T R A N S C R I P T

LAW REFORM, ROAD AND COMMUNITY SAFETY COMMITTEE

Inquiry into drug law reform

Sydney — 23 May 2017

Members

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

Witnesses

Gino Vumbaca, President, Harm Reduction Australia.

Debbie Warner, Volunteer Manager, Family Drug Support.

Necessary corrections to be notified to executive officer of committee

The CHAIR — Well, I might conduct the formalities while we're just waiting to get the members back. To both Gino and Debbie from the Family Drug Support program - yes, Harm Reduction, sorry, Gino. So can I just introduce us and I'll introduce others as we come along? Geoff Howard as chair of the committee, Bill Tilley as deputy chair, Martin Dixon is the Member for Nepean, Fiona Patten is Member for Northern Metropolitan, Natalie Suleyman who's just joining us, Member for St Albans and Murray Thompson will join us, as will Khalil Eideh in a moment.

You are aware that this committee is inquiring into drug law reform issues and we've had something like 220 written submissions that have come to us. This is the second day of public sittings where we're hearing from people and learning of their experience. We certainly appreciate you coming along today to share your experiences and your views on the issues. As you'd be aware, there's somebody at the back who's recording all that's being said so that will come out in written format to go on the public record. Before it goes on the public record it will come back to you in a couple of weeks time just to see that the comments you make are reflected accurately and that any typographic errors can be corrected.

You would also be aware that when you speak before a parliamentary committee you are covered by parliamentary privilege if that's required but it may not be in this case unless you ask otherwise, what's being said is on the public record. I think that covers the key formalities. So, look, I'll just hand over. I don't know who's going to speak first - whether Gino is going to speak first and then we'll hear from Debbie? I get nods to that effect so, Gino, share with us your experiences, knowledge from the Harm Reduction Australia point of view for five, 10 minutes, and then we'll go to Debbie and then we'll have a discussion from there.

MR VUMBACA — Thank you very much. Welcome to Sydney - it's good to have you guys here. I'm glad the weather's been good for you. I want to speak as you said from Harm Reduction Australia's point of view. I'll give you a little bit of my personal background as well, at the end, but there's a few points I think are important to make for any inquiry that's looking into drug law reform or into illicit drug policy in particular. Historically, Australia has had a role of national leadership in drug policy, and particularly with the advent of HIV many years ago. Australia was at the forefront of developing a number of innovative and effective policies and introducing those programs based on those policies.

That has started to wain over the last probably decade, in terms of the commitment to what we would call innovation and evidence-based policy. I'm doing a lot of work internationally as well. I do some consultancy work with the UN and WHO and I'm also president of the National Organisation of McCaw of China where we run a rehab and needle exchange programs and the like as well there. How Australia is viewed from the outside now - and this is a view that is probably held internally as well - is that there was that commitment early, to HIV prevention. That moved a lot of our drug policies along. It brought them forward and under scrutiny, which created a lot of change.

When I first started in drug-and-alcohol services, I actually worked for Alex, many, many years ago - over 30 years ago at St Vincent's Hospital. What we were taught then, for instance, was that you couldn't help anybody unless they hit rockbottom: that you had to wait until someone was virtually down and out and destitute before you could actually start to help rebuild their lives. HIV changed all of that, because what we learnt, particularly in the Darlinghurst area, is that you can't wait for people to become HIV positive as part of their rockbottom and say, "Now we're going to help you with your drug problem." That was morally abhorrent to do that to people; not to provide any assistance and not to actually help them prevent a communicable disease being bestowed upon them. So what we did then under Alex's guidance was set up the needle-and-syringe program and it brought, as I said, under scrutiny the way we dealt with people who use drugs.

What we decided to do was actually engage with people no matter where they were on the spectrum or the continuum or where they were using drugs. Whether they were ready to give up, they weren't ready to give up, that wasn't the issue. The issue was that they were using drugs and if they needed assistance we should provide it. They're entitled to know the best information available about the drugs they were using and about the treatments available, but also about how to protect themselves, so Australia as I said was at the forefront. Now we have countries like Portugal, Canada, a number of states in the US moving to more progressive policies. I do some work in Thailand as well. The Minister for Justice there has talked about regulation of methamphetamine potentially coming on the books before parliament as a way to deal with a growing methamphetamine crisis in the Thai area.

So what we have there, though, is a focus on law enforcement continually. As an example - people say, "What do you mean by that?" As an example, what concerns us a little at Harm Reduction Australia is when there is a question asked in the national parliament about drug use - particularly in the Lower House - that question is invariably answered by the Minister for Justice, Michael Kneepan. Now, there is no problem with him answering a question on that but that really signifies to us, "Where is the drug issue positioned within the national parliament?" It is seen as a law enforcement issue. We're trying to change that approach.

