

TRANSCRIPT

LAW REFORM, ROAD AND COMMUNITY SAFETY COMMITTEE

Inquiry into drug law reform

Sydney — 23 May 2017

Members

Mr Geoff Howard — Chair

Mr Bill Tilley — Deputy Chair

Mr Martin Dixon

Mr Khalil Eideh

Ms Fiona Patten

Ms Natalie Suleyman

Mr Murray Thompson

Witnesses

Jon O'Brien, Head of Social Justice Forum, Uniting Church of Australia, Synod of NSW and the ACT.

Marion McConnell, Member, Uniting Church of Australia, Synod of NSW and the ACT.

Keith Hamilton, Senior Minister/Group CEO, Parramatta Mission of the Uniting Church of Australia.

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

The CHAIR — We're next to hear from the Uniting Church, who are here, I believe, and to share their views in regard to this issue. All right, I'll start the formal part of it but welcome, members of the Uniting Church social justice forum: Jon, Marion and Keith Hamilton, of course a name we know in Victorian politics as a former agriculture minister, but that is obviously not you, Keith.

Mr HAMILTON — No, it's not me.

The CHAIR — I'll start by introducing myself, Geoff Howard; Bill Tilley is the deputy chair; Murray Thompson, Member for Sandringham, Martin Dixon, Member for Nepean, Natalie Suleyman, who is the Member for St Albans and Fiona Patten will be back and join us in a moment, as will Khalil Eideh. So as you're aware we're up in Sydney today hearing from groups and we've had one public hearing in Melbourne ahead of this and we've got a number more to come. We have been open for written submissions of which we received something like 220, which we'll be working our way through as well. It's certainly very helpful for us to hear from groups such as yourself, to give your community perspective on drug issues as they relate to the New South Wales and Sydney areas. Just in terms of the formalities - you'd be aware that somebody is recording our discussion and it will go on the public record soon but you'll have a chance to look over the transcript in a couple of weeks time to see that it's factually correct in terms of what you are sharing with us. I think that is the key advice to offer you so if you'd like to lead off - share some of your perspectives with us and then we'll be pleased to have some sort of a dialogue with you.

Mr O'BRIEN — Okay, great, thank you very much. So I'd first like to thank the committee very much for the opportunity to come and present evidence to this hearing. As a group we'd also like to acknowledge the traditional custodians of the land on which we meet today. So I'll start. We'll each make a very brief statement by way of opening and take it from there.

The CHAIR — Okay - good, Jon.

Mr O'BRIEN — So in April last year the 350 participants at our Uniting Church Synod of New South Wales and ACT meeting discussed the issues around drug law reform and they resolved from that meeting that the Synod would actively support and advocate for greater investment in demand reduction and harm reduction strategies to address illicit drug use and actively support and advocate for the expansion of decriminalisation for possession and personal use of small amounts of illicit drugs. So how did the members of the Synod, representatives of around 600 congregations in New South Wales arrive at that position?

Though the meeting only took three days, the decision was preceded by, in some cases, more than 20 years of effort and debate. Why did we say that reform is the right way to go? The Synod was persuaded by a number of factors, and they included these: first, we were persuaded that the bulk of funding currently goes to the least-effective measures. The Synod learned the funding allocation for the national harm minimisation framework is unbalanced. Law enforcement measures receive over two-thirds of our national drug budget with fewer funds going to treatment - about 21 per cent, prevention less than 10 per cent and even less to harm reduction; about 2.2 per cent.

Yet the evidence shows that law enforcement measures are the least effective in reducing drug use and associated harms. Treatment and harm reduction measures, by comparison, are more effective, more cost-effective and don't carry the same risk of increasing particular sorts of harm. Secondly, criminalising personal drug use just does not appear to work. The idea that being tough on people taking illicit drugs - that that will reduce drug use - is very common, particularly in some sections of the media. But the Synod heard there is little correlation between policing personal drug use and the rates of overall drug use. You've probably heard this figure but of the more than 80,000 Australians charged with drug-related offences in 2014/15, 66 per cent of those - so two thirds - were charged only with personal possession or use. That number is increasing yet national data indicates that overall levels of illicit drug use are relatively stable. So lots of people are being charged but drug use overall is stable. International studies have found no relationship between the severity of a country's drug laws and overall levels of drug use in that country.

