LAW REFORM, DRUGS AND CRIME PREVENTION COMMITTEE

Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria

Ballarat — 18 November 2013

Members

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Ms Karen Heap, Chief Executive Officer, Ballarat and District Aboriginal Co-operative.

Mr Peter Treloar, Emotional Wellbeing Nurse, Ballarat and District Aboriginal Co-operative.

Ms Jo Warren, Health Unit Manager, Ballarat and District Aboriginal Co-operative.

The CHAIR — Welcome to the joint parliamentary committee—Law Reform, Drugs and Crime Prevention Committee. I understand we have here Karen Heap, who is chief executive officer of the Ballarat and District Aboriginal Cooperative. Welcome, Karen.

Ms HEAP — Thank you.

The CHAIR — We have Peter Treloar, who is the emotional wellbeing nurse at the cooperative, and we were to have, as I understood it, Jo Warren, but—

Ms HEAP — She is there.

The CHAIR — She is on our list. Does she wish to be at the table or not?

Ms HEAP — No, that is fine.

The CHAIR — Tag teaming from there?

Ms HEAP — Yes.

The CHAIR — Welcome to the inquiry into the supply and use of methamphetamines in Victoria, particularly ice, and a number of references associated with that inquiry. Before we start, I would like to read you the conditions under which you are providing evidence to this hearing this morning. All evidence taken at this hearing is protected by parliamentary privilege as provided by the Constitution Act 1975 and further subject to the provisions of the Parliamentary Committees Act 2003, the Defamation Act 2005 and, where applicable, the provisions of reciprocal legislation in other Australian states and territories. However, it is important that you note that any comments you make outside the hearing, including effective repetition of what you have said in evidence, may not be afforded such privilege. Have you received and read the guide for witnesses presenting evidence to parliamentary committees?

Mr TRELOAR — Sorry, I missed that last bit.

The CHAIR — It is just a guide to help you when presenting to a—

Mr TRELOAR — Yes, we did, thank you.

The CHAIR — It is also important to note that any action which seeks to impede or hinder a witness or threaten a witness for the evidence they would give or have given may constitute and be punishable as contempt of parliament. We are recording the evidence and will provide a proof version of the Hansard transcript at the earliest opportunity so you can correct it as appropriate.

Thank you again for coming here and presenting to the committee this morning. I understand you are going to work together to make a brief introduction into the organisation you represent and its reference to the committee, and we will ask some questions. We have allotted till 12.30 for this section of the hearing. Thank you.

Ms HEAP — Okay, thanks. Firstly I would like to pay my respects to the traditional owners, the Wathaurung people. I would like to pay my respects to past and present elders. As stated, I am Karen Heap and I am the CEO of the Ballarat and District Aboriginal Cooperative. I have been there for nine years now. However, I have had an association with the cooperative for about 30 years. Over that time we have developed our organisation to become a fully functional health service, where we have mental health nurses, drug and alcohol workers and various doctors and allied health services.

I suppose in the last 30 odd years the flavour of addiction has changed. In saying that, we still have major issues with alcohol and we have some major issues with drugs. We are facing a rather large hurdle, I think, with ice, and it has come to my attention probably in the last two to three years that we as a community are now suffering from this horrible drug that is being distributed throughout Victoria, and the country I would assume.

Ice is particularly horrible because of the effects that it does have on our people and the ramifications of such. We are finding that we have a lot more people coming through the door now that are requiring assistance with health and welfare and it can be accounted to using drugs—not necessarily always ice but other drugs as well.

So I am very concerned. I am very concerned for our people. I am very concerned that we have a number of our community members that are now using the ice substance, and it does not seem to hinder age group. We have a variety of different ages appearing to use the stuff, so I think it has become quite a party type of drug for us as Aboriginal people, which for me is very concerning. I had one lady just recently come to me—and she is well into her 30s, close to 40—who had used it. It was offered at a party and she just thought she would try it. Very sad to see—and the effects that that is still having today on her.

I would like to tag team, because Peter has some more information due to him being our mental health worker. So I will hand over to Pete.

Mr TRELOAR — Just building on what Karen was saying, we also recently saw a 15 year old boy from a broken family structure who commenced drinking alcohol when he was six years of age and has just recently discovered ice, because it was so easy for him to access, and he actually wore it as a badge of honour, 'Wow! Look, I use ice. Yeah, it's great, it's so easy to get.' He would not disclose how he got the money to buy the substance, but I think we can imagine how he did, being 15, as part of a gang in Ballarat. It was quite alarming that he did not see anything wrong with it and that he wore it as a badge of honour. He also disclosed that he does get involved in a lot of violence and that that gang, all using ice, go out looking for trouble. So it was also alarming to think that he did not see anything wrong with that.

