn't be there and we can't do this.' But you offer no alternatives. You offer no alternatives whatsoever, because you have got no new ideas. All you listen to is Sky after dark and you talk to yourselves constantly. I wonder if when you join up to the Liberal Party you get a free subscription to *Sky News*, for those people to write your talking points and your speaking notes over there, because honestly, what I have heard from people on the opposition benches today is absolutely disgraceful. You have used the debate to malign Ms Watt in terms of what she had to say – someone who is a very fine representative for her community and deeply understands the issues affecting people in her community. But, no, those opposite seek to malign people in this debate, and it is a thorough disgrace.

Again, you have got no new ideas over there. All you have done is use this debate to continually attack people who need medical assistance. It is nothing short of an embarrassment over there, the way you conduct yourselves.

Members interjecting.

The PRESIDENT: Order! Other contributions have been heard in relative silence, so I ask the member to continue.

Sonja TERPSTRA: Thank you, President. As I say, it is an embarrassment and it is shameful that all those opposite have done today is really try and weaponise this issue and upset people who are really looking for solutions to this problem. No-one on the government benches is saying that this is an easy problem to fix. In fact Mr Limbrick's contribution touched on the fact that drugs and organised crime are longstanding problems. If it was easily fixed, governments around the world would have found the solution a long time ago and fixed it. But those opposite just want to lecture us and say, 'You've got to do this. You've got to do something different. You've got to have a different approach.' Again you have got no real solutions, because you do not consult with people. All you do is make stuff up that is going to hurt people. You want to hurt families, and you certainly do not have any sympathy for victims or for people in some of the contributions I heard earlier. From Mr Mulholland there was the conflation of someone who might be suffering a drug habit and talking about crime – I mean, this is the way that you just make out that everyone is the same. Not everybody who has a drug habit is necessarily going to commit crime. There are people from all different strata of society who might have a drug habit or actually take recreational drugs. But, again, because you do not understand – you fundamentally do not understand, you do not have it in you to fundamentally understand the nuances.

Members interjecting.

The PRESIDENT: Order!

Sonja TERPSTRA: They fundamentally do not have it in them to understand, on the opposition benches, the nuances that are involved in these things. Again, this is about making sure that people can get the help that they need when they need it. I just talked earlier about an experience I had with someone who went in to have their methadone, they came out and they OD'd because they had previously had a hit of heroin. They fell over on the pavement. There were young children with that mother, and so if there was no medical facility available for that person, she would have died. So what are you saying? Those opposite actually do not want people –

Nicholas McGowan interjected.

The PRESIDENT: Order!

Sonja TERPSTRA: So again, the point is that someone who needs medical attention should be able to get that. They should not then suffer an overdose and potentially die. And that is the issue here, so the point is –

Nicholas McGowan interjected.

The PRESIDENT: Mr McGowan, you actually have not had your contribution yet. You will have a chance to rebut anything anyone says in here, if you wish, when you get your time.

Sonja TERPSTRA: Thank you, President, and I will continue. Again, Mr McGowan and his constant interjections just show how incredibly rude and disrespectful he is being in this debate.

Nicholas McGowan interjected.

Sonja TERPSTRA: As the President just remarked, you will have your turn to say whatever you want to say, but in the meantime I should be able to continue my contribution and talk about the important work this government is doing in supporting people. I will say it again: I still have not heard in any of the contributions from those opposite about what their idea or response is for helping people who are addicted to drugs. They do not understand the nuances and the complexities around this.

Sometimes when people have a drug habit they have what are called comorbidities going on. That is a really big word and what it means is that there are other things that might be going on. There could be medical conditions, there could be psychological conditions, there could be acquired brain injuries, so sometimes people use drugs as a coping mechanism. Sometimes, if people have psychological problems, they also use drugs to self-soothe. It can be a form of escapism, and it does not mean that they are all criminals either.

Nicholas McGowan: No-one said that.

Sonja TERPSTRA: The contributions that I have heard this morning have all been about conflating this issue with crime. Again you just embarrass yourselves over there constantly with your total lack of understanding about what people need. I heard Mr Bach say the medically supervised injecting room should not really be in West Richmond. If it is not meant to be there, then where can it go? Everyone would have some type of objection. I can say that as someone who was growing up in Sydney at around the time the Kings Cross medically supervised injecting room was going. It is still there today. There is a level of concern around it, but people have come to understand the benefits that are provided through that service and the harm minimisation. People felt that they did not want to see people fall over and overdose on the pavement and then have to call an ambulance and wait for that service to come, so to have that medical assistance available right then and there is something that is still very important in that community today.

As someone who has come from New South Wales and has had decades of understanding how that facility works and then seeing it in action in Victoria with further discussion about expanding it or opening different ones, it is disappointing. I think Ms Ermacora talked about it earlier. Coming

together and working on this is what is really important and collaborating and making sure that we can get the best response for people. No-one wants to see someone die on the pavement, with their children next to them. That is what you really want to see over there. Again, it is just a disgrace and an embarrassment.

Members interjecting.

Sonja TERPSTRA: Like I said, I wonder if when you join the Liberal Party it is part of your tick-a-box kind of form that you have got to fill in that says 'Yes, I would like a subscription to *Sky News* so you can publish my ridiculous rantings about all manner of things –

Members interjecting.

Sonja TERPSTRA: The ridiculous rantings about all manner of things that you know *Sky News* will publish so you can keep talking to yourselves. There are no new ideas that I am hearing from those opposite on the opposition benches today.

Again, it is up to us, the party of government, to make sure we help people in their communities when they need it and when they need it the most. We will continue to make sure that we support people who might need assistance when they need it.

Members interjecting.

The PRESIDENT: Order! I have not been here the whole time, but I think most of the contributions have been heard in relative silence. I will call Ms Terpstra to continue without any help for a couple more minutes before we get to question time.

Sonja TERPSTRA: Thank you, President. I might note that since the trial commenced the Victorian government has invested more than $200 million across the North Richmond precinct. This has included new and upgraded public housing and improvements to housing estate grounds and communal buildings, including new playgrounds, a futsal pitch, lighting, landscaping and community room upgrades, all with a focus on improving amenity and safety in the precinct. And we will continue to engage and communicate with locals in the area about what they need and what they tell us about what needs to happen.

In terms of the school, the Department of Education continues to support Richmond West Primary School to ensure the medically supervised injecting centre operates in a way that accounts for the needs of the school. Supports that have been introduced to support the local community include upgraded secure fencing; electronic lock and video intercom systems; closed-circuit television; strong protocols to support students, including a comprehensive student wellbeing program; and employment of community liaison workers during school drop off and pick up. Department of Education enrolment data shows that student numbers at Richmond West have largely been stable over the past five years.

As Ms Ermacora noted in her contribution, this really is a time for all of us to come together and try and work together to resolve these problems, because again those opposite would never have any new ideas about how to actually resolve a problem. It will be up to –

Business interrupted pursuant to standing orders.

Questions without notice and ministers statements

Waste and recycling management

David DAVIS (Southern Metropolitan) (12:00): (121) My question is for the Minister for Environment. Minister, the government has recently suspended the REDcycle recycling scheme. Does the government remain committed to the REDcycle approach of separating plastics, and if so, on what date will a scheme commence?

Ingrid STITT (Western Metropolitan – Minister for Early Childhood and Pre-Prep, Minister for Environment) (12:00): I thank Mr Davis for his question. I need to point out from the outset that REDcycle is a recycling scheme that is run by the major retailers in Australia; it is not a government program, neither federal nor state. It is something that has been in place for a number of years, where the good citizens of Victoria have been dutifully returning their soft plastics to REDcycle collection points and doing the right thing. I know, as you all know, that Victorians are really passionate about recycling and tackling the problems that soft plastics cause our environment. Unfortunately, it would appear that for a number of years REDcycle have not been doing the right thing with the products that they have been collecting on behalf of the major retailers. They have been stockpiling them, and since these stockpiles were discovered the EPA has been actively regulating those sites to make sure that community safety is at the forefront of our regulatory response. The national retailers have been meeting with the ACCC and the federal government in relation to how we respond to this problem, and the national retailers, as you would be aware, Mr Davis, have recently taken responsibility for the stockpiles.

As Minister for Environment, I want to make sure that we avoid the stockpiles going to landfill, so I have asked my department to work closely with the federal government and with the retailers on finding solutions that avoid any of this product going into landfill. But I think that this is a really salient tale about making sure that, if you have got programs such as REDcycle that are set up for all of the right reasons, you make sure that you have an eye to what is going on in your supply chain. You cannot just set and forget and hope that with these commercial arrangements people do the right thing within that supply chain. We are looking closely at what other initiatives the Victorian government can support to make sure not only that soft plastics are dealt with in terms of recycling and alternative products but that we actually stop the enormous amount of plastics in our supply chains in the first place, and that is something that I am keen to continue to talk to my state, territory and Commonwealth counterparts about.

David DAVIS (Southern Metropolitan) (12:04): I take it from what the minister has said that there is no implementation date for a replacement scheme. I think that is what I am getting from that. Therefore I ask: where will these plastics go, Minister?

Ingrid STITT (Western Metropolitan – Minister for Early Childhood and Pre-Prep, Minister for Environment) (12:04): I thank Mr Davis for that supplementary question. It is clear to me that he did not listen to my answer, because I explained that this is a program that was initiated by the large retailers in Australia, not just in Victoria. They have taken responsibility for the stockpile, and they have also talked at length in a public statement about trying to get the program back up and running, so they have taken responsibility for those decisions. The Victorian government has a $515 million investment in overhauling our waste and recycling systems, and soft plastics make up an important part of that picture. We will be working closely with the recycling sector and also looking at what innovations can be supported around the repurposing of soft plastic products that are collected in Victoria.

Albury Wodonga Health

Rikkie-Lee TYRRELL (Northern Victoria) (12:05): (122) My question is for the minister representing the Minister for Health. After my recent meeting with the mayor and the CEO of the Wodonga council, it was brought to my attention that they have been reaching out to the minister regarding the Albury-Wodonga hospital situation. While I understand that this topic offers many challenges, it is also one that I myself have previously raised with the minister. My question is: when does the minister intend to commit to a meeting with the Wodonga council to discuss its proposed solutions?

Lizzie BLANDTHORN (Western Metropolitan – Minister for Disability, Ageing and Carers, Minister for Child Protection and Family Services) (12:06): Thank you, Ms Tyrrell, for the question. I would note that the health minister herself was born and raised in the Wodonga area, so I am sure

she is particularly interested in these matters. I thank you for the question, and I will refer it to her for a response.

Ministers statements: water policy

Harriet SHING (Eastern Victoria – Minister for Water, Minister for Regional Development, Minister for Commonwealth Games Legacy, Minister for Equality) (12:06): One of my very favourite things about being the water minister is the opportunity to get out and talk to communities about the basin plan – an incredibly intricate, complex and important part of water regulation as we move into an era of a finite resource and a greater level of complexity around the way in which we balance interests of food producers, of environmental needs, of communities, of traditional owners and indeed of the biodiversity concerns and priorities that are continuing to emerge around the nation.

Since the last Murray-Darling Basin Ministerial Council meeting in February, I have been out and about listening to Victorian communities across the basin, including in Mildura and Shepparton most recently. It has been made very, very clear to me on the ground and in these communities that northern Victoria has endured a really significant set of challenges over recent years, from droughts to COVID through to the recovery associated with flood. That is incredibly difficult work, with a very long tail.

Facing the uncertainty around buybacks now, introduced by the Commonwealth in a range of states that have not yet met their Bridging the Gap targets, is a further set of challenges, worry and distress for communities in the north of the state. Communities are in fact asking for a really sensible way forward to deliver the basin plan and to make sure that we are not causing negative impact upon communities and that we maintain our commitment to the 2018 socio-economic criteria which were agreed by jurisdictions in the context of Murray-Darling Basin plan discussions. It is really important to note that Victoria has achieved enormous progress at the cost of communities in order to bring back record amounts of water to the environment to make sure that primary producers are using less water to deliver more, and that conversation goes on.

Waste and recycling management

David DAVIS (Southern Metropolitan) (12:08): (123) My second question is also to the Minister for Environment. Minister, I refer to the government's circular cycle recycling scheme and the business case produced by the government for glass recycling and the fourth bin. Will the government immediately release the business case, and if not, why not?

Ingrid Stitt: President, if you could just indulge me, I did not quite catch the whole question from Mr Davis. Is it possible for him –

The PRESIDENT: Yes. Mr Davis, could you repeat the question, please?

David DAVIS: Minister, I refer to the government's circular cycle recycling scheme and the business case produced by the government for glass recycling and the fourth bin. Will the government immediately release the business case, and if not, why not?

Ingrid STITT (Western Metropolitan – Minister for Early Childhood and Pre-Prep, Minister for Environment) (12:09): I thank Mr Davis for that question. Of course this is a really important part of our overhaul of waste and recycling in Victoria. We are in the process of rolling out, with the cooperation of councils across the state, the fourth bin. A $129 million support package is in place for councils to assist them with getting ready for the infrastructure that will be required for the rollout of the fourth glass bin.

The driving reason for including a fourth bin is to make sure that we are capturing the value of the glass that is separated out from other recycling products in Victoria. Those glass recyclable products do have a high value, and this is something that the recycling industry, all the key players in that sector, were very keen to ensure was part of our overhaul of waste and recycling – to separate out that glass so that there is less contamination and they can capture the value of the product a lot easier.

We have taken advice from our department in terms of what the best way is to restructure our waste and recycling and build that circularity with the Victorian waste and recycling economy, and we actually stand by the advice that we have received in relation to separation of glass. Mr Davis, I know, often asks for various things in this place, but there is a publicly available comprehensive policy around our circular economy, which if he does a few basic Google searches, he will be able to have access to.

David DAVIS (Southern Metropolitan) (12:11): I would just note that whilst the minister sort of talked in general she did not actually answer the direct question of whether the business case will be released, and I therefore ask: isn't the fact that you have refused to release the business case an indication that the business case shows the recycling charge on ratepayers' notices would have to increase by more than $100 annually?

Ingrid STITT (Western Metropolitan – Minister for Early Childhood and Pre-Prep, Minister for Environment) (12:12): Mr Davis is back to his usual tricks of kind of conflating a whole range of different issues into a convenient 'world according to Mr Davis' narrative. The reality is that we have got a really strong policy setting here for the overhaul of our waste and recycling systems in Victoria. This is something that industry are right behind, and they are investing in upgraded Victorian recycling facilities right across the state. This is something that we are incredibly proud of. Investing $515 million towards making sure that 80 per cent of landfill is avoided by 2030 is a really important policy objective to have because it is all about not only protecting our precious environment but doing the right thing by our citizens.

Water policy

Sarah MANSFIELD (Western Victoria) (12:13): (124) My question is to the Minister for Water, and it is regarding the Victorian government's management of the Murray-Darling Basin. In 2013 the Victorian government agreed to implement the constraints relaxation strategy, which would take a proactive approach to ensuring the health of our river systems and adjoining wetlands, yet 10 years on from this agreement the Victorian government has made next to no progress on even preliminary aspects of this strategy. Why have the government failed to follow through on their promise to implement constraints relaxation in order to protect communities and our environment?

Harriet SHING (Eastern Victoria – Minister for Water, Minister for Regional Development, Minister for Commonwealth Games Legacy, Minister for Equality) (12:14): Thank you very much for that question. It is a really important question, and to that end I am really grateful for the opportunity to talk about what we are doing to balance competing priorities and interests around delivery of our obligations and commitments under the plan.

As you would be aware, and as we have discussed already, there is a really long and complex history associated with the diversion and the change to the path of the Murray and the basin plan overall, which has led to a greater capacity for food producers to be able to generate some of the most important products on our supermarket shelves, on our tables and in our lunchboxes. This has also been something which has been discussed at length over many, many years, including to rebuild and to repair some of the damage done by former coalition governments, who were inactive on the Murray Basin plan and the work that we needed to do to deliver on our commitments.

What I want to do is also highlight, in response to your question, the work that has been done since we saw a change in the federal government and since we saw Minister Plibersek come to the table as the water minister of firstly being able to convene a ministerial meeting. We had not had one since December 2020, and we have now had two since the change of government federally. While we do have a range of divergent views on how it is that we can all achieve our obligations and commitments under the plan, it is important to note that Victoria has met our Bridging the Gap targets and indeed is seeking an extension of two years to the time frames from 2024 to 2026. We will be able to deliver on 95 per cent of our obligations under the plan or indeed 98 per cent when we factor in constraints.

When we talk about the way in which sustainable diversion occurs and the way in which we make a better use of the resource with less resource, including using infrastructure and a range of opportunities to bring water to where it is needed rather than simply to wait for an inundation of water through a river system that sends it over banks and therefore does not make the best use of that resource, we can see that flood plains are able to rejuvenate. We are able to see that inundation – the water sitting on flood plains – then being able to recede, which as you would be aware, really enhances the opportunity for black box, for scrub and for this enormously important and fragile landscape to be maintained as it has been for thousands of years. It is also really important that as we work towards achieving our plans on the VMFRP we take account of what are some of the largest heritage and Aboriginal burial sites across the state. We have seen significant progress on the four projects that we have got on foot. I would really like to see that we have an opportunity to work with the Commonwealth minister on an extension to deliver the other five.

Sarah MANSFIELD (Western Victoria) (12:17): Thank you for that wideranging answer. You did touch on something I think related to constraints relaxation, and that was the construction of two flood plain restoration projects that the government has chosen to prioritise rather than follow through on its commitment to constraints relaxation. As the *Age* reported in early April, these so-called restoration projects are very expensive to build and maintain, they are opposed by traditional owners and they are far too narrowly focused to deliver holistic ecosystem health. In fact the government has spent $54 million just on planning these projects. They have had to review two of the current projects because they have failed to meet their environmental outcomes. Will the government continue to ignore its constraints relaxation promises in favour of costly experimental restoration projects despite community and cultural objection?

Harriet SHING (Eastern Victoria – Minister for Water, Minister for Regional Development, Minister for Commonwealth Games Legacy, Minister for Equality) (12:17): Thank you for that supplementary. There are a couple things in that that I do want to take issue with. On the one hand, we do have research that indicates, notwithstanding what you have just said, that these projects to deliver water through that infrastructure are actually working. On the other hand, we also have many traditional owners who I have spoken with and met with and who I talk to and who the department talks with who actually recognise the value of what these environmental opportunities look like. The VMFRP and the water return that we are making available will see water brought back to 14,000 hectares of the flood plain across the north of the state. This is about making sure that we utilise infrastructure – and again I would really, really encourage you to get out and see this – which is not a significant impost on the landscape. It is infrastructure that has been proven, that has been there for many decades in a couple of instances and which is actually having significant benefit. Head up north. I will show you around, and you can see how it is working.

Ministers statements: Australian Corrections Medal

Enver ERDOGAN (Northern Metropolitan – Minister for Corrections, Minister for Youth Justice, Minister for Victim Support) (12:19): I rise today to highlight the outstanding work that is being done by corrections staff across our system. Yesterday I spoke about the achievements of Kerrie Frank, who was awarded an Australian Corrections Medal in this year's Australia Day honours. Today I would like to congratulate and highlight the achievements of Janet Hatvani, this year's second Victorian recipient of the Australian Corrections Medal for distinguished service in our corrections system.

I was very pleased to speak with Janet at the awards ceremony and hear about her journey. I saw her passion for the work that she and her team do in keeping the community safe and what receiving this award meant for her. She commenced work with us in community corrections in 2003. Since then she has served the people of Melbourne's Eastern Metropolitan Region in a range of case management and supervisory roles. She is a well-respected leader, demonstrating warmth, compassion and vision. Janet is renowned for her ability to engage with people who are under supervision in a way that encourages meaningful change and helps them turn their lives around, and we know that makes us all

safer. I again thank her for her continued dedication to her community and congratulate her on receiving the Australian Corrections Medal.

Janet is an example of the many people working across Victoria to keep us safer. They do remarkable work in sometimes challenging circumstances. This medal is not just a testament to her work or her team's, it is a recognition of the vital role that she and her dedicated team do and that corrections staff do across the state. It is an honour for me to recognise her efforts and those of all corrections staff.

Child protection

Matthew BACH (North-Eastern Metropolitan) (12:20): (125) My question is for the minister for child protection. Last month Victoria's independent children's commissioner went public on the endemic sexual abuse of children in the minister's care. She said the government is 'not prioritising' the protection of vulnerable children. She went further: children in the care of the minister are 'suffering as a result' of inaction; an ongoing failure to act by the government is leading to 'serious, and possibly lifelong, harm'. When he was opposition leader, Mr Andrews said there is no greater betrayal of trust than the abuse of children in state care, and yet since Labor's election record numbers of children have died in state care. Since Labor's election, sexual abuse has become normalised in state care. Isn't the independent children's commissioner right? Isn't she right that your failure to act is causing the most vulnerable children in our state serious and lifelong harm?

Lizzie BLANDTHORN (Western Metropolitan – Minister for Disability, Ageing and Carers, Minister for Child Protection and Family Services) (12:21): It is a rather extraordinary question. I had started to think that Dr Bach maybe had forgotten about me, but clearly not. Thank you for the question, Dr Bach –

Georgie Crozier: It's a serious question.

Lizzie BLANDTHORN: It is a very serious question, as is any question that is within this portfolio, Ms Crozier. As I said, I had worried that Dr Bach had forgotten about asking any questions in this portfolio, because he did have a good track record of interest but it had waned a little this week. But I am very pleased to receive the question, because protecting vulnerable children is indeed our gravest responsibility. There is indeed no greater betrayal of trust than the exploitation of a vulnerable person and particularly a vulnerable child.

Can I thank the commissioner for the work that she has done in this area. I have met with her and spoken with her about these issues, as I have with a number of other people, including the Minister for Police just last week. Children who are subject to child protection within Victoria are indeed some of the most vulnerable, and it is indeed our gravest responsibility to look after them. The fact that they are some of the most vulnerable children obviously also puts them at a degree of heightened risk of sexual exploitation and indeed exploitation generally, but especially, and as the commissioner has highlighted, sadly, sexual exploitation is a part of that.

We are indeed taking steps to protect these children, and I totally reject the insinuation that it has become normalised. It is indeed a revolting and really disappointing suggestion to put to the chamber that the sexualisation of children would in any way be normalised.

Matthew Bach: On a point of order, President, under our standing orders at 8.07 ministers' responses must be factual. The commissioner found that 423 instances of sexual assault had occurred over a period of just about a year and a half. If the minister does not believe that 423 instances of sexual assault in a cohort of only 400 children is normal, then she should explain why, because she is in contradiction of the standing orders.

The PRESIDENT: Order! That is not a point of order, and the minister has been directly responding to the question.

Lizzie BLANDTHORN: I again express my disappointment –

A member: A cheap tactic.

Lizzie BLANDTHORN: It is a cheap tactic – thank you – in any way to suggest that the sexualisation of any child is indeed normal. It is actually disgusting that you would stand here, vile that you would stand here, and make such a suggestion. As I said, it is our gravest responsibility to protect these children, and the department are taking steps to protect these children. There has been the employment of 13 –

Members interjecting.

Lizzie BLANDTHORN: Are you interested in the answer or not? Or just cheap shots?

There are a number of things. As I said, I have recently met with the commissioner about these issues. I have recently met with the Minister for Police about these issues. Within the department we have employed 13 sexual exploitation practice leaders, who work collaboratively with child protection practitioners right across our state, as well as with Victoria Police, to identify, monitor and respond to young people who are at risk of sexual exploitation. There is specific training for child protection staff to better identify and respond to child sexual exploitation, and there is also the implementation of multidisciplinary high-risk panels that meet monthly to support robust case planning, decision-making and other supports for children who are particularly vulnerable and at risk of exploitation. As I said, these are not normal situations – they are indeed very far from normal – and the department and I are doing everything – *(Time expired)*

Matthew BACH (North-Eastern Metropolitan) (12:25): I note the minister's response that there is much being done in residential care to seek to protect children. That is interesting because Ms Buchanan, the commissioner, has explicitly said 'nothing' has happened since 2020. In residential care nothing has occurred since 2020. Minister, when did you first learn that 25 young people under your care were sexually abused in the month of March, and what did you do?

Lizzie BLANDTHORN (Western Metropolitan – Minister for Disability, Ageing and Carers, Minister for Child Protection and Family Services) (12:26): As I said, both I and the department have met with the commissioner for children and young people to discuss the issues of sexual –

Matthew Bach interjected.

Lizzie BLANDTHORN: Thank you, Dr Bach. Could you allow me the opportunity to answer the question. If you are genuinely interested in the answer, you may actually afford me the opportunity to answer it.

A member: You might learn something.

Lizzie BLANDTHORN: That is right, you might actually learn something if you are prepared to allow me to answer your questions and not interrupt me. As I said, and as you indeed said yourself, the protection of the most vulnerable children in our community is the most important thing that we can do. I have discussed these matters with the commissioner. I have discussed these matters with the Minister for Police. I have just taken you through a number of strategies that the department is putting in place in order to try and combat this very far from normal – to counter your suggestion earlier – type of behaviour for those children who are the most vulnerable children in our community. There is absolutely no graver responsibility of any of us in this place than to protect those who are most vulnerable.

Epilepsy Foundation and Fight Parkinson's

David ETTERSHANK (Western Metropolitan) (12:27): (126) My question is for the Minister for Health, represented by Minister Blandthorn, and relates to the Epilepsy Foundation and Fight Parkinson's. 123,000 Victorians live with either epilepsy or Parkinson's disease. The Epilepsy Foundation and Fight Parkinson's are vital peak bodies providing essential secondary health services and supports that reduce the burden of these diseases, including death, disability and diminished

quality of life, and importantly reduce the high impact of these diseases on the Victorian health system. Their services include one-on-one support, responding to specialist healthcare professionals, education and training for patients and families, assistance with management plans, and capacity building and peer support. I ask: will the minister ensure their continued funding into the next financial year?

Lizzie BLANDTHORN (Western Metropolitan – Minister for Disability, Ageing and Carers, Minister for Child Protection and Family Services) (12:28): Thank you, Mr Ettershank, for that question. It is a very important question. I have a friend who is a young mother who has just been diagnosed with Parkinson's, so I appreciate you asking the question. I know it is a particularly important issue to you as well. I will be more than happy to refer it to the health minister for a response.

David ETTERSHANK (Western Metropolitan) (12:28): Thank you, Minister, for your response. Like many, many Victorians, we have all been touched by neurodegenerative conditions, and I appreciate your response. By way of supplementary, though, I note that services delivered by the Epilepsy Foundation and Fight Parkinson's reduce accident and emergency presentations and hospital admissions. Prevention is clearly better for the patient and preferential for a clearly overburdened hospital and health system, so I ask: is this a factor in the minister's decision-making?

Lizzie BLANDTHORN (Western Metropolitan – Minister for Disability, Ageing and Carers, Minister for Child Protection and Family Services) (12:29): Thank you, Mr Ettershank, again for your supplementary question. I will be pleased to pass it to the Minister for Health.

Ministers statements: neighbourhood houses

Lizzie BLANDTHORN (Western Metropolitan – Minister for Disability, Ageing and Carers, Minister for Child Protection and Family Services) (12:29): I rise to update the house on the vital support neighbourhood houses provide to Victorians. This government is proud to partner with neighbourhood houses, which deliver this support to help communities access important programs, supports and services.

Neighbourhood houses are assisting Victorians to manage cost-of-living pressures by helping them apply for the Victorian government's $250 power saving bonus. I noticed Dr Bach was helping them apply also. The 278 houses participating statewide are assisting Victorians without internet access over the phone and in person to complete their applications. In the latest round the power saving bonus has seen 40 per cent of applicants find a better energy deal, with thousands of Victorians saving by changing their energy deal through the Victorian Energy Compare website. In addition to this, more than 17,000 households have received the $250 power saving bonus through the help of a community outreach partner like a neighbourhood house. Our election commitment is so popular that some of those opposite, like Dr Bach, have been promoting it in their communities, and they may well continue to do so too.

This government has also partnered with neighbourhood houses to help community members apply for the Victorian sick pay guarantee. Through this partnership we are helping more casual and contract workers to access sick and carers pay. The 80 participating neighbourhood houses are providing access to in-language support, computers and the internet to help casual workers understand and sign up to the scheme. With over 200,000 people visiting neighbourhood houses each week in Victoria, this partnership means thousands more casual workers still have the support they need to access sick and carers pay. This is just one example of the many contributions neighbourhood houses make to local communities across Victoria.

This is why our government invest in neighbourhood house coordination program funding every year and we are continuing to support the vital work of neighbourhood houses as hubs for community connection and the delivery of essential services. We are proud to deliver our commitment to the $250 power saving bonus and look forward to everyone in this chamber, particularly those opposite, continuing to publicise the commitment.

Ministerial conduct

Georgie CROZIER (Southern Metropolitan) (12:31): (127) My question is to the Minister for Corrections. Minister, in addition to your register of interests to this Parliament, does your ministerial office also maintain an up-to-date register for gifts and hospitality you receive as minister valued at more than $50?

Enver ERDOGAN (Northern Metropolitan – Minister for Corrections, Minister for Youth Justice, Minister for Victim Support) (12:32): All members of Parliament need to disclose any gifts that they receive above that value. You should know that as part of your register of interests. As a member of Parliament, I undertake to do that anyway.

Georgie CROZIER (Southern Metropolitan) (12:32): Minister, I take that as a no, because it was not about our pecuniary interests as MPs; it was about your ministerial office. Does your ministerial office also maintain an up-to-date register for gifts and hospitality you receive as minister valued at more than $50? But the supplementary –

Enver Erdogan interjected.

Georgie CROZIER: I take it as a no; you can correct me if I am wrong. Minister, since being sworn in, how many times have you accepted hospitality gifts from organisations relevant to your portfolios?

Enver ERDOGAN (Northern Metropolitan – Minister for Corrections, Minister for Youth Justice, Minister for Victim Support) (12:33): I keep track of any gifts I receive in this office, in particular above that value and in particular as I take those responsibilities very seriously. I have not received any hospitality from any of the stakeholders within my portfolio so far. And if I do, I will disclose it as part of the normal course.

Georgie Crozier: Do you have a register?

Enver ERDOGAN: I keep a register internally of any gifts I receive as a member of Parliament. I have made that clear, and I will continue that practice as a minister as well.

Duck hunting

Jeff BOURMAN (Eastern Victoria) (12:33): (128) My question today is for the Minister for Outdoor Recreation in the other place, represented by Minister Shing in this place. The Game Management Authority annually publishes enforcement outcomes regarding the first five days of the annual duck season. The data was up for a short time on 2 May and then it was removed later that day. The GMA reports directly to the outdoor recreation portfolio. My question is: did the minister, her staff or any of the other ministers involved in the annual duck season settings or their staff instruct, infer or act in a manner that would have made the GMA remove that data after it was published?

Harriet SHING (Eastern Victoria – Minister for Water, Minister for Regional Development, Minister for Commonwealth Games Legacy, Minister for Equality) (12:34): Thanks, Mr Bourman, for that question. What I will do is refer that to the minister in the other place for an answer in accordance with the standing orders.

Jeff BOURMAN (Eastern Victoria) (12:34): I thank the minister for her answer. I will head straight to the supplementary: why on a day when a dozen or so anti-duck-hunting protesters were staging their annual media event outside the Premier's office was that data that was critical of the activist protesters actively suppressed?

Harriet SHING (Eastern Victoria – Minister for Water, Minister for Regional Development, Minister for Commonwealth Games Legacy, Minister for Equality) (12:34): I am not sure whether the minister will agree with your characterisation of the treatment of data, but in accordance with the standing orders I will seek an answer to your supplementary question from her as well.

Ministers statements: fire services

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (12:35): Many members of the chamber this week have reflected on their amazing experience with FRV and attending the Fire Ops 101 course. I thank members for their interest, and I know there has been amazing feedback, so it is quite convenient today to update the house on our ongoing support for our dedicated firefighters. Today is, of course, International Firefighters Day – or St Florian's Day, named after the patron saint of firefighters – a day where it is important to acknowledge the bravery and commitment of our firefighters, who selflessly keep Victoria safe.

I would like to acknowledge, sadly, the death this week of Izabella Nash from Queensland Fire and Emergency Services. We know that when disaster and personal tragedy hit our services, it is received as one big family, and I know many personnel from Victoria's emergency services across the state have been affected by her loss, and of course my thoughts are with her family and the QFES.

Over the last year our firefighters have turned out time and time again to both routine call-outs and major disasters. During last year's floods crews performed swiftwater rescues as well as helping with the clean-up effort. Our government continues to support firefighters and the work they do. Last week I was pleased to announce the return of the volunteer emergency services equipment program. Grants of up to $150,000 are on offer to volunteer emergency services groups, with the government providing $2 for every $1 of local funding – a very popular program. VESEP is all about helping to ensure that our volunteers have the latest equipment to do what they do best, and we know that is protecting communities and saving lives.

We are also providing an improved level of protection to our CFA volunteers. Last month it was great to tour a local facility producing CFA's new wildfire personal protective clothing. CFA's iconic yellow is here to stay – I noticed a slight difference in the tone, but apparently I was not supposed to point that out – but these garments are better. They provide safer protection, they are tailored for both men and women and they ensure a safe and comfortable fit for all of our volunteers. I am sure I speak for all members in the place when expressing deep gratitude to all firefighters and those who support them, including all of those that defend public and private land.

Written responses

The PRESIDENT (12:37): Minister Shing is going to get responses from the Minister for Outdoor Recreation, in line with the standing orders, to both of Mr Bourman's questions. Mrs Tyrrell had one question to health, so Minister Blandthorn will please get that response for Mrs Tyrrell and two responses from the Minister for Health for Mr Ettershank.

Constituency questions

Northern Metropolitan Region

Evan MULHOLLAND (Northern Metropolitan) (12:38): (143) My constituency question is to the Treasurer. In the *Herald Sun* this week we saw what can only be described as a hit list of federal government funding due to be withdrawn from Victorian infrastructure projects, including the Wallan ramps and the Mickleham Road project in my electorate. Given your government spent $1.7 million on an Our Fair Share advertising campaign during the 2019 federal election wanting more money from Canberra, I ask: what advocacy measures is the government planning against these Albanese cuts, or was its previous campaign more about petty political partisanship than actually fighting for Victorians?

Southern Metropolitan Region

John BERGER (Southern Metropolitan) (12:39): (144) My constituency question is for the Minister for Youth Minister Suleyman. Recently I attended the ceremony for the Duke of Edinburgh Bronze Award at Bialik College in my electorate of Southern Metro representing Minister Suleyman. I witnessed 33 bright young students celebrate their achievements. They had dedicated the last six months of their lives to both charity and self-improvement. To complete this challenge students must

be self-motivated and hardworking and dedicate huge amounts of their own time to helping others. As part of their challenge students ran a cafe and donated the proceeds to a charity of their choice. Activities like this not only support local community but also build important life skills like teamwork and discipline, which benefit students for life. So my question is: what is the Andrews Labor government doing to ensure that young people are supported to participate in activities which benefit their community as a whole?

South-Eastern Metropolitan Region

David LIMBRICK (South-Eastern Metropolitan) (12:40): (145) My constituency question is for the Minister for Local Government. Constituents in Casey council have made it clear they are not happy with the monthly council meeting time of 4 pm. Constituents say that working people are being excluded from meetings. Other councils hold their meetings at times when people can attend. Most families are still at work or caring for their kids after school at this time. Many were frustrated especially at the last council meeting, where multiple people tried raising this issue with the administrators. As the council is still under administration, there are no councillors to take this matter to. The administrators have said they will not be reviewing this until December. My question is: will the minister investigate why the meetings are being held at 4 pm, whether the community has had a voice on this and why they will not review this prior to December?

North-Eastern Metropolitan Region

Matthew BACH (North-Eastern Metropolitan) (12:41): (146) My constituency question today is for the Minister for Environment, and my question is: will the minister come op-shopping with me in Blackburn? There is a fabulous op shop just around the corner from my office in Blackburn that is run by the Epilepsy Foundation.

Members interjecting.

Matthew BACH: I will pick up the interjections. I did not buy this suit from that op shop. I did buy this tie from a different op shop. I do have several ties from that particular op shop, and I will model them for the benefit of members opposite over the coming weeks. I have been talking to staff –

Members interjecting.

Matthew BACH: All right; I hope I will. I have been talking with staff at this particular op shop and at various other op shops around our electorate, President, about the impact of the government's new op shop tax. We on this side of the house of course had a very different policy at the last election to exempt op shops from the Victorian government's landfill levy and to exempt charities, but nonetheless there is an impact. We are hearing reports that op shops are shutting. That is no laughing matter. Op shops play an important role in our community, and I would like the minister to come with me to have a look around my electorate.

Eastern Victoria Region

Melina BATH (Eastern Victoria) (12:42): (147) On International Firefighters Day my constituency question is for the Treasurer. The Tyers CFA is a tremendous first responder volunteer fire brigade, growing in active members and dedicatedly servicing its community. It was recently recognised for services during the 2019–20 bushfires. Tyers is forced to house its truck at Traralgon West at the Latrobe Valley airport due to a lack of room at their current premises. Volunteers need $300,000 to extend the bay and put in a new sliding roof and front door; however, they have not got it. My colleague Martin Cameron, the member for Morwell, and I have met those great volunteers. We have listened to their compelling case, and we ask the minister: will you fund this community infrastructure that is so rightly deserved in the May budget?

South-Eastern Metropolitan Region

Michael GALEA (South-Eastern Metropolitan) (12:43): (148) My question is for the Minister for Energy and Resources, and I ask: how many applications for the power saving bonus have been made in the South-Eastern Metropolitan Region since the scheme opened on 24 March? This fantastic cost-of-living benefit has been overwhelmingly positively received throughout the South-Eastern Metro Region, including in the areas of Berwick and Rowville. I, along with my colleague Mr Tarlamis, have been assisting constituents in our area to apply for it. Last week we held mobile offices in High Street, Berwick; at the Orana Community Place in Clyde North; and at the Wellington Village shopping centre in Rowville, where my constituents sat and chatted with me, Mr Tarlamis and our team as well as, in the case of Rowville, our fantastic new federal member for Aston Mary Doyle. I am very thankful to the Andrews Labor government for creating such an important initiative that is helping Victorians with the cost of living, and I would like to know how many people in the South-Eastern Metropolitan Region have benefited to date.

Southern Metropolitan Region

Katherine COPSEY (Southern Metropolitan) (12:44): (149) My question is to the Minister for Housing in the other place. One of my constituents Margaret is one of the few tenants left at the Barak Beacon public housing estate in Port Melbourne, and it is one of the many housing estates being subjected to the government's renewal process, which actually involves a tenant eviction, demolition and rebuild approach, with public housing land being converted to private use. Margaret has written to Minister Brooks to ask why the community-backed alternative – a repair, retain and reinvest model – is not being utilised and has received only a perfunctory reply. Tenants such as Margaret are being asked to take it purely on trust that the Andrews Labor government's ground lease model is a better investment of public funds and worth being evicted for from their homes. Will the minister commit to putting the feasibility study and the cost-benefit analysis for the Barak Beacon demolition and conversion project on the public record and on what date?

Northern Victoria Region

Gaelle BROAD (Northern Victoria) (12:45): (150) My constituency question is to the Minister for Roads and Road Safety regarding the school crossing supervisor program. I had a meeting at the Strathbogie shire recently with my lower house colleague Annabelle Cleeland. The shire said they can no longer deliver this important service because they have to fund around 62 per cent of this state government program, and it was costing rate payers $50,000 a year. It seems the system is broken. In 2016 the Victorian government committed to undertaking a strategic review of the school crossing program. The findings were due in 2018, but nothing has happened since. I ask what action the government is taking to ensure the safety of local schoolkids in the Strathbogie shire and across the state and that it provide an update on the findings of the review. The ratepayers of Strathbogie, along with 28 other councils, want to see a restoration of funding for this critical service, and I call on the minister to provide this funding in the state budget.

Western Victoria Region

Bev McARTHUR (Western Victoria) (12:46): (151) My question is for the Minister for Health and concerns community confidence in the Lyndoch Living aged care facility in Warrnambool. In recent years the board of directors has presided over a financially disastrous expansion strategy, the employment of a CEO accused of serial bullying and incompetence, the loss of swathes of senior staff and finally a damning series of failed Aged Care Quality and Safety Commission audits – all of this while ignoring over many years repeated direct warnings from staff, local healthcare professionals and the community. For a locally based, community-founded not-for-profit, the lack of communication has been alarming. The board's refusal to admit members to the organisation means it selects monitors and reappoints itself, with appalling results. Minister, what will you do to ensure that board members respond and win back the confidence of the community so essential to Lyndoch's future success?

Western Metropolitan Region

Trung LUU (Western Metropolitan) (12:47): (152) My question is for the Minister for Housing. Minister, I am speaking in relation to one of my constituents who lives next to a public housing property in Werribee. He was going to allow me to say his name, but with consideration of a series of incidents, I will not release his name to preserve his safety. He has constantly contacted your office since 2021. His neighbour is a public housing tenant who is antisocial in behaviour and demeanour. He has been shouted at, spat at, had his property vandalised and graffitied, and been bullied since 2021. He has asked for intervention by the Department of Families, Fairness and Housing, has written to you, the department and the local police and reported many times. I hold here the correspondence to your office of over 181 pages. There have been generic responses or no response whatsoever. How can this family man be working hard to provide a safe roof over his family and have no support or protection from the government? I ask the minister to please provide some information on how we can provide assurance to my constituent for his family's safety and his home.

Northern Victoria Region

Wendy LOVELL (Northern Victoria) (12:48): (153) My question is to the Minister for Education. On 10 March this year I wrote to the minister asking her to take immediate action to address the numerous serious assaults on students at the Shepparton Skene Street bus interchange, after I had received reports of up to 100 Greater Shepparton Secondary College students attending the interchange after school each day, where a small number of them have intimidated Notre Dame staff and targeted younger students from all schools. GSSC leadership have tried to support Notre Dame where possible, but they have their own bus interchange to supervise. The minister has so far failed to even respond to my letter, let alone take any action to stop the actions of the GSSC students. On Monday afternoon, three Notre Dame students were seriously assaulted by GSSC students, with two victims requiring hospital treatment. The violence is escalating in nature with no systemic support being given by the education department to support Shepparton schools to address it. Will the minister immediately intervene and direct the education department to take urgent action to address the violence occurring at the Skene Street bus interchange?

Western Victoria Region

Joe McCRACKEN (Western Victoria) (12:49): (154) My question is to the Minister for Commonwealth Games Legacy, and it relates to the construction of an athletes village on the old Ballarat saleyards site. My question to the minister is: is the government planning on constructing a permanent set of structures on the site, or is the government planning to construct less permanent portable structures? Given the site has been an active saleyards in recent history and has been subject to contamination, the construction of portable structures would mean less disturbance of the soil, and it might also be a cheaper alternative for a cash-strapped government. The Ballarat community has a right to know what they can expect to see on the site in the future, whether it is going to be permanent or not. The response I often hear is, 'We're working on the detail,' but I just hope that I get a simple response about what the style of the building will be and the type of building that it will be.

Harriet Shing: I am here for you, Mr McCracken.

Joe McCRACKEN: Thank you. I really hope you are here for the Ballarat community as well.

Eastern Victoria Region

Renee HEATH (Eastern Victoria) (12:51): (155) My question is for the Minister for Health. When will this government consider adopting more lenient measures on the COVID vaccine mandates to address the ongoing nurse shortages in this state? My constituent Josh contacted me on behalf of his wife, who due to a significant health issue was given an exemption by her GP not to go beyond two

doses of the COVID vaccine. She is unable to work. New South Wales have already dropped their mandate standards to two rather than three. Josh told me the following:

> It seems staggering to me that despite staff shortages at the Angliss, and my wife's strong desire to work, there remains NO possibility of her returning due to what is now an arbitrary measure. We remain strong advocates of public health measures taken through the pandemic (including vaccinations) but these surely need to be balanced out by the effect on the individual …

Health information shows that more than 21 per cent of children on the waitlist at the Royal Children's have to wait more than one year. Something must change.

Bills

Drugs, Poisons and Controlled Substances Amendment (Medically Supervised Injecting Centre) Bill 2023

Second reading

Debate resumed.

Sonja TERPSTRA (North-Eastern Metropolitan) (12:52): I note I do not have much time left on the clock, so it is worthwhile just finishing that off. Again, I note the response from those on the opposition benches throughout my contribution was to constantly interject and heckle, and it is just disappointing. It is a poor reflection on them over there.