The third aspect was probably the most critical that the Synod heard about; that criminalising personal drug use has other negative consequences, including that it prevents people from seeking help because of possible legal consequences and that can lead on to other harms. It creates lasting stigma and that effects things like going for future employment, which we all want people to do. It separates the person using drugs from family, friends and other supports. The people closest to them are most able to support them and it exposes people to the negative

effects of time in prison. We know a significant proportion of people in New South Wales prisons – about 3 per cent - are there primarily through drug-related offences.

By treating drug-users as criminals, the Synod was convinced that new problems are added to the existing ones, making it even harder for people to get their lives back on track. If we accept the current approach - or if the Synod was to accept that the current approach wasn't working, then we need to try something different. Fundamentally, the Synod was convinced that we need to start treating personal possession and use of illicit drugs primarily as a health and social issue rather than an issue of criminal justice. The two Synod resolutions flow from that basic conviction. So we should invest more in those evidence-based initiatives that reduce harm and support people on the path to recovery.

That includes not only treatment services but social programs that address the roots of problematic drug use, which so often lie in things like social marginalisation, poverty and childhood trauma, as I heard the professor saying. We should move to decriminalise the possession and use of small amounts of illicit drugs. There is a strong and growing support for this step among medical, legal and public health experts, we were told, and the majority of the public already favours alternatives to criminal sanctions. Since the Synod meeting last year we've sought support for the proposals among other organisations and to date, more than 40 organisations representing a range of disciplines and interests have agreed to be partners in this effort.

So I'll now hand over to my fellow witnesses for their statements.

The CHAIR — Okay - Marion, yes.

Ms McCONNELL — Thank you. I've been an active member of the Uniting Church in Australia since its inception nearly 40 years ago and I've been a congregational elder for most of that time. I value very much the church's emphasis on social justice issues and have been privileged to be involved with the Synod on issues of drug law reform. In 1992 - almost 25 years ago now - a drug incident involving my son caused me to realise that our drug laws were wrong. They were unjust. They were targeting the wrong people. Our children weren't being protected. Under the prohibition system they were actually being sacrificed while drug barons reaped the benefits.

I say this because my son was driven away from the help of health professionals and his family by fear of threats from police who, I must add, were merely doing their job as expected under prohibition. But this policy played a major part in my son's death as did the shame and stigma instilled by prohibition that prevented my son from confiding his problems earlier with his family. In all that time I have continued to advocate for better drug policies. I still feel very strongly that they are wrong. My plea today to this committee is that we must take a new path on illicit drugs. Every day more and more people and organisations, from law enforcement, the judiciary, health, researchers, churches and a growing number of politicians are admitting that prohibition has caused more harm than it has prevented.

They are arguing that the harm reduction arm of our drug strategy should receive more funding to incorporate programs that research and evidence have shown to have life-giving, not life-destroying, outcomes. These programs would include decriminalisation of personal use, improved rehabilitation services, prescription heroin for the severely addicted, medically-supervised injecting centres and pill testing at dance parties - programs that will keep our kids alive until they grow out of their drug-taking years. These will not only save lives but will be more cost-effective, as many of our major, costly social problems would be improved, with drug dependence being treated solely as a health issue. Thank you.

The CHAIR — Thank you, Marion. Keith.

Mr HAMILTON — Yes, thank you. Thank you for the opportunity to speak. I'm from Parramatta Mission of the Uniting Church in Australia and I suppose for people from Victoria, it has similarity to Wesley Mission Melbourne in the range of activities that it does, particularly people on the edges of society, people who are unemployed or homeless or living with a mental illness or with a substance-abuse issue. Substance-abuse issues or disorders are correlated in general with post-traumatic stress disorder that can be associated with childhood trauma but also trauma that can occur in adulthood. We also know that trauma can change the way the brain functions, making recovery challenging for some people.

