LAW REFORM, DRUGS AND CRIME PREVENTION COMMITTEE

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

Melbourne — 9 December 2013

Members

Mr B. Carroll
Mr T. McCurdy
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Ms Elisa Buggy, DCV Program Manager (currently on secondment to the Children's Court), Drug Court of Victoria.

Ms Kristy Rowe, Acting DCV Program Manager, Drug Court of Victoria.

The CHAIR— Good morning, and can I thank you very much for your time this morning. This is a joint parliamentary committee of Law Reform, Drugs and Crime Prevention, one of twelve joint parliamentary committees of the Victorian Parliament and in attendance we have Deputy Chair, Johan Scheffer, to whom you've been introduced just briefly.

Magistrate PARSONS— Yes.

The CHAIR— And Tim McCurdy. Also, unfortunately, we've lost three of our Committee Members. One David Southwick who you met just prior and Ben Carroll, I'm not sure where he is but he was due to be here this morning.

Mr McCURDY— He's failed to attend.

Magistrate PARSONS— He's failed to attend.

The CHAIR— So, we'll give that a sanction. Sandy Cook, the Executive Officer and Kim and Pete, both staff of the Committee.

MrJOHNSTON— Mr Johnston.

Magistrate PARSONS— Thank you.

The CHAIR— Thank you, Your Honour, for the opportunity to —

Magistrate PARSONS— You're very welcome.

The CHAIR— — to have a formal process in relation to our hearing where we can record some questions we'd like to ask you in relation to the activities of the Drug Court. And we'll use that as part of the basis of part of the report that we're presently compiling for the Parliament which is due next August and will be tabled in Parliament. I'm sure you're familiar with the reference which is an Inquiry into supply and use of methamphetamines in Victoria, particularly ice, and there's a number of references there in relation to organised crime, outlaw bike clubs and also the impact on indigenous populations in Victoria. We've had a number of regional meetings already in this Inquiry, in fact, we just got back from Mildura where we had a day hearing out there. We've had regional hearings in Ballarat and Bendigo and Geelong. Have I missed one? And we have foreshadowed meetings in Shepparton, Echuca, Wodonga, Traralgon, Warrnambool and also public hearings in Melbourne. I'm just saying this because certainly there was a view that regional areas seem to be more exposed to the trafficking and use of methamphetamines, particularly ice, and there was willingness by the Committee to make sure that we canvas regional Victoria fully, as much as possible in the time frame we've got, to make sure that forms a significant part of the report. Because we're actually seeing activity in regional areas with ice more so than as we understand has been done in history, so it's become quite a significant drug in regional Victoria. So, what we do normally, and I appreciate we're working on a twelve till twelve-thirty time frame —

Magistrate PARSONS— Yes.

The CHAIR— — to meet the lunch is if you'd like to make some opening statements —

Magistrate PARSONS— Yes.

The CHAIR— for the record and then the Committee would like to raise some questions from what we've heard this morning and also from what we've heard from other evidence and other public hearings.

Magistrate PARSONS— Certainly.

The CHAIR— Your Honour, before you start, if I may, I do have to read you the conditions under which you will be making that evidence —

Magistrate PARSONS— Yes.

The CHAIR— —to this hearing, which I'm sure you're very familiar with and also to Kristy and Elisa. You're covered under this statement, ok.

So, 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. 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. And there is a guide for witnesses presenting evidence to Parliamentary Committees which I suspect you've seen a copy of. It's 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. That's the formalities. Any questions there?

Magistrate PARSONS— No.

The CHAIR— Thank you again for your time and your hospitality here in the Dandenong Drug Court and I invite you to make a verbal submission to this Committee.

Magistrate PARSONS— Thank you. Well, welcome to the Committee. It's really an honour to have you here. It's great you've been able to come and see us do our work. I'll just give a very brief skeletal dissertation on what the Drug Court and the drug treatment is all about.

