

TRANSCRIPT

LAW REFORM, ROAD AND COMMUNITY SAFETY COMMITTEE

Inquiry into drug law reform

Melbourne — 8 May 2017

Members

Mr Geoff Howard — Chair

Mr Bill Tilley — Deputy Chair

Mr Martin Dixon

Mr Khalil

Ms Fiona Patten

Ms Natalie Suleyman

Mr Murray Thompson

Witnesses

Mr Greg Denham, executive officer, and

Mr Peter Wearne, chair, Yarra Drug & Health Forum.

**Necessary corrections to be notified to
executive officer of committee**

The CHAIR — I welcome Greg Denham and Peter Wearne from Yarra Drug & Health Forum. As you know, today is the first day of our public hearings on our inquiry into drug law reform, so it is great to have you here today. I see you have presented us with a submission and we appreciate that, so in the time available to us it would be good if you could highlight some of the key issues in your submission and then we will obviously have some discussion from then on. You would be aware that Hansard is recording what is being said, so you will get a transcript of that in a couple of weeks to correct any typographical or factual errors and then it will go on the public record. I think they are the key issues that I need to formally make you aware of. We are pleased to hear what you have got to share with us in your area.

Mr DENHAM — Thank you very much for the introduction. Thank you very much for inviting us along to speak today, Peter and me. Thank you for this opportunity. I guess from the Yarra Drug & Health Forum's perspective, and just to give you some insight into the Yarra Drug & Health Forum, it was formed in the mid-1990s, which is a long time ago. It has been operating for over 20 years. The forum was started as, I guess, a grassroots response to particularly heroin use in and around the City of Yarra, particularly in Smith street in Collingwood. A community meeting was held. It was around the time of the original Penington report, and the recommendations from the report and the community concern about heroin use in Smith Street and overdoses from injecting heroin led to the development and formation of the Yarra Drug & Health Forum. Over the last 20 years the forum has been quite active in raising issues around drug policy, not only those that relate to the City of Yarra but also I guess in a broader sense around drug policy reform and issues that we believe are very important in terms of reducing drug-related harm for both individuals and communities as well.

I have been the executive officer of the Yarra Drug & Health Forum for the past seven years. Peter has been the chair of that forum for I am not sure how long, but probably about 12 years.

Mr WEARNE — Twelve years.

Mr DENHAM — The forum provides a number of functions within Yarra, including ways of engaging with local community groups, alcohol and drug treatment agencies, City of Yarra people and councillors, police, residents and traders. We basically look at what is happening in Yarra and then we feed that information on those experiences back locally, and then we also look at broader policy issues. In terms of the forum, I will not go into exactly what we do, or into my role as executive officer, in specific detail, but we have become quite active in advocacy around reducing particularly illicit drug harm over the last 7 to 10 years in terms of the public injecting in and around North Richmond and Abbotsford, which we have been raising as a major concern for quite some time.

In terms of our submission, I am happy to talk about that later. In terms of our submission to the inquiry, with the submission we have taken a different perspective or different levels of perspectives around what we believe are the key issues that need to be addressed in terms of drug policy. We focus around global issues and discuss a range of concerns regarding the amount of funding particularly around harm-reduction strategies. We have also specifically looked at drug law. I think one of the key issues that I have tried to explore and bring to the inquiry's attention is the conversation and narrative that we have around drug policy.

My experience in terms of drug policy spans quite a long time. I first got involved with drug policy issues back in the late 1990s as a member of Victoria Police, and then I have for over 20 to 25 years been involved locally, nationally and internationally around drug policy. Over that time my experience, and my reflection on that, is that we need to consider alternatives or new strategies to deal with drug-related harm, because we seem to be continuing to do the same thing over and over again expecting to get a different result. I know my personal thoughts and my experiences are also mirrored in other peoples' concerns about drug policy, even though I know that some people are not able to say how they really think about the issue, particularly police and others, but I do believe, as many people are saying, that we do need to change the way in which we are approaching drug policy.

