

Submission to

The House of Representatives
Standing Committee

On Family and Community Affairs Inquiry into
Substance Abuse in Australian Communities

By the

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Introduction

Harm to the social fabric of our community as a result of substance abuse is increasing, not decreasing, even in the areas that have use diversion and/or decriminalising of small amounts of cannabis. The Toowoomba Drug Awareness Network (TDAN) believes a new policy approach is needed.

Toowoomba

Toowoomba is Australia's largest inland provincial city. It is home to 90,000 people but the regional population is in the order of 130,000. Despite being a conservative and aesthetically beautiful city, Toowoomba has a serious drug problem.

TDAN

The Toowoomba Drug Awareness Network was incorporated in November 2001, but has been active as an unincorporated body for the past 2½ years running seminars and awareness programs in schools and bringing international experts to inform our community on social issues that surround drug use, abuse and addiction. It is a volunteer organisation made up of Toowoomba citizens, local Government and health professionals aiming to contribute to the drugs debate and to propose possible solutions.

The Local Problem

Toowoomba has a serious youth drug problem not unlike the majority of cities and towns in Australia.

Of the 1200 occasions of service, which present each month to the Alcohol, Tobacco and Other Drugs unit at the Toowoomba Base Hospital, the vast majority are cannabis users. Of adolescent drug abusers in Toowoomba, the substance of choice is cannabis followed by alcohol.

Health professionals conservatively estimate that there are 300 injecting drug users in the Toowoomba region with a \$50-\$100 per day habit. The same group of health professionals conservatively estimates that there are at least 1500 social drug users with a \$30 or more per week habit. This indicates in our area alone that 10 million dollars plus is spent on illicit drugs per year, mostly by young people, which must beg the question where is this money coming from?

The needle availability program from Toowoomba Base hospital distributes more than 12,000 needles per month.

There is no data available on chroming. However, local health professionals recognise that this is a growing problem.

In summary, cannabis use is Toowoomba's number one drug problem. Five school kids with \$5 pocket money can purchase enough cannabis to receive eight to ten cones each.

Crime

Local Police statistics in 2001 indicate that 70 per cent of opportunistic and property crime was carried out by adolescents. Thirty per cent of this crime occurred during school hours.

Cannabis

TDAN rejects utterly the assertion that cannabis is a soft recreational drug.

TDAN is opposed to the decriminalisation of cannabis for the following research-based reasons.

Effects of Cannabis on the human neurological system:

- Immediately affects mental function, which could lead to psychosis
- Affects short term memory which can affect learning in those of school age
- Causes intoxicated users to believe they are OK
- Affects reaction times and perception of distance and speed of moving objects
- Has a seven day half-life and therefore accumulates in the body over time (research has not completely identified the possible outcomes of the accumulation of all the cannabinoids in the human body)
- Affects changes to personality (amotivational syndrome and reward deficit syndrome, trouble with thinking and problem solving, loss of motor coordination)
- Causes depression and withdrawal from social activities
- Increases personal risk taking behaviour, which can end in permanent physical or mental damage and death.

It needs to be noted also that studies have shown a relationship between heavy marijuana use and a higher probability for head and neck cancer, and that it may delay the onset of puberty in young men, and among women can disrupt the normal monthly menstrual cycle and inhibit ovulation. It is also known to be mutagenic and causes spermatogenesis.

Most of these affects come in to play after consumption of relatively small amounts of cannabis. For example, one cone is enough to trigger much of the above.

Crime and Treatment

Efforts to treat drug users and to help them become drug free are hampered by users' unwillingness to complete programs. This is now being determined by the withdrawal feeling stated by those who try to stop "I continue to use because I feel I cannot cope with what is going on around me if I don't". Although this is not the reaction in all cannabis users it is the most common reply from those who have social problems. Again the majority of this group are under 21 years of age.

Lenient sentencing of offenders, albeit with the aim of keeping small time users and juveniles out of jail, means offenders become further entangled in addiction and crime. The morale of local police is devested by having to deal with repeat offenders, particularly juveniles whose lives progressively deteriorate.

The result is the compounding of the social problems associated with drug use. These impact on the community through the harm drug using young people inflict upon themselves and the crime that is borne by the community.

The cost to the Toowoomba Base Hospital for treating cannabis-induced psychosis is considerable.

