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The Parliament of the Commonwealth of Australia

# **Where to next?**

**– a discussion paper**

## **Inquiry into substance abuse in Australian communities**

House of Representatives  
Standing Committee on Family and Community Affairs  
17 September 2001

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## Foreword

In the last twelve months or so I have heard about and observed the closest thing in Australia that I have seen to hell on Earth.

Australia's substance abuse has taken me on a journey that I would have preferred not to have travelled and I have observed a lot of things I would prefer to know nothing about. However, as a Member of Parliament I share with my parliamentary colleagues a clear responsibility to address these issues.

The Australian community has in the main enjoyed mind-altering substances for reasons of recreation and social intercourse, and for relief of pain, both physical and mental. The community is seeing an increase in substance abuse and Australian society demands of its police, its courts, its gaols, and its health system - to name a few - up to 70% of the budget for these community services. Much of this is as a result of the luxury of having the freedom to consume legal and illegal substances.

Communities like California voted for example in a referendum to shift US\$120 million from drug law enforcement to drug treatment less than twelve months ago.

Sweden has what is known as a zero tolerance approach after a more permissive approach previously and is reported to have a higher overdose rate than other European countries with a more permissive approach.

Australia is implementing variations on a theme to these overseas experiences.

Methadone treatment in Australia shows very large increases in participation over recent years and no movement away from substance abuse.

The issues for today's parents and dependents are described well by a most knowledgeable witness working in the field as follows:

But if we are really talking about drugproofing, the things that we need to be enforcing are the valuing and the connectedness, spending time and effort to communicate with our children to indicate to them that we do care about what happened to them

and that we do care when they are in trouble – and that we also care when they are doing well. It worries me that sometimes people get falsely focused on the drug-specific components rather than the big effort on those broader messages. I know many families who have a lot of knowledge about drugs. I have many colleagues who have been working in and know this area very well, and some of their children take drugs. If you can have all that knowledge and still have your own children taking drugs then I do not believe there is a way to drugproof your child by training...I think that sometimes programs can promise much and it is difficult for them to deliver.<sup>1</sup>

At the extreme end for parents the Committee heard the addict view as explained to a parent:

Do not be ashamed, do not shun us. Give them refuge; offer a safe and sanitised atmosphere. Do not tell a family to disown their family, be there for them.<sup>2</sup>

Treatment services with professionally trained staff are at a premium and the lack of a coherent national understanding of availability of timely services was profound.

The degree of difficulty of dealing with abuse and addiction is at the heart of the service delivery issue. A low success rate for addiction solution, particularly in the early years of abuse and addiction, highlight the lack of maturity in the national capacity and are probably one of the main blockages to better progress.

Gaols are the holding paddock for much of Australia's substance abuse. The opportunity of managing better our most immediate substance abuse problems lies in our gaols where substance abuse appears to be a profoundly neglected issue.

The nation should not tolerate any of the crime, violence and all other negative impacts that substance abusers inflict on our society. The families, the addict and abusers should expect the strongest, professional support from the community where they all have a genuine interest in addressing the issue.

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1 Evidence, p. 496.

2 Evidence, p. 615.



Every Australian should know that they have the right to say NO to alcohol, marijuana, heroin or any other substance if they so wish. Denying the profiteers, the dealers, the criminals and anyone else in the drug trade has to offer the stronger 'high' to all alternatives!

**Mr Barry Wakelin MP**  
**Chai**

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# Membership of the Committee

## Thirty-ninth Parliament

Chair            Mr Barry Wakelin MP

Deputy Chair   Ms Annette Ellis MP

Members        Mr Kevin Andrews MP

Ms Julie Bishop MP (*from 13 April 2000*)

Hon Graham Edwards MP

Mrs Kay Elson MP (*until 31 May 2000*)

Mrs Joanna Gash MP (*from 31 May 2000*)

Ms Jill Hall MP

Mrs Julia Irwin MP (*from 13 April 2000*)

Mrs Deanne Kelly MP (*until 7 September 2000*)

Mr Tony Lawler MP (*from 7 September 2000*)

Dr Brendan Nelson MP (*until 31 August 2000*)