We need to deal with it in a different way because we seem to be putting a lot of money, and we have invested a lot of money, into particularly our criminal justice system and we just seem to be getting the same result, as I said before. More people are being charged, and we have this situation where new drugs are coming into the market and then old drugs are resurfacing. We are seeing a lot of drug-related harm, and again we reflect that in Yarra around drug overdoses. We have the highest rate of particularly ambulance call-outs and drug overdose deaths in the state, so we are very concerned about that. We believe we need to change the conversation globally. We need to have, I guess in some respects, a new direction, a new conversation, a new dialogue

around this issue so that we are all on the same page and we are all heading the same direction, and that will be reflected in the local response particularly around illicit drugs in Yarra. I am not sure how much information you want in terms of what I have to say.

The CHAIR — Perhaps you have covered enough and we can go from there with questions in regard to some of the issues, unless people wanted to make a couple of comments first.

Mr WEARNE — Greg and I have been colleagues for a number of years. I did extensive work with VicPol in the 1980s and the 1990s in training police and have had great relationships with senior command over many years. But this is my 42nd year in working with young people, apart from being chair of the Yarra Drug & Health Forum, because my day job is I am director of services for the Youth Support and Advocacy Service, which is Australia's largest drug treatment service. We see thousands of young people every year in Victoria through our services, so where we are coming from is wanting to reduce the tragic impact of death and harm that is generated by drugs.

If we thought that the current regime was tickety-boo and working really well we would be all for it. But last year we had an increasing rise of especially heroin overdose deaths in Victoria, which is statistically significant, and of those overdose deaths, which were over 160, 20 per cent of them were in north Yarra, in about a 150 metre square area. For the last 15 years or so when the open drug market moved from Russell Street and Smith Street and was sort of relocated in north Yarra, I do not know how many millions of dollars of public money have been spent on trying to eradicate the problem, but I am telling you now that we could take you in a bus and deposit you down in Victoria Street — I do not know whether you have seen it; I know Fiona has seen it — it is an open street drug market. Every day there are ambulances attending needless, unnecessary overdoses and deaths.

We would also like to compliment the work of the coroner in the inquiry into the death of the very unfortunate young woman who was a mother of two children, who died tragically in a Hungry Jack's bathroom in Hoddle Street. As I said before, those 17, 18, 19 and 20-year-old young people that were working at Hungry Jack's that day spent nearly 45 minutes while waiting for an ambulance trying to revive that woman. Their lives will never be the same. They will go away with those memories.

Every day people who work for me and that work in our collective agencies within Yarra are dealing with the unnecessary consequence of really an outmoded drug and alcohol policy that we have in this state. As you heard from Paul Dietze earlier, and we heard part of Paul's evidence, there are new approaches that can be taken, and this is all about making the community safer and saving lives. That is our only motivation.

Quite frankly the residents of Yarra, and especially North Richmond and Abbotsford, are completely fed up with what is going on there. Community groups are reporting people wanting to sell their houses and get out of the area because of the amount of injecting drug activity that is in that area, and we also know that our colleagues in VicPol are frustrated and say on many occasions you will not arrest your way out of this issue. It is just not going to happen. Ken Lay said that, Neil Comrie said that, Simon Overland said that — every ex-police commissioner in Victoria has said it.

Ms PATTEN — But we keep on trying.

Mr WEARNE — Yes. So really part of what Greg has written today on behalf of the forum reflects a community saying, 'We want a different approach'. Whether it is from local councillors to shopkeepers to whoever — to local residents — people want a change, and it is not going to be simple and there is no magic bullet, but we believe the policies and the recommendations in this report articulate very effectively a different emphasis. The amount of money we spend on trying to stop people using drugs in that area and trying to clear people out has not been effective. I do not know what the police could tell you, but over the last 15 years it would be millions and millions of dollars. So we think there are sensible solutions that should be trialled in specific locations and evaluated to see whether they work, and if they do not work we do not stick with them. We move on and find something that will work.

Our plea is really, on the basis of the work that has been put into this report, let us look at the national and international evidence, let us look at what has worked in a variety of places, but also we do not have to go too far to see in Sydney what an effective mechanism that has been in terms of saving lives. I do not know whether you know Tony Trimmingham. Tony tragically lost a son to a heroin overdose. He leads a great organisation in

supporting families and parents who have lost children around drug issues. Tony says today that if he had known what he knows before his son died, his son would probably be alive today. So we have it in our power to actually make a significant difference to many people's lives.

