ADCA

Alcohol and other Drugs Council of Australia
ABN 39 008 455 525

First Floor 17 Napier Close, Deakin ACT 2600
PO Box 269 Woden ACT 2606
Ph +61 2 62810686 Fax +61 2 62810995
email adca@adca.org.au web www.adca.org.au

submission 80

Committee Secretary
House of Representatives Standing Committee on
Legal and Constitutional Affairs
Parliament House
CANBERRA ACT 2600

Dear Sir/Madam,

The Alcohol and other Drugs Council of Australia (ADCA) is pleased to have the opportunity to make a submission to the House of Representatives Standing Committee on Legal and Constitutional Affairs Inquiry into Crime in the Community: victims, offenders and fear of crime. I apologise for the delay in forwarding the submission to you.

The attached submission has been developed in consultation with ADCA members, utilising the ADCA Reference Group structure, as outlined in the submission.

We would welcome the opportunity to discuss this submission with the Standing Committee. Should you require further information please don't hesitate to contact me on 6280 0686.

Yours sincerely,

Cheryl Wilson
Chief Executive Officer

21 August 2002

ADCA

Alcohol and other Drugs Council of Australia

Submission to:

House of Representatives Standing Committee on Legal and Constitutional Affairs

Inquiry into Crime in Australia

August 2002

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1. Executive Summary

Australia has experienced dramatic socio-economic change over the last 30 years, resulting in increasing wealth and improved education levels and an increasing disparity between the rich and poor in Australia. This disparity has produced some alarming trends, such as increased juvenile crime.

A significant proportion of crime committed against Australians is related to alcohol and other drug use. Contrary to popular belief, most violent drug-related crime in Australia is related to alcohol misuse. Many Indigenous communities are experiencing particularly high rates of serious alcohol-related crime.

This submission provides an overview of the types of alcohol and other drug-related crimes that are committed against Australians and highlights the need for effective approaches to prevention, which seek to increase protective factors, reduce risk factors and build resilience.

It also highlights a range of interventions that have potential to significantly reduce alcohol and other drug related crime in Australia. These include: multi faceted alcohol-specific interventions such as decriminalisation of public drunkenness, licensing accords, random breath testing and hypothecation of alcohol tax; diversionary strategies to reduce alcohol and other drug-related crime among offenders; effective drug treatment options for people in custodial settings; and greater analysis of effective and ineffective approaches to law enforcement.

The Alcohol and other Drugs Council of Australia (ADCA) has provided the committee with six key recommendations, which we believe, will be effective in reducing both the rate and impact of alcohol and other drug-related crime on the Australian community.

2. The role of the Alcohol and other Drugs Council of Australia

The Alcohol and other Drugs Council of Australia (ADCA), is the Australian peak body for the alcohol and other drugs sector. ADCA is the national voice for people working to reduce the harm caused by alcohol and other drugs.

ADCA is a non-government, not-for-profit organisation that receives funding for its work through the Federal Government's Community Sector Support Scheme and the National Drug Strategy Program.

ADCA's membership includes the organisations, services, agencies, and individual professionals and practitioners engaged in alcohol and other drug services. ADCA's membership also includes the major university research centres, tertiary institutions that offer courses in addiction studies and other programs for alcohol and other drug workers, officers in the law and criminal justice system, policy analysts and administrators. ADCA places considerable emphasis in representing the interests of indigenous Australians who work in the field.

The collective wisdom and expertise of ADCA's broad and diverse membership is drawn upon through ADCA's structure, which is built upon eight Expert Reference Groups, each with an elected representative for each State and Territory. The Expert Reference Groups cover the fields of:

- Aboriginal Peoples and Torres Strait Islanders
- Law and Criminal Justice
- Policy and Coordination
- Prevention and Community Education
- Research
- Treatment and Rehabilitation
- Workforce Development
- Workplace and Occupational Health and Safety

ADCA's policy positions are developed in consultation with its Expert Reference Groups and other key stakeholders. This process has been applied in the preparation of this submission.

3. Background

Australia has experienced dramatic socio-economic change over the last 30 years, resulting in increasing wealth and improved education levels. Not everyone has benefited equally from these changes however, as there has been an increasing disparity between the rich and poor in Australia. For example, "the percentage of dependent children living below the poverty line in Australia doubled in the last quarter of the twentieth century" (Spooner, Hall and Lynskey, 2001).

This has significant implications, as multiple international studies have shown that "the greater the disparity between rich and poor in a community, State or nation, the worse the outcomes in terms of mortality, morbidity and behaviours including drug use, crime and educational attainment." Furthermore large socioeconomic gaps have been found to impact detrimentally on the whole population, both rich and poor (Spooner, Hall and Lynskey, 2001).

