T R A N S C R I P T

LAW REFORM, ROAD AND COMMUNITY SAFETY COMMITTEE

Inquiry into drug law reform

Melbourne — 18 September 2017

Members

Mr Geoff Howard — Chair
Mr Bill Tilley — Deputy Chair
Mr Martin Dixon
Mr Mark Gepp
Ms Fiona Patten
Ms Natalie Suleyman
Mr Murray Thompson

Witnesses

Ms Sonia Vignjevic, Acting Chairperson, and
Ms Tina Hosseini, Commissioner, Victorian Multicultural Commission.

Necessary corrections to be notified to executive officer of committee

The CHAIR — Let us commence our hearings for the day for the Law Reform, Road and Community Safety Committee inquiry into drug law reform. We are first hearing from Sonia Vignjevic and Tina Hosseini from the Victorian Multicultural Commission. Was that pretty close?

Ms VIGNJEVIC — Yes.

Ms HOSSEINI — That was very good.

The CHAIR — Terrific. You might be aware that we had something like 220 written submissions come into the inquiry and that over the last four months we have had a number of public hearings. We thank you for the submission you have put in. You will see today that we have Hansard with us. They are going to record our conversation. I am not sure how many inquiries you have been to, but you perhaps know the routine that after a couple of weeks the transcript from Hansard will come back to you just to check that it is technically correct, and then it will go on the public record. You are covered by parliamentary privilege this morning too, but I do not know whether that is relevant to your contribution.

I will hand over to you to work through the key points that you want to share with us, and then we will go on to questions. We are allowing something like 45 minutes. Over to you, Sonia.

Ms VIGNJEVIC — Thank you. First of all we would like to thank the committee for this opportunity today. We thought we would initially give you a bit of a brief. I understand that you probably know what the VMC does, but we thought we would give you a bit of an oversight of who we are and what our role is.

The CHAIR — Did I say Victorian multicultural council or commission?

Ms VIGNJEVIC — I am not sure. I think you said commission, so that is okay. The Victorian Multicultural Commission is an independent authority. We build rapport and conduct meaningful dialogue with our multicultural communities. We advocate at all levels of government on behalf of our communities to inform policy and the delivery of services that are inclusive of Victorian multicultural communities across diverse portfolios.

Our main aim today is to outline and communicate some of the important issues that have been raised by our diverse communities and to build on the matters raised in our submission. The submission was structured around themes of public health approaches, settlement effects, access to treatment and support services, and research gaps. This included highlighting the need to build effective, culturally responsive services and approaches.

Our interest in these matters is a direct result of our stated aims, outlined in Multicultural Victoria Act 2011, to advise on systemic issues, especially those that relate to adequacy of government services or service delivery for Victoria's diverse community. We want to see the particular needs of Victorian migrant communities included in the consideration of drug law reform. For newcomers arriving from camps or conflict zones, pre-migration experience can pose significant psychological stress and post-migration stressors. Difficulties with settlement, including the loss of social and cultural support, can add significantly to the post-traumatic stress disorder symptoms. Once settled, other factors can add to ongoing stressors, causing susceptibility to harmful use of alcohol, tobacco and other drugs.

Demographics show that humanitarian entrants are predominantly in the younger age bracket. One recent cohort of Syrian refugee children displayed staggering levels of trauma and distress. In the worst cases we have learned that these children are turning to substance abuse and self-harm and are even attempting suicide. More generally, a study of the settlement of young people of refugee backgrounds in Melbourne found that risk-taking behaviours, including substance use, increased in the second and third year of their settlement in Australia. This is particularly evident amongst boys.

Anecdotally the VMC has been informed by refugee health services that assess drug use in new arrivals that often drug use, both licit and illicit, emanates as a coping strategy for PTSD and that this needs to be addressed early in settlement. The research demonstrates, however, that there are insufficient resources, a gap between early intervention and crisis youth services and a gap between mainstream and specialist services, including a lack of funding for longer term interventions. Thus the Victorian health system needs to be resourced to be culturally responsive to tackle the problem early in the settlement process.

