



SUBMISSION

to the House of Representatives STANDING COMMITTEE ON FAMILY AND COMMUNITY AFFAIRS

Inquiry into the Social and Economic Costs of Substance Abuse in Australian Communities

Parliament House

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by the COALITION AGAINST DRUGS (WA)

representing: Australian Family Association; Australian Parents Movement; Parents & Friends Federation; Abortion Grief Counselling Association; Fremantle Drug Action Group; Church of Scientology; Woman's Christian Temperance Union (WA); Church of Jesus Christ of Latter Day Saints; Interreligious & International Federation for World Peace; Catholic Women's League; National Civic Council

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1. Introduction

The Coalition Against Drugs (WA) was set up in July 2001 following a Citizens' Drug Summit sponsored by the Family Council of Western Australia.

This Citizens Drug Summit was held not long after the Community Drug Summit called by the Gallop Government due to widespread concern that key recommendations from that Summit were biased and odds with community views due to:

- + delegate selection process favouring supporters of the Government's agenda
- + failure to take into account the views expressed in the majority of submissions
- + issues papers for the Summit being favourable to harm minimisation strategies
- + speakers at the Summit primarily favouring these strategies.

The Coalition Against Drugs (WA) was launched by Lord Mayor of Perth, Dr Peter Natrass.

2. Recommendations

The Citizens Drug Summit passed the following nine motions which reflect the philosophy and approach of the Coalition Against Drugs. (*Comments in italics are added to reflect subsequent developments and to link the recommendations to the concerns of the present Federal inquiry.*)

1. This Citizens' Drug Summit recommends to the Premier and the Government of Western Australia that Western Australia formally adopt as the overarching aim of public policy on drugs the goal of a society free of illicit drugs and that in the light of this aim the Government focus its efforts on measures directed to reducing the size of the population using illicit drugs.

(We ask the Committee to recommend that the same aim and focus be adopted by the Federal Government)

2 This Citizens' Drug Summit recommends to the Premier and the Government of Western Australia that in the light of

(i) the repeated condemnation by the United Nations International Narcotics Control Board of proposals from Australian states or territories to conduct heroin prescription trials

(ii) the negative evaluation of the Swiss heroin prescription trial by the World Health Organisation

(iii) the success of the Swedish program of compulsory rehabilitation of illicit drug users adopted after their failed experiments with drug liberalization, including prescription of heroin to addicts

(iv) the Federal policy of the Australian Labor Party only to support heroin prescription trials 'in accordance with our international obligations' - obligations which rule out any such trial and

(v) the medical, social and legal absurdities of the Government supplying harmful illicit drugs to addicts
a heroin prescription trial in Western Australia not be pursued but efforts and resources focused on treatment and rehabilitation services that aim to get heroin addicts free of drugs.

(We ask the Committee to endorse the policy of the Federal Government in its steadfast rejection of any proposition for heroin prescription anywhere in Australia).

3. This Citizens' Drug Summit recommends to the Premier and the Government of Western Australia that in the light of

(i) the increasing weight of evidence concerning the long term harms of cannabis to physical and mental health, including its association with youth suicide

(ii) the failure of the South Australian experiment in allowing the cultivation of cannabis plants subject only to fines with an increased involvement of organised crime in networks of home cultivation of cannabis

(iii) the increased THC levels in cannabis plants, especially those grown hydroponically

that the cultivation, possession and use of cannabis remain as criminal offences, although first offences may be dealt with through the diversionary programme involving compulsory education on the harms of cannabis.

(Since then the WA Government has announced its intention to legislate to permit the cultivation of up to two indoor [non-hydroponic] cannabis plants per household and the possession of up to 30 g of cannabis subject only to either a fine or attendance at an educational session. There is to be no limit to the number of offences which may be committed without any increase in these penalties. [See our media release as Appendix 1 below]

We urge the Committee to recommend that the Federal Government take measures, consistent with its international obligations under the Drug Conventions, to ensure that cannabis cultivation and possession is subject to appropriate penalties in all States and Territories.)

4. This Citizens' Drug Summit recommends to the Premier and the Government of Western Australia acknowledge the vital role played by police and law enforcement officers at the State, Federal and international levels in reducing the supply of illicit drugs, noting particularly that the recent reduction in the heroin supply has resulted in a significant decline in the rate of deaths from heroin overdoses, ensure that funding levels for State police are sufficient to enable them to carry out this vital role successfully and make representations to the Federal Government to ensure adequate funding for Federal Police for this work.

