5

Strengthening families through prevention

5.1 Prevention is nominated as one of the priority areas for action in the National Drug Strategy (NDS). In 2002-03, it was estimated that government spending on preventing illicit drug use was $303.9 million, with the Commonwealth contributing $57.4 million and the state and territory governments $246.5 million. The largest portion of funding went to school-based drug education programs, which received $56.3 million in federal funding and $207.9 million in state and territory funding. The remaining funds went to general drug prevention activities such as public education campaigns.[1]

5.2 Under the NDS:

> Prevention refers to measures that prevent or delay the onset of drug use as well as measures that protect against risk and prevent and reduce harm associated with drug supply and use.[2]

5.3 Prevention initiatives may be categorised into primary, secondary and tertiary approaches. Delaying the uptake of drug use is primary prevention; intervening early or targeting high risk populations is secondary prevention; and reducing the harm to people who already use illicit drugs is tertiary prevention. Further, prevention strategies may be universal, targeting an entire population, or selective, targeting sub-groups of the population considered at particular risk, for example, teenagers, pregnant women, or homeless youth.[3]

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1 Moore J, Turning Point Alcohol and Drug Centre, *What is Australia's 'drug budget'? The policy mix of illicit drug-related government spending in Australia* (2005), p 9.

2 Ministerial Council on Drug Strategy, *The National Drug Strategy: Australia's integrated framework 2004–2009* (2004), p 6.

3 Alcohol and Other Drugs Council of Australia, 'Prevention', for Drug Action Week, viewed on 1 August 2007 at http://drugactionweek.org.au/Prevention.html; The National Drug Research Institute and the Centre for Adolescent Health, for the Department of Health and

5.4 The committee suggests that the community would understand prevention as efforts towards stopping the uptake of illicit drug use, more so than preventing harm that occurs as a result of this act. This supports the committee's recommendation in the previous chapter about the objectives of illicit drug policy and the need to help individuals become drug free. It is also in line with the Commonwealth Government's illicit drug policy that is to maintain a zero tolerance approach.[4]

5.5 A definition of prevention that includes harm reduction or minimisation may contribute to the vexed terminology issues and philosophical confusion that this committee has already encountered. It notes that this issue was raised in a study which interviewed senior drug policy bureaucrats across Australia about the priority areas for action:

> Prevention was the second most commonly identified priority area [after policy action on methamphetamines]. The most significant priority was the lack of a clear conceptual framework for prevention. Respondents spoke of the problem with the very broad definition of prevention. The prevention agenda is 'amorphous' with a 'lack of shared understanding'.
>
> The priority area in this context was to undertake conceptual work to clarify and limit the scope of prevention. The implication was that 'prevention' has been defined too broadly, and the consequence is difficulty specifying the potential range of interventions that governments could apply in responding to prevention needs. (Those that did suggest a definition confined prevention to interventions that occur prior to the commencement of drug use).[5]

5.6 Under the NDS's multi-pronged definition of prevention, the Alcohol and Other Drugs Council of Australia classifies needle and syringe programs (NSPs) as a type of tertiary prevention activity.[6] Dr Margaret Hamilton, a well-known proponent of harm minimisation and Executive Member of the Australian National Council on Drugs (ANCD), has written that,

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Ageing, *The prevention of substance use, risk and harm in Australia: A review of the evidence* (2004), p 6.

4 Hon John Howard MP, Prime Minister of Australia, *House of Representatives Debates*, 16 August 2007, p 52.

5 Ritter A, National Drug and Alcohol Research Centre, *Priority areas in illicit drugs policy: Perspectives of policy makers* (2007), p 5.

6 Alcohol and Other Drugs Council of Australia, 'Prevention: Fact sheet' (undated), p 1.

'prevention is about more than reducing drug use, and is better focused on minimising drug-related harm'.[7]

5.7 Similarly, a review of prevention programs for the Department of Health and Ageing in 2004 suggested that a national prevention agenda include strategies that 'seek innovative approaches to harm minimisation'. This same review also found, however, that: 'in some cases, there may be conflicts and tensions between the goals of different prevention programs... Efforts to prevent harmful drug use need to be well integrated with broad-based prevention efforts.'[8]

5.8 Preventing harm has great merit, particularly for the most vulnerable members of our community, such as babies and children who have no influence over their parents' decisions to use illicit drugs. But given the damage caused by illicit drug use to families, as described in detail in this report, and the broader burden on society in crime and public health costs, priority must be given to preventing the use of illicit drugs wherever possible. The committee understands prevention as the framework that draws together and reinforces a societal message that any illicit drug use is unacceptable.

5.9 Mechanisms for prevention action range from the international treaties and conventions on drugs to which Australia is signatory, to the bureaucratic and philosophical framework set out in the NDS; law enforcement and drug control measures; government information campaigns; school education; the professional training of health workers; and activities on a local and community level such as programs that build resilience, community engagement and parenting skills.[9] This chapter outlines some of the areas where the committee sees an imperative for preventative action.

5.10 Families have a key role to play in preventing illicit drug use by family members, by building self-esteem, confidence, decision-making skills, offering support and communicating about the risks inherent in illicit drugs. It is important that the messages broadcast in the community through school-based education, media and law enforcement reinforce what parents talk about with their children. The community also has an

7 Hamilton M, 'Preventing drug-related harm', in Hamilton M et al (eds), *Drug use in Australia: Preventing harm* (2004), 2nd ed, Oxford University Press, p 134.

8 National Drug Research Institute and the Centre for Adolescent Health, for the Department of Health and Ageing, *The prevention of substance use, risk and harm in Australia: A review of the evidence* (2004), pp 3, 147.

9 National Drug Research Institute and the Centre for Adolescent Health, for the Department of Health and Ageing, *The prevention of substance use, risk and harm in Australia: A review of the evidence* (2004), p 9.

obligation to prevent the abuse of those children and babies who are most vulnerable and for whom parental drug use represents an irreconcilable risk to their health and safety.

Upgrading the role of families in the National Drug Strategy

5.11 Family Drug Help noted that while the NDS mentions the desire to reduce drug-related harm for families and that the family shares responsibility for reducing the risks associated with drug use, it does not clearly articulate the role of families:

> Apart from a range of other vague references to 'community' which is presumably speaking much more broadly than families, the strategy does not identify policy or roles that would provide the necessary support and strengthening of families to assist them to become a substantial force in the prevention or reduction in the use of illicit drugs. Furthermore, the needs of families who are by far the most affected group in the community (often more affected than the family member using drugs) is not recognised or considered.[10]

5.12 The absence of families or children within the priority areas for future action in the current NDS was also noted by the ANCD, raising concerns about the importance given to protecting and providing services to children affected by parental drug use.[11]

5.13 Family Drug Help considered that this oversight suggested two factors were not recognised nor given sufficient priority within the strategy:

> One is the substantial impact on families when one member has an addiction to illicit drugs, even though within the Strategy Objectives this was recognised in the statement 'reduce drug-related harm for individuals, families and communities'. But without any follow through or recommendations related to the objective, it has no outcome.
>
> Secondly, the strategy fails to recognise the value of the potential therapeutic relationship between people with an addiction and their family. If the value of this relationship was recognised, then

10 Family Drug Help, submission 76, p 4.

11 Dawe S et al, Australian National Council on Drugs, *Drug use in the family: Impacts and implications for children* (2007), p 154.

> the value of a clear strategy targeting families (where one member has an addiction to illicit or licit drugs) which included strengthening families would seem a logical component of the strategy.[12]

5.14 Many families told the committee about the important role they played in preventing drug use and treating a family member. Three views from parents are outlined below:

> Based on my own experience, I firmly believe families need support and empowerment to make their own decisions. Information, coping strategies and being able to talk to someone and not be judged or dismissed is extremely powerful. We after all know our children better than anyone. We are the experts - we just need help along the journey.[13]

> As there are simply not the resources to provide consistent twenty-four hour services for drug users, the reality is that families and carers carry the majority of the burden. By better supporting families and acknowledging their contributions, we reduce the risk that individuals will become estranged from the family unit.[14]

> Nobody benefits when there is a drug user in the family. We, the families are the real losers; but at the same time we are absolutely essential in the recovery process of an addict. We provide strength and support to our drug user and we usually have good knowledge, which can be used in tackling drug problems and discouraging drug use. I firmly believe that the majority of illicit drug users who do not have some sort of family support, are destined to failure. I doubt my son would ever have pulled himself together without our financial and emotional support. We families need to be supported by good public policy on drugs.[15]

5.15 The committee agrees with Family Drug Help that the NDS should give greater consideration to the damage inflicted on families and the role they play in prevention and treatment. By giving families greater recognition and priority in the strategy, the committee expects that prevention and treatment services operating under the strategy will become more 'family friendly' in their outlook.