The only other point I really want to make is that when we started Harm Reduction Australia - it was only a couple of years ago now that we started - people said, "Why did you start this new organisation?" We don't take government funding. We're self-funded - all the members and the executive, myself put our own money into this to run the organisation. That is because a lot of us actually realise that perception from the community, and particularly from the bureaucracy and politicians was that people who work with drug use are opposed to drug use or support a punitive approach to drug use. The reality is that I would say if - that quote is going on the public record - it'll probably be in excess of 90 per cent of people who actually work in the drug-and-alcohol field that support harm reduction.

I don't think that is actually known in the community. A lot of the people I work with and have worked with in the past in the police area and law enforcement and policing would support harm reduction initiatives. I used to also work - I'll talk about my background: I spent a lot of time working in prisons as well in New South Wales, a number prisons here and at Long Bay for a number of years as well. People who work there - most people would see the current approach of arresting offenders, locking them up, then releasing them and they go back to their drug use, back to offending behaviour, come back and that cycle is a waste of time and money and resources.

So it's interesting when you actually talk to people who work with people who use drugs or on the frontline - however you want to characterise that - most of them would actually support harm reduction. We know that's not the perception of the community and people who actually work in the bureaucracies, as I say, and in parliaments, don't actually realise that the majority of people who understand this support harm reduction. I think that's something to bear in mind, because whenever you develop policies, obviously you have to take into account a lot of factors, a range of factors. But you need to consult and understand the people who actually work on a daily basis with these issues, what their views are.

I don't think I'm misrepresenting the sector at all by saying the majority of people - the overwhelming majority of people - would support harm reduction initiatives and a change to the current approach. I heard the previous evidence - someone raised a question about the novel psychoactive substances and those synthetic drugs and that gives you an indication of why Australia needs to rethink what they're doing. They weren't around 20 years ago but the advice you get now from the UN is every year there is hundreds of new drugs being created. The reason that we have lots of problems with these drugs is they're trying to get around the current regulation of illicit drugs.

Yet if you speak to drug users and through my other hats where I do work with justice reinvestment with the Aboriginal Legal Service, so we talk with a lot of people who are coming before the law from Indigenous communities and the like - if you speak to those people who are using drugs and they're caught with the novel psychoactive substances, most of them don't want to use synthetic drugs. They actually don't want to use those but they - rightly or wrongly - believe that they're safe to use because they're manufactured or that they're legal to use because they're outside the law. Most of them would not choose those drugs and the advice we'd probably give on a health basis is be very careful using those drugs because we don't actually know what they are.

So I think you get adverse outcomes when you keep pursuing a strategy that doesn't take into account the changing environment for drug use and drug production. So I'll leave it there because I think that's the opening statement we wanted to make and I'll hand it over to Debbie.

The CHAIR — Okay - all right.

MS WARNER — My name is Debbie Warner. I'm actually from Victoria as well so I flew up today. The first thing I want to do is apologise for Tony Trimingham. He is the founder of Family Drug Support and he would have loved to have been here today but he is in New York, sharing his knowledge with New Yorkers.

The CHAIR — You offered to swap, did you?

MS WARNER — Family Drug Support was founded 20 years ago now by Tony, who at that time lost his son to a heroin overdose. He could see right back there that it was senseless death: it didn't need to happen and he formed Family Drug Support to help support other families because when he went to look for support, he couldn't find any. So he has tirelessly for the past 20 years supported many, many families: thousands and thousands of families. I've only been employed by Family Drug Support since December last year and prior to that for the last nine years I've been a volunteer for Family Drug Support. I came into contact with Family Drug Support over 10 years ago now when my son was having a problem with heroin and I didn't know what do about it, you know, as a family.

I've got five adult children and at that time they were all very successful in their own careers and I really thought they were all off and flying but one of them went to a party one night, used heroin and absolutely loved it and he ended up with a huge, huge problem with an addiction to heroin. So right back then I thought - straight away I thought, "Well, I can fix this. I've been able to help my family with everything else. My kids, if anything happened at school I could always get in there and help," but I couldn't work this one out. So that's when I rang Family Drug Support. The best way of explaining it to you is to explain my experience with Family Drug Support and what I found was that people were very caring and considerate and helped me become empowered in my own family.

I was able to - because I actually was getting very, very ill - I was a very respected person in my community on many committees and I was continually having police knock on my door, raided by the police. My son ended up in prison because he was in possession of heroin and so during the first couple of years I started to learn from Family Drug Support how important families are to help support the person who's got the issue with drugs. So I had to take my focus off the fact that he was using heroin and just focus on helping to build my relationship with him, the strongest possible I could do. What that did was during his journey, during his 10-year journey using heroin was that he kept his self-esteem intact, and one day when he finally got sick and tired of being sick and tired he came out the other end. The problem was when he came out the other end of it – he obviously couldn't travel with us when we went to America, couldn't get jobs he went for, he now had convictions for having drugs and so he just said, "I'm going to have to start my own business." It was the only thing he could do - he had to employ himself.

