



# ***COMMUNITY SUPPORT AND SERVICES COMMITTEE***

**Members present:**

Ms CP McMillan MP—Chair  
Mr MC Berkman MP  
Ms CL Lui MP (virtual)  
Dr MA Robinson MP (virtual)  
Mr RCJ Skelton MP  
Mr LA Walker MP

**Staff present:**

Ms L Pretty—Committee Secretary

## **PUBLIC HEARING—INQUIRY INTO THE DECRIMINALISATION OF CERTAIN PUBLIC OFFENCES AND THE HEALTH AND WELFARE RESPONSES**

### **TRANSCRIPT OF PROCEEDINGS**

**WEDNESDAY, 5 OCTOBER 2022**

**Townsville**

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### **The committee met at 12.32 pm.**

**CHAIR:** Good afternoon, everyone. I declare open the public hearing for the Community Support and Services Committee inquiry into the decriminalisation of certain public offences and health and welfare responses. I would like to respectfully acknowledge the traditional custodians of the land on which we meet today and pay our respects to elders past, present and emerging. We are very fortunate to live in a country with two of the oldest continuing cultures in Aboriginal and Torres Strait Islander peoples, whose lands, winds and waters we are now all very fortunate to share. I acknowledge those First Nations men and women who may be in the room today. I also acknowledge the member for Cook, the first Torres Strait Islander to be elected to the Queensland parliament, Cynthia Lui, who is on the line. Thank you for your interest and for your attendance here this afternoon.

On 24 June 2022 the Legislative Assembly agreed to a motion that the Community Support and Services Committee inquire into and report on the decriminalisation of certain public offences and the health and welfare responses, with a reporting date of 31 October 2022.

My name is Corrine McMillan. I am the member for Mansfield and chair of the committee. The other committee members are: Mr Michael Berkman, the member for Maiwar; Mr Robert Skelton, the member for Nicklin; Dr Mark Robinson, the member for Oodgeroo, who will be joining us via teleconference; Mr Les Walker, the member for Mundingburra; and Ms Cynthia Lui, the member for Cook, who is also on teleconference.

### **HARDING, Mr Bede, Townsville City Council**

### **HILL, Ms Jenny, Mayor, Townsville City Council**

**CHAIR:** I now ask you to make an opening statement, after which members of the committee will ask some questions.

**Ms Hill:** Thank you for the opportunity to appear before you this afternoon in relation to this inquiry into the decriminalisation of certain public offences and the related health and welfare responses. At the outset, I would like to say that the majority of Townsville residents as a general principle do not want to see a relaxing of the criminal law in Queensland, regardless of the significance and seriousness of the offence. While most Townsville residents are concerned about the waves of property crime that we experience in this city, offences that seek to maintain the utility and enjoyability of the public domain are still of community importance. As a person elected to lead an organisation which manages \$5.4 billion worth of public assets including footpaths, open spaces and parks, I also want to see the public enjoy these spaces in a responsible and safe manner.

In relation to the terms of reference for this inquiry, I would suggest that the offence of public intoxication, section 10 of the Summary Offences Act 2005, should not be repealed but applied with good judgement and discretion by the Queensland Police Service. One of my council colleagues served in the Queensland police for a number of years, and I sought his counsel to help inform the views that I present today. He said—

On many occasions we, as experienced operational police officers, came across people in various levels of intoxication out the front of their homes or on their way home, some who we knew were the subject of domestic violence orders as the respondents. At times they were aggressive in their demeanour while in an intoxicated state. As an experienced officer, you knew that the minute they stepped inside the door of their home a form of domestic violence would occur, with the end result being from a simple breach of verbal or threatening behaviour through to grievous bodily harm or death. The arrest for the offence of drunk in a public place was a simple and effective tool to remove the intoxicated person legally. They were placed in a watch house for up to the standard and lawful four hours to allow them to sober up enough so that their aggression had gone and they could go home.

He added—

While attending disturbances at either licensed premises or house parties, there were usually people who were not quite covering off on all the elements of an offence to be arrested, apart from being intoxicated in a public place, and were out in a footpath. You knew you would either be called back or the person in question had no previous history and normally was a model citizen but for whatever reason was pushing the boundaries and eventually would do something serious enough that could affect their employment or impact other parts of their personal or professional life.

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That ability to at least pull them out of those situations for a period of four hours was strongly supported. In relation to drink driving—

Many times people were spotted walking to their cars with keys in hand but obviously intoxicated. Arresting them for being intoxicated in a public place allowed police to prevent a possible serious accident, the person losing their licence, large fines and social embarrassment. Maintaining the offence of public intoxication gave police discretion to prevent instances of the previously mentioned offences from being committed, prevented the loss of employment that comes from some serious offences, prevented injury and death to other members of the community, and allowed for a more effective use of police time and resources.

Likewise the offence of public urination, section 7 of the Summary Offences Act 2005, should not be repealed either. To be honest, I am surprised that this is even being considered by the Queensland parliament.

In terms of the section 8 offence of begging in a public place, I do support the reforms in two ways. Firstly, what I would term as ‘passive begging’—leaving a hat or a bowl to beg and not verbally soliciting from people—should not be an offence in my view. Quite often I have actually brought food out to people in this situation. The definition there needs to be tightened up only to cover far more aggressive soliciting for money or goods. The other element of the offence, which is the maximum penalty of 10 penalty units, a \$1,437 fine or six months jail, is a substantially heavy-handed penalty for an offence of that nature.

I have some supplementary remarks having had firsthand experience in terms of asking the police to address the incidence of intoxication in a public place. About six months ago I was driving home late one night from an event and there were people wandering on the road not far from a licensed premises. They were a risk to themselves: they were at risk of being hit by a vehicle. I informed the police immediately. I rang the AC and asked him if he could do something. He said, ‘Look, if they are intoxicated we will be able to pull them out and deal with them.’ This is where I believe that offences like this could be used, to ensure not just good order but also public and personal safety.

We also have problems in the Townsville community where we are seeing people assemble in some of our parks and public spaces at all hours of the day to drink, and this significantly impacts the enjoyment of these parks and the surrounding areas. At one park in Townsville a community support organisation stops offering its services at 4 pm. Many of the people who use those services congregate until the wee hours of the morning, drinking, playing loud music and getting into fights. I am happy at a later point to provide video evidence of various parks where this occurs and also incidents where police and council security have been called. Not only is the park unusable for many people, but some residents in the surrounding areas are looking to sell their properties or end their leases because the peaceful enjoyment of their homes is no longer there.

I understand why people need to come to Townsville from other parts of North Queensland—we are the government and community services hub for dozens of communities—however, the Queensland government, and the parliament of Queensland that holds government to account, has an important role to play in minimising the negative impacts that arise from the movement of people into our city. The state needs to provide the services for people in their own community or improve the wraparound services for people that can meet the demand in Townsville before relaxing any laws governing the quality of community use of public spaces here. I urge the committee to use great caution and listen to the overwhelming community feedback before going in and changing the legislation. I do not believe that there is broad community support for it. I certainly do not support it. Thank you.

**CHAIR:** Thank you very much for that opening statement and for the amount of work that you put into that contribution. I will turn to the member for Maiwar to ask his first question.

**Mr BERKMAN:** We appreciate your time here today. Very broadly, do you have any reflections on the fact that Queensland is the last jurisdiction in the country to move on this, to take steps to decriminalise public intoxication in light of the many decades of recommendations, going right back to the Royal Commission into Aboriginal Deaths in Custody, that this should be done?

**Ms Hill:** I have spoken to restaurateurs here, and I am not talking pubs or anything like that. There was a restaurateur who moved here from Sydney and he was amazed at the amount of alcohol he sells in this community. He estimated he was selling six times as much alcohol per patron compared to what he sold in Sydney.

We have a very young population here. Our average age is 36. If you look at any of the stats that come out of any of the forums, statistically we are going to have a problem with intoxication. The sad thing is that a lot of people here drink for effect. That puts not just themselves but also other community members at risk. If you do not have these laws in the arsenal, what are you going to do?

Put a social worker on every corner? How are the police going to pick someone up if they are intoxicated? To be honest, some of these young people in particular are better off being in jail for public intoxication as they are not likely to lose their job for it but they are if they are driving a vehicle or acting aggressively, particularly to a partner.

The issue of alcohol consumption is very different in Victoria and New South Wales. You just have to look at the statistics per head of population. It is a very different case here.

**Mr BERKMAN:** Is it your suggestion that because—and the statistics you are referring to could be useful but—

**Ms Hill:** Go have a look at the Office of Liquor and Gaming Regulation. They should have the statistics on the amount of wholesale alcohol sold by postcode region. I would be very surprised if you could not get it.

**Mr BERKMAN:** Are you suggesting that there is a greater need for criminal sanction because of the presumed higher rates of drinking?

**Ms Hill:** How do you make people responsible if there are no consequences?

**Mr BERKMAN:** It is an interesting rhetorical question.

**Ms Hill:** It is.

**Mr BERKMAN:** Can I put a further question to you that maybe could be answered with an answer rather than a question. I think we are seeing quite broad agreement that the current system of criminal sanction is not effective as a deterrent.

**Ms Hill:** Why do you say that? What data are you using? Can you explain to me what data you are using, because the rates of domestic violence are quite high? A lot of the incidents are alcohol related. The rates of child abuse are alcohol related.

**Mr BERKMAN:** This is not the forum for a debate. What you are presenting here are statistics that suggest there is something broken in this system. What I have put to you is that the criminal sanctions against public intoxication do not appear to be drawing down rates of domestic violence. They do not appear to be preventing high levels of alcohol use. My question is—

**Ms Hill:** Hang on, in what community? The reality is: if you do not have it then what else are you going to use?

**Mr BERKMAN:** Earlier you used the term 'a social worker on every corner'. Do you think there is—

**Ms Hill:** They are not working—

**Mr BERKMAN:** Can I please—

**Ms Hill:** Okay. I am sorry.

**Mr BERKMAN:**—just finish asking a question? Do you agree that there is an important role to be played by social workers and by non-policing responses, health responses and an alternative to the criminal frame that the offence of public intoxication brings to this issue?

