

28/03/2002
KS

I HAVE BEEN INVOLVED WITH MANY HUNDREDS OF DRUG ABUSERS AND THEIR FAMILIES OVER FORTY YEARS AS A PAROLE OFFICER. I SUPPORT THE RECOMMENDATIONS OF THE ROAD TO RECOVERY REPORT AND CALL FOR A REFERENDUM ON WHAT METHOD WE SHOULD USE TO STOP THE NEAR TREASONOUS LOSS OF POTENTIAL OF SO MANY AUSTRALIANS THROUGH DRUG ABUSE.

THE PROPOSITION.

· A drug free society by preventing the induction to addiction of our young with a policy of Zero Tolerance towards illicit drugs backed by compliance and enforcement. Abstinence from illicit drugs is to be the goal of illicit drug combat. The description "recreational" sends a misleading and destructive message, and the term must be excoriated.

· An offer to addicts to accept voluntary detoxification followed by comprehensive and effective rehabilitation.

· Compulsory detoxification of those who come to the attention of Police or the Courts, followed by comprehensive and effective rehabilitation of addicts

· Using judicial and law enforcement systems to divert addicts into drug free jails for detoxification, followed by comprehensive and effective rehabilitation.

Only a comprehensive diversion program for addicts using mind-altering drugs, and a policy of compliance and enforcement for all illicit drug users, addicts and non-addicts alike, will be effective in fighting illicit drug use.

WHAT OTHER COUNTRIES DO.

Overseas experience, particularly in Sweden, proves that illicit mind altering drug use can be reduced substantially by a restrictive drug policy that also uses court ordered and supervised detoxification programs followed by a comprehensive (usually residential) rehabilitation programs to build a new life for the former addict. Quoted is part of the Swedish Drug Policy, "A drug-free society is a high objective expressing society's attitude to narcotic drugs: we do not accept the integration of narcotic drugs in society, and our aim is a society in which drug abuse remains a socially unacceptable form of behaviour, a society in which drug abuse remains a marginal phenomenon."

All Australians would agree!

WHAT OTHER AUSTRALIANS SAY.

This view is shared by the Herald Sun newspaper, which after a comprehensive investigation of overseas experiences has opposed injecting rooms and advocated laws, which compel addicts to undergo treatment (Editorials: 24/8/99, 21/10/99, 4/3/00 and 28/4/00, Kelvin Blisset Daily Telegraph March 6 2007). Injecting Rooms are harm minimisation taken to the extreme. Illicit drugs are illegal because they are harmful.

STRATEGIES.

A new system of court ordered and supervised compulsory detoxification in drug-free jails, followed by long-term rehabilitation is the proven approach to fight the ever-increasing drug use and drug deaths caused by the current failed policies. It is stressed that abstinence from drug use is to be the publicly acknowledged goal.

The NSW Police reported 1.6 million RBT test in 2006: had illicit drug testing been incorporated the numbers of illicit drug users who would have been diverted to therapy would have been greater than the number found over the alcohol level permitted. Victorian Police have statistics on the great number of road accident victims who were drug affected.

Courts and police should have a real and effective alternative in handling drug-related crime, which would solve problems instead of maintaining drug use. Currently Police are restricted in relation to where and whom they can arrest for possession of illicit drugs.

Cannabis remains a very widely used drug and usually precedes other drug abuse. Calls for it to be sold and taxed are to be rejected.

Harm Minimisation undermines families because children are able to access Government needle exchanges which hastens the induction to addiction by supplying needles and syringes for free, and education in their use, thus effectively subsidising the addiction of these children. All of this can happen without the knowledge or support of parents. Government funded needle and syringe distribution and drug injecting rooms to cease forthwith.

Harm Minimisation & Harm Reduction are based on assumptions that illicit drug use is normal and socially acceptable: these policies failed because the assumptions are intrinsically false, and are rejected by 90% of Australians.

It was also somehow expected that the free and abundant distribution of needles would reduce the spread of blood-borne virus. The 2002 Hepatitis C Report (A Wodak Chair) reported Hepatitis out of control

Some misguided people, acting misguidedly, attend youth festivals and test illicit drugs for their toxicity. This sends a message that mind-bending drugs are OK so long as one doesn't kill oneself. This is vigilante action in reverse: all illegal and prone to wrong advice about the "tested" drugs. This is a not to be countenanced.

