

**EDUCATION AND HEALTH  
STANDING COMMITTEE**

**INQUIRY INTO THE ADEQUACY AND APPROPRIATENESS OF  
PREVENTION AND TREATMENT SERVICES FOR ALCOHOL AND  
ILLCIT DRUG PROBLEMS IN WESTERN AUSTRALIA**

**TRANSCRIPT OF EVIDENCE  
TAKEN AT PERTH  
WEDNESDAY, 25 AUGUST 2010**

**SESSION TWO**

**Members**

**Dr J.M. Woollard (Chairman)  
Mr P. Abetz (Deputy Chairman)  
Ms L.L. Baker  
Mr P.B. Watson  
Mr I.C. Blayney**

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**Hearing commenced at 10.06 am****ROBINS, MR STEVEN**

**Assistant Commissioner, Adult Community Correction, Department of Corrective Services, examined:**

**ROBINSON, MR ADRIAN**

**Director North, Department of Corrective Services, examined:**

**The CHAIRMAN:** On behalf of the Education and Health Standing Committee, I would like to thank you for your interest and your appearance before us today. The purpose of this hearing is to assist the committee in gathering evidence for its inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems. You have been provided with a copy of the committee's specific terms of reference. At this stage I would like to introduce myself, Janet Woollard; Mr Peter Abetz; Mr Peter Watson, who will be back with us shortly; and Ms Lisa Baker. We have our principal research officer, Dr David Worth, and Lucy Roberts. From Hansard we have Keith and Caroline.

The Education and Health Standing Committee is a committee of the Legislative Assembly. This hearing is a formal procedure of the Parliament and therefore commands the same respect given to proceedings in the house. Even though the committee is not asking you to provide evidence on oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. This is a public hearing and Hansard will be making a transcript of the proceedings for the public record. If you refer to any document or documents during your evidence, it would assist Hansard if you could provide the full title for the record. Before we proceed to the questions we have for you today, I need to ask you a series of questions. Have you completed the "Details of Witness" form?

**The Witnesses:** Yes.

**The CHAIRMAN:** Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee

**The Witnesses:** Yes.

**The CHAIRMAN:** Did you receive and read the information for witnesses briefing sheet provided with the "Details of Witness" form today?

**The Witnesses:** Yes.

**The CHAIRMAN:** Do you have any questions in relation to being a witness at today's hearing?

**The Witnesses:** No.

**The CHAIRMAN:** I would like to thank you both very much for coming along to meet with us this morning. This is obviously a very important inquiry. You are one of the agencies that deal very much with the problems. We are hoping to find some solutions so that we can cut down on the business that goes your way. We really would like you to describe, in particular, how the Drug Courts work and, not just how they work, but from your experience working in that area, what suggestions you have for us that may help what we currently have in the community in relation to both alcohol and drugs. So who would like to go first?

**Mr Robins:** I will lead off if you like. I understand that the department has made a formal submission through the deputy commissioner for offender management and program development, Jackie Tang, some time ago. Obviously, that outlines a range of services that the department

provides by way of services and programs to offenders both in prison and in the community. In this she provided a number of specific details about the types of programs, the number of programs and the number of offenders that went through. The committee has actually made contact with Mr Lynton Piggott, who is our team leader for the CATS, which is the court assessment and treatment service, chasing more specific information. By way of background, CATS was established and became operational from December 2000 as part of the commencement of the piloted Drug Courts in Perth. It was modelled on previous court diversion services that have been operating and it was part of an expanded statewide WA diversion program. Drug Courts and other court and police diversion services or programs were born out of a COAG agreement in 1999 reflective within the national drug strategy and the national illicit drug diversion initiative, referred to as IDDI.

**The CHAIRMAN:** Steve, I am going to interrupt for a minute, because you obviously have a fantastic submission there that we are happy to take by way of submission, so that we could hear from here today. We can read through that afterwards to make sure that we get all the points, but we really want to hear from you at a personal level this morning about what are the problems and how you are addressing them. I think that some of the programs that you run at the Drug Court are absolutely fantastic. They cost a lot but they are brilliant. When you think that every person going to prison costs over \$100 000, your programs are invaluable. So tell us a bit about your programs and why they are not in every major centre.

**Mr Robins:** In terms of when you refer to programs, I guess it is probably a moot point, but in terms of programs, often people think of any sort of service as a program versus an intervention or therapeutic intervention, so when you are talking programs it is a little bit difficult to know specifically what it is you are targeting. In terms of programs, in adult community corrections and in CATS our staff are primarily involved in managing offenders based on orders or who are coming through the courts. CATS specifically is about those offenders who are acknowledging that they have a drug issue and are willing to engage in a program to try to address that.

**The CHAIRMAN:** To limit their sentence?

[10.12 am]

**Mr Robins:** Yes. It can actually influence the outcome of the court in terms of the type of sentence that they get. It is very time intensive, obviously, because the number of offenders that we have who have some form of drug issue is quite large. To define the percentage would be quite difficult. There is a large number of offenders who have some form of drug or alcohol-related issue. Obviously the capacity to provide services to all offenders who have those issues is quite a problem. Also, not all offenders would actually engage in or accept responsibility. Therefore, as I said, you are limited to those who are acknowledging that they have committed an offence and are prepared to plead guilty and are willing to engage in a program or service. We rely very heavily on existing community services as well. Although our department provides a number of programs through the programs branch—those are the ones that were alluded to in the paper provided by Ms Tang—we actually, with community-based offenders, try to engage people in services that exist in their community. They are not in jail. They are in the community.

