

## SAFE INJECTING ROOMS

### *Motion*

**HON DR BRIAN WALKER (East Metropolitan)** [10.04 am] — without notice: I move —

That this house —

- (a) notes the tabling in Victoria of John Ryan’s independent review into the operation of the North Richmond medically supervised injecting room, and his report’s conclusions that (a) up to 63 lives have been saved during the trial period, and (b) the facility should now operate on a permanent basis;
- (b) notes and welcomes WA Labor’s acceptance, as set out in its 2019 policy platform, that “drug and alcohol policy should be based on evidence of what works and what does not”; and
- (c) calls upon the McGowan government to review the drug injecting room evidence from Victoria and to report back to Parliament within the next 12 months on the potential to roll out a similar program here in Western Australia.

I seem to recall, when I was supporting a debate on cannabis reform on a previous occasion, that there was a lot to admire in the 2019 policy platform of the Labor Party in Western Australia. It is an impressive document. That admiration extends to the comment on page 135 of that policy platform that states in clear terms that “drug and alcohol policy should be based on evidence of what works and what does not”. That is a laudable position to take. It echoes the Premier’s calls that we follow the science and leave the way open to some potentially life-saving reforms based on evidence gathered here and in other states and territories.

I refer to medically supervised injecting rooms. I want to stress at the very outset that I have seen the damage that illicit injectable drugs can do in our community. I have seen the death, destruction and evils that abuse of drugs can cause to individuals, children, family members and society in general. I am absolutely against all abuse of drugs and in no way am I encouraging their use. I am sure that I have the support of all members in this chamber. But it is also an incontrovertible fact that people do abuse drugs and will continue to do so. Another incontrovertible fact is that people do now and will continue to use drugs intravenously. Prohibition has not stopped that, nor will it. People die. One of my less pleasant memories is of fighting in an ICU to save the life of a young man who was slowly, inexorably fading into death due to the mixture of drugs he had taken, the effects against which we had no countermeasures. I do not recommend that anyone do that; it is quite destroying. The simple fact is that medically supervised injecting rooms have been shown to save lives. Having been on the other side of the equation, I am committed to saving as many lives as possible.

Some people might say—I do not think they would, but they might—that those who abuse drugs deserve death. I believe I can speak on behalf of all of us here when I say that I disagree with that populist opinion. All of us must do what we can to allow people to live their best lives possible. I am sure that all members share that view with me. I know that I can count on all members to share that opinion.

I just told members that the medically supervised injecting rooms save lives. On what do I base that claim? Just over a week ago, John Ryan released a report in Victoria. It is the first of two reports, with the second expected any day now—I am looking forward to it—that looks at the lived experience of the medically supervised injecting rooms in Richmond. In case members are unaware, the trial was started in North Richmond five years ago, in 2018. It is a five-year trial period, which is quite substantial. Mr Ryan is a pragmatist. He notes up-front that safe injecting rooms are not a silver bullet, but he goes on to say that they do save lives. His report estimates that during that time, there have been more than 6 000 overdose events in the North Richmond facility, but none of those has proved fatal. Indeed, the modelling that they have done suggests that over those five years, 63 lives have been saved through the establishment of this trial. To put it another way, that is about 16 lives saved every year.

I want to share some figures with the house from another publication by the National Drug and Alcohol Research Centre at the University of New South Wales in July of last year. It is titled “Trends in Drug-Induced Deaths in Australia”. It will be clear why I am referring to that in a moment. The report estimates there were somewhere in the region of 1 865 drug-induced deaths across Australia in 2019, 67 per cent of those being accidental. More interestingly, it goes on to state that the highest rate of drug-induced deaths was observed in Western Australia for the third consecutive year at 9.9 deaths per 100 000 people. That is shocking, members. Worse than that, those three consecutive years seem to suggest we are not having a great deal of success in tackling the problem. We are already behind our neighbouring states and territories, and my fear is that if we do not learn the lessons they can teach us—lessons like the establishment of a medically supervised injection room, either full time or as a trial—we are going to fall further behind, to the detriment of some of our most vulnerable citizens.

Hon Dr Brian Walker; Hon Sophia Moermond; Hon Dr Brad Pettitt; Hon Sue Ellery; Hon Kyle McGinn; Hon Stephen Pratt; Hon Martin Pritchard; Hon Dan Caddy; Hon Peter Foster; Hon Shelley Payne

---

I cannot put it any more plainly than to say that safe injecting rooms keep people safe. That said, they also do other things, as the Victorian report highlights. I quote —

The MSIR has also played an important role in reducing ambulance call-outs for opioid overdoses in its vicinity, and led to fewer overdose-related admissions at its nearest public hospital emergency department. It has also contributed to reducing the spread of blood-borne illnesses such as hepatitis C.

And, of course, hepatitis B —

These achievements are all the more significant because of the complex needs of MSIR clients, who are often living at the margins of society.

Injecting rooms connect people to a general practice and a dental surgery, as well as a range of other health services, which has an obvious improvement on the overall health of users. It is quite to be expected; if someone is going to be marginalised within a facility that caters for their needs, they are going to be able to access the services they would not have normally accessed. Is there any reason why we in Western Australia would not want to see that sort of service rolled out in Perth when the evidence is there to show that it works?

Interestingly, it seems to have a more positive impact on the lives of women than it does on men. The report highlights a lack of women-centric support services in the area, with women who use a medically supervised injecting room being significantly worse off than men across a range of indicators. For example, they are less likely to be in paid employment, with zero per cent for female clients, as opposed to 18 per cent for male clients; they are more likely to have chronic medical problems, being at 76 per cent versus 19 per cent; and they are more likely to have experienced severe psychological distress, which is 67 per cent versus 43 per cent. Members, if only one of the North Richmond room's aims and objectives was achieved here in Perth, the one that states that it will reduce ambulance attendance due to overdoses, I would have expected we would grab the report with both hands given the current state of ambulance ramping here in Western Australia. The truth is that it also improves and saves lives, and also the quality of life, which should be our primary concern—saving life. It gets people in to see doctors, it keeps them out of the emergency department, and it improves health outcomes across the board.