(We urge the Committee to adopt a similar recommendation to the Federal Government, especially in support of adequate funding for Federal police, including in their crucial role of collaborating with the UN Drug Control Programme and local police in South east Asia and other relevant regions.)

5. This Citizens' Drug Summit recommends to the Premier and the Government of Western Australia that prevention and early intervention programmes targeted at specific risk populations, especially children affected by family breakdown or fatherlessness, be investigated and implemented.

(See Appendix 2 for references to fatherlessness as a key risk factor for drug abuse. We urge the Committee to recommend Federal Government support for such programmes.)

6. This Citizens' Drug Summit recommends to the Premier and the Government of Western Australia that a whole of Government approach to strengthen and support marriage as the best environment for raising children be adopted as a priority in social policy for Western Australia.

(The Federal Government, with its constitutional responsibility for marriage and the children of marriage, should take the lead in shifting Australian social policy in this direction.)

7 This Citizens' Drug Summit recommends to the Premier and the Government of Western Australia that it ensure that all school-based drug education programmes advocate abstinence, prevention and demand reduction as their guiding principles and provide full and accurate information about the harmful effects of illicit drugs and that such programmes do not, under the guise of harm minimisation, instruct students in the use of illicit drugs nor encourage or sanction the use of illicit drugs under any circumstances.

(We urge the Committee to recommend that the Federal Government make compliance with these principles a condition of Federal funding for drug education programmes.)

8 This Citizens' Drug Summit recommends to the Premier and the Government of Western Australia give support and resources to those drug treatment agencies which reject the idea of 'recreational' use of illicit drugs as harmless and which aim at assisting the illicit drug user to achieve a drug free state and to avoid relapsing into the addicted state. Funding and support for agencies such as the WA Substance Users' Association, which openly advocate the use of illicit drugs should be withdrawn immediately.

The policy of compulsory rehabilitation of illicit drug users, as adopted so successfully in Sweden, should be thoroughly considered by the Government for implementation in Western Australia.

(We urge the Committee to recommend that the Federal Government make compliance with these principles a condition for Federal funding for any drug treatment agencies and that the Federal Government co-ordinate a high level study tour to Sweden with the goal of reporting to Federal, State and Territory Governments on how the success of the Swedish approach can best be implemented in Australia.

The Federal Government should also encourage an expanded role for Drug Courts in offering rehabilitation as an alternative to punishment for some offenders [See our media release at Appendix 3].

We also urge the Committee to recommend that the Federal Government re-examine the justification for needle exchanges in the light of research demonstrating that needle exchanges are helping spread Hepatitis C - rather than helping contain the epidemic. [See Appendix 4]

9 This Citizens' Drug Summit recommends to the Premier and the Government of Western Australia that in the light of

- (i) the absence of any open drug scene in Perth
 - (ii) the initial results of the Kings Cross supervised injection facility trial which indicate that the average number of visits per registered user is only 4 times in three months and the irresponsible use of the facility for cocaine binge users and
 - (iii) the fact that any illicit drug injected in a Government approved supervised injection facility is supplied by criminals, and in the case of heroin, cocaine and several other illicit substances, illegally imported into Australia by organised criminal networks, and in part, sourced in countries such as Afghanistan which support international terrorist networks
- the proposal for a heroin injecting room in Western Australia not be pursued.

(We are pleased to report that the WA Government accepted this recommendation, and declined to adopt the recommendation of the Community Drug Summit in favour of one or more supervised injection facilities for Western Australia.

We urge the Committee to recommend that the Federal Government take whatever means are necessary to comply with the finding of the International narcotics Control Board that the supervised injection facility in King's Cross breaches our international obligations. [See extracts from the INCB 200 report in the discussion below] These means may include a clear instruction to the Federal Police to rigorously enforce anti-trafficking legislation in the vicinity of the injection facility as well as consideration of specific Federal legislation to override the New South Wales legislation permitting the establishment of the facility.)

3. General discussion on "zero tolerance" v "harm minimisation"

By 1838 China imported 40,000 chests of opium (similar in effect to heroin). The "level of opium addiction grew so high that it began to affect the imperial troops and official classes". The two Opium Wars forced the Chinese to legalize the trade and by the late 1800's imports had increased to almost 60,000 chests and "continued to increase rapidly for the next 30 years." In 1906 there was a complete ban and by 1917 the trade was almost completely stopped.