**The CHAIRMAN:** Are you talking at the moment about POP and STIR?

**Mr Robins:** Yes. We have POP, STIR and YPOP. There is also the Indigenous diversion program

**The CHAIRMAN:** Okay. With those programs, when you say that you engage other people, who are the other people you are engaging? I looked at your annual report, and I saw the costings, but it did not actually say—unless I missed it—who those other people are that you work closely with.

**Mr Robins:** As I said, the difficulty is that there is quite a range. There are a number of services that are funded through the Drug and Alcohol Office. We do not actually fund a large number of services—although, as I said, some are funded by us, and they are referred to in the paper from Jackie. There is also Palmerston and Cyrenian House. I am trying to think of them.

**Mr Robinson:** It is actually contained on page 7 of the submission.

**Mr Robins:** Yes. There are a number of youth justice ones. But basically it could be any agency that provides any sort of rehab, accommodation, treatment service or counselling. So, yes, in essence we access a variety of services depending on the individual's needs.

**The CHAIRMAN:** Is it the case with POP and STIR, then, that you look at where the person comes from and you look to see what facilities there are in that area, and then you link in? Is that what you are saying?

**Mr Robins:** Yes. The aim is to try to link them into certain services. Some WANADA agencies receive funding from the Drug and Alcohol Office, and obviously those agencies that are funded by DAO have an arrangement whereby we can make referrals, and CATS, POP and STIR would be given priority for a number of offenders. But that is not the case for all offenders. It depends upon the individual's needs, because obviously what they are trying to do is target an individual's needs in a holistic approach. Drugs and alcohol may be one issue, but it may be indicative of a raft of other problems or issues. So, when they are actually intervening, in CATS it is very, I guess, intrusive in terms of they do drug testing and all of those things. So, again, we are utilising external agencies that we pay a fee for service for drug testing and things like that. That happens up to three times a week. They report to officers of our department two to three times a week. But they would also be linked into existing services, depending on what their individual needs were assessed as being.

**The CHAIRMAN:** I thought it was lovely to see the summary at the back of your annual report about how, when you assess someone, you look at their living needs and their family needs—all of their different needs. It does cost a lot more for a person to go through the drug program. Peter Abetz has been looking very closely at the Swedish model. In Sweden, it is compulsory for people who have an alcohol or drug problem to go through a treatment program. I think that is probably the right way to go. But, if that is the way to go, how can your program, which is very intensive, be rolled out more? The costs that you have provided in your annual report are your costs. How can we get the true picture of all the costs? You have said that you are using WANADA services as well. How do we know how much money we would need to go down that kind of path?

**Mr Robins:** That is quite a difficult question to answer, because, as I have said, a range of agencies provide funding. Having previously worked with community development, obviously they fund a whole raft of services as well. The Drug and Alcohol Office funds services, and the commonwealth funds services. A number of agencies access funding from a variety of sources. So it is very difficult to give you a clear picture or a clear answer. Most of that funding is to community-based agencies to provide services to members of the community. It is also difficult to say which program is just about offenders, because quite often people with a drug problem may have had the drug problem before they became an offender. So, in essence, how do you define what is an offender cost versus a community cost? I am talking here from my experience. I have worked in remote areas where alcohol is quite a significant issue. Not everybody who drinks offends. But that does not mean that they do not have an alcohol problem or they would not access services. So, again, it is very difficult to say what is required and how much is needed, because obviously the problem is only identified as a problem when somebody makes contact with the law somewhere along the line. It is really difficult to get to the specifics of what is a cost.

[10.20 am]

**The CHAIRMAN:** Would you be able to, by way of supplementary information, provide us with details of the services for those programs that you have mentioned—POP, STIR. I cannot remember the names of the other ones.

**Mr Robins:** Yes, POP, STIR, YPOP and all of those, yes.

**The CHAIRMAN:** With all those different programs, because you are tapping into other departments, would you be able to let us know, again by way of supplementary information, the other departments and what services from those departments you are tapping into? The thing is that we know there is a cost to many different government agencies because of alcohol problems, but also many of us believe that the problem that we now have in the community in relation to alcohol has largely arisen because, number one, people have not accepted that alcohol—particularly alcohol—is the major problem that it is, with both the economic and social cost. Because of that, the funding has not been put there to stop the advertising, to bring in the preventive measures to try to change the cultural attitude of, “It’s okay to drink—and not just drink, but drink till you’re intoxicated.” But if we want to see money put in to change that cultural attitude, then we have to build up a picture of what the current costs are. We have your costs from your annual report, but there are a lot of costs in these programs that are being met by other departments. So could you give us an indication, by way of supplementary information, of the other departments that you are tapping into, be they government or non-government, so that we are then able to try to build up that picture of what the costs are to the community from alcohol and drug problems?