I have also personally noticed more presentations in the last 12 months in particular. I have only worked at the co op for 18 months, having come from the Bendigo area. When I started here in Ballarat, I did hear from our drug and alcohol counsellor that, yes, ice is quite common in Ballarat, but as a mental health worker I did not really come across too much of it, except for over the last 12 months. I am aware of three admissions of people to the adult acute unit following using ice. One lady in fact stabbed her partner after he was domestically violent towards her. She stabbed him, resulting in him requiring hospitalisation. It also resulted in her losing her children through child protection.

So it is more than just the use of drugs on the persons themselves. I am noticing a large impact on the family structure as well, and it does not discriminate. Like Karen said, age, gender or even Indigenous/non Indigenous, but a lot of family structures are being damaged in our community by the use of these drugs through the police getting involved and then children being removed from them.

One of the biggest difficulties that we have is getting our community members into rehab facilities or detox facilities. There are currently only three Indigenous specific detox centres that I am aware of, one in St Kilda, one in Mooroopna and a female specific one also in St Kilda, but they only have eight beds, 15 beds, and there is up to a six week wait list to get in. Of course, with clients that are presenting wanting to actually get off this drug, you sort of have to be opportunistic. It has got to happen there and then. We have had it happen quite often that, by the time the six week call up comes in, the person has disengaged, they have gone. They have wanted that help there and then, but the opportunity has been missed for us to actually do something about it.

Also we are finding that it is not a drug that you can go down the harm minimisation pathway. It is sort of like you have to be on it or off it. It is very difficult to say, 'Look, why don't you try and reduce,' because the coming down off the drug is just so horrific that the clients just cannot reduce. It is either, 'No, I need to be off it because I just can't resist using it, I can't just say I'll only use it on the weekend,' because once they get hooked on it, it is full-on. It really encapsulates their lives. That is certainly what I have noticed.

I know anecdotally—a lot of this stuff that we hear is anecdotal—that there is a lot of crime occurring by the young ones in particular. We have even had a young person steal his

grandmother's belongings to support his habit, which naturally again causes terrible conflict within the family structure and trauma to that lady. Knowing that this talk was coming up, I have been doing a lot of talking with community members, particularly the young community members.

It is quite a large problem amongst the football clubs in Ballarat, and it was quite disturbing for me, having a young son myself, to hear that it is quite common for it to be offered at parties held by the football clubs. I also found out recently that an 18 year old went to a nightclub and it took him a while to get served a beer because they were dealing drugs at the other end of the bar. That is anecdotal, of course, but it was quite disturbing to hear that—how common it is and how out there it is. There just does not seem to be any fear amongst people that it has crept into sports clubs and nightclubs. It is not all just underground like originally I guess we thought it was, so that was quite disturbing.

Ms HEAP — I think the concern for me overly is the issues around the destruction of the family. Like Peter said, there was a stabbing and the children are now in care, and that should happen. I mean, we need to keep our children safe, but this particular drug causes that much violence and grief to a family that these things can happen.

The other thing I think is concerning is that we have a lot of young people, or people in general, presenting to the psych services now, and it is due to the drug use, and that I think is a disturbing thing. We as Aboriginal people have a low tolerance for drugs anyway and we can portray and have psychotic episodes because of drug use, more so than mainstream. These things are really escalating now and we need to make sure we are proactive in how we deal with them. As Pete mentioned, we have an issue with getting our people into rehab and detox. It does take us some time. We need to really think about our region as a place that is in need of such service. We have a youth detox centre here but it does not cater for the older group of people.

Waiting for so long to get somebody into detox or rehab is not beneficial to our people whatsoever. As Pete said, we need to act, and act straightaway. When somebody is saying, 'I need to go,' we need to be able to say, 'Right, let's get you into a suitable placement.' We have been suffering from that for a very long time. The other issue we have with sending our people away is that they do not want to go away from their families. They still need that support from families and they still need support from us as an organisation as well. Sending them away to Melbourne or somewhere else severs their ties.