I would like the McGowan government to take on board the lessons from Victoria set out in Mr Ryan's report, and those in the subsequent report that we are expecting to see in the coming days, and to figure what lessons, if any, we can learn here in the west. Let us talk a little about the west. I have taken expert advice on the matter and it is evident that medically supervised injecting centres are unpopular, resource intensive and costly. They need skilled, dedicated clinicians to drive their success. The inner-city jurisdictions in which they operate—North Richmond in Melbourne and Kings Cross in Sydney—endured decades of public nuisance associated with high levels of street drug use and regular overdose fatalities prior to their trial implementations. However, following this, years of evaluation proved each facility had saved lives and made access to medical care easier. Perth is different from these jurisdictions in the types of drugs more commonly injected, where it occurs, and the health and social impacts of this drug use. There are many logistical barriers to the establishment of such a centre in Western Australia, particularly that the problem is not big enough to warrant such a radical intervention. We need to have clear local data on overdose rates and emerging risks locally in Western Australia.

The Mental Health Commission chairs an overdose monitoring project through the Western Australian Overdose Strategy Group and it is involved with leading the development of an early warning system that responds to new and emerging drugs of concern in Western Australia. It is probably worthwhile to seek some details from that commission on overdose rates and plans for responses, especially if fentanyl begins to become identified in our illicit drug supplies. The motion before us does not ask for anything more than the consideration of the new data by the government and a report back to Parliament in due course. Some of the points raised above should be included in such a government report. I realise that the location of a safe injecting room here in Perth has the potential to be controversial, but so, too, was the placement of a homeless shelter not so many months ago. We still went ahead with that plan, as well we should have, and I think it has found acceptance. The motion calls for exploration and a report, and I have every hope that members on all sides of this house, with all our varied experiences and opinions, will agree that more information leading to change in our practice will lead to better health outcomes. I dare to hope it might have broad acceptance on all sides of the chamber. I commend the motion to the house.

**HON SOPHIA MOERMOND (South West) [10.15 am]:** I thank my colleague Hon Dr Brian Walker for bringing on this motion today. It is an important discussion to have and one that would be bought on only by a party like the Legalise Cannabis WA Party here in Western Australia. We are not afraid to tackle those issues that this government wants to ignore or put in the too-hard basket. Injecting drug users are not often spoken about, especially in this place. Most people—the public and politicians—do not want to acknowledge that drug injection is still a thing. Is heroin not all 1990s? Well, no. I am sorry to shock all members, but those little yellow plastic bins dotted around bathrooms, including in this place, are not always used by those who must inject diabetes medication. Some are

Hon Dr Brian Walker; Hon Sophia Moermond; Hon Dr Brad Pettitt; Hon Sue Ellery; Hon Kyle McGinn; Hon Stephen Pratt; Hon Martin Pritchard; Hon Dan Caddy; Hon Peter Foster; Hon Shelley Payne

---

used to dispose of needles after injecting drugs, including heroin, cocaine, other opioids and methamphetamine. I understand that the discussion of injecting drug users makes some people uncomfortable, but are we not supposed to have these difficult discussions here?

I have highlighted the need for Western Australia to investigate having a safe injecting facility here before. At one point not long ago, I directed a question without notice to the Leader of the House in this place when she was also representing the Minister for Health. The answer was, as usual, dismissive and short. The minister said that the discussion was had and it was concluded that Western Australia did not need such a facility. My questions to this government and indeed to the new Minister for Health in the other place are: How many dead drug users would be enough for them to reconsider their position? Is it two, five, 20 or 100 lives? When would it end?

As Dr Walker has highlighted, the Andrews Labor government launched a medically supervised injecting room five years ago. It took great political courage. It was in response to scores of deaths a year that had occurred from overdoses in the inner city, most notably around the suburb of Richmond. Just recently, a final report was handed down on the effectiveness of the program, and the facility has been made permanent. It has not been an easy policy to introduce, mainly because the public, stirred up by some ignorant politicians who do not want to face facts, do not have a lot of sympathy for injecting drug users. They are the bottom rung of society's ladder, but since its establishment, the medically supervised injecting room in North Richmond has succeeded in achieving what it set out to do with the policy at the centre of its objective—saving lives. There were 6 000 overdose events in the facility during the trial, and none—that is right, none!—was fatal.

As the Ryan report recently noted —

Dealing with drug addiction in the community is a complex task, in large part because it requires people with complex needs to interact with a complex web of social, legal and other support systems. Policymakers committed to addressing addiction must find solutions within this complexity while balancing a set of sometimes competing aims, including preventing deaths, promoting health, offering pathways out of addiction, protecting safety and amenity and generating community support.

The report went on to note that supervised injecting facilities are not a silver bullet, and that needs to be made very clear. This is not a fix at all, but one tool, and a seemingly very successful one, that the data shows has a real impact on saving lives.

There is a growing body of evidence, including from supervised injecting facilities established overseas, that this type of intervention reduces the number of deaths. It is that simple. It also substantially reduces syringe litter, which is in itself a problem, especially for children. Supervised injecting facilities also give highly vulnerable and disadvantaged members of the community better access to vital social and health support. This is because a safe injecting facility run by medical professionals without judgement is a wraparound, enveloping type of service. Once a user is in the facility, they can be offered other opportunities to help them on their pathway to recovery—things like housing services, addiction treatment and dental, legal and mental health services.

At its heart, an injecting service is a health response. Its main objective is to save lives. Yet unlike other evidence-based health policies that prevent death and provide life-changing support, injecting facilities are often highly contested in the public conversation, as the Ryan report stated. But let us be honest; they should not be. Everyone should have access to good health care, not just those we like or those who may judge others on the way they look or the way they present.

As has been stated, safe injecting rooms drastically reduce ambulance call-outs and presentations at emergency departments. Also, such a facility is a fantastic tool in reducing the spread of bloodborne diseases, including HIV and hepatitis C. Safe injecting facilities are a huge harm-reduction measure. The data is clear in both Australia, where we have the Melbourne example and the two-decades-plus Kings Cross safe injecting facility example, and overseas in places such as Canada. Put simply, safe injecting rooms work.

Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion or discrimination and without requiring that they stop using drugs as a precondition of support. We practise harm reduction in other areas all the time. Why should it be different for drug-injecting users? We know that we have seatbelts as a harm-reduction measure. We have plain packaging for cigarettes as a harm-reduction measure. Alcohol tax increases and warning labels on bottles are harm-reduction measures. Some may remember when a bad batch of drugs hit Perth in 2019. Three people died and scores of others were hospitalised. If those people had been in a facility that was medically supervised, there is a 100 per cent chance that they would have survived. Obviously, it would have benefited them, but also their families and possibly their children.