There are a number of indicators that clearly demonstrate adverse trends in developmental health and wellbeing amongst Australian children and adolescents (Prime Minister's Science, Engineering and Innovation Council [PMSEIC], 2001). For example:

- "Recent data reveals two alarming trends in juvenile crime. First there is evidence of an increased involvement by juveniles in offences against the person. Taking serious assault as an indicator, in 1973/74 there were 2.1 male adults arrested for every one juvenile. In 1993/94 this ratio had decreased to 1.2. This trend is even more dramatic for girls. In 1973/74 there were 3.4 female adults arrested for every one female juvenile, while in 1993/94 there were 1.9 girls arrested for every female adult. This increased involvement of young females is the second important change. In 1973/74, 23.5 boys were arrested for assault for every girl arrested. By 1993/94 this ratio had dropped to 4.4. This fall in the ratio of male to female offenders was mirrored in all the selected offence categories" (PMSEIC, 2001);
- "Mental health problems, including drug dependence are now the major burden of disease for Australian children and young people" (PMSEIC, 2001);
- "Suicide accounts for 28% of male and 18% of female youth mortality" (Kerr et al 2002);
- "Reports of child sexual abuse have more than doubled over the last decade. There were 107,134 total notifications to child protection services in the year 1999/00" (PMSEIC, 2001);

- "There is a significant widening disparity in literacy levels among students in Australian primary and secondary schools, particularly in the primary school years, and particularly for Indigenous students and male students" (PMSEIC, 2001).

These trends are of great concern, however, there is a significant body of evidence to suggest that effective approaches to prevention, which seek to increase protective factors, reduce risk factors and build resilience, can result in positive outcomes across a range of health and social problems, including criminality, drug use and mental health disorders. This will be discussed further under Prevention.

4. Alcohol and Crime in Australia

The misuse of alcohol is one of the leading causes of preventable death in Australia. It is estimated that during 1997, 3290 Australians died from injury and disease and there were 72 302 hospitalisations caused by high risk drinking (Chikritzhs et. al., 1999). In addition to the health effects, social effects and the increased risk of injury, alcohol consumption has been shown to play a direct role in a range of crimes.

4.1 Alcohol-related crime in Australia – a snapshot

There are many different types of alcohol-related crime and, unlike many illicit drugs, there is significant evidence that alcohol consumption can directly increase the risk of criminal violence (Weatherburn, 2001).

Homicide

It has been reported that 34% of offenders and 31% of homicide victims are under the influence of alcohol at the time of the homicide (Commonwealth Department of Health and Aged Care, 2001).

Drink Driving

In 2001, 12.8% of the population aged 14 years or older reported driving a motor vehicle while under the influence of alcohol (Australian Institute of Health and Welfare [AIHW], 2002). Elevated blood alcohol levels are implicated in one third of all road accident deaths (Chikritzhs, 1999).

Violence including Domestic Violence

Between 41% and 70% of violent crimes in Australia are committed while under the influence of alcohol (Commonwealth Department of Health and Aged Care, 2001).

- 77% of street offence incidents - assault, offensive behaviour - have been found to be alcohol-related (Ireland & Thommeny, 1993).
- In 2001, 4.9% of Australians suffered alcohol-related physical abuse and 26.5% suffered alcohol-related verbal abuse (Australian Institute of Health and Welfare, 2002).
- Alcohol is involved in about 50% of cases of domestic violence and sexual violence (National Health and Medical Research Council, 2001).

- Criminal assaults tend to cluster around licensed premises, with areas of high rates of alcohol consumption tending to have high rates of violence (Weatherburn, 2001).

Public Drunkenness

Public drunkenness has been decriminalised in all States and territories except for Victoria, Tasmania and Queensland. In the first half of 1998, 40% of those held in police custody in Victoria, were detained for public drunkenness (Drugs and Crime Prevention Committee, 2001).

It is clear that alcohol is of primary concern when considering drug-related crime in Australia. The incidence of alcohol-related crime far exceeds that of crimes committed while under the influence of any other drug.

4.2 Indigenous Australians

From the point of introduction, alcohol has been a major contributor to the decline of indigenous physical, mental, community and spiritual health. The proportion of death related to alcohol misuse is 3-5 times higher than among the non-Indigenous community (ADCA, 2000) and the proportion of Indigenous people who drink at harmful levels is over five times higher than among the non-Indigenous population (ADCA, 2000). Within Aboriginal communities (be they metropolitan, rural or remote), alcohol is implicated in violence, theft, assault and sexual assault to a far greater extent than any other drug.

National figures for the incidence of alcohol-related crime and indigenous Australians are difficult to locate, though those statistics found indicate that alcohol-related crime constitutes a significant proportion of certain crimes committed, particularly crimes involving violence.

