

DRUG FREE AUSTRALIA INC

Submission to the Inquiry into the Impact of Illicit Drug use on Families March 2007

Introduction

Drug Free Australia (DFA) is a not-for-profit, community based peak body in drug prevention. It has no religious or political affiliations.

Vision:

As a peak body in drug prevention, its vision is that "**Communities are well-informed about the harms of illicit drugs and empowered with anti-drug strategies**".

In April 2006, DFA received initial funding from the Commonwealth Department of Health and Ageing to assist in establishing an effective operational structure. Strategies, based on a 10 point plan will be evaluated to inform future direction. (Please refer to Attachment 1, Summary of the 10-point plan. For further information, go to www.drugfree.org.au for further information).

Management structure

Board of Directors:

The DFA Board comprises high profile, leading citizens who bring with them a wide range of expertise. They are:

- Mr Craig Thompson, Chair. Magistrate, NSW
- Mr Gary Christian, National Director, Adventist Development & Relief Agency, NSW
- Hon Ann Bressington MLC, Independent, SA
- Major Brian Watters AO, Advisor, UN International Narcotics Control Board, NSW
- Mr John Barich, Australian Family Association, WA
- Mr Herschel Mills-Baker, President, Australian Parents for Drug Reform, Qld
- Mr Graeme Rule, Executive Director, COADE, Vic
- Ms Isobel Gawler, Registered Nurse/Manager, NT
- Major General Peter R. Phillips AO, MC, (Retd), ACT
- Ms Betty Roberts OAM, Tas.

Executive Officer:

An Executive Officer, Ms Josephine Baxter was appointed and commenced full time duties in January 2007. The national secretariat is located in Elizabeth, SA.

Expert Advisers / Fellows and evidence-based research

A growing number of specialist advisers, practitioners and researchers have been appointed as Fellows of Drug Free Australia. They are actively involved in key aspects of Drug Free Australia's mission, including:

- the development of submissions to government and parliamentary inquiries
- participation and delivery at public forums, seminars and the annual international conference
- advising on media, newsletter and other modes of communications

(Refer to Attachment 2, Current List of DFA Fellows).

1 Addressing the overall issue - how the Australian Government can better address the impact of the importation, production, sale, use and prevention of illicit drugs on families

1.1 Background

If Australia is to more effectively address illicit drug issues all government sectors, (Federal, State and Local) will need to coordinate a restrictive demand reduction policy, such as that successfully administered in Sweden.

In terms of what Sweden has achieved on its war on drugs, the figures should speak for themselves:

Drug issues	Sweden	Australia
Lifetime prevalence of drug use in 15-16 year olds (Sweden) & 16-17 year olds (Australia) 2004	7%	30%
Use in the previous year, (2003) of same age groups, with Sweden showing a downward trend, and Australia and upward trend.	8%	21%
Cannabis - Annual prevalence of abuse as percentage of population aged 15-64 years - 2004	2.2%	13.3%
Amphetamines - Annual prevalence of abuse as percentage of population aged 15-64 years - 2004	0.2%	3.8%
Ecstasy - Annual prevalence of abuse as percentage of population aged 15-64 years - 2003-4	0.4%	4.0%

The Executive Director of the United Nations *Office on Drugs and Crime*, Antonio Maria Costa, endorsed Sweden's successful drug control policies in September last year, and said that "they were a model which other countries could learn much from". For example:

- Spending on drug control in Sweden is 3 times the European average.
- The Swedish Government has targeted cannabis and amphetamine stimulants in a huge way and believes its lessons should be learnt by others.
- He also stressed the strong correlation between the Swedish Government's special efforts to target cannabis and amphetamine-type stimulants and an overall reduction in drug use.
- Overall drug use rose in the second half of the 1960s during a period of rather liberal drug policies but declined strongly in the 1970s and the 1980s due to progressively tightening drug control.
- Drug use rose again in the 1990s due to budget cuts, unemployment and growing drug supplies but has followed a clear downward trend since 2001 as a result of a National Action Plan, the establishment of a National Drug Coordinator and improved funding.