Research also indicates that not all children that experience trauma will experience mental illness or substance abuse. Some children experience protective factors, both internal and external, that can inoculate them against

further factors. Drug use eventually causes physical, financial and social consequences that are costly not only to the individual and their family but the community in general. It is expected that diverting funding to address drug rehabilitation rather than sentencing would be cost-effective in the long term. Without a focused, individualised rehabilitation program that encompasses psychological, physical, educational and social needs of the person and the family, people are likely to relapse, which can lead to further criminal matters and associated costs and I see that happen almost every day.

I believe that we need to stop making drug addiction a legal issue and we also need to - it's not only a health issue but it needs to be a whole-of-government issue. It needs to encompass health, education, housing and other family community services as a totality, the approach. I believe there needs to be an integration or coordination of government services in working with people who are living with a substance addiction rather than a disjointed effort. The ability to recover can be affected by a plethora of variables. I think I'll stop there at that point - thank you.

The CHAIR — Okay, perhaps I'll start off by asking - clearly one of the things that's come out of all of your submissions is the issue of add-on social programs that help to broaden the support for people who might be in some ways involved in drugs. I wonder if you can talk about some examples of programs that you think have worked or should be offered more across the communities?

Mr O'BRIEN — Can I start on that in a broad sense, Keith? So I was listening to Andrew Forrest make his declaration about giving \$400 million bucks - a huge, incredibly generous amount of money. He's raised the bar of philanthropy in this country. It was really interesting hearing him talk about why he's chosen the areas that he's wanted to give those things to and one was early childhood education. So I think that fits into the things that Marion and Keith were saying about addressing some of the - I guess the services that will create a good foundation for any kid to grow and will prevent some of the vulnerabilities, including vulnerabilities like drug use that we're seeing.

I think some of the evidence is that really quality early childhood education and early intervention programs that support families to provide effective parenting, the sorts of services that are provided through Uniting and Parramatta Mission, and a whole range of other services - that they are critical, that those sorts of services will prevent some of the vulnerabilities that we're seeing now. So that is at a very broad level - I'll let Keith speak to it more.

Mr HAMILTON — The Wesley Missions across Australia started because of people in the 1880s with substance addictions and homelessness and escaping domestic violence and a whole plethora of those sorts of things that were happening in the 1880s and they're the same today. I think there should be things that try to prevent these causes, but we also have to recognise that there will continue to be people who are traumatised through the things that happen in families so that is where we need to have a whole range of services that provide support for people.

One of the issues for me is - for example, in places where there are meals provided for people who are - like the community kitchens and those sorts of things; to have clinicians based there, to have support workers based there, so that when people engage for meals and showers and those sorts of things that they're not just getting a meal but in fact they're engaged with clinicians right there - so in a sense it's like having one-stop shops. I guess it's a bit like a head space-type thing. Because there are a lot of people who are homeless who also have a mental illness and along with that, often also with a substance addiction as well and sometimes they've got a dual diagnosis.

So those are places where people can be encountered and a whole range of services there I think you can make a big difference right at that point. The problem with criminalising it is we actually don't address those issues that are there which go to things like trust and relationships because trauma - people experience trauma invariably because there has been a breach of trust. The trust - the breach of trust, the trauma that many people experience that I encounter are people who have been sexually assaulted as children or they've been neglected as children. It takes time to develop trust.

You've got to develop that relationship and that's what these programs that we run through Uniting Church, Exodus, Wesley Mission, Parramatta Mission and in Melbourne and across Australia. The Catholic Church are running these same kinds of programs which is to develop trust with people and when you develop the relationship then you can actually help them with the other issues. It seems to me that the drug taking is just the tip of the

iceberg. There is the stuff going on underneath - people are taking drugs because for a period of time I can get some relief from the terrible trauma and the images I have before in my mind from what has happened in my history, my childhood.