The Drug Court administers a section of the Sentencing Act, Section 18X which is the section of the Sentencing Act dealing with drug treatment orders. At the heart of a drug treatment order is a prison sentence. It's not a suspended sentence. It's a real prison sentence, but it's served in the community as long as the participant complies with the strict, highly supervised and quite detailed treatment regime that is designed for each individual. So, it's a combination of exquisite forces. It's the coercive power of the criminal law, nothing more coercive than taking someone's freedom from them if necessary but, with the best treatment that the community can provide for the specific drug abuse. And that's at the very heart of it. The order has a geographical catchment area as we've briefly discussed before giving evidence, that is, participants who want to access a drug treatment order at this court – and it can only be accessed at this court, Dandenong is the only Drug Court in Victoria - have to live in the geographical catchment area of the court which extends from Ringwood to Seaford approximately. People of course are often homeless and they can also access the drug treatment order, as long as they've got a strong link to the catchment area: so they've previously lived here, or they've got family here or they might have a relationship with services here. We certainly don't exclude homeless people, in fact, they are often the more complex and challenging and they're the ones we target. So, for people to come onto the order, there are some prerequisites: they've got to have committed offences that are drug related or alcohol related. They themselves have to have drug or alcohol dependences. We don't take people on the order who've committed sexual offences, or offences involving actual bodily harm that's more than minor. We also don't take people on the order whose offences are so serious that they would usually, by the application of normal sentencing rules, end up getting more than two years jail. So, while the Magistrates' Court has a jail ceiling of five years, the Drug Court is limited to two years. I think that was a political decision when the Court was established in 2002 just to take a little bit of the more volatile media's attention away from the programme, but in NSW, the Drug Court is operated through the District Court there and they have no sentencing cap at all so they can hand out five plus years jail sentences and put people on drug treatment orders. It's, I think a reform we should make because it's – from time to time, I have to say 'no' to people – because I think they probably, they should get three years rather than two years. So they're more serious offenders, but they miss the opportunity. So that's generally the prerequisites for a drug treatment order. People have to consent to the order; I can't compel them to go on it. There's method in that. When people come onto a drug treatment order they lose all kind of rights. We require them to give us permission to contact all of their therapists, all of their family, and they're required, of course, to meet the rigorous demands of the order. So they give up a lot of rights, they're required to do a lot of hard work on this order and so I don't, I can't compel them, they've got to consent to the order.

Mr McCURDY— And if they don't consent, then they just go through the normal judiciary –

Magistrate PARSONS— the normal general division. I'll sentence them if they want to, according to the normal rules, or I'll send them back into the general division. They actually, by virtue of the legislation, get the choice. I don't have to – if they don't want me to sentence them, they can go back to the general division. It's very rare that people say 'no' because they can only get this order if they are facing a real jail sentence. The legislation says if it's the kind of offence that should get a suspended sentence, they're not eligible. So, I've sent plenty of people back to the general division when I've thought these offences aren't serious enough or you don't have the priors that warrant a real jail sentence. You know: 'there's something else for you but not in this court because it's not actual jail'. They always say 'yes' because they're serving that sentence in the community – just once or twice, people have been given a clear understanding of the rigours of the order and they've just said 'no, not for me, just give me my sentence, it's much easier, I'm much happier in Port Phillip than doing this order' and I'm happy to do that.

So, once they come onto the order, the order is structured into three phases. It doesn't matter whether I sentence them to 3 months jail, 6 months jail, 18 months or two years (the maximum); we've got them for 2 years on the order. And we need that time because this order is designed for the most complex offenders with the most serious drug problems. They often come onto the order in custody. They've often got pages and pages of prior convictions. They've often been in jail 10-20 times in their lives. Many of them have actually been in jail over the last 20 years for 10-12-15 years, so this programme is targeted to the really hard core end of the drug-related criminal activity cohort. So they come onto the order, on Phase 1. It's a 3 phase order. On Phase 1, they've got to test 3 times a week and as we've said, they've got to see their clinical advisor who designs their treatment programme and who supervises them through that. They've got to see their case manager who's an employee of the Office of Corrections but is seconded to the Drug Court and they give them general supervision. They're given an engagement with a Drug and Alcohol Counsellor, we outsource that work to SEADS and PLC and other organisations and they've got to see that person once a week – incredibly important plank of their drug treatment order. They've got to come and see me on Phase 1 once a week, and you'll see this afternoon the kind of reviews that I undertake with them. But, they'll have a myriad other commitments. They'll have doctors who prescribe them pharmacotherapy. If they've got literacy problems, we'll send them for an assessment at the Dandenong Library and then when they get out of Phase 1 and they've got a bit of time, we'll arrange adult training for them. Same for vocational training. We've got a relationship with Centrelink so that when they come onto the Order we'll get any Centrelink issues sorted so they've got a regular revenue stream. We've got a relationship with the Sheriff so that we get their fines sorted out when they come onto the Order, it's one monkey off their back, they're less likely to use if we can take some of those pressures away.