Because we stayed so strong as a family through all this and we certainly didn't take advice that we were getting, you know, "He's got to hit rockbottom: you've got to ignore him, don't have him at home" - what we did was we kept him at home, we ignored the heroin part and we just concentrated on what we could control. All we could control was our relationship with him, keep him as strong as possible, keep him in as much normality as we could. So at dinners, at anything that was to do with family he was always invited. Sometimes he could come, sometimes he couldn't: sometimes he was at the police station, or in prison, so he couldn't come at those times. When I went to visit him in prison I kept that hour with him as normal as I could.

I just said, "Well, it is what it is but let's talk about your family and fun stuff." So by doing that he came out the other end and for us, it was just neither here nor there whether he used heroin in the end. The best thing that could have happened for him would have been being prescribed heroin in the morning and gone to work and heroin in the evening and come back from work. He had an amazing employment at the time but of course he couldn't keep his $700-a-day habit without stealing and without - you know, he was buying it from the black market of course because where else could he get it? So he ended up stealing from everybody. This was a kid who wouldn't even - if he found five cents on the ground wouldn't even keep it.

It had such a strong hold on him so the destruction that was done to him during that period wasn't to do with the heroin: it was to do with having so much contact with the criminal system. No support from anywhere else, really; no support. So we at first kept it under cover because we didn't want the stigma that was attached to it, you know? If we had police come to our house we would always make up excuses if the neighbours said, "You had the police there." One morning we had about four cars of detectives come all in suits and someone in the street said, "Are you selling your house," because they thought it was all the real estate agents coming through. You know how they come through in a pack? I went, "Yes, thinking about it."

It's a difficult time for families but most families just don't know how to get through it without support. That's where Family Drug Support have just been, like, an inspiration. Tony is an inspiration to all of us and we've got support groups and experiential groups that we run for families. In Victoria we have absolutely no funding from the Victorian Government and we run 10 support groups which, you know, I do as a volunteer; experiential groups for families because we know for a fact, from what I've seen over the last 10 years is if the family stays solid

around somebody then they've got the best chance of coming out of it intact and not costing too much for the community.

The CHAIR — Okay, so the first I guess key question - we'd want to hear some answers from both of you - is what are the key things you would want a government to do in terms of changing laws to make things better from your point of view?

MR VUMBACA — I think one of the issues we raise is if you take alcohol as a comparator here: alcohol is a legal substance. We know it causes harm if it's misused and used inappropriately. What the state doesn't do is it doesn't criminalise people for the consumption of alcohol unless you're under 18 but let's say we're talking about adults here; that if you consume alcohol you're well entitled to do that if you want. If you commit a crime under the influence of alcohol - if you drive a car, if you assault somebody, if you break into someone's house, whatever it may be - then you're charged with that crime. However, when we come to cannabis or any other drugs, the act of consumption is considered illegal.

So someone can be sitting in their own home, smoke some cannabis or take a pill - whatever it may be - cause no harm or impact on anyone else's life - and they are breaking the law and can be charged and they can have police raids, as Debbie has outlined, if they're using. So what we're talking about is decriminalisation of personal use. If people are using a drug - any substance they choose to use - if they use that and cause no harm or impact on anybody else, then what right has the government got or the state got to intervene and say, "We are going to charge you," and not only charge you but that conviction if it's carried will punish you for the rest of your life.

What Debbie has talked about with employment - that many doors are closed in a tight employment market. If you have a criminal record and someone doesn't, well, having worked in prison, you can count on that person with a prison record or a criminal record not getting the job, really, if they're of equal merit. There is also travel arrangements: travelling to the US becomes difficult. There are all these punishments, then, for what? For someone - the simple act of consuming a drug that the state doesn't approve of.

The CHAIR — On that score, Gino, are you recommending we decriminalise all drugs? What do we decriminalise and what don't we?

MR VUMBACA — You would decriminalise all drugs for personal use. You can have a system like they do in Portugal, where people who are in possession of certain drugs can be referred for assessment. What we're talking about is you take away the criminal sanctions and you actually - if you want to intervene, intervene with health approaches. You assess people, so if they're having real problems with that particular drug then they undergo assessment and treatment and you give them another option. The fact is now what we do is actually criminalise people for a consumption of a substance. The mere consumption of that substance makes them criminals and as I said, the punishment has life-long consequences for them.

The other important thing to remember here is if you look at the court cases that go through, people are charged. If you have the resources - if you're wealthy enough and you have resources and connections and you can get a record of no conviction - if you have the right legal representation to do that then you can get away with it but if you're poor and young, you're unlikely to get that; to have the resources to get that. So the punishment is disproportionate as well to young and poor people.