International trade in cannabis was first placed under controls during the International Opium Convention of 1925. The UN Commission on Narcotic Drugs found widespread use of the drug in the Middle East. The WHO has declared that "The harm to society derived from abuse of cannabis rests in the economic consequences of the impairment of the individual's social functions and his enforced proneness to asocial and antisocial behaviour.

Sweden and the US for some years in the 60's and 70's were liberal in their approach to pot. The corresponding lack of discipline by some US Units in the

Vietnam war is well documented. Both these countries now generally have a "Zero Tolerance" regime in place. The prevalence of pot smokers has dropped considerably with Sweden registering a take-up rate of 9% against 52% in Australia.

It is clear from the above that misuse of mind-altering drugs affects the productivity of the work force and consequently generates poverty. This and the workplace safety issues force employers to rigidly enforce "zero tolerance". This is the case in Britain and the mining industry in WA. Most governments do not argue that we must live with pollution, or that we must accept some rapes. We do not teach to smoke safely so why do we do so with drugs? The Quit campaigns have reduced the smoking population from 60% to 30% therefore HARM PREVENTION and not harm minimization or harm reduction, is what works.

The UN International Narcotics Control Board in its Report for 2000 states:

513"Harm reduction continues to be a major element of the strategy on drug abuse in both Australia and New Zealand. While such an approach may help to reduce the incidence of communicable diseases, the Board stresses that harm reduction should not become a goal in itself and that such a strategy should not be adopted at the expense of a strong commitment to reduce both the supply of and demand for illicit drugs. Moreover, all such measures must be in conformity with the provisions of the international drug control treaties."

524"The Board notes with concern that, during the 1990s parallel to the increasing abuse of illicit drugs, the social acceptance of drugs in Australia remained high, with many people vocally in favour of the legalization of drugs, in particular cannabis. Indicators show that globally Australia is among the countries with the most widespread cannabis abuse. The Board notes however that the majority of Australians are not in favour of the legalization of cannabis".

525. "The spreading heroin abuse in Australia has been followed by a rising death toll among heroin abusers. Therefore, the focus in that country should be on measures to reduce the number of heroin abusers. Some States unfortunately challenge the policy of the federal government and choose to support policies that run counter to the treaty obligation limiting the use of drugs to medical and scientific purposes only, by establishing heroin injecting rooms where illicitly obtained drugs can be injected under supervision."

According to many studies, drug abuse is linked to crime, prostitution, suicide, violence, (especially in the home) and family breakdown. Legalization or decriminalization is not likely to reduce these social problems because mind altering substances make people do bad things.

The central fact, which many of the players in this domain of medicine fail to understand, is that drugs are taken for their mind-altering effects. Mind-altering means that the higher functions of the brain are distorted or impaired. Under the influence of such drugs, the person has difficulty with memory, self-awareness, focussing attention, interpreting information, making judgements and carrying out skilled tasks. Often behaviour is affected. The regular use of such substances tends to lead to more consistent effects on behaviour, impairment of skills and personality changes, which in their turn have an impact on family and other social relationships.

In the young, the maturation process is retarded and social integration becomes more difficult. From the perspective of Public Health and the Common Good, the issue of the prevalence and incidence of chronic use of such drugs is a major consideration as they determine the magnitude of the central problem.

From our knowledge of the principles of public health, of the nature of the mind-altering drugs, of the psychology of human behaviour and its modification in the interest of the Common Good, we must seek a solution based on beneficence and justice. The answer seems clear: We should aim for a drug-free society; we should reduce the demand for drugs; we should not normalise the use of drugs; we should introduce measures of primary prevention and intervention for those who are now the victims of wrong choices.

Appendix 1 Media Release on WA Government's Cannabis Proposals

CANNABIS PROPOSALS RECKLESS

The Coalition Against Drugs has rejected the Gallop Government's decision to tolerate cultivation of up to two cannabis plants per person and possession of up to 30 g per person as reckless.

"This proposal under which people can embark on a life long programme of cannabis cultivation and use provided they are prepared to occasionally pay up to a \$200 fine or attend an 'education' session shows a reckless disregard for the health of Western Australians." Mrs Wendy Herbert spokesperson for the Coalition said today.