There are two things I want to point out in the short time that I have left. If those opposite are saying that the medically supervised injecting room should not be where it is, well, if not there, where is the point, because no-one will want it to be anywhere. And if we do not have it anywhere, we will not have the important ability to minimise harm and provide medical assistance to those who need it if they have an overdose.

The other thing that I think is lost on those opposite is that often when you are treating someone who has a drug addiction they do participate in a methadone program. There are many chemists right across Melbourne that dispense methadone, and there are many people who go into those chemists and take their prescription methadone and then leave. The idea that this supervised injecting room is a bad thing to be placed where it is conflates a whole bunch of things. It just shows that they do not understand the suite of options that are available to treat people who have drug addictions. Like I said, there are many chemists in many communities right across Melbourne who dispense methadone. That is about helping people get off whatever it is they are on and then treating them in a therapeutic way to help them overcome their drug addiction. Again, I commend this bill to the house, and I look forward to the continuation of the debate.

Sitting suspended 12:54 pm until 2:04 pm.

Ann-Marie HERMANS (South-Eastern Metropolitan) (14:05): I rise today to speak on the Drugs, Poisons and Controlled Substances Amendment (Medically Supervised Injecting Centre) Bill 2023. I do recognise that a lot has been said about the injecting room in North Richmond attached to the North Richmond Community Health centre. I do want to also add that while we will be talking about the injecting room, a focus of the Liberals and Nationals at the last election was people with alcohol and drug addiction and looking at ways that we can help people who choose to reject this form of lifestyle, who have been on alcohol and drugs and who have got to a point where they want to break free of them. The government put out a $40 million cut to the sector. We wanted to bring about opportunities for people to have access to health support networks and to put more money into this area. In fact, after looking at the Ryan report, we felt that it was really important to introduce a hydromorphone therapy program in Victoria, and this is a policy that we took to the last election.

The Victorian Liberals and Nationals will be moving amendments to the Andrews government's injecting room laws and calling for an explicit ban on injecting rooms being located within 250 metres

of schools. This amendment mirrors New South Wales legislation. This bill, which has been introduced in other areas, has been a concern because it does not address the impact of poisoning. While we acknowledge the need for services to help addicts break the cycle and live full, healthy lives, we need evidence-based solutions where there are pathways to help those with addictions to be treated in a suitable area that would benefit both users and the community, particularly our young schoolchildren.

I do feel very passionate about this issue because I am a mother of four children and I have worked in schools. I have worked in social work, I have worked with the homeless, I have worked with young people who have had to deal with really difficult areas in their lives, and yes, I have worked with young people who use drugs. I feel very strongly that the location of an injecting room needs to be considered. Objections to the drug-injecting room facility being based in areas which impact local communities are based on the negative impacts on North Richmond residents, who have suffered for years with unacceptable and dangerous behaviour on their front doorsteps. In fact Wayne Gatt, the Victorian police union secretary, said that the positioning of drug-injecting facilities impacts police work enormously, with a rise in offences such as property crime, crimes against the person, robberies and assault. He also said that unless the government were to dump a significant number of police on us specifically for the management of a safe drug-injecting facility in the city, undoubtedly Victoria Police would have to divert resources from other work that it is doing today. His suggestion that the facility should be put in or near a hospital is one that would save lives. It is a valid suggestion and worth considering.

Police have been called to dozens of violent crime incidents. Data obtained by the *Herald Sun* under the freedom-of-information laws – this is from Susan Delibasic and Olivia Jenkins, 26 March 2023 – has shown the true extent of violent incidents and medical episodes that both police and paramedics have responded to in Lennox Street, Richmond. Statistics show that from June 2018, when the facility in Richmond opened, until June 2022, the following incidents have been recorded – and I would like these recorded, and I would like people to take note – 162 incidents of people causing trouble, 83 reports of assault, 57 reports of street drugs on Lennox Street, 20 suicide attempts, nine reports of gunshots and stabbings, 10 overdoses, and paramedics also responded to five deaths in Lennox Street.

I ask you: is this the type of environment that we want for an area near a school? For those of you who have children and have any empathy for what it must be like to raise your family in an area with a drug-injecting room, think of these families in Richmond where this primary school is in their zone. It is where they have to take their kids to school. Grandparents have to walk their children to school, and we find that we are having all of these incidents. I ask this house and I ask the government to consider: would you want your parents and grandparents and children to have to be surrounded by this type of crime? Would you want them to have to witness this sort of thing?

During the COVID lockdowns we were well aware that there was a rise in issues of mental health and that there was a lack of support and networks that were available to people, and we are aware that during this time many people were turning to alcohol and drugs to self-medicate. The Liberals and Nationals had a proactive policy to help drug addicts. We feel very, very strongly about not just looking at the drug-injecting room in isolation but actually considering it in conjunction with the community which it is in. It is very, very important that we look at this in a holistic way, because if you are looking at reducing harm and the only people you are looking at are the drug addicts who are using the injecting room, then you are missing the whole point of being purposeful in looking after people in the community. You must consider the actual location for a drug-injecting room.

It is just, I find, an incredible thing that this government thinks that it is appropriate to put a drug-injecting room next to a primary school. Having worked in schools and having worked with young people and knowing the issues of peer pressure and groupthink, I find it an assault on the family and an irresponsible decision of this government to put a drug-injecting room near a primary school. So I do hope that the government and the crossbench will consider our amendment.

I wonder: if it was your child, would you want to have to put up with primary school aged children coming home with needlestick injuries? Would you want that to be the topic of your conversation when you meet your child after school? And what about children, once they have had a needlestick injury, having to be tested regularly for hepatitis? Or your parents or your grandparents walking your children home past drug deals – is that what you want? Is that okay? I think we need to seriously consider when we are looking into these issues the impact that these things are having on the community.

I also want to consider the comment that was made by Sheena Watt that this side of the house, the opposition, has no regard for human life. That is an absolute lie. What an insult. This is a party that has always cared for people. It has been founded on the principles of caring for people and of valuing people's lives.

I want you also to consider that in 2021, after the trials of these injecting rooms began, a community meeting took place, and over 100 residents and anxious parents from Richmond West Primary School were asked if their child had found a needle in the school grounds. You need to understand that half of them raised their hand. That is just not okay. It is not okay to have that many people at a community meeting who can say that their children have come home because they have found a needle in the school grounds.

What are we doing to this community? What avenue of responsibility is this government taking for everybody, for our children, for your children? If we are really going to care about what happens when we look at the issue of drugs and drug-injecting rooms, we need to consider this from a holistic perspective. What impact is the drug-injecting room in Richmond having on the community?

I think that the other thing to consider is that we have a number of people who feel that they actually need to move. In another case I think you would remember, there is a situation where a nine-year-old girl named Tilly – and this may have been mentioned – who attends Richmond West Primary went on radio with Neil Mitchell and described what it was like to be sent into lockdown at school because of drug users at the neighbouring Richmond drug-injecting room:

> They just say stay in your classrooms, they say the school is all safe and locked up.

And when Neil Mitchell asked Tilly what she wants to do when she grows up, she said:

> I'm probably going to move somewhere else where there's not these sorts of people.

This government has claimed that the school community supports the location of the injecting room, but, you know what, it is not a consultation. It is not okay, and we need to consider how we keep school environments safe. So I do urge the house to consider the amendments that we have proposed. We need to also remember that when the Ryan report was produced it was not considering the data and how it was impacted by COVID. COVID did impact the data. Lockdowns did impact the data. And so we need to remember that in a holistic position you cannot be caring for people if you are going to have a drug-injecting room near a school.

I would like to conclude simply by reminding the house that the opposition has proposed an amendment that this facility be at least 250 metres away from the nearest school, and we hope that all of you will have the foresight, the compassion for humanity and the care for the families in this community to genuinely be bipartisan in the way you approach this and consider our amendment.

Tom McINTOSH (Eastern Victoria) (14:18): In late 2017 the Andrews Labor government announced the first trial of a medically supervised injecting room (MSIR) in this state's history. This was bold, brave action taking a safety-first medical approach to address the decades of harm caused by drugs in the City of Yarra. The establishment of the trial followed growing concern about the number of heroin-related deaths, two parliamentary inquiries and coronial findings that an injecting room would reduce the risk of death from heroin overdose.

Two independent reviews have been conducted over the trial period. In June 2020 an independent panel chaired by Professor Margaret Hamilton AO delivered the first review of the trial, and in February 2023 an independent panel chaired by Mr John Ryan delivered the second review. These reviews provided solid evidence that the service is doing what it is designed to do – saving lives and changing lives. Since opening in June 2018 the facility has safely managed more than 6750 overdoses and saved 63 lives. There have also been more than 3200 referrals to health and social services, including general practitioners, oral health, housing, drug treatment and bloodborne virus testing and treatment.

One of the most significant recommendations the Ryan review made is to keep North Richmond as an ongoing service, which is why we have introduced this amendment bill to achieve exactly that. Key changes in the bill include making the North Richmond medically supervised injecting centre an ongoing service at its current location, the ability to transfer or reissue an MSIC licence to another provider, the ability to extend a licence and the ability for a service to have clinical nursing oversight as an alternative to supervision by a medical professional.

This legislation will pave the way for immediate measures to be taken to further boost safety and amenity in the North Richmond precinct and increase wraparound supports for clients of the service. Every single life lost to drugs is a terrible tragedy for the families and friends affected and for the wider community. The government remains unwavering in its work to reduce drug harms in the North Richmond community. These changes will strengthen the service, ensuring it continues to do what it is designed to do: save lives and change lives.

Just about medically supervised injecting centres: the first supervised injecting facility opened in Switzerland in the 1980s. There are now more than 120 legal services worldwide. Most recently the Australian Capital Territory has expressed its commitment to join Victoria and New South Wales in providing these critical services that save lives and sometimes change them as well. A medically supervised injecting centre provides a safer place for people to inject drugs of dependence in a supervised health setting. It is an alternative to injecting at home or in public, where people are more likely to die, suffer other harms from drug use and raise risks and concerns for family members or the general public. It also provides life-saving interventions for people who have a full range of health needs and may otherwise experience significant barriers to accessing health care and other services. It is intended to be a gateway into broader supports such as medical care, drug treatment and hepatitis C screening and treatment. It offers referrals to other health and social supports such as mental health counselling, treatment for alcohol and other drug (AOD) issues and housing services.

Dealing with drug addiction in the community is a complex task, in large part because it requires people with complex needs to interact with a complex web of social, legal and other support systems. Governments committed to addressing addiction must first find solutions within this complexity while balancing a set of sometimes competing aims, including preventing deaths, promoting health, offering pathways out of addiction, protecting safety and amenity and generating community support. Supervised injecting facilities are not a silver bullet, but there is a growing body of evidence, including from supervised injecting facilities established in other jurisdictions, that they are an effective intervention that can reduce deaths and health burdens whilst also addressing safety and amenity concerns.

To the review of the North Richmond service: two independent reviews have been conducted over the trial period. In June 2020 an independent panel chaired by Professor Margaret Hamilton AO delivered the first review of the trial, recommending a further review be undertaken, and in February 2023 an independent panel chaired by Mr John Ryan delivered the second review. The terms of reference for these reviews asked panel members to consider the North Richmond service's operation and use and the extent to which the service has advanced its goals as set out in the underpinning legislation and to provide advice to government on any recommended changes. The goals of the service as set out in legislation are to reduce overdose deaths and overdose harm, to provide a gateway to health and social services for people who inject drugs, to reduce ambulance attendances and emergency department

presentations attributable to overdose, to improve neighbourhood amenity for residents and local businesses, to reduce the number of discarded needles and syringes in public places and to assist in reducing the spread of bloodborne diseases.

The recently released Ryan review report is a culmination of more than a year of research and hundreds of stakeholder consultations. The panel spent hundreds of hours speaking with people living and working in the local area and those directly involved in the medically supervised injecting room to develop a deep understanding of people's experience, perspectives and suggestions. The panel held 102 local consultations, which involved listening to local residents, businesses, people who inject drugs, MSIR workers and police and ambulance representatives. They also held four round tables with health practitioners, human service providers and AOD harm reduction experts, and commissioned research and sought advice from experts in Australia and overseas on models of care, community engagement, approaches to improving amenity and opportunities for service system improvement. The panel also reviewed relevant literature, looked at communications and security processes and analysed the evidence to determine the extent to which each of the service's six goals has been advanced to date.

The panel's report tells us that the trial has not only saved lives but the service has been successful in providing access to general health, housing support, GPs and social and wellbeing assistance. The facility has safely managed around 6000 overdoses and saved 63 lives. It has taken pressure off local hospitals and reduced ambulance call-outs. In the 3½ years before the service opened there were 818 ambulance attendances involving naloxone administration to reverse a heroin overdose within 1 kilometre of the service, compared to 459 ambulance attendances in the 3½ years after the MSIC opened. That is a 55 per cent reduction. As tweeted by Danny Hill, secretary of the Victorian Ambulance Union, 6000 overdoses managed by the MSIC means 6000 less ambulance call-outs.

There has also been a declining trend in opioid overdose presentations at St Vincent's, the nearest public hospital emergency department, since the service began operating. We have not seen this trend in other comparable hospitals in Melbourne, suggesting the MSIC is helping drive these reductions. There have also been more than 112,000 health and social services provided on site, including hepatitis C testing and treatment, homelessness support, mental health support, dental care, general practice and addiction support and treatment. Between September 2019 and December 2022 more than 500 clients commenced long-acting injectable buprenorphine treatment through the MSIC's pharmacotherapy clinic. The pharmacotherapy clinic has had more than twice as many appointments as any other service offered in the consulting area of the MSIC.

As outlined in the Ryan review, these achievements are all the more significant because of the complex needs of MSIC clients, who are often living at the margins of society. Many of the 6191 registered clients have experienced high levels of psychological distress as a result of other life stressors, such as housing uncertainty, unemployment, food instability and high rates of chronic and complex health issues. A MSIC client told researchers:

> I remember when I first started using heroin, you'd go down two sets of floors (in the Richmond flats) and use in the stairway. It wasn't an uncommon sight to see three or four people dead in the hallways. So, to have these rooms is a blessing.

A paraphrased client interview transcript published on the North Richmond Community Health website gives a firsthand account of the immense value of this service. It says:

> The addicts go to the injecting room because they think their life is worth saving. They should be treated as people who want to live their life, so let's help them. No-one is out there to hurt anyone. All an addict wants to do when they go to use an injecting room is walk out alive. And by going to the injecting room, there is an avenue to get some help.
>
> It's ground-breaking, I would be dead without the injecting room. Or I'd probably still be using.

On behalf of the Andrews Labor government, I commend North Richmond Community Health and the dedicated healthcare workers at the facility for leading these incredible outcomes and continuing to provide unwavering support and care to clients.

The North Richmond trial has been a valuable tool in helping us learn more about what works and what does not in the operation of the MSIC. The panel have made 10 recommendations, including continuing the MSIC as an ongoing service, expanding support for clients and addressing safety and amenity through stronger collaboration between agencies. We are getting on with implementation of the most immediate priority recommendations.

One of the most significant recommendations the panel made was to keep the MSIR as an ongoing service, which is why we have introduced an amendment bill to Parliament – to achieve exactly that. The legislation will pave the way for immediate measures to be taken to further boost safety and amenity in the North Richmond precinct and increase wraparound supports for MSIR clients. An interdepartmental committee will be established in mid 2023, formally bringing together efforts by the Department of Health, Victoria Police, Ambulance Victoria and the Department of Families, Fairness and Housing (DFFH), including Homes Victoria and other departments as required.

The vast majority of people who use the MSIR have experienced considerable trauma, and the review recommended that more should be done to provide better access to integrated treatment, care and support for vulnerable groups, including women, Aboriginal clients and those who are living with mental illness. The review recognised the incredible outcomes delivered by the dedicated team at North Richmond Community Health during the trial and recommended a recommissioning process be undertaken to identify a provider with capacity to deliver the expanded care model at the existing North Richmond site. By ensuring the MSIC can deliver more integrated health and social services we will be aligning with recommendations from the Royal Commission into Victoria's Mental Health System and better meeting the long-term needs of both clients and the broader North Richmond community.

We acknowledge there is work we must do to further improve safety and amenity in the area and will absolutely work with the community to action that. But we know the MSIC is clearly saving and changing lives exactly where it is. Since the trial's commencement the Andrews Labor government has invested more than $200 million across the North Richmond precinct. This has included new and upgraded public housing and improvements to the housing estate grounds and communal buildings, including new playgrounds, a futsal pitch, lighting, landscaping and community rooms. This investment has also included projects specifically around the MSIC to activate and encourage community usage of the area and create a separate entrance to provide a new, private, screened area for clients to gather when exiting the facility. There is also work underway led by DFFH and Homes Victoria to improve coordination between security providers in the North Richmond precinct. The Department of Health is also establishing a new North Richmond enhanced outreach service that will address gaps in current outreach services. The enhanced outreach service will provide additional support to the North Richmond community, including increased hours of operation, and will be delivered by a multidisciplinary team which includes nurses, Aboriginal health workers and lived and living experience workers. The service will work to improve coordination and response between Victoria Police and housing estate security and strengthen partnerships with existing outreach services and networks of homelessness, mental health, case management, alcohol and other drug treatment, legal, post corrections and harm reduction service providers. The service will also engage with local businesses and community members to respond to community concerns. We are confident that the implementation of these recommendations will go a long way to improving the experience of the precinct as well as the capacity of the service to proactively engage people who inject drugs in North Richmond.

The bill will amend the Drugs, Poisons and Controlled Substances Act 1981 to allow the North Richmond MSIC to become an ongoing service at its current location; to allow for the transfer and reissuing of an injecting room licence to maintain service continuity in the event an operator is subject

to profound organisational change or is unable or unfit to continue to operate the service; to allow for the secretary to extend a service licence for a duration specified at their discretion to support service continuity during the recommissioning process and to extend the licence as many times as the secretary deems appropriate; to allow for a more flexible model of care by allowing for clinical nursing, oversight as an alternative to mandated supervision by a medical professional and a greater clarity of governance roles; to allow for a more efficient process for modifications to the MSIR operators' internal management protocols; and to allow for a further review of the operation of the MSIR. These amendments will implement key recommendations from both the Hamilton and Ryan reviews. I absolutely support this bill and hope that its implementation supports those workers and those with addictions alike.

Jeff BOURMAN (Eastern Victoria) (14:33): We are here today to have a look at the Drugs, Poisons and Controlled Substances Amendment (Medically Supervised Injecting Centre) Bill 2023. I cannot speak for the other person in this room that has had the pleasure of cleaning up after the carnage of drug users, but I can tell you from my personal experience: I do not really care what people do to themselves; if they want to inject themselves, that is fine – but it is the carnage that they create around them. I find it mystifying, in a way, that a government is facilitating an illegal activity. But in letting that go, no amount of thought has been given to the residents. Clearly the people in the Richmond area have issues – and they are real issues. There is footage everywhere of people overdosing and people lying in the gutter and all sorts of stuff going on. Being so close to a primary school is just appalling. There must be a better place, and I am really disappointed that the bill does not even allow for it to be moved. It should be moved. For a second room to be proposed or implemented or whatever before the kinks are ironed out of the first one is just wrong. I will not be supporting the bill. As I said, I do not really mind what people do to themselves – I never really have – but considering what they do to get and what they do after they use those drugs, unless we look at how we can offset that, I think implementing another room is just the wrong way.

Trung LUU (Western Metropolitan) (14:35): I rise today to speak on the Drugs, Poisons and Controlled Substances Amendment (Medically Supervised Injecting Centre) Bill 2023. I rise today to speak on the amendment and this bill with, dare I say, some experience and some personal encounters in relation to this particular topic. I would say that that experience would cover a range of over two decades, having observed and interacted with the community in relation to the matter, having dealt with those affected by drugs, having dealt with families who have been affected by drugs and having had encounters with people who have been caught in the legal system because of drug use and the drug cycle they have been in. I am not too sure how that is going to compare to the one year of research or the consultation hours for the report, but I do speak with a small amount of experience in relation to the matter.

My concern in relation to the medically supervised injecting centre is that by supporting this bill we are not really prioritising helping those unfortunates who have fallen into the cycle of drug use. Instead we are conceding and giving up on helping them to get rid of their drug addictions and the cycle of drug abuse that they are in. It also severely aids and abets drug pushers, drug dealers and organised crime syndicates. My concern is that when we say this bill will save lives, what we do not really say is how it will affect lives – those lives in the community and the livelihoods of all those people that it has touched in the area, where there is business, where there are residents and where there are families that have been involved in the drug abuse. In promoting this sort of centre and in constructing it in this sort of setting, we are actually not only preventing deaths by overdose, but we are actually sending a message to the wider community that it is acceptable to use drugs, and we are sending a message to kids saying that it is okay to use drugs.

But the real tragedy of this bill and putting the medically supervised injecting room (MSIR) in the particular location that the government has put it in is that we are encouraging the wider community to come along to Victoria Street, Richmond, not because of the fabulous Vietnamese cuisine which it has been known for but instead to score and to shoot up without getting arrested.

Having worked in the area for the past 20 years in Collingwood police station, in Fitzroy police station and in Richmond police station, which involves the whole Yarra precinct, I have seen over the decades what drug operations can do to minimise drug use and the harm to residents and those caught in the drug cycle. I have seen the way in which the drug cycle can repeat itself. Unfortunately, people try to get out but occasionally they have to fall back in. That is an unfortunate situation, but we have to keep trying to get those who are caught in the cycle off it, not encouraging them to keep using.

Before I continue going on in relation to talking about overdoses and drugs, I just want to bring it back to what we are actually encouraging. Instead of focusing on getting drug users over their addictions, we are promoting them. Let us have a closer look at what we are actually promoting – injecting poisons and various hazardous chemicals into a person's body. We are just using 'drugs' and 'overdose' as words that we just seem to throw about in here, but what are they really?

I will just look at one drug among many which have been in use at the centre by drug users. I will focus on one which is on the streets. It is more like a natural substance, being heroin, which originates from a poppy in the form of a tar-like substance. To break that substance down into what we see now on the streets as a white powder, you have to break it down or dilute it with bleach or with various chemicals. From that substance, if you want it to hit the streets, you have got to cut it down, and to do that there are various layers of poisonous substances being used, because it is too poisonous – it is too toxic – to inject into your body. You can use baking soda, sugar or starch. People have used painkillers, talcum powder, milk powder, detergent, rat poison and caffeine. So all this stuff is cut down into a small dose of heroin which can be injected into your body, and yet we are just talking about it as some sort of substance which it is okay for us to encourage its use. Just think about it.

Heroin is one drug which, from a drug user's point of view, is a natural substance which originates from a plant. Yet all this poisonous stuff, we are saying, is okay to inject into your body. Are we really saving lives or are we prolonging their lives in agony instead of trying to assist them to get off the drug, to get away from the drug and to not use it anymore? Resources should be put into that, not into encouraging its use. There is no doubt they are saving lives when the MSIR people respond to an overdose. I encourage that and I applaud those emergency services workers for saving those lives. But we as legislators should be trying to encourage all those on drugs to get off them first, rather than just throwing up our hands and saying, 'No, it's okay. You can use it. We've given up on you. We will make sure you inject and go home okay.' That should not be our priority. That should be the second priority – making sure you go home okay – but we should make sure the first priority is that we try to help you get off it first. I just want to emphasise that.

That is just one substance being used at the moment. Fentanyl is another artificial substance, next to opium, but it is 30 or 50 times more poisonous. Again, to break that down there are various poisonous substances or agents being used to cut it down. I just want to emphasise what kinds of substances we are encouraging people to put into their body.

In relation to the people living there, the issue of great concern to me is the location of the MSIR. One, it is in a high-density population area, with the high-rise flats. Secondly, it is right next to a school. I want to focus on the school part first. Besides the syringes, which have been statistically shown in the report itself, of the over 6000 registered MSIR clients, only 51 per cent attend to use the facility and 49 per cent attend the Richmond area to purchase the drug of their choice. With that, Yarra City Council has noted that in the vicinity prior to the COVID pandemic, 8000 syringes were collected each month – which had been used. But after the pandemic it skyrocketed to 18,000 being collected each month. This is outside the premises. This does not include those that have been discarded in the bin and does not include those that have been used in the centre itself. So that is a side effect in relation to having the centre in the area and the discarding of syringes in the area and how that affects residents.

I just want to read an email, one of a few, which will give you a clearer picture in relation to people living in the area, not just from what I am saying. One email – this is from one of the parents – says:

> My family are refugees from a war-torn country, we live in the estate too – my children are scared everyday when I drop them at school – they are scared for me getting home safely.

Another says:

> My son has autism, walking him to and from school is so stressful – he touches surfaces and picks things up – the area is littered with … body fluids – blood, urine … there are constantly needles on the street that I have to try and stop him picking up. It is so unhealthy.

Another person said:

> My son can now spot the difference between a person affected by Ice versus a person affected by Heroin.

This is a kid. And it goes on in various emails and letters I have received from constituents in the area. And that is not including all the people I spoke to over two decades in the Yarra area when I was working at police stations in Richmond, which is a couple of blocks away from where the centre is, Fitzroy and Collingwood.

Moving forward in relation to Victoria Street, I want to touch on this very quickly before I run out of time. I have seen the devastating effects it has on businesses and those living in the area. Victoria Street used to be one of the most recognised festival streets in Victoria. It was not only national, it was worldwide. Now half the shops are gone and half the restaurants have gone over the past six years, and we cannot blame it on COVID. This happened before, and it was mainly because of the increase in drugs in the area, moving south from Fitzroy. They moved people from Fitzroy down toward the estate in Richmond. Then this centre was built in 2021, which was supposed to be a trial – a trial to save lives, which some residents did support because they said it was going to save lives and that it was a trial. They tell me now they were misled: 'They said it was a trial and they were going to move it on, yet now they are saying it is a permanent spot.' They have approached us to say, 'We have been misled. We supported it to save lives, and we are all 100 per cent behind it doing that, yet it has brought all this antisocial behaviour and violence.' I will not go into all the other serious issues it has led to in the area.

I will speak briefly in relation to seeing deaths and overdoses. Prior to working at those stations I worked for 12 years in the major crimes team where I responded to overdoses prior to the ambos coming. It has been increasing in relation to the centre. Whatever the reports say, the number has increased. Prior to me coming into this Parliament the number of responses outside the centre increased in relation to overdoses. Responses to those, whether just a lapse or an overdose where they did Narcan straightaway or not, have increased surrounding the centre. On whether the centre has attracted more people coming from the wider community, I do suggest and the report says the centre should record where these people are coming from – are they from the area or are you increasing and promoting the use of drugs from outer areas in Victoria Street, Richmond?

I will give you a good example. Footscray 10 years ago was flooded with drugs. The police put on operation after operation, and they got rid of it – gone. Now it has all moved over to Richmond because we agreed to have this trial and now they want it permanently. I want to emphasise how the people of Richmond have been misled by this government going 'It's a trial' and placing this centre in an area of high density and also in a school area.

In closing, I would like to say I do not support the bill. I strongly support the reasoned amendment about moving the centre away from the school, because it is affecting our future – Australians' future – and the kids in the area. I do hope all the people in this chamber will think closely in relation to what message we are sending out there. Are we endorsing the use of drugs and encouraging people to use drugs, or are we trying help them? Please support this reasoned amendment, and if you can, vote against the bill.

Ryan BATCHELOR (Southern Metropolitan) (14:50): I rise to speak on this bill, which I am a strong supporter of. In beginning my contribution today I want to start with the experiences of Judy Ryan, a local North Richmond resident and one of the activists whose advocacy led to the establishment of Australia's second safe injecting room, right here in Melbourne. In her book *You Talk, We Die* Judy spoke about life in the community before the injecting room opened. She described walking past overdoses in the area in public and local residents becoming immune to the sight of overdosed persons in car parks and other local places. Obviously the local primary school, Richmond West Primary School, a school with which I am familiar, has been a focal point for debate in the chamber today. For them, they have been dealing with the realities of injecting drug use in their community and surrounds for decades, long before this centre opened. We can also look at the firsthand experiences of one of the clients of the medically supervised injecting centre, who said:

> No-one is out to hurt anyone. All an addict wants to do when they go to use the injecting room is walk out alive. And by going to the injecting room, there is an avenue to get some help.
>
> It's ground-breaking, I would be dead without the injecting room.

Fundamentally that is what this bill is all about. It is about saving lives.

Some who oppose the medically supervised injecting centre and this bill to establish it permanently would have you believe that the centre is causing some sort of honey pot effect, attracting drug users to North Richmond. Well, as Judy and other locals would tell you themselves, the drug trade in North Richmond was operating well before the establishment of the medically supervised injecting facility five years ago, and in fact the existing drug trade was the key reason that North Richmond was chosen as the location for the medically supervised injecting centre.

That does not mean that there is not work to be done to improve the amenity of the area for locals, and a strong theme to come across in both of the independent reviews of the centre has been the safety and amenity of the area around the centre. Since the commencement of the trial the Victorian government has invested considerably in the local community. More than $200 million is being spent to develop and upgrade new public housing accommodation and housing estates in the local area, including new playgrounds and community rooms; more than $14 million is in place for closed-circuit television cameras on the housing estate and improvements to the Richmond West Primary School drop-off zone; and there is also $1.7 million to improve the entrance to the North Richmond Community Health centre, which houses the medically supervised injecting centre, to reduce congregation outside the service.

But in addition to the physical works that are being done and the capital that is being spent, the Department of Health is establishing a new North Richmond enhanced outreach service which will address gaps in current outreach services. While the centre is primarily a place for people to safely inject drugs of dependence, one of its benefits is that it also functions as an onsite healthcare service which facilitates referrals to drug treatment and health and other supports. The enhanced outreach services will include multidisciplinary teams of nurses, Aboriginal health workers and lived and living experience workers to support the local community. This service will work to improve coordination and responses between police and housing estate security and strengthen partnerships with existing outreach services. So the safety and the amenity of the local community in North Richmond are a top priority for the government. The expansion of the service model at the existing centre will allow medical practitioners to address the complex health needs of the clients of the centre, which we can do to help improve the local amenity in the area.

The permanent establishment and the recommissioning process introduced in the legislation will allow for this enhanced model of outreach services and provide coordinated outreach to those who publicly use drugs in North Richmond. It will provide harm reduction, case management and support services as well as a proactive community-wide outreach response, which is a response that has been raised by many in the local community.

Others have mentioned the importance of the recommendation that the Ryan review made in respect of improvements to the service, and it made several recommendations to improve safety and amenity in the local area. This bill paves the way for immediate measures to be taken to increase safety and wraparound supports for the clients of the medically supervised injecting centre.

The review was tasked with assessing the trial against its objectives, which include contributing to a reduced number of overdose deaths, ambulance attendances, discarded injecting equipment in public spaces and the spread of bloodborne viruses as well as increasing clients' access to health and other social support services and the consequent effects that would have on improving safety and amenity in the local area.

The report itself is an important piece of work that is a culmination of significant research, extensive community consultation and consultation with users of the centre, health services and other interested parties. There were more than 100 local consultations, to be exact, in addition to the desktop research undertaken as part of the report's development. The report, on which many of the government's subsequent actions have been based, was driven by data and lived experience, and it tells us in no uncertain terms that the medically supervised injecting centre has saved lives – 63 lives, to be exact. Sixty-three lives have been saved in the five years since the medically supervised injecting centre opened in North Richmond. So there are families right across Victoria whose loved ones are still with them today because of the services offered in North Richmond. Six thousand overdoses have been managed, with zero fatalities, at the centre. Ambulance call-outs have been reduced by 55 per cent. Opioid-related overdose presentations to St Vincent's Hospital, which is just up the road, have declined, a trend that has not been seen in other hospitals in Melbourne. More than 3200 referrals have been made to external wraparound health services, including to general practitioners, oral health, housing, drug treatment and bloodborne virus testing and treatment, and more than 112,000 health and social services have been provided on site, including hepatitis C testing and treatment, homelessness support, mental health support, addiction support and treatment. Those are the facts. Lives are being saved and services are being delivered, all because the centre is operating as it should be.

The government is also focused on getting on with the implementation of the priority recommendations of the Ryan review, including the introduction of this bill, to make the service permanent – to make sure that the gains that we have made are locked in. In addition to listening to and implementing the recommendations of the Ryan review, the government's actions to ensure the centre can deliver integrated health and social services to some of our most vulnerable citizens also align with recommendations from the Royal Commission into Victoria's Mental Health System.

The legislation will pave the way for some immediate changes to the service based on the Ryan review. These include introducing a more flexible model of care by allowing for clinical nursing oversight as an alternative approach to supervision by a medical professional, a more efficient internal management process, the ability to transfer or reissue an injecting room licence to maintain service continuity and a further review of the operations of the centre to commence before June 2028. The review recommended changes to the operating model at the centre, many of which will occur through the recommissioning process this year.

In the bill, amendments in clause 7 to section 55F of the substantive act allow for service continuity during the recommissioning process, which means that the Department of Health can identify providers with greater capacity to deliver an improved model of care as recommended by the review, which includes assertive outreach programs to deliver a visible street presence around North Richmond to engage with people who publicly inject drugs. The program will engage individuals in the community who are not currently using the service and actively remove inappropriately discarded injecting equipment. Outreach workers will also promote safe and appropriate needle disposal and will contribute to the strategies that I have already discussed to improve the safety and amenity of the local area.

Expanding the services available to provide greater support for clients with complex needs will occur through the recommissioning process. Just as community health services are renowned for building trust and engaging with people who might otherwise fall through the cracks of the system, more advanced and tertiary services can also offer streamlined pathways into specialist care, and this range of services are required and will be driven through the recommissioning process. Importantly, making the medically supervised injecting centre permanent allows the government to invest properly in the long-term strategies to improve service delivery. By giving that certainty we show our commitment to this model of care, which demonstrably works, and provide confidence to those people who have come to rely upon it that those services not only will be continued into the future but will be made permanent so they know that they are there to help.

Ultimately we want to stop people dying from drug overdoses, and it is very clear that for decades across different parts of Melbourne that has been the reality of the severe harm that can be caused by drug use. We know that in 2015, 35 people died from overdoses related to heroin purchased or used in the City of Yarra. The trial of the medically supervised injecting centre in North Richmond tells us that many of the clients accessing the service have complex and trauma-filled backgrounds, and the centre provides them with help and support from a broad range of services, including mental health, drug treatment and rehabilitation. So it is what they get – the range of services they get – when they walk through the door that is so very, very important for not only saving their lives but providing them with the support that they need. The centre also includes a pharmacotherapy clinic, 35 hours a week, with more than 500 clients accessing long-acting or monthly injectable treatments, treatments that allow people to stop using heroin without withdrawal symptoms. That is 500 people who have now been able to safely access rehabilitation services.

In making this contribution today, I would like to take this opportunity – while I obviously acknowledge the complex needs of the clients who are accessing the centre – to thank the staff who work there, who are doing such an incredibly important job to save people's lives, and obviously doing it in the understanding that there is a lot of public debate and public scrutiny on the work that they are doing. But they are not faltering in their work, in their attempts to make sure that injecting drug users are treated and supported, and that is something which I think we can all be grateful for and thank those staff for. So day in, day out, they are working tirelessly to save lives and create a safe and hygienic place for their clients to receive support and treatment.

In considering and supporting any piece of legislation, it is important to understand the policy intent and potential impacts of this legislation. This bill, I believe, is an important and integral part of the Andrews Labor government's plan to tackle issues associated with drugs and drug harm here in Victoria. The reviews of the trial have clearly shown that the centre is saving lives and reducing ambulance call-outs and the number of people needlessly dying in our streets.

The bill makes the centre permanent and facilitates sensible changes to the service model and other operational improvements. The bill attempts to lock in these gains and make improvements for the future, because the evidence coming out of the medically supervised injecting centre in North Richmond speaks for itself: saving lives, reducing instances of public injecting, and taking a safety-first medical approach to addressing the decades of harm that have been caused by drug use in the City of Yarra. It is working, we should support it, and that is why I am proud to support this bill in the chamber today.

Sarah MANSFIELD (Western Victoria) (15:03): I am pleased to speak in support of this bill today, while also arguing that we would like to see some aspects of it go further, just as my colleague Mr Puglielli has outlined earlier this morning. There are three premises on which our position on this debate are based: (1) people who inject drugs are people and have the same rights as anyone else; (2) drug use happens and will continue to happen, regardless of what laws are in place; and (3) the medically supervised injecting room (MSIR) is a health service.

Point 1: people who inject drugs are just that – they are people first and foremost. People who inject drugs are of all ages, genders and stages of life, including sometimes children and pregnant people. Drug use is just one aspect of their life. They have a broader life story. They have families, they have friends, they are members of our community. One in 20 Australians over 16 has a substance use disorder. We would all likely know someone who has experienced substance addictions. Statistically there are likely to be several members in this chamber who have themselves experienced substance addiction; 1.5 per cent of people have injected drugs during their lifetime, and it is possible statistically that some people in this chamber may have as well. While not everyone who injects drugs has a substance use disorder or addiction, many do. Despite how common it is, addiction is the most stigmatised health condition globally. This perhaps explains why whenever a discussion of treatment options comes up they are seen as controversial and not just as a routine part of clinical care. We have heard several contributions today that implore us to think of the children. I agree; we should think of the kids and the message we are sending them. We should be sending them the message that as a society we care for and include everyone and that when people experience health issues, we provide health services to support them.

Number 2: drug use happens and will continue to happen. The argument from some that the MSIR condones drug use is almost not worth bothering to address. I am really not sure what more evidence is required to demonstrate that injecting drug use will continue to happen regardless of whether the MSIR exists or not. Rates of injecting drug use are much more closely linked to things like poverty, housing affordability, systemic racism, rates of family violence, childhood abuse and neglect, poor mental health and allowing the black market to control drug supply by sticking to a prohibition approach. Those are the things we should be tackling if we really want to prevent substance addiction and the harm that can come from it. Preventing certain people from accessing the MSIR or practices like peer injecting from occurring there only shifts them to more unsafe environments; it does not stop it happening. And the people the proposed model excludes are precisely the people that most need support – the most vulnerable, the ones who would benefit most from access to the services the MSIR can provide. While we acknowledge that there are complexities in supporting the treatment of some population groups, these are by no means insurmountable. This is the same situation that is faced in the provision of any health service for certain population groups.

Number 3: the MSIR should be seen as a health service. Injecting drugs carries inherent risk, but the MSIR provides a safer, hygienic environment for the injecting to occur in. The opportunity to use the facility provides access to immediate treatment for an overdose and treatment options for addiction, like support programs and opioid replacement therapies. In addition, they can provide access to other vital health services, like hepatitis C treatment, and connections to social supports.

I am one of the few people here who has worked with people who inject drugs, and I was a prescriber of opioid substitution therapies like methadone and buprenorphine. I have also provided care for people who have overdosed, including administering naloxone. Sometimes people who inject drugs are seriously injured or die as a result of their drug use. Some of my patients died as a result of overdoses. Some of the people I have known in my personal life have died from drug overdoses. Overdoses happen relatively frequently, and there is some evidence to suggest that they are getting more frequent. These overdoses are sometimes, but not always, fatal. Non-fatal overdoses also do damage. They are much more frequent than fatal overdoses, and the damage that occurs is particularly severe if it is the result of a prolonged period of oxygen deprivation to the brain. We have heard from Mr Limbrick earlier about the harms of these prolonged periods of oxygen deprivation and the acquired brain injury that can result from an overdose.

These harms, these deaths, are all preventable, and we have a range of tools to do that. These treatments save lives. I have seen it, and the evidence from the MSIR demonstrates this. I will not repeat the statistics that really show the impact that the MSIR has had. We have heard from Mr Puglielli and Mr Batchelor about some of that evidence. We know that the best location for an MSIR is close to where the injecting drug use is already happening, which is why the current facility is in the place that

it is. What we should be aiming for is to have many medically supervised injecting rooms integrated with other healthcare services readily accessible by people who inject drugs – a discreet, unremarkable service that is part of routine care.

By restricting the MSIR to just one location, we are failing to serve the needs of many in our community who do not live nearby that facility. In my hometown in the City of Greater Geelong, for example, there are a similar number of heroin overdose deaths to the City of Yarra, yet they do not have access to the MSIR, and it is certainly not practical for them to go up there. By not having more centres we are placing a tremendous burden on just one location, and that is leading to some of the issues that we are hearing about. Rather than simply changing the location and keeping it as a single site – it will be just as busy no matter where it is – having more services in many locations would address many of the perceived problems with the current one. This is why we are advocating for this legislation to facilitate the possibility of more sites. If the government and opposition both generally care about providing this service for people who inject drugs and want to address the concerns of some community members, I would urge them to support this sensible amendment. Everyone deserves the right to resuscitation.

David ETTERSHANK (Western Metropolitan) (15:11): I rise to speak to the Drugs, Poisons and Controlled Substances Amendment (Medically Supervised Injecting Centre) Bill 2023. Harm minimisation is a pillar of the Legalise Cannabis Victoria program, so it gives me great pleasure to rise in support of this bill that will establish the medically supervised injecting room in North Richmond as a permanent service. I visited the centre some months ago, and as I have said in this chamber before, you can only appreciate the centre's true worth when you see it in action. As we have already heard, it has successfully managed over 6000 overdoses and has been quantified as saving the lives of 63 Victorians – 63 sons or daughters, brothers or sisters, friends or family who would not otherwise be with us today. That is truly important.

It is saving lives and reducing demand on ambulances and first responders, but it is doing so much more. The centre's success in transitioning patients from heroin to long-acting buprenorphine is hugely significant and so too is their remarkable success rate in treating hepatitis C because of their ability to complete diagnostic pathology on site immediately and then treat on the same day. In fact the centre is the largest treater of hepatitis C in Victoria. As part of the recent international harm reduction conference held here in Melbourne, former New Zealand Prime Minister Helen Clark visited the centre, noting that it was the busiest overdose prevention centre in the world.

Critics time and again fail to acknowledge that the centre is sited in the suburb that was the heart of Victoria's heroin trade for decades and in the specific area with the greatest loss of life to heroin overdoses. Its location is a response to the drug trade, not a cause of it, and anyone who asserts the opposite is either poorly informed or disingenuous. It is a vital facility, and I hope that we are legislating for more soon.

In relation to the amendments that are before the house, I make these comments. Consistent with the findings of the Ryan and Hamilton reviews, the centre should allow under 18-year-olds, pregnant women and people on court orders or parole, as well as partner injecting. It would be naive to think that refusing entry to these cohorts will stop them injecting. Rather, they will inject in more dangerous circumstances where they are more likely to do harm to themselves or their unborn children and where there are not the wraparound supports to help transition them away from heroin use. Additionally, it is also discriminatory to deny some members of our community access to this life-saving centre.

We also believe that there should be more safe injecting rooms, and we should plan for this in anticipation of the deadly scourge of fentanyl which will soon be reaching our shores. To that end, the Greens amendment has our support. We think that hydromorphone can be hugely important as an intervention to break the nexus between heroin addiction and crime and to replace what for some can be a chaotic lifestyle focused on trying to score with some structure, time and space to seek housing or medical interventions, for example. Hydromorphone has been found to be a very effective opioid

replacement therapy for people for whom methadone and Suboxone have not worked. This will be a critical ongoing element to our support for this bill.

We too will move amendments for the purpose of renaming the medically supervised injecting room to the overdose prevention and recovery centre. It is a concept supported by the centre itself and an extensive list of stakeholders, including the Health and Community Services Union, the Victorian Alcohol and Drug Association, Harm Reduction Australia, Harm Reduction Victoria, the Australian Drug Law Reform Foundation, Victoria Street Drug Solutions and a range of others. It goes to reducing stigma associated with injecting drug use, better reflects its actual purpose and is reflective of best practice globally. The centre is so much more than an injecting space, and its name should reflect that. It includes a dental service; mental health services; opioid replacement therapy, including long-acting buprenorphine; general practice health; homeless services; legal services; hep C treatment; vaccinations and more. Now might be a good opportunity to circulate the amendments we are proposing.

Amendments circulated pursuant to standing orders.

David ETTERSHANK: With that done, I congratulate the North Richmond Community Health centre for the services they have provided, and on behalf of Legalise Cannabis Victoria I commend the bill to the house.

Adem SOMYUREK (Northern Metropolitan) (15:17): I instinctively do not like the idea of a government sanctioned and facilitated injecting room, but I am not dogmatic about it. I am willing to be convinced based on science – that is, the science of empirical evidence – and I do not think this report does that. In terms of empirical evidence, the report ought to have measured the outcomes, yes, for drug users but also for the community, and this report does not do that. In fact the report makes it clear that it has a very limited scope of review. For example, the report states that the facility improved the mental health of the users. The report talks about the mental health of the users without giving any weighting to the mental health of the community. The report states that the mental health of the users is in line with the mental health policies of the government, so that is one example, without actually talking about the mental health of the community being impacted by the facility itself.