When they do come back into the community, what do they come back to? They come back to the same stuff going on with their friends and their family members, so they cannot break that tie. They get rehabilitated but then they are back into the same group of people they left. We need to have the ability to do something with these fellas when they do come back. It could be some sort of healing type of program that they need, and that would look at encompassing their wellbeing and also their opportunities in life—what they can do for their future, what they can do for themselves—and explore the further education or employment avenues, or whatever it may be.

We need to be able to change the way they think about coming back into society and thinking, 'It's okay, I'm hooking up with my friends. I've had that stint of 10 weeks,' or whatever it may be, 'away from it, so I'm a little bit well now, so I can start again'. It is really difficult to see that and it is frustrating for us because we are the ones who work so hard to help them get on that path of, 'It's okay, we're doing all right for ourselves other than using drugs.'

Mr TRELOAR — A lot of the community members are so vulnerable that the people who are dealing the drugs to them just prey on them. We have had people come out of rehab and basically they are into it again the next day because the people who were getting the stuff to them are preying on them the minute they walk back in the door. It is such a vicious cycle. Like one person said to me when I asked her, 'Why do you use it?' 'Well, my life's been so terrible through broken family, broken relationships, domestic violence, that it's the only thing that makes me feel good about myself.' That is the sad part about the drug. For people who have a poor, miserable existence it is the only thing that makes them feel good about life in general. I guess that is the most attractive part of that drug. It actually makes a person who has had a really difficult life feel

good for a change. That is what we are up against. How do you tell somebody, 'No, we don't want you to feel good'? That is very difficult.

The CHAIR — Karen, if it is all right with you and Peter, I might invite the committee to ask some questions but, before I do, I would like to provide a small apology. Normal tradition of this committee is that when we have Indigenous witnesses we pay our respects to the traditional owners of the land on which we are meeting, and to their Elders past and present. So I apologise, I did not do that formally first.

Ms HEAP — All right.

Mr SCHEFFER — Peter, I think you were saying—and you are not the first one who has said this—that, in relation to ice, the harm minimisation approach does not work. You said something to the effect of once someone starts on this drug it is so powerful that the user cannot effectively stop it on their own. I was wondering, since you work in the mental health area, what is your working model of what the drug actually does that gives it that kind of power? I understand it is very pure but what does it do to the brain or to the body that has that effect? Then how does that influence the way you treat and interact with users who are in a depressed situation?

Mr TRELOAR — You have put me on the spot here, not being an expert on the chemical side of things.

Mr SCHEFFER — I understand that.

Mr TRELOAR — There are certain chemicals—and I apologise but the chemical in the brain has slipped my memory; I must not have enough myself. There is a certain neuron type transmitter that creates pleasure. My understanding, from the latest talk that I went to, is that what it does is release this endorphin to create that pleasure feeling. The trouble is the body only has so much of that chemical in it and the ice brings it out and uses it all up. It uses up all that the body can produce at any one time. Therefore, when a person stops using ice the body quickly is depleted of that—it is not serotonin, it is one of the others. It creates that loss where the body feels no pleasure at all and therefore craves more ice to stimulate this hormone to be made to create that pleasurable feeling again. They were saying that is why the impact of heavy use of it is so bad for the body and why the coming down off the drug is so extreme. It is because of the loss of that hormone in the body.

It is similar to schizophrenia and psychosis, so not only is the person using up all that energy but the drug is also mimicking the effects of what psychosis does, therefore the hallucinations, the paranoia, the delusions come to the forefront because of this hormone in the body. Like I said, it is probably best to ask someone who is more of an expert on it.

Mr SCHEFFER — Fair enough. I am not an expert either. I am just asking what your take on it is. Given what you have said, which is broadly consistent with what people have been telling us, how does that influence the way your service operates? When you see people, how does that help you, or do you work in a way that is pretty well similar to or indistinguishable from the way you way work with people who are on other kinds of drugs?

Mr TRELOAR — It is difficult because, like I said, with alcohol and marijuana—which are two other drugs widely used in our community—you can go down the harm minimisation pathway. You can talk about, 'Look, why don't you drink mixed drinks, beer or light beer? Have a glass of water in between drinks, minimise how many days of the week you're going to drink so that you're not sort of overdrinking. Think about your health,' and all that sort of stuff. It is the same with marijuana, 'Don't use bongs. Perhaps smoke a joint instead of a bong. Perhaps only smoke at night if you think it helps you sleep. Try not to smoke during'—you can go through all those strategies to try and reduce risk. But with this it is so difficult. What do you say? You can say, 'Don't shoot it up. Perhaps snort it all or smoke it,' but that does not sit right either for a counsellor or the commission to say that about this drug.