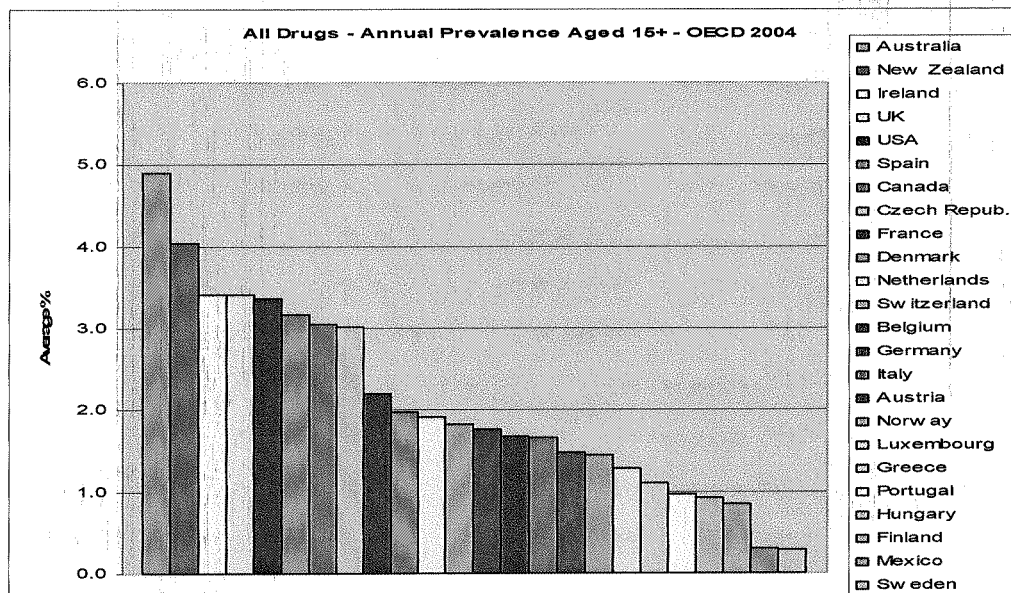
1.2 Summarising key differences in policy stances:

It is important, at this point to:

- refer to the international perspective, particularly that of the United Nations
- review the current policy stands taken in both Australia and Sweden
- distinguish between a 'restrictive demand reduction' policy and one of 'zero tolerance'.

1.2.1 International perspective

In the 2004 report of the United Nations Office of Drug Control & Crime Prevention (ODCCP) Australia's statistics were the highest of OECD countries in its levels of illicit drug use.



In addition, the report records that Australia had the highest levels of cannabis and amphetamine use, with the fifth highest use of cocaine.

1.2.2 Current policy stances in Australia and Sweden

Australia – 1985-current:

Australia is considered to be one of the world's most advanced harm-minimisation countries. Adopted in 1985, harm minimisation pragmatically accepts that people will use illicit drugs and seeks to minimize the harms of doing so. Consequently there is little emphasis on prevention, intervention or abstinence based programs.

Sweden – 1967-current

Sweden, a previously drug-liberal country with the highest European drug use levels, now has the lowest levels of drug use amongst OECD countries. Sweden's highly restrictive drug policy, puts a heavy emphasis on prevention of drug use, with a minimal harm minimization program. It has the support of 95% of its citizens.

1.2.3 Restrictive policy vs Zero Tolerance

A 'restrictive' policy is more comprehensive than simply 'zero tolerance' which tends to push people into jails and drive drug use even further underground. With the main objective of a restrictive policy being to eliminate drug abuse, not simply lower it, the main components of a restrictive policy are:

- Planning and development of coordinated policies and inter-sectoral cooperation between government (politicians, public servants) education (community, schools and tertiary), law enforcement (police and customs), health workers, (agencies for early intervention, treatment and rehabilitation).
- Regular review of policy decisions and frameworks when implemented
- Progressively increase drug control measures via acts of parliament – with a vision of a 'drug free' society. (Please refer to 'Sweden's successful drug policy – a review of the evidence', page 17)
- A level of 'coercive care' in drug treatment.
- Greater emphasis on prevention measures such as intervention, education, supply reduction
- Greater consideration of if, and how, demand reduction processes might be implemented, with **comprehensive community consultation**, prior to implementation and during the review processes. (For example, a law to allow **needle exchange programs** was passed in 2006 – **under certain conditions** – that they be endorsed by the local community and that they proactively motivate drug users to seek treatment. Regulations to be reviewed to ensure these two requirements are rigorously adhered to.

Sources: United Nations World Drug Report, 2004, UNODC 'Sweden's Successful Drug Policy: A review of the evidence, 2006.