**Mr Robins:** We can try.

**Mr P. ABETZ:** It would be a complex one to work out. It would be very difficult to do that.

**Mr Robins:** Yes, it is; it is very difficult, because, in essence, depending on the individual’s need, it could be any type of service that exists in a community. For example, somebody with a mental health issue may also have a drug-related issue, but they may go off to mental health for their primary service, and other services. So it is very difficult. It is almost like saying, “Well, yes, we can give you a resource directory for WA of all the services that exist”, and somewhere along the line we would probably touch base with all of them. That is the difficulty. It is very hard to say, “Okay; these are the ones that have alcohol services”, because we do not necessarily have the means of pulling out of which are the ones that only have alcohol and drug-related issues that go off to somewhere else, because it would be part of a person’s individual plan.

**Mr P. ABETZ:** Just to clarify that, the services that your department provides—is that within the prison system generally? With diversion programs, they often get diverted into Cyrenian House or Teen Challenge or wherever they go, which is obviously not funded by Corrective Services.

**Mr Robins:** I guess, to start from the beginning, if somebody makes contact with the court system, the intent is to try to divert them from getting embroiled in the court system and into the jail system in the first instance. So places like CATS and DAO actually fund the POP program and the STIR program and the YPOP program.

**The CHAIRMAN:** Is it when they have pleaded guilty?

**Mr Robins:** Yes, when they plead guilty.

**The CHAIRMAN:** So they plead guilty, but prior to sentencing.

**Mr Robins:** They enter a plea of guilty, and then they are case managed, where an assessment is made of their need, and they are referred off and linked in to other services, and then they will come back—obviously, dependent on how they have performed on the program. Some of those services would receive funding through the department; a lot of them would receive most of their funding through drug and alcohol, commonwealth or whatever. As I said, basically, it would go—the case manager would then refer back to the magistrate to say, “Well, look, this is the person’s performance on the program. These are the achievements”, and the magistrate would sentence. Depending on the nature of the offence, on occasions somebody may still progress through to prison. But, obviously, when somebody goes into prison, they are also assessed according to their need. Some services are brought into the prison; some services are provided by the department through the programs area, through psychological services or others. If need be, when they are reintegrating into society, they would link back into existing community-based services, because,

basically, it is about trying to normalise and put people back into the community and access the services that are available. So it is a real mix. We provide some, but the community also provides some. When they are community based, more often than not we would access services that are based in the community, although, having said that, our programs do provide programs in each of the centres, and they try to provide some break in the cycle—those sorts of programs that will actually try to get people to address their issues. So there is a mix.

**The CHAIRMAN:** With your Indigenous Drug Court programs, I know that you have a dedicated Aboriginal Drug Court. I am not expecting you to pull a rabbit out of a hat now, but I cannot remember, when I looked at the annual report, whether you actually had the statistics there for how many Indigenous people would have gone through the programs in the past 12 months. In your report, say, for Next Step and POP, does it say how many people, or are you able to provide us with figures? We should maybe move over to Adrian a bit to join in. But we would like to know what the figures are in terms of each of your programs, but particularly the Aboriginal Drug Court participants in your program, because it has been suggested to the committee that attendance in programs by Aboriginal people who have alcohol and drug problems should be compulsory. Yours is when someone is convicted, if they select to do so, but the committee has been told that some Aboriginal people would choose to go to prison or pay the fine rather than participate in the program. So are you able to tell us a bit about that, particularly with the Aboriginal people?

**Mr Robinson:** Yes. In terms of figures, we can probably get some figures for you at a later date. In terms of the compliance with the programs, whether it is Indigenous or non-Indigenous, the problem is not necessarily the individual alone, because if the individual is placed in a program and completes all the requirements and/or if they elect to go to prison, the problem is when they return back to their family and the community; they are entering back into that arena where the problem essentially commenced in the first place, so they are back on that cycle. In terms of looking at the broader picture of drugs and alcohol with people who partake in drugs and alcohol or those who present into the system, the other step we need to look at is the broader community, because these individuals have to return somewhere, and they usually return to family and friends, and it is usually back within that cycle; and that commences and keeps these people in that cycle of their recidivist sort of behaviour. So it is really that external type of treatment that I think would be more beneficial to the community to try to promote some broader interventions from the community perspective.

**The CHAIRMAN:** But, Adrian, when I asked Steve if he could provide us with whom you tap into, he basically said he can give me the resource list for all the government agencies. I agree; we are not going to solve the problem if you are sending someone back out into a situation that caused the problem in the first place, but we need to get an idea of funding and structure. If, as part of your assessment, it is identified that there are problems at home, then maybe the social worker has to go in—this department needs to be called, this department needs to be called. How do you think we can best help those people? Again, because we have just come back from the Kimberley, we will look at Aboriginal people who are in fact turning up in your Drug Court because they live in an environment where people are intoxicated every night of the week.