You have got to say that a facility that is located so close to the community must have mental health consequences for the community if there are 10,000 more discarded syringes being found in the community – when residents report that every time they take their children to the school they have to run the gauntlet of fights, brazen drug deals, drug use –

Sorry, President. I am not supporting this, but I have got to sit down because I am physically not well from running up those stairs.

David DAVIS (Southern Metropolitan) (15:20): I am pleased to make a brief contribution to this bill. It is a bill that has a long genesis, a long history, behind it, and we obviously have a number of concerns about aspects of it. A series of opposition amendments will be moved, and we would urge the chamber to consider those amendments and consider the support of those amendments. One of the things about the Andrews Labor government is, whatever project it embarks upon, it seeks to impose that project on the community. Its ability to consult and its preparedness to listen is always limited, and so it is with this particular project. I, like others, have had significant correspondence with people in and around the heroin-injecting facility, and it is true to say that there is enormous opposition – there are some who support it, but there are many who are opposed.

There are two key points here; one is the principle of the issue, and then the second issue is the location of the centre and the checks, the balances and the protections put in place around it. Now, the government in this case foisted this centre on the community, and the community has been upset ever since. We do not believe that the location near a primary school is appropriate – and I am not going to repeat the enormous amount of comments that have been made about some of these points, but I am just laying out some very broad principles here – and for that reason, we believe it was put in the wrong

location. The government is actively considering a second location for a facility, and the idea of putting it at the Yooralla site – near Degraves Street, near Fed Square, near Flinders Street, near the largest railway station in the state with the most movements and with many small businesses impacted and many cultural institutions potentially impacted as well – is another example of the government's approach where it sort of foists things upon the community rather than working with councils, communities and institutions to actually develop a better alternative.

A very simple way of explaining this is that we have a freedom-of-information request which is still live – it is stayed for a period now but still effectively able to be reinvigorated – where the government has sought to deny access to the consultation material for the immediate institutions: Metro, Fed Square, traders groups and others. We asked a very simple question: have you consulted, and can we see the results of that consultation? It was a very reasonable question, a very reasonable point, and the government has refused, to date, to provide that information. In the same way, the report by the former police commissioner has not been provided to the community, it has been held back again and again and again.

If you want the community involved, if you want to better outcomes, you need to move in a different way than this government moves. My essential point here is that whatever the merits or otherwise of the overall proposal are, there are these serious matters about the actual location and the actual impact on local communities. And I pay tribute to the work of Ms Crozier, Mr Mulholland and our shadow minister, who has done a very good job in this area. She has been very active, talking to people, understanding alternatives and proposing options and alternatives that would be better or that would get better outcomes for local communities. And that is the way I think we have to look at it. We have to say, 'Well, how are we going to improve this? It does seem that this facility is here to stay in one form or another. How are we going to get a better approach?' The amendments that have been proposed are clearly focused on that outcome, on ensuring that a better result is achieved.

But I say the community has every right to be angry. The community has every right to be furious in fact with Daniel Andrews and his ministers at the way that they have behaved here. The current location and proposed future locations – these should be health decisions, on one hand, but they are fundamentally also planning decisions about the impact of these facilities on other nearby people, other nearby institutions, other nearby facilities. It does not seem the government has got at its heart a proper process with planning. The legislation seems to lay out extreme powers for the government to plonk one of these facilities pretty much wherever it likes, overwhelm local communities and do that in a way that is unfair and fundamentally not focused on getting the best outcomes. Do you know what? When you behave in that way, you are probably not going to get the best outcomes. You are probably going to get suboptimal outcomes, and in some cases very suboptimal outcomes. That is my essential point. Whatever you think about the facility, it is about how this is integrated, how this works with local communities, what the impact is on neighbouring institutions and what it is on neighbouring people.

There have been lots of sensational stories told today in the chamber about the impact on a local school and the impact on local people, and that is legitimate. Some want to dismiss that and say that that should not be a factor considered. I say that is what we are here to do – to find solutions in this way. We are here to propose alternatives and to propose a sensible way forward, and that is why the recommendations have been put forward and that is why the opposition is taking the decision that it is to move those amendments. I would urge people to look at that closely and think about it in that light. How do they want this to proceed, what is the future of other locations and what are the principles that should be applying for these other locations? Should it be able to be imposed right near Degraves Street, near the tourist strip, right near an educational institution, right near a major station? I can vouch for the fact that since the injecting facility has been in Abbotsford it has had an effect on the 109 tram; it has. My kids report that. There is a different group of people who are sometimes unsettling for older people, for frail people, on the 109 tram. I accept that wherever a facility is there will be some impact, but you would have thought this could have been thought through much, much more carefully. With

those remarks, I just urge people to look closely at the sensible, practical, fair amendments that the opposition has proposed and to look at a way to thereby improve outcomes for the community.

Gaelle BROAD (Northern Victoria) (15:29): I rise today to speak on the Drugs, Poisons and Controlled Substances Amendment (Medically Supervised Injecting Centre) Bill 2023. The bill itself focuses on the medically supervised injecting room in North Richmond, attached to the community health centre. A key objective of this bill is to establish it as a permanent service in its current location. I find it very disturbing that the facility was placed right next to a primary school. I firmly believe that injecting rooms should not be near schools at all. Research tells us that no other injecting room in the world is located next door to a primary school.

This bill has sparked some serious and long overdue discussion on the support we give to people battling with drugs and alcohol. We are talking about serious, life-threatening addictions which are ripping families apart as people wait to gain access to vital detox and rehabilitation facilities. On the day I was elected I received a phone call from a woman who called me to tell me about her son. He started using marijuana at age 29. He stole money from her, and she had to learn to speak in code with friends when he lived in her home. Now aged 36, he is in a psychiatric centre for the fourth time after suffering a series of mental health breakdowns.

In Northern Victoria, the electorate I represent, Mildura has had its fair share of drug and alcohol issues. Just last year, after lobbying since 2014 by the Nationals, the government committed to building an alcohol and other drugs rehabilitation and withdrawal facility in Mildura. Local AOD alliance members are working extremely hard to bring this to fruition. For some, this news is too late. But until this facility opens, those who desperately need it still need to travel 4 hours to Bendigo. Alcohol and drug problems are complex, and they affect not just individuals but their family and friends and the local community. The shortage of services, particularly in regional areas, is difficult because it forces people to travel hundreds of kilometres away from their home and support networks. This bill has highlighted a range of issues, but key among them is that much more needs to be done when it comes to supporting people facing drug and alcohol addiction in Victoria.

Figures from the Coroners Court of Victoria show that in 2021, 500 people in Victoria lost their lives to a drug overdose. Across regional Victoria the rate for ambulance attendances relating to substance use is significantly higher than for Melbourne, as well as hospitalisations for alcohol and other drug treatments. In Greater Shepparton, six people lost their lives to drug overdoses in 2021 and over the past 10 years 64 people have died. The feedback from those working in services on the ground indicates that the actual damage that alcohol causes in the community is much greater than all the illicit drugs put together. I also want to acknowledge that in Bendigo we constantly read news reports of drugs in the community and want to acknowledge the work of local police in really stopping the spread of drugs in our region.

For too long people with substance addictions have been either ignored or shoved into the too hard basket, especially in regional Victoria. And in recent years there have been growing calls from local communities, health services and alcohol and other drug support providers for access to additional treatment and rehabilitation services across the state. At the last election the Liberals and Nationals had a very positive suite of policies focused on providing more treatment services. We committed to establishing Australia's first hydromorphone treatment program for heroin addiction. This is the top-level drug treatment for people with a heroin addiction where other treatments have failed. This was supported by the John Ryan review and the independent panel as well as the drug and alcohol sector. I strongly urge this government to adopt this policy regarding the hydromorphone program.

The coalition also committed to opening 180 alcohol or other drug rehabilitation and withdrawal beds across six sites: in Mildura, Warrnambool, Shepparton, Latrobe Valley, Frankston and Melbourne. These would provide vital services for people in these regions. In last year's budget we saw cuts to drug treatment and rehabilitation services and mental health support services. According to news reports in the Wangaratta *Chronicle* last year, the 2022–23 budget made an overall cut of $39 million

to the AOD sector when Victoria had a list of more than 4000 people waiting to receive publicly funded AOD counselling.

I hope that in the coming state budget we see a greater focus on providing more AOD residential withdrawal and rehabilitation beds across the state. But with regard to this bill, there is no doubt that there has been damage to the amenity of the local area in Richmond. It has been well documented in the media that there has been a major impact on the local community, which has some of the highest densities of public housing in the state of Victoria, and of course the impact on the young school children that attend Richmond West Primary School.

As I mentioned earlier, no other injecting room in the world is located next door to a primary school. And as revealed in the *Herald Sun*, a 2021 letter penned by the school council to former education and health ministers James Merlino and Martin Foley raised explicit concerns. It warned that students did not 'enjoy an acceptable level of safety and security in their learning environment – either while at school, or when travelling to and from school'. 'This is as a result of exposure to drug-related criminal and anti-social behaviour driven by the growth of the drug industry since the Medically Supervised Injecting Room has opened next door,' it said. The school council identified a likely and foreseeable risk of catastrophic harm and called on the Victorian government for urgent and immediate intervention. It is evident from this bill that no-one in the government is listening to their concerns.

Since the opening of the North Richmond injecting room there has been a considerable increase in drug-related antisocial activity on the grounds of Richmond West Primary School and in the immediate vicinity. This includes drug injecting, drug dealing, needlestick injuries and even a dead body on the ground in full view of children as they walked to school. The number of needles in the City of Yarra has skyrocketed from 600 discarded needles a month in the street prior to the injecting room opening to between 1200 and 1800 needles a month since it opened.

Both the well-regarded Hamilton review and the Ryan review have identified the deterioration in the amenity of the precinct since its opening. The government promised they would improve the amenity of the North Richmond precinct on numerous occasions, but the amenity of the precinct has never been worse. The AOD sector was not consulted about this legislation and holds concerns that Labor's revised injecting room model will again fail as experts in the field are being excluded from the process. The Ryan review was used as a primary reference to inform this bill, but the full review has not been published; only the findings and recommendations report, the 25-page executive summary, has been published.

Section 55A of the principal act outlines the objectives of the injecting room. These objectives have never been met. There is no requirement in the legislation to report on these objectives on an annual basis. There is also concern in the AOD sector that the bill is now so restrictive that no-one will want to take on the role of licensee. This includes concern that you cannot surrender your licence unless approved by the Secretary of the Department of Health.

There is also concern that the operation of the facility has been watered down by shifting the supervisor role from the medical practitioner to a registered nurse and that this may not be sufficient qualification to manage the extremely complex cases that present to a medically supervised injecting room. There is no fit and proper person test for a licensee to meet, which means that anyone could be appointed as a licensee, including those convicted of drug-related offences.

The AOD sector is concerned that attendance at the injecting room will be incorporated into a public health record and therefore subjected to open access as part of recently debated information sharing legislation. This is a significant concern to the sector as they feel that the injecting room simply will not be used, as it will assist in perpetuating the stigma of drug use.

In closing, I am astounded that this government established a drug-injecting room next to a school. It is a storyline so far-fetched the ABC TV series *Utopia* could not have even thought it up. My Nationals colleague Emma Kealy put forward a very sensible amendment in the lower house to prevent a

medically supervised injecting centre from operating in near proximity to schools, childcare centres and community centres. It was an amendment that makes complete sense, yet it was rejected by government members in the lower house. In this chamber we are fortunate to have a better balance in numbers, and in considering the evidence I hope that we will achieve more balanced legislation. This bill has brought a range of issues to the surface, and it is clear that a lot more work needs to be done.

Melina BATH (Eastern Victoria) (15:39): I have been sitting listening very interestedly. Acting President, I do appreciate your calling me to give my contribution on the Drugs, Poisons and Controlled Substances Amendment (Medically Supervised Injecting Centre) Bill 2023. I have listened quite intently over the past probably 5 hours to the contributions on various sides, and I have also very much appreciated that people do come from different aspects, different understandings and different policy settings, and I very much appreciate it when people speak with integrity and do not seek to attack for the sake of it just because ideas and policies have been challenged.

One of the things that I have understood in my time in having the honour of being a member for Eastern Victoria Region is that drugs – legal, alcohol, but particularly illicit drugs – can impoverish lives, can ruin lives, can tear apart families, can stress communities, can financially and socially tarnish businesses, can burden our health system and presently do burden our health system and our policing and judiciary systems as well.

I have met families whose loved ones have perished due to addiction, and they are often the most compelling advocates in this space. As I said, I have had the opportunity to meet many of them in the region. I know people and families whose children have survived these shocking drug addictions and who have somehow, with the whole force of their families, been able to pull them back from the grips of demise and self-destruction and family carnage and pull them out, and I just marvel at what an incredible blessing that must be as a parent or loved one of one of those people. But also there is that fear that they know where they went and they hope that it will not happen again. I also know people who are still in the grip of the degradation of addiction and the shredding of relationship that comes with that. These are some of the things that people have been honestly speaking about today with varying levels of capacity. We have some doctors in the house, which is most interesting, and it was very interesting to hear from Trung in terms of his direct contact as a policeman.

But the objectives within the Ryan report and indeed the Andrews Labor government's objectives in relation to a supervised injecting centre are about reducing deaths, reducing overdose harm, providing a gateway to accessing medical services for people who inject drugs and reducing ambulance call-outs, and we know how desperately under pressure our ambulance system is in Australia and in Victoria particularly. But goals 4 and 5 are something that I think I would like to spend some time on: to reduce the number of discarded needles and syringes in neighbouring public spaces and to improve neighbourhood amenity for residents and local businesses. And naturally the last one, to reduce the spread of bloodborne disease, is also incredibly important.

We have had the Ryan review, we had Hamilton before that and we have got the hidden Lay report that sits somewhere in the government's coffers, bowels, tables. It has not been released, and I know that with the great integrity that Ken Lay deals with things he must be quite frustrated with this. But one of the key things about the Ryan review is the fact that there was an omission in the terms of reference about the location of the facility. You cannot investigate and deliberate on something that is not in your purview, and I think that has been a great omission and a frustration certainly for us on this side but particularly for the families and children of those people who live next to and take their children to Richmond West Primary School. Despite John Ryan's concerns in the report – and he cites deep concerns about its location – Labor is legislating for an injecting room to be permanently located so close to that primary school.

Some of the comments that are in the Ryan report I would like to put on record in relation to goal 5 and goal 4, 'Reduce public injecting and discarding injecting equipment'. This is from a local resident:

> I'm upset that my daughter, at five years old, is familiar with what a syringe looks like, and what to do if she sees one … This is a heavy cost for a child and family to bear.

The next local resident said:

> I walk my daughter to school, witness fights, brazen drug deals, drug use, drug-affected people.

This is in the Ryan report. A community development worker said:

> Safety and amenity is the key issue – people need to be able to have a picnic and run barefoot in their backyard and not fear stepping on needles.

In relation to amenity again, a local resident said:

> It's not a positive experience going to maternal and child health when people are having loud arguments outside. Other mums have been intimidated, people trying to touch their baby, so don't go back. The entrance is right next to the room.

Finally, from a local business owner – they have been significantly affected – I read this:

> Two things that are clearly true to me – drug-affected people need help –

and we agree upon that, I am sure –

> as a society we have to try to provide that in some form. That's an absolute truth. MSIR at its current location and in its current working model is causing harm to the … community. These facts aren't mutually exclusive … A solution has to be found where we can talk about the two things openly and clearly.

I appreciate being able to put that on the record. My colleague Emma Kealy in the other place, the Shadow Minister for Mental Health, and Georgie Crozier here have highlighted the lack of community consultation and also the fact – I heard it in one of the speeches today – that there is fencing. Now, we have fencing in regional Victoria – it is about so high, and you could hurdle over it if you wanted to – but the fencing around the school in this precinct is head height and steel, and it must feel like a fortress to be on the inside. It is very sad that we need to have this fortress effect.

I take the point that was raised again, I think, by Mr Ettershank about this area in Richmond as being in the proximity of Victoria's largest drug market. I appreciate that drugs would still be taken and overdoses would occur, so there is an issue that needs to be dealt with. I also really appreciate my colleague Gaelle Broad for talking about regional Victoria. I will do that in a very short space of time. It is not without its significant drug and alcohol – both illicit and legal drug and alcohol – problems. In the seat of Morwell in the Latrobe Valley during the election we had Emma Kealy come down and commit, as part of a suite of mitigation programs, $36 million for 30 withdrawal and rehabilitation beds for the critical shortage that we know exists in the region. This key one was about all ages.

I understand and I see when I drive past it that the Andrews government has produced a rehab centre for ages 16 to 24 in the Latrobe Valley. They need it. What I also want to know is how many of those people actually come from Gippsland and Eastern Victoria Region and how many come from other parts of the state. Our area needs those services for a critical shortage. But what about when you reach 24? Our policy really worked for the rest, the majority of people who suffer from addiction, and I think it is so very important. The commitment to supporting people who come to this position has degraded to a point where they know they need to change. It is very disappointing. I see I have touched a nerve with the government, and that is a good thing. They need to be reminded of it. We need to be able to support those people of all ages and also create more detox programs there.

I would like to briefly comment on the amendment that is to be moved by Mr Limbrick. I support his position on hydromorphone, and indeed again the Liberals and Nationals had an election commitment about a TGA-approved opioid. I support that, and I think it is quite wise. It is a pharmacotherapy support that is needed to be able to put people on the pathway to better health and cleaner lives.

The Greens amendment, in short, we do not support. I could go into it in detail, but we do not want children under 18 injecting themselves, we do not need peer-to-peer injections and we do not need a free licence to create other centres without the rigour and oversight of a parliamentary process.

Finally, New South Wales have for the last 17 years had a subdued public interface in Kings Cross with success. The reasoned amendment that we are putting up is followed by very reasonable amendments to mimic the New South Wales restrictions – and to exclude that area from around primary schools is a must. It is sensible. It is reasonable. We support an evidence-based solution to help addicts break the cycle, live full lives and become the people that their families so desperately want them to be. There is a better way, there is a better way forward and we ask this house to support our amendments.

Nicholas McGOWAN (North-Eastern Metropolitan) (15:50): It is a little difficult to know where to start on this bill – perhaps at the beginning. I want to make clear at the outset that I am already on the public record as saying that I am not against trials of pretty much anything, in fact. I do think in today's society trials are important. I would like to think those who begin the trials have the right intentions, so I will give the government the benefit of any doubt I have. This was also true of the medically supervised injecting room.

I had significant concerns when this first was discussed publicly, I had even more concerns when the trial commenced, and I suppose my concerns were most heightened when the interim report was released. Having listened to almost all the speakers today – either in the chamber or in my own office and elsewhere – I think what alarms me the most is what I think has occurred here, and that is that so few people have actually read that first report. It is inescapable, had anyone read that first report – all 139 pages plus the appendices. I recall that when that report was released the appendices were not even included. It had skipped the minds and imaginations of journalists, politicians and stakeholders, and no-one even asked where they were. They were not even released with the report.

It went through the objectives of the act, as it is required to do. In what is a little unusual, this act actually beautifully sets out very clearly what the objectives of the act are – God forbid. I want to just repeat them because I think that is critical. Page 131 of the substantive act states:

> (a) to reduce the number of avoidable deaths and the harm caused by overdoses of drugs of dependence; and
>
> (b) to deliver more effective health services for clients of the licensed medically supervised injecting centre by providing a gateway to health and social assistance which includes drug treatment, rehabilitation support, health care, mental health treatment and support and counselling; and
>
> (c) to reduce attendance by ambulance services, paramedic services and emergency services and attendances at hospitals due to overdoses of drugs of dependence; and
>
> (d) to reduce the number of discarded needles and syringes in public places and the incidence of injecting of drugs of dependence in public places in the vicinity of the licensed medically supervised injecting centre; and
>
> (e) to improve the amenity of the neighbourhood for residents and businesses in the vicinity of the licensed medically supervised injecting centre; and –

finally –

> (f) to assist in reducing the spread of bloodborne diseases in respect of clients of the licensed medically supervised injecting centre including, but not limited to, HIV and hepatitis C.

They are the objectives of the act – noble, sound, commonsense – and yet the interim review, the penultimate review, actually found, if anyone bothered to read it, that on every one of those criteria, all six of them, the centre was failing. It was the canary in the mine shaft. There is no doubt in my mind. If anyone cares to look at those figures and go through them – and I will go through them as quickly as I can today. I think it is critical because it also critically speaks to the importance of data. If we are going to make decisions in this place, then let them be based on the science. I hear this all the time from those opposite and I hear this all the time from people in my own party. I agree with it, but

unless we have the data and unless we then rely on the data to make informed, accurate decisions, then I am afraid it is a complete folly.

Let us go through some of that. The centre was opened on 30 June 2018. In the first 12 months there were 2908 registered users, and then it went up to 3936 in the first 18 months. No quarter has seen fewer than 452 new users registered. Between 30 June 2018 and 31 December 2019, 30 people were refused entry. On average the user, according to the report, was 41 years old. Three-quarters of users were male, 92 per cent had been injecting for more than five years and 61 per cent had been injecting for at least 20 years. Thirteen per cent identified as Aboriginal, 23 per cent were released from prison or juvenile detention in the preceding three months and 34 per cent were homeless or in insecure accommodation. The average user injected 14 times a week, and 56 per cent had had overdoses previously. The most common age of initiation for injecting drug use was 16 years.

In the first 18 months there were 119,223 visits – that is 236 visits a day. This number went up substantially when the site went from the temporary site to the permanent site. In the first 12 months there were 61,823 visits – that is 183 a day. In the first 18 months – that is, six months later – that number had skyrocketed to 116,802. That is 231 injections a day. 96.6 per cent of users were injecting heroin.

Now we look at the actual results in that period, the coronial data. The coronial data is the difference in the number of people who died from heroin overdose before and after the trial. This is what the report says:

> However, as at the end of September 2019, coronial data show no observable difference in the number of people who have died from heroin overdoses before and after the establishment of the MSIR, either in the City of Yarra or across Victoria.

It went on to say that the number of deaths recorded since the injecting room opened were largely similar to those recorded before the injecting room opened. In actual fact when you look at the data in that report, what it says is there were 15 deaths in the 15 months prior to the opening of the centre and there were 16 deaths in the 15 months after the opening of the centre. That is one death more. And yet for years now the government have been running around – the Premier chief among them – telling Victorians the injecting room saves lives. It is a lie. It is verbal diarrhoea. It has no place in this discussion. I will come to where they get these figures from, because this is touted time and time again. It is the most macabre and craven distortion of a public debate I have seen in a very, very long time. If you are going to say it saves lives, then explain how that is the case. Quantity it, qualify it and prove it. They simply do not do this.

It gets worse. Regarding overdoses inside the centre, in the first 12 months there were 1232 overdoses, or 3.6 a day. By the end of the first 18 months there were 2657 overdoses, or 5.2 a day. And – wait for it – by the end of the first 21 months there were 3200 overdoses, or 5.4 overdoses a day. So when people say in this place that it is doing no harm, in actual fact what the facts show, what the science shows, is that you have gone from an overdose rate of 3.6 per day to 5.4 – almost a doubling. So if you think you are not doing any harm, think again.

As I said at the outset, our guiding principle should be to do no harm. I am not against a trial, but when a trial and a report of this nature speaks – and speaks so loudly – you have to look at the data for fear of doing more harm. And unfortunately, in this place we have gone from this report to the next, the Ryan report. The Ryan report is almost comic, it is that bad. I urge you all to go back and read it. Take a look at it. It refers to the previous report when it relies upon the deaths and the lives so-called saved. It is a piece of mastery in terms of spin; I give it that much. But the problem is we have spun from one report to the next. Where is the Lay report? It was never released, not in three years. That is disgraceful conduct – absolutely despicable.

In relation to harm from overdoses inside the medical injecting room during the first 12 months – this is quoting the report itself:

> A detailed analysis of the first 12 months' instances of overdose within the injecting room showed that the overdoses ranged from less severe (reduced respiratory rate and reduced conscious state), which require oxygen and physical manoeuvres to keep the airway open, to severe overdoses with profound unconsciousness (21.1 per cent), with no breathing at all over five minutes (13.5 per cent), that are life threatening and could result in death and required either assisted ventilation with a bag valve mask (13.8 per cent) and/or naloxone (14.2 per cent). An experienced doctor who worked as a volunteer in the facility commented that some of the overdoses were 'at least as acute an emergency as those we receive in an [emergency department]'.

Put it this way: when you do the math, what you actually have is those users – 259 users – profoundly unconscious, with 35 users not breathing for over 5 minutes. What do you think that does to their brain, if they do not breathe for 5 minutes? It is an untold toll on their lives. Then you look at figures in terms of the disposed syringes – the needles. They have just absolutely skyrocketed beyond compare. Any suggestion that this is just because they were there previously or this has always been the case is nonsense.

Then you look at the ambulance attendances. This is what the report says:

> Ambulance Victoria data show a trend towards a reduction in ambulance attendances –

after the injection room opening –

> … that just failed to reach statistical significance …

Brilliantly worded. Well done, wordsmith. But what that actually means is there is no difference – no difference – when it comes to ambulance attendances in that report. It is actually scandalous.

Emergency department presentations – and I quote the report:

> There have been no observable changes in emergency department presentations overall that can be attributed to the …

medically supervised injecting room. Has anyone read this report? Has anyone seriously read this report, come in this chamber, talked whole lot of shit and wanted to stand there and tell me –

The ACTING PRESIDENT (John Berger): Mr McGowan, would you like to withdraw that remark?

Nicholas McGOWAN: No, I would not like to withdraw the remark. I have heard that remark used by other speakers, including in their maiden speeches in this place. I have no intention of withdrawing that remark.

Harriet Shing: It's the context.

Nicholas McGOWAN: It is context. Context is king, and if you are going to come into this place –

Harriet Shing: On a point of order, Acting President, just further to your request, the context in which that word has been used in other speeches was by way of levity and affection rather than the tone taken by Mr McGowan in what he just said now. I think it is probably, given the gravity of the issue we are talking about, an appropriate withdrawal to seek.

The ACTING PRESIDENT (John Berger): Mr McGowan?

Nicholas McGOWAN: Thank you. I withdraw the remark.

In respect to the services provided, the report also covers and extensively looks at the other issues covered in the act in terms of reduction of spread of bloodborne diseases, including trial clients, and it says:

> … most people were already reporting not sharing needles and syringes (an important measure to reduce the spread of blood-borne viruses), with no significant difference –

in needle-sharing rates between medically supervised injecting room service users –

> … and other people who inject drugs.

If we are going to make these kinds of informed decisions, if we are going to make these decisions about the welfare of drug users – and there is no dispute, and these words should not be twisted in any way, shape or form – let it be known, and let it be known very clearly, what I have is the best interests of drug users. I would not wish that upon anyone, and I do want to see a trial if a trial can show that it is going to succeed. In fact I spoke to Ken Lay himself when he was doing his review, and my words to him were that my view was that the trial actually probably needed more time to show the statistical reality.

But the reality that is presented in that report was stark and clear, and we continue to ignore it. We continue to actually then suppress his report, which would have been a fundamental and useful part of this discussion here, and yet this Parliament is forging ahead regardless, is going to make this a permanent site when we know that the evidence says to us clearly overdoses have skyrocketed, which means you are doing more harm, not less. Make no mistake about it. Kid yourself when you go home and think that you are actually improving the situation – it is a lie. I wish we were. I do not stand here wanting the trial to fail. None of us want that, I genuinely believe, but that is precisely what it was doing according to the report at that point in time.

For those who want to point to the future and the more recent reports, once you consider COVID, once you look at how they actually extrapolated their figures, once you go through them line by line, including the Ryan report, it is almost comical. They look at the objectives of the act and how they actually start to justify it. And even they concede, one after the other after the other, that in actual fact while they think there has been some success there are still significant concerns or there are qualified successes or they have not quite achieved what they set out to achieve. If this place is to set goals, then it should meet them. It should be about saving lives and doing no harm.

Harriet SHING (Eastern Victoria – Minister for Water, Minister for Regional Development, Minister for Commonwealth Games Legacy, Minister for Equality) (16:05): It has been an extensive debate with a range of contributions throughout the course of the parliamentary process. I want to acknowledge the work that has gone into this discussion, the development of the bill and the debate, irrespective of the views taken, by members around this chamber and indeed around the chamber in the Assembly. This is a conversation and a discussion which resonates very personally for people on a number of levels. This is about people at their most broken. This is about people in situations of deep dependency and deep vulnerability. And this bill at its heart is about those people and about changing their lives and their access to services and to assistance and to care – often life-saving care – that they deserve.

We have heard from a number of people who have raised concerns about the scope and the contemplation of this bill and the permanency proposed by it of the medically supervised injecting centre. We have heard a range of concerns about the way in which community amenity or safety might be compromised or affected as a consequence of the operation of this bill. We have also heard about a range of areas where people remain alarmed as a consequence of what is known as the honey pot effect, and I am looking forward to going into the nature of those concerns in the committee stage of this bill.

When we look at the operation of the bill itself and we look at what is proposed to be done, the objectives are set out very, very clearly. In making accommodations for a permanent facility we are

acknowledging the reality of prolific drug use in various parts of our community. We are acknowledging the very real damage occasioned to the bodies, to the minds, to the lives and to the prospects of people in addiction and also to the communities in which those drug-taking activities take place.

There is no easy answer to this particular problem. There is not a law-and-order answer. There is not a silver bullet. Medically supervised injecting facilities are not the complete answer to this challenge that we have. They are, however, a crucial part of making sure that harm minimisation principles are at the fore, that an evidence-based process in policy development is informed by what has happened through trials such as the one that we have seen at North Richmond and that we are in a position to understand the social and community impact of what is, at large, a consequence of a medically supervised injecting room on the one hand versus intravenous drug use at large on the other.

This is, as many have noted, not an easy conversation, but it is not a conversation that we can or indeed ever should shy away from, because to do so would be to turn our backs on, as has been said in this chamber and in the other place too, the more than 6000 people who have overdosed and the more than 63 people who would otherwise be dead. The challenge of drug addiction is not unique to Victoria or indeed to Australia, and we do see that the ACT is looking to join Victoria and New South Wales in the work that it does in terms of managing a supervised injecting facility or concern and the way in which wraparound services can be provided.

We know from the advent of supervised injecting facilities in Switzerland back in the 1980s that it has never been an easy conversation – that it is about proximity, that it is about the impact on community, but more importantly, that it is about a recognition I think of the prevalence of drug use, of intravenous drug use, in every community in every part of the world where in fact a health response is necessary and is appropriate.

There have been a number of amendments proposed in the course of this debate, and I am looking forward to an opportunity in committee to go through those proposed amendments. I also want to acknowledge the work of the staff at the facility and the work of people who have contributed to a vast number of consultations and discussions in the course of the Hamilton and Ryan reviews and reports. There have been more than 102 consultations, multiple round tables and discussions with community, with health practitioners, with experts in addiction – those people who are in a position to share through lived experience the context within which this discussion more broadly is taking place in our Parliament. We should not forget that very close to the building in which we are standing now and having this debate there are people whose lives will be lost or who will sustain long-term damage to their physical and psychological health and wellbeing but for wraparound services and care, pathways to treatment and the sort of options for dignity, for autonomy and for the prospect of a life lived beyond drugs.

I think this is going to be a detailed committee consideration. I am looking forward to an opportunity to go through the detail of what is proposed in these clauses and also to flesh out some of the concerns and the issues that have been raised in the course of this debate, because there are a few things that we need to correct in terms of misapprehension on the impact of the facility, on the trial itself, on the nature of mitigation measures and on the work that is going on to better understand where to from here.

Thank you to everybody who has been part of this debate. Thank you for the respectful way that this has occurred. I am looking forward, as I said, to continuing that process as we work through an issue which has touched far too many people and which deserves our attention and our respect.

Council divided on amendment:

Ayes (14): Matthew Bach, Melina Bath, Jeff Bourman, Gaelle Broad, Georgie Crozier, Renee Heath, Ann-Marie Hermans, Wendy Lovell, Trung Luu, Bev McArthur, Joe McCracken, Nicholas McGowan, Evan Mulholland, Rikkie-Lee Tyrrell

Noes (22): Ryan Batchelor, John Berger, Lizzie Blandthorn, Katherine Copsey, Enver Erdogan, Jacinta Ermacora, David Ettershank, Michael Galea, Shaun Leane, David Limbrick, Sarah Mansfield, Tom McIntosh, Rachel Payne, Aiv Puglielli, Georgie Purcell, Samantha Ratnam, Harriet Shing, Ingrid Stitt, Jaclyn Symes, Lee Tarlamis, Sonja Terpstra, Sheena Watt

Amendment negatived.

Motion agreed to.

Read second time.

Committed.

Committee

The DEPUTY PRESIDENT: We will have quite a long first stage because we have many, many amendments to clause 1. Before we start on questions, I invite Mr Limbrick to circulate his amendments.

David LIMBRICK: I would like to circulate amendment 1 in my name, please.

Clause 1 (16:23)

Georgie CROZIER: Minister, I have got a number of questions in relation to clause 1. My first series of questions is around the issue of discarded needles. I am wanting to understand, does the medically supervised injecting room (MSIR) record how many discarded needles it collects in the vicinity outside the North Richmond Community Health (NRCH) centre and the injecting room building itself, if there is an estimate? Or if it doesn't, why doesn't that occur?

Harriet SHING: Thank you, Ms Crozier, for that question. The Yarra City Council collects discarded needles from the area, which is consistent with local government practice in that area since before the trial commenced.

Georgie Crozier interjected.

Harriet SHING: Yarra City Council is the body which has been collecting needles and ancillary user products. That has occurred since before the trial began. NRCH security collects the needles themselves, so the data sits with the council.

Georgie CROZIER: Thank you for that response, Minister. Does the government have that data? If it sits with the council, what data is provided to government in relation to those numbers?

Harriet SHING: That is a matter with Yarra council. The data on the number of needles collected from around the area is a matter for the local government authority, and the North Richmond Community Health security collects that used equipment from the supervised injecting facility.

Georgie CROZIER: I understand that Yarra City Council do the pick-up of the discarded needles and there are various biohazard containers around the injecting room. But what support is given to the council in terms of that cost, because as I said in my contribution, before the injecting room commenced there were around 6000 discarded needles picked up a month. Those figures have now gone to 12,000 to 18,000 – it can vary between 12,000 and 18,000 – a month. In terms of that collection and the Yarra City Council doing that, is the government providing additional resources for that to be undertaken?

Harriet SHING: As has occurred in a range of areas around the state, intravenous drug use has increased and, with that, the number of syringes and associated items in and around streets throughout the entire state. We are actually expanding outreach services to include that expanded collection of syringes.

To go to your earlier point about the support for council workers, I think you said, in terms of biohazard and biosecurity matters, that is something which is already part of the work that Yarra council provides by way of training and assistance to staff. Any handling of biohazardous material is subject to specific processes and systems, including in the donning and doffing of gloves and other materials and the handling of syringes and other items.

Georgie CROZIER: Thank you for your response, Minister. You just alluded to the fact that the use of needles is expanding around the state. What is the government's estimate of those numbers that are being discarded around the state?

A member interjected.

Georgie CROZIER: You do not have that? No. We know that there are yellow containers in public facilities. What I am concerned about is: if there is expanded use around the state, there is not support that has been put in place to support these people. Just to get back to North Richmond, though: of the discarded needles, how many are on the North Richmond Community Health grounds and how many are on the adjoining public housing property grounds? Because we know that the needles and discarded syringes are very prominent – we have seen many pictures of this – so surely the government would have an estimate from council about what they are picking up in these areas. I would like to understand: how many are within the centre and also in public housing and adjacent to the school and the community health centre?

Harriet SHING: There are a few categories of location that you have referred to in that question, so what I might do is take that on notice if I can. We will see if we can get some information for you from the city and to get some detail that might help to answer that question. But obviously we have got, as I said, a range of locations that will be regulated and oversighted by different parts of either state or local government.

Georgie CROZIER: Thank you, Minister, for undertaking that. Can I just get that clarification, then: you are saying that the discarded needles and syringes that are in the surrounding North Richmond Community Health centre and on the public grounds – all of the needles that are outside the actual building, the internal workings of the injecting room – are all collected by Yarra city staff, that none are collected by the injecting room staff?

Harriet SHING: This comes, I think, down to the heart of many of the things that we are talking about here around amendments that are being proposed. They are in proximity to the supervised injecting room and its location.

Georgie CROZIER: What I am trying to understand is: in the City of Yarra we know that there are many workers that are undertaking picking up the discarded syringes and there are thousands a week, but do any of the staff from within the facility? When you say around the precinct, well, where does that extend to? How far out are they going to undertake their work? What is their purview? Is it outside the buildings? Is it in the grounds of the public housing areas? What is the responsibility of the staff that work within the injecting room? How far out do they go outside the building where they have responsibility?

Harriet SHING: It might help to clarify that within the grounds of the precinct that is the work that the staff do. More broadly, that is the work that the council do, and the North Richmond Community Health service security then collects from there. Does that help?

Georgie CROZIER: Well, actually it does, because if they are working on the grounds and picking up syringes – that was my original question – how many are discarded within that precinct that then the injecting room staff are doing, or is it all the Yarra City Council who deal with it?

Harriet SHING: You mean on the site itself?

Georgie CROZIER: No, no, not inside the building. I am talking just outside or in the surrounds. You said the surrounds and the grounds. I am just trying to get an understanding of their responsibility and how far they extend.

Harriet SHING: Okay, I think we have probably clarified perhaps where you might be going with this. I am happy to get some numbers for you on that to give you a bit more clarity, because it is a fair degree of detail and overlap there.

Georgie CROZIER: In the operating procedure, what is the criteria to classify an overdose?

Harriet SHING: It is a seizing of airways that is the definition of 'overdose'.

Georgie CROZIER: A seizing of airways?

Harriet SHING: As a consequence of –

Georgie CROZIER: Okay, a seizing of airways. Could you please provide to the committee what that means in terms of oxygenation for a patient? What are the oxygen levels that that is seizing, or whatever that term was you just used?

Harriet SHING: A seizing of airways as far as a threshold consideration goes for the purposes of 'overdose' definition?

Georgie CROZIER: Yes.

Harriet SHING: Ms Crozier, it relates to the capacity to inhale or exhale rather than a level of oxygenation, and what I just want to add to that which might give you some assistance is that the staff who are responsible for assessing and determining overdose are really well trained in understanding and detecting where that seizing has occurred, in the same way that paramedics are able to determine where there is a seizing of airways as a consequence of the training and the work that they do.

Georgie CROZIER: I find that really extraordinary, I have to say, that there is no definition about the oxygenation levels for a client who is using in this facility, and I will explain why. From my experience, when people use heroin they can slump. It can mean that they have overdosed and they are at a very high risk of dying. It could mean that they need some naloxone, which reverses the effects of the drug. Just as somebody who falls asleep, that is the seizing of an airway if they are obese. If they are obese –

You nod your head. I am telling you now: if you are grossly obese and you fall asleep, that is the seizing of an airway potentially. You are saying that there is no criteria about seizing of the airway. My question to you then is: could you give me the definition of what an overdose is in the Kings Cross facility?

Harriet SHING: I will do that, Ms Crozier, by way of suggesting that you consult with Kings Cross about the way in which they have their practices to determine when overdose occurs. You have raised a couple of examples about drug use and then slumping and then compared that to somebody who is morbidly obese, for example, and falling asleep. The seizing of airway and the inability to inhale or exhale as a proximate response to drug use is in the circumstances the basis upon which overdose is determined. If somebody has not injected or has not used drugs, then this is not a question of an overdose situation in the context of what you have talked about with someone falling asleep.

Georgie CROZIER: I definitely take your point there, Minister, but my point is that the criterion for an overdose is a seizing of an airway. I simply asked surely you would have an oxygenation point, something that is a low oxygenation point that would indicate that there is a significant issue for that client, or patient or whoever it is, that is not getting enough oxygen into their airways and is at significant risk. That is my point in terms of seizing of an airway. I found that extraordinary. Do they not put an oximeter on to monitor the patient's oxygenation? They just go around and tip the head up? Is that then described as a reversal of an overdose if they tip the chin so that their oxygenation, or the

seizure of the airway as you described, is therefore flowing? Is that what happens? Is that the overdose criteria or to reverse an overdose?

Harriet SHING: Ms Crozier, this is about the assessment that is made by suitably trained professionals in each individual circumstance about the situation in which somebody presents, whether that is in an environment of intravenous or other drug use or not, and this is where staff are qualified to administer oxygen or naloxone for the purpose of reversing the effect of drug use. It is also about a range of other considerations for which training is so important, and observation is part of that. And people can be moved, for example. You have referred to tipping the chin. There are a range of things which people trained in basic first aid and more sophisticated training will understand to open up the airways, as you have said, or to administer oxygen or naloxone. They are factors which are taken into consideration by those trained staff in the context of each situation as it presents.

Georgie CROZIER: The reason I am questioning this is because in Kings Cross, from what I am reading in an article, there have been 43 overdoses per month at the Kings Cross injecting room since it opened in 2001. Twenty-two years they have been open for and they have 43 overdoses a month, yet that is compared to North Richmond at 124 per month and that has been open for the last five years, since 2018. So you can see why I am asking: what is the criteria for overdoses, because clearly when you say, 'We've saved 6000 lives' or whatever the figure the government says, because you are counting the oxygenations – what was that term again that you said? The severity thing. I have never heard that. I said, 'What is the criteria for an overdose' and you called it a –

Harriet SHING: Seizure of an airway.

Georgie CROZIER: Yes, a seizure of an airway. My point is that Kings Cross is not having as many overdoses as North Richmond. North Richmond is having three times as many, and I am trying to get an understanding about the criteria, because the government comes out and says, 'We've saved 6000 lives.' Well, these overdoses are not reversing with naloxone. So my next question is: how many have been reversed with naloxone, how many have required oxygen treatment and how many then have required an ambulance to intubate the patient and take them off to a tertiary facility?

Harriet SHING: I might be able to provide you again with a bit more context there in light of the comparison that you have made with Kings Cross and the numbers there that you have talked about with overdose figures. New South Wales has a smaller number of booths available, so fewer people can actually access the facility. We have more capacity to in fact –

Georgie CROZIER: What are the booth comparisons?

Harriet SHING: New South Wales also has a much higher rate of methamphetamine use than we do, so heroin use is much more prevalent here in Victoria than in New South Wales. There are 16 booths in New South Wales compared with 20 here in Richmond.

Georgie CROZIER: You have just given me some detailed stats on Kings Cross, so perhaps your advisers would be able to find out for me that overdose criteria, because I really do want to understand the difference. Four booths difference and there is a high use of methamphetamine or whatever you said in terms of what is happening in Sydney. It still goes to the fact that there are only 43 per month that are overdosing compared to 124 here. Something is out of kilter here. Have we got a massive, massive heroin and ice problem? The next question I would like to ask off the back of those questions I asked about how many have received naloxone or oxygen treatment and how many have required paramedic assistance or been taken off to a tertiary facility is: how many of those are heroin-related overdoses and how many are ice-related overdoses?

Harriet SHING: I will take the request for that data on the split for you on notice if I may and we can work our way through that. It is just important to note that, by way of distinction, people who are injecting heroin are significantly more vulnerable than people who are injecting, for example, methamphetamine. That is one point of distinction that should perhaps inform this conversation that

we are having here. It is also really important to come back to the principles that set the foundation for this bill. It is about saving lives and if someone is not breathing, then they are not breathing.

Georgie CROZIER: But that is my point. If they are not breathing, then they are in a really severe situation. If they are not breathing, they are needing emergency treatment and resuscitation. If they are not breathing, they will need a paramedic there. But if they are slow breathing or shallow breathing, they might just need oxygen. If they are slumped and just not as severe as you have said – they are not breathing – that is quite different.

Harriet Shing interjected.

Georgie CROZIER: You say no, but I am telling you if they are not breathing they are going to need emergency treatment. To go to my original point, I would like to know why they are not getting an oximeter on their finger to find out what their oxygenation level is, because that would give a clinical indication of their ability to have oxygenation, which is very critical to be able to function. I am not questioning those that are in there, but I do know – and I will come to this question – about the staff and how many agency staff are used in the facility, and their experience may not be as pronounced or they may not have as much experience as someone else. I am concerned about the criteria that is being used by the government to quantify these overdoses.