The CHAIR — Perhaps it varies between members of the judiciary and magistracy too.

MR VUMBACA — Sure, about whether or not they do that but if you have legal representation you're more likely to get a better hearing in court, you know? I think that's a fair rule of thumb to apply. Of course there are other variables in there. So that is one of the major areas of drug law reform that we would support, is that personal consumption of a drug shouldn't be criminalised.

The CHAIR — And that's what you would have said too, Debbie.

MS WARNER — Yes.

The CHAIR — Is there anything else that you would want a government to do as a key - one of your top things you would want a government to do?

MS WARNER — Even looking back into the 80s when we were very poised to have the heroin trials, I can see now after our family went through what they went through, how logical that is. That if somebody does end up with a problem using heroin, as an example, then it would be better to be prescribing them the heroin until they can wean off it and they come into contact with health professionals rather than criminals.

MR VUMBACA — There's also another - and Alex may have raised this - when the needle and syringe program was introduced back in the late 80s here in Sydney, what we found was that you actually engage with people who are using drugs - when it's illegal, people hide. There's a whole range of stigma and discrimination that Debbie has described for families but also for the individual concerned. If they're holding down a job they're trying to keep it quiet and all that. So they try and fly under the radar and never talk to anyone about it. That is not the best way to deal with it, is to have people hide what they're doing and to always seek to avoid any contact with health professionals, in case people find out that they're using a drug.

So you actually are pushing people away from a system that's there to help them. You're putting a barrier there that doesn't need to be there.

The CHAIR — I'll go to Bill first this time and then we'll just do it a bit differently.

Mr TILLEY — Yes, just quickly. You put up an interesting concept because in Victoria the consumption of alcohol might be legal but under the Summary Offences Act, drunkenness in a public place is an offence which you can be arrested and locked up in the cells for four hours and then released on your own undertaking to appear before a magistrate. So you know with the consumption or ingestion of - whether it's ingesting cannabis in whatever form or whatever substance it may be, where would the testing when it comes into society? I mean, are we talking about ingesting substances where if you turn out of your house or you go to a rave party and you're intoxicated - where is the balance on society in general terms?

MR VUMBACA — That example there - if you go to a rave party or some sort of festival - people are drinking there. They're intoxicated. I live nearby here, near Randwick Racecourse. What they do there - if you go there on Derby day or a big spring carnival day, people are getting so drunk - what is our response? Our response is not to arrest people. What we have in place is a whole series of protocols where they actually manage that through responsible service in some areas but you have police, you have security who are actually directing people so they don't walk across the road and get hit by oncoming traffic; you have buses, you have transport.

You actually manage that crowd and we've been raising and discussing with the ACT government for a number of months about pill-testing. It's the same principle: that we actually manage that crowd and manage that intoxication. Just to try and say, "Don't do it" - well, fine, but go to Randwick Racecourse or to Flemington on Melbourne Cup Day and tell people, "Don't drink," because that's not a message that people are going to heed. So what you do is you manage that intoxication and that's what we're talking about. Again, it's the act - we're not saying it should be allowed to mitigate. Because I'm drunk or intoxicated by any substance doesn't give me the right to hit anybody or to drive a vehicle. But that's the act that should be punished: not the actual act of consumption. Again, if you're intoxicated in a public place you have the Summary Offences Act - well if that's the law that's the law but it should apply equally. At the moment it doesn't and that is one of the problems.

Mr TILLEY — Thank you.

The CHAIR — All right - Natalie?

Ms SULEYMAN — Just a quick question - thank you for your presentation. My question is - you've spoken about decriminalising all drugs. When you look at the issue that you have - I asked this question previously - in relation to prescribed medication and the abuse of prescribed mediation also. The market now is far more broader now than what it was 20 years ago when it comes to drugs. You can purchase drugs online, synthetic drugs, all forms of various types of drugs and I'm not an expert but there are all types, so the market is absolutely not the traditional, I suppose, what we would have had 10-odd years ago. It's very different today.

So when you say decriminalise and have it for personal use who would monitor and how would it be managed is my question, when you've got so much variance of drugs out in the market and also the abuse of prescribed drugs?

MR VUMBACA — Yes - it's more complex than it was 20 years ago. I agree with that. But what we're doing is we're applying the same policies and programs we had 20 years ago at the moment in Australia. That's part of the problem - is that no-one is going to come up with a perfect solution to that. You know, there is that adage about 'you don't let the perfect become the enemy of the good'. We haven't progressed our policies so we're still almost doing traditional law enforcement approaches: searching containers, all these sorts of things, and intelligence-gathering on syndicates and the like. But what happens is that most arrests, when you look at it, are people who use drugs, at the lower end.