[10.30 am]

**Mr Robinson:** It is an interesting point because there is huge difference, as we are all aware, between metropolitan, regional and remote areas. I just returned from South Hedland yesterday. I popped into three communities there—one-mile, two-mile and three-mile communities—and the issues that we need to look at in those particular communities need to be addressed sooner rather than later, because it is a constant continuation of the types of circumstances or behaviour that we will still be talking about for the next 10 years unless we can get into some of those really remote communities that do not have access to services or the transportation to get from point A to point B to actually access those services. In the regional and remote areas we really do not have service

providers available or even present to go out to the communities and offer some level of intervention.

**The CHAIRMAN:** In which case, as Steve has said, you can tap into the resources in the metropolitan area and it might mean that you travel for half an hour to get somewhere, but in those remote communities where you have not got those services that you can put people into contact with in the metropolitan area. What, then, is the answer for those remote communities?

**Mr Robinson:** That is a tricky one. I wish I had the answer; I wish I could pull a rabbit out of a hat, so to speak. It is a really difficult one for us to decipher as a single agency. I think it is a broader perspective than just a single agency, but it really is the lack of infrastructure, the lack of resources and the lack of available services close to those remote areas. That is something that we need to look at on a broader level.

**Mr Robins:** I would agree with Adrian. As the committee says, access to services is far better in metropolitan areas than in regional areas and remote locations in particular. Certainly there are some services that flow through communities and provide services, and we are obviously also looking at the way that our staff work with offenders in those sorts of remote communities. We are looking at whether or not there are different ways that they can provide interventions, I suppose, in remote communities. A cross-border family violence program actually operates in the Northern Territory, South Australia and Western Australia, and that service actually has gone into communities in remote locations and provided a family violence intervention program that runs for about two weeks in quite remote communities, and that has attracted a large number of —

**The CHAIRMAN:** A team actually goes out to the communities?

**Mr Robins:** A team will go out for a two-week period. As I said, that does not necessarily involve our staff but staff from other states. They have gone to places like Warburton and Warakurna and actually run programs out in remote locations.

**The CHAIRMAN:** You said that the three governments contribute towards that.

**Mr Robins:** The three states contribute funding. It is administered through South Australia but it is based in the Northern Territory, if that makes sense! But funding contribution is made by all of them in terms of providing that sort of program. It is still early days —

**The CHAIRMAN:** What is the program called?

**Mr Robins:** It is called the cross border family violence program. A man by the name of Graeme Pearce manages that program, and he is based with corrective services in the Northern Territory. They actually go into those communities and attract quite a number. On one occasion I was at Warburton when they were running the program there. They had Aboriginal families come from across the border and stay for the two weeks of the program. It is possible to engage people in those sorts of programs; the difficulties are that they are very expensive programs to run and it is very difficult to attract staff that are willing to work in that sort of way, because it is quite a mobile lifestyle, if you like. It is probably still early days to say how successful or otherwise it has been in terms of stopping reoffending. It has been running for a couple of years; the numbers of people participating have increased and the numbers of people who have actually seen the program through have increased. While we were there they had programs running back-to-back; they were running a program for about 40 people over a two-week period, and the number that stayed in that program was relatively high at about 90 per cent, from memory.

**Mr P.B. WATSON:** Could I ask, when it is cross-border, are they the same families?

**Mr Robins:** Yes, and that is an issue. Obviously a number of Indigenous families move. A classic example is the sister communities of Kiwirrkurra and Kintore; people move between them quite regularly. Kintore is in the Northern Territory and Kiwirrkurra is in Western Australia and it is probably the most remote community we can service, and we do need to provide services there on

occasion. It actually travels all through the Ngaanyatjarra lands through the centre of Australia and provides programs in different communities. It is a model that looks interesting and seems to be having some success, but it is still very early days in terms of what its effect is on reoffending. As Adrian said, we only have to go back to look at places like Halls Creek where it has required almost a whole-of-government approach to go in and address issues, because the nature of the issues are quite entrenched. Often these communities are dysfunctional, and that is partly because of alcohol and partly because they do not have an economic base or anything else like that. There a whole raft of factors that contribute to the dysfunction, and they do not necessarily have the skills to manage the resources that go in. Unfortunately, a number of communities appear to have been mismanaged by administrators who have been put into those sorts of communities who really have not done the right thing by communities. Lots of government money has gone in and disappeared somewhere along the line. Certainly there needs to be a whole-of-government approach to that, but the difficulty is the spread of the communities, and the number of people in the communities to make something sustainable. It is really quite difficult; we have communities as small as 10 to 15 people through to communities of 300 to 400 people. What we can provide in a community of 20 or 30 people is obviously going to be different to what we can sustainably provide a community of 400.

**The CHAIRMAN:** With POP, STIR and the other programs, what is the main offence for people going into those programs? Is it alcohol, cannabis, heroin? We expect that people have to plead guilty to go into a program, but are the —

**Mr Robins:** It is not necessarily the sort of offence that they actually appear in a court for; it may not be possession of cannabis, it may be stealing, assault or whatever, but that it has been identified as being drug-related actually puts it into that mandate.

