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Tasmania

PREMIER

21 JUN 2007

Hon Bronwyn Bishop MP
Chairman
House of Representatives Standing Committee
on Family and Community Services
PO Box 6021
Parliament House
CANBERRA ACT 2600

Dear Ms Bishop

Thank you for your letter inviting the Tasmanian Government to make a submission to the House of Representatives Standing Committee on Family and Human Services inquiry into the impact of illicit drug use on families.

Please find attached the Tasmanian Government submission. The submission describes the social context and patterns of drug use in Tasmania, noting that:

- alcohol and tobacco continue to be the most widely used drugs in Tasmania; and
- illicit drug use in Tasmania differs somewhat from patterns of mainland use, with higher rates of illicit use of prescription drugs and lower rates of heroin and cocaine use.

The submission also provides information on Tasmania's drug policies and programs before addressing the Committee's terms of reference.

While it is not possible to accurately and comprehensively estimate the impact of drug use on families, it is widely acknowledged that the financial, social and personal costs can be significant. The Tasmanian Government believes that a balanced policy mix underpinned by harm minimisation strategies, including demand reduction, supply reduction and harm reduction measures, is the most appropriate response to both licit and illicit drug use.

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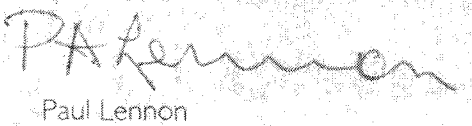
The submission also provides examples of some of the innovative ways that the Tasmanian Government is responding to drug use, including addressing the impact of drug use on families.

I look forward to being informed of the Committee's findings from this Inquiry.

Yours sincerely



Paul Lennon
Premier

Tasmania

Tasmanian Government

Submission to the

House of Representatives Standing Committee on Family and Community Services

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Inquiry into the impact of illicit drug use on families

June 2007

Social Context and Patterns of Drug Use in Tasmania

When considering the questions of how the Australian Government can better address the impact of the importation, production, sale, use and prevention of illicit drugs on families, it is imperative that discussions take into account a broader set of macro environmental influences and are understood within the context of other substance use issues and risky drug use patterns.

There is strong evidence that drug use is often associated with social disadvantage and social dislocation, family breakdown, poor family attachments, child abuse and neglect and parental drug use during pregnancy and early childhood[1]. Conversely, positive family relationships including positive family attachments and parental harmony play a significant, positive protective influence on later alcohol and other drug use.

According to the Australian Bureau of Statistics (ABS)[2], in 2001 Tasmania had the second highest percentage (27.7%) of lone-person households (after South Australia); the second highest percentage (3.4%) of lone-father families (after Northern Territory) and the highest percentage (22.1%) of lone-mother families[2]. Based on 2005 ABS data, Tasmania also had the lowest percentage (58.1%) of households with both parents employed and the highest percentage (8.8%) in which neither parent was employed. Gross household disposable income per capita in 2004-05 was the lowest in Tasmania. Tasmania also had the highest percentage (36.6%) of main source of income as Government pensions and benefits in 2003-04 and the lowest percentage (52.1%) from wages and salaries [2].

Recent surveys and research indicate that tobacco and alcohol are the most widely used drugs in Tasmania, and cause significantly more harm than other types of drugs[3]. Cannabis use ranks third behind alcohol and tobacco use. Estimates of other illicit drug use among those aged 14 years and older[3] in Tasmania suggest that the prevalence of use of non-heroin opioids such as morphine and methadone for non-medical purposes is slightly higher than the national average. Some 0.6% had used other opiates for non-medical purposes in the past 12 months of the survey (compared to the national average of 0.2%) and 0.2% had used methadone for non-maintenance purposes (compared to the national average of 0.1%). In 2005, Tasmania recorded the highest rate of accidental deaths due to opioids per million persons[4] (53.7 per million persons compared to the national average of 32.5).

