

TABLELANDS ALCOHOL & DRUGS SERVICE

42 – 44 Main Street
ATHERTON QLD 4883
Phone: 07 4091 1188
Fax: 07 4091 7200

SUBMISSION TO
HOUSE OF REPRESENTATIVES
STANDING COMMITTEE ON FAMILY & COMMUNITY AFFAIRS.

SUBSTANCE ABUSE IN AUSTRALIAN COMMUNITIES.

I would like to introduce our service on the Atherton Tablelands. We are funded by the Commonwealth Department of Health through the National Illicit Drug Strategy. The project is funded for 4 years. T.A.D.S. is sponsored by Wu Chopperen Medical Service in Cairns.

The aim of this new service is to provide a dedicated drug and alcohol service on the Tablelands.

Our geographical area covers Mareeba, Atherton and Ravenshoe.

Our objectives are:-

To provide a treatment service for individuals and families where alcohol, tobacco and illicit drug use exists.

To determine the prevalence of the harmful use of drugs amongst young people and develop strategies to implement effective treatment, education and prevention programs.

To reduce the non-medical use of drugs by young people and prevent the initiation or uptake use of alcohol, tobacco, illicit drug and solvent use.

T.A.D.S. offers free, private, confidential counselling, group therapy and youth support. The service also provides information about alcohol, tobacco and other drugs as well as referral to other agencies.

The service is available at Atherton, Mareeba and Ravenshoe. Service hours are Monday to Friday from 8.30am. to 5pm.

STATISTICS FOR THE PERIOD JULY – APRIL 2000.

TADS is a new service and the following records our initial stats.

The total number of enquiries for the period - 99.

The number of active registered clients we had at the end of this period was 21.

SUBSTANCES

Following is the substances that the enquirers/clients required information/counselling for:

Alcohol – 21

Opioids – 11

Marijuana – 2

Speed – 3

Alcohol & Drug Information - 40

Tobacco - 2

THE NUMBERS SHOWN HERE DO NOT INCLUDE ALL OF THE ENQUIRIES. OUR ACTUAL CLIENTS ARE INCLUDED IN THESE NUMBERS. THE ENQUIRIES THAT DO STATE THE SUBSTANCE IS INCLUDED IN THESE NUMBERS. CARE HAS BEEN TAKEN TO PROVIDE ACCURATE & CORRECT NUMBERS.

Social and Economic Costs of substance abuse.

We are a Commonwealth funded non-government organisation receiving a four years grant. Staffing has consisted of one nurse/counsellor, one indigenous health worker and part time administration assistant. Demands on the service are increasing. There is a need to employ another A&D counsellor but no extra funding. Service needs are reactive without sufficient resources to provide proactive health care, in particular community education. Service gaps identified were:-

No rehabilitation programs offered on the Tablelands.

Lack of crisis accommodation for men and young people.

Limited number of professionals with specific drug abuse skills and knowledge in rural regions.

Other concerns are: Fragmented services and educational programs.
Impact on families, domestic violence, unemployment, hospitalisation, mental health, community corrections programs and law enforcement.

Another concern is the increase of illicit, IV drug use among indigenous young people.

I would refer the Committee to a Drug Watch news article on “Legitimizing Drugs and Future Trends” from Bob Aldred, Friday 26 May 2000. This article states an increase of drug user activity, the push for normalisation of drugs and a growing recognition of the failure to reduce drug related harm. One example quoted was –

The effect of user's rights in practice was seen at the conference where delegates had to suffer the clouds of tobacco smoke engulfing the meal areas. The right to smoke over-ruled the rights of other's to clean air.

This highlights to me the social and economic costs of substance abuse. The lack of community acceptance of the dangers of passive smoking, the disregard of health care and personal responsibility of the drug user.

The danger with user's rights is when it makes unrealistic demands for privileges that have a negative impact on the health and safety of others, or wants absolution from past crimes and their consequences.

I believe society needs better substance abuse education and acceptance of personal responsibility for drug abuse if we are to be proactive in reducing costs related to substance abuse. These changes should be introduced immediately and the benefits may be evident in our next generation but I believe positive changes may take three generations. Costs incurred have been ongoing and escalating with no reduction in family crises, crime, domestic violence, law enforcement and health care costs. Drug abuse is not a problem in isolation.

“Drug Abuse – How are we handling it?” Not well.

ROSE ISHERWOOD
Project Officer.
RN / Bach.Social Sc. / A&D Counsellor.

29 May 2000.

Computer disk enclosed.

*This service is sponsored by the Wuchopperen Medical Service Cairns
Funded by the Commonwealth Department of Health & Aged Care*