It is also very chemically harming to the body. You do not know what is in it and you do not know what harm it is doing to them internally as well. Because the behaviours are so extreme, it is hard.

A person comes in psychotic and they are admitted to hospital. They come out of hospital and it is hard to say, 'Look, you need to reduce how much you use but you might end up psychotic.' It does not sit with being able to say harm minimisation is a way to go with this drug. My view is, 'No. If you're hooked on ice you need to be somewhere safe.' It has got to be a culturally safe environment for our Indigenous people. It has to be somewhere they are away from predators that exist around Ballarat and prey on these vulnerable people. Then the rehab part of it has to be extended.

It cannot just be, 'Yep, six-day detox, come back home,' because, like I said, they are moving straight into an environment where it is just the culture of that drug. We need more diversion programs and longer rehab time, where there is no pressure on beds and to be pushing them out. It is such a big thing. I have not got the magic answer to that. Working with clients, I just see that it needs a totally different approach to our standard drug and alcohol approaches currently because it is totally different, it is more harmful, and it is difficult to see how reducing the amount you are using—

Mr SCHEFFER — You indicated before that you went to a briefing session, or whatever it was that you went to. When you talk to your colleagues, is that the general sense amongst the people doing similar work to you and do you think there are any potential breakthroughs in how you might better manage this?

Mr TRELOAR — We had an organisation come and talk to us. It was all the social and emotional wellbeing. Drug and alcohol counsellors from the Aboriginal co ops in Victoria meet regularly to talk about such topics. In fact, I am going to one next week as well. Yes, the general feeling amongst all those other counsellors was the same: this is a drug that is creating a real blight on the Aboriginal community. It is just so full-on, and they are finding the same thing: it is very difficult to get anyone into any treatment centres because there are just not enough around. They also feel the same way. I have probably picked up a lot of my views from them, that the standard treatment techniques that we used for alcohol are not there. There is no magic drug such as a Suboxone or anything that can stop cravings that can help with the withdrawal. Really it is cold turkey or nothing to get off this drug.

With alcohol, yes, you can put them on pharmaceutical stuff to help with withdrawals but also to help with the cravings, but this drug you cannot, so we really do need to look at a different way of treating it. We do not want to see our community members or any person admitted to a psychiatric hospital because they are psychotic. They are not a drug rehab centre and unfortunately bed time in psychiatric centres is limited as well. As soon as the person is well enough to go home, because of the pressure on beds they are discharged, but again discharged to what? You can link them into drug and alcohol services, but the person has got to want to engage, and a lot of the time, again, it is a waiting list, and by the time the person's time comes up the person has lost that desire to change. It has gone; the moment has gone.

Mr CARROLL — Thanks, Karen and Peter, for your presentation. I probably want to ask a question in the context of terms of reference No. 8, 'consider best practice strategies to address methamphetamine use'. With the Indigenous community, we have the Koori Court system, which seems to be a fairly big success in terms of the justice system. As a committee, do we need to look at culturally sensitive ways of handling methamphetamine use amongst the Indigenous community in terms of health professionals and community justice workers? Do you think really the Indigenous community needs Indigenous communities speaking to one another and dealing with the drug ice? Have you got any recommendations for the committee in that area in terms of if we were to go down that path?

Ms HEAP — I think I mentioned a healing centre type scenario and I think that is probably the logical way for Aboriginal people to go. A healing centre after rehabilitation or detox would be an advantage to the community and to those people that are affected. Because ice causes so much grief in a family, causes domestic violence, causes all kinds of issues within the family, I think there is so much healing that needs to be done with these characters and I think some sort of centre would be beneficial to them.

Also, people do not wake up one morning and decide, 'Oh, let's have a party on ice,' or, 'Let's have a party on being an alcoholic.' There is a reason and there is a cause for these people to do these things. They are unhappy. There are situations in their families. They have been sexually abused or they are going through a domestic violence situation within the family. A lot of Aboriginal people in the community live on the poverty line. They struggle to just put food on the table or to get their kids to school and things like that. There is a huge amount of grief and loss for Aboriginal people that no one has actually ever done anything about.

