# DRAFT SECOND READING SPEECH

## HON JEREMY ROCKLIFF MP

## *Alcohol and Drug Dependency Repeal Bill 2021*

**check Hansard for delivery**

Mister Speaker, the purpose of this Bill is to repeal the *Alcohol and Drug Dependency Act 1968* – also known as "the ADDA".

It important to review laws that are no longer relevant. The ADDA is more than half a century old. In the last five decades, our society, our knowledge, and our practices, have changed greatly, and the ADDA - its purpose, its language, and its format - no longer reflects community expectations or contemporary medical or treatment practices.

To give you some sense of the context of when this legislation was made, consider for a moment the name and date of legislation it replaced - namely, the *Inebriates Act 1885* and the *Inebriate Hospital Act 1892*.

The Bill today recognises this and repeals the ADDA and its subordinate legislation. The Bill also makes minor consequential amendments to definitions in three other pieces of legislation.

Rather than speak to the Bill, which is the mechanism for the repeal, I think it is more useful today to consider the substance of the Act we are repealing.

Mister Speaker, in its current form, the ADDA defines alcohol and drug dependency and provides for the admission and detention of persons suffering from alcohol or drug dependency to a designated treatment centre for up to six months.

But it does not provide authority to actually treat that person.

The ADDA also establishes a Tribunal. The Tribunal's functions are however limited to hearing applications from people who are seeking discharge from the treatment centre.

Importantly, the Tribunal has no formal decision-making role in relation to the original decision to detain a person in a treatment centre.

Mister Speaker, we can summarise the issues with the Act into five points:

First, the ADDA is out of date, confusing and difficult to apply. There have been – by my count – more than 20 amendments to the ADDA since it was first made, and large parts of the ADDA have been repealed or superseded by new legislation.

Court-mandated treatment orders, for example, were removed from the ADDA in 1997 with the making of the Sentencing Act that year.

Second, contrary to basic human rights, the ADDA permits a person with decision-making capacity to be detained against their will for up to 6 months. And yet, the Act does not provide authority to treat a person who has been detained without their consent.

This effectively means that treatment may only be given to a person who is being detained if the person consents, or if the treatment is authorised under the *Guardianship and Administration Act 1995*. This essentially makes the ADDA redundant.

Mister Speaker, this leads us to the third issue, which is that the approaches underpinning the ADDA are out of step with current, evidence-based approaches to alcohol and drug service delivery.

There is some evidence that compulsory treatment for short periods can be an effective harm reduction mechanism for some people. But there is no evidence to support long-term involuntary detention as an effective treatment approach, especially if that detention is without treatment.

The fourth issue is that while the Act provides for an independent Tribunal, its operation is limited and does not extend to making decisions about a person's admission to a treatment centre or to regularly reviewing a person's detention. Tellingly, the Tribunal has received only two applications in the last 18 years, with the last being received in 2009.

Indeed, this takes us to our fifth and final issue - the ADDA's use has been in steady decline and it has not been invoked at all since early 2016.

Mister Speaker, the ADDA is not used because people suffering from alcohol or drug dependency can, and do, seek out and receive treatment and services on a voluntary basis like any other consumer of health services.

Our Alcohol and Drug Service within the Tasmanian Health Service work incredibly hard with people with severe substance dependence, and their families, to identify admission pathways that do not require or involve the ADDA or involuntary detention.

Under this model, people are admitted with consent as a voluntary patient, or under authority of the Guardianship and Administration Act. In these circumstances, consent to, or authority for, admission is sought alongside consent to, or authority for, treatment, and as part of the same discussion, and people who are admitted are free to leave at any time.

Reviews as far back as 2007 have recognised the ADDA was out of date and not reflective of contemporary service delivery. I am pleased to bring forward legislation that acts on those reviews.

We now propose the repeal of this legislation. I commend the Bill to the House.