So we need to actually deal with the root causes of the problems of the trauma, as well as the presenting issues.

The CHAIR — Okay, and yet I expect Marion's answer would be a bit different because you're talking about a group that you often expect to be onto drugs because they've had challenges through their childhood, and yet we know quite often there are people who you wouldn't have expected to have problems with their childhood but somehow or other still go down that path.

Ms McCONNELL — Exactly - that's why I was so astounded when this happened to my son, who at the time of his death, he did have a full-time job; he had just got a degree six months before. He was in the top 9 per cent in his Year 12 certificate. So he wasn't - his father and I were still happily married. So he wasn't the typical drug user and what I felt was missing then was any support for families. Intervention of the police two weeks before this, drove us away from the help that we needed. I mean, he was taken by ambulance to the hospital and he was prepared to go to the hospital because he was relieved that we finally knew that he had a problem and he was surprised at our response to him, that we cared for him and we want to help him.

We weren't antagonistic towards him at all. But the police went to the hospital as well and we weren't allowed into the room. We weren't allowed in with him. The police went into his room and questioned him and frightened him because they wanted to know where he bought the drugs from and so he discharged himself. There was no help for my husband and I at that time. There was no - you know, the police didn't come up to us and say, "Look, you know, your son has got a problem and we're going to try and help," or whatever - nothing.

The CHAIR — Can I just ask - how long ago did this happen?

Ms McCONNELL — This was in 1992. My son was 24.

The CHAIR — Yes, okay.

Ms McCONNELL — So it's a long time and now police do not go to overdoses.

The CHAIR — I was hoping it was a long time ago seeing that maybe police responses have improved.

Ms McCONNELL — Well, I'm hoping that is still correct. That was something we fought hard for to change, the police going to overdoses. So I would say the programs we need - and we did get more in family help after that but we still need more. It seems to be going backwards in that area again. The other thing I would say about services is that we don't always have quality assurance in the programs that are run. You know, we don't always measure the effectiveness. I don't think it's often measured, actually, so we need more data on outcomes, not just outputs, which is what we seem to get. An excellent program in your state at the moment is run by ReGen and they are a very good organisation and part of the Uniting Church.

Ms PATTEN — That's right.

Ms McCONNELL — I would suggest that, you know - they run some very good programs.

Mr HAMILTON — Can I say I think it's true that sometimes people out of a sense of either boredom or loneliness will start to take some kind of drug and then it can escalate out of control before they really know it and again, there needs to be help with not only the drug addiction that's happened but the other things that have been going on in someone's life, that often are not evident to people. I mean, someone can be lonely in a room with 100 people.

Ms PATTEN — Yes.

The CHAIR — All right - other questions?

Mr TILLEY — It's probably a question that's come to mind while you're giving your evidence to the committee today and say this committee has - which it already has a number of findings and we come up with some recommendations and the Victorian Government either present or future comes up with some significant

harm minimisation policies or brings in legislation and we're getting on fine, we're making some inroads. What would we do if those people that fail to engage with everything that the tax payer or government policy would provide and just flatly refuses and puts other people in society at risk - do you have a view what will we do with those?

I mean, we have those in relation to other offences and through our corrections systems, that they just fail to engage. They fail to undergo any programs. As legislators and policy-makers what we will do with that probably no doubt a very small number of people but what –

Ms PATTEN — Recalcitrant smokers?

Mr TILLEY — We won't go there. A man's entitled to a number of vices - whisky and me cigarettes.

Ms McCONNELL — I can understand that there probably are a few of those people but I guess my response to that would be we need to look at ourselves, you know? We need to look at the programs we're running and why aren't these people responding to these programs? We might need to change - I mean, one of the things I learnt was that you can't change the drug user, really, but you can change yourself and by changing the way you think it goes on to the drug user. If you're having more positive thoughts and whatever, the drug user is not picking up, "Well, I'm a bad person, I need to be punished." I think we need to change what we're doing if people aren't responding well.