Decriminalising Cannabis

Decriminalising cannabis has not caused use or social harm to decline where it has been tried throughout the world. It can be argued that use and social harm has increased where decriminalisation has occurred. Decriminalisation it is sending the wrong message to young people about cannabis, which is as much or more carcinogenic than tobacco.

Diversion and Involuntary Rehabilitation

TDAN supports the concept of diverting juveniles and first time offenders from the criminal justice system. However, these offenders must be made to complete meaningful rehabilitation before being released from any diversion order. Repeat offenders on a diversion order should enter into a compulsory rehabilitation within the criminal justice system with the possibility of a non-recorded sentence.

Unless there are serious consequences attached to failure to comply with diversion orders, drug users will by moving towns or going interstate continue in a cycle of self and society harm.

Therapeutic Communities

TDAN believes rehabilitation is best achieved within a therapeutic community. To fail to recognise this is to fail to understand the nature of addiction and what is necessary to set someone free from addiction.

TDAN is concerned that the push for drug injecting rooms will attract scarce public funds that would be better spent on therapeutic communities which have a proven track record of assisting people to become drug free. The Carr Government is spending \$8 million over four years on one injecting room alone. This supports a community need but only for a few, whereas if \$8 million were spent on residential treatment, it could support 2 or 3 Therapeutic Community units reaching 100 times more drug effected persons.

The employment of a policy of involuntary rehabilitation means the goal of keeping a drug user alive in the short term is achieved, while his or her prospects of becoming drug free is greatly enhanced.

TDAN does not support the concept of maintaining people in their addiction. TDAN recognises that someone with a drug addiction is not in a position to make the best decision for his or her future health and well being.

Families

While drug addiction knows no social bounds, it is widely recognised that family breakdown is a major contributor to illicit substance abuse amongst young people.

Without wanting to make value judgements, research has revealed that children from broken homes are more likely to become drug users and become involved in crime.

TDAN believes any modern debate about drug policy must include serious discussion about the breakdown of the nuclear family.

Schools

Research being carried out in the USA indicates that poor self-esteem in 7 to 8 year olds produce a 70 to 80% chance of drug abuse by the age of 14 years. TDAN believe that more effective social awareness programs in schools, should not only focus on drug use, but all aspects of social learning. This program must be adapted and reinforced through out the different developmental stages. This will allow poor self-esteem in young school children to be identified early.

Conclusion

It is time that our policy makers look to the future in solving drug use and abuse problems rather than just trying to solve the here and now issues. The policy makers must look at the long-term effects rather than pandering to the loudest voice and look at what type of society we want to be in ten years time. To do this enough money needs to be available not just for drug abuse issues but to develop long term strategies that provide a nation with a feeling of more than just survival. It is necessary to indicate one social conscience and social values that allow this nation to continue to set benchmarks for the rest of the world to follow rather than continue to follow other countries mistakes.

The failure of current drug policy to contain and reduce drug related harm to individuals and the community is evidence that a new approach is needed.

TDAN recognises that current policies are failing to assist large numbers of drug users to become drug free.

TDAN proposes that a system of involuntary rehabilitation be established within the context of the therapeutic community model.

As a long-term strategy, community agencies should be funded to run marriage enrichment and parenting courses in a bid to reduce the divorce rate and its well-known detrimental impact on children's self-esteem.

Recommendations

1. That the growing, possession and consumption of cannabis remain prohibited by law.
2. That criteria be put in place to assess therapeutic communities as a basis for receiving government funding.
3. That accredited therapeutic community rehabilitation facilities within the criminal justice system are funded to cope with those re-offender drug users who commit crime to maintain an addiction.
4. That first time drug users escape conviction and be diverted into compulsory rehabilitation within a therapeutic community. Failure to comply with a judge or magistrate's diversion order would result in criminal proceedings and the requirement that the offender enter therapeutic community-based rehabilitation within the confines of the correctional system (as stated above).
5. That community agencies be funded to provide subsidised marriage enrichment and parenting programs.
6. Schools are given special funding to provide more effective social enhancement skills and school mentors who provide the interaction, role modeling and prevention of aggressive behaviour on vulnerable children decreasing some of the issues that lead to poor self-esteem.

References

Dr Kiti Freier

Dr Gary Hopkins

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Australian Institute of Health and Welfare