

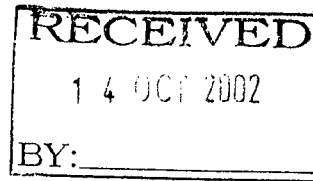


Hon. Mike Rann MP

The PREMIER of SOUTH AUSTRALIA

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02P03244



The Hon Kay Hull MP  
Chair  
House of Representatives Committee  
on Family and Community Affairs  
Parliament House  
CANBERRA ACT 2600

House of Representatives Standing Committee on Family and Community Affairs	
Submission No:	279
Date Received:	14 October 02
Secretary:	B. Foster

Dear Ms Hull

In June you wrote to me asking for any further information that this State wished to submit to your Inquiry into Substance Abuse in Australian Communities. I apologise for the delay in responding to your request.

My government is particularly concerned about the effects of drugs on the Australian community. One of our first initiatives in Government was to hold a week long Drugs Summit in June 2002 with special emphasis on the growing use of amphetamine type drugs including designer drugs. Substance abuse by Aboriginal people and young people was a major focus of the Summit.

Delegates included academics, researchers, politicians, service providers, young people, Aboriginal people and drug users and their families. The wider community was invited to attend as observers and also participated in more than 20 public meetings held across the State in the lead up to the Summit.

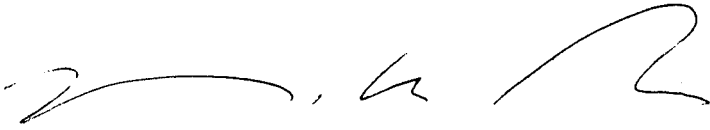
The South Australian Social Inclusion Board is now considering the recommendations of the Summit and the findings will be used to inform policy making across government in the future.

For information relating to the Drug Summit please visit our website of [www.drugsummit2002.sa.gov.au](http://www.drugsummit2002.sa.gov.au). and I have enclosed a copy of the recommendations of the South Australian Drugs Summit for your information.

More recently the State Coroner, Wayne Chivell, handed down a series of recommendations relating to an inquest into deaths due to petrol sniffing in the Aboriginal Pitjantjatjara Lands. My Government will seriously consider these recommendations, particularly in light of the recommendations of the Drugs Summit.

I wish your committee well with its deliberations, and look forward to seeing the final report.

Yours sincerely

A handwritten signature in black ink, appearing to read "Mike Rann". The signature is fluid and cursive, with a large, sweeping "R" at the end.

MIKE RANN  
**Premier**

4/1/02

**SOUTH AUSTRALIAN DRUGS  
SUMMIT 2002**

**COMMUNIQUÉ**

**24 to 28 June 2002**

## **Foreword from the Premier of South Australia**

We have done good work here. We have gone beyond politics and beyond religious and cultural division towards a problem that touches us all and does irreparable hurt to many communities and families.

I thank the South Australians who gave up their time to attend, and raise questions, and put points of view. I thank the Chairs, the delegates, the tireless organisers and the inspiring speakers.

This summit has been a big step for South Australia. Many of us know much more now than we did before about amphetamine use, alcohol abuse and heroin use and the particular problems of jobless adolescents and Aboriginal children coping with the despair that drugs cause.

I kept my promise to hold this meeting, and hold it urgently, because it is a daily and growing problem we are addressing here and rhetoric and noble slogans, blame and counter-blame won't make it go away. Young people who would have enriched their communities and had happy lives have died and are dying and we have a duty as a government and as a community, to save as many as we can and help them have lives that are worth living.

We have to study hard what is known and what has been tried and work out what can be done, and this has been a beginning.

As a parent and also as Premier I thank you sincerely for the part you have played in this worthy endeavour with such creative enthusiasm and optimism, bi-partisanship and resolve.

It was good to have been part of this Summit. Now we must all make a difference.