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12 Family Drug Help, submission 76, p 4.

13 Lines S, submission 41, p 3.

14 Ravesi-Pasche A, submission 47, p 7.

15 Name withheld, submission 56, p 3.

Recommendation 14

5.16 **Within the framework of the proposed illicit drug policy (see recommendation 8), the Commonwealth Government make a clear unequivocal statement, in line with the Prime Minister's statement to the House of Representatives, that includes reference to:**

- **the damage inflicted on families by illicit drug use; and**
- **the positive role that families can play in strengthening prevention and treatment services.**

School drug education

5.17 Having the attention of school-aged children and adolescents is a prevention opportunity, given that the average age of initiation to tobacco is 15.9 years, to alcohol 17.2 years, to cannabis 18.7 years and other illicit drugs a few years higher. In 2004, amongst those 12–19 year olds who had already used drugs, the average age of initiation to cannabis was 14.9 years, ecstasy 16.5 years and amphetamines 16.2 years.[16] The available evidence on school-based drug prevention programs suggests that they have a significant positive impact both in the short and long term.[17]

5.18 Australia has a National School Drug Education Strategy (NSDES), which was established in 1999. Between 1999-2000 and 2007-2008, $47.5 million has been provided under this strategy for school drug education and the management of drug-related issues and incidents in schools. The committee notes that a review of school drug education resources is scheduled to conclude in October 2007.

5.19 The NSDES recognises that states and territories have primary responsibility for education, but aims for a national approach to strengthen the attack on drug pushers and respond to drug use within schools. The focus of the strategy is on illicit drugs and the goal is 'no

16 Australian Institute of Health and Welfare, *2004 National Drug Strategy Household Survey: Detailed findings* (2005), cat no PHE 66, p 108.

17 Soole D et al, Griffith University Key Centre for Ethics, Law, Justice and Governance, *School based drug prevention: A systematic review of the evidence of effectiveness on illicit drug use* (2005), p 53.

illicit drugs in schools'. This goal, as stated, 'is based on the belief that illicit and other unsanctioned drug use in schools is unacceptable'.[18]

5.20 The strategy aspires to build resilience in young people and give them the skills to make positive life choices. It is based on research that demonstrates that young people who have strong relationships - with their friends, family, school and within their community - are more resilient and less likely to engage in a range of high-risk behaviours, including taking drugs.[19]

5.21 Despite the overarching framework of the NSDES, the committee received reports of variable access to school drug education. In 1996, Carruthers estimated that to change knowledge required 15 hours of education, to change attitudes required 30 hours, and to change behaviour required 50 hours.[20] The Australian secondary school students 2005 survey found, however, that only 44 per cent of school students aged 12-17 had received more than one lesson on illicit drug use in the last year (table 5.1).

Table 5.1 Percentage of students indicating they had received lessons about the use of illicit substances in the previous school year, Australia, 2005

Age	12	13	14	15	16	17	12-17
No lessons	27	25	15	14	12	22	19
Part of a lesson	20	19	16	13	16	21	17
One lesson	21	20	20	19	18	18	19
More than one lesson	31	37	50	57	52	39	44

Source *White V and Hayman J, for the Australian Government Department of Health and Ageing,* Australian secondary school students' use of over-the-counter and illicit substances in 2005 *(2006), p 43.*

5.22 There also appears to be a great variation in the messages being taught to students. As Professor Lenton of the National Drug Research Institute told the committee, what goes on in schools is often left to the individual principal level, 'so it is difficult to make a requirement that all schools do drug education or that all schools do it in a certain way'.[21]

18 Department of Education, Training and Youth Affairs, *National School Drug Education Strategy* (1999), p 1.

19 Department of Education, Science and Training, submission 141, p 1.

20 Carruthers S, 'Drug education: Does it work?' in Wilkinson C and Saunders B (eds), *Perspectives on addiction: Making sense of the issues* (1996), William Montgomery, cited in Ryder D et al, *Drug use and drug-related harm: A delicate balance* (2006), 2nd ed, IP Communications, p 104.

21 Lenton S, National Drug Research Institute, transcript, 14 March 2007, p 43.

5.23 This committee has heard several stories of school drug education experiences that, whilst not necessarily representative, are concerning in their implications. Festival of Light Australia recounted that:

> A woman whose family attends church regularly has told us about her son who had been given 'drug education' at school which was completely counterproductive. The drug education consisted of being told, at age 14, to 'do a project on drugs' - with no further instructions. Her son and his friends decided to research glue sniffing by trying it themselves. They were apprehended by a teacher, and suspended from school for two weeks. The mother said she felt helpless - she and her son were given no advice, and no assistance by school counsellors or anyone else.[22]

5.24 Hon Ann Bressington MLC, a Member of the South Australian Legislative Council and founder of the DrugBeat rehabilitation centre in Adelaide, said that:

> I was involved in the primary school in our area that started drug education, getting all the kids together and talking to kids, parents and teachers about drugs. I was horrified when they were comparing taking illicit drugs to taking vitamins, or taking illicit drugs to taking medication for illness. I was horrified when the person who delivered this education to these children and parents flashed up on a projector on the wall a picture that said 'Columbian street party', with five big black men with huge white straws up their nose and a pedestrian crossing, obviously supposed to be cocaine, and the thing underneath there was 'a Columbian street party'. Half the kids in the room did not get it. Parents and teachers got it, and there was a giggle. Then the kids had to ask, 'What are you laughing at.' Guess what? The harms of these drugs was minimised immediately. This was the message to those kids who are eight, nine, 10 years old. How irresponsible is that?[23]

5.25 Some families who gave evidence to the committee felt that the teaching of harm minimisation principles in schools undermined parental authority and confused students about the relative risks of illicit drug use. The Australian Family Association said that:

> [The harm minimisation] approach gives very mixed messages to our youth, who see it as the green light to engage in illicit

22 Festival of Light Australia, submission 85, p 2.

23 Bressington A, transcript, 23 May 2007, p 18.

> behaviour. This completely undermines parental authority... Parents instinctively know that these things are harming their children, but they feel powerless to combat this influence. This is exacerbated by drug education programs in schools, which recommend themselves to students by drawing attention to their parents' use of legal drugs and lack of understanding of the realities of the drug scene.[24]

5.26 A parent commented that:

> The government needs to be pro drugs in the form of better drug education to solve this issue. Australia needs to educate children with the real life story they will face if they choose drugs, not educating them how to use drugs or supplying needles.[25]

5.27 Moffit, Malouf and Thompson in their book *Drug precipice* argue that:

> Policy decisions [about school drug education] have been influenced by those who advocate a 'normal' [normalising] approach to drug use. In consequence, teaching policies and methods and reflect this attitude. They are in conflict with and disregard the government prohibition of all use. There is no premise or requirement that children be taught the basic dangers of drugs, and the reasons for their prohibition. It seems that Australia's education system aims to teach children to make their own choices about illicit drugs in a way that will 'minimise harm', and to avoid use that is not 'responsible'. This must give children the idea that illicit drugs can, in fact, be used safely and responsibly and that they are able to and should make such decisions, even though drug use remains illegal. The education system accepts that experimentation with dangerous drugs is normal child behaviour.[26]

5.28 Dr Judy Pettingell, of the Faculty of Education and Social Work at University of Sydney, told the journal *Of Substance* in 2006 that ambivalence about harm minimisation was creating a rift between schools and the attitudes of the broader community, including parents. Dr Pettingell said that while most governments saw the pragmatic benefits of harm minimisation, there was wide community support for abstinence,

24 Australian Family Association, submission 59, pp 2–3.

25 Name withheld, submission 75, p 2.

26 Moffit A et al, *Drug precipice* (1998), University of New South Wales Press, p 153.

and 'until as a society we've sorted that out, it will be difficult for drug education to really move forward'.[27]

5.29 Hon Ann Bressington MLC agreed that drug education could not appropriately allow for the 'recreational' use of illicit drugs:

> I am saying that we have got to change our focus to as much prevention and education as possible. We have to change the message in our drug education as well, that you cannot use these drugs recreationally and not be affected by it: 'safe use', 'party drugs'.[28]

5.30 In parent surveys for the National Drugs Campaign, more than three quarters of parents described their attitude towards drugs as 'no drug or drug taking is okay'.[29] The committee would like to see parents' desire for their children not to use illicit drugs at all be accorded more prominence in school drug education. School drug education will not in itself address Australia's illicit drug problems, and parents, teachers, other adults and supportive peer groups need to cooperate in offering support and guidance to young people.