If you look at the Australian Crime Commission report, most of those arrests are people for consumption of cannabis and then consumption of other drugs. They're the majority of arrests: 70-odd per cent make up or something like that. So when you're talking about pharmaceuticals - well, there are other things - I know Victoria is looking at real-time monitoring and a whole range - codeine rescheduling and all those sorts of factors are coming into play about how to deal with that. That is a separate issue because they're not intrinsically illicit drugs: it's the misuse of a pharmaceutical.

Ms SULEYMAN — But what we've seen in previous presentations is that some that misuse is because of not being able to access illegal, illicit drugs.

MR VUMBACA — I'm sure that's the case in some but we also know that people who are prescribed pain medication and then become dependent on it because - there is a whole series of subcategories within that. I haven't got the answer, you know? I haven't got the answer to how you would manage all that. What I know is if you sit down - you guys have obviously got the time, you've got a secretary here to go through reports and actually look at examples from around the world. As I said, there is not going to be a perfect solution but there are better ways than what we're dealing with it now at the moment. That I'm sure of. If you look at examples in Portugal and in other countries - Switzerland and the like - you'll find better ways of dealing with illicit drug use other than just criminalising people who use it or trying to detect it.

How you manage it is going to vary from jurisdiction to jurisdiction, I would suppose, based on whatever the laws and regulations are. But there are certainly ways of managing that better than what we do now.

Ms SULEYMAN — Okay.

The CHAIR — We'll go to Martin.

Ms SULEYMAN — Can I just have one final question? I just have one final question.

The CHAIR — Yes, sure.

Ms SULEYMAN — What is your view about the medically-supervised injecting centre in Kings' Cross?

MR VUMBACA — Well, I'm going to steal a bit from Debbie. I've known Tony Trimingham for many, many years. Damien, his son who was –

Ms SULEYMAN — I think there was a story about this last night on TV.

MR VUMBACA — There may have been. I don't know, but Damien died not far from here. Between here and the medically-supervised injecting centre. I know Tony if he was here would tell the story about Damien - he was injecting in a public alley way.

Ms PATTEN — On his own.

MR VUMBACA — On his own - overdosed, no-one there to look after him. Overdosed and died was found dead there - Tony gets the call that night or the next day, I think it was, even –

Ms PATTEN — Two days later.

MR VUMBACA — Two days later he was advised that they'd found a body and it was his son. If the injecting facility was operational, there is a good chance Damien would have used that and would be alive. That is how Tony sees it and I can see the logic of that because I've been to the MSIC a number of times and I've seen how they operate. I've seen others in Europe as well operate. What they do is they protect people. In a way, we have to

accept that - even though it's difficult. I have three kids as well. You don't want your kids using drugs, you don't want them injecting drugs but you've got to be realistic that they're going to encounter drugs and some of them will use drugs at some point, some won't.

I teach my kids and they're older now about what the harms and dangers are and to be safe. But if they were going to inject, I'd want them to use clean needles, I'd want them to know about an injecting room, if that was an option. The last thing I'd want them to do is use on their own in an alley way and run the risk of dying because as Tony and Debbie, who works a lot with families, will tell you when a child overdoses and dies, that's it. The opportunity to see your kids grow and how they live their lives is gone. They'll make mistakes and kids take risks you don't want them to take. They do stupid things but at the end of the day you want them to still live their life and be alive.

So that is why a facility like MSIC is so important.

MS WARNER — I asked my son the other day if there had have been a safe injecting room in Richmond, would he have used it because he did buy his drugs from Richmond. He said of course he would have, because a lot of the time you're always so worried that you're going to get picked up by the police; you're worried that, you know, you would have to meet whoever you've buying it off at a different place all the time and there was all this worry and he hated it. He just hated it. He used to say to us, "I'm so sorry for what I'm doing to you." Another thing he used to say is, "Do you think I like it," because he ended up with an addiction issue.

But it is different for people that don't end up with an addiction. I know many people that use heroin now that don't have an addiction issue but they still have to hide away and if they get caught they're likely to lose their jobs, you know? But he did say about the injecting room that he would have used it. He says - he's very proud that he got through that 10 years without catching HIV, without getting Hep C and using clean needles because when I realised we had a problem, I had to learn the term harm minimisation and every time he went out I said, "You've got to stay safe. Have you got clean needles? Do you need a lift to the needle exchange place?"

So I had to say things as a parent I didn't really want to. The facts are that I wanted him to stay alive. I couldn't help him if he was dead. He did overdose a few times but I did have Nalaxone at home all those years ago and I did have to inject him once so I did revive him. But if I hadn't have been a parent who took that side of it, number one I wouldn't have had Nalaxone in the home - and this was way back when it wasn't available so I had to talk a doctor into giving it to me - and number two, I wouldn't have told him if he was injecting at home to keep the door open, you know, because I know the way people die is when they're on their own, injecting on their own and if they've given up and then they start again, they can go back to the same amount they used.