The VMC advocates for public health approaches that minimise the harms from illicit drugs rather than the use of punitive measures that can further exacerbate harm. For a number of reasons — lack of awareness of services, lack of culturally appropriate services, stigma and so on — our communities need tailored responses. We know that migrant families often attempt to deal with this on their own, fearing stigma from their own communities. We hope that this inquiry will pay particular attention to these needs. Thank you.

The CHAIR — Thank you, Sonia. Do you have anything to add, Tina?

Ms HOSSEINI — No, I think she has covered the initial part quite well.

The CHAIR — And have you got more?

Ms VIGNJEVIC — We will open up to questions and answers.

The CHAIR — We have certainly got the detailed submission that you have made in front of us, so we can go to questions. I was going to start by asking in regard to the measures that you have suggested — you think state governments should increase opportunities for support in both health and social services — what in particular do you have in mind there?

Ms VIGNJEVIC — There needs to be a coordinated response to dealing with individuals who have drug issues or substance abuse issues, so having quite tailored services that are culturally appropriate and culturally responsive. For example, in New South Wales there is the Drug and Alcohol Multicultural Education Centre. That actually delivers culturally responsive services to CALD communities, including counselling, diversion programs, cross-cultural practice, empowering mainstream communities to understand what the needs are of the new and emerging communities as well, and trying to bridge that gap.

The other issues that we are hearing in the community are that drug and alcohol rehab centres do not engage interpreters or bilingual, bicultural staff, which means that this part of the community is absent from accessing services. They do not have the capacity to access services because they do not have the language capability to engage. This has been raised to me with the Burmese community in the eastern suburbs of Melbourne. These are some strategies that I think are required in order to have more of a responsive service for this marginalised community.

Ms HOSSEINI — In addition to the interpreters being more accessible, more available, I think it is also important that we hear from a lot of communities about the fact that they have got their own ethno-specific organisations that are working in this space. They do have very limited drug and alcohol workers, if any, and the ones that have been funded are just not enough in terms of the hours that they have at their workplaces. Given that some of these ethnic or multicultural organisations have such a close relationship with members of these communities, they are quite well positioned to be the person they can go to for that support. Making sure that they are better equipped with resources is quite an important thing to consider, because they have got a really important role they can play as well.

The CHAIR — I should recognise that Natalie Suleyman has now joined us.

Mr DIXON — The concept of stigma obviously played a big part. Does that vary according to the cultural group? My immediate reaction was perhaps with the groups that have been established here in Australia longer the stigma is less, or am I completely wrong? Does it vary much?

Ms VIGNJEVIC — It probably still exists with more established communities. We had a consultation with the Lebanese young people in the City of Hume, and it was very prevalent in their responses that stigma is up-front and immediate. As I mentioned in my opening statement, families will individually respond to their own issues and they will not actually seek out other services. But those individuals, or parents in particular, are probably oblivious and not really aware of what services are available, so it is almost this spiralling-down effect.

The other comments that the community made were that educating the parents about treatment support, access support, is really important, as well as in the education system. The young people felt that they were alienated and stereotyped if they belonged to a particular family that is known to the community for being involved with drugs. They felt that if they do not have any other pathways and they are just associated with that particular family, they will go down that pathway of potentially taking drugs or engaging in criminal activities. They expressed feeling discriminated against. It is quite a challenging impact, I think, on young people to actually feel

like they do not have another pathway when they really do aspire to that. There has been evidence through our consultations that regardless, new arrivals or established communities, stigma is across the board. I think with the newly arrived communities their awareness is a lot less around access, whereas someone who has been in the community for a bit longer will potentially go and seek help through a GP or potentially a religious leader.