Recommendation 15

5.31 **The Commonwealth Government take a leadership role in reviewing and updating the National School Drug Education Strategy to re-iterate a commitment to a zero tolerance approach to illicit drugs and reflect the desire of parents for their children not to use illicit drugs.**

5.32 Tonie Miller, a mother, drug educator and Toughlove representative, emphasised that while a school drug education from a motivated teacher was invaluable, there were limitations to school-based education. A more complete approach was necessary for prevention:

> Education and school participation in community acceptance of families is essential with the ability to refer families in difficulty to local services for assistance. School based education provides some wonderful material but some people working in education have little awareness of, and are threatened by drug use issues, and

27 Rossmanith A, 'School drug education: Looking for direction', *Of Substance* (2006), vol 4, no 4, p 16.

28 Bressington A, transcript, 23 May 2007, p 18.

29 Department of Health and Aged Care, *National Illicit Drugs Campaign: Evaluation of Phase One* (2003), p 38.

> their own responses are at times, destructive. At the same time, some committed and gifted individuals within the system, who contribute wonderfully to resilience building in children and young people. Their work is invaluable.[30]

Public education campaigns

Young people's education needs

5.33 Regular surveys of illicit drug use in Australia have found that for those who had ever used an illicit drug, 77 per cent nominated 'curiosity' as a factor which influenced their decision to use for the first time. The next most common factors were peer pressure (54.5 per cent), to do something exciting (20.7 per cent), or to enhance an experience (12.0 per cent).[31]

5.34 These figures suggest that although a small percentage of drug users take drugs in order to feel better, to overcome problems, and to cope with trauma or family issues, most drug use is opportunistic and motivated by the perceived benefits of illicit drugs. A former addict told the committee that there was a need to change the attitudes of young people towards illicit drugs:

> [What] made me join in it? It was cool. There is a society perception and the youth culture out there that says… It is not just okay, it is the cool thing to do. This was my way of reaching the cool kids, of getting up to that level, of getting the girlfriend that I want. The cool kids take drugs. From there, you get into the drug culture which is totally different.[32]

5.35 Amongst the reasons why people had never tried illicit drugs, the most common responses were 'just not interested' (75.6 per cent) and 'for reasons related to health and addiction' (54.6 per cent). Illegality was an issue for one quarter (25.3 per cent), while only 1.2 per cent of respondents nominated drug education / awareness.[33] Possibly, general knowledge or awareness about the negative effects of illicit drugs might contribute to someone saying no for the first two reasons. Respondents were, however,

30 Miller T, submission 78, p 10.

31 Australian Institute of Health and Welfare, *2004 National Drug Strategy Household Survey: Detailed findings* (2005), cat no PHE 66, pp 36–37.

32 Hidden R, transcript, 23 May 2007, p 28.

33 Australian Institute of Health and Welfare, *2004 National Drug Strategy Household Survey: Detailed findings* (2005), cat no PHE 66, p 41.

able to nominate as many factors as they chose, so the low recognition given to drug education and awareness suggests that such campaigns are not particularly visible or don't have much impact on the public. In light of these findings, the committee believes that there is a clear role for public information campaigns to educate and build resilience amongst potential drug users to overcome peer pressures and the desire for experimentation.

5.36 Dr Stuart Reece of Brisbane told the committee that there was a paucity of reliable official information on illicit drugs in Australia in comparison to other countries:

> Good educational programs in addiction studies exist in several nations and include web based computer interactive learning, cartoon like adventures of the chemical factories inside patients' brains, and the inclusion of addiction in all other school subjects which have been used successfully in the USA, Sweden and New Zealand. This is in addiction to fact packed Government web sites. Of course there is little such material available in this country, particularly on official websites. Good sites do exist in this country (Drug Arm, Drug Awareness Council of Australia) but they only show up the gross inadequacy of the publicly funded sites which of course should be the standard bearers in this battle for truth. And official Australian sites are also grossly inadequate in comparison with their counterparts overseas.[34]

5.37 The main online sources of drug information for young people are currently:

- Somazone, managed by the Australian Drug Foundation, a website for young people that provides an anonymous Q&A service to any questions visitors may have about drugs, sex, sexual health, mental health issues, harassment, relationships, body image and eating disorders. The answers are provided by a panel of health professionals. The site also allows for visitors to post their own stories on these themes, and a searchable database of Australian youth-friendly health services and organisations. It is receiving 80,000 visitors a month; [35]
- DrugInfo Clearinghouse, also managed by the Australian Drug Foundation, is designed more for a drug and alcohol sector audience,

34 Reece S, submission 33, p 14.

35 Somazone website, viewed on 1 August 2007 at http://www.somazone.com.au; Australian Drug Foundation, *Annual review 2006* (2007), p 7.

but also has fact sheets for download, news, events and access to research findings;[36]

- The National Drugs Campaign youth site, 'Where's your head at?', published by the Department of Health and Ageing, publishes factual information about drugs, provides referral contact information, and posts profiles of drug-free sportspeople, artists and musicians to complement campaign materials.[37] The youth sub-site received 32,131 visits in the first six months of the campaign;[38]
- The National Drug and Alcohol Research Centre has a research rather than information focus but produces fact sheets and publishes contact details for alcohol and drug services across Australia;[39] and
- Youth mental health website Reach Out!, produced by not-for-profit The Inspire Foundation, publishes alcohol and drug information.[40]

5.38 There is also some information available on the websites of state-based drug and alcohol information services. The Drug Aware campaign in Western Australia, for example, is the longest running youth drug prevention campaign in Australia, and has a comprehensive website with fact sheets on the major illicit drug groups and a toll-free 1800 information number.[41]

5.39 The committee notes also that the Australian Government Department of Education, Science and Training is currently developing a website to educate students, teachers and parents on the dangers of psychostimulant use, including methamphetamines and ecstasy and related drugs. This project responds to recent research commissioned by the Department, which identified a lack of school-based materials for students and teachers on ecstasy and methamphetamines.[42]

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36 DrugInfo Clearinghouse website, viewed on 1 August 2007 at http://www.druginfo.adf.org.au/.

37 National Drugs Campaign youth website, 'Where's your head at?', viewed on 1 August 2007 at http://www.drugs.health.gov.au/internet/drugs/publishing.nsf/Content/youth-home .

38 Pennay D et al, for the Department of Health and Ageing, *National Drugs Campaign: Evaluation of Phase Two* (2006), p 163.

39 National Drug and Alcohol Research Centre website, viewed on 1 August 2007 at http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/Drug%20Information.

40 Reach Out! Website, viewed on 1 August 2007 at http://www.reachout.com.au/home.asp.

41 Drug Aware website, viewed on 1 August 2007 at http://www1.drugaware.com.au; Drug and Alcohol Office of Western Australia/Western Australian Network of Alcohol and Other Drug Agencies, 'Amphetamines the focus of new Drug Aware program', media release, 20 June 2006, p 2.

42 Department of Education, Science and Training, submission 141, p 1.

5.40 Despite this information being available, it is not clear that drug users are fully aware of the risks of illicit drugs before, and even after, they begin to use them. For example:

- a recent Victorian study of current and active ecstasy and related drugs (ERD) users aged 18-36 found that 'it was striking how difficult it was for young people to articulate the risks and harms associated with ERDs use, suggesting that these are not salient issues or concerns for many in this group'. Not all of the participants accepted that ERDs use is dangerous, and almost all interviewees reported that they intend to continue to use ERDs for the foreseeable future;[43]
- an Adelaide survey of illicit drug users with an average age in their late twenties found that over half of all participants (58 per cent) believed it was not at all dangerous to drive under the influence of cannabis and 40 per cent believed it was not at all dangerous to drive under the influence of methamphetamine;[44] and
- treatment and rehabilitation organisation Turning Point reports that: 'methamphetamine users are relatively naïve about the risks and harms associated with methamphetamine use.'[45]

5.41 Of course, the provision of online information, while it does reflect a popular way for young people to communicate and access information, exists in a wider domain outside of the control of information providers like those above. There is a large amount of competing information available that users can access with equal ease. One parent, for example, said that her son continued to tell her that illicit drugs were not harmful in the long term, and that ice and cannabis were safer than alcohol. 'Much of the information to support his belief structure, he said, came from the internet'.[46]

Parents' education needs

5.42 Australian Parents for Drug Free Youth told the committee it was essential for parents to become informed and educated about illicit drugs:

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43 Duff C et al, for the Premier's Drug Prevention Council, Victorian Government, *Dropping, connecting, playing and partying: Exploring the social and cultural contexts of ecstasy and related drug use in Victoria* (2007), p vi.