As I hear vets say all the time if they're training dogs, if you want their behaviour to change you do it with rewards, you don't do it with flogging them or whatever. I mean, that is just one idea I have on that.

Mr HAMILTON — I think everyone has a story and I think it's important to hear the stories and I think the stories with individuals as to what - why are they doing what they're doing and I think that's important. In fact, we have that saying where we provide breakfast and lunch five days a week to people who present with a whole range of issues and we say, "Everyone has a story," and part of actually helping someone is in fact to hear their story and to walk alongside them. I'm sure that there is a place for law in that sense. I'm also sure that there needs to be a whole lot of things that go together with that so that it becomes a whole range of approaches in partnership as opposed to it's the only tool that is in someone's toolbox.

Certainly there are difficulties when people don't engage and there are points where, for example, someone has had a drug overdose and the ambulance will arrive and they won't engage with the ambulance and the only way is in fact to get the police because the police will then call the ambulance and the person will engage with the police and will get them to hospital. So there is a part there for law enforcement but the way in which that is done - I think that's a critical thing that needs to be considered. It can't be the only thing: I think that's the point.

Mr O'BRIEN — I can't really answer that question in detail. I've got nothing to offer on that. Hopefully other people with more detailed knowledge can respond to that precise question but I guess the principle and partly I think is what the Synod is arguing is that the current situation isn't working and on balance we need a different approach that will overall reduce the harm that is happening; that will give more people a chance to get their lives on track and yes, there may still be some people who for whatever reason refuse help or can't be helped and seem intractable but there's plenty of intractable situations now and I guess our argument is it seems that actually more damage is being done at the moment.

So in terms of a population benefit let's try something different that is more likely to have less harm associated with it and produce more benefit and that would be a better overall result. It's a mystery. I mean, we can't change our own children.

Mr TILLEY — Yes, they'll all grow up in spite of us, won't they?

Mr O'BRIEN — Yes, that's right.

Mr TILLEY — But the reason I ask that question is because you articulated so well what you've been doing and those sort of things and it just came to the front of mind, "What do we do if we get to those changes?"

Mr O'BRIEN — I think consideration of having a drug injection room would be high on the list. There's only one in Sydney and I think there is evidence that shows in fact - I think we've got it in our submission - that in fact

saves lives and part of that is because it's actually providing, if you like - they're a wraparound service there. There is someone there and that is part of the whole thing, that enables trust to be built, relationships to be built and that enables then other strategies to be put in place and I think those sorts of things make our way forward.

Maybe it's about saying in certain places it's legal to take drugs and it's not in other places. I think then you can put those supports in place.

The CHAIR — Martin.

Mr DIXON — Just a quick one. The Uniting Church congregations you represent would be rather conservative and a lot of the views you're espousing would probably sit uncomfortably with them, but I think it's really important. I think there is a real role for your congregations to talk to the policy makers because it makes our job easier if we want to make radical change. For people to come up with their own stories of what it means to them and what has happened to them in their lives and their families' lives and it's also important to point out some of the things they've learnt in their own words from what the Synod has actually come out and said and what it's found.

So I suppose it's sort of a mission in a way, you know. Preaching a different word. So it's not really a question, it's just an observation. I think you've got a role within your own church and the church has got a role with us.

Mr O'BRIEN — You're absolutely right and as part of this the Synod was very conscious of that and, look, we're not pretending that this isn't a complex and contentious issue and there was a whole range of opinions on the floor of the Synod that arrived at this decision. There were concerns of people on the floor. There were concerns about what decriminalisation meant - "Does this mean legalisation?" There were concerns - "Is this going soft on people who peddle drugs or people who supply in vast quantities and traffic drugs?" So we assured them, "No, it's not about that. This is strictly about personal possession and use of small amounts of illicit drugs." But it is probably true, those concerns are still there so part of our focus is not just external in terms of advocating about this issue but internally we need and we have done - communicated with our congregation so we immediately sent out material to all our congregations, explaining the decision.