**Ms Hill:** I went out with a group. They do not go out at night; they are too scared because people are intoxicated. They go out in the morning when everyone is sleeping it off. If that is your response, then I do not think it is a very good response because people are at risk.

**Mr BERKMAN:** Sorry, what is my response? What response?

**CHAIR:** It is rhetorical.

**Mr BERKMAN:** Okay.

**Ms Hill:** If you are suggesting that social workers and the NGOs can cope—they are not coping now. They will not go out there during the hours people are likely to be heavily intoxicated because they are scared for their workforce. They go out the morning after and sometimes it is too late. People vomit, choke on their vomit and die. People get involved in incidents. I know of a significant one that we filmed where a woman was sexually assaulted by a drunken partner. They are not going to go out there when they are needed. They go out there afterwards and sometimes that is too late. That is when the police go out there. That is when they will pull someone apart. That is when they will say, 'You're too drunk. If the partner is not going to make a complaint we'll put you in for intoxication.' At least you give someone a four-hour break. Explain to me how a social worker can do that when someone is drunk.

**Mr WALKER:** The committee heard that access to public toilets after hours has improved across the state whereas previously in some parts of the state doors on public toilets were closed after hours. What does your council do to ensure there are sufficient public toilets?

**Ms Hill:** I suppose this is the issue. In our entertainment precincts, where we expect people to be at night, we have built a series of toilets to allow people who may not be able to get back into nightclubs to access public toilets 24 hours a day. The toilets along The Strand are open 24 hours a day for the public. Where we have high visibility or high community use, we try to keep those toilets open 24 hours a day. There are some areas where we do not want public activity late into the night, particularly some of the parks that are close to residents. We will lock those toilets, even remotely, from about midnight to try to prevent people from congregating there after hours.

**Mr WALKER:** Is that the council policy in relation to public toilets after hours—to lock them up?

**Ms Hill:** Only those ones where we do not want activity in parks after hours because of community complaints. For example, if we are running night-time programs with an NGO, we will make arrangements. Depending on the park, it could be 10 o'clock or midnight.

**Mr WALKER:** To make sure I have this right, you support that it is a criminal offence to urinate in public?

**Ms Hill:** Not necessarily for public parks and things like that.

**Mr WALKER:** It either is or it is not.

**Ms Hill:** The problem will be: if someone complains about people urinating then the only charge that could be levelled at them is wilful exposure, which actually carries quite a heavy penalty. However, if you keep the public urination, if someone is complaining and the police have to react it is still public urination, not wilful exposure.

**Mr WALKER:** Say a gentleman is suffering from diabetes—

**Ms Hill:** Incontinence, yes.

**Mr WALKER:**—and needs to go to the toilet. All of a sudden he finds the toilet is locked and then he is subjected to a fine for urinating in a public place. What is your position on that?

**Ms Hill:** That would be unfortunate, but I would like to think that if there is a genuine reason—and I think we have all been caught short. However, there are some people who think it is great to just urinate on things, even though toilets are open. In one case I know of personally, they thought it was a great joke to urinate on someone's car. It was a joke. The person they did it to did not think it was a joke.

**CHAIR:** Of course. The member for Oodgeroo—and we welcome him—is on the line but he is quite unwell, so he will not ask any questions today. I will turn now to the member for Cook. Do you have a question of the mayor?

**Ms LUI:** Thank you for appearing this afternoon.

**CHAIR:** We cannot hear you. Member, if you tell me the question I will ask the mayor.

**Ms LUI:** Some may argue that public intoxication, urination and begging are the direct result of issues relating to homelessness, overcrowding, domestic violence, mental health and so on. I was interested to know the mayor's view about the three offences being placed in the mental health category and if she has any comments on that.

**CHAIR:** Thank you, member. Mayor, the question from the member for Cook was that the three offences are closely related to homelessness, mental ill health, poor physical health et cetera. The member for Cook was interested to hear your views around the close relationship between the three offences and somebody's broader social health context. Do you have any comments around that?

**Ms Hill:** I do not necessarily think it is just related to homelessness. I think there is an issue around alcohol in society in general. One aspect is around homelessness, but there is also a strong view around alcohol in the youth culture. It should be that this is about allowing police to have that extra law, that arsenal, and to use it with discretion.

**Mr BERKMAN:** Your opposition to the decriminalisation of these offences is well noted. If we can just put that to the side for the moment, I am really interested to understand what additional services or what you think should be the focus of any additional health and welfare response that is deployed to bridge the gap between where we are currently and where we would like to be post reform if it happens?

**Ms Hill:** It depends on which way you want to go. There is a whole raft of services. Those who are well educated know where to find them. Those who may not be may not, so then it is about how you get those services to those people. Most of our services close by four o'clock—five o'clock if you are lucky. Many of them are industries that have a lot of women. They are not comfortable, I feel, in confronting some of the situations that they would have to confront.

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Dealing with it the next morning is not the way to deal with it. In some states they operate a banned drinkers register. Should we then go towards having a proper banned drinkers register and anyone who supplies alcohol to that person is also banned? That way then you are dealing with the person and the issue: until they seek help, until they get support, they cannot access alcohol.

I have friends who are paramedics and they will say to me that alcohol is their biggest problem when they deal with much of the trauma that they have to deal with. If you are going to get rid of this, do you give police and magistrates the ability to put people on a banned drinkers register and then they cannot come forward until they have treatment?

**Mr SKELTON:** You raised the point that if we decriminalise these particular summary offences in Queensland then we have to implement others. You are aware that in the Northern Territory and in Western Australia they decriminalised these offences some time ago. Do you think we should be looking at their experience?

**Ms Hill:** That is why I recommended the banned drinkers register. At the moment they are looking to tighten it up in the Pilbara because it does not operate there in the same way that it does in the Northern Territory. In the Northern Territory all licensed premises must be a part of it. ID must be shown and a magistrate or the police can recommend someone be placed on the banned drinkers register. I have made submissions of this to some of the ministers around dealing with some of the problems. That would then give the NGOs an opportunity to deal with clients. As I said, when I went on the drive around with one of the services, there was absolutely no way that that service would allow their people to deal with clients while they were drinking.

**Mr BERKMAN:** You have a unique window into the community here. Putting aside the more regulatory responses—and this is along the lines of what I asked before—what health and welfare responses would you prioritise?

**Ms Hill:** I spent 21 years as a medical scientist with Queensland Health, so I have seen the chronic effects of alcohol throughout the community—from FASD in infants, detoxing them, all the way to cirrhosis in 30-year-olds. Yes, Queensland is the last state. As I said, in some of the other states they introduced the banned drinkers register. You need to be able to deal with some of these problems and get people into treatment. Services are not going to go out there at nine or 10 or 11 o'clock at night when someone has had a skinful to try to deal with them. I welcome the opportunity to show you some of the video footage we have, and it is scary. I do not want to see anyone in that position.

If you take away one arm of this because you want to decriminalise this then how are you going to deal with the problem, because it is a problem? It is a problem that is endemic in parts of our community. I have seen so-called nice families broken up by the effects of alcohol. I have seen young adults who we treated for the effects of FASD. At some point we need a circuit-breaker. If you are not going to have public intoxication as an offence then have a banned drinkers register and make it so that people have to seek treatment if they want to get off it.

**CHAIR:** Sadly, our time together has come to an end. Mayor, thank you very much for your consideration today and for giving up your valuable time to contribute to this important inquiry.

**CHARLES, Mr Vaughn, Support Worker, Diversionary Services, Palm Island Community Company**

**CLAY, Mr Alfred, Support Worker, Diversionary Services, Palm Island Community Company**

**KYLE-SAILOR, Ms Andrea, Community Development Worker and Cultural Adviser, Aboriginal and Torres Strait Islander Women's Legal Services NQ Inc.**

**LYMBURNER, Mr Carl, Private capacity**

**SAILOR, Ms Deeann (Dee), Manager, Youth Services, Palm Island Community Company**

**CHAIR:** I now welcome representatives from the Palm Island Community Company. I welcome Councillor Andrea Kyle-Sailor. Councillor Kyle-Sailor is a Palm Island community justice group member as well.

**Ms Kyle-Sailor:** I am.

**CHAIR:** I also welcome Ms Dee Sailor, who is the Manager of Youth Services; Mr Vaughn Charles, who is a support worker, Diversionary Services; and Mr Alfred Clay, who is also a support worker, Diversionary Services. Is that on Palm Island as well?

**Mr Clay:** I am a domestic violence support worker.

**CHAIR:** I welcome each and every one of you. Thank you for giving up your valuable time. Councillor, we might start with you for an opening statement.

**Ms Kyle-Sailor:** Chair, today I will be representing the Aboriginal and Torres Strait Islander Women's Legal Services NQ and the other members will be representing the Palm Island Community Company.

**CHAIR:** We will do two separate opening statements. We might start with you, Councillor. Then would it be most appropriate for you, Dee, or Alfred?

**Ms Sailor:** Go with Alfred.

**CHAIR:** We will go with Alfred. Then the committee will ask some questions. It is over to you, Councillor.

**Ms Kyle-Sailor:** I would like acknowledge the panel as well. Thank you for the opportunity today. I thought I would give a little bit of background of Palm Island for those who are not fully aware. Palm Island was established as an Aboriginal mission in 1918 when Aboriginal people were removed from all parts of Queensland to different areas. Most were sent to Hull River. A cyclone destroyed there and then they were sent straight to Palm Island. My family was one of the first families to come across from there. There were many others but we were one of the first.

The police relations on Palm Island are really non-existent, as you can understand. This goes way back to 1930. A local was forced to shoot the superintendent way back then. He did time over that shooting at the order of the police. You are aware of the riot in 2004. Palm Island has over 50 tribal groups, so you can understand the tensions and the complexities of all the family groups there. We have two strong groups—one being the traditional owners, who are the Manbarra people, and us others who are the historical people who were brought there. There are even tensions there.

As an outline, I am a community justice group member, I am also on the Palm Island council and I am a community development worker and cultural adviser to the Aboriginal and Torres Strait Islander Women's Legal Services NQ Inc.