44 Donald A et al, *Risk perception and drug driving among illicit drug users in Adelaide* (2006), p viii.

45 Lee N et al, Turning Point Alcohol and Drug Centre, *Methamphetamine dependence and treatment* (2007), p 29.

46 Name withheld, submission 106, p 2.

> Many of today's parents are not able to teach drug information to their children, because they do not have the background data necessary to do so, in fact, it was not a part of our learned experience or information passed down from generation to generation, because it is a relatively new phenomenon in our history. It is necessary, therefore, for parents to become educated and informed about drugs and their effects and for parents to recognise that drugs are a part of their children's world. Parents must become credible sources of information to their children, or their children will accept the street knowledge of their peers instead.[47]

5.43 Parents who had experienced illicit drug use in the family stressed the value of accurate information about drugs for their ability to empower themselves in a distressing situation. In a case study provided by Centacare Catholic Family Services, a bereaved parent who had lost her daughter to illicit drugs said that:

> I learnt that knowledge is power, that obtaining accurate and up to date information about drugs and their effects, about drug treatments, about withdrawal, about legal issues, about the history of drug prohibition, about agencies - all this learning is a vital ingredient in helping parents in their coping journey.[48]

5.44 Parents also thought that had they known more about drugs and the risks involved, they might have been able to intervene earlier in their son's or daughter's drug use. Parents were not always able to pick up the signs of drug use as they weren't aware of the possibility, or not sure what to look for. Two families told the committee:

> We had noticed personality and behavioural changes in our daughter over recent years, and, perhaps stupidly, had put these down to teenage rebellion, a quest for independence, and an eating disorder (for which she had started to receive treatment.) …Before last year we had no really accurate knowledge about drugs or their effect on people and their bodies, or how to 'speak' to an addict. Our knowledge consisted of the odd newspaper report of a drug death, or watching a movie in which people used drugs (usually in an unrealistic setting). The result of the confrontation with our daughter may have been very different if we had accurate information and knowledge.[49]

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47 Australian Parents for Drug Free Youth, submission 4, p 1.

48 Centacare Catholic Family Services, submission 116, p 15.

49 Name withheld, attachment to Australian Drug Treatment and Rehabilitation Foundation,

> He always appeared to be normal except for one occasion when I thought his sister and his eyes looked strangely paler than normal (being blue I didn't realise it was because their eyes were pinned and therefore appeared lighter in colour). I did question them saying your eyes look strange, you both look sleepy, and my daughter said they had a big day at school and they were both very tired. I had no reason to distrust them so I believed her. Both my husband and I had no real understanding of drug use other than seeing a few people in Footscray who were on the nod or staggering which was very obvious. We had never seen our children in that condition so we had no reason to believe they had ever used heroin.[50]

5.45 Similarly, the Queensland Alcohol and Drug Research and Education Centre considered that:

> When families are educated about drugs and drug-related issues they are empowered to engage their loved one with credible information, and to assist them in any intervention or treatment plan that they may wish to undertake. It is important that families remain hopeful, and any government strategy should take such issues into consideration.[51]

5.46 Interestingly, adolescents may also welcome parent drug education, where it also encourages open and informed discussion about drug taking. For example, in the Victorian study of regular ecstasy and related drugs users mentioned above:

> Many interviewees spoke about the importance of open communication with parents as an important ERDs prevention strategy. Indeed, many interviewees expressed a desire to speak more openly with their parents about these drugs; yet most stated that their parents were too anxious and ill-informed about ERDs to permit open and frank discussion.[52]

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submission 132, p 14–15.

50 Name withheld, submission 145, p 8.

51 Queensland Alcohol and Drug Research and Education Centre, submission 98, p 3.

52 Duff C et al, for the Premier's Drug Prevention Council, Victorian Government, *Dropping, connecting, playing and partying: Exploring the social and cultural contexts of ecstasy and related drug use in Victoria* (2007), p vi.

The National Drugs Campaign

5.47 The National Drugs Campaign is a major component of the National Illicit Drugs Strategy - Tough on Drugs and is intended to both address the education needs of both young people and parents, as outlined above. Administered by the Department of Health and Ageing, it aims to educate and inform young people and their parents about the negative consequences of illicit drug use.

5.48 Phase One of the campaign, launched in March 2001, targeted parents of children aged 8 to 17 years with the tools to discuss drugs with their children. The campaign components included three television commercials, print media and billboard advertisements, a telephone information line and a campaign website. The key messages were that:

- parents need to be aware that all teenagers are potentially exposed to, and at risk from, illicit drugs;
- parents need to be better informed about drugs to facilitate productive discussion; and
- parents are important role models and can influence children not to initiate or continue illicit drug use.[53]

5.49 The evaluation from Phase One was primarily positive, with 97 per cent of parents surveyed recognising at least one campaign element. Sixty-eight per cent of parents surveyed had seen the parent information booklet, and of those who had read it, 76 per cent found it useful. Of those who had seen at least one element of the campaign, 48 per cent had been prompted to take some action as a result, whether talking to their children about drugs, thinking more about drugs or reading the parent booklet.[54]

5.50 Phase Two of the campaign was launched in April 2005 and was targeted at young people.[55] It consisted of print ads, posters, wallet cards, stickers, temporary tattoos, an information booklet, a campaign website and three television commercials focusing on the three most commonly used illicit drugs :

- an ecstasy television commercial featuring a girl collapsing in a nightclub, sweating profusely, a dentist telling a young man that he's done quite a bit of damage from teeth-grinding, a boy complaining that

53 Department of Health and Aged Care, *National Illicit Drugs Campaign: Evaluation of Phase One* (2003), p 19.

54 Department of Health and Aged Care, *National Illicit Drugs Campaign: Evaluation of Phase One* (2003), pp 30, 33, 34.

55 Australian Government Department of Health and Ageing, submission 169, p 5.

his girlfriend gets depressed when she is coming down, and a boy undergoing thermal meltdown as his parents look on and paramedics try to save his life;

- a marijuana television commercial showing the consequences of cannabis use and the reactions of peers: a boy who becomes socially alienated, a young woman who kills someone while driving under the influence, a depressed young man, and a footballer who fails to perform on the field; and
- a speed television commercial showing a young man having a panic attack, a girl on life support, a girlfriend complaining that her boyfriend is violent on speed, and a dirty drug lab in a suburban house.

5.51 The message that followed all of these commercials was is 'You don't know what it will do to you'.[56]

5.52 The Department of Health and Ageing told the committee that they considered Phase Two to also have been highly effective:

> An evaluation of the Phase Two campaign found that two in three parents of 8-17 year olds felt that the campaign had made it easier to talk to their children about illegal drugs. Around two in three young people aged 13-20 years felt that the campaign had influenced what they do and how they think about drugs, and more than half felt that the campaign had made it easier to discuss illicit drugs with their parents. Further, there appeared to be an increase in young people's confidence in their parents' ability to source information about illegal drugs and their credibility in being aware of drug-related issues to which youth may be exposed. Compared to findings from the pre-campaign survey, there was increased awareness among young people of mental and other health problems associated with using marijuana, ecstasy and speed.[57]

5.53 Phase Three of the campaign was launched at the time of writing this report. Additional funding of $9.2 million was added to develop a new television commercial on ice, adding to existing education and awareness

56 Commercials available for download from the Department of Health and Ageing website at http://www.drugs.health.gov.au/internet/drugs/publishing.nsf/Content/media-scripts#ecstasy;
http://www.drugs.health.gov.au/internet/drugs/publishing.nsf/Content/media-scripts#speed;
http://www.drugs.health.gov.au/internet/drugs/publishing.nsf/Content/media-scripts#marijuana.

57 Australian Government Department of Health and Ageing, submission 169, p 6.

commercials on cannabis, ecstasy and amphetamines, bringing total investment to $32.9 million. An updated version of the parents booklet 'Talking with your kids about drugs' is also being distributed to all households in Australia.[58]

5.54 The committee heard that Phase Three of the campaign would again target parents:

> Stage Three is coming out again to remind parents and to support them in meeting their information needs about drugs. There are new drugs on the community's radar, and there is concern around substances such as ice or methamphetamines. This has been a new issue since the previous campaign was designed. We are looking at advertising to support parents in dealing with that substance.[59]

Future public education campaigns

5.55 Despite the generally positive outcomes from the National Drugs Campaign to date, the committee found that many inquiry participants were negative about the value of public education campaigns, with the chief criticisms being that they were not proven to be effective, they were expensive, and that it was difficult to deliver information to young people in a way that they accepted as credible.