We had the apology with Kevin Rudd, and that was fantastic. That was a brilliant thing to do. But that was for the stolen generation people. So there is a whole group of us, me included, that are not stolen but we did not get an apology for anything. We did not get an apology that our culture and our traditions and our land have been taken over, and we have no compensation. And I am not talking monetary compensation; I would not dare do that. It is compensation for our lives.

We are talking about a group of people that have decided to go down the path of taking drugs or getting drunk or just deadening their feelings, so we need somewhere for these fellas to go to actually heal that in a whole way rather than just worry about the drug or the alcohol situation. It needs to be everything that is an issue for those people. So I think that is the way we should try and look at it if we can. We know that it is all very difficult at times, with funding and such, but I think that is some sort of an idea and I would be interested to hear what other Aboriginal groups, if there have been any, would suggest. I think they would probably look at the same sort of idea to a certain degree.

Mr CARROLL — Healing centres have been mentioned before.

Ms HEAP — Okay.

Mr CARROLL — In terms of legal aid and community workers, are there Indigenous people coming through the education system to become health workers, social workers et cetera?

Ms HEAP — Yes.

Mr CARROLL — If there is the demand there, we could definitely cater to that with the service level as well?

Ms HEAP — We have a number of Aboriginal people that have come through the system at different levels. We have got lawyers and magistrates. Our organisation employs three Aboriginal nurses. There are different levels of employment, I suppose, or career moves. It has taken time, of course, to go down that path, but certainly we do have a number of Aboriginal people that are qualified in those areas.

As an organisation we have access to all of those services. We have access to the legal service, we have access to the justice system and we have access to the hospital and we are able to develop those partnerships and we have done that quite successfully in Ballarat, so we are able to access the right services for people. It is just about what do we do with them after we have done that? I think we feel that we leave them a bit high and dry because we can only do so much and there just needs to be another step, I think, to go further.

Mr CARROLL — I understand. Yes. Thank you.

Mr TRELOAR — We have just recently successfully developed some men's and women's Indigenous specific groups for that mentoring type role and we find that to be really good. A lot of the younger generation in Ballarat do not have a strong cultural connection and we are certainly trying to build on that by introducing a bit more cultural knowledge. It is similar to the Men's Sheds sort of theory that if we can get blokes together and we can get elders to feed their cultural knowledge on to the younger people, then we can build that cultural knowledge in the community. We have only just kicked it off and it has so far proven to be quite successful—on no money. We are starting to get the feedback now from the younger ones, who are now wanting to mix a bit more with the older generation, just to find out a bit more, to learn how to do Koori art and all that sort of stuff, and that is the sort of stuff that is probably lacking.

If we can divert them from their life of crime, their life of drug use, into some sort of meaningful activity that connects them back to their culture, it has proved successful in other areas of Australia and I do not see why it would not be successful in Victoria as well, and I am sure in some areas in Victoria they have probably got much better programs than what we have kicked off now. I think it would be great if we could target the cultural side of things as well, as part of the healing process. I think that would be a great benefit for Aboriginal communities.

Ms HEAP — That is right.

The CHAIR — Where is the primary distribution for ice through the Indigenous population in Ballarat?

Mr TRELOAR — As you would imagine, a lot of the people who are using are very tight lipped about supply—about where they do get it. In certain areas north west of Ballarat I have heard that there are certain streets that are like one stop shops. If you want it, you go up to this area here and basically you can get what you want. Naturally people are very keen on protecting where they get the stuff from, but they have told me that it is quite common knowledge amongst the using community that there are places in certain parts of Ballarat where they can go and get what they want. I have heard just recently that there are two cookhouses in Ballarat, but naturally that is just people saying, 'I've heard this,' 'I've heard that.' You can only take it as what you are being told is rumour or speculation.

The CHAIR — You have broken down the users or the category of users like in demographic of age, generation, unemployment, truancy from schools. Is there one section of the community that is more at risk or perhaps using the drug more than another?

Mr TRELOAR — We are finding that it is not discriminative. Like Karen says, we have 30 year old mothers, 15 year old boys—

Ms HEAP — That work.

Mr TRELOAR — Yes, people who are working; people who have now lost their jobs because they have been using. I cannot specifically say, 'Yes, it's 15 year old boys,' or, 'Yes, it's 30-year-old women.' It is just crossing all age barriers and all socioeconomic areas as well. Like Karen said, people who are working I guess can afford to do it. They buy their own, and who knows the impact on their families.