1.3 Recommendations:

1.3.1 Macro recommendations

- Foster a tripartite (federal, state and local government) response to illicit drugs at community level that includes a long term commitment, beyond elected timeframes.
- Introduce a restrictive drug policy with nationally unified laws.
- Give priority and funding to implement the 'Road to Recovery' report's recommendations
- Wind back harm minimisation/ harm reduction policies and replace with a restrictive demand reduction with main focus on abstinence-based recovery
- Proactively inform communities about illicit drugs, using a coordinated, long term communication campaign.
- Revise the language used in educational material so as to lessen the confusion relating to the harms of drugs and dispel the notion that mind-altering drugs can be used responsibly or safely.

"The achievements of Sweden are further proof that, ultimately, each Government is responsible for the size of the drug problem in its country. Societies often have the drug problem they deserve".
Antonio Maria Costa, Executive Director, United National Office on Drugs and Crime.

1.3.2 Recommendations related to Importation

- Support police and customs efforts to prevent entry into Australia
- Support policing of all drug dealing areas

For example Recommendations 13 and 14 by the Inquiry into the manufacture, importation and use of amphetamines and other synthetic drugs in Australia should be considered:

"Recommendation 13

6.64 *The Committee recommends that the Australian Crime Commission collaborate with the Australian Federal Police, the Australian Customs Service and the relevant state and territory law enforcement agencies to improve performance measurements for drug law enforcement under the National Drug Strategy.*

Recommendation 14

6.67 *The Committee recommends that the reporting of Australian Federal Police statistics show separately the drug law enforcement policing outcomes for the ACT and federal jurisdictions".*

Further Drug Free Australia supports strategies to enable more effective interception of communications.

Premier Beattie continues to allow Queensland to be the only State to withhold telephone interception powers from the Crime and Misconduct Commission and his State police (The Australian, 28/2, p4). Incredibly he fobs off the idea on the grounds the drug trade in Queensland is a cottage-based industry, despite his State having the largest number of illegal drug labs. Premier Beattie's call for the Commonwealth to allow a public interest monitor before he steps in line with all his own political counterparts is clearly against the public interest, favouring as it does almost exclusively those in the drug trade.

Consider the following:

In his paper "**Liberty and Security: Striking the Right Balance**" Charles Clarke (See Note 1) outlines three principle approaches to tackling issues at the top of the political agenda across Europe, specifically including drug-dealing. Clark endorses shared information, strengthening practical and pragmatic police and intelligence work, and the effective use of that intelligence.

- Firstly, Clarke makes the important point that tackling serious and organised crime is a shared problem and that "no single country can tackle these problems alone,...we will all...achieve most by sharing experience, information and resources".
- Secondly, we must "strengthen the foundation of practical and pragmatic police and intelligence work".

- Thirdly he suggests a principle of effectively utilising intelligence to reach convictions for serious and organised crime and specifically in regard to modern technology:

"Criminals and terrorists use modern technology: the internet and mobile communications to plan and carry out their activities. We can only effectively contest them if we know what they are communicating. Without that knowledge we are fighting them with both hands tied behind our backs. And of course the criminals know that and actively and consciously organize themselves to take advantage of our weaknesses."

We need to face up to the fact that the legal framework which we currently operate within makes the collection and use of this kind of intelligence very difficult and in some cases impossible.

We now have the research to implement a clear model in the paper, "**Regulation of Interception of Communications in Selected Jurisdictions**", Research and Library Services Division Legislative Council Secretariat, Hong Kong (See Note 2). This report studies the statutory regulatory regimes of interception of communications in the United Kingdom, the United States and Australia. They are examined in 10 aspects: legal framework; authorities responsible for issuing warrants; application procedures; grounds on which warrants are issued; duration, termination and renewal of warrants; lawful interception without a warrant; internal safeguard measures; external safeguard mechanisms by the executive branch, the legislature and the public; limit of executive discretion in bringing laws into operation; and legislative amendments in relation to the 9/11 incident and the development of communication technology. **These models clearly show that human rights, privacy and civil libertarians' concerns have been addressed.**

Sources/references

- (1). Liberty and Security Striking the Right Balance Paper by the UK Presidency Mr. Charles Clarke
 - (2). Regulations of Interception of Communications in Selected Jurisdictions 2 February 2005 Prepared by Thomas WONG Research and Library Services Division Legislative Council Secretariat 5th Floor, Citibank Tower, 3 Garden Road, Central, Hong Kong website : <http://www.legco.gov.hk> E-mail : library@legco.gov.hk
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1.3.3 Recommendations related to Production and Sale