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[1] Loxley, W. et al *The Prevention of Substance Use, Risk and Harm in Australia: A review of the evidence*, Canberra, Commonwealth of Australia, 2004

[2] Australian Bureau of Statistics, 2006 *Australian Social Trends ,2006*, data cube: Health, Cat. No. 4202.0 Canberra: Australian Bureau of Statistics 2006

[3] Australian Institute of Health &Welfare; *National Drug Strategy Household Survey: State and Territory Results, 2004* Canberra: Commonwealth of Australia.

[4] Degenhardt, L., Roxburgh, A. (2007). *Accidental drug-induced deaths due opioids in Australia, 2005*. Sydney: National Drug and Alcohol Research Centre.

An Illicit Drug Reporting System (IDRS)[5] Report[6] indicates that patterns of Tasmanian drug use have consistently differed from other states. For example, illicit use of pharmaceutical products is proportionally higher in Tasmania, while the use of heroin is lower. The availability and use of heroin and cocaine is almost nil and has been stable in Tasmania since 2000.

Since 1990, Tasmanian rates of prescribing opioids for severe non-malignant pain are much higher than the national average (approximately 50% higher in the primary group of drugs which are subject to abuse) with per capita growth in the prescribing of oral long acting opioids (eg MS Contin®) increasing approximately five-fold since 1990.

There is evidence that diverted prescription opioids are supporting a substantial illicit market in Tasmania. An average of 159 new patients each year for the past five years have been referred by the Pharmaceutical Services Branch of the Department of Health and Human Services under the Section 2 Expert Advisory Panel for treatment for opioid dependence (total 796). These patients generally present having injected or otherwise misused prescription drugs. In addition, prescribed narcotic analgesics are targeted by patients with addiction and by people seeking drugs to sell on the illicit market. Prescription narcotics bring a high price; a single prescription for 20 MS Contin® 100mg tablets is worth $1 600 to $2 000 on the black market.

Opioid-dependence is a chronic relapsing and remitting condition that requires substantial medical and other health professional services including care and costs associated with infectious diseases such as hepatitis C and septicaemia. Opioid users also suffer higher rates of premature death.

Investigations by the Tasmanian Department of Health and Human Services have shown that there have been a number of deaths in recent years that are associated with illicit or unsanctioned use of prescription opioids. Examination of the circumstances of such deaths typically indicates a multi-factorial situation, with opioid analgesics being directly or indirectly implicated in the death. Often these deaths are occurring in relatively young adults, with lifestyle factors associated with drug-seeking behaviour. On reviewing such cases, the absence of a clear identifiable cause of death places the focus of suspicion on the role or presence of opioids, compounded in many cases by concurrent use of benzodiazepines.

The Australian National Survey of Mental Health and Wellbeing (NSMHWB), undertaken in 1997, provided the first national Australian data on the prevalence and patterns of mental disorders, highlighting the extent of comorbidity in the general population. This refers to the co-occurrence of mental disorders and substance use disorders. The NSMHWB demonstrated that drug and alcohol use disorders were highly prevalent in those with psychotic illnesses. Lifetime diagnoses of cannabis use

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[5] Information on other illicit drug use in Tasmania is based on IDRS data and interviews carried out with people who regularly inject drugs as well as professionals in drug-related fields. Information on alcohol and other drugs is also obtained from the National Minimum Data Set (NMDS), a core set of data elements agreed by the National Health Information Management Group for mandatory collection and reporting at a national level.

[6] Bruno, R & McLean, S 2004, *Tasmanian Drug Trends 2003: Findings from the Illicit Drug Reporting System (IDRS)*, NDARC Technical Report No. 178, University of New South Wales, Sydney.

disorder was found in 25% of this sample[7]. The 1997 World Health Organisation Burden of Disease Report estimates that mental health and drug and alcohol contribute 20% to the burden of disease in society, and within mental health disorders, substance use accounts for 23%[8].

There is little current evidence of a causal relationship between cannabis use and psychosis, but there is evidence that cannabis use may exacerbate and precipitate psychosis in vulnerable individuals. The elevated level of (methyl)amphetamine use amongst some cannabis users may also increase psychotic symptoms in this group[9].