5.56 The Australian Psychological Society, the Alcohol and Drug Foundation ACT and Families and Friends for Drug Law Reform warned against mass media campaigns.[60] The ANCD was also ambivalent:

> Media campaigns have been used successfully to reduce unhealthy behaviours (e.g. tobacco smoking), but their application in relation to illicit drug use is limited and unfortunately not well evaluated. Successful media campaigns are also expensive and require substantial planning and research. In particular, they require a segmented marketing strategy that identifies and successfully targets the 'at-risk' audience (e.g. use media channels that are accessed by drug users and a delivery that is appealing to this audience), research on the target audience to understand their attitudes, beliefs and values (including pre-testing of media campaigns), and most importantly, the campaign must receive

58 Department of Health and Ageing, submission 169, p 6.

59 Van Ween L, Department of Health and Ageing, transcript, 28 February 2007, pp 4–5.

60 Alcohol and Drug Foundation ACT, submission 123, p 1; Australian Psychological Society, submission 131, p 12; Families and Friends for Drug Law Reform, submission 122, pp 17, 19-22.

> adequate and sustained coverage. Media campaigns run the risk of unintended increases in drug use if they are not adequately researched and focus tested.[61]

5.57 The Australian Drug Foundation warned against depending on large-scale mass media campaigns without strategies for integrating them into community programs:

> While such campaigns have a role in raising awareness of issues, they are ineffective unless they are underpinned by a whole raft of community linked strategies, initiatives and services. The evidence does not support stand alone, once-off media campaigns as a successful strategy in changing behaviours.[62]

5.58 The use of scare campaigns was specifically rejected by some. The Australian Drug Foundation said: 'Nor is there evidence to support the use of "shock tactics" in persuading people to avoid or reduce the use of drugs'.[63] The Western Australian Network of Alcohol and Other Drugs Agencies said that consumers were unable to identify with the information provided in prevention campaigns that 'focused on the extreme consequences of drug use, including health deterioration or even death, criminal behaviour leading to imprisonment, or psychosis'.[64]

5.59 In the course of public hearings for this inquiry, however, many other witnesses did support the concept of such a campaign, including the Federal Commissioner of Police, the Western Australian Government Drug and Alcohol Office, Families Australia, Beyondblue, Drug Free Australia and Hon Ann Bressington MLC, of DrugBeat South Australia.[65]

5.60 The committee's attention was drawn to drug prevention campaigns overseas that have taken a more uncompromising approach than we have in Australia, with immediate impact. The Crackdown on Drugs advertising campaign launched by the Metropolitan Police Service in 2004, for example, featured actual photographs of methamphetamine and heroin users to illustrate how their physical appearance deteriorates

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61 Australian National Council on Drugs, *Position paper: Methamphetamines* (undated), p 8.

62 Australian Drug Foundation, submission 118, pp 12–13.

63 Australian Drug Foundation, submission 118, pp 12–13.

64 Western Australian Network of Alcohol and Other Drug Agencies, submission 138, pp 2–3.

65 Keelty M, Australian Federal Police, transcript, 14 March 2007, pp 13-14; Murphy T, transcript, 14 March 2007, p 7; Babington B, Families Australia, transcript, 28 March 2007, p 18; Thompson C, Drug Free Australia, transcript, 28 May 2007, p 15; Bressington A, transcript, 23 May 2007, p 21; Beyondblue, *Submission to the National Cannabis Strategy* (2005), p 3; see also Name withheld, submission 106, p 1, Ravesi-Pasche A, submission 47, p 7; Gawler I, submission 65, p 4; Endeavour Forum, submission 22, p 1.

dramatically over time. Supplied by the US police and accompanied by a letter of support from one of the women, the images record a shocking deterioration of the skin, teeth and hair in the space of a few years.[66]

5.61 Similarly, the Montana Meth Project in the United States graphically portrays the ravages of methamphetamine use through television, radio, billboards, and internet ads. The campaign's core message, 'Not even once,' speaks directly to the highly addictive nature of methamphetamine. Print and television advertisements show images such as scabs and body sores as a result of drug use, yellowed and decaying teeth, and destitute and bloodied bathrooms. They also focus on the disappointment and hurt felt by parents, girlfriends and boyfriends, siblings and peers when someone close to them starts to use a dangerous drug.[67]

Figure 5.1 Images of the physical deterioration of a methamphetamine user employed in a 2004 public campaign by the London Metropolitan Police

Source *London Metropolitan Police website, viewed on 25 August 2007 at http://www.met.police.uk/drugs/advertising.htm, reproduced with permission.*

5.62 A report from the Montana Attorney General's Department on a statewide survey found that 81 per cent of teens reported that the ads show that methamphetamine is dangerous to try even once (more than for heroin),

66 Metropolitan Police website, viewed on 1 August 2007 at http://www.met.police.uk/drugs/advertising.htm.

67 Montana Meth Project website viewed on 1 August 2007 at http://www.notevenonce.com/index.php.

with 75 per cent saying that the ads show it is more destructive than they had originally thought. Ninety-six percent of all parents surveyed had discussed drugs with their children in the past year, and since the commencement of the campaign, methamphetamine use amongst teens had fallen 38 per cent.[68] The advertising campaign had attracted international recognition, including a prestigious award at the 2007 Annual Cannes International Advertising Festival.[69]

5.63 Hon Ann Bressington MLC referred to this campaign in evidence, and supported the concept of something similar in Australia to genuinely impress on young people the risks they were taking with illicit drugs, particularly with something as important to them as their appearance:

> There is evidence that [a hard-hitting prevention campaign] is working in the United States for crystal meth. I believe crystal meth in its form now and level of use now requires an aggressive approach as far as education goes, because it is not just the speed of the past. I believe our kids need to know about the DNA damage that it does and the genetic damage that it is doing. Imagine young girls who love to look at *Dolly* magazine seeing a picture of someone who has been using methamphetamine for 18 months, and it is a drugged out person who looks twice their age. Those are the sort of messages that will appeal to young girls.[70]

5.64 The committee also considered two examples of highly effective campaigns from within Australia not related to illicit drugs: the 'grim reaper' campaign for HIV / AIDS awareness in 1987, and our current National Tobacco Campaign.

5.65 The 'grim reaper' campaign was a landmark in public health awareness campaigns. It featured frightening television advertisements showing a cloaked grim reaper bowling over human skittles, as well as the provision of follow-up information for the duration of the campaign.[71]

5.66 The campaign was enormously successful in creating awareness that all Australians, not just homosexual men, were threatened by AIDS. Even though the campaign only ran for three weeks, 97 per cent of those

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68 Montana Meth Project, 'New Montana Meth project survey shows dramatic shift in attitudes toward meth', media release, 7 March 2007.

69 Montana Meth Project, 'The Meth Project wins international advertising award at Cannes Festival', media release, 27 June 2007.

70 Bressington A, transcript, 23 May 2007, p 22.

71 Winn M, 'The Grim Reaper: Australia's first mass media AIDS education campaign' in World Health Organisation, *AIDs prevention through health promotion: Facing difficult issues* (1991), pp 33–34.

surveyed eight weeks after the commencement of the campaign recalled seeing the television advertisements. Surveys also found that 95 per cent of respondents thought the campaign had increased public awareness, 81 per cent thought it had increased people's knowledge, 61 per cent thought they had learned something personally and 44 per cent reported changes in their attitude or behaviour.[72]

5.67 More recently, decades of public health information and research have changed the face of smoking in Australia. Commitment by governments and health professionals has changed community attitudes towards what was once considered a normal and relatively harmless activity. The committee observes with interest that the website for the National Tobacco Campaign, quitnow.info.com.au, takes a notably more hardline approach to tobacco smoking than the National Drugs Campaign, despite the latter dealing with illegal drugs.

5.68 Unlike many illicit drug information sources, which seek to rationalise or 'balance' the decision to take drugs by listing the positive as well as negative effects of illicit drugs, there is no recognition of the benefits of smoking, such as a description of its relaxant properties. Nor is there any advice on harm reduction or smoking 'safely' or 'responsibly'; rather, the message is that 'every cigarette is doing you damage'.

5.69 Print and television advertisements have focused on graphic images that confront viewers with the damage that smoking causes to the body: for example, on the website currently and in advertisements around the country, viewers can see a doctor's hand squeezing out the deposits accumulated in the artery of a 32 year old; the brain tissue of a smoker damaged by blood clots; and a full beaker of tar being poured onto healthy lung tissue. A section of the website called 'Damage – The cold hard facts' supports this imagery with expert information sheets for download on the health effects of smoking.[73]

5.70 According to the Department of Health and Ageing, the campaign has generated considerable international interest with adaptations of the television advertisements being used in the United States, New Zealand, Singapore, Cambodia, Iceland, Poland and Canada. The campaign has also received recognition through several industry awards both in

72 Taylor in Pyett P, 'Social and behavioural aspects of the prevention of HIV / AIDS in Australia: A critical review of the literature', *Centre for Health Program Evaluation Working Paper 13* (1991), p 22.