In addition to the recommendations for Importation we further recommend that the Federal Government and state governments:

- Introduce stricter penalties for drug dealers – for example dealers like Luke James Dedman, SA, caught with ecstasy and meth-amphetamines in 2005, was given a 4 year suspended prison sentence and put on a \$500 3-year bond. (Source: *The Advertiser* 24th February 2007).
- Re-criminalise cannabis in States where it has been decriminalised. There is a widespread perception that decriminalisation equals legalisation. There is a vast array of evidence to support the harmful effects of cannabis alone, or when mixed with alcohol, as well as the gateway effects of cannabis to other drug use. For a comprehensive compilation of the latest research go to: <http://www.eurad.net/pdf/Report.pdf>
- Further to review the expiation system for cannabis offences in states such as South Australia where law enforcement report that this state is the main supplier of cannabis for the whole of Australia. Further to investigate the value of the development and implementation of Federal Law in a move to revise the "Controlled Substances Act" to support law enforcement in each state to comply with Federal requirements

1.3.4 Recommendations related to Use

- Raise the drinking age from 18 back up to 21, in recognition of the evidence that alcohol is a gateway drug and significantly affects brain development up to about 20 years of age. Go to: <http://www.drugwatch.org/Alcohol%20&%20Tobacco%20Gateway%20Drugs.htm>
- Re-criminalising the, possession, use and cultivation of any illicit drugs
- Establish drug courts with the basis of operation being modelled on the USA method of delivery.
- Introduce compulsory diversion training or drug addiction treatment programs that aim for abstinence-based recovery.
- Utilize the non-government sector for service delivery and ensure that funding is adequately provided for abstinence-based programs.
- Counselling towards abstinence and/or education in coping skills/life skills. For example Recommendation 5 of the Inquiry into the manufacture, importation and use of amphetamines and other synthetic drugs in Australia should be considered:
- Provide long-term residential programs for pregnant drug users that will focus on stopping the use of drugs, early childhood development and parenting and will provide links to monitoring, housing and support for those mothers.
- Establish youth focused & family friendly detoxification and rehabilitation programs with both inpatient and outpatient services.
- Allow for youth court orders as well as drug courts to divert individuals into long-term recovery based programs.

"Recommendation 5

4.22 The Committee recommends that public education and demand reduction campaigns for illicit drugs be factual, informative and appropriately targeted. The Committee also recommends that such campaigns seek input from young people, and take account of user experiences of amphetamines and other synthetic drugs (AOSD)".

- Consider the benefits of programs such as the Wilderness Therapy. For an example, go to: <http://www.aspenacademy.com>
- Establish greater accountabilities for existing maintenance (methadone) programs and needle exchanges
- Establish more detoxification centres that aim towards sustained recovery-based outcomes
- Promote recovered drug user support programs and organisations
- Promote research into drug issues including co-morbidities and dual diagnosis.

1.3.5 Recommendations related to Prevention

Review education programs at all levels:

- Primary school
- Secondary schools
- Tertiary institutions

Focus on a clear message of prevention:

- Primary school – programs in health and life education (coping skills, negotiating unsafe social requests)
- Secondary schools – promoting abstinence, NOT 'safe' use, through integrated and holistic programs that involve parents and the wider community
- Tertiary institutions – countering the acceptance of "recreational" drugs. Content and delivery of Vocational Education courses such as the Certificate IV in Community Services (Alcohol and Other Drugs) should be reviewed.

Support and/or introduce deterrent measures:

- Uniform nationwide testing of drivers for illicit drugs
- Testing for illicit drugs in the workplace
- Consider random testing of schoolchildren for illicit drugs (leading offenders to counselling rather than expulsion) to reinforce the abstinence message
- Support youth mentoring programs
- Promote "Mothers against Drugs"
- Involve the churches in drug prevention
- More substantial and enduring national advertising campaigns
- National sporting bodies to conform to the World Anti Doping Authority requirements

2. Addressing the financial, social and personal cost to families who have a member(s) using illicit drugs, including the impact of drug induced psychoses or other mental disorders

We concur with the Committee's view that:

'Families can be a key source of support for family members using illicit drugs and are a significant source of referrals to professional counselling and rehabilitation services. In 2004-05, more than 7,300 users of drugs of concern were referred by families and friends to professionals for treatment'.