When I was a registered nurse in Amsterdam, I saw the effect of heroin addiction on babies. When I was on a particular ward, I saw three babies who went through withdrawals. Their screams as they were detoxing were horrible, loud and piercing, and I will never forget that. They were the babies born of sex-trafficked heroin-addicted

Hon Dr Brian Walker; Hon Sophia Moermond; Hon Dr Brad Pettitt; Hon Sue Ellery; Hon Kyle McGinn; Hon Stephen Pratt; Hon Martin Pritchard; Hon Dan Caddy; Hon Peter Foster; Hon Shelley Payne

---

women. They were addicted to heroin to help them be controlled by their sex traffickers. They were made addicted on purpose for that specific reason.

Providing people with support gives hope. A lot of people with addiction lack hope. They do not have anything to look forward to in their lives. People with hope can make change. People without hope are unlikely to have the desire to do so. They want to escape reality. They want to escape the pain. By having appropriate healthcare and social support services, we can give those people hope and the motivation to give up their addictions and help them see that their life can have value. How many deaths of those we marginalise, those in the shadows and those in the grip of a terrible addiction will it take for this government to consider trialling a safe injecting facility in Western Australia? Health care should be for everyone.

**HON DR BRAD PETTITT (South Metropolitan)** [10.24 am]: I rise to speak in support of the motion that Hon Dr Brian Walker has moved today. The evidence that he has laid out shows that safe injecting rooms save lives. North Richmond is another example, and John Ryan's independent review shows that it has saved many lives. I think 63 was the number that Hon Dr Brian Walker talked about. My Greens colleagues in Victoria have certainly welcomed this month's announcement by the Victorian Labor government that it will make this medically supervised injecting room in North Richmond an ongoing facility. In fact, I noted while reading some of the background on this issue that the Victorian Greens called for backing the evidence-based recommendations on establishing more smaller, discreet facilities across the state where harmful drug use is happening.

Why I really like the motion that Hon Dr Brian Walker has put forward is that, at its heart, this is about looking at the evidence and making sure that we follow through with policies and programs that back the best evidence that is before us. This is broadly consistent with something the Greens have talked about for a long time—harm-reduction policies around illicit drugs. The current approach to reducing the harm that illicit drugs cause in our community is clearly not working. Right now, many of the things that we are doing to address this issue are making the crisis worse rather than better. For too long the politics has ignored the research and has left harm-reduction approaches under-resourced, restricting us from undertaking innovative trials and putting lives at risk. Investing in harm reduction will provide the resources to expertly examine harm-reduction approaches to provide a strong evidentiary base for the best policy and practice decisions. The Greens recognise that when we treat personal drug use as a criminal issue, we use vital resources to punish individual users rather than focusing on the illicit drug manufacturers and distributors, who are the real criminals. We are also distracted from the opportunities to reduce drug users' exposure to harm and, often, the number of avoidable deaths.

I go back to the North Richmond example, which I think is a really interesting one because there has been a lot of really good research on it and a number of reviews. There was a two-year review of the clinics in 2020. Interestingly, even back then, the panel recommended their continuation and the expansion of further facilities to accommodate the demand. Part of this review found that the North Richmond clinic had succeeded in its goals of saving lives and managing overdoses. Two years in, the panel found that the clinic had recorded 119 000 visits in 18 months, saved at least 21 lives—I appreciate that Hon Dr Brian Walker talked about 63 lives up to the present day—and managed 3 200 overdoses, and this had led to a decrease in the number of reports of public injecting in the local community. This last point is really important. Staff at the clinic were also able to provide more than 13 000 interventions for issues such as mental health, housing and family violence. These become really important places for addressing the issues that some of the most vulnerable people in our community have and helping them get their lives back on track. I think it shows the good that these things can do.

As I was looking at this, I reflected on an issue that we had in my time as the Mayor of Fremantle. Obviously, there were no injecting rooms, but there were places where people could swap for clean needles. There was huge community pushback, as there always is when these things are talked about. At the time, Josh Wilson, who is now the federal member for Fremantle, was the Deputy Mayor of Fremantle. I remember that he and I were really strong in saying that it is important that we have these kinds of facilities in our community, because the evidence says that they actually make things safer. I will reflect on that story. When we pushed on, we ended up using the City of Fremantle facility to get it up. There was a lot of community angst about it. As soon as that facility was established and it had been running for some time, there was absolute silence, because these places are run well and they are run professionally. All those community concerns evaporated very quickly. I think we will see a similar reaction by having an evidence-based approach to injecting rooms, especially when they are run properly and are backed by evidence. As we have seen in Victoria, and as probably needs to happen, we need multiple facilities so we can take our community on that journey and reduce harm.

In conclusion, I want to acknowledge that an evidence-based approach that seeks to prevent and minimise harm is the most effective way of managing drugs, whether they are illegal or legal. On that basis, I am very happy to support the motion.

Hon Dr Brian Walker; Hon Sophia Moermond; Hon Dr Brad Pettitt; Hon Sue Ellery; Hon Kyle McGinn; Hon Stephen Pratt; Hon Martin Pritchard; Hon Dan Caddy; Hon Peter Foster; Hon Shelley Payne

---

**HON SUE ELLERY (South Metropolitan — Leader of the House)** [10.30 am]: Although I wish to thank the member for bringing this motion to the house, if it were to go to a vote, the government would not support it. I want to start by making a couple of points. Primarily, I will start by responding to something that Hon Sophia Moermond said. I am paraphrasing, but she made the point that we do not have these debates and conversations in this place because it is too difficult. I never thought that I would get to this point but I am at this point now. After 20-plus years in this place, I have learnt a few things. One of the things I have learnt is that public policy does not begin when we enter this place and it does not end when we leave it. We always need to look at history and not assume that just because we have not seen something happen in the two years that we may have been a member in this place, it has not been debated before and it has not been considered by government before, because it has. Whether it is safe injecting rooms or any other policy, although variations might occur, it is risky to assume that nothing has been considered about an issue before.

I wish to say a couple of things. Hon Alison Xamon, who was a member of this place twice, chaired an inquiry into drug matters, broadly, in the last Parliament. It produced a report titled *Help, not handcuffs: Evidence-based approaches to reducing harm from illicit drug use*. That inquiry travelled around the world looking at evidence-based programs. This government also established the independent Methamphetamine Action Plan Taskforce, which also considered whether we should go down the path that Sydney had taken in Kings Cross and subsequently, in the interim period, that Victoria put in place in North Richmond. The committee chaired by Hon Alison Xamon recommended that further discussion on this issue should occur. The government's response was that it was not interested in pursuing that because it had a range of alternative evidence-based programs in place. The view of the methamphetamine task force was that there was mixed evidence about safe injecting rooms. It is a fact that they are one tool; they are not the only evidence-based tool. Other evidence-based programs and services are in place, which I will go through now.

