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22 June 2000

Ms Shelley Mc Innis  
Inquiry Secretary  
House of Representatives  
Standing Committee on Family  
and Community Affairs  
Parliament House  
Canberra ACT 2600

Dear Ms Mc Innis

### **PARLIAMENTARY INQUIRY INTO SUBSTANCE ABUSE**

Please find attached Outcare's response to the Parliamentary Inquiry into Substance Abuse.

Outcare Incorporated is a non-government, non-profit organisation that was established in 1963. Outcare provides a range of rehabilitation and support services to offenders, ex offenders and their families, with the object of preventing crime. Outcare is the primary organisation in Western Australia dealing exclusively with the needs of ex offenders and their dependents.

In late 1994, Outcare received funding from the Commonwealth Department of Health and Aged Care under the National Illicit Drug Strategy, Non-Government Organisation Treatment Grants Program for a period of four years, to provide an addictions counselling service to offenders, ex offenders and their families. Accordingly, the Addictions Program was established and Managed by Mr Peter Sirr, Executive Director, Outcare and Co-ordinated by Ms Roz Niblett.

The matters of concern to this organisation in regards to the terms of reference relate specifically to, yet not exclusively to crime, violence (including domestic violence) and law enforcement. This submission is based on Outcare's Addictions Program Co-ordinator's personal observations during confidential counselling sessions, and both her and the Executive Director's extensive experience in case managing offenders, ex offenders and their families. Due to the extremely private nature of our Addictions Program the specific claims made in this submission are largely unsupported by qualitative and quantitative data.

Furthermore, the Addictions Program is not operating with PICASO (the National Data Base Program) and the data provided is collated manually on a monthly basis.

I request that the data in this submission remain confidential and not be published or disclosed to any other person unless the release of such information is authorised in writing by the Executive Director of Outcare.

This submission is authorised by the Executive Director, Mr Peter Sirr (undersigned) and compiled by Ms Michelle Treasure, Manager Community Support Services in conjunction with Ms Roz Niblett, Addictions Program Co-ordinator.

Submitted for your inclusion and consideration please.

Yours sincerely

Peter Sirr  
Executive Director

## **SUBSTANCE ABUSE IN AUSTRALIAN COMMUNITIES RESPONSE TO THE TERMS OF REFERENCE**

The below comments reflect Outcare's findings in regards to the social and economic costs of substance abuse and in respect to clients who are currently receiving or who have in the past received a service from Outcare and who are recorded with Outcare as having substance use/abuse issues that affect their life.

Substance use/abuse is the major underlying cause of crime resulting in incarceration in Western Australian prisons. The percentage of our client base that have used/abused substances is proportionate to the current prison population and on average fluctuates around the 75% to 80% of the total client and prison population. The majority of Outcare's client's who have misused the drug speed are incarcerated due to motor vehicle related crimes. The majority of client's who have misused heroin have been incarcerated due to robbery and armed robbery charges.

Dysfunctional and cyclical behaviour patterns within the family unit sustain substance abuse/use. This problem is compounded by the lack of accessible support services, such as addiction counselling and financial support, especially for users/abusers in rural and remote areas. The feeling of powerlessness and the many barriers an ex offender faces when reintegrating into society is overwhelming to the client. These feelings lead to behaviour that often results in the client adopting an "I've got nothing to loose" attitude and re offending. Furthermore, it is extremely difficult for substance abuse/users to get of the welfare merry-go-round when faced with the costs of detoxification treatments whilst unemployed or studying.

Indigenous substance abuse has altered in recent years amongst young Aboriginal offenders. Young aboriginal males have gone from using predominately alcohol and cannabis to using speed and heroin. Young Aboriginal people consider this as a rite of passage.

Health care resources and programs are out of balance with high costs to the community in regards to the affects of substance abuse related crimes. The trends in the last decade indicate that the costs to society will continue to escalate until a solution addressing the underlying causes of substance use/abuse is found and supported by individuals, the community and government policy.

The following are the list of issues that need to be considered within different areas. Time constraints do not allow us to elaborate further.

### **FAMILY RELATIONSHIPS ISSUES**

- Breakdown of communication and trust within the family unit.
- Breakdown of relationships within the family unit.

