



18 November 2021

Committee Secretary  
Legal Affairs and Safety Committee  
Parliament House  
George Street  
Brisbane QLD 4000  
By email: [lasc@parliament.qld.gov.au](mailto:lasc@parliament.qld.gov.au)

To whom this may concern

Thank you for the opportunity to provide feedback to the Consultation Draft – Inspector of Detention Services Bill 2021. The Queensland Network of Alcohol and other Drugs (QNADA) feedback is attached.

QNADA represents a dynamic and broad-reaching specialist network within the non-government alcohol and other drug (NGO AOD) sector across Queensland. We have over 63 member organisations, representing the majority of specialist NGO AOD providers. This feedback is provided following consultation with QNADA members.

QNADA is pleased to provide further information, or discuss any aspect of this submission. Please do not hesitate to contact me at [REDACTED] or by calling 07 3023 5050.

Yours sincerely

Rebecca Lang

**CEO**



# Consultation Draft – Inspector of Detention Services Bill 2021

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*Feedback – November, 2021*

This submission has been prepared by the Queensland Network of Alcohol and Other Drug Agencies (QNADA). The content of this submission is informed by our engagement with QNADA member organisations providing treatment and harm reduction services in Queensland.

QNADA welcomes the opportunity to provide feedback on the *Inspector of Detention Services Bill 2021*. We commend the intent of the Bill and recognise the important role that the Inspector of Detention Services will have in ensuring accountability and oversight of detention in Queensland with a view to promoting and upholding the humane treatment and conditions of the people detained.

QNADA members provide a diverse range of alcohol and other drug treatment and harm reduction services to people with alcohol and other drug issues in detention facilities. Our feedback is primarily related to the provisions around the interactions between the Inspector of Detention Services and alcohol and other drug treatment and harm reduction services delivered in detention facilities, as well as those delivered to people exiting detention facilities or engaged with community corrections.

The proposed bill includes provisions to enable the disclosure of private client information to the Inspector, without any visible justification as to why these records would be necessary for the discharge of the Inspectors responsibilities.

Sections 88 and 89, which propose to amend the Hospital and Health Boards Act 2011 and the Mental Health Act 2016 are of particular concern, as they potentially limit rights to health. While the explanatory notes provide that consent be sought in the first instance in line with clinical best practice where consent is denied or not possible, the information may be provided in the absence of consent. The inclusion of a provision to override consent where it is **explicitly denied** contradicts the intent of the establishment of an Inspector of Detention Services.

It is our view that the public interest protections included in the draft bill do not mitigate this risk adequately and that these sections should be removed from the draft bill and the issue of access to supporting information from health services about an individual's experiences of detention instead be achieved outside the legislative process (such as through administrative guidelines).

Alternatively, in the absence of a complete removal of this provision, it should be limited to circumstances in which consent is not possible (such as if the person is deceased) and in the least intrusive means possible for a detainee or former detainee. For context, a substantial proportion of the people who access our member's services have complex histories of abuse and trauma, prior poor experiences with police and other statutory bodies, and have a general distrust of services (particularly for those who use illicit drugs). Indeed, the World Health Organisation recognises that illicit drug dependence is the most stigmatised health condition in the world. People who use drugs, experience stigma and discrimination in their daily lives, including from police and the courts.

It is for this reason that they need health services they can trust, in an environment in which people can feel safe to disclose their illicit drug use and it is paramount that this safety is not compromised by limiting people's right to privacy and confidentiality. The provisions would not only impact on individual treatment outcomes, but are also likely to impede future health service engagement over the longer-term and correspondingly likely to increase future harm.

A better approach to obtaining information related to individual experiences in detention is to work with health service providers and peer representation groups who can provide information to people accessing their services and identify those willing to share their experiences with consent. Our

members report that they would have no difficulty in identifying people who would be willing to share their stories to support system improvement. This has the further advantage of contextualising records kept by health services (which only tell part of the story), while ensuring those sharing their experiences are supported by a service they trust and support confidence that their contribution will help improve the system for the whole community.