The distinction between methamphetamine and amphetamines generally is that methamphetamine, especially the purer form known as 'Ice' is a more potent psychostimulant that has proportionately greater central stimulatory effect than amphetamines. The estimated prevalence of methamphetamine use in Tasmania is 1.8% of those 14 years and over, and this rate seems not to have changed substantially between 1998 and 2004[3]. Anecdotally, Tasmania Police advise there has been an increase in the use of amphetamine type stimulants and related problems in Tasmania since 2004.

It should be noted that it is difficult to quantify the number of people using any illicit drugs accurately due to the illegal nature of such use. With the greater availability and use of high purity methamphetamine there have been anecdotal suggestions of increases in the negative effects from the use of this drug, such as paranoia, 'drug-induced' psychosis, agitation and violence. Also, the number of hospital admissions in Tasmania where methamphetamine use has been noted as the primary factor contributing to admission has remained stable between 2002-03 and 2004-05 at approximately 40 cases per annum[10].

Tasmanian Government Drug Policy

The *Tasmanian Drug Strategy 2005-2009* guides whole-of-government and community activities to reduce the harm associated with the use of both licit and illicit drugs. It identifies objectives, priorities, and key strategies for dealing with drug use in the State, enabling individual agencies and organisations to develop action plans, which are linked to, and informed by it.

The Strategy reflects the unique character and patterns of drug use in our State and is underpinned by a number of important principles:

1. **Partnerships and collaborative effort are essential in shaping our responses to drug use across the community.** The consequence of drug use is evident across the community and our responses require the support, cooperation and

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[7] National Drug and Alcohol Research Centre *Comorbid mental disorders and substance use disorders – epidemiology, prevention and treatment*, Sydney: Commonwealth of Australia 2003
[8] WHO *Composite International Diagnostic Interview* Geneva: World Health Organisation 1997
[9] Degendardt, L & Hall, W *Cannabis and Psychosis. Current Psychiatry Reports* 4(3) 191-196. 2002
[10] Roxburgh, A and Degenhardt, L. 2006 *Drug Related hospital stays in Australia 1993-2005*. Sydney: National Drug & Alcohol Research Centre.

collaboration of all government and non-government agencies and Tasmanian communities.

2. **Building capacity in the community and the alcohol and other drugs sector is fundamental to addressing drug use.** Capacity building will occur in two key areas: in the community and in the workforce of the alcohol and other drugs sector, recognising that communities are best positioned to respond to their particular circumstances, while acknowledging the importance of a diverse workforce to meet the challenges of managing drug-related issues.

3. **The concept of harm minimisation underpins our practice and philosophy.** Harm minimisation is an approach to improving health, social and economic outcomes for individuals and communities. It includes the reduction of supply, demand and harm associated with drug use. Consistent with the National Drug Strategy, this concept will continue to underpin the work of all sectors responding to the problems created by drug use.

4. **Prevention and early intervention are critical in responding to drug use.** Implicit in the priorities and strategies of the Strategy are proactive schemes and interventions to prevent the uptake of harmful drug use and reduce the consequences of problematic drug use.

5. **Equity of access to evidence-based service delivery is fundamental.** Members of our community requiring care and treatment for alcohol and other drug use issues should be able to access appropriate services.

6. **Research, data collection and evaluation are critical elements for increasing understanding of and improving responsiveness to emerging trends.** Informed and relevant strategic planning and policy making can occur best in an environment that fosters a robust research agenda supported by adequate data collection and critical evaluation.

An analysis of the *National Drug Strategy*, the needs of the Tasmanian community, and the known patterns of Tasmanian alcohol and other drug use have resulted in the identification of three priorities: community safety, prevention and reduction, and improved access to quality treatment.

The Tasmanian Department of Health and Human Services provide a range of services aimed at reducing drug related harms. The Department funds a range of community service organisations under both the National Drug Strategy and the Illicit Drug Diversion Initiative to work with individuals, families and communities to minimise the harms from the use of illicit drugs. The Department is also working closely with the Divisions of General Practice and the Tasmanian Branch of the Royal Australian College of General Practice to develop a code of practice for the prescribing of narcotic drugs, which in Tasmania is approximately 45% higher than the national average, with particular emphasis on management of patients in whom opioids are presently the treatment for chronic pain. This includes the development of a GP Management Plan for Chronic Pain form, patient information, patient registration form and patient contract.