The first thing we do with people on an order is arrange safe, stable housing. If they haven't got safe, stable housing, they haven't got a chance. If we didn't have safe, stable housing, we wouldn't be in this room today. So, we've got 30 houses on this programme. And that was Angelique at WAYYS role there. They manage our 30 houses for us. Often participants have got their own housing, they live with families, they might have other rental or share accommodation, all that's fine, but we make sure at the earliest opportunity that we get them into safe housing.

It is a very rigid, very complex order. They have to test 3 times a week if it's a drug order; 5 times a week if its drug and alcohol. They're supervised over there at Drug Court House. We outsource the pathology work to Healthscope and they're very, very good. So, it's a very intensive, demanding order and there's lots to do. Centrelink say, when you're on Phase 1 of a drug treatment order, you don't have to worry about looking for work; you just focus on the order. We have to push them through this process. It's one thing having a suspended jail sentence over your head, we actually have to get them to do the work and that's managed through the application of traditional behaviour modification techniques: carrots and sticks. I've got a range of rewards at my disposal that vary in intensity depending on the positive behaviour being rewarded and I've got a range of sanctions at my disposal, again varying in proportion to the seriousness of the negative behaviour. So, like we look after our kids, we tick them off when they do the wrong thing and we pat them on

the head when they do the right thing, that's how we work with our participants on the order, imposing rewards for positive behaviours. And it might be just praise or a round of applause, or a fish bowl – you'll see this this afternoon – or it might be reducing their jail sentence, it depends what they've done; and we impose sanctions for negative behaviours in the same way. So, we just push them, push them, push them through the process. When they're stabilised, not necessarily abstinence, but when they're starting to produce clear samples, and when they've stopped all criminal activity, they can be promoted to Phase 2. When they go to Phase 2, we start to loosen the reigns a bit. Instead of seeing me once a week, it's fortnightly; instead of testing 3 times a week, it's twice a week. Just slow down a bit and that gives them the opportunity to take some ownership and responsibility for their own recovery.

Mr McCURDY— Sorry, they qualify for Phase 2, they don't actually roll straight into Phase 2?

Magistrate PARSONS— No, they've got to start providing clean urines, not abstinence, but start providing some and show some stability; at Phase 1, the proximal expectations are they attend everything and they tell the truth and they don't offend – but they don't necessarily, they take time to become abstinent. So, that really takes time. But, once they start to demonstrate those things, then they go to the Consolidation Phase, which is Phase 2 and then they take some ownership for their own recovery. They've got more time, less supervised – still testing twice a week, we know what's going on with them – but a little bit of extra time. Then they can start engaging in thinking about: 'is it education I want to go to next? Or do I have to learn to read and write, or do I want to go back to the work force?' and we can engage them with all of those institutions and resources. And then when they really start to consistently produce long periods of time with abstinence, we can send them to Phase 3, and that's the Reintegration Phase and they've got to be on Phase 3 for at least 6 months before they can graduate. So someone on Phase 1, the starting phase: a minimum of 3 months, but often it goes for 6 or 12 months. Phase 2: minimum of 3 months. Phase 3: minimum of 6 months. If someone comes on and nails it, and just kills them in Phase 1, I can promote them in 3 months; kills them in Phase 2, promote them in 3 months; kills them in Phase 3, I can graduate them at the half-way mark after 12 months by cancelling the treatment and the jail sentence but, it very, very, very rarely happens.

So, the success rate is two-fold, about 10-15% graduate. It's up and down. Those that graduate are heroic: no crime, no drug use and employed. Instead of being a huge burden on the community, on the health system and the justice system, they're giving back, they're paying taxes. They're fantastic. That's about 15%. But, the other 50%, if we can get them to the end of the two year order, research is very clear: if they're not abstinent, they're using less; and if they're still committing criminal offences, they're committing them less often and they're less serious. So, they are also a measure of success. So about two-thirds success rate based on that criteria – the aims of the order being to reduce the burden of crime –

Mr SCHEFFER— Sorry, how many did you say is the percentage that graduate?

Magistrate PARSONS— About 15.

Mr SCHEFFER— 15%?

Magistrate PARSONS—15% yes and 50% get to the end of the order. So about two-thirds, we would regard as being successful.

Mr SCHEFFER— Yes.