Harriet SHING: But for the facility – might be a good way to put it. But for the facility, people who have limited or shallow breathing who then cannot get access to oxygen, who then stop breathing and who are then not able to access paramedic support, oxygen or naloxone to reverse the effects of a drug are then much more vulnerable because they do not have access to that support, and the supervised injecting room actually does provide oxygen and does provide immediate proximity to those suitably trained staff who are in a position to administer as soon as that deterioration is detected. That is why they have that training in order to be able to meet that need immediately, and that is where again it is about reducing the number of call-outs of ambulances and the severity because of being able to address those needs in the shortest amount of time possible and then also make sure that a patient and a client can be monitored almost immediately.

Georgie CROZIER: I understand all that, but what I am saying is I am trying to get a comparison. I am trying to understand why this injecting room and why the surrounding areas are having so many issues. I think there are still some doubts in my mind about the data that is coming out of here because we have not got that transparency and we have not got that ability to fully understand what is actually happening. To go to my question, could I have the numbers for how many people have been treated for overdose by the injecting room staff or the North Richmond Community Health staff for those people who have injected drugs outside the injecting room, including on the grounds or in the neighbouring public housing towers?

Harriet SHING: By way of clarity, are you seeking to exclude paramedic responses from that?

Georgie CROZIER: Yes, I would like to know how many have been treated for overdose by injecting room staff or North Richmond Community Health staff. That is what I am trying to understand. I know that the ambulance call-outs happen far too frequently, but I would just like to have an understanding of that.

Harriet SHING: Yes. I have said I will take that notice.

Georgie CROZIER: Thank you very much. Now moving on, I think you are getting me those figures. Thank you, Minister, for doing that. If I could move to the Ryan review now, in the briefing that the coalition received we were told that only the public Ryan report has been released by the government, so what has the government got that is not included in this 25-page Ryan review?

Harriet SHING: The final report has been released.

Georgie CROZIER: Yes, I understand this is the final report – the public report, as we were told – but we were told that only the public Ryan report has been released by the government, so what other material in relation to the Ryan report does the government have?

Harriet SHING: No. We have publicly released the final report and all recommendations.

Georgie CROZIER: I understand that you have released the final report with all recommendations. That is not my question. My question is about the other data around this report. I would ask that you provide to the committee all further data, appendices and the full report submitted to the government by the independent panel led by John Ryan.

Harriet SHING: Again I would say we have released the final report and all the recommendations.

Georgie CROZIER: So you are refusing to provide to the committee the appendices and the information that was provided for this summary report? You are saying it is the final report. We were told it was only the public report that was going to be provided by the government. Are there any other reports other than this report that is in the public domain that the government has from the work undertaken by John Ryan and the panel?

Harriet SHING: No. This is the final report and the recommendations, and they have been publicly released.

Georgie CROZIER: That is not the question I asked. You just said no. You are saying no, this is –

Harriet SHING: No, no. This is the final report, and it has been publicly released.

Georgie CROZIER: I understand that; it is the final report. What I am asking is: was there another report with more appendices and more information provided to the government in addition to this public final report with recommendations?

Harriet SHING: This report as publicly released is the final report, and it has been publicly released with those recommendations.

Georgie CROZIER: I am not going to go on about this. Clearly there is more information.

Harriet SHING: There are no appendices.

Georgie CROZIER: Is there any more information or data provided –

Harriet SHING: There are not any appendices to the report. The report is the report.

Georgie CROZIER: No further information? No data?

Harriet SHING: There are no appendices. That is the report.

Georgie CROZIER: I know that, but was there any more information provided to the government? The briefing we received was that this was the public report released by the government, indicating that there was more information.

Harriet SHING: I am not sure that is the case, Ms Crozier. The final report has been publicly released, and the report itself does not contain any reference to appendices, so I am not sure what you are taking from that to indicate that there is something missing here.

Georgie CROZIER: Well, it is 25 pages long, and it is an important issue. One of your government MPs said there were hundreds of consultations. This is very brief. If 120 consultations took place, there has got to be data somewhere with that information from those consultations. Surely there is additional information. Otherwise I would suggest that this is a very poor report provided by this panel if this is all the public are receiving after all the work they have done. 120 consultations – we do not know who those stakeholders are. They are not listed in here. What is the full data the government has regarding the information that the Ryan panel undertook to put this brief report together?

Harriet SHING: I in fact referred in my summing up to the work of the panel and to the extensive engagement that it had with community, with health services, with experts and –

Georgie CROZIER: Who are they?

Harriet SHING: That is a separate issue to the one that you have just raised. The work of the Ryan report is set out in the Ryan report. Simply because something is condensed and distilled into a shorter document does not mean that an awful lot of work, time, effort, consultation and discussion has not gone into it. Were that to be the case, then in this Parliament we would be surrounded by hundreds of thousands of pages of documents when in fact the work of reports like this and this report is to distil into a series of recommendations the essence of what is being discussed here, which builds on the other work of parliamentary inquiries and the Hamilton review and also the Lay work as well.

Georgie CROZIER: We would like to see the Lay work. That would be great.

Harriet SHING: Well, you will, Ms Crozier, at the end of May.

Georgie CROZIER: End of May? Excellent.

Harriet SHING: That has been said publicly numerous times.

Georgie CROZIER: Minister, as I said – as your members have said – this was an extensive consultation by the John Ryan panel. And if I can just say, there are only 210 words about deaths in the area in this report, and 85 of those words were about interviewing a random local. Only one stat is given, and the effect of COVID is not even contemplated when we know that the city was locked down for nearly two years when this report and other consultation was taking place.

Compare the number of deaths and the number of words around those deaths in this report – 210 words – with the Hamilton report that had over 3500 words on the same topic. You see where I am coming from: this cannot possibly be the full work of the panel. This is a public report with recommendations that the government has released, but it is not as extensive as the Hamilton review even though you are saying there was extensive consultation undertaken. What we are asking is: how do we know that? Who was interviewed? Where are the stakeholders listed? Surely any work that is commissioned by the government would have that level of detail so that we can have full insight as to what this panel actually did.

Harriet SHING: The panel undertook a really detailed piece of work which is referred to extensively in the document that you have just spoken to. The further work following the Hamilton review was about the independent engagement of the panel by Mr Ryan, which engaged with community, with health services, with experts, with people immediately impacted in a range of ways by the issue of intravenous drug use and also the challenges to safety and to amenity.

Georgie CROZIER: Well, how do we know? There's no numbers.

Harriet SHING: Ms Crozier, the way in which government is responding not only to the Ryan review but also to the Hamilton review is what has led us here today to this bill. Ultimately the assessment of the supervised injecting centre is that it has achieved its core objectives: it has reduced harm and saved lives. Many people, as they have spoken to today, have said there have been almost 6000 overdose events in the centre with zero fatalities, meaning that at least 63 deaths have been prevented. As indicated in a number of speeches today and in the other place, the centre is reducing ambulance attendances, overdose-related hospital presentations and the spread of bloodborne viruses. It has also been successful in providing access to general health, social and wellbeing, and supported housing services. It has then been about an ongoing conversation about impact on the broader community. This is why we are here: to implement the work of the Hamilton and Ryan reports and the discussions around where we get to from here as far as a permanent operation of this facility is concerned and the ongoing work that it can do.

Georgie CROZIER: Minister, can you confirm that this was the only document provided to government by the Ryan panel – this document I am holding?

Harriet SHING: I don't know what you're holding.

Georgie CROZIER: This report. Is that the only document, the Ryan review? Was that the only document provided to your government from the work done by the panel?

Harriet SHING: That is the Ryan review report with the recommendations, and that is the result of the Ryan review's panel and its engagement.

The DEPUTY PRESIDENT: This is going to be a long committee stage, so can people just please wait for the Chair and refrain from the banter between the minister and the member, because it is not helpful to progressing the committee stage.

Georgie CROZIER: My apologies, Deputy President. I am somewhat frustrated because my issue is that I cannot believe that John Ryan and his experienced panel would provide this document to government. It is a pretty reasonable question to ask on behalf of the Victorian public: is this the only document the panel provided to the government? The minister is going around and around in circles, so I am going to take that as government spin and that she is actually not telling the truth. She knows the truth. This is not the only document provided by John Ryan and his panel to the government. I am right, aren't I?

Harriet SHING: Ms Crozier, it probably reflects more on you than on me that you would seek to say that I am lying or that I am deceiving you in some way about this. The terms of reference for the panel review stipulated that a report be provided, and we have publicly released the report and the recommendations.

Georgie CROZIER: I will move on, because I am not getting anywhere here, and I am very disappointed by the minister's answers to that. So I will go to the terms of reference. Why did the government not include something in the terms of reference about the site? That is why we are having this extensive debate today: because of the site where the injecting room is located – next to a primary school. Why was that not included in the terms of reference?

Harriet SHING: The Ryan review itself is consistent with the Hamilton review in that it was focused on the objects of the act.

Georgie CROZIER: It was, but the review panels have gone and spoken to the residents. The community has been concerned. There have been many, many issues. We have had the drug dealings and the drug use by those that work within the centre – we have had a lot of issues. And it does say:

> The terms of reference for the review ask the Panel to consider the … operation and use, the extent to which the –

injecting room –

> … has advanced its goals as set out in the underpinning legislation, and to provide advice to government on any recommended changes.

And they go on and name the goals. I will not go through that. It says:

> While determining the suitability of the current location of the –

injecting room –

> … was not within the scope of the Review Panel, we did hear from many in the North Richmond community and other stakeholders that they held deep concerns around this issue, especially the proximity to Richmond West Primary School and the general impact on residents and other clients attending …

They acknowledge that, and I think it is somewhat frustrating that that was not included, because it is in the objectives of the bill. And you have put in additional funding to improve amenity. Surely part

of improving the amenity, after the money you have put into the budget over the last few years, is around some of those objectives as well. It is not just those people using the facility but those people living around the facility. So my question is: would the government in future reviews consider suitability of location, or is that just never going to be considered?

Harriet SHING: Ms Crozier, I would draw your attention again to the extensive consultation and round tables that took place in the course of the panel's work, which have then been extrapolated into the detail that you have referred to around community positions on the impact of the injecting facility on their community that has given rise to the concerns they have expressed about safety and about amenity. What I think we need to do is just actually note that that is part of what the report itself has acknowledged. But recommissioning in the terms that we are now talking about here in this bill will actually ensure that we can enhance the service and deliver a really full range of much-needed wraparound services and care to users and clients but also address those safety and amenity concerns. You have talked about investment in the surrounding area. You are right – that does actually go to a range of things that have been highlighted by members of the community, including lighting, security and the design of various mechanisms such as fences in and around the area to address the concerns that have been raised.

This has been, again, outlined pretty extensively in the debate: there has been around $200 million invested in and around the precinct, and it has gone to issues just like the matters where safety and security are concerns. But it is also really important to note that the service needs to be where the drug use is occurring and that prior to this trial commencing the drug use was there. Anybody who had been living in that area or had been visiting that area, who had been along Victoria Street and tried to enjoy a meal or to enjoy some of the extraordinary culture and community there, could not have escaped the reality of drug use there in that area and drug-related activity in that area before that trial began. We know that ambulance sirens were a frequent interference in the environment in and around that area well before the trial began.

Georgie CROZIER: You talk about the recommissioning. Can I get some indication about that. In relation to all of these recommendations, what are the time lines for when they will actually occur, and can you give us some indications for each and every one of them?

Harriet SHING: The recommissioning process will begin in July 2023 and we will be looking for an outcome by December. To account for that process in the recommissioning framework, we have included provision in the bill today for allowance of an extension of the current North Richmond Community Health licence during that recommissioning process.

Georgie CROZIER: I know you referred to Victoria Street but, really, go and have a look at it now, Minister. It is decimated. The Ryan review talks about the facility giving:

> … highly vulnerable and disadvantaged members of the community better access to vital social and health support, including housing, addiction treatment, legal and other services.

Could the committee have a breakdown for each of those points – what the social and health support is – how many people have accessed those supports, how many have accessed housing, how many have accessed addiction treatment and legal advice, and what are the other services that they are referring to?

Harriet SHING: There is a lot in that. I might take that on notice, if I can, to get you that breakdown.

Georgie CROZIER: What did the panel get paid to produce this report? Is that a public figure, for the consultation and the work they have done – is that known?

Harriet SHING: I do not know, Ms Crozier. I am very happy to look into that for you.

David LIMBRICK: One of the biggest concerns around this whole centre is the location. What considerations were given by the government on changing the potential location after the review? The

government must have come to a positive decision to keep the current location. What consideration was given to changing the location?

Harriet SHING: Thank you, Mr Limbrick, for that question, which again I think goes to the heart of a number of the areas of concern that we have heard here in the chamber and also in the course of this debate and as raised by the community. The Ryan review actually shows that it is saving lives where that drug use is occurring. To place the trial site – what we are now proposing to be the permanent site – in the location that it is means it is immediately approximate to the centre of drug use in an area where amenity, security, loss of life and serious injury have been sustained for a really long period of time. So in the current location it is in a position to be able to continue to deliver on that life-saving work, and that has been a part of the Ryan report's concluding that in its current location it is serving those purposes.

David LIMBRICK: I thank the minister for her answer. But isn't it the case though that many people travel to this area because of the centre? With the honey pot effect, if the centre happened to be located in a different area, then wouldn't the people using this centre and the drug activity in that area move to wherever the new location might be?

Harriet SHING: What I do want to do – and I did flag this in summing up – is address the issue of what you have referred to as the 'honey pot effect'. A really common concern raised by residents in the North Richmond community is that this centre has acted as a honey pot since the trial began, and that it has attracted drug users to North Richmond who would otherwise not be there. Evidence in fact shows that if the medically supervised injecting centre were not located in Richmond, most people would continue to visit the area, and they would be doing so to access the street-based drug market that has operated in the area for at least two decades.

To go back to the point that Ms Crozier raised before and my response to one of those questions: this location was already, prior to the introduction of the trial, a very key area for the sale and use of drugs. It was in fact the site, when the Premier made this announcement, of an overdose that occurred in the course of a media event. Fortunately for the person who did overdose, that event was being attended by paramedics who were able to immediately attend to that person in need and in overdose.

So this has been a feature of the landscape, for better or for worse, for a really long period of time. We do know that there had been significant anguish expressed by the community about the risk to safety, about the challenges to amenity and about, as was referenced earlier, people and their kids seeing overdosed drug users, including deceased overdosed drug users, in the area. That has been something which I think has been a relevant consideration. The Ryan review actually surveyed people who use drugs in the area and found that only 6 per cent of drug users reported coming to the North Richmond facility solely to use the medically supervised injecting centre.

David LIMBRICK: I thank the minister for her answer. Much of the concern about amenity is around drug dealing in the area – people selling drugs. In the second-reading debate I spoke about having extra pharmacotherapy options. I brought up the option of hydromorphone, but it is my understanding that there are other options as well. This would potentially solve some of that amenity issue, or at least make it much less prevalent. What sort of consideration has been given by the government to increasing pharmacotherapy options in order to undermine criminal activity and sales in the area?

Harriet SHING: What I would say at the outset and to build on the premise of your question and the contribution you made in your speech earlier is that no Victorians have died inside the medically supervised injecting centre. Obviously, as I have said earlier and as other people have said, any deaths that do occur outside the medically supervised injecting centre are subject to a coroner's investigation. But what we have heard are the discussions around recommendations and pharmacotherapy across its different platforms. The Premier made reference to this in March this year and talked about community pharmacies, GPs, community health and the work of hydromorphone being one area that they want to

see and said that the review wants to see an expansion there. So you are right to identify that as being part of the review. The Premier has indicated that we will do the work together with the broader recommendations around pharmacotherapy and that pathway. Whether it is buprenorphine or methadone, there is obviously very clear evidence that that works, that it saves and changes lives itself, not just in North Richmond but across the board, and the Premier has indicated in his press conference that we will look at those recommendations across our alcohol and other drug services.

Evan MULHOLLAND: I thank the chamber and I thank the minister. I wanted to talk about a few things, but I want to talk about school enrolments at Richmond West Primary School. I am just wanting to confirm some statements that other government members have made about enrolments – that they are normal, they are going well. We now know that prep enrolments at Richmond West Primary School have fallen sharply since 2020 while at the same time enrolments have actually increased at surrounding primary schools, including Trinity, Yarra and Abbotsford primary schools. Does the minister stand by the claim there are no issues with enrolments at Richmond West Primary School?

Harriet SHING: Thank you, Mr Mulholland, for that question. Enrolments at the school overall have remained stable. This is something which has been referenced a number of times in the course of this debate and also in the other place. Richmond West Primary School is a really great school. It has got a really strong academic record. It has got a really activated and diverse student population and school community. The school has been a really strident supporter of the measures and the harm minimisation activities that have taken place and of the medically supervised injecting centre since its establishment, and we thank them for not just the cooperation in this matter but also the partnership and the engagement and the preparedness to participate, including through stakeholder discussions with the panel. We will continue to work with the school as we implement the Ryan review safety and amenity recommendations.

Importantly – and I think it should not go without saying – the Department of Education does continue to work with this school to ensure that the MSIC operates in a way that accounts for the needs of the school, and balances the needs of students and their teachers, staff and family members against the operation of the centre, and preserves and protects safety. There are a range of supports that have been introduced to support the school community, and they have been alluded to in the debate. But just to put them on the record, there are upgraded secure fencing, an electronic lock and video intercom system, closed-circuit television and strong protocols to support students, including a comprehensive student wellbeing program and employment of community liaison workers during school drop-off and pick-up periods, and as I said, we do see from data that student numbers have remained largely stable over the past five years. That might help you in terms of those additional pieces of work that have occurred.

Evan MULHOLLAND: I thank you for your answer, Minister. Just reflecting on that, you have referenced the word 'stable' in terms of enrolments and that they are largely stable. I am just trying to figure out what that means. In 2018 prep enrolments were at 56. In 2022 prep enrolments were at 36. Is that stable or largely stable?

Harriet SHING: I was referring to the last five years, so 'largely stable' is the entire period. Again, there have been a number of changes across the board across the state to enrolments, and we have seen that there has been a really significant degree of lumpiness in enrolments, whether that is in the middle of Melbourne or right out to the borders of the state. Again, largely stable over the period of the past five years would be my answer to that question of yours.

Evan MULHOLLAND: As I said, there have been commensurate increases in prep enrolments at the three surrounding primary schools, all in my electorate – Trinity, Yarra and Abbotsford primary schools. Are you aware of this trend, and would you still describe it as stable?

Harriet SHING: I would not describe what you have just said, Mr Mulholland, as a trend, but what I will do is maintain that enrolments at Richmond West Primary School have been stable and largely stable over the past five years.

Evan MULHOLLAND: Given the police have admitted a honey pot effect around the centre, how many overdoses have occurred outside the centre since 2018, and how many deaths have occurred outside the centre since 2018?

Harriet SHING: Bear with me, Mr Mulholland; I am going through quite a volume of material here. What I would say, Mr Mulholland, while I am in the process of finding that information for you, is that I want to ensure that we are not heading down the path of ascribing a cause of death to any person who died in the surrounding area. As I mentioned earlier in my response to Ms Crozier, there have been coronial processes deployed for anybody who has passed away in the area around the medically supervised injecting room, and we have not had, as I indicated in my response to Mr Limbrick, any deaths inside the centre since it commenced operation. To go to some of your earlier comments as well, we have seen – and this is set out in the Ryan report – 63 lives saved and 6000 overdoses managed. I cannot comment on the cause of death of people outside the service on the basis that that is work for the coroner to investigate and determine.

Evan MULHOLLAND: I am just going to clarify whether you are going to still look for those numbers and get back to me on those numbers. It was a legitimate question. I hope you are still looking for those numbers of overdoses outside the centre since 2018 and deaths outside the centre since 2018. I do understand what you were saying about that – how there have been no deaths inside the centre – but there have clearly been several overdose deaths outside the centre that have been widely reported in the media and clarified as such, so I would still seek that information.

Harriet SHING: I will not comment on the way in which deaths have been reported on the basis that I do not have that information to hand and I am not sure what the coroner has determined on that. Again, this is where a coronial investigation and determination should always, in my view, take precedence over any reporting and any theories that might be advanced for the purposes of press coverage. What I can also do is indicate to you that the coroner does provide information, data and reporting in accordance with that work under statute.

Evan MULHOLLAND: I am looking forward to receiving the numbers at some point. I have just a couple more questions. I want the government to hopefully confirm something for me. Labor's candidate for Richmond Lauren O'Dwyer at the 2022 election claimed the room had become a meeting place for Aboriginal elders, a claim that was disputed by Wurundjeri senior elder Ron Jones from the Wurundjeri Woi Wurrung Cultural Heritage Aboriginal Corporation, who responded to Ms O'Dwyer's remarks by saying she had created a bad image for all Aboriginal elders and that he disputed the claim. Does the government agree that it is a gathering place for Aboriginal elders?

Harriet SHING: Thank you, Mr Mulholland, for that question. Any comments made by candidates in the course of campaigns or public discussions are matters for them. The Wurundjeri and Woiwurrung council have made it very clear that their position is not that the location of the medically supervised injecting centre has been or is a gathering place. It is also really important to note that as we talk about First Nations engagement we also engage respectfully with the fact that Wurundjeri and Woiwurrung people and representatives will have divergent views about a range of things, and they are in fact best empowered to speak to their own views about what it is that they have as positions on various locations and various matters that might be put to them.

Evan MULHOLLAND: I appreciate the response, and it was good to clarify that that is not the view of the government. You mentioned the New South Wales report and originally said you did not have the research but then had some of the New South Wales experience.

Harriet SHING: Which New South Wales report?

Evan MULHOLLAND: Of the New South Wales experience of the injecting room at Kings Cross.

Harriet SHING: A report?

Evan MULHOLLAND: Not a report, just the experience in terms of some data you did have. I want to go to the experience with Kings Cross compared to here. Theirs is next to a train station, and their research points out that that was a good approach to not create an ant trail of harm and abuse between the said public transport option and the centre, and we have quite clearly seen in North Richmond that go on between North Richmond train station and Lennox Street. Was this considered when deciding on the permanent location of the facility?

Harriet SHING: Was what considered? Can you just –

Evan MULHOLLAND: In terms of other research, like that out of New South Wales, that points to where injecting centres should be located, was that kind of research considered as part of the government's determination?

Harriet SHING: That is a useful clarification. When you do talk about the Kings Cross station location, again to perhaps dispel a bit of misinformation on this issue, that location, being as it is proximate to a railway station, is a site which is passed by people of all ages, young and old – kids, their parents and community members – all day, every day. The fact of the matter is that this is not, as you have sought to describe it, an ant trail, I think you said.

Evan MULHOLLAND: Not my words – words experts used in research about the New South Wales experience.

Harriet SHING: In research? Okay. Well, I am happy to get a clarification. But going back to first principles, the location of the centre is based on the location of drug use, and as I indicated to Mr Limbrick and to others in answering their questions, drug use had been taking place in the area for decades. It had been having a really devastating impact on the community and on safety and on amenity, and it was not just about drug use, it was about drug dealing, it was about interference to quality of life and peaceful enjoyment of people's environments – whether it was in a park or being able to walk the dog or being able to get home without constantly seeing needles or constantly being at risk of seeing somebody who had overdosed or, in a number of cases all too tragically, people who had died. So this very much comes back to the location of the centre being where the drug use is and has been demonstrated to be.

Evan MULHOLLAND: Why was the Ryan review consultation only conducted in English?

Harriet SHING: The starting point was that information in the course of the consultations and those 102 local consultations that I referred to earlier and the round tables that took place with health practitioners, human services providers, alcohol and other drug harm reduction experts and people who are directly involved – so local residents, businesses, people who inject drugs and workers and police and ambulance representatives – was in English. However, as occurs frequently in interface between communities and access to services, interpreter services are made available and were made available to people who needed them.

Evan MULHOLLAND: Do you acknowledge what residents have been saying, that many could not participate in the review? Were there and have there been attempts to consult with CALD communities in the area?

Harriet SHING: There was a process whereby the Ryan review engaged with local communities, including through a letterbox drop, and that was actually done in multiple languages. I am advised that there have not been any issues raised about CALD community difficulty in participating in the review and that the process of engaging in multiple languages occurred from that letterbox drop right through to access to interpreter services.

Evan MULHOLLAND: Can we obtain a list of who attended the consultations? You mentioned the number before.

Harriet SHING: I am a bit loath to do so, Mr Mulholland, given that the consultations were attended by a range of people, including intravenous drug users, and privacy is obviously a significant part of the capacity for people to be frank and to participate in conversations about this. There are consent issues around having that information provided. There are obviously privacy principles that apply and, again, that is often a precondition for people to participate in consultation and discussion. So that is the basis upon which the report refers to the consultations having occurred as they did.

Evan MULHOLLAND: I will put it in another way. When did the consultations occur; how many people attended each session; and would we be able to get a breakdown – I understand your points about privacy – of perhaps users, residents and businesses that were involved in the consultation?

Harriet SHING: The consultations, Mr Mulholland, occurred over an 18-month period. They happened from 2021 into 2022. That is a really extensive process and that also is subject to privacy. Government has received the report and the recommendations, and they are the publicly available documents.

Evan MULHOLLAND: I just wanted to go to a point that Ms Crozier mentioned earlier. The Ryan review report is 25 pages. This compares to a previous report that was 387 pages. Has the minister or the government received any other documentation from the Ryan review or its expert panel?

Harriet SHING: Sorry, I am not sure what you mean by 'from the Ryan review or its expert panel'. The final report has been released and that has got the recommendations in it, so that is the basis upon which the government is providing that response.

David ETTERSHANK: Minister, in the treatment of heroin addiction one of the most effective cutting-edge medications is the drug hydromorphone. On 7 March the Premier, commenting on the recommendations of the Ryan report, stated that:

> … there is one recommendation that speaks about pharmacotherapy across all of its different platforms – community pharmacy, GPs, community health. Hydromorphone is one area they want to see, the review wants to see an expansion there. And we'll do that work together with the broader recommendations around pharmacotherapy and that pathway, whether it's buprenorphine or methadone … there's very clear evidence that that works, it saves and changes lives itself, not just in North Richmond but across the board. We'll look at those recommendations across our alcohol and other drug services.

That was the Premier on 7 March. Will the minister confirm that this commitment from the Premier on working with agencies to expand pharmacotherapy options, including hydromorphone, remains a priority for the government?

Harriet SHING: Thank you, Mr Ettershank, for that question and the continuation of that discussion that I had with Mr Limbrick earlier. You are right to identify the Premier's comments on 7 March, and as he stated, when we release the final report we are going to work on the recommendations around pharmacotherapy, noting, as the report has done, the relevance that it has to managing this particular set of psychosocial issues. So in principle we do support the expansion of pharmacotherapy.

David ETTERSHANK: Thank you, Minister, for that answer. Can I confirm that, consistent with the Ryan report recommendations, this expansion of pharmacotherapy options would be part of a likely recommissioning process at the North Richmond site.

Harriet SHING: As part of a recommissioning process as opposed to scope more broadly? I am just trying to see whether it is linked to this facility or whether it is more broadly?

David ETTERSHANK: I am keen to understand whether it would be envisaged that this expansion of pharmacotherapy services would likely form part of the recommissioning process – in other words, in the new calendar year, as I understand the government is proposing its time frames.

Harriet SHING: That is helpful. Thank you, Mr Ettershank. The recommissioning process does include reviewing options for pharmacotherapy, but also, to take you back again to what the Premier said on 7 March, he did actually talk about hydromorphone being one area that the review wants to see an expansion of, and community pharmacies, GPs and community health, and that that work has been identified as an area where there is very clear evidence that this sort of work on pharmacotherapy saves and changes lives, not just in North Richmond – to quote the Premier – but across the board. So again this would be part of the work considered in the recommissioning process, if that helps you.

Ann-Marie HERMANS: Minister, obviously one of the largest objections that the opposition has is to the location of this injecting room. In terms of recent Ambulance Victoria data, which has been obtained through freedom-of-information laws, the call-outs for paramedics in 2017 to Lennox Street before the injecting room opened were 61. Could you please give us the data on the increase that has taken place – as a result – of paramedics to Lennox Street in 2019, 2020, 2021 and 2022?

Harriet SHING: Thank you very much for that question. In the 3½ years before the service opened there were 818 ambulance attendances involving naloxone administration – to reverse a heroin overdose – within 1 kilometre of the service compared to 459 ambulance attendances in the 3½ years after the medically supervised injecting room opened. That is a 55 per cent reduction. To distinguish that from perhaps the question which Mr Mulholland asked earlier in relation to fatalities, this is about ambulance attendances to reverse an overdose – it is about the administration of naloxone rather than a coronial process that would occur following a death in the surrounding area.

It is also important to note that, as indicated by the secretary of the Victorian Ambulance Union, 6000 overdoses managed by the medically supervised injecting centre means 6000 less ambulance call-outs. We have seen the follow-through benefit in releasing pressure on frontline service and emergency responders, but there has also been a declining trend in opioid overdose presentations at St Vincent's, the nearest public hospital emergency department – noting that staff at the medically supervised injecting centre have the same skill set as people who are working in emergency departments (ED) around managing overdoses – since the service began operating. We have not seen this trend in other comparable hospitals around Melbourne, which suggests, and I am not going to conclude that correlation equals causation, that the supervised injecting centre is helping to drive those reductions in the emergency department presentations at St Vincent's.

Ann-Marie HERMANS: Minister, thank you for your response. It is concerning to me that the location is close to a school. Whilst I hear you saying that there is an impact that is taking place in terms of the community, the impact that I am aware of is the holistic impact in terms of what it is doing to school communities and families in the area – the number of syringes that children are finding and the number of incident reports that are taking place where people are feeling unsafe. I think one of the things I would like to know is, between what your statistics are in terms of the facility from the time that it opened – from, say, June 2018 – until June 2022 what is your understanding of the reports of gunshots and stabbings that have taken place in and around Lennox Street? Because it is the increase in crime that takes place when we are dealing with drugs, and it is the honey pot, as you have said –

Harriet SHING: No, I didn't say that.

Ann-Marie HERMANS: Or as Mr Limbrick has said and as others have said. I am just trying to understand the type of environment that we are creating near a school by having this injecting room in this location. Do you have that data that you could present please to the house?

Harriet SHING: Again, to come back to something that I said earlier, correlation does not equal causation, and when we are talking about crime rates, we are talking about what you referred to as incidents and reports around people feeling compromised in their safety. I am perhaps after a bit more

detail of what you are looking for because it does not necessarily follow that because of the operation of the medically supervised injecting centre an increase in crime or changes to the nature of reportable crime has been occasioned by virtue of the operation of that centre.

We know that in metropolitan areas we see statistics and reports from police around crime rates, and that is broken down, as you would know, into different subsets of crime as reported. That is something which takes place across the board. It is also about acknowledging that we did have crime in the area before the service began. In fact when you talk about drug-related crime, this is an area where drugs have been bought and sold for decades. Therefore if we are going to talk about correlation and causation, it stands to reason that drug-related crime – including, as you have referred to, violent crime – would be a consequence of that street and market trade occurring separately and aside from the supervised injecting centre.

Aiv PUGLIELLI: Minister, in my meetings with key stakeholders in and around the North Richmond site and the sector more broadly there has been a great deal of concern expressed to me about the possibility of the MSIR licence being granted to a hospital. We all know how much pressure our hospitals are already under, and while I understand this has come from the recommendation in the Ryan review, the Greens and much of the sector that I have engaged with strongly support the current community health model and would like to see this continue. What assurances can you give that community health, who are well placed to deliver the on-the-ground services and care, will not be sidelined by a large hospital provider?

Harriet SHING: The North Richmond Community Health model provides a really valuable service and does exceptional work, as we have seen in the course of the trial. The recommissioning process is about enhancing services that have been delivered through that model and about making sure that we are aware of the uptake and interface and the community buy-in and trust that is delivered as part of the DNA of community health services. That would be part of the community health or partnership conversation that is at the centre of this recommissioning process.

Aiv PUGLIELLI: Minister, from what I have seen and heard, community health providers are well connected to vulnerable and marginalised communities, particularly in the area of North Richmond in this case. They often take on the complex work that hospitals cannot provide. Do the nearby public hospitals have the capacity to take on this complex and sensitive service provision?

Harriet SHING: As I said, the North Richmond model has been a really valuable tool in helping us to learn more about what works and what does not work. The Ryan review's recommendation, as you would know, was to grow and to expand the services that are available. You are right to say that community health services do have that reputation of building trust and creating that element of engagement with vulnerable people who, for a range of reasons – and this was referred to in multiple contributions throughout the second-reading debate – are not inclined to trust easily and are very averse to opening up and having conversations, including about access to other services.

We want to make sure that we are not reducing that trust around access to health and social services and that tertiary health services are well regarded for providing those pathways into specialist care. Ultimately, the medically supervised injecting facility could be achieved by one large service or by a consortium of services working in partnership. We want to make sure that there is a tendering process that is based on proponents being capable of delivering a full range of expanded services that achieve those greater ends. This comes back again to the principles and the objectives of the act and of the review, which are about pathways and about engagement and ultimately about better outcomes for individuals and for the community.

Aiv PUGLIELLI: Minister, you are probably aware that there already exist some barriers in referring clients of the MSIR to other services. When I visited the North Richmond site they explained to me that even referring people to the next-door building is sometimes too much of an ask. So my

question is: in a scenario where a hospital is granted the licence, how can you ensure that clients of the MSIR are not faced with additional barriers by referrals to offsite services and care?

Harriet SHING: To go back to the answer that I just gave, the full service offering, I suppose, is the answer that you might be looking for in response to that question. The process of tender and the intent of recommissioning is to provide that full service. The anchor for this really is the objectives of the act and the starting point for the Ryan review, and that builds on the Hamilton review as well. We want to make sure that we are delivering on that intent for development and implementation of those pathways and of those solutions to barriers and to gaps in the system, as you have identified.

Aiv PUGLIELLI: One more from me: what assurances can you provide as to the scope of information provided in the annual reporting of the MSIR?

Harriet SHING: Annual reporting is a term of the contract, so it is about delivering under the terms of that contract to demonstrate that various objectives have been met. That is actually part and parcel of it. Then, separate and aside from that, community health services have their own separate process of reporting, which is then about demonstrating output and value for money as well as objectives that have been achieved through delivery of important outcomes for individuals, whether they are clients and consumers, whether they are community benefits or whether it is outreach and those pathways.

Aiv PUGLIELLI: Will those reports consistently be released publicly?

Harriet SHING: Under the terms of the contract this is about the non-profit and charitable commission obligations and reporting. That sits aside from the work of perhaps what might otherwise be a reporting framework for community health services. The process of terms as they are set rests with the Department of Health. There are a few different themes here. It is separate and aside from a tabling process, but it is published because of the charitable non-profit organisation commission's obligations.

Georgie CROZIER: I am just wondering: does a code grey occur on any occasion in the injecting room?

Harriet SHING: That is violence due to drug-affected –

Georgie CROZIER: No, code grey if there is a security issue.

Harriet SHING: Yes, but not necessarily because of drugs?

Georgie CROZIER: Any.

Harriet SHING: Any code grey?

Georgie CROZIER: Yes.

Harriet SHING: It comes down to a question of scale. In a hospital setting, for example, you have a code grey. There may be circumstances which are very similar to or present the same way as a code grey, but because the service itself is small – we are talking about 20 booths – it will be responded to with the same level of expertise and treatment pathways, including by way of call for transfer if necessary. But as a code grey situation itself, that is not the system that is deployed, simply because the scale is not there.

Georgie CROZIER: Thank you for that clarification. So if there is a security issue, the police are called. Is that correct?

Harriet SHING: Security are trained, so they have –

Georgie Crozier interjected.

Harriet SHING: Yes. So –

The DEPUTY PRESIDENT: Sorry, for *Hansard*, could you clarify what that was.

Harriet SHING: Yes. Ms Crozier and I are trying to be as efficient as possible, so I will perhaps just give you the clarity that you are after on the record, Ms Crozier. There are security staff there, and they are trained to work in that context. We are not talking about people who are coming in cold into a situation that does require de-escalation or management of a very particular and time-sensitive issue. Security staff are really well trained to respond to those issues, and indeed to seek responses from frontline service response as required. That might mean police, but again it is about making sure we are taking care of the safety of staff and of other people in and around the area – and the safety of the person in question or people in question.

Georgie CROZIER: Thanks for the clarification. I have got a couple of questions then. When an incident occurs, what reporting mechanism is undertaken? Is there an incident report that is written?

Harriet SHING: Yes.

Georgie CROZIER: Could the committee have an indication, or could you take on notice, how many incident reports around security issues inside the precinct and inside the injecting room have occurred?

Harriet SHING: Yes, I am happy to seek that information for you, noting that, as anybody in the situation of understanding how a code grey works would appreciate, there is a spectrum of severity engaging with –

Georgie Crozier interjected.

Harriet SHING: No, no. Well, to come back to the definition of a code grey in a situation of a large-scale hospital response, there will be a very well established and uniformly understood definition of what constitutes a code grey which might assist with the data that you are looking for. That is not the same situation as here, despite that the circumstances may be the same. So I will take it on notice, just noting that there is a variation here that will not sit neatly within a code grey setting because it is not a code grey situation.

Georgie CROZIER: I think you have misunderstood me. I was asking if there was a code grey. So there is a variation of code grey. So I am happy to get that data if you could get that data.

Harriet SHING: There is not a code grey. That is what I am saying.

Georgie CROZIER: Okay. What I am asking for is the number of incident reports that have been written because there has been a security-related issue. So do not worry about the code grey; it is a security-related issue – if we could have that data. And then in addition, the number of times the police have been called out because the security have needed backup – so for the five years.

The DEPUTY PRESIDENT: Sorry, Minister, just before I call you, can we refrain from having questions asked in the middle of an answer, or answers given in the middle of a question, because it does not help Hansard, and as we all know the committee stage is a very important part of a bill because it is read in conjunction with the legislation and the second-reading speech and any legal cases to interpret the intent of the act. So we want to get everything as clear as possible on the record.

Harriet SHING: Being familiar with the parol evidence rule, I do apologise to Hansard and indeed anybody who may have found these exchanges confusing. Thank you, Ms Crozier, for clarifying that. I think we are in heated agreement following that exchange. We are after information on incident reports that have or may not have involved a call to police to respond and the total number of those incidents over the relevant period. I will take that on notice. I am very happy to have that information for you.

Georgie CROZIER: Thank you for that assurance, Minister. Could I go to a point around issues inside the injecting room. Previously I asked about the number of agency nurses that have been used –

if you could put that on notice – but I also want to understand whether there have been any issues around conduct from the nursing staff that have occurred. There are two workers that are, as we know, on the public record who had been using drugs on the precinct, but have there been any other issues of a legal nature that have breached any regulations or laws in relation to the conduct of how the clinicians practise inside the injecting room? Has that occurred at all over the five years?

Harriet SHING: I am trying to perhaps read through what you have said when you say 'at law' – that that refers to conduct that may constitute a requirement to notify a breach in the terms that you referred to around those two nursing staff, as reported. If you could provide some clarification, that would be really helpful.

Georgie CROZIER: I do not think I expressed myself particularly well. What I am trying to say is that we know – that is on the public record – that there are two workers that are known to have used drugs, so I am not talking about those. What I am trying to understand is: have there been any other instances where nurses or any other workers have breached any laws in relation to the conduct under their professional requirements – of a nurse, for instance? Have there been any breaches or any legal concerns that have occurred inside the injecting room by any of the staff?

Harriet SHING: You referred variously to nurses and to any of the staff. I will take it as meaning everybody. No, there have not been any legal breaches. What I do want to do at this point is also just acknowledge the really hard work that happens within North Richmond Community Health and the supervised injecting centre. We have a cohort of staff who are absolutely dedicated to the work that they do, and they are emblematic of the best of care. The dedication, the skill and the compassion that they provide in often really challenging situations are commendable, and it is important that we recognise that the very trust, the reputation and the engagement that are built and developed through this model are due in large part to the work that they do to recognise, to engage with and to provide dignity to the people who attend the centre. This is an opportunity for us to recognise the human impact that can be made and felt under this model that has a very real and a very enduring and positive consequence for people who are otherwise extremely vulnerable for all sorts of reasons, including as it relates to the stigma of intravenous drug use and addiction, and that was referred to again in a number of the other contributions. But the answer to your question, in short, Ms Crozier, is no.

Nicholas McGOWAN: Minister, just for the sake of brevity – there are number of figures I am interested in – if you do not mind, I will go through those, perhaps in one question, and then ask whether it is possible to provide those. Would that be okay?

Harriet SHING: Yes, I will do my best.

Nicholas McGOWAN: Is it possible to provide, at least up until the end of last month, so the end of April, the number of registered users – this is since the centre opened, so including the temporary centre, but perhaps differentiating from the temporary to the permanent – those that have been refused entry and the visits to the centre? Some of this information, I am well aware, may not be held by the department per se, but do the department hold and collect information – I think they would; I hope they do – on deaths outside the centre within 1 kilometre? I am particularly interested in the extremely serious overdoses that required naloxone and then also required an ambulance to attend the site, whether those cases are actually tracked from the site to the hospital or wherever the ambulance takes them and what their welfare might be, if it is tracked from that point. The number of overdoses inside the centre – the number of extremely serious overdoses –

Harriet SHING: What do you mean by that?

Nicholas McGOWAN: In the reports they differentiate an overdose from an extremely serious overdose – that is, usually those requiring naloxone.

What are the latest figures available in respect of: disposed needles and syringes in the local area surrounding the medically supervised injecting room; the total number of ambulances that have

attended the injecting room; the difference in ambulance attendances where naloxone was used and administered and those where they did not administer it and – you spoke about this earlier and I did not quite catch it, so yes I apologise – ambulance attendances within 1 kilometre of the injecting room where naloxone has been administered by paramedics since the trial began; any figures they have in respect of emergency department presentations at nearby hospitals, including St Vincent's but others if they are available; any information in respect of GP visits by medically supervised injecting room users, noting the previous data from the Burnet Institute; any information in respect of substitution therapy; and whether there are any current police investigations into any aspect of the centre, either those who worked there – I think you have answered this previously – or those who have attended the centre as users?

Harriet SHING: There is a lot in what you have just asked for and, as you have also indicated, there are also a number of things that I have responded to in earlier questions. Just to start at the end of what you said, I have indicated no legal breaches have been identified in matters of conduct around the centre. I do not know about current police investigations. That is a matter for the police.

When you talk about information on substitution therapy, I do not know what you mean by 'information', so again if you can provide some clarity on that. It is also important to note that I have indicated already that in the centre itself there have been no fatalities. There have been 6000 overdoses that have been addressed and 63 deaths that have been prevented.

There are a range of additional things that you have asked for which may be available in whole or in part. There is a degree of wooliness around a couple of the things that you have asked for. If you would like to perhaps just list them with as much clarity as you can, because you referred to perimeters and proximities and various distances from the centre, perhaps we can actually work something through for you with a bit more clarity.

Nicholas McGOWAN: Yes, I am happy to do that. If I can provide it post today, that would be great. Is that what you are suggesting, or are you suggesting I do that now?

Harriet SHING: In order to provide assistance to you on the matters that we can get you data on, if you are able to perhaps put that list to me with the detail that you are after and the specificity that you are after, I am very happy to seek that information for you. But there is a caveat to that that many of the issues that you have raised are matters that sit with Victoria Police. VicPol is one agency, and there are other agencies as well that go beyond the scope of the bill that we are here to talk about today. So perhaps let us see what we can do in relation to what you have talked about and, drilling down beyond perhaps asking for information on substitution therapy, what it is that you are after in more granular terms to assist with the discussion on this bill.

Nicholas McGOWAN: Thank you, Minister. I appreciate that. In respect of the substitution therapy, the initial report, the Hamilton report, specifically noted that clients at the centre are significantly less likely to be on opioid substitution therapy or registration than people who did not inject drugs, so I really wanted to know whether there was an update on that analysis, because obviously that report was some time ago now.

Harriet SHING: That last sentence creates a bit of clarity for me. It has been a bit of time since the Hamilton review, but that is where the Ryan review comes in. It builds upon the work that was done in that initial review, and that is then about where to from here. Perhaps we will see what we can do beyond the matters that cannot be the subject of what you are asking within this bill because they sit with Victoria Police, for example, and with other agencies. But we can perhaps look at what it is that you are after and where you would like to go with that. Let us continue the conversation.

David LIMBRICK: I have I suppose a technical question around clause 35. It makes a change to the licensing arrangement from an entity to a person. Could the minister provide some clarity on why that change was made?

Harriet SHING: The objective here is a clarification that the licence-holder is not to be a non-legal entity, if that assists. Again, talking about the amendment –

The DEPUTY PRESIDENT: Sorry, Minister, just a second. Photography is not permitted in the chamber, I am sorry. Could people refrain from taking photos on their phones.