**The CHAIRMAN:** When it is drug-related and they go into POP or STIR, are they going in for treatment of alcohol problems or cannabis problems? Maybe when you provide us with the statistics, you could break that down into that. One of the things that we became very aware of when we were up north was the terrible problem with cannabis up there. You have just said that we have the resources in the metropolitan area to help people, but we do not have them for remote communities, yet cannabis is a big problem in those remote communities. The legislation has gone through the lower house; I do not think it has gone through the upper house, but it says that people will have to have an education session. I spoke with the minister and very much used the evaluation of your POP and STIR programs to get some commitments in terms of looking after people and trying to help people find employment and housing—the things that are done as part of the drug treatment. What is going to happen when this legislation is put into effect? You could have your numbers over the next 12 months double with that legislation. Have you considered that?

**Mr Robins:** From a corporate point of view, I guess we obviously always look at legislation and what the potential impacts might be. Whether that has been costed, at this point I honestly could not tell the committee at this point in time. We are aware that drugs represent an issue with a large number of the offenders that we deal with, so obviously if legislation gets tighter around drugs or drug usage, that is certainly going to increase. Part of our planning is trying to look at how we actually better service of some of these remote communities.

[10.40 am]

But again, that is something that is part of, I guess, the proposals and submissions that would go to government for additional funding, because, as you said, providing services to remote communities is quite difficult if they do not exist. If we were to try to provide the same sorts of services we are providing in regional centres into those remote communities within existing resources, it would impact on the services that were available in the regional centres. We also need to say up-front that the ability to extend that and provide it in regional locations is something we would need to look at and cost and put forward, in terms of how that might be addressed. But certainly we have had the experience, particularly in the youth justice area, and, obviously, part of the focus there has been



additional resources that will be going into regional youth, initially in the Kimberley, and then into the Pilbara—similar to what has occurred in Geraldton and Kalgoorlie. A lot of that is about trying to get into early intervention diversion before people get involved in the system. I guess our focus would hopefully be trying to look at young people and trying to address the problem early in the piece, before it gets to adulthood and into the adult court system, because by the time they are entrenched in the adult court system, the chances of turning that around significantly is probably more impaired than it would have been if we had got in early in the piece. I think those sorts of initiatives like youth justice services going into the regional areas, expanding into the regional areas, will, hopefully, start to address some of that early intervention.

**Mr P.B. WATSON:** I was just going to ask Adrian, because I missed the start, what sort of programs do you do in the communities? How do you go about addressing the problem? I do not know if you spoke about that before.

**The CHAIRMAN:** Maybe you could just give a brief summary of the different programs you run; that would be very useful.

**Mr Robinson:** I think that information was previously provided by the office. I do not want to mislead this group, so I will need to actually get myself familiar with exactly what is provided, because I think we have different services in different regions depending on where they are at and where the service providers are located.

**The CHAIRMAN:** In that case, we will take that by way of supplementary information, because we have not previously been given what was where. When Jacqui came before, it was interesting because we actually asked her about programs in prisons, and then we went up north and we were told, “Well, no, these programs do not happen here; they do not get up as far as Broome prison”, and yet 99 per cent of the prisoners are there because of alcohol and drug problems. If people are not in prison for a certain length of time, they do not get put into the program, and the programs are not run, so they may be moved elsewhere.

**Mr P.B. WATSON:** Can we just get the successful programs that do not get enough funding, and the ones that, maybe, could be cut to make up for that?

**The CHAIRMAN:** Can we have a list of all programs, the number of participants, and where those programs are being held and how often, because that was the problem?

**Mr P.B. WATSON:** Is that just for regional areas?

**The CHAIRMAN:** No, we can get it for metropolitan and regional areas. The regional areas are very important for our Kimberley —

**Mr P. ABETZ:** What do you mean by “participants”? People can commence a program, but they may be moved out of that jail for whatever reason so they actually finish the program somewhere else. “Participant” is a very nondescript term, from my understanding of how it works in the prison system—would you agree?

**Mr Robins:** It is difficult, because, obviously, counting rules are difficult, and I am not sure. Basically, programs are under offender management; yes, they provide us some statistics in terms of the number of programs, the number of commencements, and the number of completions, but, as you say, people move from prison to prison, basically, by terms of either their classification or managing the muster. Someone might start a program in one location, then move to another, and they may be counted twice. In essence, because they have started a program, they might be incomplete at Roebourne, but they might complete it in Broome. In, essence, the figures will be a little rubbery, I guess, in terms of what that presents.

**The CHAIRMAN:** Maybe we could have the number of people who start each program and the number of people who finish each program, because that is also an important factor in terms of prisoners being moved from one place to another.

**Mr Robins:** We could get that.

**The CHAIRMAN:** Is the Department of Corrective Services working with Lieutenant General Sanderson's board that is looking at Indigenous issues?

**Mr Robins:** I am not personally involved in it. I am aware that Lieutenant General Sanderson has led several committees, and I am aware that there is an—I cannot think of the title right now—implementation committee meeting that Heather Harker, my deputy commissioner, would normally attend, but I am attending on this occasion, which is actually looking at services in particular communities. That is a link between DIA and the commonwealth, but, yes, there has been other work that other people from the department have been involved with at different stages. But particularly which committee or which part of the work that the Lieutenant General Sanderson is doing, I am not quite sure, so I could not answer that honestly, no.