The motion before us reflects the Labor Party's policy, which is that drug and alcohol policy should be based on evidence and what works. There is no dispute about that. Our policies are based on evidence and what works. That is exactly what we are doing. Our policies, services and programs are based on evidence and are designed to meet our specific needs. The main driver of the North Richmond safe injecting room in Victoria was a specific local issue about addicts shooting up in the streets. That is what drove it. It was a specific local issue. Whether or not it is a good thing, on the advice of the Mental Health Commission, the methamphetamine task force and others, addicts in Western Australia shoot up at home. Good on Victoria for adopting an approach that met a very specific local need. We do not have that local need and we have expert advice that says that even if we did have that, there is mixed evidence about its effectiveness.

I want to talk about the alternative programs that we have in place, including collecting data, which Hon Dr Brian Walker referred to in his contribution. The medically supervised injecting room trial in North Richmond, Victoria, commenced in June 2018 following a high number of fatal heroin overdoses in the streets in the local area in the preceding years. There have been two independent reviews of that service. The first was in June 2020 and the latest, the Ryan review that Hon Dr Brian Walker referred to, was released in February this year. It made a series of recommendations. I do not think Hon Dr Brian Walker referred to this, but that review found that although there were fewer overdoses outside the local area, public injecting and inappropriate discarding of needles and syringes remained a challenge.

The final report of the methamphetamine task force, which I referred to and which we initiated when we came to government, indicates that Western Australia, unlike Victoria, does not have a significant localised injecting drug use population but, rather, a home-based injecting culture. The medically supervised injecting room was effective in responding to a localised drug injecting issue in North Richmond, but given the current nature of injecting drug use in Western Australia, the introduction of a similar model here was not warranted. That is looking at the circumstances. That is looking at the evidence in front of our eyes now. Indeed, our response is evidence based. We recognise the importance of harm reduction. I reject the proposition from Hon Sophia Moermond that we do not have harm-reduction strategies in place. Indeed, we do, and we will adapt those as we need to. We fund and deliver a range of targeted harm-reduction strategies to reduce drug-related harms and deaths in the Western Australian community, including the Overdose Strategy Group, which monitors overdose drug-related harms via police, ambulance and hospital emergency departments, and via the use of needle and syringe exchange programs. That strategy group comprises academic and clinical alcohol and other drug experts and identifies and recommends harm-reduction strategies and approaches to reduce overdose harms and deaths. The needle and syringe exchange program provides safer injecting equipment, access to health care, harm-reduction advice and safer injecting advice. Western Australia has a 97 per cent rate of return of used syringes at those exchange program sites, contributing to reduced bloodborne viruses amongst people who inject drugs. Of course, one of the major risk areas for people injecting drugs is not only the impact of the drug on their system, but also the risks that come with sharing needles and the likelihood of being infected by bloodborne viruses as a consequence.

Hon Dr Brian Walker; Hon Sophia Moermond; Hon Dr Brad Pettitt; Hon Sue Ellery; Hon Kyle McGinn; Hon Stephen Pratt; Hon Martin Pritchard; Hon Dan Caddy; Hon Peter Foster; Hon Shelley Payne

---

The WA take-home naloxone pilot program expands access to free take-home naloxone. That is the drug that reverses opioid overdose. The program provides education to recognise and respond to opioid overdose and how to administer naloxone. The next one is really important as well—peer outreach and education programs. These services regularly engage with people who inject drugs. They provide peer support and outreach to people's homes and to any street-based populations and provide access to free naloxone. The Mental Health Commission's Workforce Development Team is delivering training and education to frontline workers to increase their knowledge and skills, and reduce drug injecting and overdose-related harms and deaths amongst their clients.

Drug Aware, the population-based campaign, aims to reduce and delay the intent to use drugs, reduce harm-associated use and encourage help seeking. For example, the safer events and venues campaign targets high-risk settings, including music festivals and night venues to reduce harm associated with MDMA or ecstasy. The early warning system, which Hon Dr Brian Walker referred to, is a statewide drug alert system to respond to new and emerging drug trends. It is under development now. That early warning system will communicate to health, police, paramedic and frontline workers to reduce drug-related harms and death. That will be a critical tool going forward to make sure that we continue to adapt our services and programs to match what is emerging as the real problems in our community.

I just want to touch briefly on the content of that parliamentary report *Help, not handcuffs: Evidence-based approaches to reducing harm from illicit drug use*, which was tabled in the house in November 2019. One of the key recommendations out of that was looking at the harms associated with prescription drug misuse as well. The government's response is worth noting, because it outlines our general position on those things. It is important for every party in this place, including the party that proposes to be in government, to put its policy position on the record. I am not sure that that will happen today, but we will see. The government response states —

The Government's overall aim is reduction of illicit drug use in Western Australia with the objective of reducing harms from illicit drug use in the community, including the illicit use of prescription pharmaceuticals.

The response outlines a number of initiatives currently in place that go to harm reduction, and sets out what those are. When it comes to the issue of whether we should have so-called safe needle rooms, recommendation 31 of the committee's inquiry states —

The Department of Health and the Mental Health Commission consult with service providers and people who use drugs to ascertain the demand for a Drug Consumption Room in Perth.

The government did not accept that recommendation. It is not considering a drug consumption room in Perth, though the response did note the importance of harm-reduction strategies. This proposition that it is not interested in harm reduction is just not true. It is just not based in fact. Safe injecting rooms are one method that can be used, not the only method to address harm reduction. It is ill-informed to suggest that it is the only one, and that because the government is not doing that, it is not doing anything about harm reduction. That is just not the case. The government response states —

... the importance of harm reduction strategies and continues to support harm reduction initiatives, and personal support services, including peer-based support services ...

Peer-based support services are actually some of the most effective. If we think about how we learn, one of the most effective ways of dealing with really tricky, difficult and wicked problems is peer-based support. The person can sit in front of another person and say, "I have been where you are, I have walked in your shoes, I know what you're going through and this is how I changed and these are the benefits." That is really powerful and we are supporting those peer-based services. The response continues —

... needle and syringe exchange programs, and overdose prevention programs across Western Australia.