The last thing I will say is that about six months ago my staff — we run a primary health treatment service in Abbotsford; we have actually just moved our building — walked out in the late afternoon, I think it was a Tuesday or Wednesday afternoon, and there was a man who was blue slumped over the wheel of his car. They broke the window, they called an ambulance, they helped revive him. He was taken away to St Vincent's accident and emergency and he survived. When they came to pick up the bins the next day, he was dead in the same van, in the same place. We are a youth treatment service. This guy was in his 40s. Then we dealt with the family that came over from Western Australia to pick up his van. Their grief was almost physical. They had no idea about what to do or where to go. I do not wish this on any family. I do not wish this on anybody. It is really about saving lives here.

I just want to give you a bit of context. We are very passionate, as you might guess and can hear, about what goes on in our local area and north Yarra is not everywhere. The sorts of recommendations we have got in this report might be only trialled in one or two locations, maybe half a dozen locations, around Victoria, but they need to be trialled, and they need to be trialled soon, because Australia used to lead this debate, and now we are followers in this debate. We no longer lead evidence-based practice in this area in the world. Other people have taken over that mantle. The US, which is notoriously conservative in the area of drug and alcohol policy, has a massive issue. In fact it was even mentioned in the presidential debates. I refer to the north-east corner of the United States — I am going to get this right — from Connecticut in New England and that whole area going through to Vancouver; Vancouver has had over 600 heroin overdose deaths since 30 June last year. So this problem is going to get worse in Australia. There is a heroin tsunami about to hit this country and this is evidenced by the production of heroin overseas. We do not control those markets. We are a victim of that marketing program, so let us not give it over to organised crime; let us take back control for the sake of young people and for the sake of people who are afflicted with this issue.

The CHAIR — Thanks, Peter. We get your passion. In following up on some of the recommendations you have made, clearly you are recommending a medically supervised injecting facility trial. Then I see in the second one you are suggesting a trial for controlled availability of opioids. How would that work? What is the concept here?

Mr DENHAM — I think there are some good models that have been looked at overseas and I think when we look at that type of trial, we are looking at a small group of people who are —

Mr WEARNE — Entrenched.

Mr DENHAM — most affected by heroin dependency — chronically dependent, chaotic users. To be quite frank, they are the sorts of people that we see every day on the streets of North Richmond. I was there on Saturday afternoon. It was a similar day to day; it was bleak, it was raining, but there were people everywhere scoring and using heroin. They are chronically dependent people, street-based users who have a range of issues in their lives in terms of employment, housing — —

The CHAIR — So opioid substitutes do not work with them?

Mr DENHAM — Yes, they do. We are talking about heroin prescribing. So an opiate substitution program would be — —

Mr WEARNE — We are talking about methadone.

The CHAIR — Right.

Mr WEARNE — So we are talking about heroin provision.

The CHAIR — Because that is not the way it seems it is worded. It says it is a heroin trial.

Mr DENHAM — A heroin prescribing trial, yes.

Mr WEARNE — That is what we are recommending.

The CHAIR — As opposed to —

Mr WEARNE — Methadone.

The CHAIR — methadone?

Mr DENHAM — Methadone, that is right. Methadone is replacing heroin. I am suggesting that we trial heroin as a medically and scientifically run program to look at the outcomes for those people who are dependent on heroin in particular cases, similar to what — I think it is called — the NAOMI program in Canada has done. I think in Switzerland they have been conducting those. They are not in trials anymore; they are ongoing programs. I did not mention Switzerland in my report, but certainly if you look at Switzerland and the holistic approach towards heroin use, they have taken heroin and completely changed the culture and the way in which they see heroin, particularly in terms of the number of different programs they have got that really push it very much into a medical issue, very much into, ‘Okay, if you’re heroin dependent, we’ll look at heroin prescribing, we’ll look at comprehensive programs about opiate substitution, we’ll look at injecting facilities to get you into those programs’. So it really has had a significant impact, and my understanding is that heroin use in Switzerland has declined significantly over a number of years. I am sorry to get those two terms mixed up.

The CHAIR — No, just clarifying.

Ms SULEYMAN — Thank you for your submission and your presentation. We have heard from previous submitters in relation to early detection and harm reduction and that investment should be towards those areas and the role of GPs. Would you agree that there would be a really significant benefit with a clear pathway of early intervention GPs and, as you previously touched on, having a clear pathway of treatment and early intervention?

Mr DENHAM — I guess so. I am not sure what you mean by ‘early intervention’. It can happen at different levels. Are you talking about school-based interventions or people who present to GPs with drug problems?