Ms HOSSEINI — I agree with Sonia. There is quite a lot of stigma within both newly arrived groups and existing groups that have been here for a long time. The Vietnamese community has been around for over 40 years, but when we speak to the Vietnamese community, particularly the young people, they talk about the fact that there is still so much stigma around the issue and they do not feel comfortable talking to other people in the community and they get shunned. You often do not hear about people who have been engaged in drug and alcohol activities until something has happened to them or they have disappeared. Then you will hear about it because they have committed suicide or they have died, and that is the only way you have heard about the outcomes of some of these things.

A lot of the younger members of the community feel a bit more comfortable to access mainstream services if they feel like they have had a good experience, but a lot of the older community members do not necessarily feel that comfort and a lot of them are directed back to their communities to actually seek that support. Just because a community member can speak the language, it does not necessarily mean they are equipped to actually provide the relevant support services. So if we are going to rely on the community members to do that, it is also about making sure they are aware of what is available and they are trained up to actually provide that support.

Ms PATTEN — Thank you. I think it is a really interesting area and obviously because also the CALD community is so over-represented in our criminal justice system. I am just wondering if you have any insights with that over-representation and whether drugs play a significant part in that. Generally drugs play a significant part in criminal justice, but is that what you are seeing? We are seeing certainly in the women's prisons that the CALD community is really over-represented there, and I just wondered if you had insights into that. Also, adding to that, stigma obviously plays an incredible role in that. Have you got any ideas of how we address that?

Ms VIGNJEVIC — I suppose in relation to the over-representation we feel as a commission that there needs to be more research embedded in what we are finding and why we are finding that in particular so many women are over-represented in the justice system. I think we really need to be investing and actually determining the underlying factors as to why they are over-represented in the criminal justice system.

Ms PATTEN — I was just wondering if you had any insights into whether the crimes that people were going into the justice system for were significantly related to drug use, but it sounds like we need that research.

Ms VIGNJEVIC — We do. Anecdotally and from working on the ground with new and emerging communities, there is a required level of access to education and employment. When people are not able to find meaningful employment, have been through war-torn situations and have come into a country where they are trying to resettle and trying to tackle and navigate the whole system, it has been really challenging. When they get doors closed on them continuously and are not able to access employment, we have seen people turn to criminal activities such as drug taking or participating in that antisocial behaviour. But, yes, there are all these other elements associated as to why that pathway is taken. There is lack of employment. Mental health issues are prevalent as well. It is really challenging to actually give a definitive response when you do not have the research to actually support why this is occurring, but we are seeing it.

Ms HOSSEINI — I agree. Anecdotally something that we notice is definitely the lack of employment opportunities, particularly amongst young people — that there are not enough activities for them to be stimulated and engaged with. Even the ones who do not feel engaged at schools, sometimes it is due to a language barrier or feeling like they are being isolated within a classroom because they do not actually feel like they are engaged or they are not feeling that sense of belonging or connection with other people in the community. That support that is needed more broadly for those underlying things is really important, particularly when it comes to preventing some of the long-term effects of those sorts of things.

We know that socio-economic status is a really important predictor of antisocial behaviour and drug use. So being able to support communities that are socio-economically disadvantaged, including our new and emerging communities, is a really important thing to do, particularly because a lot of them are newly arrived refugees who have experienced trauma or are still suffering from PTSD symptoms. Making sure that they have adequate

support to address some of those underlying issues is quite important to ensure they are set up on a positive trajectory and set up in that good sort of sense.

Ms PATTEN — Yes, there is that big picture.

Ms VIGNJEVIC — And diversion programs are always a really good positive way of identifying and also supporting and giving people another opportunity. We would actually recommend that is a focus, so there are those services and programs available for people to be able to access effective responses and treatment solutions.

Ms HOSSEINI — I guess, to also reiterate Sonia's initial point, building that evidence base that relates to multicultural communities to tease out the pathways into and out of drug use for these cohorts is really important, and it is something that is supported by the priorities of the *National Drug Strategy* as well.