MS WARNER — Thank you.

The CHAIR — Martin.

Mr DIXON — Debbie, you've worked with lots of families and experienced it yourself: what do families say to you they would have liked to have done differently right in the very early stages? Any regrets - is there a common theme at all from families?

MS WARNER — So most families blame themselves and they'll go back to blaming themselves and they go over it and over it and over it. The majority of families that we deal with are families where there is an addiction - the drug use has become problematic. So maybe they're not ready to give up yet but the thing is, during that ambivalent stage is that the family hangs in there until they are ready because eventually the majority of people do get sick and tired of being sick and tired. But they don't need to do that on the streets, without a home or - they don't need to bottom out. They just need to be kept in a safe environment with strict boundaries.

But most parents that we deal with are middle-class families so really, none of them have actually done anything wrong and when they look back and they look clearly, there is nothing they would change because it's really hit and miss. Someone goes to a party and they use drugs: some use it just a little bit and some use it too much.

Mr DIXON — Thanks.

The CHAIR — All right - Fiona.

Ms PATTEN — Thanks, Debbie - you're incredibly inspirational. I have so much admiration for how you dealt with your son with very little support. So my first question is what could we recommend to help families? You know, is it funding or - what could we have done that would have helped you?

MS WARNER — Certainly more access to organisations that can help - the help I got was from an organisation in the Blue Mountains in Sydney, from Melbourne.

Ms PATTEN — Yes.

MS WARNER — So, luckily it was a 24-hour national support line that I called. So just more access to help; more access to - I guess it's the shame, the shame that's behind it: that needs to be lifted because the criminal factor is so huge in drug use most families don't see it as a health problem. I have to so many times said to families, "If your child had diabetes would you be throwing him out of the house?"

MR VUMBACA — Debbie has already raised that FDS don't get funding in Victoria – can I just add that?

Ms PATTEN — Yes.

MR VUMBACA — I know they get funding in other jurisdictions where they operate but not in Victoria.

Ms PATTEN — Have you applied?

MR VUMBACA — I'm not sure what Tony's done in that area but it's certainly an area you may want to look at because obviously support services for families are important and the 24-hour phone line that Tony operates is critical because - I raised this with governments in the past and they say, "We've got a website." That's great but if your kid is acting out and punching the corridor - the hallway or whatever - "I'm just going to check on Google and get this website up," is not really an option. You actually want to talk to somebody and say, "My kid's losing it in the house and I don't know what to do." That's when you really want to talk to somebody - or you've just had something happen. You want to talk to a real person, not read a whole thing of text on a website.

MS WARNER — It's also something that we're not educated in as parents.

Ms PATTEN — No.

MS WARNER — So I had to get educated and I was prepared to step out and get as educated as I could to get out of denial. My denial for the first year was, "I'm going to get in, I'm going to get this fixed. I'm going to send him to Israel for the rapid detox or I'm going to get him a Naltrexone implant, I'm going to do this." I mean, it's just ridiculous. But I didn't know so it's just about families being educated as much as possible. Availability of courses. You know, the course that I run in Victoria, Stepping Stones - again, no money, no resources.

Ms PATTEN — Yes.

MS WARNER — The families that come out of that four-day course are so empowered. You see families being so empowered to be able to stay together as a family. Less family breakdown, less kids going into prison. Yes, we know it works. It's very well researched.

The CHAIR — Murray.

Mr THOMPSON — Thank you, Debbie. What enabled your son to move on from his habit?

MS WARNER — He just said it was a build-up over the years. It was nothing in particular, it was just being sick and tired of injecting every day and having to fit it in and he grew out of it, like most people do.

Ms PATTEN — He aged out.

MS WARNER — He just aged out so it wasn't anything in particular. He just got sick and tired of it. He was ready to move on in his life. He applied for a job and couldn't get it but I think we had really empowered his self-esteem during this period, really kept it intact. So he would be picked up by the police and then we would go - every time we went to court, which was many times. I know the court system very well now - I just called it a lunch date because at least I'd get an hour with him for lunch because he wasn't scurrying around to get what he had to get and we'd have a good lunch together.

You know, whatever happened in the courts was neither here, nor there for us. It was just the hour that I spent having lunch with him and they were the most important things. But it's very difficult to explain that to people, you know - that it was our time together. He just got sick and tired of it. He hadn't been thrown out on the streets. He hadn't had to, we just got on with our lives. I made sure I looked after myself. I made sure that I kept my interests up so he could see what normal looked like. I made sure if I was under stress and duress that I was ringing up and getting support. I got a support network around me. I taught him how to get a support network around himself. He had an amazing chemist. His chemist was the biggest support and he was in the pool industry so the chemist ended up employing him because he was unemployable by then but the chemist gave him some work. The girls in the chemist gave him work because our whole family became friends with the chemist. So when he went to pick up his methadone it was a family event. We all went. So see the difference in how we looked at it? We didn't look at it like, "Those people that go to the chemist and pick up their methadone." But he shouldn't have been picking up methadone. He should have been having heroin because it would have been easier to cut the heroin down - from the research I've done now - if someone has got a heroin issue you prescribe the heroin and then slowly wean them off the heroin, not turn them to another drug.

