

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

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Dear Community Support and Services Committee

Micah Projects welcomes the opportunity to make a submission to the Inquiry into the decriminalisation of certain public offences, and health and welfare responses.

Micah Projects is a community-based, not-for-profit organisation with a vision to create social justice and respond to injustice at the personal, social, and structural levels in the church, government, business, and society. We believe every child and adult has the right to a home, an income, healthcare, education, safety, dignity and connection with their community of choice.

Micah Projects provides a range of support and advocacy services to individuals and families according to their needs and capacity. We ensure the immediate needs of participants are met in a supportive, informed, and respectful manner for the people we support, and the people that work as part of our organisation.

Micah Projects' submissions to the Inquiry into the decriminalisation of certain public offences, and health and welfare responses are as follows.

(a) changes to legislation and operational policing responses to decriminalise the public intoxication and begging offences in the *Summary Offences Act 2005*

Micah Projects supports decriminalising the public intoxication and begging offences. We believe that begging is a result of people experiencing poverty and do not believe that a law-and-order response is effective or appropriate.

(b) the compatibility of proposed legislative amendments, and health and social welfare-based service delivery responses to public intoxication and begging, with rights protected under the *Human Rights Act 2019*

Micah Projects is currently funded as part of the social and welfare-based service delivery response to public intoxication. Additional funding is required if Queensland intends to provide responsive services to the current demand within a Human Rights framework. People who are intoxicated currently experience discrimination and exclusion from services due to being dependent on alcohol and drugs. An appropriate health response would ensure that there was greater access and equity to primary care, psychiatric care,

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Our hope is to create justice and respond to injustice at the personal, social and structural levels in society.

We seek to work collaboratively and respectfully with Indigenous communities and agencies. Micah Projects endorses the United Nations Universal Declaration of Human Rights.

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and options for treatment of drug and alcohol. A wider range of clinical support is required to provide an option for community-based care and recovery.

(c) the costs and benefits of responses to public intoxication and begging in other Australian jurisdictions

Access to emergency services such as Queensland Police Service, Queensland Ambulance Service, prison, probation, hospital emergency departments and mental health services has a significant economic cost to Government. Research demonstrates that in twelve months when people are experiencing homelessness, they have increased contact with emergency services which costs the Government an average of \$48,217 per person, per intervention (Parsell, Petersen and Culhane, 2017). Amendments to the current legislation, operational policing response and investment in existing assertive outreach and diversionary services is expected to reduce this cost. Decriminalising will significantly reduce costs associated with watchhouse placements and imprisonment for non-payment of fines. A critical service component to ensure that there are offsets, is assertive outreach. This service is required 24/7 every day of the year.

(d) the health and social welfare-based responses to public intoxication and begging necessary to support legislative amendments, having regard to existing responses, such as diversion services

Micah Projects supports the health and social welfare-based responses to public intoxication currently and would still require a referral pathway with QPS to support legislative amendments ensuring that existing responses, such as diversion services and outreach services continued to be part of an overall system. Our Street to Home Management of Public Intoxication Program is funded by the Department of Communities and currently operates from **6:00am until 12:00am, 7 days a week**. During afterhours, we have two vans with a nurse and a support worker that frequent key hotspots where people tend to gather to provide transport to their homes or to diversionary centres such as Murri Watch in Woolloongabba. The nursing staff are funded through the PHNs to provide an integrated response.

Micah Projects combines several sources of funding to provide an integrated housing and homelessness, health and diversion response to ensure personal and community safety. This enables the public intoxicated response to operate 7 days a week, during the day and night. This approach also ensures individuals can have planned access and referrals to support service including GPs, housing and NDIS services. In addition, Micah Projects has established referral pathways, MOUs and collaborations with QPS, Murri Watch, Brisbane City Council, Hospitals and other Homeless Health Outreach teams. On current funding levels Micah Projects cannot meet the demand to follow up with the transports after hours. The Management of Public intoxication funded in part of an integrated response to homelessness in the Brisbane region. Without the integration fewer services would be available. The model has evolved over the years since its inception in 1997.



(e) the impacts of decriminalising public intoxication and begging in rural and remote communities

Micah Projects supports decriminalisation of public intoxication and begging in rural and remote communities as well as in the city.

(f) the design of health and social welfare-based responses that are culturally safe and appropriate and informed by First Nations people, including Aboriginal and Torres Strait Islander health and legal services and also representative bodies for seniors and people with a disability

Micah Projects supports the design of culturally safe and appropriate health and social welfare-based responses informed by First Nations People and representative bodies for seniors and people with a disability. Over 24% of Micah Projects participants are First Nations and Micah Projects work collaboratively with Murri Watch, Aboriginal and Torres Strait Islander Medical Service Woolloongabba, and Aboriginal and Torres Strait Islander Legal Service.