The Department of Health and Human Services in close collaboration with Tasmania Police and other key Agencies and the non government sector has recently finalised the Tasmanian Psychostimulants Action Plan, the primary aims of which are to reduce the supply and availability of illicit drugs and precursors; work with the dance party industry to develop guidelines for safer environments; build resilience in young people; develop information resources for young people, the community, police and health professionals; and provide timely and appropriate interventions and linking people to health services.

Tasmania Police is the principal agency through which the State Government pursues the achievement of a safe and secure environment for the community. Drug law enforcement includes supply-side drug law enforcement and demand-side drug law enforcement strategies incorporating reactive and proactive, intelligence led policing techniques. The primary focus of Tasmanian Police is on reducing and disrupting the supply of illicit drugs through enforcement of the *Misuse of Drugs Act 2001* and other regulations or legislation governing the availability of controlled substances. Tasmania Police also has a comprehensive drug diversion model in place to deal with minor offenders.

Police encounter a wide range of illicit drug related harms and problems as they perform their duties, and are witness to the impact of illicit drug use on families.

As part of the CoAG Illicit Drug Diversion Initiative (IDDI), the Tasmanian Department of Justice has developed a pilot program for the Court Mandated Diversion of drug offenders (CMD).

IDDI, and the CMD program focus on early intervention, education and diversion of drug users to treatment. The CMD program seeks to respond productively to the ongoing challenges of supervising and sentencing people whose offending directly relates to substance use issues. The program is due to be implemented on a statewide basis from July 2007 and will run until June 2008.

The CMD Program is a post plea program, which will allow the Magistrates Court to divert eligible offenders with drug related problems into assessment and drug rehabilitation programs. Offenders accessing the CMD program and associated treatment services are assessed by qualified and experienced workers and, if eligible, referred to specialist treatment.

The program is underpinned by the concept of therapeutic jurisprudence, which recognises the role of the law in fostering therapeutic outcomes for offenders. The fundamental principle underlying therapeutic jurisprudence is the court choosing supervisory and sentencing options that enhance the psychological or physical well being of offenders without compromising core values of the justice system.

Under the proposed pilot, the courts reserve the right to utilise the full range of available sentencing options including bail provisions. These powers and mechanisms are integral to the program. The CMD also creates an additional option for the Court to apply when dealing with offenders whose crimes are related to or caused by illicit drug use: the Drug Treatment Order.

The CMD model provides diversion for offenders at three different stages

- *Bail Diversion (Category 1)* allows for shorter-term treatment as a post-plea option.
- *Sentencing into Drug Treatment (Category 2)* allows for longer-term treatment through the current range of sentencing options in the *Sentencing Act 1997* or *Youth Justice Act 1997*
- *DTO (Drug Treatment Order)* (Category 3) which will require legislative amendment and is proposed to allow for supervised community-based drug treatment as an alternative to incarceration.

Adults and young persons can access the *Bail Diversion Program* and the *Sentencing into Drug Treatment Program*, however the DTO will only be available for adult offenders.

Financial, Social and Personal Cost to Families

While no longitudinal or comparative research has been undertaken to accurately and comprehensively estimate the economic and social impact of drug use on families, it is widely acknowledged that the financial, social and personal costs can be significant.

Financial costs may include, but are not limited to:

- diversion of family finances away from meeting family needs towards the cost of supporting drug use;
- loss or reduction of family income through ill health, drug seeking and/or withdrawal behaviours, or the inability to maintain or seek employment;
- sale and/or theft of family belongings;
- pharmacy dispensing costs of opioid treatment programs (community pharmacies in Tasmania charge from $4.80 to $5.40 per dose;
- medical costs such as cost of attending a GP; and
- legal and court costs associated with drug related offences.