In 2007 Palm Island implemented an alcohol management plan. The alcohol management plan is for a mid-strength beer only community—so no spirits and no wine. The AMP was initially put into discrete communities to reduce alcohol related violence, particularly against women, children and the elderly. I work in the field of justice and DV and I can tell you that nothing has changed since 2007.

Following a review of the AMPs in 2019, there was a new approach to alcohol management. Some of the findings were that AMPs play a valuable role in ensuring community safety, particularly for vulnerable people; illicit alcohol—such as sly grog and home-brew, but we do not have home-brew as much—has undermined the positive impacts of the AMPs; and community ownership and local leadership in determining and implementing strategies for managing alcohol misuse and harm is key to the effectiveness of these measures.

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I can say that since 2007 Palm Island has readied itself for possible changes. I am sure Vaughn and Alf will speak about the diversionary centre and I guess Dee will speak to other programs for children. The AMP is no longer a deterrent on Palm Island. It is purely a revenue raiser for the state government, I am afraid to say. At a recent call-over in August we had 88 offences before the courts—39 were DV related, 46 were alcohol related and 13 were 'other', being traffic offences, stealing and fraud.

In terms of the current inquiry, urinating in public does not happen as much on Palm Island because we tend to drink in the homes. Toilets are available in the homes, so there is no public urinating as such. We had one case of begging probably 20 years ago. As Aboriginal people we tend to be caring, so when somebody asks us for the price of a drink or a cigarette or something like that we normally give it, but it costs you of course. Being intoxicated in public is not an offence before the courts on Palm Island because we have the AMP. What happens is that someone will come off the ferry and they will be drunk. The police will automatically target them. That will get them angry. From just being drunk, they will end up with an offence of public nuisance, swearing, obstructing police, probably assaulting police. The offence of being drunk in public stems further than just one actual offence.

I will give you a case, which is extreme but it is a realistic case—you would all know it—about simply being intoxicated in public, and that is all his offence was. It is the case of Mulrunji in 2004. I happened to be working with ATSILS at the time—the Aboriginal and Torres Strait Islander Legal Service—as a field officer. On the 19th a young man named Mulrunji was walking along a street. He had never been in trouble with the law before. It was 10 o'clock and he was singing and walking along. He saw the police assisting an aggrieved. He made a comment to the PLO at the time about locking our mob up. The officer at the time asked the PLO what he had said and he told him what he had said. Mulrunji was therefore arrested and we know the consequences of that and what happened there.

I realise that the mayor has concerns about the park area. All of those people who sit in the park are First Nations people. I have a client with 29 offences of being drunk in public on her criminal history, but that was 20 years ago. Today she has changed her life. She had her children taken off her, but she has changed her life and wants to get a blue card. She cannot because of, firstly, her criminal history and, secondly, because Blue Card Services will not allow it.

The recommendation from the Aboriginal and Torres Strait Islander Women's Legal Services is that we are very supportive of decriminalisation. As the member for Maiwar said, we are the last jurisdiction to do this. This was a recommendation from RCADC 30 years ago. We have been talking about decriminalisation since then. Given the impacts, our view is that we strongly support the decriminalisation of public intoxication.

**CHAIR:** Thank you. We will go now to Mr Clay, who will provide a brief opening statement, and then our committee will have questions.

**Mr Clay:** I am a support worker for PICC in the domestic violence section. We come across a lot of cases where a lot of men are becoming homeless because of domestic violence. On a place like Palm, they have nowhere to go. They have family there, but because of the overcrowding they are moving from house to house. Some of them even come into town here and end up living in the parks here because of that order. Women are becoming homeless also. They are in the same situation when it comes to domestic violence. We have services there that can provide help to the men, but we do not have a place where the men can go to, like a shelter type situation. We have been lobbying for funding to get one built on Palm Island.

To follow on from the previous speaker, as far as the alcohol management plan goes, people are becoming criminals because of drinking full-strength beer. That goes on their criminal record and they become branded as a criminal. Legally, you are a criminal if you get caught with a full-strength can of beer, so that goes on your record and that can stop you from getting a job. That can stop you from getting your children back. That can stop you from getting a lot of things when you want to change your life, but that one charge can stop that progress you have made in dealing with a lot of issues in your life. I have seen issues where men have come into Townsville here and ended up in the park because of domestic violence. We have services there that can help these people, but I suppose some things need to change, even when it comes to the alcohol management plan. It has created a system of binge-drinking—it created a binge-drinking lifestyle—and binge-drinking is a more damaging aspect of drinking.

With the police, I believe they have too much power. They can interpret the law how they want to interpret it. They can decide what is what and they seem to have no rules to govern them in that. I have come across clients who were charged with grievous bodily harm and when they questioned Townsville



that charge the charges were dropped and they were charged with common assault. With a lot of the charges on people, the police are charging people for more serious things than they should be charged with, and that happens a lot because people do not question the charges they are on; they just accept them and move on. They either go to jail—and people will accept going to jail and that. That is how it is. They just accept what is handed to them and move on. That is one issue that I have as far as that goes.

With assaulting police, you can touch the police like that and you will be charged with assault—for just touching the police, and you will be charged with assault—and they provoked you into touching them. That is what happens. I have seen it. It happened to me. I have seen it happen to other people where the police provoked people just to touch them and they are charged with assault. I feel that there seems to be no-one checking the police on Palm Island on the ground in what they do on a daily basis. When they are on duty, there is no-one there to—how can I put it?—check on them and see what they do and there is nowhere to take complaints to. You can take a complaint to the sergeant, but whether something happens is up to him. There seems to be nowhere where we can go with complaints on the island to talk to someone about issues like that. There are situations where they have walked into people's houses. They do not even bother getting a search warrant. They will walk into your house, whether you like it or not. I have seen them do that a lot—just walk into people's houses.

When it comes to public drunkenness, I believe that we should have a system in place when it comes to public drunkenness because that can create a situation in terms of what is acceptable in the community. Is it acceptable for people to be walking around drunk in the street? Personally I do not think that is acceptable. If people do walk around, there should be services to help the police to take those people to a service to help them—not to a cell, not to a jail, but to a place like a shelter instead of jail and not classing that as a criminal offence and maybe situations like that. I think that is all I can say.

**CHAIR:** Thank you, Mr Clay. That was very insightful.

**Mr BERKMAN:** Thank you. I really appreciate your time here today. I wanted to start off by sidestepping the public drunkenness question a little bit, because you have both raised the alcohol management plan and the criminalisation of people through that avenue, which, I guess, has a lot of parallels in that the intent behind decriminalising public drunkenness is to take that criminal sanction and the consequences out of the picture and all of the disadvantage that flows from that. Just really broadly, what is your view and the community's view about the alcohol management plan and its operation on the island at the moment?

**Mr Clay:** Personally I do not like it. I believe it goes against human rights, so it is a human rights issue having that in place.

**Ms Kyle-Sailor:** Yes, and the view of the justice group on Palm Island is the same. They do not want it any longer. Myself and Councillor Geia, who is not here, have lobbied our local council to have a review as well, but that has not happened. I guess I did not fully explain, but if the AMP is taken away on Palm Island then we are going to have alcohol readily available at all times so, therefore, we are going to have a lot of people who will be drunk. My point is that if we do not decriminalise drunkenness in public the majority of Palm Island people are going to be in the courts even more prevalent than now.

One of the comments that Mayor Hill made was that the young population has a drinking problem. Palm Island has a shocking drinking problem because of the way we are made to drink now. Alf can elaborate more on the style of drinking, but the repercussions for our young people are going to be dialysis by the time they are 36, so there are serious health and safety issues which means that our community is really at risk. We are already at that point of having a drinking problem.

**Mr BERKMAN:** Given what you have said, is your view that the alcohol management plan is achieving anything?

**Ms Kyle-Sailor:** As I said, it is a money raiser now for the state.

**Mr BERKMAN:** Okay. I want to ask the same question that I asked of the mayor about the health and welfare responses. What are the most important gaps that need to be filled in terms of providing functional health and welfare responses to deal with problematic drinking, specifically on the island but also more broadly in and around the Townsville community?

**Mr Clay:** We have a rehab on Palm and we have services that can provide help to people. What we have now is good, but it is still not enough. Like I said, we basically need a men's shelter to deal with the men who are homeless, but there are other ways of being homeless too, and not only domestic violence; there is overcrowding. We do need a bit more help as far as providing services to Townsville

the people. The council need to be able to do things too from their level as far as law and order goes in the community. You need those services there if the alcohol management plan is taken away, but you need those services to be functioning to help people to step into. It is not only alcohol; through the alcohol management plan drugs became a very big issue. I am talking about heavy drugs, not just marijuana; I am talking about ice and speed. It is running rampant on Palm Island because of the alcohol management plan.

I have worked in the pub in the past, when the pub was open 10 to 10, and I found that during the week there was no-one there. It is only on payday that they will come and have a beer, because when you know you can go and get a beer whenever you want to there is no need for people to drink fast or drink as much as they can in a short period of time. That is what creates a lot of the problem when it comes to diabetes—that is, drinking as much as you can in a short period of time. That is what the alcohol management plan created—that binge-drinking style—and it also created a drug industry on Palm, and I mean heavy drugs. This stuff has been going on for years, but we still need help with our services to be able to help people more and get things done in helping people.

**Mr SKELTON:** Mr Clay, you were just saying that, in order for decriminalisation or any of those things to work, there needs to be more investment in other services like your diversionary service. You also mentioned the social housing aspect over on Palm Island. You are aware there are housing issues all over the state at the minute. We are overcrowded everywhere. From your point of view, if those offences are not there, who actually manages, and who volunteers that management plan? Was that implemented as a community initiative or was it imposed?

**Ms Kyle-Sailor:** Imposed.

**Mr SKELTON:** On that note, addressing these issues, you want more empowerment to have conversations and have your own type of laws in place with regard to having a bit of personal responsibility, diversion and all that type of thing?