(g) the appropriateness of other police powers and offences to ensure community safety and public order arising from public intoxication and begging, particularly in the context of events where there may be significant alcohol consumption

Micah Projects believe that the police have sufficient powers to intervene and ensure the safety of the community and public arising from public intoxication and begging.

(h) how existing public messaging on the harm of alcohol and other drugs, including alcohol-related violence, can continue to be reinforced following the decriminalization of public intoxication, and

Micah Projects supports the ongoing use of messaging to educate the public about the harmful use of alcohol and other drugs

(i) the appropriateness of repealing the 'Urinating in a public place' offence under the *Summary Offences Act 2005*.

Micah Projects supports the repealing of the 'Urinating in a public place' offence under the *Summary Offences Act 2005*. *The process of charging and appearances in court is more costly than the outcomes for doing so.*



Public Offences & Homelessness

It has been noted that the current operational policies, policing, and legislation in response to public intoxication and begging offences are oppressive towards people who are vulnerable, experiencing homelessness and poverty (Pennay et al., 2021). These laws disproportionately affect a population who do not have a home, are unable to afford to drink licensed venues or those who drink in open spaces due to cultural reasons. These laws also may result in significantly higher number of vulnerable people charged with other offences such as use of offensive language or disorderly conduct (Pennay et al., 2021).

Additionally, data collected by Micah Projects suggests that the participants with a history of substance use and addictions are overly reliant on emergency services. It is important to note that the length of homelessness and presence of chronic health conditions disclosed by First Nations peoples rises significantly in comparison to other population groups with a history of substance use and addiction. Moreover, First Nations peoples who have a history of substance use have a higher experience of past abuse and trauma.

VI-SPDAT Responses – All Surveys to Substance History Group

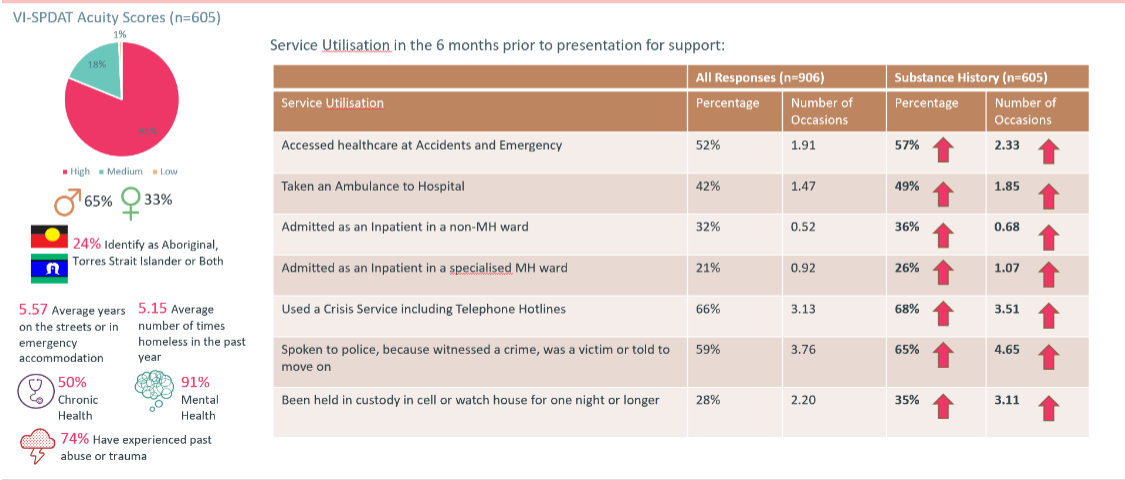


Table 1.

A comparison of total VI-SPDAT surveys completed (906) with the cohort where participants disclosed a history of substance use and addiction (which is 605), the utilization of emergency service for the people with substance use history is much higher. Depicted here (Table 1) is the scoring and demographic information for the Substance Use group, and the percentage of respondents that disclosed use of any of the listed emergency services, along with the average number of occasions per person in the 6 months prior to engagement with support services. The difference jumps significantly where engagement with police and custody occurrences are disclosed.