Mr GEPP — Thank you for coming along today. I am particularly taken with the point that you seem to be emphasising a lot about the lack of research and data that are available and that anecdotally we see that for new arrivals or people from multicultural backgrounds there does seem to be enough statistical evidence to suggest that we have some significant problems, but it does not look like we have had enough money spent on research in recent years. Is that a fair assessment?

Ms VIGNJEVIC — Yes, absolutely. We are not seeing the holistic response and longitudinal research available for communities that have been impacted by drug and alcohol usage. We would highly recommend that that actually be a priority moving forward.

Mr GEPP — Is that particularly so for new refugees, as you pointed out, fleeing war-torn countries and some of the things that we know inevitably come with that? Are we seeing a higher incidence of people tending to use drugs and alcohol as a coping mechanism?

Ms VIGNJEVIC — Yes, I would agree with that. We are seeing a higher drug and alcohol uptake to numb the pain and suffering that they experienced and their pre migration experience. So it is about providing as much support as possible upon arrival and empowering the community to be resilient and to know where to access services, but the services need to be responsive to those individuals who access them as well. So even if you want to seek the services out, they need to be responsive.

Mr GEPP — Are those services connected up? If a refugee arrives — I mean, there are always those initial assessments when we see some of the experiences that the individual may have encountered — is the system geared to make sure that that individual is then connected up to the relevant services that we think they are going to need to be able to cope with the new world as it is?

Ms VIGNJEVIC — Absolutely. There are settlement services available, refugee health services and the torture and trauma services are all available. But what we are seeing is that it is in the second and third year of settlement when the young people are more inclined to go down that trajectory, and those services need to be consistently available at that particular time. Services are quite intense when they first come into the country, but they might taper off. Then if families are consumed with trying to find work or they are working and trying to meet the needs of the household, some of those other things may slip and they might not be as aware that their children are suffering or where to go to get help.

Mr GEPP — So is that where we think the kids start to fall off the back of the truck — you know, 'You've been here for 12 months, you've had intensive support', but thereafter the expectation is, 'Now you've just got to start running with the rest of society'? Is that what we are seeing, and the kids are then heading towards drug and alcohol abuse?

Ms VIGNJEVIC — Yes. And that is where some of the research has occurred with the Centre for Multicultural Youth. That is what they were finding as well with some of their data and information — that first 12 months is really trying to get on your feet. Parents and children move at different levels in their integration and settlement, so some lag behind and some are a lot more progressive and the parents are lagging behind. They may be at a different stage in their settlement and might not be observing the risk factors that the kids are displaying.

So there needs to be a lot more ongoing support and engagement with our communities in order to try to prevent drug taking from occurring. The commission's role, from a professional perspective, is that prevention and early intervention is the best response, I think, to any of these issues.

Mr GEPP — And not assume, I guess —

Ms VIGNJEVIC — Yes.

Mr GEPP — that after 12 months —

Ms VIGNJEVIC — That they are okay.

Mr GEPP — these families are coping okay with their new life. There are still ongoing residual issues that need attention.

Ms VIGNJEVIC — Absolutely, yes.

The CHAIR — You have talked about the idea of a major publicity campaign like Quit or other things. I am wondering if you can spell out from the VMC's point of view what the key elements of some sort of a promotional program might include.

Ms HOSSEINI — I guess we have not got the specific details around that, but I think anything that would take place in terms of a public awareness campaign. In terms of our perspective the best way those things work is to actually work with communities and engage them throughout the entire process. I guess something that we have found is that in the context of harm minimisation we cannot assume that communities are definitely aware of how that works and what that means, and some of them might actually assume that you are talking about accepting the fact that drug use takes place. So I think it is about ensuring that the messaging is really something that is crafted with the support of communities, and having them on the committees, boards or whatever it might be to actually create those messages is quite important. I think that was all I had to say about that.