I was talking to our youth justice worker before, and he has six youths on his books that have all been using and are all under the criminal system. He cannot properly say, 'Yes, it was due to thieving to supply their drug habit,' but his inkling was that a lot of it was around that, and every time he is at the courthouse all he hears is 'drug related crime' and 'drug related violence'.

The CHAIR — Have they been traditional drug users or is it because ice gives them that feeling of exhilaration and sexual excitement and a whole lot of other euphoria as against the other drugs? Have they moved from alcohol to ice or have they been on illicit drugs and then moved to ice?

Mr TRELOAR — That is probably the million dollar question. Quite a few have reduced their alcohol intake because the ice has taken over. It has taken over their money, it has taken over their cravings, but also a lot of the younger ones are using it because it can enhance their period of alcohol use. So they can drink for three days because they are on the ice, and it keeps them awake, and they can just keep drinking and drinking and drinking, and no doubt they are burning off all that energy as they go.

I guess the pattern varies. Some are reducing their marijuana and alcohol use because the ice has taken over. Others are using it to enhance the experience that they are getting from those other drugs. A lot of them will use marijuana because they have not slept for a few days, so they might start smoking it at night to try and get some sleep. So I guess the polysubstance use creeps in there as well, one to counteract the other. So it is just a vicious cycle.

Marijuana use is still quite prevalent in our community, but this is certainly starting to creep into the prevalence. When I do my drug and alcohol screen for each assessment, you can just tell which boxes I am now ticking. It is the amphetamine box that is starting to creep in more commonly than the others. Alcohol I guess is so expensive that it is dropping a little bit, except for the old males, for whom it is still the main substance of use, but with the younger ones I am definitely seeing different columns starting to get ticked in my assessments now.

Mr SCHEFFER — You talked earlier on about young people in the Aboriginal community as a treatment, I guess—part of a treatment—being sent out of the community, and you talked about the difficulty of that culturally and then the compounded problem about when they come back. You spelt that out for us. We have heard from others, not necessarily from the non Aboriginal community, that that notion that you put should be challenged and that there actually would be some benefits in removing young people from their communities and sending them off somewhere—obviously a supportive environment. Have you contested that view that you put to us? Is there a debate going on? Could you talk to us a bit about that, or do you definitely rule that out?

Ms HEAP — No. I have not heard any debate about it, but I am aware of other communities in the state that have issues around ice and some of the things that they have been doing. I just think that if you are sending the kids, or anyone, away for rehabilitation or detox, or detox or rehabilitation—because this is the way it goes—it just makes it harder or a more longing feeling. When they come back, they are engaging straightaway with the issues that they left. If you keep them in the community where the issues are, as far as connection to their family, connection to the co op, connection to various other things that they are connected to, then you are treating it as a normality, if you like. It is not about taking you away and isolating you from all those semi supports that you actually get. It is actually keeping you within the bounds of those supports. It is also being able to develop a pathway for when they actually do leave the centre that they are in.

Mr SCHEFFER — But is it an either/or like that? Could there be a structuring so people come back on weekends or—

Ms HEAP — Yes, and that is okay. That is fine, but the financial side of things is hard.

Mr SCHEFFER — Of course, I understand.

Ms HEAP — These fellas do not have a lot of money anyway to actually come back for a weekend, and how do we monitor that? How do we keep an eye on that? We are nine to five, Monday to Friday, unfortunately. Well, fortunately maybe. But, yes, how do you monitor that and how do you keep an eye on where that person has been and is going and are they getting back into the stuff? Yes, it would be difficult.

Mr TRELOAR — And it should include family work as well.

Ms HEAP — Yes, absolutely.

Mr TRELOAR — If you use family as the bad influence, removing them from the family and sending them to Gippsland for treatment is not fixing the problem, because they are still going to come back.

Ms HEAP — Yes.

Mr TRELOAR — It is really about having the ability to work with the family to say, 'Your lifestyle is having an impact on your child.' So it is not just as simple as sending someone away, is it, for three months for detox and saying, 'There you are, we've fixed you.' It is all that work around the family structure and around the community and around their social networks. That is where it sort of falls down. I guess it is having the resources to be able to put into that as well.

The CHAIR — All right. I think, given the time, we might conclude there. Thank you both very much for appearing at this hearing this morning. We appreciate it.

Ms HEAP — Thank you.

Mr TRELOAR — Thank you very much.

The CHAIR — I will now adjourn the hearing until 1.15.

Witnesses withdrew.

Hearing suspended.