Ms SULEYMAN — Yes, and, ‘Where do I go?’, and having a clear point of call for where the GP refers a person who may or may not be in the stages of being addicted but the GP having a clear pathway to treat or refer a person on.

Mr WEARNE — Can I just say that there are very few GPs in my experience in Victoria who are equipped to deal with alcohol and other drug issues. We get a lot of calls across the service system, in my service in particular, to actually assist GPs with where to go and what can be done. I think GP education and training in that area is a really big issue and lots of our clients are actually not welcomed in many GP practices. Other people will probably speak to this, but even in the pharmacotherapy provision, we basically run a small business model of pharmacotherapy provision in this state where we are asking GP practices on behalf of the state to prescribe and provide scripts for pharmacotherapy. Very few GP practices across the state do that, and where they are operating, the lists that they operate — how many people they can take on their books — often gets full quickly and people have to move. It is not uncommon for people to have to move out of regional Victoria and come in to the CBD in Melbourne to actually get onto a pharmacotherapy list, because there is just no access. So it is a very complex issue in terms of how that is provided.

The other thing that is not really talked about is when we talk about early intervention you have got to look at the driving factors of use and what are the driving factors of addiction and dependency, and I do not know whether anyone is going to address that in these hearings. But the drug use issue, what we see is people that are seeking to make their lives tolerable by the use of drugs, and they have got into a terrible bind through the use of illicit drugs in attempting just to emotionally regulate and be normal. The most common thing a person says to us around drug treatment is, ‘I use drugs so I can feel normal’, that when they start using illicit drugs, they somehow get some respite. These are people who are dependent. I am not talking about people that use in a controlled or recreational way where there are still risks; I am talking about people who are using daily — all the time, are always intoxicated. It is a very specific group of human beings — highly traumatised backgrounds, high rates of mental health and other concerns. This is a small but difficult group. If you were to go down to North Richmond now and interview these folk who are on the street, you would be amazed about the commonality of their backgrounds. The factors that occurred for them before they were 11 years of age would be almost identical across all of them.

I think early intervention is an interesting concept in the sense that we have got to start treating the push and pull factors. I do not know whether Dr Paul Dietze said to you when he was here — he is not here now — that when they ran that cohort study about how long it took for people to reuse an injecting drug after they left prison, it was something like 36 hours on average. They were not using at all while they were in jail — in jail for two and a half to three years — but within 36 hours of leaving prison they are using that drug again. It is not about the drug; it is about the person, their context in a community. That is one of the things we do not think about when we think of treatment. We can get anyone off a drug in Victoria within seven to 10 days. Keeping them off that drug is the problem when they get released back into the same communities, the same circumstances, the same untreated issues that have led them to that drug use in the first place. Prevention is really costly and it is really complex, but it is the most important thing that we can do.

We have got young people that are injecting drugs. Greg saw them on Saturday. Greg was doing a shift at one of our primary health services on Saturday. The lives of these young people that we treat every day, they are using a cacophony of drugs, but I can tell you this: if heroin becomes cheap again, 99 per cent of all the young people we see at YSAS will be using heroin. The only reason they are not using it at the moment is because of the expense of it, but they are using a truckload of other drugs — up to five or six different substances a week. They are dealing with the real effects of trauma and pain in their lives, and they will do anything to mitigate that. I hope that answers your question.

Ms SULEYMAN — Yes, it does. Thank you.

Ms PATTEN — Greg, you and I have tried to talk about the cost of not dealing with drug use and certainly dealing with this high end of high drug use. Peter, you just mentioned that prevention is costly, early intervention is costly — and harm reduction. I know you and I have not been able to work out what the cost of not dealing with drug use is, but could you highlight some of the areas that we could include so that if we were to have a magical health economist with us who was able to clarify this, what would we be looking at? Would we be looking at ambulance call-outs?

Mr DENHAM — Yes, certainly. I think in terms of the cost, in terms of dollar wise are you saying?

Ms PATTEN — Yes.

Mr DENHAM — Or just in terms of the cost of the impact of drugs, because if you took a broader sense — —

Ms PATTEN — Sometimes it may come down to the economics of it, as it has in Texas where they have gone, ‘Do you know what? We cannot afford to keep putting people in jail. We need to actually look at other solutions’.