To make recovery possible it is essential to work simultaneously with the family to correct and heal the damage done them by living with an addict – for without this the addict is removed from home to rehabilitation to return to a sick family.

Family members need long term, robust support and training to ensure an integrated, empathetic approach to recovery. A family that is 'healing' from their exposure to addiction, who understands their role in the recovery process and is willing to be involved can be of great assistance in the recovery of the person coming off illicit drugs.

2.1 Of particular importance is the fact that families need support to cope with relapse.

When relapse occurs, (a common occurrence in addiction recovery) it complicates the recovery process.

The family, and/or significant others need awareness and support because of possible difficulties such as:

- Death (including suicide) of the user (ABS Death and YPLL data 1997-2004)
- Disease – including Hepatitis C, HIV
- Hospitalisation – often long term
- Drug related crime including trafficking, theft, violent attacks
- Family disruption, violence, and breakdown
- Long term welfare dependence
- Long term and/or exacerbated mental conditions
- Short term, violent mental outbursts, which are often difficult to contain
- A tendency to substitute another drug which they may deem less harmful

2.2 Recommendations:

The following support measures need to be given priority:

- People use drugs to change the way they feel. There is an urgent need to educate people to identify, accept and deal with their feelings.
- Increased rehabilitation services that focus on recovery-based treatment
- Increased priority given to integrated family therapy that synchronizes with the user's treatment program
- Establishment of quality mental health services that specialize in dual diagnosis
- Establishment of quality medical protocols to treat stimulant offenders
- Eliminating methadone maintenance practices. It is interesting that even during Australia's current heroin 'drought' the number of registered methadone program registrants (approximately 32,000) did not decline.
- Looking at alternatives to methadone including a comprehensive study on naltrexone.
- Increased priority given to Australian research bodies to specialize in research into addictive drugs and alternative replacement therapies.
- Simultaneously, school and community education programs need to be established, which have a clear prevention message and a 'no-way to drugs' approach.

3. Addressing the impact of harm minimisation programs on families

3.1 Background

'Harm minimisation' is premised on the acceptability of illicit drug use in Australian society, despite Australians predominantly expecting prevention and abstinence as drug policy goals.

Below are typical descriptions of the harm minimisation philosophy, drawn from the website of the Australian Drug Foundation, the organisation which produces most of the drug education materials used in Australian schools :

- "There is no sign that humans are about to relinquish the pleasures of alcohol, tobacco, cannabis, heroin, and other favourite substances. Our major responsibility, I think, is to learn to manage drug use rather than pretend we can eliminate it, to limit the damage and the harms drugs cause to individuals and the broader society."
- "It (school education) should assist students to make sense of the world and to offer them access to the safest ways of interacting with drugs."
- "Schools can aim to help students to develop abilities they can use to reduce drug-related risks in their personal lives and within the community. They include knowing how to manage stressful times without resorting to drugs; how to reduce their exposure to drugs; how they can reject unwanted offers of drugs; and how they can use drugs in a manner calculated to run the least risk of harm."
- "Several drug issues are currently under consideration within the public sphere. They include the policy of harm minimisation; the legalisation and decriminalisation of marijuana; the proposed heroin trial; the morality and efficacy of substitution therapy, of needle exchanges, and lately, of the establishment of 'safe injecting' houses. I think a legitimate aim for drug education is to ensure that students can follow public discussions about those matters and take part in them. Ultimately young people will be enfranchised as citizens if they can participate in them and, as future voters, they will decide those matters."
- "We cannot expect to have drug-free schools until we have a drug-free society."

Most Australians would take issue with these statements, (and would be shocked that Australian school education materials openly teach this philosophy). But harm minimisation indeed assumes (and reinforces) that illicit drug use is normal and acceptable. If Australians want prevention and abstinence outcomes, harm reduction does not seek to deliver these. **Rather it is very often used as a rationale for the outright legalisation of illicit drug use.**

3.2 Harm Minimisation practices that are proving detrimental to families

Apart from the practice of sustained methadone maintenance programs, there are two Harm Minimisation practices that are proving detrimental to the addicted person and their family. These are:

- The loose protocols around the implementation of needle exchange programs
- The so-called 'trial' of the illegal Medically Supervised Injecting Centre at Kings Cross.