There were a whole lot of questions raised, as I said, on the floor of the Synod so we put together information and distributed that. But like any very dispersed organisation, there are issues in communication and it's much better to get face-to-face so we're attempting to engage some of our congregations in hosting community forums. To get the congregation to host the forum, not just for the church, but for their local community, so we can have that debate and conversation in regional New South Wales and in the ACT and in the metropolitan areas as well about those issues. So we can debate it, we can address people's concerns about these issues because there are - I mean, there are lots of concerns.

The Synod definitely made that decision but now we have to communicate that and the job's not done. Not at all, so I really take your point.

The CHAIR — Fiona.

Ms PATTEN — Thanks. Thank you very much, Jon, Keith and Marion. I was wondering - I'm very impressed with the fact the Synod has taken this very progressive step. Is the Victorian Synod considering this?

Mr O'BRIEN — I don't know, precisely. We asked the Victorian Synod's permission to put in a submission to this inquiry, which they were very happy to support.

Ms PATTEN — Yes.

Mr O'BRIEN — I don't know exactly where the Victorian Synod is up to on this particular issue. Perhaps other people in our Synod would know more but I'm sorry that I don't.

Ms PATTEN — No, that's all right.

Mr O'BRIEN — But they were certainly supportive of us putting in this submission.

Ms PATTEN — Yes.

Mr O'BRIEN — They're aware of the work of things like the medically-supervised injecting centre.

The CHAIR — In fact they were looking at supporting Victoria's first proposed injecting facility through Wesley Mission.

Ms PATTEN — Wesley has been supportive of that. Just following on from this because I think your appendix, which is your campaign strategy, it's great. We're all terribly reasonable politicians but some of our colleagues may be less reasonable. I guess what I'm trying to work out in this is what you think - how are you going to convince us, because you've convinced me but I'm wondering, what is your strategy to convincing politicians because we're going to have to support this to make this happen.

Mr O'BRIEN — Yes.

Ms PATTEN — So how are you going to convince us? Is it through the personal stories? I think Marion's done some amazing work over the last 25 years in the ACT in changing perceptions. What is your plan?

Mr O'BRIEN — I think Marion is probably in a much better position to answer that. She was doing this for 20 years, so there is a lesson - persistence is required and maybe change will be incremental. A very brief comment - I once heard a guy who was an Anglican bishop in New Zealand who went around on a talking tour on social policy in New Zealand and he came back and he said, "The lessons I learnt can be summed up in a few words: tell the stories." He meant by 'stories' both what you said, the personal stories of what's happening to people in their real lives and their experience, and then the stories of the data and the stories of the evidence and both are critically important.

That's what we're trying to do. We're trying to put together the evidence and we think the evidence is pretty compelling that we need a different approach and a different approach could be more effective and the personal stories are compelling as well because it is about giving people the opportunity to get their life on track and it's about avoiding the sort of tragedy that Marion's family has experienced.

Ms McCONNELL — Can I just add to that: I think the problems over the last more than 20 years, really, is that it's been used a bit as a political issue and I'd like to see that stop and that everyone gets together and I think that is starting to happen. There were a lot of terrible debates over one party that was putting up the white flag and it was terrible, you know? People just weren't working together on it. So I think you as politicians need to try and do something about getting people to work together on this huge issue, really. I mean, it impacts on so many parts of our society and it impacts on so much of our budgetary issues - very costly things, from poverty and homelessness - it seeps in everywhere and if we could just get our drug policy right so many other things could be better.

So I think it's up to you politicians to try and get them all onside. I guess that is very difficult but to be working in the same direction - that's been the biggest problem, I think. Using it as a political scoring over the years. But Victoria has been - in past times it's been excellent with the Penington report, the drug advisory councils and they've done a lot of great work, which seemed to get lost somewhere along the way, but we can do it. I'm sure we can do it.