- The most common crimes related to alcohol involving Indigenous Australians are overwhelmingly those arising from intoxication itself, particularly in those jurisdictions that still criminalize public drunkenness (Queensland, Victoria and Tasmania).

- National homicide statistics for the years 1989-90 to 1999-2000 show, in Indigenous homicides, only 17% of cases involved **neither** the perpetrator nor victim drinking prior to the incident and indigenous homicides were attributed to an alcohol-related argument in 29% of cases (Australian Institute of Criminology, 2001).
- In Coober Pedy, under the Public Intoxication Act, between 1992 and 1998 Aborigines comprised 92% of apprehensions for public intoxication with alcohol (Attorney General's Department, 2000).

- The recent Cape York Justice Study found that alcohol related death rates of Indigenous people on Cape York are over 21 times the general Queensland rate, and the homicide and violence rate is 18 times higher (Queensland Government, 2002).
- Suicide and suicidal behaviours amongst Indigenous people are clearly linked with harmful drug use, with alcohol abuse being identified as a major risk factor for suicidal behaviours in adults (Commonwealth Department Health and Aged Care, 2000).

The Royal Commission into Aboriginal Deaths in Custody (1991) highlighted the connection between drug and alcohol misuse and incarceration, and the issues that arise from this. The high levels of incarceration amongst Indigenous people leads to a compounding of the problems they already face in terms of physical and mental health, employment and family and community life.

5. Illicit Drugs and Crime in Australia

It is important to highlight that there are two different types of illicit drug crime in Australia:

1. Crime relating to illicit drug consumption and provision; and

2. Illicit drug-related crime such as crimes committed while intoxicated and crimes committed to support an illicit drug habit.

5.1 Illicit Drug-Related Crime Statistics – a Snapshot

Crime Relating to Illicit Drug Consumption and Provision

Most arrests for illicit drug consumption or provision relate to cannabis, followed by heroin and other opioids, amphetamines and cocaine. The total number of arrests for illicit drug consumption and provision in Australia has decreased in recent years, from 83 533 in 1998-99 to in 78 006 in 2000-01 (Australian Bureau of Criminal Intelligence, 2000). Most illicit drug arrests are related to consumption rather than provision.

Links have been made between the origin of gangs and other forms of organised crime and the existence and strong illegal markets for drugs and/or sex and /or stolen goods. Though there has been no formal study of the problem, there is some evidence that competition among drug suppliers for control of illicit drug markets can cause them to engage in violence towards each other (Weatherburn, 2001).

Links have also been made between police corruption and drug provision. The Royal Commission into the NSW police service found that much of the police corruption identified was connected to drug law enforcement (Cowdery, 1997). It referred to corruption in the form of bribery and protection; theft and supply of drugs by police officers; and 'process corruption' such as evidence fabrication and the use of unnecessary physical force.

The Committee's terms of reference have highlighted a particular emphasis on crimes committed against Australians. As such, **this submission will focus on illicit drug-related crime, as opposed to illicit consumption and provision.**

Crimes Committed to Support a Drug Habit

Unlike the direct impact that alcohol has on crime, the relationship between illicit substance misuse and crime is more complex. Contrary to popular belief, illicit drug use does not necessarily initiate criminal behaviour. Some

people's involvement in property crime actually precedes their uptake of illicit drugs (Weatherburn, 2001), with studies indicating that most heroin users involved in crime commence their criminal behaviour prior to their dependence on heroin (Weatherburn & Lind, 1999).

However, drug use is related to the maintenance and frequency of offending. A very strong link is found between property crime and opioids such as heroin, with studies showing that heroin addiction can increase the rate of offending amongst those who are already involved in crime (Weatherburn & Lind, 1999).

Substantial proportions of heroin users studied have reported funding their addiction through property crime. Burglars using heroin have reported committing a greater number of burglaries and receive greater income from burglary as compared to burglars not using heroin (Weatherburn & Lind, 1999).

The Drug Use Monitoring in Australia project (DUMA) has found very high rates of illicit drug use amongst adult males detained for property crime. Some 77% of adult males detained at four police stations in 2001 for property offences tested positive for illicit drugs. 57% of arrestees were positive for cannabis; 33% for amphetamines; 26% for benzodiazepines; and 23% for opioids (Makkai & McGregor, 2002).

Crimes Committed While Intoxicated

Intoxication to alcohol and other drugs has been found to play a significant role in assault offending. Australian evidence suggests that most crime committed while intoxicated is in relation to alcohol.

The 2001 National Household Survey found that 2.2% of Australians over the age of 14 years reported being physically abused by persons under the influence of drugs other than alcohol. This is compared to 5% who reported being physically abused by persons under the influence of alcohol. Overall, respondents were more than twice as likely to be victims of alcohol-related incidents (verbal or physical abuse, fear) than incidents related to other drugs (Australian Institute of Health and Welfare, 2002).