The CHAIR — The reason I ask is that we have heard that, for example, in schools the concept of 'Just say no' does not relate to a lot of people who might be wanting to say yes, so it is a matter of how the promotion can be relevant to the at-risk groups.

Ms VIGNJEVIC — Obviously with any kind of major campaign there needs to be consultation, so consultation with CALD communities is absolutely crucial to see how the messaging will have as much impact as possible. For example, there are more people dying from drug overdose, be it prescription drugs or illicit drugs, than from road trauma. I do not want to underestimate road trauma and the tragedy that actually occurs from that and the impact that it has, but when you compare that to drug and alcohol usage and the impacts of this, education or campaigns are almost non-existent. So there needs to be more shock factor campaigns and a lot of awareness raising, and that needs to start from younger children right through to those critical age groups as research states those transition periods from grade 6 to year 7, and year 9 the period of adolescence when there are changes happening in young people's lives. That is really important.

So the campaign needs to be multi-prompted. It needs to happen from an education lens within the curriculum as well as in mainstream media, which then can be translated and put on ethno-specific radio media programs. There needs to be more investment in education as well, as we have seen the changes with the Quit campaign, for example — people are reducing their usage of cigarettes — and with the alcohol 'Say no' campaign. New South Wales has a program with the Samoan young people, telling them 'Don't take that first drink'. There are some really targeted programs that are working. It is not about reinventing the wheel, but let us look at what is working globally as well as in Australia and then apply that within the Victorian context, targeting our communities.

We have Safety Week, Harmony Week and other key celebrations or key days where events or campaigns can be tied into so that the community and society are aware of this and occur every year in that particular week, and these campaign and education programs need to go across sectors and intersectionality of our communities, so targeting older people and younger people is necessary. There is no point in just targeting young people if the parents are not aware of it either. Particularly with new and emerging communities, where English is not their first language, kids will acculturate a lot quicker and understand the system a lot better. Parents feel like they are left behind, so we need to bring the parents along on the journey as well.

Ms SULEYMAN — Thank you very much for your presentation and submission. I think you have already spoken about this in relation to education and in what you just said in relation to support services. I think it is critical to note, especially for the newly arrived migrants, that there is this intense program that you have spoken about for a very short period of time and then one is expected to be out in the community and know all the service providers, know everything about day-to-day living in Victoria, be able to obtain a job and have your kids doing really well at school, so there is not ongoing support. I think that has been really critical given some of the challenges we are facing now, particularly in my area of western region where there is a big gap after having this intense support and agencies working around you. That is one element, so my question is: what role can VMC play? It is a federal issue but it also is a bit of a state issue, so what role could VMC fit into? The second question is: you are linked into so many community groups in Victoria, so what role can VMC play in those hundreds of community groups that you have access to?

Ms VIGNJEVIC — Our role is to be a conduit between the community and government. That is our key functionality. What we do and what we see our role as is to speak to the community — the grassroots — at all different levels, not just community leaders or religious leaders. We really tap into the non-usual suspects as well, which is really crucial because they might not feel that they have a voice, so for example, we run women's consultations and youth consultations as well as general community consultations. We see our role as having those conversations and being known to the community so that the community can raise their issues and concerns with us. Then what we do with that information is tap into different government departments and political leaders in order to see how we can best address that need or issue. We do this in the background. We raise the issues through submissions, through advocacy to government and recommend additional resources. We were quite heavily involved in the asylum seeker discussions and how we, as a community, respond to the needs of asylum seekers given the federal cuts to services. That is where we see our role — really strongly advocating to government and trying to see if there are any programs and services that can actually respond, as well as talking to service providers because we do see that it is their responsibility to support communities in their settlement and responding to their issues and needs. That is where we do see our role.

We do not deliver services, but we are very heavily involved in and support designing programs, being on steering committees and informing policymakers on how services should or could operate from an operational perspective. We are fortunate that we have such diverse skills within the commission. The commissioners come with a wealth of experience, knowledge and expertise from different professions, so that supports the wealth of our contribution. Is there anything else to add?