Harriet SHING: When we talk about the amendment from entity to person as it relates to a board and to multiple persons being the licence-holder, there is no challenge there around the definition of a person under section 38 of the Interpretation of Legislation Act 1984, so that includes a body politic, corporate politic or individual, so a natural person. Generally, a board refers to the board of directors of a corporate entity, and therefore this amendment will not be a barrier to a licence being granted to a corporate entity.

David LIMBRICK: I thank the minister for her answer. Just to clarify this – I am not an expert in this area of law – when we say 'to a person' it could be a corporate entity as well? To clarify my question: are we talking about an individual person, like a natural person, or are we talking about some sort of corporate entity here?

Harriet SHING: A person is defined under the Interpretation of Legislation Act as including a body politic, a corporate politic or an individual, so a natural person. When we talk about a board of directors of a corporate entity, the amendment itself will not be a barrier to, as I said, a licence being granted to a corporate entity, if that helps by way of the inclusive definition in the Interpretation of Legislation Act 1984.

David LIMBRICK: I thank the minister for her answer. Is it not the intent of the government then that the licence would be granted to an individual, a natural person, in that case? Is it the intent that it would be granted to a board or some other corporate entity?

Harriet SHING: The intent is that the provision of services would be delivered by a body capable of satisfying the objectives and the obligations under the recommissioning tender. This is about providing clarification of the intent of the bill and what those objectives are as they are set out in the bill, in the same way that those purposes were established in the course of the establishment of the trial and of the terms of reference about linking in the creation of the trial site with the efficacy that it sought to deliver around safety and amenity as an analogy to what it is that we are talking about in the example you have given.

David LIMBRICK: I thank the minister for clarifying that. Would this change have any effect on legal liability, because before it was an entity. But are we talking about effectively the same corporate entity, just clarifying here, and it would not really change it, or will it have some material effect on liability?

Harriet SHING: No, it would not have a material effect on liability. It is about making sure that we anchor definitions in the Interpretation of Legislation Act 1984 through that inclusive definition that I have talked us through.

David ETTERSHANK: I move:

1. Clause 1, after line 4 insert –

   '(aa) to provide for a change in terminology from "medically supervised injecting centre" to "overdose prevention and recovery centre"; and'.

2. Clause 1, lines 5 and 6, omit "medically supervised injecting" and insert "overdose prevention and recovery".

3. Clause 1, lines 8 and 9, omit "a medically supervised injecting" and insert "an overdose prevention and recovery".

4. Clause 1, page 2, lines 7 and 8, omit "medically supervised injecting" and insert "overdose prevention and recovery".

I have addressed this question briefly in my previous presentation, but the amendment that we are proposing is to replace in all references in the bill the term 'medically supervised injecting centre' with the words 'overdose prevention and recovery centre'. Our purpose in moving this amendment is to try and more accurately reflect the extraordinary work that is undertaken at the North Richmond site. The centre is so much more than simply an injecting space, and its name should reflect this broad range of functions, which include dental services, mental health and opioid replacement therapy. There is a general practice provided, there are homelessness and legal services provided and there is, as I mentioned previously, the most successful or the largest hepatitis C treatment program in Victoria. It is in that context that we move this amendment, and we seek support for it to give due recognition to the extraordinary work that is conducted at the centre.

Harriet SHING: Thank you, Mr Ettershank, for moving that amendment. You referred to this in your contribution in the second-reading debate and indicated that the centre agreed in principle with a name change along the lines sought. We are not aware, I am advised, that there had been any request by the centre to change the name or that the department had received any such request. We want to ensure that any name change is not actually stigmatising clients of the service, and we would need to do a proper community consultation before making these changes. It is intended that the service continues to be referred to as the medically supervised injecting centre, as broader consultation with stakeholders and the community is required before determining an appropriate name for the service into the future.

David ETTERSHANK: Could I just clarify for the record that it was not our suggestion, nor did we state that this was requested by the centre, this name change. This name change arose from discussions at the harm minimisation conference. There were a whole range of stakeholders that we have subsequently discussed it with, and I think I mentioned them in my previous speech, or I mentioned some of those. It is in that context, just so we are clear.

Harriet SHING: Thank you for that clarification, Mr Ettershank. I do apologise. I did not mean to verbal you. It was my understanding from what I thought you had said that this had come from the centre, which is why I just wanted to perhaps address that.

This is about, as I said, making sure that we are not actually entrenching stigma by changing the name and that we do have the relevant level of consultation that takes place around that in the same way that we have had ongoing discussions as part of the panel work, and we have seen a really extensive set of conversations from a range of stakeholders, including the community, users, alcohol and other drug service providers and community health and frontline service personnel.

Georgie CROZIER: I just want to make a very brief comment. I obviously appreciate where Mr Ettershank is coming from in terms of his reasoning for this amendment, but the Liberals and Nationals do not feel that legislation is required for a name change and that it could be done through regulation. I do appreciate his sentiment on this, but on this occasion the Liberals–Nationals will not be supporting this amendment.

Aiv PUGLIELLI: I wish to note on the record that the Greens are in support of this proposed amendment by David Ettershank.

The DEPUTY PRESIDENT: The question is that Mr Ettershank's amendments 1 to 4, which are a test for all his remaining amendments on sheet DE01C, be agreed to.

Amendments negatived.

Aiv PUGLIELLI: I move:

1. Clause 1, page 2, lines 10 and 11, omit "there must not be more than one such licence in force at a time" and insert "more than one licensed medically supervised injecting centre may operate".

2. Clause 1, page 2, after line 11 insert –

"(iii) there may be more than one location that is a permitted site for the operation of a licensed medically supervised injecting centre; and".

My first set of amendments seek to allow for more than one supervised injecting centre licence to operate at the same time at more than one location. People are dying from preventable overdoses and drug-related harm across Victoria. The government needs to provide similar services where there is urgent need, not just in Richmond and not just in the CBD but across Victoria. By moving the designation of permitted sites for supervised injecting centres from legislation to regulation, the government can more swiftly respond to the needs of the community without the need for legislation every time a new site is opened.

A new and additional licence can be granted by the Secretary of the Department of Health, and the permitted site of a proposed centre is still subject to parliamentary oversight, as a disallowance motion in either house of Parliament would repeal the regulation. This does not force the government's hand to establish new centres, although they absolutely should; it simply means that when the government decides to, the process is faster and less inhibited. The data is in – there is great need for more safe injecting centres across Victoria. While I do hope that with the release of the Ken Lay report the Melbourne CBD may become a second site, as I have said before, I am also concerned that this may not become a reality and that any future sites are at risk of stalling or abandonment.

Experts have also warned about the threat of the arrival of fentanyl in Victoria. This terribly dangerous drug has had devastating impacts overseas, and if it were to arrive on our streets, the harm would be disastrous. It is another reason why having an agile system that allows for new supervised injecting centres to be stood up is a critically important harm reduction measure.

Harriet SHING: I think Mr Limbrick is also going to comment after I have responded to this. This proposal in the Greens amendment is beyond the scope of the bill itself. The bill is focused on North Richmond, so the immediate changes are needed to the operation of the North Richmond centre because if they are not urgently considered and if they are not part of this legislative process now, we are going to see an expiration of the service licence in late June.

Under the current act it is really important to note that licences cannot be transferred from one provider to another. We do not want to see a risk to service continuity in instances of underperformance or where there is a profound organisational change or some unexpected departure from the way in which services are delivered. Mr Puglielli, you have referred in earlier contributions to the importance of that model and of the continuity and the trust and the reputation, and I think we all agree it is germane to the success of this model that that should not be at risk.

The proposed bill allows for more than one licence to be created to allow service delivery to transfer from one provider to another, but it prevents both licences from being in force at the same time and it does not introduce any provisions to enable the establishment of additional medically supervised injecting centres. So the response to your amendment would be that the government does not support the amendment and indeed that it goes beyond the scope of a bill and a policy framework which has been centred around North Richmond since the trial commenced.

David LIMBRICK: Whilst I appreciate Mr Puglielli's reasoning here – and I do appreciate the idea of having more flexibility – I am very concerned about this approach of doing it through regulation and having it be disallowable, because just as Mr Puglielli points out that it could easily be put in through regulation, it could also easily be shut down immediately through a disallowance motion – and I am also concerned about disallowance motions coming up every Wednesday in general business to try and shut down a new centre. For those reasons I will not be supporting this amendment.

Georgie CROZIER: The Liberals and the Nationals will not be supporting the Greens amendment.

David ETTERSHANK: Legalise Cannabis Victoria will be supporting this amendment. We believe this is a really important principle, and we will be voting accordingly.

Lee TARLAMIS: I move:

That the dinner break be taken for 45 minutes.

Motion agreed to.

Sitting suspended 6:28 pm until 7:17 pm.

Samantha RATNAM: I will speak to the amendment. Thank you, Mr Puglielli, for expanding this debate into the place that this chamber and this Parliament really need to go to. It is really disappointing that the government have indicated that they will not support this amendment and almost even more disappointing that they did not include this in the first place in this bill. We know that the work to establish this safe injecting room was indeed courageous – a really courageous act of the Labor government – and we commend the government for this bravery in the face of huge opposition at that time as well. We know the safe injecting space has helped hundreds if not thousands of lives and saved lives because of this courage and conviction to set up this really important space in the first place. We also know that your government has been working on more safe injecting spaces to continue this harm minimisation approach, and we know that the work is well advanced. The building of community engagement and support for it is also well advanced. I want to, on that note, commend the previous minister Martin Foley for being a really strong advocate for advancing that work.

Stalling this work by not only refusing to agree to this amendment but by not opening up the space in this bill where this chamber has an opportunity to really advance harm minimisation approaches in Victoria risks making the problem worse. It essentially sets up this site for failure. And while I have confidence that this operator and any future operator of the site will not let the site fail, it puts huge pressure on the existing site. It does not give us the chance to keep expanding the harm minimisation approach that we know is going to save thousands of lives across Victoria and hopefully across the country as more governments get confidence from the first jurisdictions that are willing to use their courage and conviction to open this door to more and more harm minimisation. I implore, on behalf of the Greens, the government to remember and maintain that courage. While you might not want to support this amendment today, do not abandon this work that you have created – a door to advancing and progressing in this state. It was hard fought. It was long overdue. The momentum is there. The community is there to back you. Please do not give up on expanding safe injecting spaces right across Victoria.

Harriet SHING: Thank you, Dr Ratnam, for your contribution and for the contributions of your colleagues and indeed others around this chamber. Again, for avoidance of any doubt, the bill needs to be urgently considered, and we want to make sure that we are not left in a situation where the service licence expires in late June this year. The bill itself contemplates only one site and only the North Richmond site.

Council divided on amendments:

Ayes (7): Katherine Copsey, David Ettershank, Sarah Mansfield, Rachel Payne, Aiv Puglielli, Georgie Purcell, Samantha Ratnam

Noes (30): Matthew Bach, Ryan Batchelor, Melina Bath, John Berger, Lizzie Blandthorn, Jeff Bourman, Gaelle Broad, Georgie Crozier, Moira Deeming, Enver Erdogan, Jacinta Ermacora, Michael Galea, Renee Heath, Ann-Marie Hermans, Shaun Leane, David Limbrick, Wendy Lovell, Trung Luu, Bev McArthur, Joe McCracken, Nicholas McGowan, Tom McIntosh, Evan Mulholland, Harriet Shing, Ingrid Stitt, Jaclyn Symes, Lee Tarlamis, Sonja Terpstra, Rikkie-Lee Tyrrell, Sheena Watt

Amendments negatived.

The DEPUTY PRESIDENT: We move to Mr Limbrick's first amendment, which tests his amendment 2.

David LIMBRICK: I move:

1. Clause 1, page 2, after line 29 insert –

"(da) to provide that internal management protocols for a medically supervised injecting centre must include certain requirements in relation to the prescription of Schedule 8 poisons and Schedule 9 poisons; and".

My amendment intends to expand the possible range of pharmacotherapy options for the centre. In my mind was hydromorphone, but I am not prescriptive of what drugs could be used in order to provide pharmacotherapy options. To my mind, for every person who stops using heroin and starts using something that is prescribed by a doctor, like hydromorphone, that is one less person interacting with organised crime, that is one more person brought into the medical system rather than dealing with criminals and that is one less person who will have to steal and commit petty crime to feed their habit. I am of the opinion that this will help improve amenity around the centre. One of the main complaints of residents has been around drug dealing. If people can get pharmacotherapy options such as hydromorphone when other options may have not worked for that particular person, I think that is a good thing. It will reduce crime. It will help people; it will bring them into the care of medical professionals rather than dealing with criminals.

Georgie CROZIER: I rise to just make a few brief comments in support of Mr Limbrick's amendment that he is moving, and I would also urge other members to think about what Mr Limbrick is putting forward. Indeed it is a policy that the Liberals and Nationals took to the last election, so we are strongly supportive of pharmacotherapy alternatives to these heinous drugs, and I think anything we can do to support people to get off drugs like heroin and give them opportunity and give them some support going into the future is absolutely necessary. So I want to commend Mr Limbrick for bringing forward these amendments, and I would urge all members to support them as well.

Sarah MANSFIELD: As Greens we support evidence-based approaches to drug harm reduction, and that includes access to all appropriate therapeutic interventions, including hydromorphone and other future therapies should they become available. We believe that they should be affordable and readily accessible, and in that respect we agree with Mr Limbrick and recognise this aspect of his motivation for putting forward these amendments. We are open to working with him and others who want to achieve this by finding a way to make it more accessible. I was heartened to hear the assurances that the minister provided earlier regarding hydromorphone and perhaps in future work to look at improving its availability. However, we will not be supporting the amendments proposed, not because we do not support access to therapies like hydromorphone but because these amendments to the internal clinical management protocols will not make these therapies any easier to access.

Perhaps it is worth explaining what the different schedules of drugs mean and how that is relevant in this situation. There is no barrier in the existing legislation or indeed in the internal management protocols to the prescribing of any schedule 8 medication, including hydromorphone. If hydromorphone was a therapy available for opioid addiction, it could be prescribed. The current barriers to access to hydromorphone are related primarily to cost – it is extraordinarily expensive – and also to the regulatory processes around its prescribing. If some people had done a little bit more homework, they would know that it is not approved for use by the TGA at the moment for opioid addiction. It is not an approved use, although that might change – there is a trial underway in Sydney – and neither the cost nor regulatory issues would be addressed by this amendment.

The Ryan review did indeed recommend expanding options for pharmacotherapy, but it called for more funding of it. It did not recommend legislative changes to the management protocols. The cost issue is a significant one, and while we would like to see investment in this treatment option, it is important to note that we also need much greater investment in measures to increase the number of people able to prescribe opioid replacement therapies. Even if we had hydromorphone available for

therapeutic use, there may not be enough people trained to prescribe it. As it stands we do not have enough prescribers for existing treatment options like methadone and buprenorphine.

There are also technical issues with the proposed amendment. It calls for the issuing at the centre of prescriptions for schedule 8 and schedule 9 poisons when it is clinically appropriate for those substances to be prescribed. As stated already, there is no need for an amendment to the legislation with respect to schedule 8 medicines. They can already be prescribed. For reference, schedule 8 drugs, according to the Standard for the Uniform Scheduling of Medicines and Poisons, are:

> Substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.

In practice what that means is that they are drugs that are carefully regulated and often require clinicians to obtain a permit or other authority to prescribe. They include opioids like fentanyl, morphine, oxycodone, methadone, buprenorphine and hydromorphone. They also include medicinal cannabis and ketamine. They are your schedule 8 drugs.

Not only is the reference to schedule 9 drugs redundant, but it does not quite make sense. Schedule 9 drugs are by definition prohibited substances which may be abused or misused and can only be used for research purposes. They cannot be prescribed for a therapeutic purpose. That is the whole point of schedule 9: they cannot be used for a therapeutic purpose. If a drug is currently classified as schedule 9, it might at some stage be approved for therapeutic use. If that happens, it will be reclassified to a different schedule. A good example is cannabis. It used to only be listed as schedule 9. Some forms remain schedule 9, but approved forms of medicinal cannabis are now schedule 8, so they can be prescribed in a therapeutic situation. For example, if heroin was to be approved for therapeutic use, which it has in some countries, it would become a schedule 8 drug. So there is no need to have this reference to schedule 9 in this amendment, and in fact it actually does not make a lot of sense.

So we certainly support improving access to the full suite of available therapies but we want to see it done in a meaningful way that actually does improve access, and we will not be supporting this amendment.

Harriet SHING: There have been a range of matters discussed in the contribution from the Greens around the distinction between schedule 8 and schedule 9 substances, and this is a relevant matter for understanding the position of the opposition and Ms Crozier's indication that Mr Limbrick's amendment is supported. In that regard I want to highlight in perhaps very simple terms the effect of what it is that the opposition is proposing by virtue of supporting prescription of schedule 9 medicines which are, as has been indicated, only available for clinical trials. This may lead, by logical extension, to the perverse outcome whereby those opposite are saying that heroin could be prescribed. Is this in fact the intent of what is –

Members interjecting.

Harriet SHING: So I am hearing from those opposite that that is not the intent. Well, that would be the effect of creating an opportunity to provide access to schedule 9 substances. So –

Matthew BACH: It's the end of the world as we know it.

Harriet SHING: Well, Dr Bach, I will take up that interjection. You think that it is the end of the world as we know it. Well, I think by you saying, by effect and by extension, that you would be in a position, in supporting this amendment, to provide schedule 9 substances, including, as they may, heroin, you are in a position to perhaps be compounding the problem which has brought us to this particular point and the bill and the trial and what it is that we would like to achieve.

To go back perhaps to the earlier comment about the work that we are continuing to do around pharmacotherapy and the commitments that have been made around further work that needs to happen and picking that reference up from the review, this is an important next step, but amending the legislation –

Members interjecting.

The DEPUTY PRESIDENT: Order! Can we have a little bit more respect for the minister, please.

Harriet SHING: It is a low base, perhaps, Deputy President. Amending the legislation is not in and of itself an appropriate mechanism to expand access to pharmacotherapy options, so on that basis we do not support the amendment proposed by Mr Limbrick for those reasons associated with schedule 8 and schedule 9 distinctions and for the reasons outlined around the ongoing work for pharmacotherapy incorporation.

David LIMBRICK: I would like to just briefly respond to the minister. One of the areas in this amendment, as it states very clearly, is 'when it is clinically appropriate' and only when it is clinically appropriate for a particular medicine to be prescribed as an opioid substitute. I am intentionally not defining what that drug is. I am leaving that to the experts who run these things. If they decide that it is clinically appropriate to approve hydromorphone, as has been suggested many times, then that is fine. If there are other substances in the future that come up that may be clinically appropriate, then they also could be used under this amendment.

Harriet SHING: To respond perhaps to what Mr Limbrick has just said, given that schedule 9s are available through clinical trials and given the challenges that we have around what has been discussed with pharmacotherapy work as ongoing and the work that needs to continue following the Ryan recommendations, this would lead to a conflict between the act and the regulations. So on that basis it is really important to distinguish between what is proposed to be developed, including through TGA and other regulatory approvals, the problem that you are seeking to address and the limitations of the act that we are working with here and the bill as it is proposed to in effect deliver on the objectives and the findings of the Ryan review and to continue the discussion around pharmacotherapy options and opportunities.

Council divided on amendment:

Ayes (15): Matthew Bach, Melina Bath, Jeff Bourman, Gaelle Broad, Georgie Crozier, Moira Deeming, Renee Heath, Ann-Marie Hermans, David Limbrick, Wendy Lovell, Trung Luu, Bev McArthur, Joe McCracken, Nicholas McGowan, Evan Mulholland

Noes (22): Ryan Batchelor, John Berger, Lizzie Blandthorn, Katherine Copsey, Enver Erdogan, Jacinta Ermacora, David Ettershank, Michael Galea, Shaun Leane, Sarah Mansfield, Tom McIntosh, Rachel Payne, Aiv Puglielli, Georgie Purcell, Samantha Ratnam, Harriet Shing, Ingrid Stitt, Jaclyn Symes, Lee Tarlamis, Sonja Terpstra, Rikkie-Lee Tyrrell, Sheena Watt

Amendment negatived.

The DEPUTY PRESIDENT: Ms Crozier, I invite you to move your amendment 1, which tests amendments 5 to 10 on sheet GC47C.

Georgie CROZIER: I move:

1. Clause 1, page 2, after line 33 insert –

"(ea) to require that the Secretary must not issue a medically supervised injecting centre licence for a facility unless –

(i) the facility is at least 250 metres away from the nearest school or service of a specified kind; and

(ii) the Secretary is satisfied that the facility is suitable for use as a licensed medically supervised injecting centre –

and to provide for various consequences if a facility ceases to meet these standards; and".

As I said in my contribution, the Liberals and Nationals are very concerned about the location of the North Richmond facility. It is right next to a primary school. It should not be; it just simply should not be placed next to a primary school. In New South Wales that does not occur. They have a far more

sensible approach. What this amendment does is aligned with what occurs in New South Wales around those restrictions – they may not operate in near proximity to schools, childcare centres and community centres and must have regard to the visibility of the premises and must have regard to the impact on public safety. That is what we are aligning with, and that is why we think this is a sensible measure to ensure that public safety is protected and that we do not continue to have what is occurring now, with amenity absolutely trashed, residents living in fear more often than not and children having to visualise and experience what they do as a far too regular occurrence. It is a sensible measure, and I would urge the house to support the amendment.

Aiv PUGLIELLI: The Greens acknowledge the community concerns around the current MSIR's location being close to Richmond West Primary School as well as concerns around amenity of the surrounding neighbourhood. However, it is important to note the reasons why the MSIR is established in its current location on Lennox Street. Firstly, MSIR needed to be located where people were already injecting drugs. The research shows that people consume the drugs they purchase within minutes. Given the drug trade is concentrated in this area, it is crucial for MSIR to be here. Secondly, the MSIR site was chosen to be co-located with the existing North Richmond Community Health site given the wraparound services and treatments MSIR offers. Finally, we cannot just upturn the licensing arrangements of the existing MSIR site without jeopardising the operation of the existing site. If the opposition was seriously considering community need, they would not have proposed this without providing an immediate solution – in this case, a suitable alternate location. Not having this life-saving health service where it is in North Richmond is only going to increase the risk of overdoses and death for drug users in North Richmond. The Greens will be opposing this amendment from the opposition.

David LIMBRICK: I would like to briefly speak to this amendment. As I outlined in my second-reading speech, I am alive to the concerns of the local community around amenity. I think this amendment is sensible in that it has a one-year transition period so that there is time to find a different site or manage it in a way that is in line with the conditions that are put in this amendment. I think that it is sensible to keep it away from schools and other sensitive facilities, and so for that reason, although I will be supporting the bill, I will also be supporting this amendment.

Harriet SHING: To speak to this amendment, I want to canvass a number of matters that have been raised in the second-reading debate and in the other place, because I think that context is very important, and I want to pick up on the point that I have made in response to questions from Ms Crozier and others in this committee stage.

The centre is located where drug activity has been occurring for decades. The centre is located in an area where people have been injecting drugs, overdosing and dying for many, many years. As a consequence of the centre being located where it is, we have seen 6000 overdoses addressed and around 63 lives saved. People who live in and around the area know all too well the impact that intravenous drug use and addiction has on their community and that it has had on their community for decades. They know all too well the volume of syringes and of other items associated with intravenous drug use being an everyday part of the landscape in that part of Melbourne.

What we do know from the introduction of supervised injecting facilities around the world is that they work. What we also know from the introduction of medically supervised injecting facilities – some 120 now since the first one was introduced in Switzerland – is that but for medically supervised injecting facilities and environments within which people can inject drugs in a way that is immediately able to be addressed if there is an overdose situation or in a way that provides context and contact with pathways and services is that we see beneficial health outcomes, and those beneficial health outcomes, yes, relate to lives being saved and, yes, relate to overdoses being averted, but they also deliver pathways to programs, to services, to care and to the sort of wraparound engagement that vulnerable drug users need.

We are talking about cohorts, communities and people who are often very long term intravenous drug users. We are talking about people who are often vulnerable because of a range of other factors – the

intersectionality of disability, of our Aboriginal and Torres Strait Islander communities and of people that are homeless or at risk of homelessness. Addiction causes a slide in every sense. It distracts from people's ability to be able to connect and to participate in everyday life. Injecting facilities in a supervised setting are not, as I said in my summing up remarks, a silver bullet, but we do know from the Ryan review and from the Hamilton work that there is a growing body of evidence that they are an effective intervention that can reduce deaths and health burdens while also addressing safety and amenity concerns.

As we move toward a much greater concentration of people in Melbourne, and we know on current modelling we will get to 9 million people in Melbourne by the late 2050s, it is important to note that in seeking to bed down an amendment – to give effect to an amendment – in the terms proposed by Ms Crozier we are saying that should there be a childcare centre, a school or a health facility established anywhere in the proximity of any such facility it would not be able to operate, it would in fact not be able to deliver the care and the services and the wraparound engagement and those pathways toward improved health outcomes – life quality, connection to family, opportunities to participate in the workforce – and that would all in fact be up for grabs as a consequence of population growth and concentrated density in the delivery of services such as those that Ms Crozier has contemplated in that amendment.

So again I come back to the goals of the legislation: to reduce overdose deaths and overdose harms – that relates to the current location, the centre of much of the drug-taking and drug-dealing activity, which is well established and well known in the area; to provide a gateway to health and social services for people who inject drugs; to reduce ambulance attendances and emergency department presentations attributable to overdose; to reduce the number of discarded needles and syringes in public places; to improve neighbourhood amenity for residents and local businesses; and to assist in reducing the spread of bloodborne diseases. The Ryan review is the culmination of more than a year of research and hundreds of stakeholder consultations and discussions – an enormous body of work.

Evan Mulholland interjected.

Harriet SHING: Mr Mulholland, I will take you up on that interjection. There is so much work that has gone into building upon the work of the Hamilton review and of the work associated with the trial of engagement – the things that precipitated the Premier's announcement that this trial would take place in a public event at which frontline responders were responsible for reviving somebody who had overdosed just out of camera. This is a very real issue, and it is not an easy one because it does force us to contemplate the reality of drug use in our neighbourhoods and the reality of drug use, as Ms Broad picked up in her contribution, everywhere in the state. Ms Bath has referred to it also in seeking additional recommendations and investment in residential rehabilitation beds and detox beds.

Matthew BACH: A fine contribution.

Harriet SHING: Dr Bach, they are good contributions. That is why this is a really significant debate to have, because it is so multifaceted and because we need to take account of the positions and the concerns of community members. This is not a straightforward proposition, but it is one which but for a medically supervised injecting centre – the very trial that has saved so many lives, that has averted so many overdose situations: people who are family members, who are loved ones and people who have been lost to addiction but who should have the opportunity to come back from it – but for that service at which there has been no death, we would be in a situation where that part of Melbourne would be riven with an ever-growing volume of drug-related activity the type of which has caused so much concern for so many people speaking in the chamber this evening.

It is also important to note that, when we talk about the Ryan review and about the accommodations and the concern and the engagement with the community, there is a lot of work happening not just to decrease the number of ambulance attendances or the volume of illegal activity around the area but also around the establishment of outreach services. The new North Richmond enhanced outreach

service is about addressing gaps in the system. There is work underway to coordinate security providers in the North Richmond precinct in and around the estate, for new and upgraded public housing and improvements to the estate grounds and communal buildings, for new playgrounds, a futsal pitch, lighting, landscaping and community room upgrades with a focus on improving amenity and safety in the precinct, because perceptions of safety are as important as safety itself. And we know that implementing the recommendations will go a long way toward improving the experience of the precinct as well as the capacity of the service itself to proactively engage with people who inject drugs in North Richmond.

There will never be a straightforward answer to such a complex social and health issue. The concerns of the community continue to be part of the work that government is doing to address and to identify options and to continue discussions about what the future looks like. But bedding this facility down into a permanent operation will enable more lives to be saved, will enable more issues to be triaged for vulnerable people and will in and of itself improve and increase amenity and lean into the reality that drug use is part of every community in this state, in Australia and around the world. In opposing this amendment, we look forward to continuing to engage with communities, with stakeholders and with individuals who need and deserve a nuanced and respectful solution to this issue. That is why the bill is proposed in the way that it is, and that is why the bill is grounded in the Ryan review and the recommendations, the Hamilton work and the benefit that we have seen delivered time and time again to make and keep people safe and to keep people, quite literally, alive.

Council divided on amendment:

Ayes (16): Matthew Bach, Melina Bath, Jeff Bourman, Gaelle Broad, Georgie Crozier, Moira Deeming, Renee Heath, Ann-Marie Hermans, David Limbrick, Wendy Lovell, Trung Luu, Bev McArthur, Joe McCracken, Nicholas McGowan, Evan Mulholland, Rikkie-Lee Tyrrell

Noes (21): Ryan Batchelor, John Berger, Lizzie Blandthorn, Katherine Copsey, Enver Erdogan, Jacinta Ermacora, David Ettershank, Michael Galea, Shaun Leane, Sarah Mansfield, Tom McIntosh, Rachel Payne, Aiv Puglielli, Georgie Purcell, Samantha Ratnam, Harriet Shing, Ingrid Stitt, Jaclyn Symes, Lee Tarlamis, Sonja Terpstra, Sheena Watt

Amendment negatived.

The DEPUTY PRESIDENT: Ms Crozier, I invite you to move your amendment 2 and speak to it. It tests your amendments 12 to 16 on sheet GC47C.

Georgie CROZIER: I move:

2. Clause 1, page 3, line 1, omit "a further review" and insert "further reviews".

This is a simple amendment to have periodic reviews of the injecting centre, as the minister herself said, to take account of the positions and concerns of community members. Having periodic reviews is a necessary item in relation to what is actually happening. The bill only allows for one more review, and so this amendment takes that commonsense approach of having periodic reviews so that the community and others can understand exactly what is happening with the injecting room.

David LIMBRICK: I will be supporting this amendment from the opposition. I think it seems like a sensible thing to have periodic reviews, so I will be supporting this amendment.

Harriet SHING: The government has a couple of reasons for opposing this particular amendment. One relates to reporting, which takes place in accordance with the terms of the contract for provision of the services and the way in which the health service's report is published under the charitable and not-for-profit organisation commission website, available federally. In addition to that, there is a further review component which is set out in this bill to amend the act for a further review of the service undertaken in similar terms to that which was conducted in both the Hamilton and the Ryan reviews. This particular review will be undertaken in relation to both the operation and the use of the

medically supervised injecting centre and the extent to which those objects have been advanced. So it is not just about the nature of the operation following passage of this bill and a permanent location being established, it is about linking that back to the way in which the objects of the centre have been advanced. That is where again the pathway comes in and the engagement, the wraparound and the access to additional services are concerned.

This is about making sure that that review commences before the end of the licence has extended – so that is 30 June 2028 – and the review will play a really important role in allowing government and the community to learn more about effective approaches to supporting people who inject drugs and the experience of the community that lives and works around the North Richmond drug market. As I said before, this is an ongoing engagement. This is about working beyond a periodic review as proposed in the amendment. It is about engaging with work as it takes place on the ground every day, making sure that communities and stakeholders are part of a conversation on what is working, the continuous improvement that is being delivered and the ongoing work as it sits within our broader framework of alcohol and drug dependency investment.

Importantly, this was established as part of a much broader landscape of commitment from this government to tackle alcohol and drug abuse. To take us back to a number of contributions in the second-reading debate, we know that drug and alcohol dependency, whether prescription or illicit drugs are involved, is something which requires a wraparound solution. It requires detox. It requires rehabilitation beds. It requires access to services, and that is precisely what happens on the ground. It is about making sure that, when we put that investment of more than $2 billion to work to more than double the number of residential rehabilitation beds, we are also increasing withdrawal beds and we are implementing, for example, the *Ice Action Plan* and the *Drug Rehabilitation Plan*. And as I indicated in an answer to Ms Crozier before, when we look at New South Wales and the comparatively higher rate of methamphetamine use in the Kings Cross facility, we know that there are a range of different presentations around different types of intravenous drug use that require different responses and solutions based around the themes of addiction but tailored accordingly.

We also want to make sure that as we invest in alcohol and other drug services we are supporting First Nations people, we are responding to alcohol and other drug treatment demand, we are responding to global supply pressures for critical harm reduction products like naloxone and also we are establishing facilities for rehabilitation and residential treatment. This is something which Ms Broad raised earlier, and it includes a $36 million investment for a 30-bed facility in Mildura. This is about an aggregate approach to a really complex health challenge, a community challenge and a challenge for governments. These investments provide support to approximately 40,000 people every year in accessing alcohol and other drug treatment and in the care and support that helps them to those pathways of recovery. It is a landscape rather than a point in time or rather than a single issue. And that is where we oppose the notion of a periodic review because of what the broader work is delivering and in light of the commitments and investments that have been made, as I have said, and in light of the further review of the medically supervised injecting centre as it is proposed by amendment of the act.

Council divided on amendment:

Ayes (16): Matthew Bach, Melina Bath, Jeff Bourman, Gaelle Broad, Georgie Crozier, Moira Deeming, Renee Heath, Ann-Marie Hermans, David Limbrick, Wendy Lovell, Trung Luu, Bev McArthur, Joe McCracken, Nicholas McGowan, Evan Mulholland, Rikkie-Lee Tyrrell

Noes (21): Ryan Batchelor, John Berger, Lizzie Blandthorn, Katherine Copsey, Enver Erdogan, Jacinta Ermacora, David Ettershank, Michael Galea, Shaun Leane, Sarah Mansfield, Tom McIntosh, Rachel Payne, Aiv Puglielli, Georgie Purcell, Samantha Ratnam, Harriet Shing, Ingrid Stitt, Jaclyn Symes, Lee Tarlamis, Sonja Terpstra, Sheena Watt

Amendment negatived.

The DEPUTY PRESIDENT: Ms Crozier, I invite you to move your amendment 3, which tests your amendment 17 on sheet GC47C.

Georgie CROZIER: I move:

3. Clause 1, page 3, after line 3 insert –

"(fa) to provide –

(i) that the Secretary must not issue a medically supervised injecting centre licence to a person unless satisfied that the person is a fit and proper person to hold the licence; and

(ii) that a person must not be appointed as a director or supervisor of the licensed medically supervised injecting centre unless the person making the appointment is satisfied that the proposed appointee is a fit and proper person to be a director or supervisor; and".

I am moving this amendment around the fit and proper person test because the act currently describes a licensee as an entity, whilst the bill as it stands will change the licensee to a person, so there is no current test for the licensee to be a fit and proper person. What this amendment will do is reflect what is currently required under the Liquor Licensing Act 1997. So again, it is a commonsense measure. If you have got to be a fit and proper person to run a bottle shop, surely you should be a fit and proper person to run a drug-injecting room. This is a very commonsense approach to what is required to ensure that the fit and proper test is applied.

Jeff BOURMAN: I will be supporting this because I find it rather strange that you need to have a fit and proper person test for a shooters licence but not to run a drug-injecting centre.

Harriet SHING: The government will not be supporting the amendment proposed by Ms Crozier and supported by Mr Bourman. To go back to the questions that I answered before about 'person' and 'entity' and those changes and the inclusive list, which is referred to in the Interpretation of Legislation Act 1984, this is an inclusive list which does describe a corporate or politic or other entity or person falling within that definition. This is in fact a process that would be incorporated, for example, into tender documents, not legislation. This is something which is part and parcel of making sure that there is a responsible and fit-for-purpose delivery of the services which are intended to be acquitted as part of the permanent operation of this centre. It is not to say – and I would hate to think that anyone would say – that it is therefore not a requirement that fit and proper approaches and conduct be part of, and an intrinsic part of, the delivery of these services. This is a matter for tender documents, it is not a matter for legislation. That also links in directly, as I said, with the acts interpretation act and the questions asked by Mr Limbrick – and answered – earlier this evening.

Evan MULHOLLAND: I just want to speak in support of the amendment. We have had a case before where the CEO was stood down and there was trafficking going on at the centre, so this is nothing new. So I think it is only right that this house does support this amendment to have it there in legislation that it is a fit and proper person that is running this facility. I think it is important that we provide the facility with that extra layer of good governance and good reputation and in doing so that we can make sure what has happened in the past does not happen again.

Council divided on amendment:

Ayes (16): Matthew Bach, Melina Bath, Jeff Bourman, Gaelle Broad, Georgie Crozier, Moira Deeming, Renee Heath, Ann-Marie Hermans, David Limbrick, Wendy Lovell, Trung Luu, Bev McArthur, Joe McCracken, Nicholas McGowan, Evan Mulholland, Rikkie-Lee Tyrrell

Noes (21): Ryan Batchelor, John Berger, Lizzie Blandthorn, Katherine Copsey, Enver Erdogan, Jacinta Ermacora, David Ettershank, Michael Galea, Shaun Leane, Sarah Mansfield, Tom McIntosh, Rachel Payne, Aiv Puglielli, Georgie Purcell, Samantha Ratnam, Harriet Shing, Ingrid Stitt, Jaclyn Symes, Lee Tarlamis, Sonja Terpstra, Sheena Watt

Amendment negatived.

The DEPUTY PRESIDENT: Ms Crozier, I invite you to your amendment 4, which tests your amendment 18 on sheet GC47C.

Georgie CROZIER: I move:

4. Clause 1, page 3, after line 7 insert –

"(ga) to require the holder of a medically supervised injecting centre licence to prepare an annual report that will be laid before each House of the Parliament; and".

Again, this is around transparency and accountability and to have annual reporting. Surely to goodness, if we expect hospitals and community health centres and other entities to provide annual reports to the Parliament, we should ensure that the injecting room also provides an annual report to understand exactly what is going on, understand exactly the financial positions – all of those issues that the minister has raised around meeting objectives. I mean, as I have previously stated, the Ryan review, 25 pages long, is clearly not the extent of their work. It is only the public document that has been provided, but it does not go anywhere near what has been described with the work that they have done. As the minister also said, and I repeat, she takes into account the positions and concerns of the community members. While we understand that, we also understand the numbers of people that are going through. What has happened to them? The rehabilitation – whether they have actually been supported through that rehabilitation process. How many? Is there an increase in the usage? What is actually happening? So I would urge all members, in the interests of transparency and accountability, that annual reporting is undertaken and that an annual report on the injecting room is provided to the Parliament.

Harriet SHING: Thank you, Ms Crozier, for moving that amendment. There are a couple of things in what you have just said which point to the concern I have and that we have around the distinction between reports and operational decisions. And what it is that I think you are looking for here is a measure which goes beyond reporting in the sense of annual reports and goes more to a blow-by-blow description of operationalised decision-making on the ground and within this centre.

So as part of the service agreement, the licensee is currently required to maintain records within relevant legislation and those obligations to understand client needs as well as drug trends, service delivery and the way in which we can inform the pattern and volume of referrals. The licensee also undergoes biannual audits by the Department of Health's medicines, poisons and regulations team to ensure the service is meeting appropriate standards.

When we also talk about reporting, it is something I have touched on before in answering other questions around the way in which documents setting out annual reports are set in the federal space and published according to the charitable and non-profit organisation commission's obligations. It is therefore something which is about transparency, it is about providing information about the overall functioning of the centre. But as far as operational work is concerned, those day-to-day decisions, this is not something that ordinarily falls within the contemplation of an annual report. So to say that by extension of a discussion of annual reports this would provide the sort of answers that you are looking for would be to misunderstand or misrepresent the nature of annual reports as they operate in the world at large.

Georgie CROZIER: Well, Minister, I was only using that to describe exactly why we need to have annual reporting in terms of having an understanding about the operation of the injecting room, as with any annual report that is provided to this place. A health service has a range of objectives. Does it meet the service delivery? Looking at the budgets, the staffing and having all of those aspects included in their annual reports, for example. But we do not know some of these points. So I am not being prescriptive about the annual reports. I am just saying that an annual report for this facility should be provided to the Parliament on an annual basis, like every other health facility in the state is required to do.

Harriet SHING: What you have just said is that you are not trying to be prescriptive, but your opening marks were exactly about being prescriptive about what you want to see in reporting. It is important to note that the provider has reporting requirements through the service agreement and with the department and they have got reporting obligations under the Commonwealth Corporations Act 2001, so that is why their annual reports, as I have indicated already, are available publicly under the Australian Charities and Not-for-profits Commission website.

Again, what you are looking for, Ms Crozier, is not able to be nor appropriate to be acquitted through an annual reporting process. There are operational processes, as I have indicated in earlier answers to questions and to comments, which are about determining the extent to which this model is delivering on the objects of the act, the extent to which this model is delivering on the recommendations of the Ryan review and the extent to which a permanent facility is enabling us to take the evidence and the material provided to that review in the course of 102 consultations and multiple round tables. There have been ongoing conversations with the community, with frontline responders, with people who live with and experience intravenous and other drug addiction, with service providers and with experts to have a proper basis on which to make the right decisions on a day-to-day basis that deliver life-saving care and support and that prevent overdose and death but which also provide those pathways for people to re-emerge from the depths of addiction into something which enables them to participate in the community, to have access to accommodation and to have good health care.

Mr Ettershank referred earlier to the way in which everything from hepatitis C through to other health conditions can be managed and treated and referral pathways can be given where there is an aligned set of priorities around community or other health service delivery in that tertiary context and availability for other acute or specialist care when and as it is needed. This is about delivering on those objectives. Those objectives are what have informed this bill, the objectives by which the measure of success and areas for improvement and recognition of the models that are working and have worked, now and into the future, will deliver.

Council divided on amendment:

Ayes (16): Matthew Bach, Melina Bath, Jeff Bourman, Gaelle Broad, Georgie Crozier, Moira Deeming, Renee Heath, Ann-Marie Hermans, David Limbrick, Wendy Lovell, Trung Luu, Bev McArthur, Joe McCracken, Nicholas McGowan, Evan Mulholland, Rikkie-Lee Tyrrell

Noes (21): Ryan Batchelor, John Berger, Lizzie Blandthorn, Katherine Copsey, Enver Erdogan, Jacinta Ermacora, David Ettershank, Michael Galea, Shaun Leane, Sarah Mansfield, Tom McIntosh, Rachel Payne, Aiv Puglielli, Georgie Purcell, Samantha Ratnam, Harriet Shing, Ingrid Stitt, Jaclyn Symes, Lee Tarlamis, Sonja Terpstra, Sheena Watt

Amendment negatived.

The DEPUTY PRESIDENT: Mr Puglielli, I invite you to move your amendment 7, which tests your amendment 24 on your sheet AP02C, and speak to that now.

Aiv PUGLIELLI: My second set of amendments I so move:

7. Clause 1, page 3, after line 11 insert –

> "(ha) to make it a condition of a medically supervised injecting centre licence that persons must not be refused admission on the basis of pregnancy or childhood, or on the basis that they are subject to certain orders and conditions; and".

This next set of amendments seeks to stipulate that access to the MSIR cannot be refused to people on the basis of them being pregnant, under 18 years of age or subject to a court or tribunal order, a parole condition or a bail condition other than an order or condition that has the effect of prohibiting the person from attending the centre or from accessing services or assistance at the centre. These amendments come from the Ryan review recommendation that expanding MSIR access will minimise

the number of people injecting in public and are strongly supported by harm reduction and addiction specialists.

Expanding the eligibility for access to the MSIR means that people are provided with a safer environment for injecting, medical supervision and resuscitation support. It also means that people are not being turned away from this service and instead injecting themselves in unsafe places such as nearby parks or toilets et cetera. For those in this chamber who are concerned about public drug use around the North Richmond centre, this amendment will help address and reduce this.

In the Ryan review the panel acknowledged the success of the North Richmond site in saving lives and reducing the harms caused by injectable drugs. The government has accepted all recommendations made by the panel, except one – that the Minister for Mental Health:

> Minimises the number of people injecting in public by expanding MSIR access to include peer/partner injecting and that the Clinical Advisory Council … consider the removal of other eligibility barriers including people on court orders.

The Greens believe that it is paramount that we remove obstacles to people accessing this life-saving service. It bears repeating: banning people from using the MSIR does not stop them injecting drugs. It only pushes them to inject in public without trained medical staff able to step in in cases of overdose, as well as to provide critical pathways to holistic health and wellbeing services. These amendments are a choice between providing access to a safe environment for injecting or refusing that and pushing people into an unsafe environment. We cannot draw arbitrary lines based on who we think should have access to this service based on optics or political narrative. Everyone deserves to be resuscitated. Everyone has a right to medical care. We do not take these changes lightly. It is not pleasant to think about pregnant people or children injecting heroin, but it is not just a thought, it is a reality in Victoria. Every day there are pregnant people and minors using heroin. Just a few years ago a teenager died of a drug overdose just a few hundred metres from the Richmond site. It is such a terrible tragedy that might have been prevented if they had been able to access the MSIR. It is a particularly cruel irony to force some of the most vulnerable members of our community into an environment where they are taking drugs in a manner that is less safe than their peers just because they are more vulnerable, as well as to prevent them from accessing the wraparound services that the MSIR provides to their clients.