**Mr P. ABETZ:** I was going to go to a new area of questioning.

**The CHAIRMAN:** Yes, that is fine.

**Mr P. ABETZ:** Are you familiar with drug rehabilitation-type programs?

**Mr Robins:** Some of them, yes.

**Mr P. ABETZ:** I came across someone the other day—I want to check whether this is correct because it would concern me if it was true—who told me about a drug addict who, through his offending, went to jail or went before a court, and by the time he actually entered prison he was drug free, but as part of the requirement to get parole he had to go on a methadone program. Methadone is more addictive than heroin, and when somebody is actually drug free, to say, “If you want parole you have to go on methadone”, to me just seems totally absurd. I have heard that, now, several times, and one was actually from a medical practitioner. I just want to know whether that is true, because I really think that needs drastically looking at. The ideal is that someone who has a drug problem should be drug free when they come out of prison, if at all possible. Can you elaborate on that at all?

**Mr Robins:** A bit like yourself, I would probably be a bit concerned if that was the case, but without knowing the specifics I guess I cannot comment on a particular case. Obviously, the parole board takes into account reports that come from psychiatrists, case managers, and a whole range of service providers. I would assume that if the parole board made a determination that somebody needed to do that, there must have been something in a report that suggested that they were not drug free and that there were issues. Often the parole board will make determinations based on the previous offence; in other words, if there were drug-related concerns associated with someone's offending and their pattern of offending, they would require testing, treatment, or access to particular services, and they may well make that a condition of parole in terms of they actually have to do those sorts of things, and if they do not comply, then they would actually have their parole cancelled, or run the risk of their parole being cancelled. I cannot comment on the specifics in terms of that without knowing the case, but, like yourself, I would be concerned, but I would assume that if the parole board had made a determination that something like that was required, they would have had some information that suggested that a more intensive intervention was required.

**Mr P. ABETZ:** One thing that concerns me about our prison system is that, apparently, there is significant use of illicit drugs within the prison system, and, obviously, the idea is to try to get people off drugs so that when they come out of the prison system they are able to sustain a drug-free lifestyle. What sort of assistance is given to prisoners in prison to actually move away from drugs?

**Mr Robins:** I would probably refer back to Jacqui's area, because health services exist in all prisons, and, effectively, they do try to, obviously, do medical interventions, I guess, in terms of trying to treat them, but also trying to give counselling or information advice that will actually help people move towards a drug-free life. Programs are run in prisons, but, as I said—the comment was

made earlier—given the prison population, programs are in high demand. Obviously, when offenders are assessed, their greatest needs are seen as the ones that present a greater risk to the community; it would be those sorts of areas that would be targeted in terms of programs and interventions.

[10.50 am]

So if drugs were a significant issue and someone was involved in offending that was a high risk to the community—armed robberies and the like—the chances are that they would be involved in a program to target that, whereas if it was somebody who might do a lot of marijuana but really is involved in a lot of other sorts of petty offending and has just got to jail by a sequence of events, I suppose, they probably would not necessarily be included as being a high-risk offender who needed that sort of intervention if they had other issues that needed to be addressed. But, as you say, most offenders, if they are sentenced for six months or longer, would actually have a plan that says, “These are the things that need to be addressed whilst this person is in prison.” The plan would look at what interventions would be provided to that person. I am surmising here, but with a sentence of six months or fewer, obviously, by the time people got into programs, and many of the programs run for a reasonable duration—anything up to six or 12 months—so to try to put someone into a program once they have got into prison on a six-month sentence, they will not actually complete the program while they are in prison. So they would actually look at other interventions and how they would implement the services when they come out.

**The CHAIRMAN:** Can I ask how many corrective service officers you have in the community working—again, this might be something you need to provide—in the metropolitan area and regional areas?

**Mr Robins:** We could certainly give you that. To a large extent, again, there are different roles, so when you talk about community corrections staff, you have the statutory officers who are community corrections officers or senior community corrections officers. In the regional areas we have a range of other positions as well, like the sheriff, the regional program development officer and the community supervision agreements officer, that are people who actually work in the communities to try to engage support.

**The CHAIRMAN:** With the breakdown that you have agreed to provide us by way of supplementary information, can you show us what programs you run for your staff at the different levels that you have—that is, these different categories of staff—in terms of drug and alcohol counselling? The reason I am interested in this is, as you are aware, that amendments to the cannabis act have just gone through. The money that is going in I know will make a big difference in terms of the educational sessions for people who are using cannabis, but your staff are working with people who have alcohol and drug problems all the time. There are many programs that are run with corrective services in the other states where the staff are educated in brief motivational interviewing and counselling. So we would like to know: what courses you run for your staff, and how many of your staff maybe have undergone those courses in the past 12 months? As your department and your staff are ideally placed to help cut back on the alcohol and drug problems in the community, if, when it comes back, we see that it is minimal numbers, we can maybe say to the Attorney General that this is somewhere that maybe if you are given more funding you could play a much more proactive role.