Mr O'BRIEN — Could I turn the question around?

The CHAIR — Sure.

Mr O'BRIEN — What will it take from people like us to convince people like you and your colleagues?

Ms PATTEN — Jon, it's such a good question. When you look at the debate around a medically-supervised injecting centre in North Richmond where 36 people overdosed last - in a 12-month period and that - the 36 deaths wasn't enough. The ambulance employees calling out for it, the residents calling out for it - none of that was enough to convince the leaders of the major parties that such an approach was going soft on drugs and soft on crime. At lunch today someone said, "The holy trinity for this to work is to have the families, the church organisations and the police all - to keep with that analogy - singing from the same hymn book."

But it's not easy for the police to speak out until they're retired and I think the work of the families, talking to Tony Trimingham and yourself have done some amazing work - the fact that you guys are now starting a campaign. How

do we get past this oneupmanship of who is going to be the toughest on crime? Who is going to be the toughest and for some reason we - myself excluded - think that's what our community wants to hear. So maybe it's that we need to hear more of our community saying, "We don't want to keep hearing you say you're tough on drugs by putting more people in prison and allowing more of our children to overdose or risk their lives at dance parties."

Mr HAMILTON — And, you know, people who are addicted to drugs vote Labour, Liberal, National Party, Greens, you know - the whole lot. So it's not like one particular section of society. It's across the whole of society and maybe there is some way of actually de-politicising it, that in fact it is about the children of people who are in parliament and their grandchildren and the friends of their children who are in this situation and so it's when it becomes personal like that and it requires courageous leadership. I also agree with you which I think is the import of your question about politicians in making decisions and it could be all the parties agree but you also need to have people in the community who also are waving the flag and saying, "This is a great decision. This is good policy," and going out there on a limb as well and I think that needs to happen.

Ms PATTEN — Yes.

Mr HAMILTON — So you're right, and it needs to be a number of groups. It can't just be one group, it can't be one part of society - finding ways to engage with the business chambers because when they're - people in business are addicted to drugs.

Ms McCONNELL — Surveys are showing that public support is rising and public support shows that we don't want people put in prison for this so public support has definitely improved.

Mr O'BRIEN — Just in passing, I was at a football game - soccer football, not AFL - in Sydney, and this is when this just happened and the Synod decision was just made and there were two police standing behind me. Two constables I assume they were. So I thought, "Well, I'll do a little spot survey." Only a survey of two so I went up and said, "I'm part of this group and it decided to pass these resolutions for drug law reform and what do you think about drug law reform?" They basically talked about cannabis and marijuana and he said, "Cannabis and marijuana are no problem. It's just that we spend all our time filling out these forms and it goes nowhere. It's a waste of time," and they were completely onside in terms of that issue. I think in terms of other sorts of drugs they might have had a slightly different view but in a survey of two serving police, maybe they wouldn't speak in public.

The CHAIR — Murray also had a question.

Mr THOMPSON — One question in a couple of parts. Firstly, Marion, thank you for your great work in advocacy over such a long period of time to try and bring about worthy law reform in this field, as you understand the best ways to advance it. My question relates to the prosecution of people who might be behind the heroin that was distributed, presumably around Canberra that led to the death of your son. Was there any follow-through on that frontier? Did they track the source of the heroin supply?

Ms McCONNELL — No, the police never made further contact with me at all so I don't know and I must say that I didn't feel any animosity towards the persons that sold him the drugs. I just felt that the way we were handling the whole situation was wrong so, yes, I didn't pursue that myself either because I just felt they were under this system as well, which was just money. So much money in this prohibition system that people will do terrible things to get money.

Mr THOMPSON — Yes. My next question is perhaps briefly to each of you. Feel free to pass, but reference has been made to the Wesley Mission and while it may be a couple of hundred years later down the track or so, I'm just interested in terms of the totality of an approach to this far-reaching problem - how John Wesley may have approached it in his life journey, purpose and mission.