73 Quitnow website, viewed on 1 August 2007 at http: / / www.quitnow.info.au / internet / quitnow / publishing.nsf / Content / damage-lp.

Australia and overseas.[74] Most importantly, it is achieving positive results. While Australia has one of the highest rates of illicit drug use in the world, particularly with respect to ecstasy and amphetamines, we are ranked one of the lowest of all countries in the OECD in terms of tobacco smoking.[75]

5.71 The committee commends the work done to date on the National Drugs Campaign, and believes that public campaigns do have value in preventing the uptake of illicit drugs and giving the community facts to counteract assumptions and attitudes circulated in the media and peer groups about 'safe' or 'recreational' use. It believes that there is a need for a campaign in the future that highlights the dangers of illicit drugs in much stronger terms.

Recommendation 16

5.72 **While commending the Government on the media campaign against ice, the committee recommends that the Minister for Health and Ageing fund, as a matter of priority, a fourth phase of the National Drugs Campaign aimed at young people, that draws on experiences from the anti smoking campaign and other campaigns most notably the Montana Meth Project in the United States that:**

- **moves away from pointing out the 'harm' related to illicit drugs to one the highlights 'damage', 'destruction' and 'danger';**
- **employs compelling and confronting imagery such as that used in local campaigns and the Montana Meth Project campaign (www.notevenonce.com/index.php);**
- **documents the health effects of illicit drug taking, particularly the ageing and degenerative effects on physical appearance; and**
- **raises awareness of the mental health consequences of illicit drug use.**

74 Department of Health and Ageing, 'Tobacco – Education', viewed on 1 August 2007 at http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-strateg-drugs-tobacco-education.htm.

75 Australian Institute of Health and Welfare, *Statistics on drug use in Australia 2006* (2007), cat no PHE 80, pp viii, 10; see table 1.1 for international comparisons.

Research to inform prevention campaigns

5.73 The committee's attention was drawn to a range of overseas research into gaining a better understanding the physical bases of addiction.[76] A better understanding of the biology of addiction will better inform future prevention campaigns and contribute to improved treatment outcomes.

5.74 Images of the brain using single photon emission computerised tomography (SPECT) provide a 3-dimensional view of brain functioning. Figure 5.2 shows SPECT images of the brain after exposure to cannabis. Dr Daniel Amen, an Assistant Clinical Professor of Psychiatry and Human Behavior at the University of California noted that:

> SPECT has demonstrated a number of abnormalities in substance abusers in brain areas known to be involved in behaviour, such as the frontal and temporal lobes. There are some SPECT similarities and differences between the damage we see caused by the different substances of abuse. … There tends to be several similarities seen among classes of abused drugs. The most common similarity among drug and alcohol abusers is that the brain has an overall toxic look to it. In general, the SPECT studies look less active, more shrivelled, and overall less healthy. A 'scalloping effect' is common amongst drug abusing brains. Normal brain patterns show smooth activity across the cortical surface. Scalloping is a wavy, rough sea-like look on the brain's surface. I also see this pattern in patients who have been exposed to toxic fumes or oxygen deprivation. My research assistant says that the drug brains she has seen look like someone poured acid on the brain. Not a pretty site [sic].[77]

5.75 Several inquiry participants proposed that greater attention should be given to researching the impact of illicit drug addiction on physical and mental wellbeing and development, including the link between illicit drug use and degenerative processes.[78] In a submission to the committee, Dr Stuart Reece noted that:

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76 Li T et al, 'The Biological Bases of Nicotine and Alcohol Co-Addiction', *Biological Psychiatry* (2007), vol 61, pp 1–3; Lemonick MD, 'The science of addiction', *Time* (2007), pp 40–43.

77 'Welcome to Brainplace: Brain SPECT Information and Resources, Chapter 15 – Images of alcohol and drug abuse', viewed on 28 August 2007 at http://amenclinics.com/bp/atlas/ch15.php.

78 Reece S, submission 33, pp 13–14; Christian G, Drug Free Australia, transcript, 28 May 2007, p 23.

> The decrepit and dishevelled state of many drug affected persons is well known [to] both the community and the committee. It is established in addiction science that all addictive drugs impair cell growth and division. They also accelerate cell death processes, either when used singly, or in the common combinations in which they are used by patients. These changes, combined with the DNA toxicity which has been previously demonstrated for cannabis and tobacco, are the cellular and molecular underpinnings of ageing at the cellular level. These findings suggest that the poor appearance of addicted persons, together with many well known features of their pathology including poor teeth, high rate of infections, high rate of tumours and very high death rate, actually reflect an accelerated pattern of ageing at the level of the whole organism.

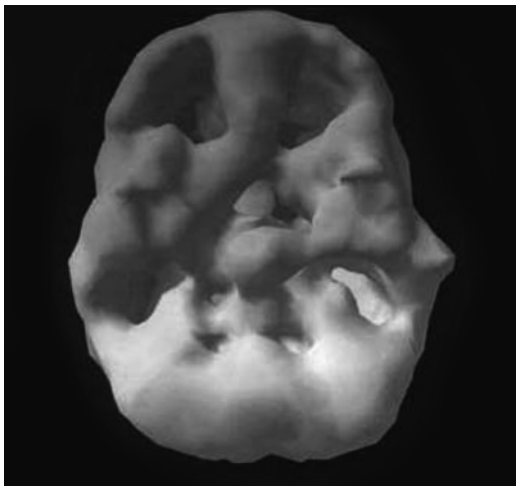
5.76 Similarly if these changes could be better understood, it is well possible that significant gains could be made in other related health areas. If addiction accelerates ageing, then it stands to reason that the addiction blocking agents may well slow this change down. Clearly this needs to be quantified by further research. Similarly if addiction accelerates the development of hardening of the arteries and of cancer, then understanding such molecular pathways may well teach us valuable lessons about the causation of these diseases, including the yielding of important new molecular targets for major drug therapies.[79]

5.77 The committee supports such research, noting that there is enthusiasm within the Australian research community to progress this work and that the cost of such research would be in the order of $50 million.[80] The committee considers that this research should be given higher priority by the National Health and Medical Research Council.

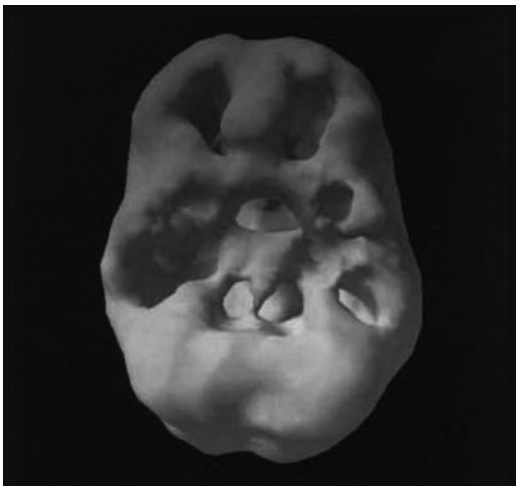
79 Reece S, submission 33, pp 13–14.

80 Reece S, submission 33, p 14.

Figure 5.2 Brain SPECT images – Cannabis users

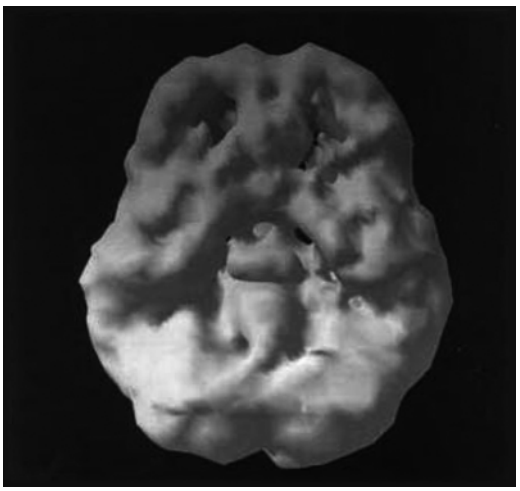


18 y/o
3 year history of 4 x week use
underside surface view
decreased pfs & temporal lobe activity



16 y/o
2 year history of daily abuse
underside surface view
decreased pfs & temporal lobe activity

38 y/o
12 years of daily use
underside surface view
decreased pfs & temporal lobe activity



28 y/o
10 years of mostly weekend use
underside surface view
decreased pfs & temporal lobe activity

Source *'Welcome to Brainplace: Brain SPECT Information and Resources, Chapter 15 – Images of alcohol and drug abuse', viewed on 28 August 2007 at http://amenclinics.com/bp/atlas/ch15.php, reproduced with permission.*

Strengthening the anti-drug message in our community

5.78 As noted in chapter four, harm minimisation, because of the way certain groups have interpreted the term, provides mixed messages to the

community about the acceptability of illicit drug use. These mixed messages are also disseminated through the use of language that glamorises drug taking, such as the terms 'recreational' and 'party' drugs. The legal sale of drug paraphernalia also sends the wrong message to the community about the acceptability of drug use.