Again, our amendments are about the option of allowing access to an environment which is safe versus one that is unsafe, as well as access to holistic health and wellbeing support, addiction specialists, pharmacotherapy, mental health workers, housing providers and so much more. Expanding the eligibility of those who can access the MSIR will also expand the number of people who are offered pathways to health care and stability.

Georgie CROZIER: The Liberals and Nationals will not be supporting the Greens amendment.

David LIMBRICK: Whilst I share Mr Puglielli's concerns about children and drug use – it is particularly tragic – I cannot bring myself to see this injecting centre as somewhere that is suitable for children. I acknowledge that there are children that have problems with drugs, but I do not think that this is a solution. I think that the government needs to come up with a different solution to help these children. I do not think that this is a place for children, and therefore I will not be supporting this amendment.

Harriet SHING: Thank you, Mr Puglielli, for your amendments and for the basis upon which you have put them and put that on the record. One of the things I think that we need to make clear in this particular issue is the complexity of the impact of drug use on women and their unborn babies and the fact that this requires a very careful, considered and often very nuanced approach to care, and in the internal management protocols of the service it is clear that pregnant women cannot inject in the facility.

That, however – I want to be really clear – is not a reason to then conclude that a pregnant woman who attends the facility who is not able to inject at the facility is then turned away. It is important to

note that this is adjacent to the health service. It is about being able to engage, and that is precisely what staff do. They are trained to talk with somebody who does wish to use the facility and who presents as being pregnant and to actually provide pathways and access to care and to wraparound support.

It is also really important that we note the operation of the facility and that use by minors of intravenous drugs is not permissible. This is also about engagement. What is it that young people need to address the causes of addiction? Often there is that vulnerability and that disconnect between the wraparound services, care, family, kinship networks and support that often exacerbates the vulnerability that is there.

This is where we will look at the report and at that recommendation on how best to strengthen the service, but we will not be proceeding with that recommendation as made in the report. But we want to continue to engage with experts on how best to provide that support, how to make sure that women can access services that will help them in their pregnancy and help them with access to services not just during their pregnancy but afterwards and how to address the really complex medical challenges that often exist in these circumstances, where that again is a contact point for pathways and for outreach and for ongoing engagement. That meets the objectives of the act as proposed. It meets the objectives of the service, which are about harm minimisation, about pathways, about care and, through that referral pathway, about being able to prevent or minimise overdose or death. This is, again, a nuanced response that is required and appropriate in circumstances which themselves are not straightforward. So the service, together with broader alcohol and other drug services, will continue to connect pregnant women with those pathways, and on that basis it is not an amendment that the government will support.

David LIMBRICK: I have a question for the minister on this point around pregnant women. How is the current prohibition on pregnant women using the centre enforced? How do they know that a woman is pregnant when they present?

Harriet SHING: This is a really important question, because again, when somebody attends the centre privacy is a really significant concern. Often people will not want to identify their status, their age. This is not a situation where people who attend will necessarily have a form of identification, for example, with their date of birth. And in the same context as has been raised earlier around fit and proper and access to certain forms of activity and rights that might exist at large and concerns that this is not the case here, we will have a situation where staff who are really well trained are able to talk with and engage with people who wish to use the service and through that engagement be in a position to determine age, likely age and the vulnerabilities associated with somebody who is possibly, probably or more likely under the age of 18 or indeed who is pregnant. These are hard conversations to have, because we all know just how delicate a conversation it is to ask somebody about pregnancy. We sit here in a very privileged position in this chamber knowing how hard it is, let alone somebody who is in a situation where they have purchased drugs or they have got drugs on their person or they are with somebody and they want to inject, and the last thing they want to do is talk about the fact that they are pregnant.

This is where the expertise of the staff comes in. Again, talking with them is the best way to determine their presentation, whether that is in relation to age or pregnancy status.

Aiv PUGLIELLI: I thank the chamber for the sensitivity of the debate about the amendment we are speaking on. I also appreciate the government raising these concerns and issues in relation to our amendments. This is, as has been said, quite complex, and there is a broad conversation that I think needs to be had across the political divide to make sure that we can provide health care to vulnerable cohorts within our community. I particularly also highlight the interaction that this amendment, as has been noted, would have with current child protection legislation and those requirements that are currently in place. I take the position that our first step should be to expand the eligibility for access to the MSIR so that people, including those who are young – minors – have access to a safe environment for injecting rather than them staying in an environment which is unsafe, but I would certainly

welcome the opportunity to work collaboratively to address these concerns with the government and others as well. It is crucial that these cohorts are afforded this life-saving health care. Drug use in our community does not discriminate.

Council divided on amendment:

Ayes (7): Katherine Copsey, David Ettershank, Sarah Mansfield, Rachel Payne, Aiv Puglielli, Georgie Purcell, Samantha Ratnam

Noes (29): Matthew Bach, Ryan Batchelor, Melina Bath, John Berger, Lizzie Blandthorn, Jeff Bourman, Gaelle Broad, Georgie Crozier, Enver Erdogan, Jacinta Ermacora, Michael Galea, Renee Heath, Ann-Marie Hermans, Shaun Leane, David Limbrick, Wendy Lovell, Trung Luu, Bev McArthur, Joe McCracken, Nicholas McGowan, Tom McIntosh, Evan Mulholland, Harriet Shing, Ingrid Stitt, Jaclyn Symes, Lee Tarlamis, Sonja Terpstra, Rikkie-Lee Tyrrell, Sheena Watt

Amendment negatived.

The DEPUTY PRESIDENT: Mr Puglielli, I invite you to move your amendment 8, which tests your amendment 5 on sheet AP02C.

Aiv PUGLIELLI: My third set of amendments I do so move:

8. Clause 1, page 3, after line 15 insert –

"(ia) to make provision in relation to adults attending a licensed medically supervised injecting centre to facilitate or enable other adults to use the centre; and".

This final set of amendments from me seeks to admit adult peer and partner injecting wherein an associate, friend or partner of the client of the MSIR is able to facilitate that client injecting a drug on premises. For a variety of reasons there are people who are unable to inject themselves and rely on the assistance of a friend or a partner to help them inject drugs. This could be due to inexperience or it could be due to physical impediment. Our amendment will allow a support person to enter the MSIR to assist and will afford them the same protections as the client of the MSIR. Again, this is providing a safe space for injecting for people instead of one that is unsafe. We make no judgements on the clients of the MSIR. We simply want to make sure that vulnerable people have access to immediate medical support in the event of an overdose and can be offered referrals and wraparound services to support their health and wellbeing. Again, this is a particularly vulnerable cohort, so I implore the house to consider this amendment.

Georgie CROZIER: The Liberals and Nationals have concerns regarding the Greens amendment. We do not want this facility to be an enabler. We want it to support people to get off these heinous drugs. We want it to be safe. We do not think it is at all appropriate to have peer-to-peer injecting, and so the Liberal–Nationals will not be supporting the Greens amendment.

David LIMBRICK: I understand the motivation behind this amendment. My concerns are of a more technical nature. I am quite concerned about the exemptions from liability that are introduced in this. I have concerns about the possible unintended consequences of removing some of these liabilities, and therefore I will not be supporting this amendment.

Harriet SHING: Thank you, Mr Puglielli, for your amendments. There have been a couple of things raised by Mr Limbrick which go directly to the reason as to why the government does not support this amendment. I will take up the liability point first if I may. It is really important that we make sure that we are not creating a situation of liability or of criminal conduct occasioned from the peer-to-peer injecting process where consent may not be able to be clearly established in a way that indicates that injecting of a drug has taken place with the consent and the authorisation of a person who is not able to do it themselves. There are a couple of issues here that arise from limitations in physical mobility and the capacity to inject, but then there is also the issue of cognitive capacity.

Going to the point that was discussed earlier around people under the age of 18, the issue of peer-to-peer injecting gives rise to serious concern around consent, and there are a number of potential unintended consequences – for example, situations of power imbalance in a relationship where there may be coercive control. If, for example, people in a relationship attend the service and engage in a request for peer-to-peer injecting but there is no capacity to determine whether consent has been freely given, that is where we have really, really serious challenges around the way that criminal law, the way that civil law and the way that duties of care operate. On that basis we do not support this amendment.

It is also really important to note that in reality we know there are people with disability who are intravenous drug users. It is a matter of fact. We know also that there is an intersectionality between drug use, intravenous drug use, both illicit and prescription medication overuse, and self-medication in a range of ways that occurs within cohorts of people with disabilities and within cohorts of people with diminished capacity or capacity which affects their ability to demonstrably exercise free will. Given the challenges associated with that issue it is not something that the government will support.

Aiv PUGLIELLI: Again I thank the chamber for their sensitivity in discussion of this issue, as it is often a vulnerable cohort. I am noting it specifically is a cohort mentioned in the Ryan review. Again, I welcome comments on these amendments. The issues that are raised are significant ones with significant complexity, and it is important that they be considered. Of course I hear the views that are being raised in the chamber, particularly as has been noted on the risk of peer and partner injecting being used as a tool for family violence and coercive control. There is absolute complexity there, and the corresponding legislation to wrap around this would be substantive, so there is I think collaboration to be had to ensure that this particular cohort is looked after so that they are afforded the care that the MSIR can offer.

As I have mentioned before, these amendments are about providing an environment for injecting that is safe, as opposed to one where people are restricted in using an environment that is unsafe, as recommended in the Ryan review. That is why these amendments have been proposed. The chamber will have their views, but that is why they have been proposed. I would like to think that if someone is experiencing, for example, a scenario of family violence, an iteration of the MSIR could provide an opportunity for referral to an appropriate service. Again, I would welcome the opportunity to work with the government and others in this place to collaborate to address the concerns raised.

Harriet SHING: I just want to make a couple of very, very brief comments. I am aware of the forbearance of the chamber in canvassing so many issues across the course of this debate. Referral pathways are provided, and that is a key part of the engagement that happens as soon as anybody enters the service. Being adjacent to the health service is also another part of what that connection point looks like for vulnerable people who are all too often disconnected. So this is something that again provides pathways through to mental health support services, to family violence support services. It is about the work continuing beyond the two royal commissions that we have had to identify areas and pathways of access that lean into the challenges that exist, the psychosocial issues that present all too often with intravenous drug users, and making sure that in practical terms the access to support and wraparound care and pathways to support are available immediately. Again, that is consistent with the objects of the act and the pillars that sit underneath the Ryan review and the terms of licences.

Council divided on amendment:

Ayes (7): Katherine Copsey, David Ettershank, Sarah Mansfield, Rachel Payne, Aiv Puglielli, Georgie Purcell, Samantha Ratnam

Noes (29): Matthew Bach, Ryan Batchelor, Melina Bath, John Berger, Lizzie Blandthorn, Jeff Bourman, Gaelle Broad, Georgie Crozier, Enver Erdogan, Jacinta Ermacora, Michael Galea, Renee Heath, Ann-Marie Hermans, Shaun Leane, David Limbrick, Wendy Lovell, Trung Luu, Bev McArthur, Joe McCracken, Nicholas McGowan, Tom McIntosh, Evan Mulholland, Harriet Shing, Ingrid Stitt, Jaclyn Symes, Lee Tarlamis, Sonja Terpstra, Rikkie-Lee Tyrrell, Sheena Watt

Amendment negatived.

Clause agreed to; clauses 2 to 8 agreed to.

Clause 9 (21:18)

Georgie CROZIER: Minister, thank you for going through the last clause. Just going to the licensing now, when a new licence is issued is there a requirement under law or regulation that the secretary makes that licence and location public – that is, through the *Government Gazette* or a public statement?

Harriet SHING: The licence must be for the permitted site.

Georgie CROZIER: Thank you for the response, Minister. What is the time frame between the licence being issued and the disclosure of that licence to the general public?

Harriet SHING: I am very happy to get back to you on that.

Georgie CROZIER: Thank you very much, Minister. Just in relation to community consultation, will the department undertake that prior to granting a licence, and if so, what would that actually look like? How much consultation is required? Does the department have a view to that?

Harriet SHING: Will there be community consultation as to the granting of a licence? There is a tender process, and the tender process will set out the terms upon which the licence is issued, but the tender outcome is then the notification. I am just wondering –

Georgie CROZIER: So, no, there won't be.

Harriet SHING: No.

Georgie CROZIER: Thank you, Minister, for the response. In terms of that tender process that you just mentioned, what are the metrics identified by the department in awarding a licence to a particular organisation?

Harriet SHING: The tender documents themselves have not yet been developed, and that would be premature given that we are yet to actually determine the outcome of this process that we are doing at the moment, but they are based on service specifications. It is then about the enhanced service offering, and that is the discussion on the pathways that we have talked about today and that greater level of outreach and care that has been determined by reference to the Ryan review and its recommendations.

Georgie CROZIER: During the briefing we were told that there was a plan to transition the licence to a new licensee in July 2024. What services have been shortlisted? I know the site is there, but are any services going to move? And who has been shortlisted to provide any additional services if any have gone through that process as of yet?

Harriet SHING: That, Ms Crozier, is a process that will be undertaken, but it is about the site as determined and as outlined by this bill and as a consequence of the Ryan review.

Georgie CROZIER: What I am trying to say is I know that the Ryan review was looking at an expansion of services. So would the services that the government is looking at in relation to those recommendations that have been made be provided in the North Richmond site or would they be referred elsewhere?

Harriet SHING: Thank you, Ms Crozier, that is a helpful request for clarification there. Referrals are possible. The process of recommissioning will commence in July, so that is then about understanding the most effective process for delivery of those services, and as I have indicated, I think in response to one of the questions from Mr Puglielli, if it is needed to be a broader set of offerings to health and social services, then those options might be available, but the site itself is the site for the purpose of the injecting centre.

Clause agreed to; clauses 10 to 12 agreed to.

Clause 13 (21:25)

Georgie CROZIER: Minister, is the government liable for any compensation payable to the licensee in the event of a breach or termination of the agreement?

Harriet SHING: That would be the subject of the agreement that exists at the point at which it is made, so that will be set out in the terms of the contract as negotiated and agreed.

Georgie CROZIER: Thank you for the response, Minister. I presume that any annual payment from the government to the facility will also be set out in the terms at the same time – or is there an annual payment that you are aware of?

Harriet SHING: There is a bit of hypothetical in that question. I do not actually yet know about the terms that have been negotiated, and that will be the subject of discussion between the parties as to what is ultimately set out in a contract and agreement.

Georgie CROZIER: Minister, what metrics and KPIs does the licensee provide to the department to measure outcomes of the facility? Are there any? I am happy for you to take that on notice too.

Harriet SHING: Do you mean the facility as contemplated in its permanent status? I will have to take that one on notice on the basis that it is yet to be determined as to how it will operate and upon what basis those objects are met following the Ryan review and the recommendations that it has made about how that should be delivered.

Georgie CROZIER: Minister, given the current facility failed to meet six objectives of section 55 of the principal act, why didn't the government consider this a breach of the agreement?

Harriet SHING: Ms Crozier, it comes down to the terms of the agreement itself as to whether a breach has occurred, so I do not have that information for you based on the fact that a contract will in and of itself determine what constitutes a breach and the way in which that is established.

Georgie CROZIER: I did not want to go down this rabbit hole, but I will for a minute. Clearly there has been a failure in maintaining amenity around the injecting room. Everybody is in agreement with that. The Ryan report says that; Hamilton has made reference to it. We know that. So what is the government therefore considering is appropriate for the amenity to be maintained in the new agreement? How would that look?

Harriet SHING: The objects, again, of the act are the basis upon which those standards are established, and they would then inform the parameters of the tender and of the contract and of the agreement and of the benchmarks that apply around satisfaction of those objects. They are built, as we have talked about before, based around the recommendations of the Ryan review. It is also then about the work that we do as government to approve amenity and how that sits alongside the operation of the facility and how that delivers on those objects.

Georgie CROZIER: Looking at the Ryan review terms of reference, they go to this very point about amenity and syringes:

> To reduce the number of discarded needles and syringes in neighbouring public places
>
> To improve neighbourhood amenity for residents and local businesses …

apart from the other things that are also listed about reducing ambulance attendances and reducing the spread of bloodborne diseases et cetera.

Again, because the residents have quite correctly outlined their concerns about what is happening to the local area and the number of discarded syringes, which has increased from 6000 a month to 12,000 to 18,000 a month, are you saying then that it is the responsibility of the government to be able to clean that up because that will not be part of the tender process, those aspects around amenity – syringes, the discarding of needles and improving the neighbourhood amenity for residents – will not be a part of the tender process?

Harriet SHING: The way in which the service will be delivered will be subject to the terms of the contract and the agreement, which will be predicated on the tender process itself. The findings of the Ryan review are based in the achievement of the injecting centre of core objectives around harm reduction and the saving of lives that we have talked about at length. The further impact is around reduced ambulance attendances; a reduction in overdose-related hospital presentations, as you have said; reducing the spread of bloodborne viruses; and those pathways around access to general health, social and wellbeing support and housing services. There is further work, though, to go on around community safety and amenity, and this is part of the work that government will do around working alongside council, working alongside the community and working alongside the service to understand what the impact and consequence is of the injecting centre as it continues in this location, determined with passage of this bill, on a permanent basis.

Georgie CROZIER: Thank you for that response, Minister. I take it then amenity does not come into that and will be the work of government. It will not be a part of that tender process for that to be maintained.

Clause agreed to; clause 14 agreed to.

Clause 15 (21:33)

Georgie CROZIER: Clause 15 allows the secretary to be able to take disciplinary action against the licensee. What was the rationale to include this new section, especially as we have been discussing fit and proper persons to hold a licence? How will that agreement be entered into and how will that be managed?

Harriet SHING: We are seeking some further information about the detail of what you are after, Ms Crozier. If you would like to continue in the interests of time, we can then come back to it.

Georgie CROZIER: You might need to take these on notice too, Minister. What I am interested in is: how many reports of disciplinary action have been reported to the department, how many have been investigated, what were the outcomes of those investigations and what were the changes in process and policy as a result? I am particularly interested in any investigations that may have been undertaken.

Harriet SHING: There have been no investigations, I am advised, in relation to the matters that you have raised.

Clause agreed to.

Clause 16 (21:36)

Georgie CROZIER: Minister, is compensation payable by the state if a licence is revoked by the secretary?

Harriet SHING: That will be determined by the terms of the agreement, Ms Crozier, as negotiated and agreed between the parties.

Georgie CROZIER: Minister, will there be an appeal process available, or will that also be determined by the tender process?

Harriet SHING: The tender and document refinement and agreement process will be the subject of discussion between the parties. It is then a negotiation, which involves the parties agreeing to submit to the terms of that agreement. So the short answer to that is: I do not know, because the terms have not been established, because that is what this process is for recommissioning.

Just to go back to something you asked about earlier around the department ensuring that licence conditions and legal requirements are being met, the secretary can in fact already impose immediate and effective sanctions if a licence fails to comply with the licence conditions or internal management protocols, a number of which I have touched on this evening, from new conditions in the licence right through to the suspension, amendment or revocation of the licence. As part of the service agreement, the licensee is required to maintain records within the relevant legislative obligations to understand client needs, drug trends et cetera, and the licensee, as we referred to earlier, has that biannual audit process built in as well to ensure that the service is meeting appropriate standards. So that is then how the department can ensure that those conditions are being met.

Georgie CROZIER: Minister, you again spoke about the audit process. What happens to the data? How much of that data is made public?

Harriet SHING: Data is the subject of reference in annual reports or otherwise available in the course of the review, which is set out from this bill. There is one built in, Ms Crozier, to the bill, and audit data itself is from the Department of Health.

Clause agreed to; clauses 17 to 23 agreed to.

Clause 24 (21:40)

David LIMBRICK: Clause 24 changes the requirements of a 'director' or 'supervisor' from 'a registered medical practitioner' and also adds the extra ability – 'or a registered nurse'. I am informed that registered nurses should be perfectly capable of overseeing and supervising overdose; however, the facility provides other types of medicine – for example, hepatitis C treatments – and it is quite unusual, in my understanding, for a nurse to be in a position to supervise a doctor in clinical practice. Could the minister please outline how this will work.

Harriet SHING: How a medical practitioner will supervise a nurse? Sorry, could you just say it without –

David LIMBRICK: Yes. A nurse can become a supervisor in this case, and they would potentially be supervising doctors giving clinical treatments such as hepatitis C treatments, for example – I believe they conduct other treatments there. My understanding is that that is a fairly unusual arrangement.

Harriet SHING: Thank you, Mr Limbrick, for that clarification. The nature of the medical supervisor status is to ensure that operationally there will always be somebody there at the service who can prescribe. So that might be a nurse or indeed a medical practitioner as otherwise defined.

Clause agreed to; clauses 25 to 28 agreed to.

Clause 29 (21:43)

Georgie CROZIER: This is in relation to the second review of this part on the licensing of a medically supervised injecting room – the minister must arrange for a review to be conducted. Why did the government decide to set the date of the review to commence a year after the four-year term of the licence? Why didn't it conclude just after the four years instead of a year after that four-year period?

Harriet SHING: The terms of the review are based on the negotiations between the parties. That is done by an outside parameter, so there is a capacity for that to take place earlier depending on what the duration is.

Georgie CROZIER: Minister, the legislation outlines that the minister must cause a copy of the review to be tabled before each house of the Parliament as soon as practicable after the review is completed. What is the minister's definition of 'as soon as practicable'?

Harriet SHING: This is about doing something as soon as possible in the circumstances that apply. So the idea is that there is primacy around doing the tabling and laying that report at the earliest opportunity in the circumstances.

Georgie CROZIER: I ask that because of the Lay report, which has been delayed for years. There seem to have been excuses by the government for various reasons for the iterations of the report that have been delayed. When was the first Lay report delivered to the department? When was it first delivered to the department, and on what date was the minister briefed on each version of the report?

Harriet SHING: It has been indicated on a number of occasions by a number of people that the Lay report will be provided at the end of May. I am not aware that there is anything other than the Lay report, so –

Georgie CROZIER: But when was it first delivered to the department? I mean the first Lay report delivered to the department.

Harriet SHING: The first Lay report? The Lay report is a report that will be provided at the end of May. I am not sure why there is a reference to 'the first Lay report'.

Georgie CROZIER: So the Lay report I think you said earlier will be delivered at the end of May, and there are no other interim reports that have been provided to government.

Clause agreed to; clauses 30 to 33 agreed to.

Clause 34 (21:48)

Georgie CROZIER: Minister, how many staff are currently employed by the injecting facility?

Harriet SHING: I am very happy to take that one on notice.

Georgie CROZIER: Thank you very much, Minister, for that undertaking. I am just wondering – and I should have asked this with the previous question: would you also be able to provide the breakdown of salary ranges? I am happy for that to be taken on notice as well.

Harriet SHING: Subject to the relevant privacy considerations around the way in which bands are expressed – as occurs in annual reports, for example – I am very happy to take that one on notice for you too.

Clause agreed to; clauses 35 to 37 agreed to.

Reported to house without amendment.

Harriet SHING (Eastern Victoria – Minister for Water, Minister for Regional Development, Minister for Commonwealth Games Legacy, Minister for Equality) (21:50): I move:

> That the report be now adopted.

Motion agreed to.

Report adopted.

Third reading

Harriet SHING (Eastern Victoria – Minister for Water, Minister for Regional Development, Minister for Commonwealth Games Legacy, Minister for Equality) (21:50): I move:

> That the bill be now read a third time.

In saying so, I want to thank everybody in this chamber who as part of this debate has been so respectful and given this process the time and the space that it has needed in such a complex area of policy and of law. I thank everyone who has participated in sharing a range of different views as we have tackled this issue, and I hope that from here we can continue the work of collaboration and discussion and respect.

The DEPUTY PRESIDENT: The question is:

That the bill be now read a third time and do pass.

Council divided on question:

Ayes (22): Ryan Batchelor, John Berger, Lizzie Blandthorn, Katherine Copsey, Enver Erdogan, Jacinta Ermacora, David Ettershank, Michael Galea, Shaun Leane, David Limbrick, Sarah Mansfield, Tom McIntosh, Rachel Payne, Aiv Puglielli, Georgie Purcell, Samantha Ratnam, Harriet Shing, Ingrid Stitt, Jaclyn Symes, Lee Tarlamis, Sonja Terpstra, Sheena Watt

Noes (14): Matthew Bach, Melina Bath, Jeff Bourman, Gaelle Broad, Georgie Crozier, Renee Heath, Ann-Marie Hermans, Wendy Lovell, Trung Luu, Bev McArthur, Joe McCracken, Nicholas McGowan, Evan Mulholland, Rikkie-Lee Tyrrell

Question agreed to.

Read third time.

The PRESIDENT: Pursuant to standing order 14.28, the bill will be returned to the Assembly with a message informing them that the Council have agreed to the bill without amendment.

Human Source Management Bill 2023

Council's amendments

The PRESIDENT (21:57): We have a message from the Assembly:

The Legislative Assembly informs the Legislative Council that, in relation to 'A Bill for an Act to provide for the registration, use and management of human sources by Victoria Police, to provide for the external oversight of the use of human sources, to consequentially amend the **Victoria Police Act 2013** and for other purposes' the amendments made by the Council have been agreed to.

Statute Law Amendment Bill 2022

Assembly's agreement

The PRESIDENT (21:58): We have a message from the Assembly:

The Legislative Assembly informs the Legislative Council that 'A Bill for an Act to revise the statute law of Victoria, to make minor amendments to the **Competition Policy Reform (Victoria) Act 1995** and for other purposes' has been agreed to without amendment.

Disability and Social Services Regulation Amendment Bill 2023

Introduction and first reading

The PRESIDENT (21:58): A further message:

The Legislative Assembly presents for the agreement of the Legislative Council 'A Bill for an Act to amend the **Disability Act 2006** in relation to the Secretary's functions, the sharing of information, residential services, restrictive practices, compulsory treatment and other related matters, to amend the **Residential Tenancies Act 1997** in relation to SDA enrolled dwellings, to amend the **Disability Service Safeguards Act 2018** in relation to registration requirements, to amend the **Social Services Regulation Act 2021** in relation to interviews and hearings for WCES service users, powers of entry and other related matters, to make consequential amendments to other Acts and for other purposes'.

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (21:59): I move:

That the bill be now read a first time.

Motion agreed to.

Read first time.

Jaclyn SYMES: I move, by leave:

That the second reading be taken forthwith.

Motion agreed to.

Statement of compatibility

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (21:59): I lay on the table a statement of compatibility with the Charter of Human Rights and Responsibilities Act 2006:

In accordance with section 28 of the *Charter of Human Rights and Responsibilities Act 2006* (the **Charter**), I make this statement of compatibility with respect to the Disability Amendment and Social Services Regulation Amendment Bill 2023 (the **Bill**).

In my opinion, the Bill, as introduced to the Legislative Council, is compatible with the human rights protected by the Charter. I base my opinion on the reasons outlined in this statement.

Overview of the Bill

The main purpose of the Bill is to amend the *Disability Act 2006* in relation to the Secretary's functions, the sharing of information about persons with a disability and persons subject to restrictive practices and supervised treatment orders (**STOs**), residential services, use of restrictive practices, the compulsory treatment of persons with a disability, and other related matters.

The Bill also amends the *Residential Tenancies Act 1997*, in relation to Specialist Disability Accommodation (**SDA**) enrolled dwellings, the *Disability Service Safeguards Act 2018* (**DSS Act**) in relation to registration requirements, and the *Social Services Regulation Act 2021* in relation to the Worker and Carer Exclusion Scheme, powers of entry, and other minor and technical amendments.

Relevant human rights

The Bill engages the following human rights under the Charter: equality (section 8); protection against torture or cruel, inhuman or degrading treatment (section 10); freedom of movement (section 12); privacy and the home (section 13(a)); freedom of expression (section 15); protection of children (section 17(2)); property (section 20); liberty and security of the person (section 21); humane treatment when deprived of liberty (section 22); and fair hearing (section 24(1)).

The content of each right is summarised below. My analysis of the relevant clauses of the Bill follows.

Equality

Section 8(2) of the Charter provides that every person has the right to enjoy their human rights without discrimination. This aspect of the right prohibits discrimination against a person with respect to their enjoyment of other substantive human rights.

Section 8(3) of the Charter provides that every person is entitled to equal protection of the law without discrimination and has the right to equal and effective protection against discrimination. This component of the right ensures that laws and policies are applied equally and do not have a discriminatory effect.

'Discrimination' under the Charter has the same meaning as in the *Equal Opportunity Act 2010*. Direct discrimination occurs when a person treats, or proposes to treat, a person with an attribute listed in section 6 of the *Equal Opportunity Act 2010* unfavourably because of that attribute. Indirect discrimination occurs where a person imposes a requirement, condition or practice that has, or is likely to have, the effect of disadvantaging persons with a protected attribute, but only where that requirement, condition or practice is not reasonable.

Protection from torture and cruel, inhuman or degrading treatment

Sections 10(a)–(b) of the Charter provide that a person must not be subjected to torture or treated or punished in a cruel, inhuman or degrading way. The right is concerned with the physical and mental integrity of individuals, and their inherent dignity as human beings.

Cruel or inhuman treatment or punishment includes acts which do not constitute torture, but which nevertheless possess a minimum level of severity. Degrading treatment or punishment captures acts of an even less severe nature, but which inflict a level of humiliation or debasement upon a person. Whether conduct meets the necessary threshold will depend upon all the circumstances, including the duration and manner of the treatment, its physical or mental effects upon the affected person, and that person's age, sex and state of health.

Section 10(c) of the Charter provides that a person has the right not to be subjected to medical experimentation or treatment without their full, free and informed consent. This right protects an individual's personal autonomy and bodily integrity, and the freedom to choose whether or not to receive medical treatment.

Freedom of movement

Section 12 of the Charter provides that every person lawfully within Victoria has the right to move freely within Victoria, to enter and leave Victoria, and to choose where to live in Victoria. The right extends, generally, to movement without impediment throughout the State, and a right of access to places and services used by members of the public, subject to compliance with regulations legitimately made in the public interest. The right is directed at restrictions that fall short of physical detention (restrictions amounting to physical detention fall within the right to liberty, protected under section 21 of the Charter).

Privacy and the home

Section 13(a) of the Charter provides that a person has the right not to have their privacy, family, home or correspondence unlawfully or arbitrarily interfered with. The scope of the privacy interest includes protection for one's bodily integrity. An interference will be lawful if it is permitted by a law which is precise and appropriately circumscribed. It will be arbitrary only if it is capricious, unpredictable, unjust or unreasonable, in the sense of extending beyond what is reasonably necessary to achieve the statutory purpose.

Freedom of expression

Section 15(2) of the Charter provides that every person has the right to freedom of expression, which includes the freedom to seek, receive and impart information and ideas of all kinds. However, section 15(3) provides that the right may be subject to lawful restrictions reasonably necessary to respect the rights and reputations of others, or for the protection of national security, public order, public health or public morality.

Protection of children

Section 17(2) of the Charter provides that every child has the right, without discrimination, to such protection as is in their best interests and is needed by them by reason of being a child. This right recognises the special vulnerability of children. The scope of the right is informed by article 3 of the United Nations *Convention on the Rights of the Child,* which requires that in all actions concerning children, the best interests of the child, shall be a primary consideration.

Property

Section 20 of the Charter provides that a person must not be deprived of their property other than in accordance with law. The right will not be limited where the law (whether legislation or the common law) authorising the deprivation of property is clear and precise, accessible to the public, and does not operate arbitrarily.

Liberty and security of the person

Section 21 of the Charter provides that every person has the right to liberty and security, including the right not to be subject to arbitrary arrest or detention. This right is concerned with the physical detention of an individual, not mere restrictions on freedom of movement. What constitutes detention or deprivation of liberty will depend on all the facts of the case, including the type, duration, effects and manner of implementation of the measures concerned. A person's liberty may legitimately be constrained only in circumstances where the relevant arrest or detention is lawful and not arbitrary.

Humane treatment when deprived of liberty

Section 22(1) of the Charter provides that all persons deprived of liberty must be treated with humanity and with respect for the inherent dignity of the human person. The right recognises the particular vulnerability of persons in detention, and applies to persons detained both in the criminal justice system and non-punitive or protective forms of detention such as the compulsory detention of persons with a mental illness. The right reflects the principle that detained persons should not be subjected to hardship or constraint other than that which results from the deprivation of their liberty.

Fair hearing

Section 24(1) of the Charter provides that a person charged with a criminal offence or a party to a civil proceeding has the right to have the charge or proceeding decided by a competent, independent and impartial court or tribunal after a fair and public hearing. The term 'civil proceeding' in section 24(1) has been interpreted as encompassing proceedings that are determinative of private rights and interests in a broad sense, including some administrative proceedings.

Analysis of relevant clauses

Use of restrictive practices

The Bill amends a number of provisions in the *Disability Act 2006* relating to the authorisation of, or prohibition upon, the use of 'restrictive practices', which is defined as 'any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with a disability, an NDIS participant or a DSOA client' (section 3, as amended by clause 4).

Most relevantly, clause 47 of the Bill replaces Parts 6B and 7 of the *Disability Act 2006* with a new, consolidated Part 7, which sets out parameters for the use of restrictive practices in relation to, and protects the rights of, persons (other than those covered under Division 6 of Part 8) with a disability who receive disability services, are NDIS participants (including those subject to treatment plans in certain circumstances), or are Disability Support for Older Australians clients. Clauses 68–76 amend provisions in Division 6 of Part 8 of the *Disability Act 2006*. The purpose of Division 6 of Part 8 is to protect the rights of persons who may be subject to restrictive practices in the context of the implementation of treatment plans by disability service providers and registered NDIS providers (section 201A, as amended by clause 68).

The principal purpose of these amendments is to ensure that both disability service providers *and* registered NDIS providers must comply with similar rules and protections in relation to the use of restrictive practices.

Insofar as the amendments authorise the use of practices which may interfere with bodily integrity, constitute medical treatment without consent, and deprive persons of their freedom of movement or their liberty, they may engage the Charter rights to protection from torture and cruel, inhuman, or degrading treatment (section 10), freedom of movement (section 12), privacy (section 13(a)), liberty (section 21), and humane treatment when deprived of liberty (section 22). In addition, because restrictive practices may only be used in relation to persons with a disability (which is a protected attribute under the *Equal Opportunity Act 2010*), and may therefore be considered to treat those persons unfavourably because of that attribute, the Charter right to equality (section 8) may be engaged. However, for the reasons detailed below, it is my opinion that any limitation upon these rights is reasonable and justified in accordance with section 7(2) of the Charter.

Privacy and liberty

The restrictive practice amendments do not, in my view, limit the rights to privacy and liberty, because any interference with these rights will be lawful and non-arbitrary.

Any interference with a person's Charter right to privacy (particularly, bodily integrity) and to liberty will be lawful as the relevant clauses are precise, accessible and appropriately circumscribed.

Furthermore, an authorised use of a restrictive practice is reasonably necessary to achieve important purposes, including to prevent a person from harming themselves or others, and is therefore not arbitrary. The Bill and the *Disability Act 2006* contain many layers of oversight that ensure any interference with a person's privacy or liberty is appropriately confined. For example, the Senior Practitioner (a clinician appointed pursuant to section 23 of the *Disability Act 2006*) and Authorised Program Officers are empowered to perform review and monitoring functions with respect to the use of restrictive practices (e.g., new sections 134–135, 137 and 146, inserted by clause 47, new section 201H inserted by clause 75, and existing section 27). New section 144 (inserted by clause 47) provides a right to apply to VCAT for review of certain regulated restrictive practice decisions. And it is an offence for a disability service provider or registered NDIS provider to use a regulated restrictive practice other than as authorised under the *Disability Act 2006* (new section 149, inserted by clause 47, and section 201G, replaced by clause 74).

Protection against cruel, inhuman or degrading treatment and right to humane treatment

I do not consider that the restrictive practice amendments limit the Charter protection against torture or cruel, inhuman or degrading treatment, nor the right to humane treatment when deprived of liberty. Rather, many of the amendments seek to *promote* the humane treatment and dignity of persons who may be subject to restrictive practices. For instance, under new section 136(1)(b) (inserted by clause 47), an Authorised Program Officer may only authorise the use and form of a proposed regulated restrictive practice which is the least restrictive option in the circumstances and which is not applied for longer than the period of time that is necessary to prevent the person from causing physical harm. These parameters are consistent with the guiding

principles set out in section 5 of the *Disability Act 2006* and with the *United Nations Convention on the Rights of Persons with Disabilities*.

Freedom of movement and equality

The restrictive practice amendments authorise limitations on freedom of movement and, to the extent the amendments constitute discrimination on the basis of disability, the right to equality. However, in my view, any such limitation is reasonable and justified.

As discussed above, restrictive practices serve an important purpose, and the Bill includes a number of safeguards to ensure that the practices are tailored to individual circumstances, including that they are used in a way that least restricts a person's rights. While I acknowledge that the use of restrictive practices represents a significant interference with a person's freedom of movement, the harm-prevention objective of these practices promotes the Charter right to life (section 9) of the person who is subject to the practice, and of other persons who may be at risk of harm.

Restrictive practice protections do not apply to security conditions applying to all residents of a residential treatment facility

Clause 68(5) of the Bill replaces section 201A(4) and inserts section 201A(5) into the *Disability Act 2006*. New section 201A(5) relevantly provides that a disability service provider is not required to comply with sections 201B to 201E (as amended by the Bill) in applying a security condition if the Secretary has approved the security condition under new section 159A (inserted by clause 51). Under new section 159A, a security condition that is a restrictive practice and which will apply to all of the residents of the residential treatment facility *must* be approved by the Secretary. Approval may be granted if the purpose of the security condition is for the supervision of residents or the security of the residential treatment facility. The Secretary must consult the Senior Practitioner before making a decision under new section 159A. The exemption in new section 201A(5) will only be engaged to the extent that a particular security condition falls within the definition of a 'restrictive practice' (discussed above) to which the provisions in Division 6 of Part 8 would otherwise apply.

Clause 68(5) may engage the Charter rights to protection from cruel, inhuman, or degrading treatment (section 10), privacy (section 13(a)), and humane treatment when deprived of liberty (section 22), because it could result in the application of restrictive practices on all residents of a residential treatment facility, without the protections afforded in sections 201B to 201E (e.g., an assessment of whether the use and form of a regulated restrictive practice is the option which is the least restrictive of the person as is possible in the circumstances – section 201D(b)).

However, for the reasons set out below, I consider that the rights to privacy and liberty, and the protection against cruel, inhuman or degrading treatment, are not limited. To the extent that freedom of movement and the right to humane treatment may be limited, any such limit is reasonable and justified in accordance with section 7(2) of the Charter.

Privacy and liberty

Clause 68(5) does not, in my view, limit the rights to privacy or liberty, because any interference with these rights will be lawful and non-arbitrary.

Any interference with a person's Charter right to privacy (particularly, bodily integrity) and to liberty will be lawful, as the amendment to section 201A(5) of the *Disability Act 2006* is precise, accessible and appropriately circumscribed.

Furthermore, the non-application of certain provisions in Division 6 of Part 8 with respect to security conditions is not arbitrary because it is reasonably necessary to achieve the important purpose of safeguarding the security of a residential treatment facility and its residents (who are required to reside in the facility in accordance with one of the orders listed in section 152(2) of the *Disability Act 2006,* as amended). In particular, it is not feasible to conduct an individualised assessment of certain security conditions (e.g., a perimeter fence) which apply to a facility as a whole. However, the role of the Secretary (in consultation with the Senior Practitioner) in new section 159A (inserted by clause 51) ensures that the exemption from sections 201B to 201E is appropriately confined to security conditions which serve the purpose outlined above. Last, the exemption does not apply to sections 201F (as amended by clause 72), which relates to reporting requirements for the use of regulated restrictive practices, or new section 201H (inserted by clause 75), which provides that the Senior Practitioner may issue guidelines and give directions in relation to restrictive practices.

Section 152 of the *Disability Act 2006* (as amended) further constrains any impact upon a person's rights to privacy and liberty. In making a decision to admit a person to a residential treatment facility, the Secretary must be satisfied that the criteria in section 152(1) are met, including that all less restrictive options have been tried or considered and are not suitable. This assessment would include consideration of any security conditions (that are also restrictive practices) applicable to the relevant residential treatment facility.

Moreover, under new section 152(5) (inserted by clause 111), the Secretary must not allow a person to continue to reside at a residential treatment facility if the Secretary is not satisfied the conditions in subsection (1) continue to be met. This ensures that any new security conditions (that are also restrictive practices) which are made in respect of a residential treatment facility *after* a person is admitted will be relevant to the person's continued ability to reside there.

Protection against cruel, inhuman or degrading treatment

I do not consider that clause 68(5) limits the Charter protection against cruel, inhuman or degrading treatment as the exemption in amended section 201A(5) will only be engaged in circumstances where security conditions are imposed for the purposes of security of a residential treatment facility or the supervision of its residents (not to impose harm or humiliation upon residents) and are approved by the Secretary following consultation with the Senior Practitioner. Therefore, these conditions would not constitute cruel, inhuman or degrading treatment.

Freedom of movement and right to humane treatment

Insofar as clause 68(5) may result in the imposition of security conditions which are also restrictive practices upon all residents in a residential treatment facility, without regard to the individual circumstances of those residents (e.g., whether a less restrictive option is available), it may be considered to limit residents' freedom of movement and right to humane treatment when deprived of liberty. In my opinion, however, any such limit is reasonable and justified in accordance with section 7(2) of the Charter.

New section 201A(5) of the *Disability Act 2006* serves important purposes, including promoting the security of residential treatment facilities. This supports the right to life of residents, protected under section 9 of the Charter. I do not consider there are any less restrictive means reasonably available to achieve these purposes, as a security condition genuinely imposed for the security of an entire facility (e.g., a perimeter fence) cannot be subject to individualised assessment and modification. In addition, as discussed above, the scope of the exemption from sections 201B to 201E is reasonably tailored to the objectives, and the oversight role of the Secretary (in consultation with the Senior Practitioner) serves an important rights-protective function.

Use and disclosure of information

In 2019, most of Victoria's quality and safeguarding functions for services within the scope of the *Disability Act 2006* were transitioned to the National Disability Insurance Scheme Quality and Safeguards Commission. The Bill makes a number of further amendments to the information sharing regime in the *Disability Act 2006* to ensure consistency in, and the appropriateness of, information sharing relating to disability services and use of restrictive practices, and to bring the regime into line with other legislation. The amendments are designed, amongst other things, to facilitate the provision of collaborative supports to complex clients and to support the ability of regulatory agencies to exercise their powers to reduce risks to persons with a disability.

Most relevantly, clause 103 repeals subsections 39(2)–(9) of the *Disability Act 2006*, which regulate the disclosure, use and transfer of information relating to the provision of disability services to a person under the Act. In place of the repealed provisions, clause 105 of the Bill inserts Part 8A into the *Disability Act 2006*, which sets out a new regime for the use and disclosure of 'protected information' (defined in new section 202AA). Part 8A will apply to any information collected before the date on which the Bill comes into operation (new section 261, inserted by clause 107).

In addition, clause 26 of the Bill, which amends sections 49(1) and 49(2), and replaces section 49(3) of the *Disability Act 2006*, empowers the Secretary, in making a decision on a request for access to disability services, to require the person who made the request or the person in respect of whom the request was made to provide more information, or to require the person in respect of whom the request was made to undergo a formal assessment. Similarly, new section 50 (inserted by clause 27 of the Bill) empowers the Secretary, in making a decision whether or not a person has a disability, to request any relevant information (including personal information and health information) from any person or body.

Some of these amendments may engage the Charter rights to privacy (section 13(a)) and freedom of expression (section 15). However, for the reasons set out below, I do not consider there to be any limitation on these rights.

Privacy

A number of sections inserted into the *Disability Act 2006* by clause 105 authorise the disclosure of protected information to certain persons (e.g., new section 202AB(2)) in specified circumstances (e.g., new section 202AB(3)). New section 49(3)(a), inserted by clause 26, provides that the Secretary may require a person who requests disability services, or the person in respect of whom the request was made, to provide more information. New section 50(4), inserted by clause 27, provides that a person or body that receives a request for information from the Secretary under subsection (2) is authorised to give the information to the Secretary. To the extent that information captured by clauses 26, 27 and 105 may include personal information

(e.g., of persons receiving services under the *Disability Act 2006*), these clauses authorise interferences with the Charter right to privacy. However, the right to privacy is not limited because any such interference will be lawful (the authorising provisions are precise and accessible) and non-arbitrary.