Mr DENHAM — Those costs are quite quantifiable. I am not sure; I think someone quoted \$100 000 to \$120 000 a year to keep someone in prison.

Ms PATTEN — Yes, to keep someone in jail.

Mr DENHAM — That sort of cost. There is obviously the policing cost as well, so you have significant resource allocation within policing, and police are very reactive organisations in many respects. If there is an issue happening in the community, they need to respond to that. We see a lot of police activity in and around North Richmond and Abbotsford, and the police have a very important job. As many people would know, they need to respond — the law is the law — but if you took that particular aspect of the law and saw the way in which the criminal justice system responded and also the court costs et cetera, then you could make significant savings. Particularly the drug use and possession for personal use — if you took that out of the equation, you would save significant amounts of money.

If you are looking at, for example, another topic of cost, which is ambulance call-outs, again going back to the local area of Yarra, there are hundreds of ambulance call-outs per year in Yarra. I am not sure exactly how many, but in terms of illicit drugs we have the highest number in the state. Melbourne only has more because they include alcohol within it as well. But if you took illicit drugs, Yarra is by far the highest. I have worked in North Richmond/Abbotsford and, as Peter pointed out, I am probably there two or three times a week, and it is not unusual to see one, two, three ambulances go to an overdose situation and spend maybe 2 hours there,

3 hours there. It is about \$1000 for an ambulance call-out. If you look at two or three, and if you look at that on multiple occasions, you are then starting to build up a significant amount of money that goes towards ambulance call-outs.

I know it is very difficult for many people to understand the fact that no-one chooses to become dependent on heroin — chronically dependent, a street-based user. Nobody wakes up one day and says, ‘Look, you know what, I think I’ll spend the rest of my life scoring drugs’. People know the risks, and I fully acknowledge that. However, as Peter pointed out, not everybody has the same choices in life that everyone else does. Whilst I will acknowledge that people do not have those choices, I will also acknowledge that in terms of a community and a society that should look at a health, human rights and harm reduction approach towards drugs, we need to have a conversation about those people’s lives the same as we do about the lives, for example, of people who die from asthma.

I know that one is a legal situation and one is an illegal situation, but if we had those same conversations about saving lives that we have about asthma — there was the event that we had I think last year. I recently heard people talking about the deaths of children in pools and the need to ensure that we are well educated and well regulated. If we had those types of conversations about people’s lives in terms of illicit drugs, then I think that would make a significant change in terms of the way in which the community saw illicit drugs. We would take a more humane approach towards the issue.

I think we have spent a lot of money over a long period of time — and when I talk about prohibition I guess I am going back about 100 years. I am not going back to recent history; I am talking about 100 years ago when we first started to implement prohibition. Over that time we kind of built up this dialogue, this narrative, based around a whole lot of suspicions and misinformation and myths around drug use. I was only thinking about this the other day — in some respects it has kind of been like the science has been lost. It has not been anti-science, but it is almost like the science has been lost. I would like to again have those open and honest conversations, evidence-informed conversations, about what is happening and look at the cost and weigh that cost up. Let us start making some other decisions about what we are dealing with here in terms of the impact of drugs — the cost not only financially but also the cost in terms of people’s lives as well and the impact on communities, on the broader community.

Mr WEARNE — We welcome an economic analysis of what the policy is costing us. I do not know whether people on this committee go to prisons very often. I do, and I have been in every major prison in Victoria in the last two years.

Mr THOMPSON — As a visitor.

Mr WEARNE — As a visitor.

Mr DENHAM — He is out on good behaviour at the moment.

Mr WEARNE — Some may say, Murray, I should not be let out. I have done things like staff training and development there. I really think there are so many opportunities to make a difference in this area, and we fail to grasp those opportunities. While people are in prison, rather than seeing an opportunity for therapeutic enhancement and engagement, we are really just containing. For those of you that think there are no drugs in prison, the prisons are awash with drugs. They have corrupted our prison system in many ways. So the cost, Fiona, is not just economic; it is also ethical and social and in the confidence that people have around how our society works.

I think we have got ourselves into a position now where we have almost lost sight of what the real game is, and the real game here is public safety, public health and wellbeing and people being accountable for their actions when they are harming the community. I think we have given organised crime and international organised crime a complete free kick in this country. They are making zillions out of Australia, and we have no control over it. I do not think you would get a policeman in Australia, no matter what rank or level, that says, you know, ‘We’ve got it. We’ve got that whole thing under control’. Because they do not, and they readily admit they do not. It is not because they are not doing their best; it really is holding back the maelstrom. I do not know how they are going to do it, with a country that is as wealthy as Australia, with the amount of economic free cash.