**Mr Clay:** I think strengthen the by-laws. Deal with the by-laws. I believe that the by-laws set the standard of our community and what it should be. That is my belief. If we can have strong by-laws put in place and have the people to manage that or to police that—even having our own Aboriginal police officers, like we did in the past. They had pretty good control over community in the past. There are issues with the state police today. One thing I have heard is that they will not deal with an issue if there are a lot of people there because of fear. They will not go and deal with these things because of fear of what might happen to them. They are dealing with that themselves. They have their own fears and they just decide not to go and that is it.

**CHAIR:** Thank you very much, Mr Clay. We just lost the member for Cook. We will do our best to get her back on the line. Member for Oodgeroo, if you have any questions, you can text or email them to me and I am happy to ask those questions on your behalf.

**Dr ROBINSON:** Thank you.

**CHAIR:** I was speaking to one of the members of one of our community support organisations this morning and one of the issues is the idea of some of our First Nations people coming into larger cities for medical treatment, catching up with family, getting a bit waylaid, not getting to the medical treatment and then spending time drinking and socialising and so on, and that spirals. What sorts of supports would you recommend or suggest around helping to deal with that issue? Obviously, there is tremendous medical support available in places like Townsville and Mount Isa. How do we best support our First Nations people to access the treatment they need rather than get to a situation where they are spiralling and their health suffers more?

**Ms Sailor:** Obviously we are all aware that diabetes is so high among First Nations people, so creating more renal beds in communities would be so great. I know that a lot of mining companies fly in and out—the FIFOs. Why can't we fly our patients from communities into the hospitals and then fly them back? Why can't we make that phone call?

**Mr Charles:** We are willing to support for—

**Ms Sailor:** Escorting.

**Mr Charles:** Yes, escorting. None of them want to be escorted, but it is what it is. We want the best treatment because then we are going to suffer when we have sorry business. We all come together for sorry business in this community and then we get up and say, 'We should have or could have done this.' At that point in time, in that final time frame, we have a lack of jobs or funding or whatever. If we have support people in place with family supports or broaden it a bit more and make them accountable—for primary health, we have two health services on the island as well. If we can have that in place, it would be ideal.

**Mr Clay:** We do have treatment. People come to town from Palm to the hospital in here. If people want an escort, someone will come in and take them to the appointment and bring them back home. That is already in place with Queensland Health. We have issues with people coming from out of town—from maybe up in the gulf country, maybe out west. When they come to Townsville they either walk away from the hospital, or when they finish their appointment there is no-one there to take them to the airport or no-one there to get them from A to B and they end up in the park. It is happening with a lot of people from out west, that sort of thing.

**Ms Kyle-Sailor:** I am not an expert on PICC and I am not employed by PICC in any way either, but from what I have seen they have good support mechanisms in place for this type of thing. They can get picked up from the airport. That taxi will take you only to the hospital and only back to the airport. There are no deviations whatsoever. They also do get escorts when needed if they have a disability as well. Like I mentioned before, PICC has had 10 years to be ready and prepared. They have been there for 10 years in our community, so a lot of those services are already there. With the diversionary and these types of health initiatives that they have, their policies and guidelines are quite strict. Like Alf said, it is mainly the communities from out west that get stuck here—from Doomadgee. I think we are the nearest oncology unit as well. Yes, Palm Island is pretty ready.

**Ms LUI:** Do you have a view on the appropriateness of the current police powers ensuring community safety and public order arising from public intoxication and begging? Also, can you talk about some of the implications with detaining especially First Nations people who are heavily intoxicated? I pay my respects to any elders that have been impacted in the past.

**CHAIR:** Thank you, member for Cook. Did you hear that?

**Ms Kyle-Sailor:** No, Chair.

**Mr Clay:** No.

**CHAIR:** That is all right; I did not expect that you would. Essentially, the member has asked if you have a view on the appropriateness of the current police powers for ensuring community safety and public order arising from public intoxication and begging. Also the member paid her respects to those First Nations peoples sitting with us today. Her question was also concerned about the safety of the broader community.

**Ms Kyle-Sailor:** Once again, PICC was instrumental in developing a community safety plan, so probably the PICC staff might want to elaborate on that. I do know that the largest portion of that report was in regards to alcohol—alcohol in the community safety plan.

**Mr Clay:** Yes.

**Ms Kyle-Sailor:** Everything stems from alcohol, unfortunately, on Palm Island. Have I answered that question?

**Ms LUI:** Can you hear me, Chair?

**CHAIR:** Yes.

**Ms LUI:** It was more seeking her view on the appropriateness of the current police powers for ensuring community safety and also what are the implications for First Nations people who have been detained, and if she has a view on it.

**CHAIR:** Your view about the current police powers and then your concerns or views about those First Nations people who have been detained around those particular powers.

**Ms Kyle-Sailor:** Unfortunately, the Queensland police do not have their priorities straight on Palm Island. Their priority is to be at every ferry, which is six days a week. They are at the ferry, funeral or no funeral.

**CHAIR:** Why are they at the ferry?

**Ms Kyle-Sailor:** They are going to search people for restricted alcohol. That is where it comes in where somebody drunk comes off the ferry. In Townsville you can drink whatever you like, so if they come off the ferry drunk after a Cowboys game or after whatever weekend the police automatically make a beeline for them, because if you are drunk you are bringing something with you as well. When that occurs, it has a domino effect; all the other offences come into play. I have personally taken a DV client to the police station and they told me that they were too busy. I then went to the ferry at 1.30 and, of course, the two police cars were there. The police do not use their powers appropriately. Everything is centralised on alcohol. Alf will be able to talk about the police and their powers.

**Mr Charles:** I have a question about police and powers. We have a diversionary service. We run outreach patrol mainly around paydays, Wednesday to Sunday, 4 pm to 12 am. They are just trying to do a patrol—grabbing people, taking them home. On the other end, the diversionary centre has beds. When people get done for drunk and disorderly, they are never referred to any guys down to the diversionary centre to let them sleep it off there, and we have workers who are there to look after them. There is a lack of communication with that. We can follow up with the programs the next day when we have programs, daily activities, and get down with them to refer them to other services or whatever we need to do to support them.

**Mr Clay:** I am not saying all of the police—not all. There are some good fellas and there are some bad fellas. It is not all bad with the police, but in some cases I do believe they get carried away sometimes. Maybe it is because of their own fears. It could be anything. They do get carried away at times and they do get a bit rough with people when there is no need to. People are being charged for serious crimes when it is not. When it comes to searching at the ferry, only black people are searched—no-one else. The alcohol ban applies to everybody living on Palm Island. We have European people living over there—doctors, nurses, schoolteachers and contractors. They are never searched. People's cars are being searched for alcohol, coming from the pub, but no-one else—not contractors, European or white people. Their cars are never searched and they can walk out of the pub at closing time, jump in their car and drive home. They are never stopped.

**Mr Charles:** That is the only restaurant we have open at night, so it is a bistro and a—

**Mr Clay:** Not only the bistro, but they have the bar open until about 10. People who live on Palm believe that the alcohol management plan only applies to Aboriginal people. It is the same coming to town. I have heard that in a couple of pubs in town you have to show an ID if you want to buy a beer and if your ID says 'Palm Island' you are not served. That is happening in the Townsville area. That has been happening for years.

**Mr Lymburner:** I have actually been through that not so long ago. I had a relative come from Palm into town. He had his ID, but they would not sell him a cask so I had to produce my Townsville ID and then I arced up. It was because of the alcohol management plan. How is that actually equality in a society of today?

What we are talking about here is mental health trauma. It is the trauma of services delivered upon our people. We are already suffering systemic trauma from police systems, lateral violence like we are hearing about here from within our societies. I still take the men's group here in Townsville. I actually do my own intensive outreach service on social enterprise. My partner and I work out of hours—all hours of the night. You have been to one of my men's groups. I have lived experiences, but because of my past I cannot get a blue card, what we are talking about, but I am probably one of the most valuable members in my community at the moment.

Vaughn and I have worked together. We had a client come from Townsville and we got him into rehab over there. That man was suffering that much trauma in his life. He lost his son in an accident here. He could not see past the hurt and trauma. He is now working in the mines. We do not work within scopes. This is the problem within the systems that we are talking about here. We all want to individualise and scope everything. We are all talking about the symptoms. You have to deal with the problem. For us, it is actually mental health.

Everyone is in their scope within their industries and we all talk holistically, but how many have actually shared data? It comes with a confidentiality clause. My scope is a big brother, uncle, father, rehabilitated drug addict, domestic violence person, homeless person—you name it. If I am going to help someone, I treat them like they are my family because they are going to get the help they are supposed to get. Some of my family members here know what I do in my community. I am not paid. This is what I do off my own back because I know what happens. I lost my son to suicide. I see my families, all of our families, go through AODs. It is not just the alcohol, the ice. It is devastating. We can unpack.

I can talk about the grooming, I can talk about the prison and I can talk about the whole cycle of everything, but it is the system within itself. How are you going to make change if you are not willing to give people at grassroots level the opportunity to make change through their connections? They are connecting from community stakeholders to actually lived experience. Without that connection, you are now infiltrating from the top down with no knowledge of what is going on in the community. What you are delivering—and I have sat here and listened to it all day—is not working one iota.

Then there is what I have been able to do off my own back. I have got five or six from my men's group. Holistically, I help the families as well. I offer assistance to the women's group and I also help the kids. Each of them will tell you a different story. You are not just dealing with one. This is knowing Townsville

of the informed trauma that historically and culturally our families have suffered. You forget about that because within your scopes there is no understanding. That is from your frameworks, if you know what I mean. That is the honest truth.

I come from my lived experience into this. This wall here: I punch holes in it all day of the week. At the end of the day, me and my brother here, Alfred, my families: we are the ones this is supposed to be getting delivered to, but we are still falling through the cracks. Why? How? There are millions of dollars coming into this place for domestic violence, mental health, emotional and social wellbeing, youth justice—you name it. They all talk that they want to help, but none of you talk together because that is your system; that is your government. Realistically, I think you need to come down and speak to us, to the proper grassroots people. This is what I mean. I have been walking around here and I have been giving out my knowledge for ages, but because it is so real people do not want to have anything to do with it because it is going against what has been put upon us.