A NSW survey conducted to determine factors associated with assault offending amongst inmates found that while 80% of males reported being intoxicated at the time of their offence, 49% were intoxicated by alcohol only, 23% were intoxicated by both alcohol and drugs and 8% were intoxicated by other drugs (Kevin, 1999).

Unlike alcohol, there is little evidence that drugs such as heroin, cocaine and cannabis cause any direct pharmacological effect on an individual's likelihood

to engage in crime (Weatherburn, 2001). However, chronic methamphetamine use can result in psychosis and has been associated with aggressive behaviour (Wray, 2000). While there is limited research on the impact of psychostimulants in Australia, the increased propensity towards violent behaviour associated with increasing methamphetamine use has been linked with an increase in property offences in some jurisdictions (Australian Bureau of Criminal Intelligence, 2002).

6. Where To From Here?

6.1 Prevention

The evidence suggests that prevention pays off, particularly in the early years of life. A paper prepared for the seventh meeting of the Prime Minister's Science, Engineering and Innovation Council, provides a comprehensive overview of the evidence in respect of prevention and early intervention:

"The crucial importance of the early years of life is now being recognised across a range of outcomes - health, educational, behavioural, and criminal. Research from a variety of disparate disciplines, such as neuroscience, developmental psychopathology, foetal physiology, and early childhood education theory, is confirming the powerful influence of early life experience to modify genetic influences and risks, either positively or negatively.

The significance of early experience as a contributor to later occurrence of delinquency and crime is well documented. (NCP 1999 p39). In one recent study (Weatherburn and Lind 1997) poverty, unemployment, sole parent families, lack of residential stability and crowded living conditions were all related to measures of abuse and neglect and to juvenile crime. Neglect and abuse were the strongest predictors of juvenile crime. The study concluded policies designed to reduce the level of economic stress or attenuate its effects and early intervention programs designed to reduce the risk of child abuse have an important role to play in crime prevention. (NCP 1999)

The findings of recent longitudinal studies, many of which were conducted in Australia, identify a range of risk factors for juvenile crime that lie in genetic and biological characters of the child, family characteristics, stressful life events and community or cultural factors. Child factors include prematurity, low birth weight, disability, low self esteem, hyperactivity/disruptive behaviour and chronic illness. Family factors include parental characteristics (depression, substance abuse, antisocial models), family environment (domestic violence, marital discord, long term parental unemployment), parenting style (poor supervision, discipline style, abuse, neglect, lack of warmth). School factors include school failure, deviant peer group, bullying, peer rejection, and inadequate behaviour management. Life event factors include divorce, family break up and death of a family member. Community and cultural factors include socio-economic disadvantage, housing conditions, neighbourhood violence and crime, cultural norms concerning violence, lack of support services, and social or cultural discrimination. (NCP 1999). Interestingly, many of these are risk factors for the spectrum of poor outcomes in developmental health

Thus pathways to problem outcomes in adolescence and adulthood are complex, interactive and multidimensional. They start early in life (sometimes prebirth), and involve all layers of an individual's social world. This complexity also implies that there are many opportunities for intervention to divert a child from an adverse pathway onto more adaptive outcomes. The research literature indicates that interventions are most effective if delivered early in a developmental pathway, and if they tackle more than one of the strands in the causal chain."

The developmental pathways approach to prevention is outlined in *Pathways to Prevention – Developmental and Early Intervention Approaches to Crime in Australia* (National Crime Prevention [NCP], 1999), which is a seminal piece of work in the area. "Developmental prevention refers to interventions aiming to reduce risk factors and increase protective factors that are hypothesised to have a significant effect on an individual's adjustment at later points of ... development" (Tremblay & Craig 1995 cited in NCP 1999). This approach emphasises that there are a myriad of different 'pathways' that people can take as they mature from birth to old age and that life is comprised of a series of changes or 'transition points' at which intervention can occur most effectively.

The Victorian Drug Policy Expert Committee (2000) utilised the 'pathways' approach and identified examples of risk and protective factors for drug use (many of which would also apply to criminal behaviour, mental health problems etc). Their summary table is replicated below:

Table 1 **Risk and Protective Factors for Young People**

Levels	Risk Factors	Protective Factors
Community →		
	Availability of drugs	Cultures of cooperation
	Poverty	Stability and connectedness
	Transitions in schooling and into the community	Good relationships with an adult outside the family
	Low neighbourhood attachment and community disorganisation	Opportunities for meaningful contribution
School →		
	Poor relationships in school	A sense of belonging and fitting in
	Academic failure, especially in middle years	Positive achievements and evaluations at school
	Early and persistent antisocial behaviour and bullying	Having someone outside your family who believes in you
	Low parental interest in children	Attendance at pre-school
Family →		
	History of problematic alcohol and drug use	A sense of connectedness to family
	Inappropriate family management	Feeling loved and respected
	Family conflict	Proactive problem solving and minimal conflict during infancy
	Alcohol/drugs interfering with family rituals	Maintenance of family rituals
	Harsh/coercive or inconsistent parenting	Warm relationship with at least one parent
	Marital instability or conflict	Absence of divorce during adolescence
	Favourable parental attitudes towards risk taking behaviour	A 'good fit' between parents and child
Individual/Peer →		
	Constitutional factors, alienation, rebelliousness, hyperactivity, aggression, novelty seeking	Temperament /activity level, social responsivity, autonomy
	Seeing peers taking drugs	Development of special talents/ hobbies and zest for life
	Friends engaging in problem	Work success during adolescence

	behaviour	
	Favourable attitude toward problem behaviour	High intelligence (not paired with sensitive temperament)
	Early initiation of the problem behaviour.	

Developmental prevention places an emphasis on 'early intervention' – both early in life and early in the 'pathway', recognising that experiences or choices at one point can influence what happens at later transition points. It also recognises the social context in which individuals operate (eg., family, peers, schools) that could support or undermine the change process (NCP, 1999) As such, the developmental pathways approach, which aims to reduce risk factors and enhance protective factors, such as building resilience and promoting a sense of 'connectedness', can be complemented by strategies that seek to address structural determinants of health and wellbeing, such as poverty and unemployment.

As outlined above, there is incontrovertible data that demonstrates that health and social problems such as criminal behaviour, drug use and mental health problems have many of the same antecedents. There is also good evidence to indicate that if we intervene early to prevent problems emerging or to reduce the risk of problems compounding, then we can make real inroads into building a healthier and safer society.

While there is much good work happening across Australia, these initiatives tend to target specific behaviours rather than take a holistic approach. For example, schools may offer specific mental health programs; drug and alcohol programs and educational initiatives for students who are not performing well. Yet the literature suggests that an approach which builds resilience, promotes a sense of connectedness with the school environment and seeks to identify students who may be experiencing problems and intervene early, will have a positive impact on all of these issues and will also contribute to the prevention of other problems such as criminal behaviour.

The challenge for governments and the community is to take a holistic approach that seeks to implement a comprehensive, integrated, range of prevention initiatives across the life cycle, without being locked into current ways of working, including funding models.

The Victorian Drug Expert Advisory Committee (2000) attempted to outline the types of programs and intervention points that might comprise such a holistic approach. The table prepared by the Committee, summarising strategies and intervention points, is replicated below:

Table 2 **Strategies and Intervention Points**

When	Involving	Example Program/Initiative
	Parents, hospital, maternal and child health nurses	Clear information about impacts of parental smoking, drinking and other substance use in the newborn and child
		Preparation for parenting
	Maternal and child health nurses	Structured additional support for those mothers with particular needs (substance use or mental health problems)
Postnatal	Parents maternal and child health nurses	Access to advice on parenting
		Family strengthening programs
0-5	Parents, child care, pre-school	Programs aimed at improved learning and emotional development in those particularly at risk
		Information for parents about modelling moderate substance use (eg alcohol)
		Programs to integrate isolated mothers into parent networks
5-11	Teachers, student welfare officers, parents	Early years of schooling: transition programs to support emotional growth and social skills development
		Mechanisms for teachers to access advice and mobilise additional support for children displaying aggression and poor socialisation skills (including bullying programs)
		Programs to prepare children for the transition from primary to secondary school
		Programs to link with community groups, sport and activities
		Mechanisms to support parents.
11-18	Secondary school, other pathways to employment, media	Programs to support children in the transition from primary to secondary school
		A focus on emotional and personal development
		Development of mechanisms to involve and support parents
		Clear information about drug use in our community
		Development of a capacity to monitor truancy and school leaving
		Programs for reintegration into a learning environment for those who have 'dropped out'
14-21	Workplace, universities, TAFE institutions	Development of targeted information about substance use for those entering the workforce, undertaking further study
		A program of support to assist young people in the transition from school to work, particularly those who leave school early
		Recreation and public space projects
		Early detection of psychosis and mental illness
21+	Professionals such as GP's, peers, workplace	Clear information about safe levels of drug use
		Support for GPs to provide advice about safe consumption levels (eg alcohol)
		Information about drugs at work, including appropriate alcohol consumption at social functions (for employers and workplaces)

6.2 Alcohol-specific interventions

There are a range of good practice public health and safety strategies that have been put into place to reduce the harmful effects of alcohol to the individual and the community. Those relating to addressing alcohol-related crime are highlighted below.