Dr Mal Washer MP (*from 31 August 2000*)

Mr Harry Quick MP

Mr Alby Schultz MP

## **Committee Secretariat**

<b>Secretary</b>	Mr Trevor Rowe
<b>Inquiry Secretary</b>	Ms Shelley McInnis
<b>Research Officers</b>	Mr Michael Ross Ms Jane Sweeney
<b>Administrative Officers</b>	Ms Belinda Shepherd Ms Melissa Holland Ms Alime Smith Mrs Angela Nagy



## **Terms of reference**

In view of the level of community concern about the abuse of licit drugs such as alcohol, tobacco, over-the-counter and prescription medications, and illicit drugs like marijuana and heroin, the Committee has been asked by the Minister of Health and Aged Care, the Hon Dr Michael Wooldridge, MP, to report and recommend on:

The social and economic costs of substance abuse, with particular regard to:

- family relationships;
- crime, violence (including domestic violence), and law enforcement;
- road trauma;
- workplace safety and productivity; and
- health care costs.





## **Executive summary**

This discussion paper attempts to present an overview of what we believe is happening in relation to substance abuse in Australia.

Health economists Collins and Lapsley estimated that the social and economic costs of substance misuse were \$18.8 billion in 1992 and we have no reason to suppose that, one decade later, these will have decreased substantially. The vast majority of costs are attributable to alcohol and tobacco, and misuse of these appears to have stabilised or declined over the past decade. However, costs associated with the misuse of illegal drugs will have risen over the past decade, consistent with a general increase in the use of illicit drugs and a dramatic trebling in overdose deaths between 1988-1999.

Families can play a pivotal role in the prevention and treatment of substance misuse problems, and in recent years governments have increased resources to programs which aim to support and better enable them to play a positive role. Nongovernment agencies are active in providing support to families adversely impacted by substance misuse, and are good at engaging families in a variety of ways to help others with similar issues. Governments, too, are beginning to appreciate the positive potential of involving families in the design and conduct of drug abuse prevention and treatment programs.

Depending on how drug-related crime is defined, as little as 10% or as much as 70% of crime can be said to be drug-related. Australia's strategic approach to drug problems involves balancing efforts to control the supply and reduce the demand for drugs. While for the past two decades a number of Commonwealth agencies have been working to reduce the supply of illicit drugs in Australia, under the National Illicit Drugs Strategy (NIDS) increased resources have been dedicated to supply reduction and also to diverting drug offenders from the criminal justice system. Recent heroin 'droughts' suggest that stepped-up drug supply control measures are working. The national drug diversion initiative looks promising and

could be extended, but it needs to be supported by more training for those involved in its implementation.

Random breath testing has been effective in reducing the number of people driving above the legal (blood alcohol concentration) limit and contributing to a significant decline in the number of alcohol-related road crashes, but there is some recent evidence suggesting a review of RBT strategies is warranted. There are technical obstacles to testing for drug driving and more research into this issue is required.

The effects of substance misuse on workplace safety and productivity are hard to quantify but are conservatively estimated to have cost Australia \$9.2 billion in 1992. Despite evidence of the negative impacts of alcohol and other drugs on workplace safety and productivity, the issue is relatively under-researched and much more could be done to reduce the costs associated with substance misuse issues in the workplace. Workplace alcohol and drug policies need to be incorporated into broader occupational and health policies which may, in some circumstances, include drug testing.

Total health care costs associated with the use and abuse of legal and illegal drugs amounted to around \$8 billion in 1992; legal drugs accounted for over 90% of these. Despite the fact that in recent years governments have increased resources to combat drug-related harms, especially ones associated with the abuse of illicit substances, service delivery systems are straining to meet demand and access to treatment is inadequate in many places. Management of the sector could be strengthened to improve accountability and ensure that interventions are as cost-effective as possible.

Communities have to be on-side to help governments devise and fund programs and services with the greatest potential to help, and the media could be enjoined to play a more constructive role in shaping public opinion on these matters. Politicians, too, have a special responsibility to assist and can do so by demonstrating bipartisan leadership in this area.