**CHAIR:** Thank you, Mr Lymburner. That was a valuable contribution and we appreciate that.

**Mr WALKER:** I want to acknowledge Carl, because I have been to one of his meetings. He is a respected community leader with so many across Townsville—young, old, men, women. He spends money out of his own pocket because he cannot get a blue card or recognition to work with youth. He takes young people off the street. I want to acknowledge that today. I respect that because I have come from a background where I have assisted others, although I do not want to go down that road today.

I have visited Palm Island for over 30 years. What I noticed many years ago was that there was a lot of structure—you had the farm, pigs, chickens, coconuts and a lot of farming. I have noticed over the years that a lot of that has fallen down. I want to put to you the idea about having real jobs and meaningful opportunities for those who want reform through their own heart and drive. Carl talks about having to create those opportunities for others to step forward and find a niche where they want to work or help themselves with the assistance of others. Do you think it would be more constructive in some areas if there were First Nations industries, farming or opportunities—where they had total control to grow something and give to others and share? Would that give people an opportunity to put their hand to something and provide to others?

**Mr Clay:** For a number of years, a lot of people have been trying to get funding to set up businesses and make a go of it to change their life and things like that, but somehow people just cannot seem to access the funding to actually do that although there is money there.

**Mr Charles:** We do not meet the criteria.

**Mr Clay:** Somehow we just cannot seem to fit in with the system that is in place to be able to get funding to do that. In the past, we have had a lot of fruit and veggies growing over there, but because of the history over generations it has changed the attitude of the community when it comes to things like that. The community's attitude has changed from 20 or 40 years ago. Some people may be able to do it, but with the issues we have there now it is going to be very hard to change that around. It took 50 years to get to this point, and it will probably take 50 years to fix it all up. Individuals may be able to do that, but if someone wants to go further they cannot get access to funding to be able to do that.

**Mr WALKER:** The point I am making is that it is very complex, and for those who want treatment and help it can be overwhelming. It is very complex and very therapeutic and it is in a structured environment near a table or in a clinic. However, if they get into an open space and they are working with their hands and feel like they are contributing and having an outlet, in your mind would that be a good avenue to follow?

**Mr Clay:** Yes.

**CHAIR:** Thank you. We will go to Ms Sailor for your contribution.

**Ms Sailor:** I respect everybody's views and comments today. Coming from my position for youth services, I have to start from scratch. I have to undo what history has created. I have to be a part of change with the young people today. I have to change that mindset that, yes, there is a future. The opportunities you are putting forward would be great. The conversations I am having with the young people are that they have no future on the island.

The AMP and all of the other implementations create confusion. Our young people are loyal to their family members and what goes on in their households. However, they come out of Palm Island and into Townsville and they see completely different rules. Who do they listen to? Do they stay loyal to their family members, or do they have to merge and comply with what the laws say over in Townsville? There has to be accountability every way. I am teaching these young people that identity

is very important, but where do their loyalties lie? They need to have their cultural identity because that is who they are as an individual. However, they are getting caught up with the system and they have to conform to what the system is actually teaching them, so where do they lie?

That is where we are implementing a lot of cultural programs. I utilise the elders and the diversionary centre. We actually take them back to country and teach them that this is something they need to be proud of because they are a part of the longest living descendants in the world. How do we create that pride again? It is very important that we all work together, like Carl was saying—and that includes yourselves as well, to come in and meet us halfway. Do not keep on creating division because division is what is confusing our young people today.

**Mr Clay:** Vaughn and I take part in a program. We try to change people's attitude and behaviour. We help the men. We get down and we have discussions about what it is to be a man, what it is to be a father. We go into issues like that to try to get through to the men.

**Mr Charles:** We try to break the cycle of being incarcerated, of going to jail. We get right down to the bottom of it. I used to do drugs bad as well. I drink a lot of alcohol. I have been to jail once for domestic violence. I am not afraid to say it. I have eight kids of my own. I have put them through college. Four of them graduated in Toowoomba, so there is a bonus there.

I am always on the ground with the people—young men, old men. I had a 70-year-old man shake my hand and tell me that I changed his life. I said, 'I didn't change your life. I gave you some tools.' We are down there to encourage them and motivate them. We also get in contact with Carl on the other end just to watch out. We have both worked with a lot of DV clients as well. They are used to coming out of jail, spending a week with their family. They cannot face society. They drink too much alcohol, they get their head in the bong on drugs and they relapse. We try to get to the bottom of that and try to break that. We do not want them coming out of jail and doing it; we try to get it there.

**Mr Lymburner:** We try to change the normalisation of the lifestyle that we have seen all of our lives. Let us be honest, it is a normalised lifestyle. We are talking about all of these children. They have never seen love from the start. We are talking about kids who raise kids. That is this generation here. They are from broken homes. A lot of them are from within the system. The young client I was talking about earlier was brought up in the system and now his child is in the system and he has been able to make contact, but he knows what the system has done to him. That is why he carries a lot of trauma in his life.

It is that understanding of how it actually all works together, and it does not. This is the hard part for our people. We get to one stage where we get to here and we start helping, but then the system comes in and just negates everything we do. That is the realistic, hard fact of our lives as people. It is trying to break that transgenerational trauma with transgenerational strength through generations here now. I think that is what we are trying to do.

I have explained this to Vaughn. The government cannot do what I do. It is up to me and my people. That is why I contact Vaughn directly. I employ the men from Palm Island when I go over there for hunting trips. It is what we can do as ourselves because we just do not see enough of it. That is just a normalisation of life that has been put upon us. We teach our men's group acceptance, forgiveness, positive thinking and positive behaviours.

**Ms Sailor:** And we will continue to do it because it is important to us. That is our future. We have to break the transition into adulthood being incarceration. The transition into adulthood should be employment, being responsible for your household and all those sorts of things. If we continue to work together we are going to make it happen. However, we need your support as well. Again, it is about stopping the division. We need to come together. Like I said, my job with Youth Services is turning it all upside down and starting again. We have to go back to the basics because a lot of our young people are witnessing domestic violence, alcohol and drug use and all that sort of thing and they think it is normal. We need to come at it from a different angle and say, 'Hang on a minute, you do have a future. You are important.' By us coming together and contributing we are going to create something wonderful.

**CHAIR:** Absolutely.

**Mr BERKMAN:** I have a question which may be a bit of a technical one to ask at the end of the session, but I will try. I was interested mostly in the legal service's view on the issue that came up before. There is concern that if the offence of public drunkenness is taken out of the Summary Offences Act that might just make it more likely that the police will go to the public nuisance offence, which carries heavier penalties. Do you have any reflection on that and whether maybe public nuisance itself requires reform alongside that to remove part of the police discretion around disorderly and offensive conduct rather than the violent or threatening parts of the nuisance offence?

**Ms Kyle-Sailor:** Yes. I think the police need to get hold of the recommendations as well. Diversion from cells or the courts is upmost in the recommendations in RCIADIC. Their practices have to change. When they attend an incident with domestic violence ordinarily—but not necessarily—the male will be drunk. In some circumstances the woman is too or is the perpetrator. It is from those incidents that the public nuisance offences arise as it stands now—‘Stay back, you are not listening.’

They are already using the public nuisance offences as it is. If the AMP is lifted, a lot more people will be drunk at different hours of the day as opposed to now when it is just from nine—except for the parties that go for three days, but they stay within the parties. I am concerned that there will be more people who end up in court because the police make a beeline for those people. They target them first and of course they have foul mouths and speak the truth when they are drunk. They do have a little bit to say, whether it be to the police or somebody else. I do not think it is going to make a big impact or increase public nuisance offences by decriminalising intoxication in public.

**CHAIR:** The time for this session has come to an end. We have another group we need to hear from. By all means stick around. We certainly have appreciated your insight and your lived experience. Your frankness and honesty is invaluable, so thank you sincerely. On behalf of the committee, thank you for everything you do, particularly for our young people. We thank you for the work you do for our First Nations community. Thank you, everyone.

**Proceedings suspended from 2.04 pm to 2.18 pm.**

**MALOUF, Associate Professor Peter, Chief Executive Officer, Townsville Aboriginal & Islander Health Service**

**O'REILLY, Ms Sara, Executive Manager, Department of Communities, Townsville Aboriginal & Islander Health Service**

**TANNA, Mr Zebulon, Manager Accommodation Services, Townsville Aboriginal & Islander Health Service**

**CHAIR:** Good afternoon to our next wonderful guests that we have here this afternoon. Thank you for being here and thank you for all that you do to support our First Nations communities here in Townsville. I also thank you for appearing before our committee this afternoon. The committee is very keen to hear an opening statement from you—a little bit about what you do, the issues and concerns that you have and your contribution to the inquiry before us. After that, I am sure we will have lots of questions.

**Mr Tanna:** Before I begin, I would like to acknowledge the traditional custodians whose lands we meet upon today, the Bindal and the Wulgurukaba people. I pay respect to elders past, present and emerging who have cared for and continue to care for our country. I also acknowledge the non-Indigenous people who are present as well.

We thank the committee for allowing us to speak here today. The Townsville Aboriginal & Islander Health Service is a community controlled organisation which was established in 1974 with a focus on delivering accessible, integrated health and social support services to our people so that we can live healthier, stronger and longer lives, preserving our oldest surviving culture for future generations across Townsville and our surrounding regions. Drawing on 48 years of frontline health and social service delivery and direct client insights, TAIHS can highlight the ongoing risks of criminalisation of public order offences that disproportionately affect Aboriginal and Torres Strait Islander people, particularly homelessness.

We are pleased to be invited to appear today so we can discuss directly with the committee our health and welfare responses but, notably, the critical reforms that need to be addressed in order to improve health and social outcomes associated with decriminalising the offences of public urination, begging and public intoxication under the Summary Offences Act 2005.

Whilst we care for a further integrated and culturally appropriate health and welfare system on a local level, we see government agencies engage socially constructive dialogue concerning the health and welfare of disadvantaged population groups. We are seeing better engagement across the justice continuum with our TAIHS health and community-based services. For example, clients who experience contact with the justice system are referred to TAIHS to access comprehensive and integrated services.