- Loss of personal finances, within the family unit, due to theft, support of addict and illness created by stress.
- Breakdown of family friends and support structures.
- Access to addiction counselling and treatment in remote and rural areas is minimal and often non-existent.
- Lack of family mediation support in the context of addiction counselling.
- Lack of appropriate education and counselling for families.
- Lack of financial support for families affected by substance abuse.
- Increase in family trauma related to the death or permanent disability of a substance abuser suffering the consequences of an overdose.
- Families have to support grandchildren whilst their daughters are imprisoned. This fragments the individual child's upbringing and creates cyclical and generational issues for the family and children.
- Parents of substance user/abusers attempt to minimise harm to their son/daughter by attempting to stop or reduce their offences. This results in the parent developing enabling behaviours and increasing their tolerance towards their offspring's behaviour. Often the parent will pay for their sons or daughters drugs to keep them out of prison. The offspring then commit more crimes in order to purchase larger amounts of illicit drugs.
- There is an inequity in costs for treatment depending on whether one can access the Central Drug Unit, where methadone is free, or if one can only access the chemist supported program where it costs the client. Different treatments have different costs. Methadone from chemists is \$56 per fortnight, that is a significant portion of any Centrelink benefit .
- There is a large lack of information and support services for families, particularly for families of those who are incarcerated.
- There are emerging signs of generational drug abuse and offending in families where parental drug use has been prevalent, employment non-existent and social and family supports low.

## **CRIME, VIOLENCE (INCLUDING DOMESTIC VIOLENCE), AND LAW ENFORCEMENT ISSUES**

- Increase in crime to support alcohol/drug habit.
- Increase in domestic violence, particularly in cases where both partners abuse alcohol/drugs, occurs in relation to substance abuse of many types.
- Increase in the risk for law enforcement officers' safety when upholding the law.
- Certain drugs used may provoke feelings of anger within the addict
- Learned behaviours, in the context of drug abuse, may contribute to normalisation of criminal behaviour and generational drug abusers amongst those incarcerated.
- In some family homes where alcohol and drugs are abused, violence has become a learned and acceptable behaviour.
- Increases in the number of addicts create an increase in demand for drugs, therefore an increase in supply follows.

- Large increases in the percentage of substance use/abuse related crimes over the last decade. This is reflected in the correlating percentage increase in Outcare's client base who present with substance use/abuse problems.
- Perceived increase of violent crimes, vehicle related offences and accidents relating to drug misuse/abuse.
- Outstanding debate as to whether drug abuse is a health matter or a justice matter and which is the best response to the issue.
- The prison system is unable to appropriately address health care and mental health problems associated with the substance abuse activities of inmates. In prison, the health management of an addict usually involves chemical restraint, that is, the use of legal or prescribed medication to subdue and manage the prisoner.
- Prison drug policy forces the sharing of needles for intravenous drug use, which increases the risk of blood borne viruses for prisoners.
- Post Prison release drug abuse monitoring structures, ie urine testing several times per week, dramatically reduce the offenders employability and opportunity to integrate into the community and puts pressure on family life. The vicious cycle ensues.
- The level of drug treatment programs in prisons is pitifully low and requires a significant injection into this area.
- Although there have been recent improvements in Western Australia, the second-hand retail industry facilitates many drug related crimes.
- There is a large lack of information and support services for families, particularly for families of those who are incarcerated.
- Funding for specific counselling for ex offenders with substance abuse problems is virtually non-existent in Western Australia.

## **ROAD TRAUMA ISSUES**

- Increase in road deaths due to both legal and illicit substance use/abuse.
- Loss of Motor Vehicle Licence for non-payment of fines, related to increase in risk taking behaviours by addicts, as they feel as though they have nothing to lose.
- Lack of concentration for those drivers whom may use/abuse drugs/alcohol.
- Increase in car thefts and car chases create chaos on the roads.
- Young males perceive car chases as a rite of passage.
- Young males identify the type of vehicle stolen and the speed of the chase as relating to power and acceptance by the offenders peers in the community.

## **WORKPLACE SAFETY ISSUES**

- Alcohol/drug abuse contributes to less concentration and more sick leave being taken.
- Some work environments contribute to abusive drinking patterns and behaviours.
- Increased use of amphetamines in workers who endure long and arduous shift work.

- Some drug use may impair work performance.
- Some drug use may increase accident risk.
- Employers ill informed or equipped in identifying or handling their workers who use/abuse substances.

## **HEALTH CARE COSTS ISSUES**

- Increased costs associated with intravenous drug users in relation to blood borne viruses.
- Increase in miscarriages related to drug/alcohol abuse.
- Increase in babies born with Neonatal Abstinence Syndrome.
- Increase in drug related psychosis.
- Increase in mental health issues resulting in an increase of people with permanent mental illness.
- Outstanding debate as to whether drug abuse is a health matter or a justice matter and which is the best response to the issue and the best approach in terms of cost/benefit analysis.
- Increase in those overdosing and presenting to Emergency Departments at Hospitals.
- Increase in prescription abusers.
- A nationally recognised drug and addiction counselling standards need to be set and accredited.