The NRL was in the news the other day, about players and senior management using cocaine. I do not want to be controversial. There is not a person in the media who would find that surprising, who knows really what is going on with professional sport and the amount of disposable income that players have and that administrators have. Look, I know Craig Bellamy. Craig Bellamy would be beside himself with anger about one of his players being caught. He is a fine human being, but he would not be naive enough to think — although I cannot speak on behalf of Craig — that it does not happen. They have got so much money and so much time. That trickles down. It is in every nightclub. I turn 60 on Saturday, so I do not go to many nightclubs anymore.

Ms PATTEN — You turn 60 on Saturday?

Mr WEARNE — On 13 May.

Ms PATTEN — Happy birthday!

Mr WEARNE — Thank you. I do not go to nightclubs anymore, but my children do. They are not involved in illicit drug use. They go out with friends. They are all in their 30s. They see drugs in every nightclub they go to. It has just permeated our community, and we do not control it. We have no control over it. That is what worries me. It worries me as a grandfather, and I have got grandkids, that they are growing into a world where we have abrogated our responsibility to keep society safe for them.

Mr DIXON — Your report talked about broadening the audience for medical cannabis. Can you just sort of elaborate on that a little — what you mean by that?

Mr DENHAM — I think, again, this is something which we need to explore further, and I think if we look at medical cannabis and its potential for use, certainly there is a lot of anecdotal information that it might have broader help for people experiencing different medical conditions. We obviously talk about epilepsy et cetera, but what I would be interested to know is, and in fact I think it is something which we should be considering: is it applicable to other conditions, such as pain management? We know that it is suitable for treatment of people who are going through chemotherapy et cetera, appetite stimulation, that type of thing. But certainly its banning in the last decades — we really have not sort of explored its medical potential. Not in terms of the THC, obviously, but I think it is called the CBD aspect, the chemical aspect in terms of the potential medical benefits — that is well worth exploring. Again that is something which is supported by some evidence, but most of it is anecdotal, and I think that that is again — —

Mr DIXON — We need more of that evidence.

Mr WEARNE — Yes, more research around that potential.

Mr DIXON — Yes. Okay, thank you.

Mr TILLEY — Let's cut to the chase, and thank you for cutting to the chase. I will say it, and Hansard can record it, that it is refreshing to see the lack of bullshit. Gentlemen, thank you — straight up, both barrels. Historically I have arrested plenty. I have lost quite a few. You described the story of a bloke slumped over the steering wheel with narcosis. You give him a shot of Narcan and away he goes. God knows how many I have saved, and they have probably died since, but I will put all of that aside. One of the local residents in my area, he used to buy his hammer off Dennis Allen, and he was a hard hitter. He used to do plenty of armed robberies. This is a bloke I know. This is leading into a small narrative, but I am very interested in it. He ran into a bloke by the name of O'Neil, he got naltrexone implants, and now he has got his family, he has got employment and he has got everything back. He lives in my area, but he was a Richmond boy. It is a good story to tell. Does your organisation have any view in relation to naltrexone implants?

Mr DENHAM — This is again my perspective on things: there is no panacea; there is no magic bullet.

Mr TILLEY — No, of course not.

Mr DENHAM — Not everybody that goes into naltrexone implants is going to come out never to use heroin again. It may work. It obviously does work for some, but too often it gets back to this narrative. I think part of that is because we always sell it that prohibition will eventually succeed and so therefore there is an answer — a silver bullet. So if that is not going to win, let us find something else that is going to win. But there is nothing that is going to give us that overall win type of thing. There are going to be small pockets of success.

Naltrexone will work for some people. Methadone will work. Suboxone, buprenorphine, heroin trials — that is exactly what the Swiss have done. They have taken it and said, ‘Okay, this is a medical issue. Let’s treat it as a medical issue. Let’s give people plenty of opportunities, plenty of access and plenty of avenues to get into a program that will deal with their needs’. As Peter was saying before, if you go on to naltrexone —

Mr TILLEY — I am talking about the implants themselves, not just ingesting it. I am talking about going further.