"New reports confirming the serious health risks of regular cannabis consumption are published regularly. Such risks include memory loss, depression, loss of motivation, triggering of schizophrenia, breast cancer in males and cancer of the tongue and larynx. Anything that encourages cannabis use leads to increased exposure to these serious health risks.

"We share the Government's concern that first time offenders not receive a criminal conviction for possession and support the cautioning system which was established by the previous Government. However, attendance at education sessions for *unlimited* offences of cultivation or possession is simply ludicrous. Why would you expect those attending merely to avoid a fine to pay attention when there are no consequences?"

"We welcome the Government's recognition of our concerns that the South Australian experiment with fines for cannabis cultivation lead to the involvement of organised crime in setting up networks of households to grow cannabis for profit. This is recognised in the Government's plan to retain criminal penalties for hydroponically grown cannabis plants and to impose the two plant limit on households as well as individuals.

"However the limits of 30 g and two plants are still too high to exclude participation in supply networks. Two plants would yield a minimum of 600 g (worth about \$ 4,000) and 30 g is equivalent to about 30-60 joints. The Working Party provides no justification for the two plant limit - why does anyone need two plants for strictly *personal* use? It justifies 30 g as the limit for possession because the street market supplies cannabis in one ounce lots (28g). However, many of those buying one ounce lots will in fact be engaged in dealing.

"Finally the Government's proposal permits families with children to grow two cannabis plants as long as one adult in the household is prepared to pay the occasional fines or attend the education sessions. What message is this giving to children about cannabis use?"

Appendix 2

DRUG ABUSE AND FATHER ABSENCE.

- i) "Non-INTACT female-headed households are more prevalent among Puerto Rican students living in New York than among students on the island. This situation is associated with higher rates of drug use among Puerto Rican youth living in this country." Source: Carmen Noemi Velez and Jane A. Ungemack, "Psychosocial Correlates of Drug Use Among Puerto Rican Youth: Generational Status Differences," *Social Science and Medicine* 40 (1994): 91-102
- ii) "The absence of the father from the home affects significantly the behaviour of adolescents and results in greater use of alcohol and marijuana." Source: Deane Scott Beman, "Risk Factors Leading to Adolescent Substance Abuse," *Adolescence* 30 (1995): 201-206
- iii) Children growing up in single-parent households are at a significantly increased risk for drug abuse as teenagers. Source: Rhonda E Denton and Charlene M. Kampfe, "The Relationship Between Family Variables and Adolescent Substance Abuse: A Literature Review," *Adolescence* 114 (1994): 475-495.
- iv) Parental divorce can create a home environment that leaves adolescents especially prone to marijuana use. Source: John P Hoffman, "Investigating the Age Effects of Family Structure on Adolescent Marijuana Use," *Journal of Youth and Adolescence* 23 (1994):215-232.
- v) Teenagers living in single-parent households are more likely to abuse alcohol and at an earlier age compared to children reared in two-parent households. Source: Terry E. Duncan, Susan C. Duncan and Hyman Hops, "The Effects of Family Cohesiveness and Peer Encouragement on the Development of Adolescent Alcohol Use: A Cohort-Sequential Approach to the Analysis of Longitudinal Data," *Journal of Studies on Alcohol* 55 (1994): 588-599; see also R.E.Emery, *Marriage, Divorce, and Children's Adjustment* (Beverly Hills: Sage, 1988).
- vi) Fatherless children are at a dramatically greater risk of drug and alcohol abuse, mental illness, suicide, poor educational performance, teen pregnancy and criminality. Source: U.S. Department of Health and Human Services, National Centre for Health Statistics, *Survey on Child Health*, Washington, DC, 1993

MOST PASS DRUG COURT COURSES

American Drug Courts work. In one court 220 out 250 participants have graduated from a 52 week treatment course. Since the court started in 1996 only 15 of those who graduated have been rearrested on felony charges. (See attachment for more details)

The WA Coalition Against Drugs calls for public and Government attention to the following:

- America has had a 50 fold increase in Drug Courts. One state alone, with a population of 2.2 million, marginally higher than WA, has 14 Drug Courts!
- Addiction is a disease at the heart of most social ills and treatment not only punishment must be considered in public policy decisions.
- The current changes to cannabis laws will exacerbate our already chronic social ills. Cannabis is still illegal and the combination of social ills, alcohol and cannabis led to one of the State's worst crimes, the rape of an 8 month old baby. Giving the option of a fine for breaking cannabis laws is nothing more than a Government feeding off human misery.
- A holistic approach is needed for drug treatment, involving interagency co-operation and the police.
- More money spent on rehabilitation for drug courts to operate effectively.
- Use successful drug courts as models.