However, Aboriginal and Torres Strait Islander people overwhelmingly report a lack of cultural competencies and safety when engaging in the justice system. This has been a persisting barrier that compounds the impact of intergenerational trauma and institutional racism that underscores the experience of every Aboriginal and Torres Strait Islander person who encounters the Queensland justice system. Therefore, we call to formalise the genuine partnership between local justice systems and TAIHS. Formalising such a partnership allows TAIHS to provide greater clinical and community care through having access to the watch house and detention centres. Doing this will allow for better culturally-based care for Aboriginal and Torres Strait Islander people in contact with the justice system.

TAIHS calls for a rethink of the punitive measures under the Summary Offences Act 2005 to keep Aboriginal and Torres Strait Islander people with mental illness, addiction problems and homelessness out of the justice system as they are at great risk of being fined or charged for very low level offences.

The casualty of homelessness for Aboriginal and Torres Strait Islander people in Townsville is not one of cultural significance; however, a factor of inadequate support is often provided when Aboriginal and Torres Strait Islander people from rural and remote communities come to Townsville for health treatment for their chronic diseases. In addition, when Aboriginal and Torres Strait Islander prisoners are transferred to the Stewart or Cleveland detention centres, families often relocate to be close and provide a close cultural connection to the country. These complexities increase their exposure to receiving fines, can often lead to fines being incurred and at the same time limit a person's ability to resolve the fines through payment or by engaging in the review process.



Public Hearing—Inquiry into the decriminalisation of certain public offences and the health and welfare responses

Therefore, we can conclude that the causation of homelessness and the discriminatory impact of increased public space offences is a product of systems that are not interconnected to understand the social and cultural dynamics when making policies. We call for the decriminalisation of public space offences and for legal frameworks to adopt a more holistic approach to punitive measures through culturally-based diversionary interventions. We ask for TAIHS to be a key driver of reform and to be appropriately funded to expand our services within the justice system across Townsville and the surrounding regions.

**CHAIR:** Thank you very much, Mr Tanna. Member for Oodgeroo, if you want to send me through any questions, I am happy to ask them on your behalf.

**Dr ROBINSON:** Thank you.

**CHAIR:** We might actually turn to the member for Cook and give her the respect of asking a question.

**Ms LUI:** Thank you, Chair, and thank you, Mr Tanna, for your time with us this afternoon. Are you aware of any of the health conditions that may contribute to a person being charged with public intoxication, begging or urinating in a public space? What are your views on those three offences, being such a complex issue, in that health response?

**Prof. Malouf:** From our perspective, particularly in primary care, as Zebulon said in his opening statement, we do see rural and remote residents come to Townsville for chronic disease conditions. We know that the majority of the clients who do travel to Townsville are on dialysis. Therefore, we can conclude that there is an association with an increase in public offences, particularly around public urination, because often people with chronic kidney disease have incontinence issues. We do have issues in relation to particularly those clients being at risk of being fined for that offence without actually having a conversation with us as a service that has contact with those clients who travel from rural and remote communities. In relation to the other matters, I will refer to Sara for input around homelessness.

**Ms O'Reilly:** Just going back to your question, member for Cook, with regard to health conditions, I just want to add to what Peter said. Obviously with dialysis, we are aware that quite a few people are moving to Townsville but it is not just for dialysis; there are quite a lot of health conditions and chronic health conditions that are being treated from the islands, as the member for Cook would know, and from our rural and remote communities where they have to travel to Townsville. We do not have the infrastructure—and this leads into the homelessness question—right now to support the population of peoples that we have in Townsville. Our department of housing waitlist is seven-plus years long.

The transient people coming from rural and remote communities, let alone moving in between the Palm Island and Mount Isa corridor, are adding to the pressures that we already have on our housing community. When we are looking at transitional housing—obviously Health has its own network of housing resources that it utilises for incoming patients—as soon as you have ‘missed your boat’ to return to your community, we now rely on our homelessness sector. That is where Zebulon works. We have very few resources available in Townsville, and they certainly do not meet the needs of our population in Townsville let alone those commuting from our outer regions. It just adds to those pressures. We end up with an overflow of health patients who are now entering into our homelessness market.

**Mr BERKMAN:** I really appreciate the input from TAIHS on this. We heard from IUIH in one of the Brisbane hearings. They brought a similar perspective. They, alongside QNADA, the Network of Alcohol and other Drug Agencies, made the suggestion that the QNADA network, alongside ACCHOs, provide a really substantial spine for the sort of infrastructure that is needed to roll out the health response that sits alongside these kinds of public space offences, public intoxication in particular. Do you have any reflections on that that you could share with us?

**Prof. Malouf:** From TAIHS’ perspective, we do not have an AOD type service. We obviously have our social and emotional wellbeing service that has staff that are trained in AOD. The majority of our funding, particularly from the Commonwealth, does not provide us with AOD funding. If we had AOD funding then we would be able to provide that greater support, particularly to navigate people in terms of public intoxication. I think it is important to acknowledge that a few years ago, when the Queensland Indigenous Alcohol Diversion Program was in existence—it was about reducing the penalties and the fines that were placed on Aboriginal and Torres Strait Islander people, particularly for public intoxication—people were referred to a specialised court that would support them to go into rehab or specialised treatment. With the abolishment of QIADP we have seen this kind of increase, but there is not the level of investment and resources to support the increased demands.

**Ms O'Reilly:** With regard to your first statement, I cannot speak for IUIH, obviously, but the point I would like to make is that, as an AMS and an ACCHO, the difference in the services we are providing is relationship-based practice. I am sure the other people who have provided comment today who also identify as Aboriginal and Torres Strait Islander will speak about the importance of ensuring that our services are provided by persons who have real experience and real relationships with those who are experiencing these difficulties. If we are going down that path, that is the process for coming out of the cycle and ensuring we are not getting into a cyclic, rotating roster of mainstream services but, instead, we are actually exiting that and building capacity of the persons who are affected by these particular offences.

The second point I would like to make on the back of Peter's statement is that in 2015 we also re-funded all of our safe places for young people who are affected by volatile substance misuse. This obviously created a large disruption of services and was also a shift in thinking on how we respond to young people who are using volatile substances in public spaces. Previously our legislation and our framework for practice supported young people to go to a place of safety, to build a relationship-based service and to actually get ongoing support as opposed to being penalised on the spot by police or whoever it may be. This big shift has meant that more young people are likely to be fined or end up in situations where they are committing offences because we are no longer investing in these safe places. That was a big shift in thinking. It was only 2015 that those changes came in, that all safe places across Queensland were abolished. In terms of the changing of agendas, this is also something to consider in terms of the impacts for young people who are using illicit substances.

**CHAIR:** Is there resourcing or the opportunity for the Townsville Aboriginal & Torres Strait Islander Health Service to visit those who are sleeping rough and provide health support and case management? Is that something that happens in terms of a weekly or a daily check-in with those sleeping rough on The Strand, in the mall or what have you?

**Ms O'Reilly:** TAIHS is not specifically funded for those services that you are describing. However, there are other service providers in Townsville that are providing those types of services.

**Mr Tanna:** Red Cross has Street to Home. There are not many services that provide a lot of that outreach to those living rough on the street. We do have the drop-in centre through Althea Projects. It is a safe space for them through the day. At the end of that, they might be lucky enough to get a bed at the diversionary service at Gurindal. That is the Reverend Charles Harris Diversionary Centre, which is run by Yumba-Meta. There are not a lot of after-hours services that can provide support to those who are sleeping rough on the streets.

**Ms O'Reilly:** A key point that Zeb makes is that there potentially are more services during business hours. If we are talking about after-hours services—I am sure we can conclude that most things happen in the afternoons and through into the evenings—there are even fewer services. There is also the STAIRS outreach service that does outreach to younger people. Once again, that is only a business hours service.

**CHAIR:** Is that something the committee should be considering or recommending—that notion of outreach services outside of business hours?

**Prof. Malouf:** I think it is about really understanding across the landscape who is doing what. We know that there is not going to be the same level of investment in the space moving forward, given the current climate. From our perspective, we are running pretty thin in terms of our investment but also our delivery. What we would like to see is a mapping of what actually exists locally and how we work together in an integrated way, because at the moment everyone is doing different things and not sharing resources or information. Often people are being missed throughout the continuum of care.

The other thing I would say is that TAIHS is having a greater relationship now with the Townsville Hospital. We will pilot a rapid diversionary and triage service with the emergency department which will see us assessing clients of cat 4s and cat 5s. Those who present to the ED intoxicated who are First Nations would be referred to our diversionary service where we will provide more of a wraparound, culturally-based care support. Our teams obviously have close relationships with other service providers. We would obviously link them up with those services.

In all honesty, we need to have a serious conversation about how these types of social issues are being invested in moving forward, because we know that different departments have different ideas of what the social issues are. We see it in terms of delivering on those issues. We see it particularly in the youth justice space. We get support around the youth crime that is happening currently, but we also get funded through another department for another bucket of money that relates to youth crime. Departments are not communicating around the service needs. The investment should be looked at.

**Ms O'Reilly:** As we discussed in the beginning, one of our primary concerns in relation to the inquiry we are discussing today is about the overflow from Health. Integrating our practices is not just a Communities, Housing or Police issue; this is actually a full societal concern. We are not doing well in the area of integrated practices, particularly in investment. That would be the catalyst for being able to change an entire community's way of practice to become more integrated, if investment partners were actually discussing that on a greater level. This particularly relates to what Peter mentioned with regard to the youth justice funding. The conversation between federal and state is not happening. Funding the same things twice because federal and state have not had that in-depth discussion is just discouraging and frustrating.

**Prof. Malouf:** After taking over TAIHS in the last six months, I can say that we are going through a process of transformation and proper service delivery across Townsville and surrounding regions. I can put my hand on my heart and say that we have not done well in terms of supporting clients who are in contact with the justice system, particularly relating to those three offences. We actually have not supported well. However, we are now rebuilding and we are reconnecting with those partners to better provide the services that First Nations need, particularly in Townsville and surrounding regions.