The proposition that we are not supportive of harm-reduction programs is not accurate. The proposition that the only way to achieve harm reduction is to use safe injecting rooms is not accurate. This is a wicked problem for our community to resolve. To the extent that this motion has us talking about it, I commend the honourable member for raising it, but if the proposition was to draw our attention to our party policy, which says that evidence based should be the basis of all our policies and programs that we have in place—tick, tick—of course it should, and that is exactly what is happening. There is nothing in drawing that to our attention that causes us embarrassment, because that is entirely what our programs are based on. A range of programs are in place to assist people, deal with their drug addiction and to reduce harm. When we can stop and help people come off drugs, of course that is our overall objective, but nobody is naive enough to think that it is a "just say no" approach. We are indeed about harm reduction and a range of policies and procedures has been put in place by government, and, more importantly, by recognising the need to continually collect data we will make sure that those harm-reduction policies continue to improve.

Hon Dr Brian Walker; Hon Sophia Moermond; Hon Dr Brad Pettitt; Hon Sue Ellery; Hon Kyle McGinn; Hon Stephen Pratt; Hon Martin Pritchard; Hon Dan Caddy; Hon Peter Foster; Hon Shelley Payne

---

**HON KYLE MCGINN (Mining and Pastoral — Parliamentary Secretary)** [10.45 am]: I thank Hon Dr Brian Walker for bringing this motion to the house today to be discussed. It is a very complex issue with a long history of how governments have handled this across the world. There are many different projects, initiatives and laws. I do not think anyone would agree that there is a silver bullet or a handbook that can be pulled out for each state to follow. I think that is critical to take on board. Not every state is the same, nor will it have the same approach or same issues that it is approaching. Hon Sue Ellery laid that out very well in her contribution. To acknowledge that what happened in Victoria and the reason behind it going the way it did was because of the way its issue is being done in Victoria. It is different from Western Australia. I think we could say that New South Wales would be different from Victoria and so on and so forth, same as the Northern Territory, not just around injecting, but also drug use in general.

A report about sewage testing recently came out. It announces which state is the meth or heroin capital of Australia et cetera. That quite visibly shows that each state has different drug problems. Within the drug problems that they have, as Hon Sue Ellery laid out quite well, they have different approaches to how drugs are used. In Western Australia drugs are used more at home than in Victoria, where drug use is very visible and on the street. It seems that what Victoria did was appropriate. I agree with Hon Sue Ellery that the Labor Party's policy is evidence based. We are doing things around that space. I am really proud of this government, and also multiple federal governments about the following. When I first got out to in Kalgoorlie in 2017, there was no detox clinic. To get into rehab, you must detox. In order to detox, there was this amazing gentleman, his name eludes me right now, a doctor who was providing services in Norseman that people from Kalgoorlie were accessing. Their choices to detox before they could get into the rehabilitation clinic were to go to Norseman, which is quite difficult to get to unless they have a licence et cetera, or Perth. That was identified as an issue in the goldfields and a detox clinic was created right next to the rehabilitation clinic. I believe it started off with four beds and may have expanded now. That has now created an opportunity for people to get into rehab by detoxing first. I have also had the pleasure of attending the rehab on quite a few occasions. Jane has been an amazing host, and the participants within the rehab facility have been very approachable. To touch on again what Hon Sue Ellery said around a peer-based approach, I absolutely believe in that because I have seen it firsthand. We see it across many issues, not just drugs and alcohol. For example, I know people who are going through cancer treatment et cetera and are feeling vulnerable and lost. Their cancer groups end up being a really good support base. In the same vein, we should put that into rehabilitation clinics. As Hon Sue Ellery said, they have people who have experienced that before, who tried to get off drugs and have been successful. One of the big successes of the rehabilitation clinic that I am aware of is that people who have gone through it, been successful and still live in Kalgoorlie then get into the program and start assisting other people who have drug and alcohol issues.

Another creative thing the clinic does is engage organisations in the goldfields that are useful tools to bring people who are getting off drugs back into society. One useful organisation is the men's shed. I will say that the men's shed in Kalgoorlie is fantastic because it is also a women's shed. It offers courses in which men from the rehabilitation clinic go down once a week to work with the tradies and the retirees and build something. They get a sense of value and success, which they then share with the other program participants, and that then drives them all together to get to that end point, which is to stay clean. Also, constant care and counsellors are available consistently.

I really feel that that approach has been fantastic in Kalgoorlie. It has not come easily. It has come from advocates, from people who have put their time into it and from government understanding the evidence behind the success. When I read the motion, I felt it was a little bit pointed and said that the only evidence base was for injection rooms. The way that I read the motion was that it did not accept the other approaches. It just said that we needed to get into the injecting room space because that has been successful, whereas other spaces are providing that type of success.

**Hon Samantha Rowe:** That work here.

**Hon KYLE MCGINN:** Yes, things that work here already and that the government is supporting. I know that the state government supports these things because I have seen it.

I want to acknowledge that a lot of organisations like women's refuges and women's healthcare clinics also take on a role in that space. They not only divert people to another space like rehab, but also find counsellors themselves and tool themselves up with kits to try to assist people while they are in that other situation. The member for Kalgoorlie, Ali Kent, and I are massive supporters of the Goldfields Women's Health Care Centre, which is solely based on women's health, but has a lot of add-ons. For example, women who come to the organisation would highlight whether domestic violence or drug use is going on. Those issues come out because it is a peer-support group in which they feel safe and comfortable. The next step from there, in my view, is to detox and rehab, but they tend to stay connected to that first organisation.

One of the things we find with drugs and alcohol is that different organisations are spread out and not necessarily connected to each other. People go to one organisation for this and another for that, and it ends up becoming a bit of a mess because people have to go to the other side of town. What they have managed to achieve in Kalgoorlie is

Hon Dr Brian Walker; Hon Sophia Moermond; Hon Dr Brad Pettitt; Hon Sue Ellery; Hon Kyle McGinn; Hon Stephen Pratt; Hon Martin Pritchard; Hon Dan Caddy; Hon Peter Foster; Hon Shelley Payne

---

because everything is really close to each other and they all talk to each other. They all go to different organisations' events, and they talk, communicate and lobby together.

I have to say that in my electorate, the Mining and Pastoral Region, I have not had this issue raised with me directly. Many issues have been raised with me directly since 2017—I can assure members of that—but this has not come up. I accept that being regionally based is different from being in the city, and there could be different things. In the regions, I have found that making a service such as detox available has really changed the way people access the rehabilitation clinic. They do not have to travel six and a half hours by road, travel seven hours by train or pay the airfare to come to Perth to detox.

