



Dissenting remarks – Ms Jennie George MP

In terms of the content of the Report I have been guided by the belief that prevention and treatment of substance abuse should be enhanced. It was particularly disturbing to find lack of data on the current availability of treatment services on a national basis. The lack of detoxification and rehabilitation places was particularly evident in the Committee's deliberations. People seeking treatment are far too often in a position of not being able to access assistance when needed.

As heroin dependence is a chronic, relapsing disease it is necessary to understand the need for ongoing support and treatment and that the issue is a medical not legal matter. Saving lives of people who are opioid dependent is an essential component of any program, which aims at achieving a drug free status.

There is an urgent need for further research into the use of Naltrexone given that many people are now 'parked' on methadone maintenance programs. It appears that Naltrexone treatment is most effective when patients are carefully selected for treatment and extensive social support is provided. In that regard, Naltrexone trials should not be introduced into the prison environment until such time as the efficacy of the trials has been proven. As noted by Dr Matthews, the head of the NSW Prison Medical Service "rehabilitation, although a laudable aim, is not logistically possible in the correctional setting..." Accordingly Recommendation 93 is opposed.

I oppose Recommendation 95 as the issue of random blood and urine tests is a matter that should be appropriately considered in an industrial context.

Finally, in supporting a greater emphasis on harm prevention and treatment, this does not equate to a strategy of zero tolerance. Addiction is a medical condition. Dependence on licit and illicit substances is not something that can be wished away. As a society we have an obligation to provide the necessary

support for people seeking to break their dependency, recognising that opioid dependency is a chronic, relapsing disease. In that process saving lives and minimising harm will continue to be part of an overall compassionate strategy.

Ms Jennie George MP