FINANCIAL COSTS & BENEFITS

Funding for this new policy would come from diverting taxes proposed for injecting rooms and reducing taxes presently being spent on syringe exchanges, syringes, beach cleaning, syringe disposal, methadone, drug maintenance, ambulance emergencies, hospital beds, medical services, drug related crime, drug crime victim compensation, police drug resources, addict support services, drug investigations, drug experts, addict income support, prisons, parole services, coronal investigations and bureaucracy, far fewer patients in mental health wards. There will be a marked cut back on salaries paid to the legion of people employed in the failed drug treatment programs.

The community would save in other ways because of less blood borne infections, less crime, less addicts, less drug pushers, less security services, lower insurance, lower security costs, less drug crime victims and in particular less drug affected families.

Former addicts, after rehabilitation, would become contributing community members and taxpayers, with many assisting other addicts to become drug free, giving them work, and life opportunities.

Former addicts would have the benefit of elimination of risk of drug death, better health, better lifestyle, more peace, longer life and dignity.

This new policy would allow police to concentrate their resources in dealing with drug pushers, reducing drug supply and solving other non-drug related crime.

Addicts would be removed from prisons after serving sentences for other crimes and would be diverted into the detoxification and rehabilitation programs.

DEAL WITH DRUG USE AT ITS SOURCE TO ACHIEVE BEST POSSIBLE RESULTS.

Families, which are presently bearing the brunt of illicit drugs either with addicts or as victims of growing drug, related crime would get relief as addicts are diverted to detoxification and residential rehabilitation.

Families in NSW are betrayed when their government is content with a 15% cap on drug use among over fourteen year olds.

This MANAGEMENT policy of diversion has the added advantages of supporting the law, discouraging use of mind altering drugs, reducing demand for drug pushers and supporting national and international drug efforts.

After twenty-two years of Harm Minimisation it is clear the policy has failed. It is a policy of appeasement, rather than effective law.

The political reality is that because the bureaucracy is now so encased in this failed mantra it would be wise to go to the Australian people at the next election with a referendum clearly worded to ask the people what rules they wish to live under in relation to illicit drugs. That is what Sweden did in 1980. They have 1200 addicts on methadone: we have 40,000. Their population is half that of Australia. By any measure they are more successful.

Joe Lopez

The House of Representatives Standing Committee on Family and Human Services. Bronwyn Bishop MP. Chairman.

I have a nephew who commenced cannabis use in Year 9. He was of average intelligence and ability with an outgoing personality.

Year 10 he left school and had no difficulty obtaining clerical positions. Cannabis use continued. Jobs became of shorter and shorter duration, and he kept the drug oriented relationships. A marriage failed after three months.

Now at twenty six he has not worked for six years. He has been a patient in every mental health ward from Penrith to Campbelltown. Every one of his doctors in these wards has told me that they spend most of their time on such people as my nephew – the depressed, suicidal-claiming, living on the dole and alternately with family, acquaintances and on the street, and these doctors are unable to give sufficient time and care to the “real” mental patients. The doctors tell me they cannot test my nephew for substance abuse in hospital or in after care unless he agrees.

The follow up by social workers / case managers is puerile. The Disability Pension is always in the air.

My nephew is one of the host of patients in mental health wards who come repeatedly for short stays to recover from bouts of substance abuse.

When in hospital he phones me twice daily for advice and help; tells me this is his last time in hospital; speaks religious babble. When released from hospital he never contacts me, and goes back to the lifestyle described above. If I visit him he is superficial in conversation.

This nephew’s behaviour has turned his older sister away from him, has caused a chasm between himself and his younger brother and been a constant source of worry / stress to his parents.

PRIORITIES NEEDED IN YOUR DEPARTMENT.

The Health Department must:

- 1) Make abstinence from substance abuse a goal for my nephew’s cohort. Urine testing must be a part of out-patient treatment so that at least doctors know what they are about.
- 2) Substance abuse must trigger a reduction in Centrelink payment.
- 3) Start the reuse of the term Zero Tolerance: all other terms have lost precision in meaning and been high-jacked to assist the law reformers who desire legalization of drug use. I realize you would need to convert most Federal and State departments involved in any way with substance abuse.
- 4) Do not allow any government departments to speak of “recreational drug use”. Possession and use of illegal substances breach Federal law. There is no recreational stealing / assault.

Joe Lopez