Social and personal costs may include, but are not limited to:

- increased social isolation of individuals and families due to stigmatisation and stereotyping;
- increased social isolation within families;
- child protection concerns;

- health related consequences including blood borne viruses, poor nutrition, vascular health and dental hygiene;
- reduced social capital including poorly developed social networks, dysfunctional norms, reduced social trust, reduced cooperation for mutual benefit;
- verbal and sexual abuse; and
- poverty, unstable housing and homelessness .
- costs to children such as:
    - embarrassment of drug using parents;
    - disruption to education, sometimes caused by housing issues;
    - developmental health harms experience by infants (0-3) born to one or more alcohol or drug using parents;
    - child parentification;
    - increased risk of child abuse due to reduced parental ability to cope with minor stresses; and
    - poor parental role modelling.
- costs to family such as:
    - guilt, shame and isolation associated with a family members drug use; and
    - family breakdown and dislocation.

Impact of Harm Minimisation Programs on Families

Harm minimisation is a philosophical and practical approach to improving health, social and economic outcomes for individuals and communities. Australian drug policy, articulated in the overarching *National Drug Strategy 2004-09* is underpinned by the harm minimisation approach.

The harm minimisation approach involves a balanced mix of demand reduction, supply reduction and harm reduction strategies to minimise overall drug related harm. The concept of harm minimisation underpins the philosophy and practice of all Tasmanian government sectors in responding to the problems caused by the use of alcohol and other drugs. It is one of the principles of the *Tasmanian Drugs Strategy 2005-2009* and is recognised as an approach to improving the health and wellbeing of individuals, families and communities who are affected by the use of drugs. The Tasmanian Government believes that a balanced policy mix underpinned by harm minimisation is the most appropriate approach to addressing illicit drug use.

It is estimated[11] that Australian Governments spent $3.2 billion in 2002-03, $1.3 billion on proactive policies and $1.9 billion on reactive measures dealing with the consequences of illicit drug use. Of this, over half pertained to enforcement related activities. Turning Point estimated that 23% was spent on prevention; 17% on treatment and just 3% on harm reduction. It also estimated that approximately two-thirds of this spending occurs at state and territory government level, primarily due to the operation of aspects of the criminal justice system, with crime related costs estimated to be 62% of all state and territory costs[11].

The difficulty in assessing the impact of harm minimisation programs, particularly on families, is that there has been very little by way of formal evaluation undertaken, apart from the Needle and Syringe Program (NSP) which has consistently been demonstrated to have a positive impact. Between 1991 and 2000, Australian Governments invested $130 million in NSP, with a resultant estimated 25 000 cases of prevention of HIV and 21 000 cases of Hepatitis C among injecting drug users. Savings to the health system in avoided treatment costs over a lifetime are estimated to be between $2.4 and $7.7 billion. This does not include improvements in the quality of life from infections prevented[12]. This program is an example of a harm minimisation approach that has a significant positive impact on families.

Similarly, opioid treatment programs; and Hepatitis B vaccinations have been positively evaluated to support harm reduction[1].

The Australian Government is currently undertaking a series of evaluations of the Illicit Drug Diversion Initiative (IDDI), and an evaluation of the National Illicit Drug Strategy (NIDS) Strengthening and Supporting Families Coping with Illicit Drugs Use Program (Strengthening Families Initiative). Both these initiatives are underpinned by a harm minimisation approach and are understood to have positive outcomes for families. This impact cannot be commented on until the evaluations have been completed.

Recent Council of Australian Governments Mental Health initiatives, many of which identify comorbidity issues as a priority, also include a number of measures that are intended to have a positive impact on families. These initiatives include alerting the community to links between illicit drugs and mental illness; early intervention services for parents, children and young people; and improved services for people with drug and alcohol problems and mental illness. Again, most of these initiatives are in their infancy and any positive impacts will not be evident for some time.