VI-SPDAT Responses Aboriginal and Torres Strait Islanders (n=148)

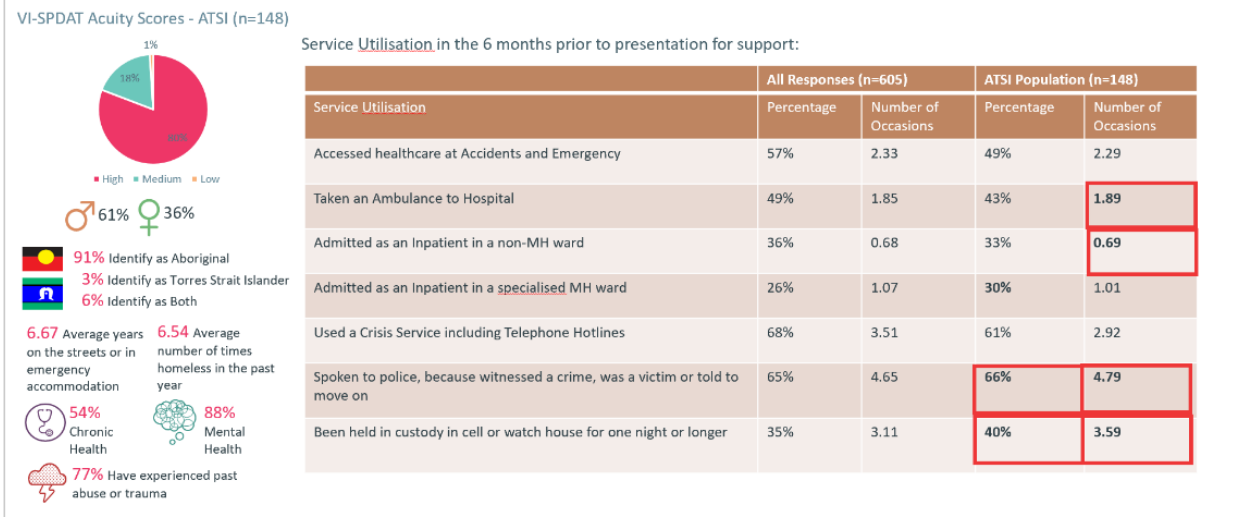


Table 2.

In Table 2, we observe that the history of homelessness disclosed by the Indigenous cohort significantly rises in comparison to the total people surveyed who disclosed substance use. Where the substance use group disclosed on average 5.57 years of living on the streets or emergency accommodation, the Indigenous cohort disclosed an average 6.67 years. Where the substance use group disclosed on average experiencing homelessness 5.15 times within the past year prior to service engagement, our Indigenous group disclosed an average 6.54 times. Additionally, from the demographics of the Indigenous group depicted on the left, we can see that the number of respondents that disclose chronic health conditions is higher than the overall substance use group, rising from 50% to 54%. Also, the number of respondents that have disclosed a history of experiencing past abuse or trauma rises for the Indigenous group from 74% to 77%.

Recommendations

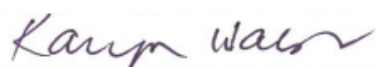
In the last financial year (2021-22), **Street to Home provided transports to 8183 people** from public spaces to their homes, diversionary centres or emergency brokered accommodations. Potentially, these transports prevented people who are experiencing homelessness or are vulnerably housed from being charged with offences such as public intoxication and disorderly conduct. Vitally, since 1991, 474 Indigenous people have died in custody (BBC News, 2021). It has been noted that these deaths are predominantly due to systemic neglect, inadequate medical care, self-harm, and lack of attention from prison or watchhouse authorities. First Nations peoples are three times less likely to receive medical care compared to non-Indigenous people (BBC News, 2021). Existing services such as Street to Home with integrated healthcare plays a major role in decreasing

incarcerations of Indigenous people and possible medical complications and deaths in custody.

It would also be beneficial to fund a clinical position at diversionary centres to provide relevant healthcare support to vulnerable participants at the centres.

Finally, Micah Projects would be pleased to meet with you to present our data and learnings from the provision of these services if the Inquiry would benefit from more detailed information.

Yours sincerely,



Karyn Walsh AM Hon.DSocWk & Nurs Qld

CEO, Micah Projects

References

BBC News. (2021). [Why Aboriginal people are still dying in police custody - BBC News](#)

Parsell, C., Petersen, M., & Culhane, D. (2017). Cost offsets of supportive housing: Evidence for social work. *British Journal of Social Work*, 47(5), 1534-1553.

Pennay, A., Savic, M., Seear, K., Volpe, I., Manning, V., & Room, R. (2021). Decriminalising public drunkenness: Accountability and monitoring needed in the ongoing and evolving management of public intoxication. *Drug and Alcohol Review*, 40(2), 205-209.

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