Mr WEARNE — Sure. The comment I would say, Bill, about implants — and we have had many people over the years use them — is that they have worked for some. I have seen young people take a kitchen knife and try to dig them out of themselves, which was not pleasant. Sometimes the mechanisms are faulty. I think you need clinical trials on it. There has been no effective clinical trial that I have seen in Australia around naltrexone implants. I am loathe to support anything with such an invasive process. If it works, let’s barrack for the result, but let’s do the clinical trials and evaluate it rather than sending people off hoping. Like you, I have seen some people who swear by it, and other people who have dug them out of their groins. It has been really ugly.

Mr DENHAM — The first time I heard about naltrexone I think it was back in 1996 or 1997. I think it was the *Women’s Weekly* that sent a young woman to Israel to go onto naltrexone. She went through a rapid withdrawal and a sedation process. She came back, and do you know what she came back to? She came back to a loving family, she came back to a great environment and she went back to school. She had all of those supports around her, and they said, ‘This is a successful program. Let’s put everybody onto naltrexone, and everybody will be cured of heroin dependency’.

It does not work like that. As I said, it gets back to Peter’s point: if you have got dependency on a drug or you have got some kind of problematic behaviour around your drug, then, if you have got all those supports around you, you are more likely to come out of it well. Andrew Fuller, a psychologist, once used the analogy of bungee jumping. If you get into trouble and you bungee jump but there is that lifeline to pull you back, which is those supports around you, then you are less likely to be in trouble than otherwise.

Mr WEARNE — What would be really instructive for your committee is if someone commissioned some work to look at the backgrounds of the last 1000 people who died from drug overdoses in Victoria — to go back and look not at the drug but at what their lives were from the day they were born through to the day they died. That could be very instructive. Why is it that only 10 per cent of people that use heroin become dependent on the drug, whereas the other 90 per cent take it or leave it and do not become problematically dependent on the drug? This is always the hard thing for people to understand — that it is not the power of the drug that is the problem here. It is the way the drug is regulated, but it is also the lives of the people that engage with that behaviour.

Mr TILLEY — In your experience of visiting nearly every prison, coming off the back end of a lagging, would it be fair to say that a lot of these blokes are coming in around your area? Is there a significant number of rooming houses and those sorts of things?

Mr WEARNE — Yes.

Mr DENHAM — They are becoming less and less. Yarra is going through a huge transformation at the moment. The boarding houses are going, and there are far more street-based people around. But people move around. I was talking to a guy on Saturday afternoon in North Richmond. I asked him, ‘Where are you off to tonight?’. ‘I’m not sure. I have to sleep rough. Maybe go to the city and find a car park, somewhere to sleep’. ‘Where are your blankets?’. ‘Haven’t got any’. We went down to the Salvos and got some free blankets and a sleeping bag. By the time we get back to North Richmond he has gone into the city. That is the nature of people’s lives, and there are literally dozens, if not hundreds, of people like that who frequent that area every week, every month. People find that hard to believe, but I can assure you it is real. I have been to places and seen people’s lives — and thank goodness that that is not my life — but I do not think I have ever seen it as bad as I have seen it in North Richmond and Abbotsford.

Mr EIDEH — I just want to ask you: what have you found effective in engaging with local residents, because we understand that not all those residents have been in support of a supervised facility? What are the kinds of reservations or concerns that those people have raised with you?

Mr DENHAM — I think of the residents that I come into contact with — I will acknowledge that they are probably going to come to me for advice, so I am going to see the ones that are supportive — I have not met too many that are in opposition. But I am always happy to listen to people. I think probably two or three years ago the residents were a bit ambivalent about an injecting room. They were kind of, you know, ‘We don’t really think it’s going to be what we want because it might send the wrong message or it might bring people into the area’, and that type of thing, but I think most people that live around North Richmond-Abbotsford, where they are directly impacted on by the drug market, would now say that they are supportive of an injecting room. In fact there is a residents group that has just started in the last six to eight months, which has been very, very active, and their numbers are growing all the time. I have been to two public meetings in the last couple of months. The last one I went to was run by the Greens party, and they said there were 300 people at this meeting.

Mr WEARNE — Mainly residents.

Mr DENHAM — Mainly residents, yes.