Further comment: Wendy Herbert
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Attachment:

AMERICAN DRUG COURTS ARE SUCCESSFUL

American Drug Courts work. In one court 220 out 250 participants have graduated from a 52 week treatment course. Since the court started in 1996 only 15 of those who graduated have been rearrested on felony charges.

In America as in Australia, addiction and related crime is clogging courts, burdening the police and filling the jails at the cost of \$22,000 a year for taxpayers. Keeping people from behind bars has led to a 50-fold increase in Drug Courts. One state with a population of 2.2 million has 14 Drug Courts!

The success of these courts is due to the recognition by public policy makers that addiction is a disease and at the heart of most social ills. The social impact of drug abuse has led to a holistic approach to drug crime, involving treatment not only punishment. For example a drug raid on a methamphetamine lab by police results in a response from an entire team of 30 different agencies, including medical experts, social workers with the

Division of Child and Family Services and representatives from courts, treatment services and health departments.

This holistic approach, initially experimental, was so successful that when Federal funding ran out the agencies kept on with the program.

There are two simple concepts applied in the Drug Courts, the first is to allow a judge to encourage addicts to get treatment first, then punishment, if at all and only if other options fail. The second is compassion, in the form of patience, tolerance and reinforcement. One Judge, Dennis Fuchs leads the courtroom in a round of applause after a defendant in the drug court treatment program announces how long he or she has been clean.

"I am sure it's odd to people that someone would be applauded for being in court," Fuchs said. "But many of these folks haven't had the slightest positive reinforcement in their whole lives. They need to be praised immediately for staying in the program." Drug Court "is not a get out of jail free card" Fuchs said. "I've heard every excuse. Usually it's that they have to take care of their kids. If they were my kids I sure wouldn't want them taking care of them."

Jail time is a way to punish people, but it is also a way to get a handle on how bad their addiction is, Fuchs said. Jail time by itself has no corrective effect and "is more than unusually unproductive. They have got to get clean and then get into treatment."

How a Successful Drug Court Works

- To accepted to the court participants plead guilty to a felony, possession of a controlled substance, a forged prescription or possession with intent to distribute.
- The plea is held in abeyance until the person completes the course. On graduation the plea is withdrawn and criminal charges dismissed.
- Open only to non-violent men and women who have prior convictions and a desire for treatment.
- It is a four phase course with acupuncture sessions to help cravings, 12 step recovery meetings and help to find employment.
- Participants can miss one urine test and have one relapse. If they don't follow the course court options are starting all over again or resorting to the criminal court.

The 52 week course takes the average person actually two years to complete and almost every one relapses at some stage.

Addicts enter the drug court willingly; however criminal court judges are sending increasing numbers of defendants into treatment. Brent Kelsey, a criminal justice programs co-ordinator with the State Division of Substance Abuse insists coerced is better than no treatment at all, and is better for the taxpayer. Treatment is cheaper than incarceration. "There is no bad use if you can get someone into treatment," he said. "If you keep them clean for a couple of months, they start seeing their way out of it."

The course costs the state one tenth as much money as it takes to jail someone.

Appendix 4 Needle exchanges

It appears that needle exchanges are now contributing to the spread of hepatitis C among injecting drug users.

A study of Australian needle exchange attenders found that over a 12 month period the number infected with Hepatitis C jumped from 21% to 43% overall but for those under 20 years of age it jumped to 76%. About 31% of needle exchange attenders admitted to sharing needles [MacDonald et al. *Medical Journal of Australia* March 3, 1997]

Studies carried out in Chicago, Montreal and Vancouver have found that needle exchange users share needles at slightly higher rates than drug users not frequenting the exchange. Needle exchanges act as locations for effective networking among drug users, enabling them to spend less time tracking down ready sources of supply and thus allowing them to score more frequently each day. [Janet D. Lapey *Needle exchange programs: 1998 report*]

Needle exchanges operate on the false premise that needles handed out free will not be shared. The resources currently spent on needle distribution - over 3 million needles per year in WA alone - would be better spent on genuine attempts at prevention and rehabilitation of intravenous drug users.