Magistrate PARSONS— The other third don't make it. They abscond, they just take off. Sometimes I'll give them a chance and put them back on but, if — and I'll issue a warrant straight away but, if it takes 4 or 5 months to get them, all the good work's been undone. Often they've committed serious offences whilst they're out on the run and I'll cancel their orders. Sometimes, if 12, 14, 15 months pass and they just don't make any progress, I'll cancel them too but, I'll take into account in reimposing the sentence any success that they've had on the order. And some people just go out there within two weeks of being on the order and commit 10 or 15 house

burglaries and get locked up and I cancel their orders. So about a third fall into that category, they just don't make it.

The CHAIR— Have you, Your Honour, identified the type of drug that is commensurate with the third that don't make it? Is there — I'm thinking if heroin has a methadone substitute, whereas ice as we've found in our Inquiry doesn't, so —

Magistrate PARSONS— Yes

The CHAIR— I'm just wondering if those that don't, even in the 50% part success, are specific drug users of heroin or methamphetamine or amphetamine or something else?

Magistrate PARSONS— Broadly, most of our people have issues with heroin but less, just a bit less than half have issues with ice and that was almost zero six years ago. Of the people that have ice problems, half of them also have serious heroin problems, so we've got a very solid cover of people using both and it must just cost them an utter fortune to do it. So, they're about the numbers. In terms of the success, anecdotally, you'll see people today who have got on top or are getting on top of their ice problems. We've got a review that commenced 2 or 3 weeks ago, a review by KMPG. It will conclude in May next year. One of the terms they're to look at is specifically how effective the programme is in respect of methamphetamine. So, we'll have that report by May before you need to report. We'll give you a copy of that as soon as it spits out of the printer. We know that the data will be positive, we just haven't been able to measure the extent of it at this stage.

Mr SCHEFFER— That's interesting because the — it's a bit hard to know until we put the evidence together because we are getting different grabs from different organisations and people as we travel across the State but, the sense that I get is that the methamphetamine, once a person is addicted to it, then to get off it is almost impossible. We have talked to people who have got off it but, it's very, very difficult. But you're staying there is a strong sense of success.

Magistrate PARSONS—Oh yes. This guy, Simon Jackson, who you're seeing this afternoon, he's having a relapse from Phase 3, a typical case, he's had 4 or 5 months on this order abstinent, and I'm sure we're going to get him back. So, yeah, I'm absolutely — there are a number of people we could point to who are doing really well having come onto the order with massive Ice issues.

Mr SCHEFFER— The other — sorry, are we ready for doing questions?

Magistrate PARSONS—Yes, I've certainly finished mine.

The CHAIR— Is Kristy your —

Magistrate PARSONS— Elisa

The CHAIR— Elisa, now I'm having trouble with you Elisa — I've got to rhyme with something — said, did you want to make a small contribution then perhaps we'll just open up for the Committee, bearing in mind I know we're heading into the lunch hour.

Magistrate PARSONS— Certainly.

Ms ROWE— I think in terms of the model of the Drug Court, certainly we know that while there is strong representation of methamphetamine use globally, stronger than opiate use, you're looking at roughly 11% of heavily substance-dependent individuals. So, I think we've got a strong representation of methamphetamine use when you consider that broader context and I think one of the greatest challenges around methamphetamine use is the limited data, and certainly the fact that the data correlates quite strongly with individuals with the greatest levels of dependence. So, part of what I think works exceptionally well about the Drug Court is the way that aligns. The evidence shows us that it takes individuals approximately 5 to 10 months to cognitively readjust from the effects of heavy methamphetamine use and I think one of the great things about a drug treatment order is that we've got the capacity to capture that person through that period of time and