**Mr SKELTON:** Do you have a view on the public messaging about the harm of alcohol and other drugs and how that messaging could be reinforced if public intoxication is decriminalised? In a sense we are talking about all different people from different groups and potentially non-English-speaking backgrounds. Is that an area you think we can improve?

**Ms O'Reilly:** I was part of a committee last year where we were talking about messaging. From TAIHS' perspective and once again talking about our work with First Nations people by First Nations people, we need to move away from shame-based advertising. If we are going to continue to try and get messaging out in a shame-based response—and particularly for our First Nations people—that is not going to work. Instead, it is just going to make people feel like they are an enemy of the people who are trying to support them. Should I clarify 'shame'? I just heard a whisper. Sorry. I say shame in two senses of the word—

**Mr SKELTON:** Culturally sensitive messaging that is delivered by First Nations people to First Nations people.

**Ms O'Reilly:** However, also what we have been seeing over the past four years is that all of the messaging is with regard to, 'If you do this, you are a bad person.' That is not at all correct. That is not true. It also does not make that person feel that they can reach out for help because, 'I have just done this. I have made a mistake,' or, 'I've continued these actions even though I got education. At what point do I feel confident that I can actually reach out for help?' It is also talking about ensuring people are not feeling like they are being scapegoated or vilified for a decision they have made: 'You are not a bad person. You have just made a choice that is unhealthy or unsafe.' I think that is a really important thing. Certainly in our First Nations committee when we were talking about messaging for pregnant mothers, one of the really strong themes that came out was to ensure we are moving away from shame-based advertising.

**Mr BERKMAN:** One of the approaches we have seen a bit in the homelessness response in various jurisdictions has increasingly been described as 'assertive outreach'—taking service provision to people who are sleeping rough or those likely to be involved in public space offences. There were suggestions, even in today's hearing and previous hearings, that certain health and welfare support organisations or responses would not feel safe or be willing to go and engage with people who are drunk in public. Can you give us your perspective on that? Is there a best time for that kind of assertive outreach intervention with the kind of health and welfare responses we are looking at? Are there organisations that are going to be willing to go out alongside police officers if, say, there was some kind of co-responder model?

**Prof. Malouf:** I do not think there is a time constraint of when to engage. From my experience, particularly in New South Wales, some of the ACCHO services there engage early in the morning. They do a hot soup kitchen in the morning to make sure that those who are sleeping rough are catered for but at the same time provide health assessments. Certainly one of the areas we are interested in is providing more of that outreach health assessment, particularly for those who are sleeping rough, and also the opportunity to do that harm minimisation type education, particularly for those who are experiencing intoxication or withdrawals, to be able to have that one-to-one conversation.

Again, as Sara alluded to, we need to get back to that more relational type practice. Our philosophy is that we want to be able to be among mob and actually have those hard conversations but also be able to create that connection so we can better support them in whatever struggles they face, whether it is mental health or AOD, and we can link them up to the appropriate services.

**Ms O'Reilly:** I just want to make two points. With regard to your question, when someone is in crisis or if someone is intoxicated, I cannot do intervention. Certainly I would not be able to do any type of education at the point in crisis or if someone is intoxicated. The only thing I can do is ensure I can give you as much education or as many resources to keep you safe.

I love that Peter touched on that relationship-based practice. I think outreach to be able to build relationships is incredibly important—that I see your face when I am feeling down or intoxicated. 'I vaguely remember you keep coming back and you keep saying, "Hey, how're you going? Remember that I am actually at this location on Ross River Road. Come and see me whenever you are ready."' This is going back to the stages of change and what we understand around the drug and alcohol use cycle. It is about ensuring people become familiar with their support person—relationship-based practice—that they feel safe, that they do not feel vilified, that they do not feel judged, so they will come and talk to you when they are feeling down.

However, having a place-based service is also important because, if I am surrounded by my cohort who are all drinking, can I have intervention in that space? No. Assertive outreach where we are doing intervention in those spaces I am of the opinion is not going to work in the same respect. However, 'I built that relationship with that person. I see them every week. They keep coming back. They keep telling me I am over on Ross River Road.' I then finally get to that stage of, 'Yep, I'm ready to go,' so when they come and visit I say, 'Hey, can you take me with you to that Ross River Road place?' or I just go for a walk and I go over there. That is how I actually break out of the cycle—not when I am intoxicated, not when I am in crisis.

We do not make change when we are in crisis. We accept it for that moment, but then life goes back to normal and all of that information disappears from my brain. I cannot actually take it in. That is just the way our brains are all built. It is not about a time, although I do agree: I think early mornings, when people are not quite up yet and are ready for a feed but then they can attend to the rest of their day, are great.

**Mr Tanna:** Coming from the service that I manage—the adult crisis accommodation—we receive a lot of our referrals through CCG for chronic homelessness. When we get those referrals, it is more that housing-first approach. It is about creating a safe environment for them. They obviously present with the AOD issues. They are very transient. They are on the move all the time. We have found that after time we build that relationship with them—we talk about relationship-based practice. We then tend to start building that rapport. They start trusting us. Then we are able to address a lot of the issues in a more holistic approach—their general health and mental health. They present with a lot of past traumas. The most vulnerable are referred to our services.

We have one service within Townsville at this moment that provides crisis accommodation for 12 men and five women. It is a shame because we see the statistics of chronic homelessness out there. Obviously more of those crisis accommodation settings need to be available.

**Ms O'Reilly:** Hopefully everyone understands our context. Just to reiterate, in Townsville, as Zeb said, there is that one facility for adults and for young people there is one female facility and there is one co-ed facility—and that is it in the whole of Townsville. With that transient population we have between Mount Isa and Palm Island—our population is not just the Townsville population; we have a whole other third of people coming back and forth in the corridor who are accessing these services as well.

**CHAIR:** Thank you to you all. I am going to ask Pania to join you at the table. Pania Brown is with Anglicare. We will now move to an open mic session. For those of you who want to contribute to the inquiry, you are most definitely welcome, particularly those who have not made a contribution so far.

**BROWN, Ms Pania, Community Service Manager, Anglicare Southern Queensland**

**CHAIR:** Pania, can you tell us a little bit about the work you do, the contribution you make, the observations you have made around the issue and around the inquiry, and any recommendations or anything you feel the committee needs to hear.

**Ms Brown:** My name is Pania Brown and I am the community service manager at Anglicare Southern Queensland. We provide the Management of Public Intoxication Program funded through the department of communities. It is a small program. I really need to talk to my marketing department because it seems that some people know we are there and some people do not. We, too, are part of the CCG, or the case coordination group. It is a really lovely model because what it does is it integrates all of the different services, all of the different people doing little bits and pieces, and allows us to work together. We do use that vulnerability index to refer people to flag if a person has a particular obstacle or challenge.

We currently work with about 60 clients actively on a frequent basis. The observation around the hours of operation is really an interesting one. I have been with this program for 10 years. There are only eight working hours for an average worker in a day. Whether you have them on in the morning, in the afternoon or in the evening, that would require three teams. We are funded for one. We have to look at what are the best hours of operation for us. We are in an assertive outreach model, so we work out of the boot of our car. We have two cars—two teams of two with a requirement that they work two-up at all times. That has a complexity whenever you are carrying a vacancy because you have to try to figure out how you are going to maintain that requirement from our funding body for safety reasons.

Those teams go out and work in the community and they work as a linkage service. We do not replicate anything that already exists. We are not a housing service and we are not a health service, but we know who is and we know who is out there and we use those relationships and that rapport building. What we find is that it takes a long period of time to build a little bit of trust and it takes no time at all to break trust. Those relationships are really imperative.

I have a couple of observations from listening to the discussions today. I think it is really about understanding the difference between public consumption—madam A and B with a glass of champagne at the rock pools—and intoxication and that tipping point of behaviours where that person is alcohol affected to the point that they are socially disruptive or unsafe. I think there is a tipping point. When Madam Mayor was speaking earlier about 'Townsville doesn't want this', I think there is a threshold for people to enjoy a CC and dry while sitting having a barbecue with their family and friends. What there is not a threshold for is unsafe behaviour towards a person or a disruption to the general community. I think that is where people seek intervention. They do not seek intervention for the couple having a glass of champagne to toast their engagement. They seek intervention for a person who is repeatedly in a situation where they are unsafe, unhealthy, unwell and participating in antisocial and disruptive behaviour.

The second point is understanding why people drink. What is a motivator? Why is it that people drink? Trauma, addiction, boredom—boredom is a massive motivator for drink. It is about understanding those social activities and why people engage in those behaviours because how you respond to that issue is very driven by why that person is drinking. The intervention that you would use with a person who has an addiction is very different to what you would use for a person who just does not have anything better to do.

It is about understanding that having services does not mandate engagement. Not everyone actually wants help. You can have services. You can offer services. You can give people opportunities, but until such time as they actually want to engage with that service all you can do is say, 'Hey, I'm here when you need me.' You talked earlier about saying, 'I'm on Ross River Road when you're ready.' People remember that. They remember where you are. They remember your face. Much of the work that my staff do is actually just being around, just being present.

Interestingly, the major cohorts that we work with are not necessarily rough sleeping. They may have missed the bus back to Gurindal. They might have still been having their last can and not got on that bus. Generally speaking, the cohorts that we are working with are in more transient accommodation. They may be using Gurindal and the drop-in centre. They may be using transition housing. They may be using hostels. We have a significant issue with hostels in close proximity to our city that do not permit drinking, so the residents spill out into places like the CBD, the mall and Flinders Lane. Those commercial vendors have a lot to say to council about the disruption to their business dealings because people are spilling out of those accommodation facilities because those accommodation facilities do not permit them to drink. The only place they can go is the footpath and the footpath happens to be your place of business.

We talked about effective health education when it comes to the responsible consumption of alcohol and understanding the impacts. I was trying to think back to when was the last time we actually saw a campaign around alcohol. I could not think of one. When we were writing our submission to the inquiry I thought, 'I actually can't think of one.' That is an indictment if I cannot even think of one.