Multi-Faceted Approach

There is evidence to suggest that a comprehensive, multi-faceted series of interventions can reduce alcohol-related harm. This is evidenced by the success of the Northern Territory's *Living With Alcohol Program*. This Program was established in 1991 and included such interventions as: restrictions on liquor licensing conditions; levies on alcoholic beverages with an alcohol content over 3%; community education campaigns; night patrols; and sobering up shelters.

Between 1992 and 1997 the *Living With Alcohol Program* resulted in 129 fewer alcohol related deaths, 1 394 fewer road crash injuries requiring medical attention and 1 277 fewer alcohol related hospital admissions for other conditions. It has been estimated that the net saving from the reduction in alcohol-related harm associated with the Program was $124 million (National Drug Research Institute 1999). These benefits accrued to both Indigenous and non-Indigenous people alike.

This program was funded via a harm reduction levy on all drinks with strength in excess of 3% alcohol by volume. This raised an additional $4-$5 million per year for alcohol prevention and treatment, meeting a critical need in the Territory. Although the program has since been phased out, it provides a model for the nation on how hypothecation of alcohol tax can work effectively.

Service Mix

It has been stated, "[t]he literature shows that attempts to address Aboriginal alcohol abuse throughout Australia have been largely piecemeal, one dimensional, under-resourced and unsuccessful" (Attorney General's Department, 2000). A 1996 Aboriginal and Torres Strait Islander Commission (ATSIC) evaluation and audit of ATSIC's Substance Abuse Program found that 74% of the funds allocated went towards treatment activities and only 3% towards prevention activities (cited in Commonwealth Department of Health and Family Services, 1998a). A much greater investment in prevention of Indigenous substance misuse is required by all agencies, without reducing allocations to treatment and acute care services.

In relation to existing prevention activities, there is evidence to suggest that such activities show best results when the local community identifies priorities and strategies, and the projects are managed by Indigenous people (Attorney General's Department 2000).

Random Breath Testing and More Severe Penalties

Between 1982 and 1992, the number of drink driving fatalities in Australia fell by two thirds to 586 deaths. During this period, many State governments introduced Random Breath Testing, brought in more severe penalties for drink driving offences and supported hard hitting advertising campaigns to reduce the number of alcohol related road accidents (Chikritzhs, 2000). Random Breath Testing has been a very effective prevention/deterrence program that has significantly reduced alcohol-related harm. It appears to have been most effective in those jurisdictions where it has had a high profile and large numbers were routinely tested.

Licensing Accords

There is some evidence to suggest that the establishment of licensing accords may reduce alcohol-related harm. Accords are voluntary agreements between licensed premises, police and local government agencies to establish responsible serving practices, including restricted hours of sale. It has been noted, that for the responsible serving of alcohol to become the norm there needs to be training, cooperation between the various sectors and enforcement of the Liquor Act (Hawks et al, 1998).

Sobering-up Shelters

Sobering up shelters are centres that involve the removal of intoxicated individuals from public places and providing a safe environment to sober up. The shelters aim to prevent arrests for public drunkenness and related offences and potential harms to the individual. As mentioned earlier, The Royal Commission into Aboriginal Deaths in Custody, recommended that public drunkenness be decriminalised, and a comprehensive network of sobering-up facilities be established, in all Australian jurisdictions. Evidence suggests, however that many sobering up shelters are grossly under resourced (Drugs and Crime Prevention Committee, 2001).

National Alcohol Strategy

The Ministerial Council on Drug Strategy released its *National Alcohol Action Plan* in July 2001. This provides a useful framework for coordinating much needed action to reduce alcohol related harm in Australia and includes primary, secondary and tertiary intervention, encompassing education, prevention and treatment. The Action Plan, however, does not allocate

responsibility for implementing the actions outlined in the plan. The Plan also remains uncosted, with only minimal resources having been allocated towards its implementation.

A ***hypothecated tax*** could provide much needed funding to implement the Plan. Currently, the revenue collected from taxes on alcohol is mainly allocated to general revenue. A better approach would be to hypothecate a portion of the revenue collected from the volumetric tax on alcohol content to address the damage to the community generally from alcohol misuse.

6.3 Law Enforcement

Law enforcement is seen to play a key role in both protecting the community against drug-related crime and minimising the drug-related harm for users.

There are conflicting arguments about the effectiveness of street-based police law enforcement on drug-related crime. There is some international evidence demonstrating that street-level drug law enforcement can be effective in reducing the size of particular drug markets, and reducing drug-related crime (Weatherburn et al 1999). However such crackdowns can simply move the drug activity to another location. Research has also found that law enforcement can increase the price of heroin, and increase the crime committed to pay for it (Commonwealth Dept. of Health and Aged Care 2001).