Mr WEARNE — I think, Khalil, one of the concerns around injecting rooms is the honey-pot effect, which was the same argument in Sydney. But I think there is a simple answer to that. I would be using the system of funded primary health services — AOD primary health services — of which there are seven or eight in Victoria. I would be trialling what we would call ‘consumption rooms’ through all those sites so that there are multiple numbers of small sites — not extended hours, not a whole lot more money; enough money to evaluate the impact of allowing people to inject.

We have to empty sharp safes out of the toilets every month. So they are injecting in the toilets — we just do not follow them into the toilets. So there is already the ability to actually have people contained. It always strikes me as ridiculous that a young person will come to our service that is an injecting drug user and we have to say to them, ‘You’ve got to go to a laneway and inject your drug and then come back’, because that is in effect what we are asking them to do. We do not tolerate drug use on our premises; we abide by the law. But when I watch an 18-year-old kid go out at 8 o’clock at night into a laneway where who knows what is going to happen to them, especially if they are female, I worry about what is going to happen to that child — and, sorry, I see them as children. I do not see them as high-functioning adults.

The question I put to you guys is: if this was a member of your family that was terribly caught up, what would you want for them? What would you want for them? I would not want my daughter or grandchild in this circumstance. It is not good enough for my family. Why is it good enough for anyone’s family? We have just got to do better.

Mr THOMPSON — Peter, you recommended a study being done by the coroner as to the background of 1000 drug deaths in Victoria, which is going to take place. Conversely of 1000 people who have managed to move on from heroin addiction, what in your experience are the factors that have led to people resuming life in mainstream society?

Mr WEARNE — All the things that Greg talked about — social, economic, spiritual, although I am an agnostic. We have got a program with an Islamic organisation in the northern suburbs of Melbourne around providing treatment into that community. One of the people we have employed comes from New Jersey, and he got off drug use on the basis of becoming a Muslim. All those sorts of things — connection to sport, activity, a meaningful life and having a lot of friends, which is why self-help groups often work very well, because with a self-help group like NA or AA, you have got someone you can ring at 3 o’clock in the morning.

Ms PATTEN — It’s the Rat Park effect, is it not?

Mr WEARNE — Yes, that is right. It is really making sure that you build stimulation, encouragement, support and social and economic viability into those people’s lives — it is not really unknown — but also that you provide effective interventions and treatment for the trauma that often drives a lot of problematic drug use. We really have ignored it. It is only in the last 15 years that we have really started thinking about that. The services are not enough.

But, Murray, it is all that. When I worked in St Kilda we set up things like basketball competitions, housing programs and job-creation programs. They all work together, but most importantly they had people that they could go to who were older than them that formed a significant adult connection in their life, whether that be a

worker or a mentor or a volunteer; however you want to do it — whether it be the local imam, the local minister or the head of a local sporting association.

We had a young man controversially before the court recently who is connected to a Sunshine cricket club, and John Silvester wrote about the dilemma in the *Age*. That cricket club has been so significant in that young man's life. He is a highly talented cricketer, but he came from Africa with massive trauma, and he did a series of terrible things. If he had ended up in jail, most people would have thought, 'Well, he's done the crime, he does the time', but I think the judge thought, 'No. If you stuff up again, yes, but you've got so many credits and so many people around you that are rooting for you', so he gave him another opportunity. Since the offence that led him to court, he has not put a foot wrong, because he has got the president of that Sunshine cricket club in his corner, he has got the basketball people and he has got local police that support him. You see what I am saying? You have got to build a network. You have got to build a village around these people. It will not work for everybody, but it will work for a lot of people.

I met with a young man today that is doing some work for us out in the north, and he said, 'What would you do, Peter, if you left YSAS?'. I said, 'You know what I would like to do — I would like to go back and run a community group in a local community, working with mums and dads every day that have got kids that are in trouble, to try and intercept that before those kids end up in serious strife'. I would be amazed if the last thousand people that have died from an overdose did not have youth justice, child protection and out-of-home care in their background. I would be really shocked. I am not saying that the rich and the well-off do not have that tragedy; they do. But the majority of people we see come from — I am sure, Bill, you know this — pretty distinctive backgrounds in terms of deprivation and lack of opportunity. That is really where the prevention has got to start.

The CHAIR — All right. Thanks. A lot of passion from both of you, and we appreciate that. It is time to move on, though, but thank you for that contribution.

Witnesses withdrew.