Strategies to Strengthen Families Coping with Members Using Drugs

Evidence that the first years of life are critical in shaping later developmental and behavioural issues is plentiful[1] and supports further a need to examine the social determinants and broader macro environmental influences, demographic factors and

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[11] Moore, T.J. (2005) Monograph No. 01: *What is Australia's "drug budget"? The Policy mix of illicit drug-related government spending in Australia. DPMP Monograph Series.* Fitzroy: Turning Point Alcohol and Drug Centre

[12] Commonwealth of Australia. 2002. *Return on investment in needle and syringe programs in Australia.* Canberra: Commonwealth Department of Health and Ageing..

inter-related relationships that influence developmental risk factors (and protective factors).

Expanding investments in the first three years of life, in particular, with relevant support to parenting skills would potentially reduce a range of problems in later life including those related to the use of alcohol and other drugs.

Given the evidence also that family relationships play a significant part in an individual's drug seeking and drug taking behaviour, families need support and access to appropriate services. As drug dependence is often a chronic relapsing and remitting condition with concurrent need for long term access to treatment services, it could be argued that families also need access and support for longer periods of time than is generally now available.

The Tasmanian Government provides funding to a number of community sector organisations under the National Drug Strategy, two of which are specifically aimed at supporting families and the community: Holyoake Tasmania and the Drug Education Network.

It also provides a service to pregnant women with drug and alcohol substance abuse issues through the Royal Hobart Hospital's Complex Care Clinic. Since commencing operation in 2001, the number of women treated via this service has increased from 14 in 2001 to 72 in 2006. Whilst this indicates an increase in the number of women experiencing these issues, figures are also attributed to greater awareness within the community that the Clinic is in operation.

It is acknowledged that the cost of pharmacotherapies is presently covered under section 100 of the Pharmaceutical Benefits Scheme, however the cost of daily dispensing is not. Any strategy that could reduce the financial burden on already disadvantaged persons requiring opioid treatment programs would improve access, compliance and the effectiveness of those programs, and lessen the burden on families.

Tasmania is presently reviewing the manner in which its opioid treatment program operates as well as appropriate clinical standards and safeguards around the prescribing of opioid medication for chronic non malignant pain.

Given the estimates of spending in various areas and noting the difficulties treatment providers experience in meeting present need, there is a case for increased investment in treatment. However, this should not detract from the current level of investment in other areas.

There is considerable overlap between the kind of strategies that would constitute best practice in the area of substance prevention and those that are recommended to reduce crime[13]. Evidence also exists that those involved in problem drug use and those involved in crime are more likely to experience similar social determinants. Another way to strengthen families coping with a member using illicit drugs, is to improve coordination of services to ensure that targeted supports and additional resources are firmly embedded within the universal service system, and ensure these are directed towards those families or communities where risk factors for poor outcomes are high.

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[13] National Crime Prevention (1999) *Pathways to Prevention: Developmental and early Intervention Approaches to Crime in Australia*. Commonwealth Attorney-General's Department, Canberra.

Police are increasingly adopting 'upstream approaches' to directly prevent or intervene at an early stage, and to work with other agencies to support individuals and families who are at risk. Following a decision of the Council of Australian Governments (COAG) in April 1999 to introduce the *National Illicit Drug Diversion Initiative*, Tasmania Police expanded its Cannabis Cautioning Program to widen eligibility to include all illicit drugs. With increased capacity funded by the Australian Government to treatment providers, police officers utilise their discretion and divert eligible juveniles and adults to treatment providers where they are able to access counselling and other related health services for their drug use as an alternative to being dealt with by the criminal justice system. Under the *Youth Justice Act 1997*, diversionary conferencing is also in place and police officers are able to utilise their discretion to deal with other offenders in accordance with restorative justice principles, including referrals to a range of external service providers.

A more recent innovation led by Tasmania Police to support individuals and families has been the development of Inter-Agency Support Teams (IASTs). IASTs are partnerships based in local communities around the State and bring together relevant state and local government agencies to provide integrated intervention and support to children and young people with multiple and complex problems.