At the local level, recent research suggests that policing operations aimed at reducing the supply of illicit drugs on the streets can deter heroin use or prompt heroin users to enter treatment. On the other hand, research suggests that policing activity can have unintended negative effects for heroin users such as unsafe injection practices and the sharing of needles (Maher et.al 1998, Weatherburn et al, 1999).

In regard to alcohol, a decade ago, the Royal Commission into Aboriginal Deaths in Custody recommended that public drunkenness be decriminalised, and a comprehensive network of sobering-up facilities be established, in all Australian jurisdictions, but public drunkenness remains an offence in Victoria, Queensland and Tasmania. In these States, until the laws are repealed, there should be diversion to sobering up facilities so that Aboriginal people and Torres Strait Islanders (along with non-Indigenous people) do not receive criminal records for behaviour that should be treated as health and welfare issues.

Obviously the way in which drug-related crime is policed carries both benefits and harms which need to be closely examined, however evaluation and analysis of the role of law enforcement in reducing drug crime is an aspect of Australia's drug policy that requires improvement. It has been

argued that there are very few indicators for determining the effectiveness of drug law enforcement. In fact, it has been claimed that NSW is the only Australian Government that has subjected any of its law and order policies to an assessment of its cost effectiveness (Weatherburn, 2002).

There is currently little opportunity for policing agencies to gauge their effectiveness and efficiency and to assess the impact of police operations.

The Commonwealth Department of Health and Ageing's discussion paper for the *National Action Plan on Illicit Drugs 2001 to 2002-03*, highlighted the need for decisions around drug law enforcement to be made based on better evidence and a mixture of approaches. Within this context the discussion paper indicates that:

> "Given the evidence in support of drug treatment, and the lack of clear evidence that imprisonment reduces levels of drug use and drug-related crime, governments are understandably interested in testing alternative models of response based on diversion to treatment" (Commonwealth Department of Health and Aged Care, 2001).

6.4 Diversion of Offenders of Drug-related Crimes

Diversion strategies aim to divert offenders of drug-related crimes from the usual criminal justice process into treatment and other helping services.

Contact with the criminal justice system has been shown to provide an ideal opportunity for early intervention. Diversion has the potential to divert offenders to activities and interventions that will have more positive outcomes in terms of health, welfare, cost-effectiveness and criminal activity than would detention (Spooner et al 2001).

The *National Illicit Drug Diversion Initiative*, established by the Council of Australian Governments in May 1999, established a national approach to diversion as part of the National Illicit Drug Strategy. The national diversion initiative is currently being implemented throughout Australia, with a national evaluation and monitoring strategy underway.

Generally under the national diversion initiative, drug offences related to consumption and provision are expiated by way of a fine or warning. No criminal conviction is recorded, as long as the person participates fully in the specified drug education or treatment program.

One of the main aims of diversion is to provide people with early incentives to address their drug use, in many cases before incurring a criminal record.

While most Australian diversion programs are aimed at those committing offences relating to consumption and/or provision of illicit drugs, some

jurisdictions offer diversion for more serious offences such as crimes committed while intoxicated and crimes committed in order to support a drug taking habit.

A ***Drug Court*** has been established in New South Wales with the aim of reducing the level of criminal activity among young people that is linked to drug use and dependency. They aim to achieve this by diverting drug-dependent offenders into programs designed to reduce or eliminate their problematic drug use. Despite a high drop out rate and a shortage of treatment services, the NSW Drug Court program has proved more cost-effective than imprisonment in reducing the number of drug offences and equally cost-effective in delaying the onset of further offending (Bureau of Crime Statistics and Research 2002).

Some other Australian jurisdictions are now implementing various types of drug courts reflecting local needs and opportunities.

While diversion shows potential to reduce criminal behaviour among drug abusing offenders, there has been insufficient evaluation of diversion initiatives. ADCA understands that the report on the evaluation of the national diversion initiative will be presented to the Federal Government in late 2002. ADCA looks forward to the public release of the evaluation findings and hopes that the study will be comprehensive and robust enough to provide information on the impacts of the initiative.

ADCA believes that diversion out of the criminal justice system of offenders who might benefit from alcohol and other drug education or treatment should remain an integral component of the National Drug Strategy. However such programs should be thoroughly evaluated for both effectiveness and cost effectiveness to ensure that they are,in fact, reducing harm to both the community and to the individual.

6.5 People in Custodial Settings

As previously highlighted, the misuse of alcohol and other drugs is a significant factor in criminal behaviour and this leads to large proportions of the prison population having alcohol or other drug misuse problems. There is considerable evidence that drug treatment can reduce the frequency with which drug users commit crimes (Kevin, 2000).