In particular, disclosures permitted under new Part 8A are reasonably necessary to achieve important purposes, including developing or maintaining and improving information systems under section 39 of the *Disability Act 2006* (new section 202AB(3)(a)(i)), or lessening or preventing a serious threat to a person's life, health, safety or wellbeing (new section 202AB(3)(e)(i)). Similarly, disclosure of relevant information to the Secretary under new sections 49(3) or 50(4) (inserted by clauses 26 and 27, respectively) is necessary to enable the Secretary to make a decision regarding whether a person should have access to disability services (in the case of section 49) or whether a person has a disability for purposes of accessing disability services (in the case of section 50), and to minimise the number of assessments a person must undergo in order for these decisions to be made.

I am satisfied there are ample safeguards to ensure that any use or disclosure of a person's personal information pursuant to clauses 26, 27 or 105 will be confined to what is reasonably necessary to achieve these important purposes. For example, disclosure to many of the persons listed in new section 202AB(2) (inserted by clause 105) is expressly qualified by the phrase 'to the extent it is necessary' (or similar). Furthermore, new section 50(3) (inserted by clause 27) requires the Secretary to obtain consent from one of three relevant persons before requesting personal information or health information about a person under subsection (2).

In addition, to the extent disclosure is permitted to certain persons with protective and oversight functions under the *Disability Act 2006*, including the Senior Practitioner (new section 202AB(4)(a)) and the Public Advocate (new section 202AB(4)(c)), the amendments *support* the human rights of persons receiving disability services under the Act.

Freedom of expression

Clause 105 inserts a number of new sections (e.g., new section 202AB) which have the effect of prohibiting 'relevant persons' (as defined in new section 202AA) from disclosing protected information except where the disclosure is made in the performance of a function or exercise of a power, or is required or permitted, under the *Disability Act 2006* or another Act.

While this prohibition interferes with freedom of expression under section 15 of the Charter, it does not limit that right because it constitutes a lawful restriction reasonably necessary to respect the rights (e.g., the right to privacy) of persons to whom the information relates (section 15(3)(a) of the Charter).

Community visitors

Clause 36 inserts new section 129(1C) into the *Disability Act 2006*, which provides that a community visitor may visit any premises approved by the Minister under new section 129AA (inserted by clause 35) with or without any previous notice at the times and periods that the community visitor thinks fit. Under new section 129(5A) (inserted by clause 36), the Minister may also direct a community visitor to visit a Minister approved premises at the times the Minister directs. Clause 38 inserts new section 131B which provides that any resident or a person acting on their behalf of a Minister approved premises may request that the disability service provider or the registered NDIS provider arrange for the resident to be seen by a community visitor.

New section 30B (inserted by clause 24) lists the functions of a community visitor when visiting Minister approved premises, including to inquire into: the appropriateness and standard of the premises for the accommodation of Minister approved premises residents; any case of suspected abuse or neglect of a Minister approved premises resident; and the use of restrictive practices and compulsory treatment. New section 130(4) (inserted by clause 37) sets out the powers of a community visitor when visiting a Minister approved premises, including to: inspect any part of the premises where the person with a disability, NDIS participant or Disability Support for Older Australians client is living; see those persons in order to make enquiries as to the provision of services to those persons; and inspect any document relating to any such person that is not a medical record and any documents required to be kept under the *Residential Tenancies Act 1997* and other specified legislation. Finally, the community visitor may also inspect any medical record relating to persons with a disability, NDIS participants, or Disability Support for Older Australians clients with their consent or the consent of their guardian.

In addition, new section 3B (inserted by clause 5) provides that a registered NDIS provider that is providing supervised treatment to persons in accommodation approved by the Senior Practitioner under new section 187 (inserted by clause 56) is taken to be a disability service provider, the accommodation is taken to be a residential service, and the person receiving supervised treatment is taken to be a resident, for purposes of Division 7 of Part 6 of the *Disability Act 2006*. As a result, community visitors are newly empowered to visit these types of accommodation, and to perform the functions and exercise the powers set out in section 130 of the *Disability Act 2006* (as amended).

Clauses 5, 24, 36, 37 and 38 may engage the right of persons who reside in Minister approved premises or a deemed residential service not to have their privacy or home unlawfully or arbitrarily interfered with, under section 13(a) of the Charter. However, I do not consider that the right is limited, because any such interference will be lawful (the new community visitor provisions are accessible and precise) and non-arbitrary.

More specifically, the ability of community visitors to attend a Minister approved premises or a deemed residential service without notice and at times the visitor thinks fit, and to conduct the functions set out in new section 30B and existing section 130 of the *Disability Act 2006*, is consistent with the functions and powers of community visitors in relation to other types of supported accommodation for persons living with a disability, and is reasonably necessary to achieve the important protective and oversight functions served by community visitors. A requirement to provide advance notice of a visit may deprive a community visitor of the ability to observe the true conditions of the relevant accommodation or premises. In this way, clauses 5, 24, 36, 37 and 38 *support* the Charter rights of residents who may be subject to restrictive practices or compulsory treatment (e.g., the right to humane treatment when deprived of liberty).

In addition, a number of safeguards are in place to ensure that any interference with a person's privacy is appropriately confined. For instance, new section 130(4) (inserted by clause 37) and existing section 130(1)(e) provide that a community visitor may only inspect medical records with the consent of the person to whom they relate (or that person's guardian). Clause 39 inserts new section 132(2A) which requires a disability service provider or registered NDIS provider, who is present when a community visitor visits a Minister approved premises, to keep a record of the visit, or face a penalty of 5 penalty units. Clause 25 amends section 34(1) of the *Disability Act 2006* to require community visitors who visit Minister approved premises in a particular region to submit a twice-yearly report to the Community Visitors Board on visits conducted in that region. These amendments ensure that most community visits are recorded and reported on, providing a further level of oversight for the privacy of residents.

Reporting and notification requirements

The Bill makes a number of amendments to the *Disability Act 2006* (e.g., clauses 30, 47 and 60) and to the *Residential Tenancies Act 1997* (e.g., clauses 230–232) in relation to mandatory reporting and notification requirements. To the extent that these requirements might involve the sharing of personal information of persons with disabilities, they engage the right to privacy. However, the right is not limited because any interference with privacy will be lawful (the provisions are precise and accessible) and non-arbitrary.

Specifically, each of the above-noted amendments authorise reporting or notification where reasonably necessary to achieve an important purpose. For example, clause 60 inserts new sections 194A and 194B into the *Disability Act 2006*, which include requirements to notify the Senior Practitioner of non-compliance with a condition of an STO by a disability service provider, registered NDIS provider, or the person who is subject to the STO. These requirements are reasonably necessary to achieve the important purpose of facilitating the exercise of the Senior Practitioner's statutory oversight functions (e.g., under sections 24 and 195 of the *Disability Act 2006*).

In addition, other provisions of the amended Acts ensure that the scope of any personal information disclosed will be confined to the relevant purpose. For instance, clause 30 inserts new section 58(1)(k) into the *Disability Act 2006*, which requires a disability service provider providing residential services to report any suspected breach of a direction or an order requiring a person with a disability to live at the residential service to the responsible authority (defined in new section 58(5)). Existing section 58(4) further constrains this duty, however, by requiring a disability service provider to have regard to the need to ensure there is a reasonable balance between the rights of residents and the safety of all the residents in the residential service. Moreover, disability service providers who are public authorities within the meaning of the Charter are also subject to the obligation in section 38 to act compatibly with human rights.

Similarly, in relation to amendments to the *Residential Tenancies Act 1997* inserted by clauses 230–231 of the Bill, which require SDA providers to notify the Director of Consumer Affairs Victoria of certain events (e.g., details of a notice of temporary relocation or notice to vacate), section 498M of the *Residential Tenancies Act 1997* (as amended by clause 172) imposes duties on SDA providers to take reasonable measures to ensure SDA residents are treated with due regard to their entitlement to privacy and not to unreasonably interfere with an SDA resident's right to privacy.

Amendments relating to the Disability Services Board

The Bill amends the *Disability Act 2006* to remove references to the Disability Services Board, an entity that is no longer required due to the transition to the NDIS of disability service providers and the resulting significant reduction in the number of people accessing State-funded disability services and the reduction in the functions of the Disability Services Commissioner that the Board was established to support. Specifically, clause 17 repeals section 16(1)(i),(j) and (m)(i) of the *Disability Act 2006*, removing the Disability Services Commissioner's functions in respect of the Board, including the Commissioner's ability to seek advice from

the Board and to initiate inquiries into matters referred to it by the Board. Clause 18 repeals Division 4 of Part 3 of the *Disability Act 2006*, which established the Board.

The abolition of the Board could engage the right to equality under section 8(3) of the Charter, for persons living with disability. This is because the State has a positive duty to protect persons from discrimination on the basis of disability, and the removal of a body that was designed to support the oversight of the Victorian disability services sector, including relevant complaints processes, and to represent the interests of, and advocate for, adults and children with a disability, might result in an erosion of protections against disability-based discrimination.

However, I consider that the removal of the Board would not in fact limit the right to equality under section 8(3) of the Charter, as the amendments do not propose to treat persons with a disability unfavourably, and are not likely to have the effect of unreasonably disadvantaging those persons, so as to constitute direct or indirect discrimination. Specifically, there will be no reduction in safeguards for persons living with disability who continue to receive State-funded disability services, as the Disability Services Commissioner remains able to oversee the provision of disability services in Victoria, to resolve complaints, and to protect the rights of people with disability, including with respect to discrimination.

Power of disability service provider to enter a resident's room without notice

Clause 32 of the Bill inserts section 60(2)(ca) into Division 1 of Part 5 of the *Disability Act 2006*, which provides an additional reason for a disability service provider to enter the room of a resident of a residential service without notice: namely, when the disability service provider suspects on reasonable grounds that there has been a breach of a condition of an order that the resident is subject to that requires them to reside at the residential service.

While most residential services and accommodation that were previously covered by the *Disability Act 2006* have now transitioned to the NDIS, specialist forensic disability accommodation, residential treatment facilities and some short-term accommodation where support or transitional accommodation is provided are still within the scope of the *Disability Act 2006*. Properties approved for the provision of supervised treatment under new section 187 (inserted by clause 56) will also fall under the application of the new section 60(2)(ca). Residents of specialist forensic disability accommodation will generally be subject to civil or criminal orders, such as STOs or bail conditions, requiring them to reside at that residential service.

Allowing disability service providers to enter a resident's room without notice engages the right to privacy under section 13(a) of the Charter, and in the case of residents who are under criminal orders (such as a residential treatment order or custodial supervision order) or STOs that compel them to remain in the residential service, the right to humane treatment when deprived of liberty under section 22 of the Charter. For the reasons set out below, I am of the view that neither right is limited by clause 32 of the Bill.

Privacy

Section 13(a) of the Charter stipulates that a person has the right not to have their privacy and home (amongst other things) unlawfully or arbitrarily interfered with. Entry into a resident's room without notice would engage both of these aspects of the privacy right, because 'privacy' includes a person's physical and psychological integrity, and a resident's room within a residential service is clearly encompassed by the concept of 'home'.

However, the right to privacy will only be limited if the interference is 'unlawful' or 'arbitrary'. Entry to a resident's room without notice would occur pursuant to new section 60(2)(ca) of the *Disability Act 2006*, which is a precise and accessible provision that includes an appropriately stringent 'reasonable grounds' threshold. I consider this to be a reasonable and proportionate measure to achieve the important purpose of ensuring that conditions of the relevant orders are being complied with, which in turn fulfils the purpose of maintaining the safety and welfare of staff and residents in residential services. I am therefore satisfied that entry into a resident's room without notice pursuant to the new provision would not be unlawful or arbitrary.

Accordingly, I am of the view that the right to privacy is not limited by clause 32 of the Bill.

Humane treatment when deprived of liberty

An order compelling a person to reside in a residential service (such as an STO), particularly one that compels them to receive compulsory treatment, would likely be considered to constitute a deprivation of liberty that triggers a requirement for humane treatment and respect for inherent human dignity under section 22 of the Charter. However, I am of the view that entry into a person's room without notice on suspicion (based on reasonable grounds) that the person has breached a condition of the order reflects an interference with rights that could reasonably be expected to result from the deprivation of liberty in this context. Further, the measure is proportionate to the important purpose of enforcing the conditions of the relevant order to which the person is subject, and therefore ensuring the safety of staff and residents in residential services.

I do not therefore consider the right to humane treatment while deprived of liberty to be limited by clause 32 of the Bill.

Termination of residency

Clause 33 of the Bill inserts new section 61A into the *Disability Act 2006* which sets out the circumstances in which a person's residency in a residential service may be terminated, namely, where: the person's residency period has expired and has not been extended; the person is no longer subject to a direction or civil or criminal order requiring them to reside at the residential service and suitable alternative premises are available for them to move to; the person has moved to another premises; the person has been directed or ordered to move to an alternative residence for at least three months and there is no agreement between the person and the Secretary for the residency of the person to continue in the residential service; the disability service provider gives the person written notice that the residency of the person will end on a specified date; or the person and the disability service provider agree, in writing, that the residency will end.

The termination of a person's residency in a residential service engages the Charter rights to equality (section 8), to not have one's home unlawfully or arbitrarily interfered with (section 13(a)), and to property (section 20).

Equality

Clause 33 engages the right to equality under section 8(3) of the Charter, insofar as new section 61A of the *Disability Act 2006* may adversely affect persons living with a disability whose residency in a residential service is terminated.

However, I am of the view that the termination of residency provision does not constitute direct discrimination as it does not permit unfavourable treatment *because of* a disability; rather, it may result in unfavourable treatment (i.e., termination of residency) because of one of the above-specified reasons, such as the expiration of the residency agreement or abandonment by the resident of the residential service. I am also of the view that the provision does not constitute indirect discrimination because it does not impose an unreasonable requirement, condition or practice that would disadvantage a person with a disability. Termination of residency can only occur for one of the legitimate reasons set out in new section 61A and is a proportionate measure to ensure residents do not refuse to move after the expiration of the period of residency specified in their residential statement or once they are no longer subject to an applicable direction or order. Clause 33 also ensures that residential service resources are being properly utilised and that persons who require them are able to be given access in a timely manner. In addition, the requirement in new section 61A(2) for a disability service provider to comply with any guidelines issued by the Secretary with regard to termination of residency, and to notify the Secretary at least 30 days before terminating the residency of a person under subsection (1)(d) or (e), serve an important protective function for the rights of residential service residents..

Accordingly, I am of the view that the right to equality would not in fact be limited as clause 33 does not directly or indirectly discriminate against persons on the basis of disability.

Privacy and the home

As discussed above, a person's room or accommodation in a residential service would fall within the concept of 'home' under section 13(a) of the Charter. While termination of a person's residency in a residential service would constitute an interference with this right, I am satisfied that it is not unlawful or arbitrary and would therefore fall within the internal qualification contained in section 13(a). The interference with the home would occur pursuant to new section 61A of the *Disability Act 2006* for one of the reasons outlined therein; this is a provision which is precise and accessible, and is a reasonable and proportionate measure to achieve the aim of ensuring that residential service resources are properly used, allocated and accessible to persons who need them.

Accordingly, I am satisfied that the right to the home is not limited by clause 33 of the Bill.

Property

Section 59 of the *Disability Act 2006* sets out various duties of residents analogous to those that would arise in a residential tenancy, such as an obligation to pay specified charges and to contribute to the cost of reparation of any damage. Therefore, to the extent these obligations might be considered to give rise to a property interest, such that termination of residency would deprive a resident of that interest, the Charter right to property (section 20) may be engaged.

I am satisfied, however, that a termination of residency pursuant to new section 61A of the *Disability Act 2006* (which is precise and accessible) would not constitute an unlawful deprivation of property. The right to property under section 20 of the Charter is therefore not limited by clause 33.

Non-application of Residential Tenancies Act 1997 for accommodation approved by Senior Practitioner

Clause 56 of the Bill replaces sections 185 to 191 of the *Disability Act 2006*. New section 187(5) provides that the *Residential Tenancies Act 1997* does not apply in respect of accommodation that has been approved by the Senior Practitioner as being suitable for persons to reside in for the purposes of receiving supervised

treatment by a disability service provider or a registered NDIS provider. Clause 237 makes a corresponding change to section 3(1) of the *Residential Tenancies Act 1997*.

Given persons with a disability who receive supervised treatment at accommodation approved for this purpose will not be able to avail themselves of the protections provided by the *Residential Tenancies Act 1997*, the Charter rights to equality (section 8(3)) and to the home (section 13(a)) are engaged, but for the reasons set out below, are not limited.

Equality

I am satisfied that clauses 56 and 237 do not limit the right to equality as they do not directly or indirectly discriminate against persons with a disability. The amended provisions do not treat persons with a disability unfavourably because of their disability, but rather excludes certain accommodation at which they might be receiving supervised treatment from the application of the *Residential Tenancies Act 1997*. Therefore, clauses 56 and 237 do not result in direct discrimination. Further, the exclusion of the application of the *Residential Tenancies Act 1997* is not an unreasonable imposition that would disadvantage persons with a disability; it is a reasonable and proportionate measure to ensure that accommodation approved for supervised treatment is subject to legislation (namely, Division 1 of Part 5 of the *Disability Act 2006*) that is better tailored to the distinct needs of such accommodation. The definition of 'residential service' in section 3(1) of the *Disability Act 2006* (as amended by clause 4(3)) includes accommodation provided by disability service providers, and new section 3B (inserted by clause 5) will include accommodation provided by registered NDIS providers, that is approved by the Senior Practitioner for the provision of supervised treatment under new section 187(1), such that Division 1 of Part 5 will apply to provide alternative protections for residents of approved accommodation.

Home

Clauses 56 and 237 may engage the right to the home in section 13(a) of the Charter because the disapplication of the *Residential Tenancies Act 1997* to the relevant supervised treatment accommodation removes various protections under that Act (e.g., the duty of a rental provider, in section 67, to ensure a tenant has quiet enjoyment of the premises).

However, any interference with a person's home is effected by a provision which is accessible and precise, and is proportionate to the purpose of providing a tailored framework (namely, Division 1 of Part 5 of the *Disability Act 2006*) for accommodation approved for supervised treatment that protects the rights of residents. As such, I am satisfied that any interference with the right to the home would not be arbitrary or unlawful. The right is therefore not limited.

Supervised treatment orders

Clause 56 of the Bill replaces sections 185 to 191 of the *Disability Act 2006*, with new sections 191A to 191C. New section 191 sets out the process pursuant to which an Authorised Program Officer for a primary service provider may apply to VCAT for an STO in respect of a person who: has an intellectual disability; is living in a type of accommodation listed in section 191(1)(b); has an approved treatment plan; and meets the criteria in new section 193(1A) (inserted by clause 58).

An STO authorises detention and treatment of a person without their consent. Insofar as that treatment interferes with the person's bodily integrity and limits their physical liberty, clauses 56 and 58 may engage the Charter rights to protection from medical treatment without consent (section 10(c)), freedom of movement (section 12), privacy (section 13(a)), liberty (section 21), and humane treatment when deprived of liberty (section 22). In addition, since clauses 56 and 58 may be considered to discriminate against persons on the basis of disability, they may engage the Charter right to equality (section 8).

However, for the reasons detailed below, it is my opinion that there is no limit on the Charter rights to privacy and liberty, and that any limitation upon other Charter rights is reasonable and justified in accordance with section 7(2).

Privacy and liberty

Any interference with a person's privacy or liberty resulting from an STO is not, in my opinion, a limit upon these Charter rights, because it will be lawful (the amendments to the *Disability Act 2006* made by clauses 56 and 58 are precise and accessible) and non-arbitrary.

In particular, VCAT may only make an STO if satisfied that all of the conditions in new section 193(1A) of the *Disability Act 2006* (inserted by clause 58) are met. Each of the conditions is premised on the existence of a significant risk of serious harm to another person. Therefore, STOs may only be made where reasonably necessary to achieve the purpose of reducing the risk of, or preventing serious harm to another person. This supports the right to life, protected under section 9 of the Charter.

Indeed, I consider that clauses 56 and 58 *strengthen* protections for the human rights of persons with respect to whom an STO application may be made. For instance, new section 191A(1)(b) requires an application for an

STO to include any risk assessment reviewed by the Senior Practitioner; this was not previously required. Furthermore, new section 191C(2) provides that a person in respect of whom an STO application is made is a party to the VCAT proceeding (enhancing their right to a fair hearing, protected in section 24(1) of the Charter), and new section 191C(3) provides that the Senior Practitioner must (on application) be joined to the proceeding.

Equality, protection from medical treatment without consent, freedom of movement, and humane treatment when deprived of liberty

To the extent clauses 56 and 58 limit the Charter rights to equality, protection from medical treatment without consent, freedom of movement, or humane treatment when deprived of liberty, any such limit is, for the following reasons, reasonable and justified under section 7(2) of the Charter.

The availability of an STO serves pressing and substantial objectives, including to reduce the risk of, or prevent serious harm to other persons (as discussed above) and to provide services in accordance with a treatment plan which will be of benefit to the person subject to the STO (new section 193(1A)(c) of the *Disability Act 2006*).

I acknowledge that an STO may constitute a profound interference with the dignity and bodily integrity of the person to whom it relates. However, as reflected in the criteria in new section 193(1A) of the *Disability Act 2006*, an STO is only available where there is a significant risk of serious harm to another person that cannot be substantially reduced through less restrictive means. I am satisfied that the protections in new sections 191, 191A to 191C, and 193(1A), including the protective role of the Senior Practitioner, ensure the least-restrictive interference with the Charter rights of persons who may be subject to an STO.

Fair Hearing

Clause 58 inserts new section 193(2B), which provides that VCAT, in deciding whether to make an STO, may consider any relevant information including the treatment plan, risk assessment, assessment report, and any relevant information obtained in an earlier proceeding relating to the person in respect of whom the STO is proposed to be made. This provision is relevant to the right to fair hearing, which, depending upon the circumstances, generally requires a respondent to a proceeding to have the particulars of an application against them disclosed.

This provision is intended to clarify the existing powers and processes of VCAT. For example, section 98 of the *Victorian Civil and Administrative Tribunal Act 1998* (VCAT Act) provides that VCAT is not bound by the rules of evidence and may admit into evidence the contents of any document, including any material put before VCAT at a previous proceeding, if VCAT considers it desirable to do so.

Section 98(1)(a) of the VCAT Act further provides that VCAT is bound by the rules of natural justice, while section 97 provides that VCAT must act fairly and according to the substantial merits of the case in all proceedings. Additionally, VCAT is obliged under the Charter to give effect to relevant Charter rights in conducting its hearings, including the right to a fair hearing. Accordingly, any material that would be considered by VCAT in an STO application (assuming such material is not otherwise privileged) would need to be disclosed to the parties to the proceeding. This would include the person to whom the proposed STO would apply, and they would be given the opportunity to consider and respond to that material.

In my view these amendments would strengthen human rights protections for persons in respect of whom an STO application may be made, as they would help ensure that the STO application process is transparent, that all parties have an opportunity to consider and respond to all relevant information, and that VCAT has the best available information before it upon which to determine an STO application.

Apprehension of person subject to supervised treatment order or detained in residential treatment facility who is absent without leave

Clause 66 of the Bill replaces section 201(1) and amends section 201(2) of the *Disability Act 2006*. The amendments empower a police officer, the person in charge of the disability service provider providing disability services, the person in charge of the registered NDIS provider providing daily independent living supports at the accommodation, or an authorised person who is employed or engaged by, or is providing disability services or services under the NDIS at the accommodation for or on behalf of, the disability service provider or registered NDIS provider, to apprehend a person who is subject to an STO who is absent without approval from the accommodation that the person is required to reside in. The apprehension may only be made for the purpose of returning the person to their accommodation. Similarly, clause 121 of the Bill replaces section 160(b) of the *Disability Act 2006* to expand the list of persons who are empowered to apprehend a resident detained in a residential treatment facility who is absent without leave for the purpose of returning the resident to the facility.

These clauses authorise an interference with a person's Charter rights to freedom of movement (section 12), privacy (section 13(a)), and liberty (section 21).

However, in my opinion, the rights to privacy and liberty are not limited because any interference authorised by sections 201 or 160 (as amended) will be lawful (as those provisions are clear and accessible) and non-arbitrary. In particular, the power to apprehend a person who is absent without leave is reasonably necessary to achieve the purposes of enforcing the order pursuant to which the person is required to reside in the accommodation or residential treatment facility, and returning the person to the relevant accommodation or facility. Furthermore, the lists of persons in sections 201 and 160 who are authorised to apprehend a person who is absent without leave are strictly confined.

To the extent the clauses authorise limits on a person's freedom of movement, any such limitation is in my view reasonable and justified, with regard to the important purpose of ensuring the relevant orders are upheld. I do not consider there is any less restrictive means of achieving this objective. The *Disability Act 2006* provides a mechanism for some persons detained in accommodation under the Act to obtain an authorised leave of absence (e.g., ss 156–157, as amended by clauses 117–118).

Admission to residential treatment facility

Clause 111 of the Bill amends section 152 of the *Disability Act 2006*, which sets out the process for a person with an intellectual disability to be admitted to a residential treatment facility. Clauses 112 and 113 of the Bill insert new sections 152A and 152B (respectively) into the *Disability Act 2006*. New section 152A requires the Secretary or forensic disability service provider to give a person admitted to a residential treatment facility relevant written information to the person, including about the services to be provided to that person, the conditions that will apply to their admission under any order or direction under the Act, a copy of their treatment plan, any security conditions that will apply at the residential treatment facility, and their legal rights and entitlements, including for review of their treatment plan. New section 152B empowers the Secretary to extend a person's admission to a residential treatment facility for further periods (not exceeding 12 months) if certain conditions are met.

Clauses 111 and 113 authorise an interference with a person's Charter rights to freedom of movement (section 12), privacy (section 13(a)), and liberty (section 21). In addition, to the extent that these clauses authorise interference with the rights of persons who have a disability, they engage the Charter right to equality (section 8). For the reasons set out below, however, the rights to privacy and liberty are not limited, and any limitation on freedom of movement or equality is reasonable and justified.

Privacy and liberty

In my opinion, the rights to privacy and liberty are not limited because any interference authorised by sections 152 or 152B (as amended), provisions that are precise and accessible, will be lawful and non-arbitrary.

A person may only be admitted to a residential treatment facility where the criteria in section 152(1) (as amended) are satisfied, including that: the person presents a serious risk of violence to another person; all less restrictive options have been tried or considered and are not suitable; the treatment is suitable for the person having regard to the person's willingness to engage in and benefit from the treatment; the person is able to engage in the therapeutic environment at the residential treatment facility; and admission of the person to the treatment facility is appropriate having regard to the level of vulnerability of the person, any risks the person presents to other residents of the treatment facility and the compatibility of the person with the other residents of the residential treatment facility. These criteria ensure that a person's rights to privacy and liberty will only be interfered with to the extent reasonably necessary to achieve important purposes, including protecting others from harm and ensuring there is therapeutic benefit for the person in that environment.

In addition, I consider that clause 111 strengthens the rights protections for a person who may be admitted to a residential treatment facility. For example, new subsection 152(1A) requires the person to undergo a clinical assessment before a decision to admit is made, while new subsection 152(1B) requires the Secretary to consult with, and to consider the advice (if any) of, the Senior Practitioner in relation to the suitability of the treatment to be provided to the person at the residential treatment facility. And new subsection 152(5) provides that, subject to new subsections 152(6)–(7), if the Secretary is not satisfied the conditions in section 152(1) continue to be met or that the person is no longer subject to an order listed in section 152(2), the Secretary must not allow a person to continue to reside at a residential treatment facility.

Freedom of movement and equality

To the extent clauses 111 and 113 of the Bill limit the Charter rights to freedom of movement and equality, I consider such limitations to be reasonable and justified in accordance with section 7(2) of the Charter.

The power of the Secretary to admit a person to a residential treatment facility, or to extend their admission, serves important purposes, including to protect other persons from a serious risk of violence, which supports the Charter right to life (section 9). In addition, the amendments seek to protect the dignity and autonomy of persons who may be admitted to a residential treatment facility, including by seeking to ensure that those persons are willing to both engage in their treatment (amended section 152(1)(d)) and to engage with the

therapeutic environment at the residential treatment facility (new section 152(1)(e)), and by requiring those persons to be provided with information about their treatment and their rights (new section 152A).

I acknowledge that the decision to admit a person to a residential treatment facility reflects a potentially significant interference with their freedom of movement and right to equality. As discussed above, however, a decision to admit a person can only be made where there are no less-restrictive alternatives reasonably available to achieve the harm-prevention objective. New section 152(5) ensures that, subject to subsections 152(6)–(7), the duration of any limitation on rights is restricted to the period required to achieve this purpose. Moreover, pursuant to section 151(4) (as amended by clause 110) and new section 152B (inserted by clause 113), a person can only be admitted to a residential treatment facility for a period not exceeding 5 years, with further extensions of 12 months where specified criteria are satisfied, including that there is therapeutic benefit for the person.

Information provided to Disability Worker Registration Board of Victoria

Clauses 132, 137 and 139 of the Bill amend the DSS Act to require the provision of certain information, including an applicant's criminal history or NDIS clearance (if the applicant has one), to the Disability Worker Registration Board of Victoria. In addition, clause 138 inserts new section 252(h) into the DSS Act to clarify the record-keeping obligations of the Board in relation to information about a disability worker's NDIS clearance. To the extent this information may include personal information, these clauses may interfere with a person's right to privacy under section 13(a) of the Charter. However, any interference with the privacy interests of applicants is minimal, as persons seeking to participate in a regulated industry hold a diminished expectation of privacy in information obtained by the regulator for that purpose.

There is, in any case, no limit on the Charter right to privacy as any interference with privacy is lawful (the amended provisions of the DSS Act are clear and accessible) and non-arbitrary. The amended provisions of the DSS Act are reasonably necessary to facilitate the Board's ability to determine registration applications, including to assess whether applicants are fit and proper persons to be registered as disability workers. The Board exercises a protective function, given the vulnerability of persons with whom such workers will engage. The amendments serve the important purpose of enhancing efficiency and reducing duplication, by enabling the Board to consider an NDIS clearance (where available) in lieu of a criminal history check.

Amendments to other Acts relating to SDA dwellings and accommodation approved by the Senior Practitioner

A number of clauses of the Bill amend other Acts to expand the application of certain provisions to include accommodation approved by the Senior Practitioner under new section 187 (inserted by clause 56) and SDA dwellings. 'SDA dwelling' is defined in new section 498BA of the *Residential Tenancies Act 1997* (inserted by clause 143) to mean an SDA enrolled dwelling or other permanent dwelling that provides long-term accommodation where daily independent living support is provided to one or more residents with a disability funded by a specified entity or program (excluding the types of dwelling set out in subsection (2)). These amendments ensure that appropriate legal regimes apply to all properties where persons with disabilities are receiving State-funded or Commonwealth-funded disability support.

By way of example, clauses 234 and 256 amend section 17 of the *Guardianship and Administration Act 2019* to permit the Public Advocate to exercise their powers of inspection in relation to an accommodation approved by the Senior Practitioner, a short-term accommodation dwelling, or an SDA dwelling. Similarly, clauses 236 and 259 amend the definition of 'health facility' in the *Medical Treatment Planning and Decisions Act 2016* to include accommodation approved by the Senior Practitioner, a short-term accommodation dwelling, and an SDA dwelling, such that relevant protection in that Act (such as the advance care directive requirements in section 98) apply to persons in those dwellings. Clauses 251 and 263 amend the definition of 'detained person' in the *Victorian Inspectorate Act 2011* to include persons detained in accommodation approved by the Senior Practitioner and SDA dwellings, such that relevant protections in the Act (e.g., the ability of detained persons to complain to the Victorian Inspectorate under section 92A) apply to those persons.

Some of these clauses may result in the application of provisions of the amended Acts, which may engage Charter rights such as the right to privacy (section 13(a)) and freedom of expression (section 15), to SDA dwellings and/or accommodation approved by the Senior Practitioner. However, in my view, none of the amending clauses create new or greater human rights issues, but simply expand the field of application of existing provisions. In addition, many of the relevant provisions have previously been the subject of statements of compatibility, and were found to be compatible with the Charter (see, e.g., statements of compatibility for the Disability (National Disability Insurance Scheme Transition) Amendment Bill 2019 and for the Guardianship and Administration Bill 2018). I am therefore satisfied that these clauses are compatible with the Charter.

Amendments to Social Services Regulation Act relating to the Worker and Carer Exclusion Scheme (WCES)

Clause 240 of the Bill inserts new sections 100A and 100B into the *Social Services Regulation Act 2021* (**SSR Act**). New section 100A, which requires all reasonable steps to be taken to mitigate any negative effect that an interview or hearing may have on an adult or child WCES service user or a person with the characteristics of a WCES service user. New section 100B introduces additional safeguards specifically in relation to children who are WCES service users or persons with the characteristics of a WCES service user. These additional safeguards are aimed at protecting and promoting the welfare of children who are being interviewed.

Proposed Social Services Regulations will prescribe the services in scope of the WCES. It is intended to prescribe certain out of home care services as in scope of the WCES, such as foster care services and residential out of home care services. A WCES service user will include children in out of home care, as well as some care leavers who may be aged 18 years or over.

I note that these amendments do not extend the Regulator's coercive powers in relation to adult and child WCES service users. Rather, the new sections provide safeguards for such persons where they participate in an interview or attend a hearing.

Protection of children

The Regulator's existing investigation powers as they apply in relation to children engages the right of every child, without discrimination, to such protection as is in their best interests and is needed by them by reason of being a child. To the extent that participation in a Panel hearing or interview may adversely affect a child's welfare, and consequently the right under section 17(2) of the Charter, it is important to bear in mind that the exclusion scheme and the power to conduct WCES investigations is protective of the interests of children.

Further, the new provisions introduce safeguards to mitigate any adverse impacts on children that may arise from the exercise of these powers. In addition to the overall requirement at new section 100A that applies to the Regulator, a Panel, an authorised officer or an independent investigator to take all reasonable steps to mitigate any negative effect an interview or a hearing may have on either an adult or child WCES service user or person with the characteristics of a WCES service user, new section 100B provides for engaging a person with appropriate qualifications, training or experience in interviewing child victims of abuse to conduct interviews on behalf of the aforementioned bodies. There is also an obligation to consider whether the child's primary family carer should be present, and for interviewers to consider and take all reasonable steps to mitigate any negative effect that the interview may have on the child.

Therefore, I am satisfied that these amendments will promote children's right to protection in the Charter.

Amendments to the Social Services Regulation Act relating to the powers of entry without consent

Clause 242 of the Bill substitutes section 113(2) and inserts section 113(2A) into the SSR Act. Substituted section 113(2) sets out requirements for the power of entry into bedrooms in residential premises. In most cases, entry into bedrooms is only permissible with consent, as is presently the case in current section 113. However, there is also a new power authorising entry without consent or a warrant into a bedroom of a service user in residential premises occupied by a provider of a supported residential service or a prescribed residential disability service in specified circumstances.

Right to privacy

The new entry power interferes with the right to privacy, as authorised officers and independent investigators may enter, in limited circumstances, a resident's bedroom without consent. As a person has an increased expectation of privacy in relation to their bedroom, this has the potential to be a significant interference. In my view, this power is precisely prescribed, aimed at achieving a legitimate objective and equipped with sufficient safeguards to ensure it is not arbitrary.

As a starting point, an authorised officer or an independent investigator must first take all reasonable steps to obtain the consent of the service user before entering. If consent is unable to be obtained, entry may only be effected if the authorised officer or independent investigator considers the entry reasonably necessary for the purposes of monitoring compliance with a provision of the Act, or investigating a possible contravention of the Act, having regard to the considerations set out in new section 113(2A). These include whether entry to the bedroom is necessary to eliminate or reduce an immediate risk of harm to a service user, whether the purpose of the entry may be achieved by a less intrusive means and any other reasonably appropriate matter.

These legislative safeguards will be further strengthened by operating procedures developed by the Regulator which would require an authorised officer to record any use of this entry power when a resident is present and has not given their consent. These decisions may then be reviewed by the Regulator to ensure they are being exercised properly.

This amendment intends to protect residents by balancing their rights with the need to ensure they are not being improperly influenced by proprietors to prevent an inspection, and the need to ensure residents are receiving appropriate care. These service users are often vulnerable and entry to their rooms is required to ensure a provider is complying with requirements aimed at ensuring the service user's safety.

Taking into account the above safeguards and the important purpose served by the provisions, I consider that to the extent that the powers authorise interference with privacy rights, that interference will be lawful and non-arbitrary, and compatible with the Charter.

Hon Lizzie Blandthorn, MP
Minister for Disability, Ageing and Carers
Minister for Child Protection and Family Services

Second reading

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (22:00): I move:

That the bill be now read a second time.

Ordered that second-reading speech be incorporated into *Hansard*:

This Bill reintroduces substantively the same reforms proposed in the Disability Amendment Bill 2022 consistent with the Government's ongoing commitment to better support Victorians with disability. There are a few minor and technical amendments for clarification, as well as additional reforms to support the functions of the new Social Services Regulator when it comes into operation in 2024.

There are more than 1.1 million people with disability living in Victoria. This Disability and Social Services Regulation Amendment Bill 2023 makes important and critical amendments to enhance services, safeguards, rights and protections for people with disability; address National Disability Insurance Scheme (NDIS) implementation issues and address unintended regulatory burdens and operational difficulties. This Government is committed to promoting and protecting the rights of people with disability in Victoria, and these reforms deliver on the government's promise to introduce legislation to better support persons with disability in our community. These amendments will improve the delivery of state funded disability services by ensuring that there are better legislative protections and supports.

The *Disability Act 2006* is being reviewed in stages. The first stage occurred in 2019, in advance of the commencement of the NDIS. Technical amendments were made to reflect the changes in roles and responsibilities of the Commonwealth and Victorian Governments in relation to the funding, delivery and regulation of services, as well as the interface between the residual state disability and mainstream service systems.

This Bill forms part of stage two of the Disability Act Review and will amend the Disability Act to: promote rights for persons residing in residential services and those subject to compulsory treatment and restrictive practices; align and reduce duplication of requirements for the use and authorisation of restrictive practices by registered NDIS and disability service providers; improve processes and practices relating to supervised treatment orders; provide a clear legislative authority to disclose protected identifiable information and clarify the functions and responsibilities of the Secretary to the Department of Families, Fairness and Housing.

This Bill will also amend the *Residential Tenancies Act 1997* to address gaps in residential rights and protections for people living in specialist disability accommodation and the *Disability Service Safeguards Act 2018* so that an NDIS worker clearance is accepted in lieu of a criminal history check. The amendments in this Bill align and respond to a key area of focus by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability to ensure appropriate safeguards are in place for people with disability.

As part of this government's commitment to better support Victorians with disability, a new nation first legislative framework is being developed to establish a contemporary and proactive disability inclusion scheme to support the vision of a barrier free Victoria for all people with a disability. The Disability Inclusion Bill exposure draft was released for public comment in September 2022 and forms part of the stage two reforms. I am grateful to all the people who participated in the public consultation process and provided feedback on the exposure draft. The Government will be carefully considering this feedback as we progress work on proposed disability inclusion legislative reforms.

Our aim is to ensure Victoria has a contemporary and modern legislative architecture to strengthen and complement the ambitious reform agenda endorsed in *Inclusive Victoria: State disability plan 2022–2026.* The state disability plan outlines the government's approach to driving change towards a fairer community that supports every Victorian to fully participate in all areas of life.

The Disability and Social Services Regulation Amendment Bill, now before the house, addresses a number of policy and legal issues that will improve services, rights, protections and safeguards for people with disability.

Functions of the Secretary

Amendments are being made to the Disability Act to clarify the role, responsibilities and powers of the Secretary to the Department of Families, Fairness and Housing. The Bill provides that the Secretary is only responsible for services that the Secretary funds. When the *Social Services Regulation Act 2021* commences, the majority of providers registered as a disability service provider will not be providing services funded by the Secretary. These amendments will reduce any overlap of legislative responsibility and ensure there is clarity regarding the Secretary's responsibilities. The Bill amends the Disability Act to confirm that decisions about disability and access to services are made by the Secretary only in relation to disability services funded by the Secretary. It also clarifies that the Secretary can acquire, hold or dispose of land for the purposes of being a specialist disability accommodation provider. Amendments are also being made to enable the Secretary to dispose or deal with land with or without consideration in certain circumstances.

Information sharing

The Disability Act contains information sharing arrangements that are outdated and there is a lack of express power authorising the disclosure of identifiable information so that people can carry out their functions under the Act. Protected information that identifies the person to whom it relates can only be disclosed by people specified in the Bill and for a specified purpose such as to obtain legal advice or to prevent or lessen a serious threat to a person's life, health, safety or wellbeing. A person can be found guilty of an offence if there is an unauthorised disclosure. The amendments will ensure that important and critical information can be shared.

Residential services

The Disability Act contains rights for residents of residential services whose accommodation is exempt from the Residential Tenancies Act. The Bill amends the Disability Act to clarify the services being provided; the rights, duties and requirements residents may be subject to within the service and the roles and responsibilities of service providers delivering residential and treatment services.

Restrictive practices

In 2019, amendments were made to restrictive practices to facilitate transition to the NDIS. Further amendments are required to remove uncertainty about the application of existing Parts and Divisions in the Act; better align requirements and responsibilities for NDIS and state funded disability providers and ensure there is consistency and accountability in the use of restrictive practices. The Bill will explicitly provide that the existing offence that relates to use of unauthorised restrictive practices for disability service providers also applies to registered NDIS providers and that registered NDIS providers must meet the requirements for authorisation of restrictive practices in the Disability Act for people accessing services funded through the Commonwealth Disability Support for Older Australian's program. It will also expand the role of the Senior Practitioner to include promoting the reduction and elimination of the use of restrictive practices by registered NDIS providers and disability service providers to the greatest extent possible and additional powers to provide directions to providers about appointment of Authorised Program Officers.

Compulsory treatment

Residential treatment facilities

The Bill makes a number of important changes that will have an impact on compulsory treatment provided to persons with an intellectual disability that are residing in residential treatment facilities. The Bill will clarify that the statutory admission criteria will apply where there has been a re-admission or a new criminal justice or civil order imposed; strengthen the clinical admission criteria; and include an overall residential timeframe for admission to a residential treatment facility and enable extension where it is therapeutically beneficial for a person. The Bill will also ensure treatment plans are appropriately explained and provided in an accessible format and will include specific legislative obligations regarding the provision of information on admission. Changes are also being made to enable prescribed forensic disability service providers, in addition to the Secretary, to operate residential treatment facilities to support service integration and innovation opportunities in the future.

Supervised treatment orders

Amendments are being made to supervised treatment orders to ensure responsibilities and obligations under the Disability Act are streamlined, there are strengthened approval processes and there is clearer information for persons subject to supervised treatment orders. The Bill specifies that a registered NDIS provider is now guilty of an offence if they detain a person other than in accordance with Part 8 of the Act. It also clarifies requirements in relation to treatment plans which include ensuring the treatment plan is clearly explained and

provided in an accessible format; all service providers delivering services are disability service providers and registered NDIS providers and they are identified in the treatment plan, and a treatment plan being used by registered NDIS providers meets the NDIS requirements for a behaviour support plan. The Senior Practitioner will also have the power to approve properties as being suitable to provide supervised treatment for persons with an intellectual disability.

The Bill also clarifies what information must be included in a certificate provided by the Senior Practitioner during an application for a supervised treatment order; who is a party to a proceeding; that an application does not need to be made to confirm expiry of an order, and that the Victorian Civil and Administrative Tribunal can consider prior risk related material. These amendments will help ensure that the STO application process is transparent, and that VCAT has the best available information before it upon which to determine an STO application. It will also help ensure that all parties will have an understanding of the information that may be used as evidence so that they can review and respond to it appropriately.

Dissolution of the Disability Services Board and community visitors

The Bill makes some other miscellaneous amendments which will result in the dissolution of the Disability Services Board and expansion of the properties that community visitors can visit. As the majority of disability services have transitioned to the NDIS, the scope and role of the Disability Services Commissioner and Board has been significantly reduced and the Board is no longer required. As such, the proposal in the Disability and Social Services Regulation Amendment Bill to remove the Disability Services Board will not lead to a reduction in safeguards for people. The Bill also allows the Minister to declare new types of accommodation at which persons receive disability services, NDIS services or services under the Commonwealth's 'Disability Support for Older Australians Program' to be subject to the community visitors program. This will enhance safeguards and protections for people with disability. Properties approved by the Senior Practitioner as suitable to provide suitable treatment will also be subject to the community visitors program.