**Mr Robins:** I am going to put my neck out there. Yes, we can talk about it and we can provide information about the types of training programs that are provided, but, basically, all of our staff when they join the department have a three-month program, which is gearing them up to take up their position as a CCO. But when you are talking corrective services, you are talking broader than just CCOs; you are actually talking about staff who sit outside our area of responsibility who work in programs, that work in health, that work in the prisons, that work in re-entry services and a raft of other things. We have a training academy that provides the training. All of our staff actually get

some brief intervention training when they enter the workforce. There is some training that is provided at different times, but staff almost elect or dependent on their training needs, I suppose, will actually access different training programs as they go forward. So when you are asking that question, are you actually asking it about CCOs or are you asking it about everybody in the organisation because —

**The CHAIRMAN:** I am asking about people at the grassroots level who are working with people who have —

**Mr Robins:** So effectively that applies across the organisation.

**The CHAIRMAN:** — been convicted of either an alcohol or drug-related offence; that is, people who are working in the field with those people. How many of those people who are working in the field have over the past 12 months had education so that they are able to play their part in trying to get the people they are working with off the drugs or the alcohol, whatever their problem is?

**Mr P. ABETZ:** It is a difficult question because it is part of their basic training that is already provided, so if they had it two years ago, they would not show up.

**Mr Robins:** Or if someone has been working for the department for five years and they have done the training, you are not going to count them.

**The CHAIRMAN:** But I just brought it back to within the past 12 months because training that was given five years ago really is not going to be that effective —

**Mr Robins:** But somebody who joined the department two years ago would not have necessarily done repeat training in the past 12 months, so effectively it will only show you almost those staff who have entered the organisation in the past 12 months who might have had access to training rather than necessarily all the people who deliver services, like the program staff who deliver direct services to offenders. Yes, so it is a difficult one to give you a clear answer on.

**Mr P. ABETZ:** I will take a slightly different tack. I guess you have a broad overview of the different types of programs and so on that are being run for prisoners. If you were given a pot of money that was very big and it was up to you how to spend it, what would you like to see happen with that pot of money in terms of trying to help reduce the drug and alcohol issues or to reduce that in the prison population or the people coming into the judicial system—what would you do?

**Mr Robins:** I think there are two things. You will have heard from WANADA and other agencies about I guess the demand in terms of services, so, obviously, I think we would be kidding ourselves if we felt there were sufficient resources out there to address the problem, even in the metro area. So, certainly, yes, there is a need to increase services there. Personally, I would also like to see a way of actually providing services to regional and remote locations, and that will require high levels of innovation, I suppose, in terms of how that occurs. I think the programs, which Adrian alluded to earlier, of individual counselling for somebody who is released back into Warburton or into a remote community are not addressing the issues in that remote community. That is something that falls outside just one agency's mandate. I am not saying this agency or any particular agency; it actually requires a whole-of-government approach to look at how you actually address those sorts of issues in those remote locations because no one agency will ever be resourced sufficiently to meet all the needs or address all of the issues. Violence, child abuse, family violence, illicit drugs and alcohol—there is a whole raft of offences that we end up dealing with but are actually indicative, I suppose, of what is occurring in the community.

**Mr P. ABETZ:** So what follow-up is provided for people who have obviously had an issue, they may have been sentenced to two years in jail or whatever and they are released? What actually happens post-release in terms of people with drug addiction or alcohol problems; what follow-up is actually provided?

**Mr Robins:** It really depends. If someone is released on parole, then obviously we have some ongoing involvement with them for the period of parole. The difficulty is that once someone has finished their sentence, they are a free citizen the same as you or me and, basically, we have no authority or mandate to go in and see whether they have actually maintained or done anything. There is none I guess is the blunt answer.

**Mr Robinson:** I think that gets back to the point that in the prison environment there are certain programs that individuals can participate in and an individual may present as being drug free in jail but the moment Freddy walks out of those gates and returns to the community and is back with his peers, his family and all the surroundings, then he may not be drug free for much longer. So the issue is, perhaps, looking at a full through-care model, for want of a better term, where you take the prison out into the community so that they have the supports in the community the same as they would have if they were in jail, but that is to be provided to a range of other individuals who may not be part of the judicial system, so that I think would be the challenge.

[11.00 am]

**Mr Robins:** And how you get that buy-in from the family or the community when there is no longer a statutory obligation to do that.

**Mr P. ABETZ:** I was prepared to take a prison fellowship in terms of the work that they do in prisons, and then following up with prisoners who are released in helping them to tap into community support things that help to stay on the straight and narrow, so to speak.

**Mr Robins:** And that is what we try to do when we have got an offender on parole, or with the re-entry service, the re-integration services. It is about trying to get those supports around someone that will prevent them falling back into that sort of lifestyle.

**Mr P.B. WATSON:** Have we talked about the needle program in prisons yet?

**The CHAIRMAN:** No.

**Mr P.B. WATSON:** Basically, do you think it is successful or unsuccessful?

**Mr Robins:** I know that they have a needle program, but in terms of its success or otherwise, I do not know.

**Mr P. ABETZ:** Okay, that is fair enough. Do we actually have a needle-exchange program in our prisons at this point in time? I did not think we did.