I am sure Hon Dr Brian Walker would be aware how hard it would be to get someone into a detox clinic. A lot of the time, they make a decision and if they do not act right away, they find themselves in a situation in which they disappear again and go back into the spiral. I want to applaud Jane and her team at Goldfields Rehabilitation Services because they run a fantastic organisation and all the counsellors put in a lot of time.

I thank the member for bringing this motion because the scourge of drug and alcohol addiction is a major issue in this state and in the world. We have had many inquiries that have looked at different things. Last term, we even had the liberal democrat view of just making everything legal, including airsoft guns. I think it is critical to understand that our government is looking at the evidence base and supporting things that are working, and the government will continue to do that because it understands that this is a problem in society around the world.

I thank Hon Dr Brian Walker, and I will enjoy listening to the rest of the contributions.

**HON STEPHEN PRATT (South Metropolitan)** [10.55 am]: I thank Hon Dr Brian Walker for bringing this motion to the house because it gives us an opportunity to talk about an area in which the McGowan government has a really strong record. Also, we are not just talking about cannabis for a change, which is nice. It is drugs, though!

I wanted to get to my feet today because I have a bit of an understanding about the government's role in this area. In this space, this government has had a strong focus on prevention, early intervention and treatment. Although members might have thoughts about injecting rooms being the key to solving some of the problems, as a government, we have made our focus getting into the space of prevention, early intervention and treatment. Hon Kyle McGinn spoke about our meth plan, and I know that Hon Dr Brian Walker's motion refers to Labor policy documents that say that we should use evidence-based information to develop our policies.

What we did with meth was a long process. We established a task force that produced a report after really broad consultation with the community and key stakeholders. The report was delivered to the government, and that led to the McGowan government investing over \$250 million. That big sum of money went towards a range of initiatives. One that I have mentioned is early intervention and treatment. That focus comes through clearly in the meth action response, and it also comes through clearly in the Mental Health Commission's 10-year plan and the government's state priorities for alcohol and other drugs. All these initiatives and government agencies are working together on the same focus. The meth action plan also focused on an expansion of specialist drug services into rural and regional areas of need, as Hon Kyle McGinn mentioned. It also focused on improving drug and alcohol programs in our schools, and creating drug and alcohol rehab facilities for prisoners. I do not think anyone mentioned that, but it has been an extremely important and successful program. We also increased roadside testing for both alcohol and drugs.

Hon Kyle McGinn mentioned wastewater testing. He called it sewage testing, but it is wastewater testing. Someone has the lucky job of collecting samples from wastewater and testing it. Early in the first term of the McGowan government, we saw a really high rate, and the newspapers had a bit of fun calling Perth the meth capital of Australia and all that sort of thing. Following the introduction of our strategy, this figure went down significantly. I am sure that it has continued to decrease. It was obvious to us, coming into government, that meth was a problem in the community and we had to act, and we did.

I will touch on the two strategies that the Mental Health Commission and the state government developed over time. The first is the 10-year plan. That was introduced in 2015, before we came into government, and a thorough process of consultation and an evidence base fed into it. That is a strategy—that as the targets are met throughout the progress of that report as we go along, it is updated. Obviously, things change as time progresses. We can adapt to the way that the world operates and approaches these types of issues. When I have discussions around both mental health and alcohol and other drugs, I always say we are playing catch up. This stuff was taboo. A member would not be talking about alcohol and other drugs in this place or with family members—they would try to hide it away. I think that has completely flipped, for the positive. We are able to talk about these issues and support people in the community.

I will come back to some of the services that we have implemented, certainly in the regions. This provides such a great benefit to people who are in desperate need of these services. It is closer to where they live, their support network and family members. This is the strategy that we have decided to put our focus into. It is so important that

Hon Dr Brian Walker; Hon Sophia Moermond; Hon Dr Brad Pettitt; Hon Sue Ellery; Hon Kyle McGinn; Hon Stephen Pratt; Hon Martin Pritchard; Hon Dan Caddy; Hon Peter Foster; Hon Shelley Payne

---

people can access these types of services and get the help and support that they need so that they do not continue to use drugs into the future. If they do, then there are safe places for them to go to get support and some counselling as well.

In terms of those focus points on prevention and treatment strategies, the government has chosen to prioritise these because it believes that they will have a more significant impact in reducing harm caused by AOD use in the long run. Prevention strategies that I have mentioned such as early intervention programs, health promotion and education and strengthening communities aim to reduce the prevalence of AOD use by addressing the underlying factors that contribute to substance use and abuse. On the other hand, treatment strategies such as integrated care, culturally appropriate care, and evidence-based treatment aim to support individuals with AOD-related problems and help them overcome their addiction. Those strategies have been proven to be effective, and can improve the physical, psychological and social wellbeing of individuals with AOD-related problems. That brings a greater benefit to the community. I know this motion had a strong focus on what has happened in Victoria and how there has been some success with, I think, staffed safe injecting rooms. While they have been implemented in other parts of the world, our government has decided to not pursue this strategy. Our focus has been on the other ones that I have mentioned today.

In closing, from my perspective, safe injecting rooms may not be the most effective approach to addressing AOD-related problems in our state. Instead, we have chosen to prioritise prevention and treatment strategies that can have a more significant impact on reducing the harm caused by AOD use in the long term. Whilst I say that, I think we can always have more investment in prevention. That goes for all ranges of health care provided to citizens of Western Australia. I thank the member again for bringing the motion to the house. It gives us an opportunity to talk about something that is significant and very important. The more that we can talk about these issues, the more that people can feel that it is a safe space to actually seek help, reach out to someone who they know and hopefully, live a long and healthy life. I thank the member for the motion, and the other members who have made a contribution today.

**HON MARTIN PRITCHARD (North Metropolitan)** [11.03 am]: I want to thank Hon Dr Brian Walker for bringing this motion to the house. I think it is always worthwhile talking about this particular area of society. I often get into trouble with my family because I relate to things very personally. My interaction, unfortunately, has been with my nephew. I have spoken about this on a number of occasions. His particular addiction is, or hopefully was, meth. It is always worthwhile talking about these things. I appreciate the member bringing it to the house. I did a little bit of research last night, but not much unfortunately. I had a bit of positive, well negative really, news. My mother-in-law had to call an ambulance yesterday morning and it arrived within 10 minutes, which was great! She is in hospital and doing well. That is a bit of positive news.