to work with them over the phases of that readjustment. We can work with them through any psychiatric conditions that become prevalent during the space of their methamphetamine use, and obviously we know that is a significant proportion of methamphetamine users, and also that we are able to work through the withdrawal phases, and the three acute phases of that withdrawal. We're also able to work in quite strong alignment with the World Health Organisation treatment principles. So, one of the treatment principles is that treatments should be administered in somebody's local geographical area. It should be accessible, it should be where they live or where they congregate, and certainly that aligns with our geographical catchment area of Dandenong and it means that we're able to establish quite strong community networks for people that are able to be sustained well beyond the two year period of their involvement with the drug treatment order. Another thing that I think aligns quite well with the World Health Organisation principles is, one of those principles, is that all treatment providers should have some alignment with criminal justice services. So, obviously we're well equipped to tap into that and make sure that community agencies are working constructively with the criminal justice system and that a collaborative approach to the treatment principles are being applied through the order, I think that's particularly significant given — you know, as I mentioned before — that 11% population of dependent methamphetamine users but there's certainly a much broader percentage of individuals who might not otherwise have had contact with the criminal justice system who are coming into contact with a range of offences along the spectrum. So certainly, one of our goals is to divert individuals out of the criminal justice system to get them set-up. We know that strong community support is an effective intervention, we know that family supports, we know that pro-social activities, education, vocational training, all of those things help divert some of those individuals at the lower end of methamphetamine use out of the system and those principles apply equally with more significant levels of use. So certainly, what can be afforded through a drug treatment order is the ability to address somebody's drug abuse issues in quite a holistic manner. We've got the time through the space of the order, we've got the benefit of the testing to know in reality what's actually happening with the drug use, to get a sense then how that impacts on somebody from a cognitive perspective, what's happening in their body neurologically, and what we can match that in terms of appropriate treatment interventions. So, unfortunately, there's still quite a bit of a way to go around getting as broad a treatment as is required for this emerging population but, I think we've got the benefit of being able to work in with the assessment that's required, the appropriate diagnosis, and being able to spend the time to assist individuals while they're going through the various chemical readjustment that is associated with that—

Mr McCURDY— To me it's like sometimes that some of these people haven't had support or anything in their lives, and it's not until they get caught or they get into trouble, this is their first element of support, they're actually getting support for whether it's drug use or a whole lot of other things that are going on in their lives, it's actually not until they get to this stage that they're getting support, is that fair to say?

Ms ROWE— Absolutely. And I think that the treatment, the evidence so far shows that effective treatment interventions are generally behaviour modifications, so participants go to cognitive behavioural therapy, or motivational interviewing, and also contingency management, and contingency management aligns perfectly with the behaviour modification techniques that are employed through Drug Court, so they are really about looking at how to divert people out of harmful substance use. And I think, you know, part of what is done quite well in terms of a drug treatment order is having that holistic approach to health and welfare. Making sure that individuals who might not otherwise be diverted out of substance use also have access to appropriate drug education and ensuring that they're not at risk of blood-borne viruses, and are diverted away from behaviours or risks that might otherwise negatively impact on themselves and the community well into the future.

Mr McCURDY— That's right.

Magistrate PARSONS— But, they don't get that kind of stuff, that intensity of therapy really until they get to the level of, you know, 20 pages of prior convictions and several periods of incarceration. Did you want to add something?

Ms BUGGY— Yeah, sure. I think you both, Your Honour and Kristy, have both summed it up really well in terms of – specifically related to methamphetamines – the capacity for real positive change that can happen by exposing somebody to such an intensive range of treatment like that that's offered on drug treatment order. I think the point that you made Mr Scheffer, in terms of the difficulty of overcoming addiction to methamphetamine - you're absolutely right and as Kristy points out, we are over-represented in our cohort, in terms of the people that are what you would classify as methamphetamine-dependent rather than serial misusers or abusers. And I think that given the intensity of the dependence to methamphetamine it must be matched with the types of intensive programme that the drug treatment offers. So, in that respect, because we match the intensity, I think that's how we are able to assist people to overcome their issues, in a perhaps surprising and more effective manner than ordinarily might exist currently in the community. And as you heard this morning from the case conference, and I think Helen Betterley the Clinical Advisor was mentioning that there is very few methamphetamine-specific treatment options in the community at the moment and we've been extraordinarily proactive in trying to make sure that we're accessing whatever there is out there and helping to develop them. So for example, Helen is working at the moment with SEADS to be able to deliver the CBT programme that they mentioned earlier this morning and we're very happy to partner with community service organisations in the local community but also from broader fields as well to be able to assist our growing numbers of methamphetamine-dependent people in whatever way we can.

Magistrate PARSONS— Sorry, SEADS is the South East Alcohol and Drug Services branch of Monash Health.