A social workflow or health driven model is appropriate where an individual recognises that they have an issue and wants help. It absolutely should be our first port of call, but I think that police response should only be applied in those extreme cases where the safety of the individual or the community is under threat. The problem at the moment is that we have one response to every threshold of behaviour, whether it be at an early level of just being a bit verbal and gobbing off a bit or actually participating in an assault. There is this sort of escalation of behaviour but our response is one-size-fits-all for all activities.

If the intent of the inquiry is to remove the adverse impacts of criminalisation then perhaps it would be better applied to rare instances where the behaviour is considered disruptive and threatening public order and safety and not those other things. We need to put our resources at the sharp end of the pencil and say, 'In those extreme cases we need to have a mechanism.' The mayor said, 'What do we do?' What we do is identify those situations where it is absolutely necessary and we apply that there, but we do not use this one-size-fits-all paint roller effect of saying the same charges will be levied whether you pee on a bush or whether you are berating local passers-by and abusing them and smashing their car. At the moment we have a one-size-fits-all. I think there needs to be some recognition that people drink for different reasons. Applying one solution does not quite fit.

**Mr WALKER:** Pania, you mentioned that accommodation facilities do not allow drinking internally so they get them to leave the premises to drink elsewhere. That is a very good point. We have this accommodation for people to live in. Are we setting them up to fail by not allowing them to drink in their own home, in their own premises, at their fixed address when we send them out into the street where they potentially could drink and become a target of what has been said today of the establishment charging them and locking them up? Besides that being quite odd, because I am allowed to drink at home and most people should be able to drink in their place of residence, would that be a breach of human rights that a person cannot drink in their place of residence? Some rule has been thrown up—it is not law but an internal rule—that you cannot drink on your own premises; however, they are sending them into a location which sets them up potentially to become a criminal. Is that a fair comment from listening today?

**Ms O'Reilly:** I do not think it is a breach of human rights, but I hear what you are saying and I agree that—this is going back to that statement that drinking alcohol is not illegal. That is not the illegal bit, but we are vilifying people who do not have the compass that we do to be able to drink at home potentially. Absolutely, what you are saying is correct.

**Mr WALKER:** It is discrimination maybe.

**Ms O'Reilly:** Yes. However, what we need to weigh up then is the risk for Zebulon, who manages a 16-bed facility. Would we want to take on funding for a facility where people could be intoxicated every day coming in and out? I am not sure if we could take on that risk as a service provider.

**Ms Brown:** I am only aware of one in this region and that is Jimaylya Topsy Harry over in Mount Isa.

**Mr SKELTON:** Yes. I was going to ask that same question.

**Ms Brown:** They were the only wet zone in this region. For all the reasons you have just said, it is very expensive and difficult to manage because you are managing people's behaviours in the context of a residential space.

**Mr SKELTON:** It is a short-term solution in actual fact. You are not addressing the long-term issues at all. You are just enabling behaviour in a way, but in a much safer way, and it is out of the public—

**Ms Brown:** It is out of sight.

**Mr SKELTON:** It is out of sight, which would suit some people, indeed.

**Ms Brown:** Some people love that, yes.

**Ms O'Reilly:** Member for Nicklin, the only point that I would like to make is a reminder that drinking alcohol, as in having a couple of drinks, is not an issue. If there is ongoing drinking that is impacting on a person's life, that is addiction; that is the definition. If I am unable to make decisions to keep myself safe and to keep others around me safe then I have a problem. Aside from that, it is

not a problem. I agree that probably the correct terminology is 'discrimination'. What we need to look at is how we are ensuring that people are not being discriminated against—the fact that they do not have the same resource sector that I myself have.

**Prof. Malouf:** The other point to make is: if we look at the bigger picture, it is actually the very systems that individuals are exposed to to get to this point. How did they become homeless? Is it because there were failings from Housing or were they relocated for a reason—like they were not supported? From my perspective, it is more of an assistance issue that then leads into discriminatory actions or impact. How do we change the system to accommodate support for individuals who may become intoxicated before they may have mental health issues or they have come out of prison and so they have no social support to get them integrated back into community?

I think there needs to be a rethink about it. If we look at it from a different perspective around this notion of social engineering: if you are trying to rate a population around a certain issue then you would tailor certain policies that are engineered to keep within that particular situation. I think that is where we are at. We have systems and policies that have been made without actually understanding the social and cultural dynamics of an individual who has got to this point. If we are going to be fair dinkum about providing better support to people with intoxication or homelessness, let's have a deeper conversation about the whole system.

**Mr WALKER:** I want to pursue this a bit more. We have local law 51. We are all familiar with local law 51 here in Townsville. You cannot drink in public, full stop. If you are forced out of your premises into the street, where do you go to have a drink? You might not be allowed into the pub because of dress standard, perhaps. Maybe you are already intoxicated, I do not know. But I heard you say, Pania, that you should be allowed to have two glasses of champagne in a park to celebrate an engagement. Everybody should be able to, or local law 51 says, 'No, you cannot.' So should it be a criminal offence, having the two glasses of champagne and later on not being able to find a toilet? Where are we heading with this? The point I am making is: should it be a criminal offence or not? That is the key issue with these people urinating or these little things and bogging the whole court system down. Do we free that up, level it out and make life that little bit easier for the police? Those who want to have a glass of champagne to celebrate, or those with diabetes or some other health issue that forces them to find some sort of amenity to get relief—those are the questions today. I hear some conversation that you can and you should, but you shouldn't, but we should get rid of the criminal responsibility, but we shouldn't. We have heard a mixture; it has been exciting. I just want to get some sort of closure. From where you sit, where should we be in relation to the function of alcohol in a public place, full stop, or is there discrimination in that arena that allows some to do it and some not? That is the question.

**Ms Brown:** I suggest if you walk down The Strand you can have a bit of a view of what is happening, but if you walk through Dean Park you get a very different view of the world. It depends on where you go. I absolutely think it depends on where you go because the police are at Dean Park; they are not on the Strand. That is where there is a difference in who is drinking and who is tolerated and when that law is actually utilised. I have not seen that law utilised on The Strand, but I have seen it down at Dean Park many times. I think that law is used to manage certain cohorts. That said, I do not suggest that the local mayor would be excited about changing it in terms of the local by-laws and the local council, based on what we have heard.

I think the greatest sadness for me in my work is when I see people recycling through prison over and over again for petty crimes and petty offences. When I see people with a SPER debt of \$28,000, which they could never pay, for petty offences—for urinating on a bush—that to me is an indictment in that we are not doing something right here. When we think about the big house and who is going there and what they are going there for, that is not what I am thinking; that is not who I am expecting to see there. When I see my case managers working with people to take them to court to represent and support them, whilst they go up in front of the magistrate who shakes his head and says, 'Ronald, you again,' in despair because he has been here three, four, five, six, seven or eight times over the same things, and the magistrate knows that the reason this person is behaving in this way is that they have all of this other baggage and trauma and everything going on for them. It is not really about the criminality of that behaviour; it is actually about their life and their circumstances and the story they bring to that courtroom.

**Mr WALKER:** Is it fair to say that we need to go back and look at all our training packages across all services on the Indigenous element and have an understanding of what those values are—how we can embrace those across all areas of responsibility by all government agencies, and non-government, to get a better outcome and an understanding of why people behave in a certain way and why they are forced into a position because of hearing, health issues, lack of services and Townsville

their accommodation facilities, if they have them, or how they are managed? It seems like a whole raft of things that are intersecting each other but make it hard to get a common outcome for those who are becoming a victim of the legal system and make it very complex for all those people enforcing the law—for the police, health services and the magistrates. Is that a fair comment?

**Ms Brown:** Yes. There is cultural awareness training that every organisation has. You jump online, you do your little module, you get your certificate at the end and it says, 'You are culturally aware!' However, there is cultural understanding, and that is what is missing. That cultural understanding is the difference. That is the understanding of the why.

**Prof. Malouf:** Cultural awareness is a quite broad statement. It is more about cultural capability. You can have awareness and knowledge, but what is the practicality? How do you apply that? We are talking about local laws and the state government changing legislation. Really, the local laws need to change as well.

**Ms O'Reilly:** I just wanted to add to your initial question where you asked whether or not it should be decriminalised. I think from our perspective, absolutely. What is the risk? If I am drinking, is that the issue? No, it is my unsocial behaviour where I am becoming aggressive. That is an issue. Drinking alcohol is not an issue, so why are we criminalising that particular act—or urination? Every single one of us needs to pee and sometimes you just need to go. Why are we criminalising that? Am I going to be pulled up when I pull over to the side of the highway and pee beside my car? Probably not. But AM I going to be pulled up if I am down the street? Probably. That is another issue aside. In terms of the overall law, why are we criminalising that? It does not make any sense. What is the issue? What is the problem? What is the risk? What is the concern? How are we protecting the wider public with these laws? It is not making a key difference from our perspective. Instead, we should have supportive practice where we can actually work with people through these issues. That is the benefit.

On your second point with regard to training, obviously all state funded services are now going through human services quality framework for practice and will need to be accredited towards those standards, and I think that is a fantastic move. I think it should go up to federal funding as well—that it is a requirement of all funded services—so that there is a particular aspect where all services need a body which can include these things like cultural capability. It already does include that all services need to have a trauma informed practice and that all have disability services and a couple of others, including that our homelessness services need to have open healing training and also support positive behaviour strategies. I agree that that is where we need to be. We are already moving that way. The state government has already moved that way and we need to now include federal in that as well. At the moment, only particular community services have to be accredited in that to be a funded service, but my assumption is that all of us will need to be accredited with the human services quality framework, and I think that is fantastic.

**CHAIR:** Well done. I have been busily writing as you have been speaking, so that is generally a very good indication of the quality of the conversation. Thank you very much to each and every one of you, particularly for the work you do for the most vulnerable in our community but also for what you do for the broader community of Townsville. Thank you immensely for your time today. We know that this is not generally part of your core business, and we hate to drag you away from what is important to all of us, but sometimes we do need to take time out to contribute to the broader debate, which is also very important and very important to our First Nations communities. Have a good afternoon. Thank you to Hansard—for your work, Bonnie, and for your patience. A transcript of these proceedings will be available on the committee's parliamentary webpage in due course. I now declare this public hearing closed.

**The committee adjourned at 3.12 pm.**