

Inquiry into the Decriminalisation of Certain Public Offences, and Health and Welfare Responses

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To the committee,

Thank you for taking the time to consider my submission to this inquiry.

I have condensed the many pages of briefings and policy discussions into a topic question, "What should we do about all of these drunk Aborigines asking me for two dollars?" This is a very complex and multifaceted problem requiring a solution. Questions were also raised about the ongoing situation in Cairns that I shall address.

All around Australia you will find people with substance abuse disorders. Personally I find myself addicted to reading, as artistically presented by Rod Sterling, and am hopelessly dependent upon it to escape the horrors of my reality. There are organised crime groups engaged in coordinated collective begging operations. They are not Organized Crime operations in the technical forensic sense. A group of people will beg for a few dollars very politely claiming some tragic circumstance such as needing to catch the bus home. Bus drivers will let anyone ride for free if asked politely so nobody begging for bus fare actually needs to beg. Careful observation will reveal that they're pooling their money to buy more beer. Fools are easily parted with their money. Some groups are very good at disorienting tourists so I see it more like street performance art so I don't see the harm in it. Occasionally some can be intimidating and this is worthy of law enforcement attention by liaison officers because there is a line that can be crossed from a little mischief into robbery that could scare tourists away from other venues that will also gladly part them with their money. As long as both parties understand that it's just an illusion but there is potential for a misunderstanding to occur. I've heard no reports of cut purses and pickpockets that are associated with European professional beggars.

The begging does cause social problems and frustrations. It becomes tiresome walking through some neighbourhoods getting asked expertly from the shadows very politely, "excuse me could I ask you something?" This can happen multiple times on a single block until the one time a visiting nurse asked me in exactly the same way as the beggars causing me to reply, "No. Go away." but then actually asked for directions to the hospital. People get drunk and will stand around yelling at residents through fences demanding to trade a stolen bike for money or drugs which is especially annoying.

I would refer you to your local AA chapter for advice on managing alcoholism. The standard advice is that substance dependency programs only work if the patient wants to quit so diversion programs aren't likely to be useful other than as a nagging waste of time as punishment. Consult the General Service Office about funding a study to produce a culturally safe version of A.A. with lessons learnt from past experiences and local knowledge. One or two seed offices in North Queensland, some cultural experts and fly in some black members.

All I could suggest from a law enforcement perspective is to station a car in front of every bottle-O in Cairns for a week, breathalyse every patron and fine the store owner if they sell to an intoxicated patron. Special operation Whiskey Whiskey. That would kill the joyride.

Public urination should remain an offence. Reasonable Excuse examples could be given in the legislation to clarify it. Could not find a toilet in time. People that have lived or know someone that lives near pubs will tell you that the cops do nothing about the door pissers. Live near a pub and people will piss on your front door. Put up a barrier and the council or heritage committee will order you to take it down for ruining the aesthetic or obstructing the verge or creating an eyesore but nothing will be done to deter door pissers. We need a no tolerance policy to door pissers and victim compensation.

I have observed some disturbing behaviour. There are frequently groups of Aboriginal persons clustered around the city that in Townsville for comparison are rapidly moved on and dispersed by police. White people get

frightened. This is actually a sort of spontaneous community Koban or refuge. The reason these exist and it is a bad idea to disperse them is that I have witnessed a white dude bash an aboriginal man in the mouth with a rock as part of some sort of fascist gang initiation outside of a food bank. I have had white dudes come up to me and tell me stories about how they were attacked by a gang of violent out of control aborigines and please could I roll them a smoke from a fairly full pouch of tobacco they have for some reason as they do not know how to roll. I am fairly certain that they robbed a black guy but they put up a fight.

The Cairns hospital is very culturally sensitive but they do have a shortage of indigenous liaison staff working in the ER. The staff still do not know how to contact the liaison officers for aged care or NDIS and have never heard of them. This one dude with a pole and tubes running out of him in all different places got abandoned by his support worker at the door of the ER last Friday night and the committee should raise the lack of interagency cooperation directly with the hospital director to identify the problem and sign the action plans and post them on the walls.

There is an overspend on addiction medicine. The Pain Clinics are very important for General Practitioners that realise one day that they've over-prescribed a patient double the LD50 and now they're going to just stop breathing in their sleep unless they reduce the use of opiates. The treatments on offer only make sense from the perspective that they are useful for people with acute self-resolving issues like minor sprains or severe respiratory depression from being over prescribed. They poorly communicate their actual services so inaccurately that doctors genuinely believe they are pain services and not dependency or malingering clinics. The only difference seems to be that Pain clinics are for iatrogenic patients while drug rehabilitation is for illicit patients. There is a lack of proper audit and compliance controls to prevent the corruption of medical science in Australia and pain medicine internationally has been a major fraud and compliance risk. The compounding pharmacy fraud investigations have been huge.¹ Careful review of a number of published temporary surgical interventions for pain have a startling omission that makes me suspicious. Temporary procedures performed indefinitely at six weeks intervals (the standard opiate prescribing period is six weeks or less post surgery) billed at eye watering prices of \$50k a pop perhaps only reveals the satisfaction of patients willing to be regularly mutilated(dependency red flag) in order to access pain medication. The Medical Cannabis market is booming but I have my suspicions regarding the average dose prescribed being 112mg daily and the capacity of disabled pensioners to afford \$278 a month for a single prescription² which explains widespread diversion of prescribed cannabis that I have observed. The price is so high that the only way to sustainably afford it is to be overprescribed and to divert it to subsidise the cost and I doubt that was never considered as a possibility by any company's premiumization department. I don't understand why anyone really cares as long as nobody is diverting or being prescribed doses above safe limits.

It's also important to openly discuss historical injustices that have led to this situation of poorer health incomes. I thought Robert Hamilton Matthews was doing it for some esoteric purpose but the World Health Organization pointed out this month that systematic homosexual rape is purely practical as it has been demonstrated to improve worker productivity and workplace competitiveness.³

The NDIS is totally broken and there are no meaningful services anywhere.

1. Peters, Kai(2017) Those Involved in Compound Pharmaceuticals Beware: Law Enforcement Is Focused on You. Food and Drug Law Institute. Washington, D.C. <https://www.fdli.org/2017/12/involved-compound-pharmaceuticals-beware-law-enforcement-focused/>
2. Australian Medicinal Cannabis Market Patient, Product and Pricing Analysis H2 2021. <https://freshleafanalytics.com.au/wp-content/uploads/2021/10/FreshLeaf-Analytics-H2-2021.pdf>
3. W.H.O. (July, 2022) World report on the health of refugees and migrants Health for all, including refugees and migrants: time to act now. Page 45. <https://www.who.int/teams/health-and-migration-programme/world-report-on-the-health-of-refugees-and-migrants>

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