**Mr Robinson:** I am not sure, to be honest.

**Mr Robins:** I know there was a trial, I am certain there was a trial.

**Mr P.B. WATSON:** I thought there was a trial at Casuarina.

**Mr Robins:** There was a trial I am not sure what the answer was because it is not an area that I have a lot of involvement with.

**The CHAIRMAN:** In that case, is there anything that you might want to sum up. You asked about initiatives previously.

**Mr P.B. WATSON:** Yes.

**The CHAIRMAN:** I asked you previously if we could have the numbers by the regions and by the metropolitan area. When you give us those numbers, could you maybe draw a line so that we can see at which level they are admin, working in Corrective Services, and at which level they are working with people who have been convicted.

**Mr Robins:** One admin officer was a level 3, other than that the clericals are level 1. The rest are people who are actually involved in working with offenders. So, basically your level 2, which are case support officers, through to your managers. But yes, we can do that.

**The CHAIRMAN:** We may ask you, by way of a supplementary question, for more details in relation to the educational programs that you are providing your staff with, once we get the numbers at the field level.

**Mr Robins:** I will just again clarify that, because it has been painful. The figures that I will be giving you will be relating to community and youth justice, they are not around prisons or programs, in terms of staffing. Were you wanting them for the whole of the organisation?

**The CHAIRMAN:** I am particularly interested in people working in the community.

**Mr Robins:** Because there are programs with people working in the community as well, that's all.

**The CHAIRMAN:** Did the committee want more than that or were you happy with just those figures?

**Mr P.B. WATSON:** Happy with that.

**The CHAIRMAN:** So people who are working in the community, and that is by region, and obviously north and south metro.

**Mr Robins:** Yes.

**Ms L.L. BAKER:** May I check, when you say people working in the community, there are FTEs that are Corrective Services, there are FTEs that are part of adult and juvenile community justice and community teams that you employ, and then there is the outsourced non-government sector, which has a whole series of FTEs attached to it.

**Mr Robins:** That is why I was asking the question.

**Ms L.L. BAKER:** So my understanding is that the Chair has asked for your FTE, not the NGOs and not the Corrective Services FTEs.

**The CHAIRMAN:** No, we would need the Corrective Services numbers.

**Ms L.L. BAKER:** These guys cannot give those, we would have to get them from the department.

**Mr Robins:** I can give numbers for adult community corrections or community and youth justice, which will have the youth and the adult numbers, but do not have all the stuff in relation to prisons or programs, which are another part of the organisation. That would be a bit more difficult for me.

**The CHAIRMAN:** In that case is there anything that you would like to—because we know you have come along today to help in this area—sum up or bring to our attention? Is there anything that maybe we need to look at a bit closer? Adrian, would you like to go first?

**Mr Robinson:** I think, in consideration of the legislation, we need to enable the magistrates, particularly within the drug courts and the counsel team, to be able to link in a little bit more with offenders, because at the moment it is a voluntary sort of process and offenders obviously need to plead guilty et cetera. But there is a cohort of individuals out there who may not understand that by having them plead guilty, we are actually trying to help them, as opposed to not help them. So, rather than making things mandatory, which I am not sure is the right thing to do, it might be preferable to build legislation around a flexible approach where we can engage more people in the system as a measure of helping them, as opposed to punishing them for something that they may or may not have knowingly got involved in. That would be to actually support the judiciary service to make appropriate determinations that may not involve imprisonment, but may involve some aspects of community work or other intervention in the community, and will also give our staff the opportunity to work closely with offenders as best as possible.

**Mr Robins:** I guess probably the only other comment I would make is that there is a difficulty for us in adult and community corrections, because obviously we are obliged to fulfil the orders of the court, or to work within the orders of the court. Quite often those orders may place requirements or impositions that are very difficult for us to deliver on. As I said, there are a range of problems: we

deal with offenders with mental health issues, violence issues, drug issues and all sorts of other things. Our staff cannot be experts in all areas and I think it is unrealistic to say that they can be trained and know how to do with all of those issues. That is why we rely very much on the services that exist around the place. Sometimes the court places conditions that say this person has to attend a program or be given a certain sort of intervention, and the program or intervention does not exist. It puts our staff in an untenable position because they are either required to try and do something, and they make off referrals that are a waste of space, or they are breaching the person because the person cannot comply with that sort of requirement because it does not exist. For us, the issue is about the fact that, yes, there are a raft of issues that need to be addressed. Certainly drug and alcohol are significant issues that need to be addressed and we would obviously welcome any sort of injection of funds and services that support us in trying to address those issues with people. The difficulty is that there needs to be more flexibility in the approach, and there needs to be consideration in terms of how we address those things in regional areas and remote locations, because as you say, it is that group of offenders who are invariably overrepresented in the criminal justice system, and invariably because of an outcome of alcohol or drug-related offending.

**The CHAIRMAN:** I would like to thank you both for your evidence before the committee today. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made in the transcript and returned within 10 days from the date of the letter attached to the transcript. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added by these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include supplementary submission for the committee's consideration when you return your corrected transcript of evidence.

**Hearing concluded at 11.08 am**