Ms HOSSEINI — I think that you have covered that quite well. I guess just to add that given that we have these strong relationships with community members they are very much more inclined to take on some of that information as well, particularly around the work I was doing and I am still doing with young people. When young people are fed information about whatever it may be, they may not tap into readily available information, but they will hear about things from us because we know specific people in those communities that will be responsible for disseminating that information a bit better. So I guess we do see ourselves being able to support any information that needs to go out, knowing that people hopefully will be more responsive to what we are providing.

Ms SULEYMAN — Excellent.

Ms VIGNJEVIC — Does that answer both of your questions?

Ms SULEYMAN — Yes, it does. Thank you. You do a great job.

Ms VIGNJEVIC — Thank you.

Mr DIXON — We have got illicit drug problems. There are also prescription drugs and licit drugs. What are your particular concerns there? Do you see patterns in terms of some groups or even age groups where that is a bigger problem than the illicit issue? Do you have any observations on that?

Ms VIGNJEVIC — From our experience we have not seen a huge representation of overutilisation of prescription drugs. However, concerns would be with older community members from CALD backgrounds. Again, even if they had English — if they have been here for 40 years or so they might have had English, but they are more likely to revert back to their mother tongue, not understand the impacts that might have, shop around to different GPs if they are not happy about what they are receiving and if they are not getting the

prescription that they would like or think that they need. There is probably a little bit of that emerging around overutilisation of prescription drugs, but there is no evidence of it at the moment.

Ms PATTEN — I note that you have recommended that we consider decriminalisation for use and possession. I just wonder if I could explore that from a CALD perspective, and I am also wondering if CALD communities can have quite a different relationship with the police given their backgrounds and their having escaped from different countries.

Ms VIGNJEVIC — I would like to put on record that the Victorian police are doing an amazing job in accessing and working with CALD communities. I think they are stretched as well, but they are doing a really great job in engaging and trying to build relationships with communities at all different levels, from young people to older community members, and really going into the grassroots and working on programs and projects together with the community. They have obviously got a strategy to actually try to build that relationship, build that trust, and to look at informing the new and emerging communities of what the role of police is in Australia and in Victoria in particular. That probably varies from their home experiences. So there is a lot of work there, not to say it is finished. We need to continue doing that work and really empowering the community as well as the police to be able to work with new and emerging communities to demystify some of those attitudes.

In relation to decriminalisation of people that are going down the pathway of using drugs and having more of a role in breaking the law, we do think that it goes back to health and wellbeing. Looking at it from a public health perspective is really crucial, and looking at all these other dimensions that are coming into play with CALD communities. As Tina alluded to earlier, I think it is about consulting with communities and seeing what their responses are and what they think are the best ways of decriminalising drug usage and offences. I am not sure if I can really add anything further here; we are not the experts in this area. You have received papers and submissions from experts in this area. We would emphasise to the committee that it is really important to take on what research and expert advice that is available in this area to form your recommendations.

The CHAIR — That is very interesting. We are very pleased that VMC has been able to present to us, because clearly you have presented us with a number of suggestions that we do need to take on board when we consider our recommendations. You have covered a broad range of issues that others have covered, but there are some that are clearly specific to multicultural communities and new residents, as you have said. So thank you for presenting to us. We will certainly consider those when we are coming to our recommendations.

Ms VIGNJEVIC — Thank you, and if there is any additional information or advice that you require or if you would like to engage with particular communities, we are obviously open and we can be the conduit, we can provide you with the linkages and support as well. We want to thank the committee for considering our submission and giving us this opportunity to present to you today.

Ms HOSSEINI — Thanks for your time.

Ms VIGNJEVIC — Thank you. Thanks for your time.

The CHAIR — Thank you.

Witnesses withdrew.