Ms BUGGY— That's right. Thank you. I think that the main points that I wanted to convey to the Committee are that the drug treatment order is not - there is often in the community or can be a perception that the drug treatment order is a 'soft option', and I use that in inverted commas for the benefit of the tape. In fact, and as His Honour pointed out it's a consent based programme and that means that people, when they first come onto this order, they're assessed in two ways by two different people, and the reports – and I've got an example here for you – are extensive in their information so His Honour can make absolutely the best decision about whether somebody should and is able to participate fully on an order such as this. When people consent to participate on this order and as we've mentioned, increasingly they'll be dependent on methamphetamine but also heroin, cannabis, benzodiazepines, alcohol, etcetera, etcetera, and sometimes a mixture of all of them as you will have seen this morning as well, they are first and foremost ordinarily although not exclusively already on remand awaiting sentence, so they're already in custody when they're being assessed for the order. And there is a compelling carrot for them to be able to say 'yes, I want to participate' when they're being interviewed via video conferencing. It's important to note that motivation is not for change; in this context, it's not something that we're extraordinarily worried about in the first instance, because it's really through the intensity of the treatment and through the skilled professionals that we have on the team provided, that we should be able to enhance that motivation and work with people to build on that as they come onto the order.

Once they get onto the order, their consent to participate they can withdraw at any time. And in fact, in my time in the drug treatment order – sorry, I have never been on a drug treatment order, just for, again, for clarification – in my time in the Drug Court, which has been as I said earlier five years now, it's been very few thankfully, but there have been instances where people have been required to lift the fog of the drug use that they've been under for some time and address the underlying causes of that, that brought them to drug use in the first place because nobody, as you will have heard many times, wakes up you know, when they're five years old and at kinder and 'what do you want to do when you grow up?'- 'I want to be addicted to methamphetamines', it's just not the reality. These people fall into situations of dependency through circumstance and continued use, so once that fog is lifted, there have been instances where people say 'this is simply too tough, I can't do this', and there are even more instances of people that come through this order and regardless of how they exit, regardless of whether it's graduation, successful completion, or by cancellation because they haven't been able to finish it at the time, they have said 'this was so much tougher than jail'. Some people just say, 'you know what? Just send me to jail. I just want to do my time, because it's what I'm used to'. So, the perception I think that can be held about the

drug treatment order as a soft option, is something that is perhaps misguided, or misinformed at least. Because it is certainly far more onerous on a person to be able to confront what they are trying to cover up then to simply go in and do the sentences they ordinarily would.

Magistrate PARSONS— Mr Chair, I'm just having regard to the time.

Ms BUGGY— I can get very passionate and talk a lot so you do have to stop me.

The CHAIR— Well, I think we will have to stop you Ms Buggy. Can I just take the opportunity to ask, is there a question you'd like to ask?

Mr McCURDY— Do you think we need more Drug Courts?

Magistrate PARSONS— Yes definitely. We need one —

Mr McCURDY— Okay. You said 3 in NSW?

Magistrate PARSONS— Yes. Desperately in Sunshine to cover Footscray. It's just a mayhem over there and the number of pharmacotherapy providers there are very low. One centrally, so maybe in the city or the Neighbourhood Justice Centre. The corridors of transport are so good you could go right out and cover up to Epping and Whittlesea, and right across the other side to St Kilda and beyond, and probably one in Geelong. But, there'll be demographic experts who'll be able to nail the locations, but because we've got this limited catchment area, yes we do need more. And because 80% of the population in Victoria live in the greater metropolitan Melbourne area, it's not mission impossible to cover the majority of citizens.

Mr McCURDY— Okay.

Magistrate PARSONS— And one number that needs to be kept in mind is that this programme keeps roughly 50 people out of jail. It costs $5 million to put 50 people in jail for a year, and this programme costs $1.5 million a year to run. So, as far as I'm concerned it's not a question of can we afford more Drug Courts, it's can we afford not to have them?

Mr McCURDY— Okay, yes. And just one point of clarification. Can you tell me, whey they exit the programme, is their jail time that they might be down to 3 or 5 days, is that cancelled as well? or is it like a demerit—?

Magistrate PARSONS— If they get to the end of their 2 years, I cancel everything and it's a completion, it's not a graduation. When they graduate of course I cancel everything.

Mr McCURDY— So, that can be like a demerit point hanging over them still.

Magistrate PARSONS— Yes, it's held over them and in fact if I gave someone a 6 month jail sentence and they got to the 18 month point of the order, as they approach the 2 years, every day more they stay on the order reduces their jail sentence by a day. So if they can get to the end of the 2 years, the jail sentences is exhausted.

Mr McCURDY— Thank you.

The CHAIR— Alright, thank you Your Honour. Thank you Ms Rowe, thank you Ms Buggy very much for presenting to this Committee this morning. We appreciate it.

Magistrate PARSONS— You're very welcome. Thank you.

The CHAIR— And for your hospitality in the next hour.

Magistrate PARSONS— Thank you.

Witnesses withdrew.