IASTs provide coordinated support in a timely and strategic manner by identifying a young person's needs, developing practical, multi-agency solutions and combining resources to address those needs. When the groups come together they identify the risk factors, prioritise them and then collaboratively develop strategies to address the needs of the young people in order of priority. The primary risk factors will usually include:

- problematic alcohol and or other drug use;
- neglect or other parenting issues;
- anti-social behaviour and offending;
- family violence;
- mental health issues;
- accommodation issues; and
- difficulties with engaging in learning and education.

There are currently twenty four IASTs operating in Tasmania. The IASTs are providing support to over 290 children, young people and their families. IASTs have been instrumental in improving circumstances and mitigating risks for these young people as well as reducing the degree and extent of youth offending and anti-social behaviour in Tasmanian communities.

Within the confines of a closed hearing it would be feasible to make a presentation to the Committee using case studies such as the one below to illustrate the complexity of the issues being dealt with by IASTs and how they support individuals and families.

Case Study A relates to an affluent family with both parents present in the family unit and employed full-time. There is a younger brother to Subject Y. Neither parent has a known drug issue and this simply demonstrates how this 14 year old male went 'completely off the rails' through using drugs and the impact it has had on his life and his family and the community. He is still using drugs and is starting to re-offend again after a period of being 'clean'. Subject Y is now starting to rack up a number of charges which he is to face in court soon. He is still subject to probation, which includes drug testing. He has failed one of these tests and is being proceeded against for that breach.

As previously outlined the Court Mandated Diversion Program is a 12-month pilot program aimed at diverting offenders to treatment for substance abuse and offending behaviour. There are three different points at which diversion can occur – pre-sentence and post-plea; as a condition of a probation order (or other community-based sentencing option); and through a proposed Drug Treatment Order (DTO). The DTO will be an alternative to incarceration and allows offenders to remain in the community and maintain family linkages which are often broken and disrupted when offenders are sent to prison.

The first two stages of the program are accessible by young people and adults, however the DTO will, at this stage, be limited to the adult offending population.

The DTO has the stated purpose of

(a) providing an alternative sanction to imprisonment;

(b) through an integrated, supervised and reviewable treatment regime,

facilitating the offender's rehabilitation and reintegration into the community;

(c) reducing the incentive for the offender to resort to criminal activity;

(d) reducing risks to the offender's health and well-being.

These goals are similar to that for the entire CMD project.

The potential benefit of CMD to families lies primarily in maintaining the family unit as offenders remain in the community while undergoing intensive treatment, and successful treatment can be taken into consideration in determining final sentence. The range of treatment options not only includes those directed specifically at reducing substance abuse but at addressing other psychosocial factors.

In 1985, the International Association of Psychosocial Rehabilitation Services (IAPRS) published the following definition of psychosocial rehabilitation as:

> 'The process of facilitating an individual's restoration to an optimal level of independent functioning in the community ... While the nature of the process and the methods used differ in different settings, psychosocial rehabilitation invariably encourages persons to participate actively with others in the attainment of mental health and social competence goals.... The process emphasises the wholeness and wellness of the individual and seeks a comprehensive approach to the provision of vocational residential, social/recreational, educational and personal adjustment services.' (Cnaan et al, Psychosocial Rehabilitation Journal, Vol. 11, No. 4: April 1988, p.61)[14]

The CMD program will be subject to external evaluation and will include qualitative assessment of the impact on the programs to both offending behaviour and to lifestyle.

Concluding Comments

While it is not possible to accurately and comprehensively estimate the impact of drug use on families, it is widely acknowledged that the financial, social and personal costs can be significant. The Tasmanian Government believes that a balanced policy mix underpinned by harm minimisation strategies including demand reduction, supply reduction and harm reduction measures continues to be the most appropriate means of responding to both licit and illicit drug use in Tasmania.

Drug use is a social problem with complex causes and there may be a case for targeted investment in:

- the early years and in strategies to build effective parenting capacity, to reduce a range of potential drug related issues in later life;
- treatment programs; and
- continuing improvements to service coordination.

[14] http://www.wimmerapdss.org.au/psr.htm Viewed 1 June 2007