Amendments to the Residential Tenancies Act

The Bill also removes barriers for residents of group homes provided by disability service providers from receiving rights under the Residential Tenancies Act. This Bill amends the Residential Tenancies Act to ensure residents in group homes meet the definitions in that Act and residential rights and protections are afforded. The Bill will provide for transition of existing group homes to specialist disability accommodation residency arrangements under Part 12 of the Residential Tenancies Act and repeal group home provisions from the Disability Act. This was the original objective of previous amendments made to the Residential Tenancies Act which had not been realised in full due to unanticipated impediments for persons to access specialist disability accommodation provided under the NDIS.

Amendments are also being made to the definitions in the Residential Tenancies Act to ensure residents in specialist disability accommodation and NDIS and state funded long term disability accommodation are afforded residential rights and protections under the Residential Tenancies Act. The amendments will also provide protections for persons with a disability living in these types of accommodation under a residential rental agreement, whether written or implied, prior to commencement of this Bill, who may not have previously qualified for a specialist disability accommodation residential agreement. Their rental provider must, within 6 months of commencement, give them the choice of entering into a specialist disability accommodation residential agreement instead, along with a copy of the specialist disability accommodation agreement information statement.

Amendments to the Disability Service Safeguards Act

The Bill makes minor amendments to the *Disability Service Safeguards Act 2018*. The amendments will allow the Disability Worker Registration Board of Victoria to accept a NDIS clearance in lieu of a criminal history check when disability workers voluntarily seek to register. The screening checks for NDIS registered disability workers are currently duplicative and the amendments will reduce red tape for disability workers seeking registration. The Bill also strengthens information sharing provisions between the Board and the NDIS worker screening unit to enable the Board to obtain information about changes or cancellations of the NDIS clearance. A variation to the amendments from the lapsed Disability Amendment Bill 2022 has been made to enable the Board to confirm the NDIS clearance electronically and not be required to obtain a physical copy of a clearance certificate.

The amendments do not affect the principles or intent of the Disability Service Safeguards Act. The amendments are expected to encourage more disability workers to register and thereby accelerate efforts to professionalise the disability workforce, improve the quality of services delivered and increase choice and control for people with a disability.

Amendments to the Social Services Regulation Act 2021

A new regulatory scheme for social services will take effect from 1 July 2024. The scheme strengthens protections for some of our most vulnerable Victorians – those accessing social services.

The proposed amendments in this Bill will ensure the regulatory framework operates efficiently and effectively and will enhance the Regulator's ability to keep service users safe by improving its ability to monitor compliance in certain accommodation settings.

The amendments will enable an Authorised Officer to enter the bedrooms of those who live in supported residential services and disability residential services without consent or a warrant. This amendment is necessary to ensure that a provider is complying with requirements aimed at ensuring the service user's safety, providing greater protections for residents in these services. Importantly, this is subject to a number of safeguards, including that the authorised officer believes it is reasonably necessary for the purposes of monitoring compliance with a provision of the Act or investigating a possible contravention of the Social Services Regulation Act, and that there is no less intrusive way to achieve the purpose of the inspection. In addition to these safeguards, the Regulator will develop operating procedures requiring an Authorised Officer to record any use of the power to enter when a resident is present and has not given their consent. These decisions may then be reviewed by the Regulator to ensure they are being made properly.

The provisions will balance the rights of residents to privacy, dignity and respect with their right to access safe services and to live in a safe premises.

Safeguards are also proposed to minimise any harm that may be caused in relation to interviews or hearings with those in out of home care, who are mostly children, under the Worker or Carer Exclusion Scheme. Similar provisions exist for the reportable conduct scheme and the child safe standards scheme.

Consequential, minor and technical amendments are also proposed to ensure the new regulatory scheme operates as intended.

Conclusion

The Government is committed to ensuring disability legislation is contemporary and fit-for- purpose. This Bill will bring about critical reforms that will improve the delivery of disability services and enhance safeguards for Victorians with disability. Wide stakeholder consultation has occurred in relation to these legislative amendments. I would like to thank everyone who has contributed to the development of this Bill, in particular those individuals and organisations who provided submissions to our Disability Act Review consultation paper last year, members of the Disability Act Review Advisory Group and the Victorian Disability Advisory Council. These contributions have played an important role in ensuring the Bill has been informed and enriched by the experiences of people with disability in our community. The Government is looking forward to continuing reforms that promote disability equality and inclusion and enhance the quality and effectiveness of our services.

I commend the Bill to the house.

Georgie CROZIER (Southern Metropolitan) (22:00): I move:

That debate on this bill be adjourned for one week.

Motion agreed to and debate adjourned for one week.

Business interrupted pursuant to standing orders.

Jaclyn SYMES: Pursuant to standing order 4.08, I declare the sitting to be extended by up to 1 hour.

Water Legislation Amendment Bill 2023

Introduction and first reading

The PRESIDENT (22:00): I have a message from the Assembly:

The Legislative Assembly presents for the agreement of the Legislative Council 'A Bill for an Act to amend the **Water and Catchment Legislation Amendment Act 2021** to make minor and technical amendments to that Act, to make minor related amendments to the **Water Act 1989** and for other purposes'.

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (22:01): I move:

That the bill be now read a first time.

Motion agreed to.

Read first time.

Jaclyn SYMES: I move, by leave:

That the second reading be taken forthwith.

Motion agreed to.

Statement of compatibility

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (22:01): I lay on the table a statement of compatibility with the Charter of Human Rights and Responsibilities Act 2006:

In accordance with section 28 of the *Charter of Human Rights and Responsibilities Act 2006* (the **Charter**), I make this statement of compatibility with respect to the Water Legislation Amendment Bill 2023 (the **Bill**).

In my opinion, the Bill, as introduced to the Legislative Council, is compatible with the human rights as set out in the Charter. I base my opinion on the reasons outlined in this statement.

Overview of the Bill

Clause 3 of the Bill amends section 2 of the *Water and Catchment Legislation Amendment Act 2021* (Amendment Act) to change the commencement date of any provision in the Amendment Act that has not commenced before 1 July 2023, from 1 July 2023 to 1 July 2024.

The other clauses in Part 2 of the Bill amend certain provisions in Parts 2 and 3 of the Amendment Act that have not yet come into effect. Upon commencement, these provisions in the Amendment Act will amend the *Water Act 1989* (Water Act) to improve the regulation of the places, rates and times at which water can be taken by persons holding water rights in declared water systems, amongst other amendments.

Part 3 of the Bill amends Part 17 of the Water Act to provide additional savings and transitional provisions required as a consequence of the Amendment Act.

Human rights issues

The amendments made by the Bill engage the Charter rights to privacy (section 13) and to property (section 20).

Right to privacy

Section 13(a) of the Charter provides that a person has the right not to have their privacy, family, home or correspondence unlawfully or arbitrarily interfered with. An interference with privacy will be lawful if it is permitted by a law which is precise and appropriately circumscribed and will not be arbitrary provided it is reasonable in the circumstances and just and appropriate to the end sought.

Part 5A of the Water Act provides for there to be a water register (Register), where records and information about water-related rights, entitlements, licences and approvals (statutory approvals), and the name and address of persons who hold a statutory approval, are recorded. The Register also enables the monitoring of, and reporting in relation to, water resource use and the water market. One of the Minister's functions is to create, or enable the creation of, reports derived from information in the Register, which may be made available to the public subject to certain restrictions.

The name and address of each person holding a water right or a statutory approval under the Water Act is required to be recorded in the Register for several reasons. The rights and statutory approvals can be exchanged between people in the water market, subject to the Minister's approval of each transaction in accordance with certain statutory criteria. The record in the Register is evidence of each person's right to transfer the statutory approval to another person. Enforcement of each person's compliance with the conditions and other limits on any statutory approval they hold also requires there be record of the name and address of every person who holds each approval.

Section 26 of the Amendment Act inserts sections 84VB and 84VC(1) and (2) into the Water Act to specify what information and records the Minister must record in the Register about certain water rights and about general and particular place of take approvals.

Clause 6 of the Bill divides section 26 of the Amendment Act into two sections, 26 and 26A of the Amendment Act. Clause 6 enables components of old section 26 to commence on separate days and changes the order in which the new sections will come into effect, so that section 84VB may be inserted into the Water Act before section 84VC is inserted. Clause 6 does not affect the extent to which sections 84VB and 84VC(1) and (2) engage the right to privacy as these sections are, in effect, the same as they are under old section 26 of the Amendment Act.

Clause 6 also amends new section 84VC of the Water Act (under new section 26A of the Amendment Act) by inserting new section 84VC(3), which will specify what information and records the Minister must record in the Register about external place of take approvals. The types of information that must be recorded are the same types of information that must be recorded for similar, particular place of take approvals under section 84VC(2) of the Water Act, including the name and address of the approval holder.

The information and records about external place of take approvals to be recorded in the Register will be subject to the power of the Minister to include approval holders' names (but not their addresses) in a report of the Minister under proposed section 84EA(2) of the Water Act (to be inserted by section 23 of the Amendment Act). The name and address of approval holders will also be available to any person applying to search the Register under proposed section 84X of the Water Act (to be substituted by section 30 of the Amendment Act). In this respect, the Bill will interfere with the Charter right to privacy.

However, any interference will be precise and appropriately circumscribed. The collection of the name and address of a holder of an external place of take approval is necessary to support changes to, and exchanges of, an external place of take approvals, to protect the interests of each person holding such an approval and to enforce compliance with water laws. Public availability of this information is also circumscribed. The Water Act already enables an individual to apply to a Register recording body under section 84Y, or subsequently to VCAT under section 84Z of the Water Act, to have their personal information suppressed in certain circumstances. Further, regulations may be made under proposed section 84X of the Water Act to specify what records and information cannot be included in a ministerial report or cannot be accessed by search of the Register, which provides additional safeguards against arbitrary interference with privacy in relation to the collection and publication of information regarding holders of external place of take approvals. These measures to protect the right to privacy (discussed in the Statement of Compatibility for the Amendment Act) are not altered by this Bill.

Any interference with privacy by clause 6 of the Bill will therefore be lawful and not arbitrary. In my view, the right to privacy will not be limited by the amendments made by the Bill, and I therefore consider that the Bill will be compatible with the Charter right to privacy.

Right to property

Section 20 provides that a person must not be deprived of their property other than in accordance with law. Any power which authorises the deprivation of property must be conferred by a law, confined and structured, formulated precisely, and accessible to the public to allow people to regulate their own conduct.

Automatic cancellation of a general or particular place of take approval

Part 3 of the Amendment Act inserts proposed Part 4AA in the Water Act to regulate the place, rates and times at which water can be taken from a declared water system. It provides that the Minister may give approvals of the places at which persons can take relevant water allocations ('general place of take approval') under new section 64FC of the Water Act, and to persons to take their relevant water allocations from their approved place ('particular place of take approval') under new section 64FZJ of the Water Act.

Section 64FE of the Water Act will specify the circumstances in which a general place of take approval will cease to be in force, which are intended to be if the grounds on which a person may apply for a general place of take approval no longer exist and there is no notional rationing rate fixed to the approval or the rate is zero. Section 64FZL of the Water Act will specify the circumstances in which a particular place of take approval will cease to be in force.

In relation to any automatic cancellation of a general place of take approvals, insofar as existing approvals could be characterised as 'property' under the Charter, cancelling approvals may constitute a deprivation of property.

Clause 7 of the Bill will amend section 64FE(1)(c)(i) of the Water Act so that a general place of take approval will cease to be in force if the holder meets both criteria specified in paragraphs (A) and (B) of section 64FE(1)(c)(i), rather than only either paragraph (A) or (B) (in addition to criteria under section 64FE(1)(c)(ii), that there is no notional rationing rate fixed to the approval or the rate is zero). The effect of clause 7 of the Bill will be to narrow the circumstances in which a general place of take approval will automatically cease to be in force.

Clause 10 of the Bill will amend section 32 of the Amendment Act to substitute a new section 64FZL into the Water Act. New section 64FZL(a) will be, in effect, the same as old section 64FZL(a) so it will not engage

the Charter right to property. New section 64FZL(b) will provide that a particular place of take approval for a class of relevant water allocations will cease to be in force if two criteria (rather than a single criterion) are met: if the holder no longer holds the right to receive any future water allocations in the class to which the approval relates and no longer holds any relevant water allocation under that right. Clause 10 will narrow the circumstances in which a particular place of take approval will automatically cease to be in force under proposed section 64FZL(b).

I consider that, because clauses 7 and 10 of the Bill will narrow the circumstances in which the general and particular place of take approvals will automatically cease to be in force, they will not unreasonably limit the Charter right to property.

External place of take approvals

Sections 40 and 41 of the Amendment Act will repeal sections 33AH and 33AI of the Water Act, which regulate the taking of water under a water allocation from a place that is outside the associated water system for the water share under which the allocation is made.

Clause 13 of the Bill will amend section 32 of the Amendment Act to insert a new Division 5 into proposed Part 4AA of the Water Act to provide for the regulation and approval of taking a relevant water allocation from a place that is not in a declared water system or is not in Victoria. New section 64FZV of the Water Act (to be inserted by clause 13) will specify the circumstances in which an external place of take approval will cease to be in force.

Insofar as external place of take approvals can be characterised as 'property' under the Charter, automatic cancellation of these approvals may constitute a deprivation of property. However, the automatic cancellation of an external place of take approval may only occur in very narrow circumstances: if the holder of an approval (that is not for a class of relevant water allocations) no longer holds the relevant water allocation (section 64FZV(a)); or if the holder of an approval for a class of relevant water allocations no longer holds the right to receive any future water allocations in the class to which the approval relates and no longer holds any relevant water allocation under that right (section 64FZV(b)). In either of these circumstances, the rights to water to which the approval relates will have been exhausted, so the approval will no longer be of any value to the holder. I therefore consider that, to the extent that any deprivation of property occurs as a result of the cancellation of any external place of take approvals, the Charter right to property will not be unreasonably limited by clause 13 of the Bill.

Clause 20 of the Bill provides savings and transition provisions for certain approvals given under old section 33AI of the Water Act, to take a water allocation from a place that is not in a declared water system or is outside Victoria, into external place of take approvals under new Division 5 of proposed Part 4AA of the Water Act.

To the extent that an approval under section 33AI of the Water Act could be characterised as 'property' under the Charter, clause 20 of the Bill engages the right to property. Clause 20 preserves these property rights so it does not unreasonably limit any property rights.

I therefore consider that the Bill will be compatible with the Charter right to property.

For the reasons set out in this Statement, in my opinion, the Bill is compatible with the human rights as set out in the Charter.

Hon Harriet Shing MP
Minister for Water
Minister for Regional Development
Minister for Commonwealth Games Legacy
Minister for Equality

Second reading

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (22:01): I move:

That the bill be now read a second time.

Ordered that second-reading speech be incorporated into *Hansard*:

In 2021, the Victorian Government passed the *Water and Catchment Legislation Amendment Act 2021*, which introduces a new framework to regulate the place, rate and time of taking water. This allows for better management of the system which delivers water to rural water users, and so protects existing rights and waterways.

This Bill clarifies some sections of the 2021 Amendment Act to ensure it's in line with the intent of that Act and so that the reforms can be smoothly implemented. It will continue to protect the existing rights of Victorian water users, provide more flexibility for them to manage their own delivery risks and improve powers to manage delivery shortfalls.

Delivery shortfalls occur when river operators can't deliver water to water users – including to irrigators and the environment – where and when they want to take it. This may occur when there is increased daily demand during a heatwave and the long distance from the dams means water can't be delivered in time. Climate change is expected to increase the frequency of hot days and the length of warm spells, so peaks in daily demand are likely to continue to increase.

Although such shortfalls have been rare, the risk of shortfall occurring in the River Murray is real and increasing. The Victorian Government is preparing now to make delivery rights clear and consistent should these risks also emerge in other Victorian declared water systems in the future.

The 2021 Amendment Act provides a stronger framework for managing these water delivery challenges and streamlines the existing overly complex provisions that relate to where water is taken from a declared water system.

The consultation on new rules developed under the framework coincided with the emergency flooding event in late 2022. The ongoing impact of floods, including on the 2023 crop harvest, has created challenges for meaningful engagement with water users on these important rules.

This Amendment Bill will delay the introduction of the new framework for up to 12 months, to provide more time for water users, many of whom have been recently impacted by floods, to understand and adjust to these changes. It will move the default commencement date from 1 July 2023 to 1 July 2024, and allow for an earlier introduction of the framework once proper consultation is complete.

I commend the Bill to the house.

Georgie CROZIER (Southern Metropolitan) (22:01): I move, on behalf of Mr Davis:

That debate on this bill be adjourned for one week.

Motion agreed to and debate adjourned for one week.

Adjournment

Jaclyn SYMES (Northern Victoria – Attorney-General, Minister for Emergency Services) (22:02): I move:

That the house do now adjourn.

Eastern Victoria Region waterway management

Melina BATH (Eastern Victoria) (22:02): (186) My adjournment matter this evening is for the Minister for Water and relates to the eradication of weeds, and the catchment management authority is the auspicing body for this.

Members interjecting.

Ingrid Stitt: On a point of order, President, I am on adjournment duty and I could not hear who Ms Bath's adjournment matter was for and what her action was.

The PRESIDENT: Ms Bath, could you go from the top, please?

Melina BATH: Thank you, President. My adjournment matter this evening is for the Minister for Water, but as the Minister for Environment is at the table, it relates to weed eradication on the Cobungra River and also Mitta Mitta and Bundara River at the very top north-east of my electorate. So it should be for the Minister for Water, I am assuming, but if not you are listening as well, which is wonderful.

These are most beautiful environments, the Cobungra River, the Mitta and the Bundara, and all feed into the Big River up at Anglers Rest, again a most gorgeous place well attended by not only anglers but campers and hikers and people who just enjoy the very High Country. There has been significant funding, about $400,000, to remove willows and also brooms and blackberries. Some of that has been

completed by Friends of the Mitta, who do a most amazing job volunteering to mitigate pests and invasive species, but in this case some of this money was spent on contractors. The contractors came into the Cobungra River, which nestles at the bottom, right beside Anglers Rest. They took out 20 different trees, but they have left the stumps. They are an amenity issue, but they are also a danger in terms of people using the pub and walking around the grounds and actually going down to the river. So it is a very simple request. Michael Mullins has been the proprietor there for 15 years, but also Jeffe Aronson, who is very much an integral part of Friends of the Mitta, has been doing a lot of restorative work. All would like the removal of at least the 20 stumps of the willows to be finished. It started in August last year, and everybody would just like them out for safety reasons.

Small business support

John BERGER (Southern Metropolitan) (22:05): (187) My adjournment this evening is for the Minister for Small Business in the other place, Minister Suleyman. I rise to celebrate and speak to the continued growth of small businesses in my community of southern metropolitan Melbourne. Small businesses are the backbone of our communities. They create jobs, support industry and drive our local community. They provide a strong economic foundation for millions of Victorians, and the evidence is clear. Most of the money spent in small businesses stays in the local community, and that is good for everyone.

I am proud to be part of the Andrews Labor government, a government with a track record of supporting small and medium-sized businesses. Our massive infrastructure projects, like the Big Build, have positive flow-on effects to small businesses and medium-sized enterprises and support local jobs in the manufacturing sector – building things here. For people in my community, shopping locally has always been important, and I am proud – as I am sure other members are – to support efforts to ensure that going local first becomes the norm. The Andrews Labor government is backing small business, from the Small Business Bus to grants and programs and mentoring courses which provide support for businesses to reach their potential. These tools enable small businesses to expand and reach new customers and new markets. For these small businesses, even small contributions can make a huge difference. Small businesses are an integral part of the Victorian economy. It just makes sense to support them. As Victorians become more and more urban, small businesses are essential to keeping communities together.

I am excited to announce that Business Victoria's Small Business Bus is visiting Port Melbourne on Wednesday 10 May. That is right – my neck of the woods for the last 25 years and my community of southern metropolitan Melbourne. It will be at Port Melbourne town hall at 333 Bay Street from 10 am to 4 pm, and I encourage all businesses and people interested to register their interest. People can drop in and pick up information, or if you need a free 45-minute consultation, I encourage you to book online at business.vic.gov.au. It is clear that our government is putting in the work to support small businesses. That is why the action that I seek is for the Minister for Small Business in the other place, Minister Suleyman, to join me in my community of southern metropolitan Melbourne to talk to the many small businesses that have benefited from the Andrews Labor government's programs and join me on the Small Business Bus soon.

Bail laws

Samantha RATNAM (Northern Metropolitan) (22:07): (188) My adjournment matter tonight is for the Attorney-General, and my ask is that she expedites comprehensive bail reform to reduce the over-representation of First Nations people in custody. This week we have once again heard important truths told through the Yoorrook Justice Commission's hearings. Representatives from the Department of Justice and Community Safety acknowledged that their department and the government have completely failed to address the over-representation of First Nations people in the criminal justice system. The commission heard that since the landmark Royal Commission into Aboriginal Deaths in Custody in 1991, 23 Aboriginal people have died in Victorian prisons and 10 Aboriginal people have

passed in police custody. Since 2020, five First Nations people have died in custody, a worrying increase in frequency.

It is not hard to link any increase in the number of preventable deaths in custody to government policy designed to increase the number of people in prison, like its 2017 and 2018 reforms to our bail laws. This week the department acknowledged as much, telling Yoorrook that the government's bail reforms have had a disproportionate impact on First Nations people and, most concerningly, that the government must have known that this would be a likely outcome of its 2018 bail reforms. Eighty-nine per cent of Aboriginal people who were in prison in the last year were on remand, and over half were released without ever serving time under a sentence. The majority of these people are refused bail for minor offences which attract short prison sentences – again, a consequence of the 2018 bail reforms.

The government knew these reforms would result in a massive increase in the number of people in Victorian prisons, with the commission hearing that a brand new billion-dollar Western Plains correctional centre was built in order to meet expected demand from the government's bail reforms. In an extraordinary admission at the Yoorrook hearings, the department also acknowledged that the government must have been aware that any change in policy or legislation that resulted in an increase in the prison population would also increase the number of First Nations people in prison and in turn increase the number of First Nations deaths in custody.

We have had 32 years to implement the recommendations of the royal commission report and reverse the over-representation of First Nations people in the justice system and the number of First Nations preventable deaths in custody, but instead of implementing the recommendations, such as that imprisonment can only be used as a last resort and that governments revise any criteria which inappropriately restricts the granting of bail to Aboriginal people, this government introduced bail policies that are deliberately designed to increase the number of people in prison. It has knowingly introduced measures that will actually increase the over-representation of First Nations people in the criminal justice system and in turn knowingly increase the risk that more First Nations people will die in prison. We urgently need to implement major bail reform to reduce the catastrophic overimprisonment of First Nations Victorians and prevent deaths in custody. I hope the government listens to the important truths coming out of the commission, and I ask that the Attorney expedite comprehensive bail reform to reduce the over-representation of First Nations people in custody.

Wild horse control

Bev McARTHUR (Western Victoria) (22:10): (189) My adjournment matter is for the Minister for Environment – I am so pleased she is in the house – and concerns Parks Victoria's implementation of the Barmah *Strategic Action Plan*, released in February 2020, which includes a program designed to ultimately eradicate the population of wild horses in the national park. Page 42 notes:

> The first stage, over the four-year duration of this plan, aims to reduce horse numbers down to a population of approximately 100 horses …

Page 32 says:

> The feral horse population will be surveyed annually … to track population numbers.

Yet we have no evidence of this happening. There has been no release of any number count since 2019 – more than three years ago, Minister – yet the removals continue. The one-in-100-year flood devastated the brumby population, with a significant number drowned, starved or euthanised. Some horses have been rehomed by Parks and the flood incident control centre. Others have been disposed of through removal and shooting operations – contracted to a knackery, no less. The strategic plan was bad enough, but it is completely unacceptable for Parks to break their commitment to publishing the survey numbers and to continue removals despite the collapse of the population to levels far below those outlined in the agreed document. So the action I seek from the minister, for the sake of public

trust, is the immediate publication of each year's survey data, a post-flood population estimate and an explanation of how the management plan has been adapted since the floods.

I also request an explanation on the methodology used in the aerial surveys, given the reasonable questions raised about the accuracy of helicopter line transect sampling and the Distance software. This is a system which, in various mammal populations across Australia, has produced widely varying estimates from year to year, including in the case of horses some increases which vastly exceed the animal's biological ability to reproduce. To be balanced, I should add that in other years it has shown collapses in population with no observable reason. In short, it seems reasonable to carefully scrutinise this methodology, particularly when you examine the results of the eastern alps aerial survey published last year, which estimates a population density per square kilometre of 1.32 horses but at the same time and in the same area claims 1.34 wild cattle and 0.32 deer. Can we really believe there is such a large wild cattle population and, more to the point, four times as many horses as deer?

South-Eastern Metropolitan Region schools

Michael GALEA (South-Eastern Metropolitan) (22:14): (190) My adjournment matter is for the Minister for Education, and the action that I seek is that the minister updates the house on the delivery of the 2023 and 2024 new governmental schools in the South-Eastern Metropolitan Region and what this will mean for students in my electorate. More and more students enter our education system every year, starting their first year of primary school in prep or their first year of secondary schooling. There is undeniably a massive demand for quality education across Victoria, especially in the growing suburbs of the north and west and my region of the south-east, as the Minister for Education knows all too well.

Matthew Bach interjected.

Michael GALEA: I am encouraged by the Andrews Labor government's commitment to building 100 new schools by 2026, Dr Bach. This has and will deliver better access to quality education for families across the south-east and across the state.

Matthew Bach interjected.

Michael GALEA: I further applaud the opening of 61 new schools, Dr Bach, since 2019, delivering new and modern schools for thousands of students. Students and teachers have started at 13 brand new schools this year alone, including at Quarters Primary School in Cranbourne West.

Matthew Bach: And how are the kids going?

Michael GALEA: They are going great. This newly built school in a growing suburb will mean that up to 715 local students can attend a brilliant new local school, and I look forward to more schools being opened in 2024, bringing the total delivered to 75. I am particularly excited for Alexander Boulevard primary school – interim name – in Clyde North. I had the pleasure, along with my colleague Mr Tarlamis, of turning the first sod at the site of this school, which when completed will provide –

Bev McArthur: Oh, he's been out and about.

Michael GALEA: We have been out and about, Mrs McArthur. There is lots going on in the south-east, lots going on that this Andrews Labor government is delivering. 525 students will have places at this school. I also learned a very valuable lesson at this sod turn, which was to never wear business shoes to a school construction site.

The benefits of the record investment into education by the Andrews Labor government cannot be overstated. $12.8 billion has been invested into building new schools and more than 1850 school upgrades since 2014. Brentwood Park Primary School in Berwick is one of many schools which have received considerable and much-needed upgrades, with $3.464 million in funding to conduct upgrade and modernisation works, including replacing the year 4 relocatable buildings with a new year 4

learning centre and building. The action that I am seeking is that the minister update the house on the delivery of the 2023 and 2024 new government schools in the South-Eastern Metropolitan Region and what this will mean for students in my electorate.

Cannabis law reform

Rachel PAYNE (South-Eastern Metropolitan) (22:17): (191) My adjournment matter is for the Minister for Health. In the last term of Parliament the Legislative Council Legal and Social Issues Committee inquired into the use of cannabis in Victoria. That inquiry was extensive. No less than 1475 people made submissions, and the committee held 28 public hearings. The report tabled on 5 August 2021 made 21 findings and 17 recommendations and laid the foundations for broad reform for cannabis-related policy in Australia. Importantly, the report recommended that the government:

> … investigates the impacts of legalising cannabis for adult … use in Victoria.

The overwhelming majority of stakeholders who submitted to the inquiry supported the need for cannabis law reform. The committee heard that the criminalisation approach to cannabis in Victoria is not addressing problematic use of cannabis and is in fact contributing to the harms experienced by vulnerable people. It heard that Aboriginal and Torres Strait Islander Victorians, young people and other minority groups are disproportionately affected by current cannabis laws and that Victoria spends millions of dollars annually criminalising cannabis. The committee considered the approaches of jurisdictions in Europe, the United States, Canada and our neighbours in the ACT, who have introduced legislation to decriminalise or legalise cannabis. The lessons learned from these jurisdictions show that appropriate regulation of adult use of cannabis can be achieved. The standing orders of this Parliament require that a government must respond within six months of a report being tabled, but it did not. We have now entered the 60th term of Parliament. Despite that, and it may be an unconventional request, the action I seek is that the minister respond to the inquiry into the use of cannabis in Victoria. It was a significant body of work and deserves a response.

Dromana College

Matthew BACH (North-Eastern Metropolitan) (22:19): (192) My adjournment matter tonight is also for the Minister for Education, and it is regarding a fabulous school down in Dromana, Dromana College. The action that I seek is for the government to revoke its demand for Dromana College to restrict its student numbers. I have been in communication over the last couple of days with several senior figures on the council at Dromana College, principally the president of the council Mr Julian Tintinger, and I have learned the most extraordinary thing – that is, that this thriving school with capacity for more and more students has been instructed by the minister, no less, that it must cut its student numbers by 600. So they must stop taking students even though parents are voting with their feet and seeking to send their children to Dromana College because it is a fabulous school. They must stop taking any more students and then indeed cut 600 students. God knows how. This has been the edict of the Department of Education, based on the immense wisdom of the minister and her senior staff. Apparently –

Bev McArthur interjected.

Matthew BACH: Well, they cannot, Mrs McArthur. As you know, if I had my way, we would scrap this government's entire archaic system of school zoning. It entirely denies parental choice.

Members interjecting.

Matthew BACH: It may be a controversial view in this place, but I have long thought that parents know better than bureaucrats what is best for their kids. If that is a controversial view, I am very sorry, but it has been my long-held view as a schoolteacher of many years before coming into this place. However, the minister says to Dromana College that it must take no more students. This has placed enormous stress on the leadership at Dromana College, because if they are to cut 600 students from their current student population of about 1400 kids, that will lead to massive staff losses. And what are

those teachers supposed to do? What are those kids supposed to do, and what are those families supposed to do?

Bev McArthur interjected.

Matthew BACH: I will take up the interjection of Mrs McArthur, because my understanding, Mrs Mac, is that the union is very concerned. I am meeting with Ms Peace next week, the head of the union, to discuss this matter and other matters. Honestly, she is very concerned and the union is very concerned, as it should be.

I would urge the government to stop this assault on this fabulous school. There are other schools in the region – not many others, but there are some other schools in the region that are struggling for student numbers. If that is the case, the government must come to the party and help other schools lift their standards so that parents feel comfortable to send their students there. It is an entirely inappropriate action to force Dromana College to kick out students. They need to start negotiating, start discussing properly, with Dromana College so that this dreadful action does not occur.

Regional library corporations

Sarah MANSFIELD (Western Victoria) (22:22): (193) The action I am seeking is for the Minister for Local Government to meet with representatives of all the current regional library corporations regarding the requirements under the Local Government Act 2020 to transition to a new corporate structure. Victorian public libraries are one of the last true egalitarian institutions in our society, providing free access to information for everyone. They generate more than four times their value in benefits to the local community for every dollar spent on them. More than just books on shelves, they deliver education, physical and digital literary materials and indoor and outdoor spaces for people to meet, work, spend time, host events and play, and they link people with other council and community services.

Our public libraries enjoy strong community support. However, it is getting harder for councils to continue to meet their expectations in a financially sustainable way, particularly with rate capping. A number of councils approach this by sharing library services and resources in the form of regional library corporations. This was a structure allowed under the now superseded Local Government Act 1989. A 2019 Victorian Auditor-General's Office report identified that regional library corporations overall are more efficient than standalone council libraries because of their longer opening hours and high volume of loans, which offset their larger investments.

The Local Government Act 2020 requires that regional library corporations transition to a new corporate structure by 2030. This structure can take the form of one under legislation that governs corporate entities: the Corporations Act 2001, the Associations Incorporation Reform Act 2012 or the Co-operatives National Law Application Act 2013. The change carries potential benefits; however, it also creates risks for many public library services. There are eight regional library corporations yet to undergo this transition in Victoria. Each has a different composition in terms of member councils and structure; however, all face similar financial and administrative challenges associated with the transition process. These include costs of undertaking due diligence, including legal and consultancy fees, and the implementation of their new corporate structure, including potentially substantial workforce-related liabilities. There is also the genuine possibility that some councils will move away from resource-sharing models due to the complexity of agreements and financial risks, to the detriment of library users, smaller council corporation members and ratepayers.

Given the state government created the new legislative requirements for this change, they should be providing consistent, sector-wide guidance and legal support regarding the transition process, as well as adequate financial support to regional library corporations to assist with this transition. I urge Minister Horne to meet with regional library corporations and hear their concerns.

Pharmacy dispensing changes

Renee HEATH (Eastern Victoria) (22:25): (194) My adjournment matter is for the Premier. The action I seek is that he advocate to Prime Minister Anthony Albanese about the widespread concerns held by local pharmacies over the new 60-day dispensing changes. Recently owners from all over Eastern Victoria Region have raised concerns about the federal Labor government's plans to change the law to allow for 60-day dispensing of certain medications. There are 325 medications that are eligible in different strengths and combinations across 933 pharmaceutical benefits scheme codes. Of these 933 codes the TGA currently lists 133 of them as having existing shortages. The move to 60-day dispensing puts an increased pressure on our already fragile supply chain, and pharmacies are concerned that some patients may miss out on their vital medication. Amongst the list of drugs that are eligible for the proposed 60-day dispensing are medications for diabetes, blood pressure, Parkinson's disease and depression. These patients simply cannot go without.

Pharmacies have also expressed worries over the severe financial impact that 60-day dispensing will have on the running of their small businesses. When the UK went to 60-day dispensing of medication, 1000 pharmacies had to close. When New Zealand went to 60-day dispensing of medication, 70 pharmacies were forced to close. Without proper consultation there is a real risk to the continued viability of many of the regional pharmacies that we all depend on, particularly in my area. Many local pharmacies go above and beyond; they do not just dispense medication. This decision could mean closure of home deliveries, it could mean closing on Sundays or it could mean a cutting down of employment of locals and the pharmacy not being there when people need them. I would encourage everybody, across the chambers, to visit their local community pharmacies and ask them about how this change is going to impact them.

Victoria Police sniffer dogs

David LIMBRICK (South-Eastern Metropolitan) (22:27): (195) My adjournment matter is for the attention of the Minister for Police. Earlier this week I asked a question about reporting on drug searches and particularly searches including the use of sniffer dogs. The response indicated that, contrary to my assumption and the assumption of many activists and legal advocates familiar with this policy area, search statistics related to sniffer dog initiated searches do appear in the Victoria Police annual report. I actually think it is worse if they are. From my staff's reading of the Victoria Police annual report for 2021–22 it is not clear which statistics the minister's response refers to. If it is page 45 of the 2021–22 annual report, surely this must be referring to the 1184 searches without warrant listed as being conducted under section 10 or section 10AA of the Control of Weapons Act 1990. But that would mean that these search numbers are inaccurate, because illicit drug searches are not conducted under the powers of this act. Perhaps it is referring to page 49 of the annual report, where 198 searches were conducted under section 13 of the Graffiti Prevention Act 2007, but this would also misrepresent these searches.

Back in 2019 I introduced a motion calling on the government to review the use of sniffer dogs in drug-detection activity. Ms Taylor was the lead speaker from the government at the time, and she stated:

> Section 82 of the Drugs, Poisons and Controlled Substances Act 1981 provides that a police officer may, without a warrant, search a person in a public place if they have reasonable grounds to suspect that a person is in possession of a drug of dependence in respect of which an offence has been committed or is reasonably suspected to have been committed. The PADD dogs support police members to determine whether there are reasonable grounds to believe that a patron entering a music festival is in possession of an illicit drug …

But in the Victoria Police annual report there is no reference to searches conducted under section 82 of the Drugs, Poisons and Controlled Substances Act. In short, what this means is that if, as the minister has indicated, searches under this act are in fact recorded in the Victoria Police annual report, they are misrepresented. The figures contain errors. Put another way: it is dishonest. My request for the minister is to work with Victoria Police to make whatever changes are necessary to the law enforcement

assistance program system and reporting guidelines to ensure that future Victoria Police reports clearly indicate the number of searches conducted under section 82 of the Drugs, Poisons and Controlled Substances Act in a similar format to other search statistics.

Ballarat bus network

Joe McCRACKEN (Western Victoria) (22:30): (196) My adjournment matter is for the Minister for Public Transport, and it relates to the bus network in Ballarat. The action that I seek is a review of the bus network run by Public Transport Victoria so better community outcomes can be achieved. I need to acknowledge Dr Mansfield in this as well, and I do announce a new partnership between the Greens and the Liberal Party, working together to make public transport in this state much better, particularly for regional communities.

A member interjected.

Joe McCRACKEN: Yes, I know. To give some context, the Ballarat bus network is run off a hub-and-spokes model. The central hub is located at the troubled Bridge Mall bus interchange, which is plagued by antisocial behaviour and threats of violence. It then spreads out along different lines across Ballarat. The problem is that as the city has grown, particularly in the last eight years, public transport and connectivity have not kept pace with the changing needs of the community. There are entire suburbs that do not have access to public transport stops, timetables do not match up to school times in particular and the network does not allow anybody to travel across the city – they have to come into the city centre to the troubled interchange and then go out to where they need to go.

I know that Ballarat City Council have been lobbying very hard on this, and I tend to agree with them. Some simple adjustments to the timetable to better align with school times would be a low-cost solution to this issue and would probably ensure that the service was better frequented. The service is currently frequented by older people who find driving difficult, younger people who are not old enough to drive and those who are disadvantaged and in challenging circumstances. Apart from the practical aspects of having an efficient and reliable public transport system in Ballarat, there is also a moral imperative to ensure that those who are from vulnerable backgrounds in our community and need a timely and efficient public transport service get the support that they need.

I encourage the minister to come to Ballarat. Dr Mansfield and I will probably go on the bus with them if they like. We might even need a GPS, who knows, because this demonstrates the need for a review, which would hopefully result in a real change and better outcomes for our community.

Corrections system

Katherine COPSEY (Southern Metropolitan) (22:32): (197) My adjournment this evening is to the Minister for Corrections, and I request that he provide to the chamber, by 30 June 2023, a plan for how the recommendations of the *Safer Prisons, Safer People, Safer Communities* report will be addressed. I am asking the minister to respond to this report and its recommendations, and if he is not accepting all the recommendations, to reveal why not.

I have spent some time reading the report, which is the final report of the independent cultural review into adult custodial sentencing. It is sober, disconcerting and at times distressing reading. I commend the review panel for their diligence and thoroughness in considering evidence across the entire cycle of corrections and the use of lived-experience personal stories throughout. I use the term 'cycle' deliberately. As it stands at the moment, the Victorian correction systems is a machine that cycles people through again and again, at great cost to both the Victorian budget and the future lives of those people whilst providing a steady income stream to profiteering corporations. The final report provides written evidence for what people who have lived and worked within the system know all too well: the

echoes of a harsh 19th century model of punishment are still clear and strong. As one person in custody told the review panel:

> 'There is still that old mentality, that you know, "They're just prisoners. They've broken the law, they're bad people, so we should treat them [badly]".'

I agree with the reviewers that Victorians deserve a 21st century approach to corrections that prioritises rehabilitation and increases safety for prisoners and staff. As the reviewers rightly state, increasing workforce capability, safety and respect and embracing a shift to a more open, humane and rehabilitative culture for people in custody is mutually reinforcing. The review is very clear that the burden of a not-fit-for-purpose system falls on Aboriginal people and that the benefits of an improved system will be felt across Aboriginal communities. For me the case for change has been put clearly and decisively in this report, and the question now is: where to from here? I certainly acknowledge it will take time and hard work to set up processes and mechanisms that are able to address the findings and recommendations of this review, but many Victorians, including me, would like to know what the plan is.

The minister has now had five months to consider the report. It was handed to the government on 1 December 2022, but it was only publicly released last month. I request that the Minister for Corrections provide the chamber, by 30 June 2023, a plan of how he plans to respond to this report and, if he is not accepting all of the recommendations, that he reveal why not.

Domestic violence prevention

Georgie PURCELL (Northern Victoria) (22:35): (198) My adjournment matter this evening is for the Minister for Prevention of Family Violence, and the action I seek is for her to consider the case for a domestic violence disclosure scheme and a domestic violence offenders registry in Victoria. In 2014 domestic violence was declared a national emergency in Australia. In 2023 the single most unsafe place for a woman in Australia is still inside her own home. Currently, eight years on from the Royal Commission into Family Violence, in the absence of significant and effective primary prevention mechanisms or strategies across our entire country, including Victoria, rates of domestic and family violence and sexual violence continue to increase.

The introduction of a domestic violence disclosure scheme that allows an individual to gain access to a potential partner's relevant and contemporary history of violence is critical to avoiding new women and children becoming victims. Under a disclosure scheme, a woman would no longer need to meet the present qualifying threshold of having an act of violence committed against her to obtain information relevant to her safety. Such a scheme carries further utility to mitigate risks for victim-survivors wishing to enter into relationships with new potential partners. In conjunction, a domestic violence offenders registry would provide a means to effectively monitor and manage highly violent and recidivistic offenders within our community.

In Victoria the intervention of a royal commission and national- and state-based action plans have failed to result in reductions in the rates of domestic and sexual violence. Despite all 227 recommendations of the royal commission having been implemented, the fact remains that our system is response based in nature and not geared towards primary prevention. There remain extensive gaps in preventing domestic violence before it occurs, and perpetrators are inadequately managed or monitored within the community. Most systems, resources and expenditure are only relevant once an act of violence has occurred. Advocates see these schemes as not a solution but an essential component to prioritising primary prevention initiatives throughout Victoria. I hope the minister will consider committing to meeting with advocates for the scheme and the registry in order to prioritise primary prevention as opposed to our existing strategy of harm minimisation in domestic violence throughout Victoria.

Responses

Ingrid STITT (Western Metropolitan – Minister for Early Childhood and Pre-Prep, Minister for Environment) (22:38): There were 13 adjournment matters this evening to various ministers, and I will ensure that there are responses forthcoming. In relation to Ms Bath's adjournment matter regarding removal of willow tree stumps and weed eradication in Mitta Mitta, I believe it is Minister Shing, the Minister for Water, but we will clarify that. In any event, one of us will get back to Ms Bath.

In relation to Mrs McArthur's adjournment matter regarding feral horses, I will acquit that matter now. I know it has been a long day, so I will do my best to be succinct. The Victorian government has got an obligation to protect our precious environment and our threatened species, and we do know that feral horses have a pretty devastating impact on our biodiversity and our Aboriginal cultural heritage in many landscapes across the state. Controlling introduced species is certainly very important in the wake of the devastating bushfires and floods that we have recently been dealing with. Parks Victoria have a responsibility to fulfil their legal obligation to control invasive species across our national parks and on our public land, and that includes feral horses, pigs, goats and of course deer. I am sure many people would include rabbits in that list of invasive species.

We certainly know that feral horses cause long-term and large-scale damage to conservation and biodiversity values in both the Alpine and the Barmah national parks, and as a result Parks Victoria developed the *Protection of the Alpine National Park: Feral Horse Action Plan 2021* and the Barmah *Strategic Action Plan* to guide the management of feral horses. In those plans we are committed to taking action to manage horse population, and we are delivering on that. Feral horses are being removed from parks through a range of measures, including capture, rehoming and targeted ground shooting by professionals in line with that Barmah *Strategic Action Plan* and also up in the Alpine National Park. The plan confirms that the first priority is to rehome feral horses to the extent that suitable rehoming opportunities can be found, and I know that Mrs McArthur is very well aware of this process. I encourage anybody who wants to be part of that rehoming program to contact Parks Victoria.

We know that feral horse management is something that needs to be planned carefully and implemented under strict protocols, ensuring that the operation is focused on safety, on animal humane ethics and on meeting all of Parks Victoria's legal obligations. Parks Victoria do maintain a proactive and collaborative approach with Victoria Police, who have had occasion to be involved in these matters. In terms of Mrs McArthur's long list of requests for certain operational information, I will not be commenting on any of those operational matters in order to protect the safety of the Parks Victoria staff and the contractors that are undertaking this important work.

The PRESIDENT: The house stands adjourned.

House adjourned 10:42 pm.