We only do that because the heroin trials in the 80s didn't go ahead.

MR VUMBACA — It's also worth noting if you look at the amount of people who use cannabis in their earlier age or use ecstasy in particular at a young age, most of them just stop. Our treatment system is very good and sophisticated in Australia but the majority of people just stop. They get married, they have kids, they have a mortgage or whatever it may be - a job - and life overtakes that sort of partying attitude that maybe when you're young and free and don't have commitments you actually engage in that sort of behaviour a lot more. That comes back to one of my original points about decriminalisation - that if you actually charged everybody who used an illicit substance, we couldn't handle it. The system could not cope with the millions that would be charged with possession.

So you've got to be in the unlucky group that gets caught and is that really any way to have a law that operates, if you're the unlucky one? Generally as I said, you're going to be poor, young and probably not have your own place where you can hide away what you're doing. You have to be out in public doing it so you're more vulnerable. But the important thing to realise is that a lot of people just stop using drugs, you know? That's the reality.

The CHAIR — Okay, let's go back to Fiona.

Ms PATTEN — Thank you. Gino, I've been wanting to ask you this for years. You were around when we set out this model of harm reduction and as we've heard from other speakers it was much faced around the world. When we set it up with those three pillars of supply reduction, demand reduction and harm minimisation, was it envisaged that we would treat them equally and the funding models would be proportionate, because we know they're not now. But when it was first implemented was that the idea?

MR VUMBACA — Yes. The simple answer is yes. Particularly in terms of - not so much funding because we understand –

Ms PATTEN — But attention - yes.

MR VUMBACA — The three pillars - you're holding up a roof, which is how it was always portrayed visually, that each pillar has to have equal strength. You don't put up a building with one wall being stronger than the others. You have equal strength and that commitment needed to be to all three pillars. That's what it was about. The commitment to understanding that there needed to be a balanced approach and that they all had an important part to play in reducing drug use and the harms in drug use and the problems we see in society. They all had their role.

One of the things we do at Harm Reduction Australia is we have people from law enforcement, whose advocates and members - we have people from business, everywhere. What we're trying to show is this is not a competition between law enforcement and health. This is actually working together and that is something we've lost in Australia - there used to be the ministerial council on drug strategy and that used to mean health and law enforcement ministers sitting around a table, two or three times a year or whatever it was, actually discussing policy and engaging with each other. That was quite unique, at the time, to actually have that, because what it recognises is that they each have a role to play.

Ms PATTEN — Yes.

MR VUMBACA — Organised crime has a big foothold in illicit drug manufacturing and distribution. I'm not saying give them - when we're talking about decriminalising personal drug use, I'm talking about people at the bottom end who are using, not at the top end who are making money. So, yes, the answer is yes. The straight answer is yes.

Ms PATTEN — So it started to fail when health and law enforcement stopped speaking to each other?

MR VUMBACA — Well that started to wane and it needs to be something that is reinvigorated but we have seen over the years a law enforcement approach with much more focus on what law enforcement is doing and how they're achieving their goals and from one perspective. The evidence doesn't stack up, a lot of times. That is the problem we have, is that you'll see record seizures, especially down here. The AFP office is not far from here - they'll often have, "The biggest ever". You'll see the biggest-ever bust of cocaine, the biggest-ever bust of methamphetamine or whatever. It has no impact on the streets. The police know that. Really, all that gives you an indication of is that the volume of drugs coming in is so high that it is unwinnable. You're not going to actually win that battle if you think you're going to do it by stopping the drugs getting in. It also belies all the evidence we have about humankind. I was reading an article this morning about alcohol and its history going back thousands of years. As the human race we've sought to be intoxicated at various times. That is the reality. Some people choose not to do it, they are in the minority, really. Look through cultures. I don't think there is a culture that hasn't had some level of intoxication be it through a herb or alcohol or something. So we have to live with the reality that that occurs.

So it's again, as I said, how you manage that, not how you try and enforce your will on other people not to do it.

The CHAIR — Okay, I've got one further question I think it would be useful to get some comments from Debbie on. In terms of the methadone program - it's been something that's been there in practice for a long time to try and help people get off heroin. But I'm interested to get an understanding from you of the shortcomings of methadone as a treatment and what are the practical problems with that?

MS WARNER — Well, I think methadone is useful as one of the ways. If somebody wants to cut back or the whole money thing is an issue so they can't keep using heroin so they've got to find something else - the methadone can help but my son used methadone and heroin for a long time. He'd use both together so if he couldn't afford the heroin he'd use the methadone.