Recommendations:

- Needle exchanges should be reviewed and practices completely overhauled in all LGA's that have adopted them in Australia. They need to be held more accountable. For example, in Sweden such measures are required to: (1) be endorsed by their local community and (2) demonstrate that they have directed clients to treatment services that will lead to rehabilitation.
- The Medically Supervised Injecting Room in Kings Cross needs to be closed without delay. Apart from the fact that there is a possibility of it being replicated in other states and the fact that a large percentage of 'Ice' is being injected there, the reasons for the need for its closure are well documented in the attached summary report and further explained in a research document on our website: www.drugfree.org.au.

4. Addressing ways to strengthen families who are coping with member(s) using illicit drugs

4.1 Background

Many of today's parents are not able to guide their children in issues related to drugs, because they do not have the background information necessary to do so. It is a relatively new phenomenon and was not, in fact, part of their learned experience. In other words, drug education has not been passed down from generation to generation. The result is that parents can often be caught off guard, not knowing what to look for or how to react if their children begin using drugs.

It is necessary, therefore, for parents to become educated and informed about drugs and their effects and for parents to become educated and informed about their effects and for parents to recognize 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.

4.2 Recommendations

- Support and resource the provision of Family Forums – where children and their parents/carers attend together. This will open up communication between parents and children on what many find to be a somewhat sensitive area.
- Ensure that all programs de-glamourize drugs and the drug scene. The term 'recreational' or 'party' drugs should be eliminated from the vocabulary used during sessions.
- The recommendation by the Ministerial Council on Drug Strategy during their meeting on 15th December 2006 to not use terms such as "recreational" and "party" to describe drugs or drug use was commendable, but did not go far enough, as it only applies to future programs. These requirements do not apply retrospectively. Terms that glamorize drug in all drug related programs should retrospectively be required to implement this very important strategy ASAP.
- Support and resource Nar-anon Family Groups, a world-wide non-professional organization providing help for spouses, children, friends and relatives of addicts. Although Nar-anon is not affiliated with NA, the Nar-Anon program employs the same 12 Steps and Traditions that have proved so effective with addicts in Narcotics Anonymous. Assistance to, and resourcing with, Nar-anon can begin by making venues available for Nar-anon meetings. Nar-anon is financially self-supporting declining outside contributions but obviously cannot afford high rent for its meetings which last only a few hours. The spread of Nar-anon is thus directly related to the availability of appropriate meeting venues. Nar-anon members are experienced in advising how to deal with drug abuse and addiction in the family context.

Attachment 1



Promoting Illicit Drug Prevention Initiatives Nationally

10-Point Plan (Summary)

PART A – INTERNAL / MEMBERSHIP SUPPORT

Point 1	To establish a national database of organisations and individuals who are committed to the Federal Governments anti drugs policy.
Point 2	To communicate with these organisations and individuals on a regular basis through online and printed publications (<i>eg. newsletters, websites, journals and other correspondence</i>) and to mobilise them when there is media debate regarding drugs issues.
Point 3	The establishment and maintenance of a comprehensive web-site

PART B - EXTERNAL – PUBLIC AND MEDIA

Point 4	To conduct and coordinate research activities regarding the drug issues generally both here and overseas and produce appropriate papers and publications regarding same.
Point 5	To co-ordinate visits of overseas anti drugs experts and to facilitate seminars and media activities for these people. Regular seminars and media activities to be arranged for local experts.
Point 6	To co-ordinate a national media response to pro drug activists when they are active in the media. For this purpose appropriate expert spokesman to be made available to the media.
Point 7	To facilitate regular media releases to all suburban and metropolitan media regarding local anti-drug issues. Local members of parliament to be fully informed and resourced as appropriate.

PART C - EXTERNAL – GOVERNMENT, GOVERNMENT AGENCIES & OTHER POLITICAL REPRESENTATIVES

Point 8	As required liaise with and assist Government and other Government agencies (including Police) regarding the Government anti drugs message and other anti drugs initiatives.
Point 9	To prepare documentation and submissions to parliamentary inquiries
Point 10	To inform and resource local members of parliament as appropriate. Also to assist with the coordinating of visiting local and international anti drugs experts to meet with members of all levels of government, and other departmental and government agency representatives.