5.79 The committee considers that there are opportunities to strengthen the anti-drug message in the community by increasing the use of random testing for drugs in drivers and in some workplaces to further support the vision of drug-free individuals outlined in chapter four.

Avoiding the 'glamorising' of drug taking

5.80 It is important that discussions about illicit drug use in the community do not glamorise the taking of illicit drugs. Several inquiry participants noted that some terms used to describe illicit drugs in the community, such as 'party drugs' and 'recreational drugs' have resulted in a culture of acceptance in the community about the use of illicit drugs and that these drugs can be used safely.[81]

5.81 The dangers of illicit drug use mean that the continued use of these terms may work against efforts to promote drug-free individuals. The committee endorses the comments from Beyondblue about how the use of terms such as 'party drugs' and 'recreational drugs' work against the message that illicit drug use is unsafe (box 5.1).

Box 5.1 Beyondblue comments on messages glamorising illicit drug taking

Beyondblue has been active in the media addressing the language used to refer to methamphetamines decrying the terms 'party drugs' or 'recreational drugs' and the popular perception that this creates that these drugs are 'safe'… From a mental health perspective, the use of illicit drugs can precipitate or exacerbate the potential for an anxiety or depressive disorder to occur, beyondblue has a role in highlighting the extent to which there is no predictably safe level of illicit drug use and its implications for mental health, particularly anxiety and depression. One way in which beyondblue intends to further achieve this is to develop a concerted campaign that focuses upon tackling the language of 'party and recreational drug use'.

Source Submission 151, p 4.

5.82 The committee is disappointed that in late 2006, the Ministerial Council on Drug Strategy agreed that all jurisdictions notify their government

81 Drug Free Australia, submission 42, p 11; Australian Parents for Drug Free Youth, submission 4, p 2; Australian Drug Treatment and Rehabilitation Programme, submission 132, p 2; Beyondblue, submission 151, p 4;

agencies, and the organisations in receipt of government funding, of the *preference* not to use language that glamorises or promotes the use of drugs. This included the terms 'recreational' and 'party' to describe drugs or drug use in public statements, correspondence and reports.[82]

5.83 Presently, a wide range of existing literature, such as that produced by the Australian Drug Foundation, which received $1.9 million in government funding in 2005-06, contains language of the above type which permits or promotes the use of illicit drugs.[83] The committee therefore believes that the Commonwealth Government should only fund those organisations that do not use language that glamorises or promotes the use of drugs, including changing previously produced information that is accessed electronically on their website.

Recommendation 17

5.84 **The Commonwealth Government provide funding only to organisations that adhere to the policy not to use language that glamorises or promotes the use of drugs, such as the terms 'recreational' and 'party' to describe drugs or drug use in public statements, correspondence and reports and that have implemented this policy to documents available electronically via their website. The Commonwealth Government also withdraw funding from organisations that promote legalisation of all or any illicit drugs.**

5.85 The Western Australian Government Drug and Alcohol Office told the committee how it had worked with WA Police to develop a policy to avoid the use of words such as 'party', 'recreational' and 'dance' in order to not afford illicit drugs a positive connotation.[84]

5.86 It is important that the language used by the media is also addressed (box 5.2). Research has concluded that for non drug users, the mass media is the primary source of information about drugs.[85]

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82 Ministerial Council on Drug Strategy, 'Joint Communique 15th December 2006', viewed on 29 July at http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/mcds-15deccommunique.

83 DrugInfo Clearinghouse, 'What are party drugs?', viewed on 31 July 2007 at http://www.druginfo.adf.org.au/article.asp?ContentID=what_are_party_drugs .

84 Murphy T, transcript, 14 March 2007, pp 7–8.

85 Hoare D, in Mendes P and Rowe J (eds), *Harm minimisation, zero tolerance and beyond: The politics of illicit drugs in Australia* (2004), Pearson SprintPrint, p 62.

Box 5.2 Recent selected print media headlines relating to illicit drug use

- 'Who needs party drugs when paying taxes gives you a high?', Skatssoon J, *The Canberra Times*, 17 June 2007.
- 'Crackdown on party drugs', Glumac T, *The Canberra Times*, 6 October 2006, p 1.
- 'Speed tops recreational drug list', Prichard J, *The Australian*, 21 May 2007, p 5.
- 'Workers hooked on party drug', Dunn E, *The Sydney Morning Herald*, 28 September 2006, p 1.
- ''Party drug' disguise for danger and death', Kamper A, *The Daily Telegraph*, 16 May 2006, p 4.
- 'Rising toll from party drug's use, say doctors', Pollard R, *The Sydney Morning Herald*, 1 April 2006, p 8.

5.87 Although the government cannot direct the media generally on this issue of language it can direct the Australian Broadcasting Corporation (ABC). The ABC has advised the committee that under its News and Current Affairs Style Guide of August 2006, journalists are instructed to avoid using the terms 'recreational drugs' or 'party drugs' unless they are attributed to someone.[86] However, these guidelines only apply to news and current affairs and not all presenters. The committee believes that this policy should be extended to all presenters — particularly those in its youth media.

Recommendation 18

5.88 **The Commonwealth Government:**

- **direct the Australian Broadcasting Corporation that its News and Current Affairs Style Guide should apply to all presenters; and**
- **encourage the Australian Press Council to adopt a similar code.**

Banning the sale of drug equipment

5.89 The sale of drug equipment, such as cannabis smoking equipment and 'ice' pipes, detracts from educational messages about illicit drugs and the damage they cause. Imposing a ban on sales would also make it difficult for first time drug users to experiment with illicit drugs.

86 Advice from ABC Audience and Consumer Affairs, correspondence, 1 August 2007.

5.90 Ryan Hidden, a former drug user, told the committee about the mixed messages that can arise with the sale of equipment used to consume illicit drugs:

> Like I said, it was a culture that drugs were cool. It is mainly because of that discourse that happens between firstly alcohol and cigarettes when they all get mashed together; there is a lot of discourse out there. You walk down the street and see a shop selling bongs, and all that type of stuff. You just cannot entertain the thought in the present environment that drugs are really all that bad.[87]

5.91 Ice pipes are banned for sale in Victoria, New South Wales, South Australia and Western Australia.[88]

5.92 The committee notes that in May 2007, the Ministerial Council on Drug Strategy agreed that the Commonwealth should prepare a discussion paper on banning or regulating the importation, sale and advertisement of equipment for the use of cannabis for consideration at its next meeting.[89]

5.93 The committee welcomes the approach adopted by South Australia, which has agreed to ban the sale of bongs and other drug implements since the meeting.[90] Rather than wait for the outcomes of the paper being prepared for the Ministerial Council on Drug Strategy, the committee urges states and territories to implement policies to restrict the sale of drug equipment. Such action will be another step to reducing the impact of illicit drugs on families.

Recommendation 19

5.94 **The Minister for Health and Ageing work with states and territories to implement bans on the sale of drug equipment and the Minister for Justice and Customs ban the import of such equipment.**

87 Hidden R, transcript, 23 May 2007, p 12.

88 Hon C Pyne MP, Parliamentary Secretary to the Minister for Health and Ageing, 'Pyne disappointed at failure to back ice pipes ban', media release, 14 December 2006.

89 Ministerial Council on Drug Strategy, 'Joint Communiqué 16th May 2007', viewed on 29 July 2007 at http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/mcds-16may07-communique.

90 Hon C Pyne MP, Minister for Ageing, 'Pyne welcomes SA move to 'ban the bong'', media release, 21 May 2007.

Drug driver testing

5.95 Illicit drug using drivers are responsible for a significant number of road traffic accidents. In 2004, of the 2.5 million Australians aged 14 years and older who had used any illicit drugs in the last 12 months, in the same period 581,000 people had driven a motor vehicle while under the influence of illicit drugs.[91]

5.96 Recognising this, all Australian jurisdictions have examined roadside drug testing and are at different stages of implementation, with some states and territories yet to commence regular drug driver testing.[92]

5.97 Laboratory studies have shown that cannabis compromises reaction time, attention, decision making, time and distance perception, short-term memory, hand-eye coordination, and concentration.[93] Central nervous system stimulants, like amphetamines, ecstasy and cocaine, can impair coordination and judgement through hyperactivity, aggressiveness, overconfidence, blurred vision, hallucinations and fatigue; while narcotic analgesics such as methadone and heroin slow reflexes and blur vision.[94] All of these effects pose significant risks to those driving under the influence, their passengers and others on the road.