With regard to safe injecting rooms, I found a lot of positives in my research. I want to pick up on the member's comments earlier. It is, however, really specific to a particular problem. I had a bit of a read with regard to the one in Kings Cross. Of course, Kings Cross has a reputation as a hard drug use area. Two things came out of that that I thought were really worth highlighting. It does seem strange, but it does add to the argument of ours that safe injecting rooms are probably not the best approach. The first is that they suspect it might have what they call a "honeypot" effect. That is when it would actually draw people in to use the facility. With regard to the Kings Cross one, that does not appear to have been the effect. It is a high concentration area of drug use and other things, so there is reasonable usage of the facility. However, it does not seem to drag people in from outside. That sort of goes to the point that the minister raised, which is that in Western Australia, we seem to have a different way in which users take their drugs. It is usually from home or in that sort of environment, rather than in the street, which is how it is in Kings Cross. I did not read this, but has been suggested that it was the same problem in Victoria. There was mainly street use—needles and such. It had a positive impact on the people who used the facility but also a positive impact on the society and people around that area. For them, it was probably a very good way of going. For us, it probably would have little impact. I am not sure that we would want to draw people into the facility—although it does not seem to do that.

The other thing that my investigation seemed to suggest, was that individuals do not use the facility all the time. They use it occasionally. The figures were suggested to be one in 35. Those figures may obviously change with different individuals. They use it when it is convenient. The figure I read of one in 35, I think, is very low. Even if it were higher, even if it were one in 20, there is still a great chance of them overdosing when they are not actually in the facility. I think that if we had the same issues as in Kings Cross and Richmond, it would genuinely be a good thing to talk about and to investigate. However, I think when looking at the habits of the users in Western Australia, it is certainly not the thing that we would go to first. I did not have enough opportunity to look at the other things that this government has previously done, but there are many things happening. Obviously, it has been determined that those things have a greater impact and effect than what an injecting room would.

I will not be supporting the motion. However, I am glad the member brought the motion to the house. It is always worthwhile talking about. It is a scourge on society everywhere in the world, and certainly here. When one member

Hon Dr Brian Walker; Hon Sophia Moermond; Hon Dr Brad Pettitt; Hon Sue Ellery; Hon Kyle McGinn; Hon Stephen Pratt; Hon Martin Pritchard; Hon Dan Caddy; Hon Peter Foster; Hon Shelley Payne

---

of the family chooses to go down that path, it is not just them that it impacts, it is the whole family and extended family. It is quite devastating, as I can personally attest to. I thank the member very much for bringing forward the motion, but I will not be agreeing with it.

**HON DAN CADDY (North Metropolitan)** [11.09 am]: I rise to speak on this motion on safe injecting rooms moved by Hon Dr Brian Walker. I say at the outset that I will not be supporting the motion, but I am glad he brought the motion to the house. It is a chance for us to talk about something that is important. Drug use is a vexed issue for all of us in society. I have heard now on a few occasions my good friend Hon Martin Pritchard speak about the consequences of drug use in his extended family. Every time I hear that, it gets to me because there is a similar story in my extended family, and it is difficult.

I will commence by analysing the motion a little because there are three limbs to this motion. The first and third limbs speak to the North Richmond medically supervised injecting rooms. Other speakers have already gone into detail on this, so I will not speak for too long about it, but I want to reinforce what others have said. That trial clearly was a success, but it was a local program designed very much to combat what was a very local issue. As Hon Kyle McGinn said quite eloquently in his contribution, when tackling this issue or any other important issues in society—societal issues—we need to be cognisant that we do not look just at what has happened elsewhere, whether it be in another jurisdiction in Australia or overseas, and say, “Wow, that was a success; we should do that here.” We need to recognise that of all the problems we face in the world as a whole, societal problems are exactly that—they are problems that often are very specific to our society and to our local area. Although the North Richmond trial was a success, it is easy to distinguish why that may not be the best approach to take in Western Australia. If I have time, I will talk later about some of the things this government is doing in Western Australia.

It is a specific type of drug that is injected in injecting rooms. I want to consider the most recent drug use statistics in Western Australia, from the Australian Institute of Health and Welfare’s *National drug strategy household survey*. The survey looks at a lot of factors—the period since people last used and what is classed as recreational drugs. I am not sure I like that nomenclature. One of the things it looks at is the type of drugs that are used in Western Australia that fall into this category. The first thing I note is that the headline on this report, which I guess is comforting, is that Western Australia is now experiencing the lowest proportion of illicit drug use since 2001. That is a good thing. According to this report, of the one in six Western Australians who engage in what is called illicit drug use, 51 per cent engage with cannabis, which is not a drug that is injected. The next highest is ecstasy, at 13 per cent, which is also a drug that is taken orally and is not injected. The next is methamphetamine, which can be injected, but my understanding is that in general that is not the preferred method. Nearly three-quarters of illicit drug use in Western Australia is made up of drugs that are not injected.

I want to run through some government-funded services. Hon Sue Ellery, the Leader of the House, went through most of these, so I will not go through all of them, but I really want to pick up on the needle and syringe programs, because they go specifically to the issue Hon Dr Brian Walker is talking about. The needle and syringe programs provide safer injecting equipment, access to healthcare, advice on harm reduction and advice on safer injecting. As was pointed out by the Leader of the House, Western Australia has a 97 per cent return rate of used syringes and needle and syringe exchange programs. Obviously, this is a very important contribution to reducing bloodborne viruses among people who inject drugs. There are also many other programs, and I think the leader mentioned them, such as outreach and education programs and the work the Mental Health Commission is doing as well.

I am going to run out of time, but I want to talk about other organisations that are funded either partially or wholly by the state government and are doing great work in this area and in tackling drug use, among other things. I have spoken before in this place about the Perth Inner City Youth Service in my electorate. PICYS is fascinating because it has a focus on homelessness—people with mental health issues experiencing homelessness and young people with mental health issues experiencing homelessness and with also drug and alcohol addiction issues. It really takes a holistic approach. It looks at everything and says, “This is this person; this is this individual”, and it tailors a lot of what it does to the individual’s circumstances. It has programs around emotional, physical and material wellbeing, interpersonal relationship development, and personal development and self-determination, which is incredibly important. Heavy drug users struggle with a whole lot of these issues. PICYS, especially through its PILLAR program, recognises this and it is important to what it does. I have quoted its statistics before, but I will quickly do that again. Of the most prominent issues listed by the people who come through PICYS, homelessness is at the top and drug use is right up there as well. That is important to note. I will refer quickly to a case study from PICYS about someone called Sam who was referred to PICYS by headspace. I am reading from the PICYS document. During the time Sam was at PICYS, Sam started to engage in sex work and while that was going on Sam tried methamphetamine for the first time. Initially staff worked on abstinence; that did not work. They then worked on harm-reduction techniques. Sam continued to use and started to inject, and staff went through safe injecting practices. Sam continued to use drugs and engage in high-risk behaviours. This was straining the relationship at home. PICYS worked with Sam right the way through from the point that Sam started engaging in that drug use,