There is also evidence that the prison environment can actually increase drug misuse amongst prisoners. Prisoners have been found to self-medicate with recreational drugs to overcome mental health problems caused by their incarceration (Coyle, 1999). Continuing alcohol use is strongly related to high rates of re-offending (Commonwealth Dept of Health and Ageing, 2002)).

There is great potential to reduce criminal behaviour amongst prisoners following release by addressing their drug use while in detention.

Custodial settings concentrate on reducing the supply of drugs within prison as the primary means of preventing drug use. A NSW study showed that the most common reason provided by inmates for not using illicit drugs in prison was the lack of availability and those who did inject drugs outside prison did so less frequently in prison (Kevin, 2000). Practices to reduce the supply of drugs into prison have a significant role to play in the reduction of drug use in prison.

However, drug use does still occur at high rates in prison with more than half of male prisoners in NSW reporting drug use (excluding tobacco and prescription medicine) on at least one occasion during their current term (Kevin, 2000).

Other strategies to prevent and reduce drug use amongst prisoners include:

- diverting alcohol and other drug-dependent offenders into non-custodial sentences, which would give them greater access to community treatment services (see diversion above);
- alcohol and other drug education in prison; and
- making treatment options available to prisoners with an alcohol or other drug dependency.

All states of Australia report that drug education courses are offered to all inmates (Australian Bureau of Criminal Intelligence, 2000). These range from peer education programs outlining high risk behaviours associated with drug use, to the Aboriginal family supervision program in Western Australia that assigned mentors to Aboriginal offenders for three months.

Unfortunately, alcohol and other drug treatment services for prisoners are often limited or non-existent, despite the fact that many prisoners both need and want assistance. In a NSW study almost half of the prisoners surveyed said that they would like to receive treatment while in gaol (Stathis et al, 1991).

The development of links between Corrections Health Services and community based alcohol and other drug treatment services could provide opportunities for the provision of cost effective treatment to people in custodial settings. Such links would also increase the pool of providers available, improving access to skilled and culturally appropriate therapists/educators.

Although treatment programs incorporating methadone maintenance exist in the community in every State and Territory of Australia except the Northern Territory, there is very limited provision of methadone in custodial settings. Of the 32,516 clients of methadone programs nationally at 30 June 2001, only 2,080 were in prison, 10% of the prison population. Methadone was not available then in Western Australia, Tasmania, nor Northern Territory correctional facilities (Dept of Health and Ageing, unpublished data).

The National Policy on Methadone Treatment (Commonwealth Dept. of Health and Family Services 1998) indicates that methadone treatment should be available to a range of inmates, but there is no evidence that this policy is being implemented fully and uniformly in all states and all prisons within each state (Australian Bureau of Criminal Intelligence 2000).

It is critical that a range of treatment options, including effective pharmacotherapies, such as methadone and buprenorphine, are made more readily available in prisons throughout Australia. Trials of naltrexone maintenance for people in custodial settings should also be considered.

Continuity of Care

It is critically important that there is continuity of care in custodial settings. This means that people in custodial settings should have access to the same range of alcohol and other drug services as people in the community. A proactive program to link prisoners on release with appropriate community-based alcohol and other drug programs, ensuring continuity of care, is also essential. Retention in alcohol and other drug treatment has been demonstrated to reduce involvement in crime, so strategies that attempt to prevent relapse to drug use by people leaving prison have the potential to reduce rates of reoffending.

7. Recommendations

ADCA recommends that:

1. Part of the revenue collected from a volumetric tax on alcohol be hypothecated to fund the government's response to the damage to the community from alcohol misuse, including evidence-based responses to alcohol-related crime.

2. Governments collectively take a holistic approach to crime prevention that seeks to implement a comprehensive, integrated, range of prevention initiatives across the life cycle.

3. Community education be undertaken regarding:

   a) the limitations of incarceration in reducing alcohol and illicit drug-related crime; and

   b) the potential for evidence based diversionary strategies to reduce alcohol and illicit drug-related crime.

4. The Ministerial Council on Drug Strategy develop national performance indicators for drug law enforcement, maintaining and promoting law enforcement as an active key partner in reducing drug - related crime in Australia.

5. Subject to the evaluation's findings, in the next phase of the *National Illicit Drug Diversion Initiative* eligibility for diversion be expanded to include:

   a) people with a prior history of offending and people arrested for violent offences;

   b) offenders who have come before the courts due to an alcohol-related/implicated offence; and

   c) specific attention to its impacts upon Indigenous offenders, their families and communities, with a view to modifying the Initiative as needed to maximise the health and wellbeing of Indigenous people.

6. A range of treatment options, including relapse prevention and pharmacotherapies such as methadone and buprenorphine, be made more widely available for people in custodial settings and on release from such settings.

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