5.98 A survey in 2005 by insurer AAMI found almost one-quarter of young Australian drivers (22 per cent) reported taking illicit drugs such as marijuana, cocaine, speed or ecstasy before driving.[95]

5.99 Preliminary results from roadside random drug testing by police suggest that drug driving is a reality on our roads. Victoria was the first jurisdiction to introduce random drug tests for drivers in 2004.[96] Tasmania, South Australia, New South Wales and Western Australia now have

91 Australian Institute of Health and Welfare, *2004 National Drug Strategy Household Survey: Detailed findings* (2005), cat no PHE 66, p 89.

92 Australian National Council on Drugs, *OfSubstance* (2007), vol 5 no 3, p 26.

93 National Drug and Alcohol Research Centre, 'Cannabis and driving: fact sheet', viewed on 4 July 2007 at http://www.med.unsw.edu.au/NDARCWeb.nsf/resources/NDARCFact_Drugs3/$file/CANNABIS+AND+DRIVING+FACT+SHEET.pdf

94 Queensland Government, 'Drug driving: Fact sheet', viewed on 4 July 2007 at http://www.transport.qld.gov.au/resources/file/ebb929084058b75/Pdf_rs_fact_sheet_drugs.pdf.

95 Butler M, 'Australia's approach to drugs and driving', *Of Substance* (2007), vol 5, no 3, pp 24-25.

96 Victorian Government, 'Drugs and Driving', viewed on 31 May 2007 at http://www.arrivealive.vic.gov.au/c_drugsAD.html.

driver drug testing programs, with Queensland and the Northern Territory expected to follow in 2008.[97]

5.100 In the first year of testing in Victoria, from December 2004 to December 2005, 13,176 drivers were tested and 287, or two per cent, tested positive for illicit drugs. 199 drivers, or 1.5 per cent, tested positive to methamphetamine only. Nineteen drivers, less than one per cent, tested positive to cannabis only, and less than one per cent tested positive to both drugs. MDMA (ecstasy) was not at that point part of the testing program, although it has since been added.[98]

5.101 After four months of operation, the NSW Police random drug testing unit reported in May 2007 that of the 1,600 drivers stopped and given a swab test, one in 46, or two per cent, tested positive to illegal drugs, mostly amphetamines.[99]

5.102 Studies of drivers involved in major vehicle crashes suggest that those under the influence of drugs pose a risk far in excess of the general population. In 2003, 31 per cent of drivers killed on the roads in Victoria tested positive to drugs other than alcohol. This is a higher figure than the 28 per cent of drivers who were killed who had a blood alcohol content of 0.05 or more (although some drivers had both alcohol and illicit drugs in their bloodstream).[100]

5.103 A study published in the journal *Emergency Medicine Australasia* in 2007 found concerning levels of illicit drugs in the bloodstream of drivers involved in accidents. A blood sample was obtained from 436 patients who had been taken to The Alfred Emergency & Trauma Centre in Melbourne following a motor vehicle collision. The study found that over one in three drivers in major car accidents had illicit drugs in their system.

5.104 Of the above drivers tested, 46.7 per cent had cannabis in their bloodstream (7.6 per cent had used recently enough to impair driving ability); 11 per cent had opiates, 4.1 per cent had amphetamines, 3 per cent methadone and 1.4 per cent cocaine.[101]

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97 Butler M, 'Australia's approach to drugs and driving', *Of Substance* (2007), vol 5, no 3, pp 24-25.

98 Victoria Police, 'Random roadside drug testing program expanded', media release, 28 February 2006.

99 Cubby B, 'More drivers test for drugs than drink', *Sydney Morning Herald*, 16 May 2007.

100 Victorian Government, 'Drugs and Driving', viewed on 22 May 2007 at http://www.arrivealive.vic.gov.au/c_drugsAD.html.

101 Ch'ng C et al, 'Drug use in motor vehicle drivers presenting to an Australian, adult major trauma centre', *Emergency Medicine Australasia* (2007).

5.105 A study published in 2007 by the National Drug Law Enforcement Research Fund found similarly high, although not as high, levels of illicit drug use in patients admitted to the Trauma Centre at Royal Adelaide Hospital over the course of a year. Cannabis was found in 17.4 per cent of injured car drivers, amphetamines in 6.9 per cent and opiates in 3.3 per cent (totalling 27.6 per cent), as against 22.6 per cent of injured drivers with alcohol in their bloodstream.[102]

5.106 Victoria Police, the first enforcement agency to implement a random drug testing program in Australia, gave the committee an overview of the results of random roadside drug testing results over the two years to December 2006:

- A total of 25,273 drivers screened comprising 18,121 car drivers and 7,152 heavy vehicle drivers;
- A detection rate of 1:50, with 503 drivers testing positive to the three target drugs (methamphetamines, ecstasy and cannabis) including:
  - ⇒ methamphetamines only found in 328 drivers;
  - ⇒ ecstasy only found in seven drivers;
  - ⇒ cannabis only found in 37 drivers;
  - ⇒ a combination of methamphetamines and ecstasy was found in 16 drivers;
  - ⇒ a combination of methamphetamines and cannabis was found in 16 drivers; and
  - ⇒ all three drugs were found present in four drivers.[103]

5.107 The effects of the testing program on driver attitudes and behaviour were likely to be longer term, with Victoria Police telling the committee that:

> While random alcohol screening as an enforcement and deterrence strategy has significantly reduced road trauma in Victoria, it took several decades to change attitudes and behaviour. The implementation of a random drug screening campaign has the potential to reduce the incidence of drug driving and road trauma in much the same way. The random drug screening program has now been in operation for 30 months and it will take some time to effect drug driver attitudes and behaviour. However, operation of

102 Griggs W et al, National Drug Law Enforcement Research Fund, *The impact of drugs on road crashes, assaults and other trauma – a prospective trauma toxicology study* (2007), monograph series no 20, p viii.

103 Victoria Police, submission 175, p 4.

> the program thus far clearly indicates the potential for reducing drug drive related trauma in Victoria.[104]

5.108 The committee considers that it is important that police have the resources to enforce laws relating to drug driving in the same way that they enforce drink driving laws and that random testing for alcohol and illicit drugs should be done concurrently — so that the 'booze bus' can also conduct testing for illicit drugs. Active enforcement, involving a high profile drug driving testing regime, will contribute to negative attitudes to illicit drug taking, in a similar way to that achieved by drink driving campaigns.

Recommendation 20

5.109 **The Commonwealth Government work with state and territory police to implement random testing for drivers affected by illicit drugs concurrently with random breath testing for alcohol.**

Random drug testing for health workers

5.110 In 2004, 326,600 people used illicit drugs and had gone to work while they were under the influence of these drugs.[105] During its inspections, the committee heard from a former registered nurse who had continued to work through the initial stages of her heroin addiction, potentially putting patients in danger. A parent also told the committee about illicit drug taking by nursing students, which could have continued once these nurses completed their training.[106] The committee is concerned at the potential numbers of people working under the influence of illicit drugs whilst holding positions of professional responsibility in our community.

5.111 The implementation of random drug testing in the workplace is part of ensuring a safe working environment for employees and also increasing safety for customers, clients and patients. Random testing is widely used by companies in the mining and transport industries.

5.112 The committee considers that workplace random drug testing sends a strong message that illicit drug use is unacceptable. While there have been calls for random testing for a wide range of professions, including

104 Victoria Police, submission 175, p 4.

105 Australian Institute of Health and Welfare, *2004 National Drug Strategy Household Survey: Detailed findings* (2005), cat no PHE 66, p 89.

106 McMenamin H, transcript, 30 May 2007, p 3.

footballers, doctors, lawyers, politicians and police[107], the committee considers that a first step could be introducing random testing at our public hospitals. Such a measure could be implemented as a condition of the Australian Health Care Agreements.

Recommendation 21

5.113 **As part of the next public hospital funding agreement between the Commonwealth and the states and territories, the Minister for Health and Ageing include a requirement for the implementation of a random workplace drug testing regime to improve safety for patients and other staff.**

107 See for example, Kelton G, 'Random drug test urged for doctors', *Adelaide Advertiser*, 25 July 2007, p 30; Sherlock E, 'Politicians mixed on drug-testing', *The Canberra Times*, 1 July 2007, p 22; Silvester J, 'Stand-off on drug testing of police' *The Age*, 4 June 2007, p 1; 'Lawyers should face drug testing, QC says', *The Canberra Times*, 17 May 2007, p 8; Timms D, 'Our policy is fine: Players' association says no to government's amendments', *Herald Sun*, 26 March 2007, p 35.

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