The CHAIR — That's an eclectic one.

Mr THOMPSON — Dealing with the abstinence on the one hand but also the social good on the other part to be advanced the welfare of people? Is there any brief reflection any of you might care to make?

Mr O'BRIEN — I think I'll throw to Keith on this one.

The CHAIR — Yes. How's your study of John Wesley?

Mr HAMILTON — Look, John Wesley - the interesting thing about John Wesley is that when he met with new experiences, new information, he changed. A classic example of that was he was against having lay preachers and there became lay preachers and he went home and complained to his mother, "There are lay people preaching and that is wrong," and his mother said something along the lines of, "Well, if it's of God you won't stop it. Go and have a look and see, is it of God?" So he actually went and he changed his whole view. He changed his view on involving women in the activities of the movement.

So I think what I would say is that he would have - because I know that he was around - he was against gin. In those days it was gin and he talked about the evils of gin. But he was involved in, in fact, collecting, making collections to support people who were in prison, even to famous stories where instead of riding a horse he would walk and so John Wesley would walk, his brother in front - Charles Wesley - and then they would have a book on the back of the shoulders of one and they'd be marching down the road, one reading aloud to the other and they were saving the money to help people who were in prison.

So my view is - in a long way of getting to it - that I think with new information, new experiences, he would have had compassion on the people. A big thing about Methodism was the grace of God that goes before us.

Mr THOMPSON — Thank you - any other freelance comments from the lay congregation?

Ms McCONNELL — This is not on Wesley, I guess, but it's experience - with experience, hopefully, we grow and learn and change our thinking. Before that incident with my son I just believed prohibition was the right thing, prohibition was keeping drugs away from our kids. Government was doing this. But when that incident happened to me it just pounded on me that this is wrong, what's happening, because here I was with my son who had overdosed and the ambulance had revived him and it was the first I knew that he was using heroin. The police interrogated us like we were terrible people. I'd never been in trouble with the law and I was a church-going person.

It just hit me like a bomb, really, that this law is wrong and so I think we can go along with things for a certain time and then experience in something will tell us that what we're doing here is wrong and it needs to be changed so I think Wesley probably would have had a bit to say.

Mr O'BRIEN — Just to quote someone who preceded John Wesley: we stuck a quote from Luke's Gospel at the front of our submission, so it's the story of a man with a withered hand in the synagogue. So he's got a withered hand and he comes up to the front of the synagogue and Jesus is at the front of the synagogue and of course, all the law keepers - the pharisees and the sadducees - are there waiting to see what will happen, what will he do, because the law is you don't heal someone on the Sabbath. That's the law. The law tells you you don't do this. But then Jesus asks them, "I ask you, which is lawful on the Sabbath: to do good or to do evil? To save life or destroy it?"

So I think in all human relationships there is that interplay - or human society - that interplay between law and grace and I guess part of our submission is saying we need to err on the side of grace. We need to give people opportunity. We need law, people need to be responsible. They need to be - there need to be consequences for actions but let's err on the side of grace in giving people opportunity and getting them the support that they need. If we're going to err on one side, let's err on that one.

The CHAIR — Thank you, Marion, Jon, Keith. Thank you for your contribution and your good works that you've put in to get both the submission to us and the works that you've been doing out there. We trust you'll continue with that.

Mr O'BRIEN — Thank you. Thanks again for the opportunity, we appreciate it.

Mr HAMILTON — Thank you, best wishes on your inquiry and the proposals that you'll work up from that. Thank you.

Ms PATTEN — Thank you. Thank you. Good luck with your campaign.

Mr HAMILTON — Thanks very much.

Ms PATTEN — I hope it works. I hope we're convinced.

The CHAIR — Here ends the lesson. All right, we're off to King's Cross to look at the supervised injecting facility next.

Witnesses withdrew.

Committee adjourned.