Hon Dr Brian Walker; Hon Sophia Moermond; Hon Dr Brad Pettitt; Hon Sue Ellery; Hon Kyle McGinn; Hon Stephen Pratt; Hon Martin Pritchard; Hon Dan Caddy; Hon Peter Foster; Hon Shelley Payne

---

trying different things, all the way through and targeting what they were doing to where Sam was at in that cycle. This document is now a year or two old, but at the time of writing, they got there. Sam had been drug free for six months and was again living at home and studying at TAFE. That is a real success story that comes from tailoring what needs to be done to the individual and ensuring that throughout that process the individual is looked after. This is the power of funding going to the right places, whether it is drug-related issues or homelessness to a stable living environment, then to ensuring that people get into full-time study. It is about putting the money where the money needs to be.

The Leader of the House spoke about peer-based support and I want to talk about this as well because the government continues to support peer-based support programs for people so that they can hear from others who have been through what they are going through. I have run out of time and I will not have a chance to speak about that now; maybe I can do so later.

**HON PETER FOSTER (Mining and Pastoral)** [11.19 am]: I also rise to oppose the motion moved today by Hon Dr Brian Walker. I was most disappointed about two things in the motion today. One is that the member did not use the most up-to-date WA Labor Party platform. We have a 2021 *WA Labor platform*, so I suggest the member updates his notes. The second thing that disappointed me was that the member did not talk about any of the services that are already being provided. He did not acknowledge any of the organisations or the good work being done in this space.

It was really pleasing to hear members on this side talk about the organisations and some of the good work that is happening, particularly in the regions. Hon Kyle McGinn talked about Kalgoorlie. We also have some great organisations up in the Pilbara doing work to tackle drug use, including the Bloodwood Tree Association, which is based in Port Hedland, and Yaandina Community Services. I have a bit of experience with Yaandina; prior to coming to this place I worked for child protection, and I referred some of my clients to Yaandina to sober up and get rehabilitated.

One of the first visits that I made in Perth after I was sworn in was to the WA AIDS Council, now known as WAAC. It is a great organisation. It offers a lot of services, including a needle and syringe exchange. This program is funded through the government through the Department of Health, and also through the Mental Health Commission and the Western Australia Police Force. Our government is investing in programs to keep our community safe. I know that a few members today have quoted the *Help, not handcuffs: Evidence-based approaches to reducing harm from illicit drug use* report of 2019. Under recommendation 31 it was stated that the government rejected injecting rooms based on the fact that there were safe alternatives. WAAC does provide some safe alternatives. I had a look through its *Annual report 2021–22* to get an idea of the services it provides. In that financial year, it provided 1.14 million needles. It had just under 6 000 needle-exchange clients. It provided 5 500 interventions for needle-using clients and it also case managed 5 500 clients. It is doing some great work right here in Perth, and I acknowledge the great work of the CEO, Lisa Dobrin, whom I have met on a number of occasions, and her team for the work they are doing.

This drug needle exchange program operates not only here in West Perth, but also in Mirrabooka, Joondalup, Fremantle, Belmont and Gosnells. The organisation has a van that drives around to service those places. In those vans, as well as the needle exchange program, there is also the promotion of safe sex. There are counsellors available, and often those interactions at the van lead to follow-ups that lead to counselling and intervention. I acknowledge the great work of the WA AIDS Council.

We have been talking today about safe injecting rooms. I think it was Hon Martin Pritchard who talked about the King's Cross example. Prior to moving to WA, I lived in Sydney for a number of years. I worked for Centrelink in Maroubra and Redfern, and I saw firsthand just how much drug use was happening on the streets. When I exited the Centrelink office building in Redfern, I would see the drug use straightaway. It was a quiet spot, and people were injecting themselves there. I think that, as Hon Martin Pritchard highlighted, the King's Cross example is in regard to a particular problem—public use on the streets—and that is why they have set up that service. That service has been in effect since 2001 and is run by the Uniting Church in Sydney. It is funded by the City of Sydney and the Department of Health, so the local and state governments are working together to get that drug use off the streets.

I will leave my contribution there, because I know that another member would like to contribute. As I said, I oppose this motion today. I thank the WA AIDS Council, or WAAC, for the good work it is doing with its needle exchange program.

**HON SHELLEY PAYNE (Agricultural)** [11.23 am]: I thank Hon Dr Brian Walker for bringing this motion today about injecting rooms. I want to follow-up on some of the comments that were made by the Leader of the House this morning with regard to the committee report that was tabled in November 2019. I thank Hon Samantha Rowe, and I note that Hon Colin de Grussa was on this committee as well, although we have not heard him speak today.

**Extract from *Hansard***

[COUNCIL — Thursday, 16 March 2023]

p1020d-1031a

Hon Dr Brian Walker; Hon Sophia Moermond; Hon Dr Brad Pettitt; Hon Sue Ellery; Hon Kyle McGinn; Hon Stephen Pratt; Hon Martin Pritchard; Hon Dan Caddy; Hon Peter Foster; Hon Shelley Payne

---

A section in the report refers to drug consumption rooms. The key thing I want to say about these drug consumption rooms is that one of the important things that this report refers to is the fact that those rooms provide access to support services. Noting that the primary objective is to save lives by preventing overdose deaths, one of the benefits is to facilitate contact with Health and social services. For example, the report refers to the King's Cross medical injecting room. Of the people who used that room, 70 per cent had never accessed local health services, and more than 12 000 referrals were made to external health and social welfare services. This brings me to the point that Hon Stephen Pratt made that the government's response to this report is to acknowledge the importance of harm-reduction strategies and continue our support of harm-reduction initiatives, personal support services, peer-based support services, needle and syringe exchange programs and overdose prevention programs across Western Australia.

The other point I make on this report is there were quite a lot of submissions about the fact that Western Australia is small. Actually, we are quite sprawled out in our area. In that respect, is it a practical thing for us to have here? I will leave my comments there.

Motion lapsed, pursuant to standing orders.