The CHAIR — But it didn't obviously help him to get off the heroin and it took him to decide himself that he'd had enough and he was going to get off it.

MS WARNER — Yes.

The CHAIR — So it was sort of just keeping him at bay?

MS WARNER — Well, it kept the community a bit safe because he couldn't afford $700 a day.

The CHAIR — Yes, yes.

MS WARNER — So he would steal things to make that money, so it kept the community safer.

The CHAIR — Yes, okay. All right, that helps me understand a little bit more. Any other questions? It is a bit after one, but - yes?

Mr THOMPSON — Just very briefly - did your son lose many of his friends, acquaintances, through heroin overdoses and did you gain an insight into the distribution network to who was supplying the drugs for your son?

MS WARNER — Yes - I got a very good understanding of a few bikie gangs who would stand over other groups. There was a big territorial thing because there's a huge amount of money in drugs. So there would be territories and if somebody went to take over territory, the higher ones up would then rob those people and kill those people that's in our suburbs. That's in our streets, you know? There is much that we just don't know what happens. What was the other question?

The CHAIR — Friendships.

MS WARNER — Friendships - well, during that period his job was - at one point he was working all time, obviously stealing all night and doing community service all weekend.

Mr THOMPSON — Pretty busy.

MS WARNER — Yes, very busy, so he didn't have a lot of time for friends. But he didn't really lose his friends as such but he ended up in a different group because that's –

Mr THOMPSON — I meant through heroin doses rather than his social rapport with his people –

MS WARNER — Other people dying? Not him - other people dying?

Mr THOMPSON — Yes.

MS WARNER — Yes, there was a lot of people that he started to know that did die, yes.

Ms PATTEN — It just reminded me - the $700-a-day, $2,000-a-week - you know, that's a mighty good customer. In looking at the drug industry, is there any way you call tell what proportion of the drug industry is supplying a more problematic user compared to the recreational user? I mean, out of the billions of dollars raised in the drug market, has anyone identified how much is raised from the problematic user versus the rec user?

MR VUMBACA — I doubt it. I mean, there would be estimates, perhaps, you could find. I'm not sure. But generally what would happen is occasional users generally know someone - siblings or a friend, something like that - and they get it from problematic users and they supplement their income by selling to people who are occasional users. There's this hierarchy that goes down. But the proportions I'm not aware of.

MS WARNER — One thing I did learn though - there's the people that are problematic and they just keep going back to the seller over and over and over, because my son did sell for a little while as well. He said one day to me, "My gosh, I've got to change my customers. This is ridiculous because $20 here or there is ridiculous." They've got $20 that they've stolen in the morning and then they've got to go back in the afternoon because they've got another $20. So what he did was he changed his clients. He had the local principal of the primary school, he had the local CEO of a very high aged-care place, he had a magistrate. Those clients would buy $300, $400, $500 at a time.

They're your occasional users - use goes over all socioeconomic groups. What happens in the drug world is kept very, very tight - that's why it is important to uncover that and decriminalisation makes so much sense because - even legalisation in the future, because then at least tax can be taken with the government and put into the ones that do have the problems. I would say that 80 per cent of people that use heroin don't have a problem. I'd say maybe 10 or 20 do - from what I saw over that period.

Ms PATTEN — Interesting.

The CHAIR — All right. Gino, Debbie, thank you very much for your time. Again, it's helping us.

MR VUMBACA — Could I just leave you two messages?

The CHAIR — Yes, good.

MR VUMBACA — One is, don't fear the evidence. I think it's important you actually take the evidence and don't be afraid of what it tells you and the advice I give - I've been privileged to provide advice to a number of ministers over the years in various jobs. I've alway said to them, "Be consistent with if it was your own child who had a problem. What policies and what programs you'd like to see in place for them. What you want for them should apply to everybody. That everybody's family is important to them."

The CHAIR — Yes, but I guess as a counter to that you might be worried that they might get into drugs whereas if they're illegal, perhaps you'd think that they won't.

MS WARNER — But that's no different to alcohol, you know?

The CHAIR — Yes, I accept that.

MS WARNER — 90 per cent of people that use alcohol don't have a problem but it's the 10 per cent who do. That's no different to heroin, marijuana - all of them are the same.

MR VUMBACA — The reason I say that, it's difficult sometimes when you have people who make announcements about, "drugs shouldn't be legal," and then privately making calls about, "I need help for my kid," and they want something different done for their kid.

The CHAIR — Yes, yes. Okay.

MR VUMBACA — That, I don't think, is a reasonable position to hold.

The CHAIR — Okay, thank you. We'll have a break for some lunch and we're going to be resuming at somewhere around a quarter to 2.

Witnesses withdrew.