**MIKE RANN**  
**Premier**  
June 2002

# THE DRUGS SUMMIT

## 1. Overview

As a key priority of the Government's Social Inclusion initiative, the South Australian Drugs Summit 2002 was held at the Adelaide Entertainment Centre over five days from Monday 24 June to Friday 28 June 2002.

The Premier of South Australia, Hon Mike Rann MP, invited people from a broad cross section of the community to attend. Included among the summit delegates were representatives from Aboriginal communities, culturally and linguistically diverse communities and non-government service providers, as well as young people, drug users and their families, politicians and representatives from key government departments involved in drug policy issues. The public was invited to attend and a special area was set aside to enable them to follow proceedings and to have further input.

The focus for the summit was on illicit drug use, including the growing use of amphetamine-type drugs including 'designer drugs'. The summit also considered broad substance use issues in relation to young people and Aboriginal people. This focus worked as a catalyst for reflection on drug use in the widest sense and for consideration of drug strategies in a broad and inclusive social policy context.

A key priority of the summit was to identify strategies to reintegrate individuals and families excluded from society as a result of drug use.

## 2. Objectives

The objectives of the summit were:

- to develop a better understanding by Members of Parliament and the community of the causes, nature and extent of illicit drug use, particularly in relation to South Australia
- to consider the full spectrum of views of community representatives and people working in the drug field in order to inform Members of Parliament and the community about potential illicit drug use strategies and their application in South Australia
- to hear and consider the views of families, young people, Aboriginal people, drug users, people from culturally and linguistically diverse backgrounds, people from professional treatment and prevention services, academics and researchers, law enforcement officers, school communities and others
- to consider innovative options to tackle illicit drug use problems in a bipartisan forum
- to build community and political consensus about future directions for drugs strategies for South Australia and to recommend a future course of action for the Government to consider.

### **3. Process**

The Drugs Summit provided a unique opportunity to examine the full range of issues and problems associated with psychoactive drug use in South Australia. An important characteristic of the summit's structure has been its inclusive nature, both in terms of content, participation and process. Very few similar opportunities have existed for representatives from all sectors of the community to participate in such an important policy-shaping event.

In the weeks leading up to the summit, 24 community consultations were held across the State with 917 people participating. There was also a call for public submissions which resulted in 60 individuals and organisations making submissions on the key themes of the summit. The information received from these processes was summarised and provided to the summit delegates.

The summit was structured to offer an up-to-date and comprehensive examination of all key issues. This involved a mix of formal presentations, the relaying of personal experiences, opportunities to ask questions and the opportunity to make comments during each of the plenary sessions on:

- the nature and extent of drug use
- early intervention and prevention strategies
- treatment and rehabilitation strategies
- criminal justice and law enforcement strategies
- linking drug strategies and social policy
- strengthening communities and building partnerships.

Working groups were established on the following themes:

- Aboriginal people and drug use
- breaking the drugs and crime cycle
- health maintenance and treatment
- illicit drugs and community action
- illicit drugs and correctional services
- illicit drugs in rural and regional South Australia
- law enforcement intervention in the illicit drug market
- school-based drug education and intervention
- young people and drug use.

These working groups met throughout the summit and drafted recommendations which were then considered in the plenary session over the final days.

### **4. Principles**

The following overarching principles guided the actions and deliberations of all delegates at the summit:

- a commitment to finding common ground in developing government and community strategies

- recognition of the range and complexity of the causes
- a commitment to protecting all sections of the community from the adverse impacts of drug use
- a recognition of the necessity for policy making to be evidence based and for all programs and services to be properly evaluated
- a commitment to ensuring that the best value for the community is obtained from the available resources.

The Drugs Summit provided a unique opportunity for the South Australian community to work together in a bipartisan forum to consider new and innovative ways to map out a future course of action that can really tackle drugs problems in this State.

## **5. The Nature and Extent of the Problem**

As a basis for these considerations and to assist in the development of recommendations based on solid evidence, the first day of the summit focused on the nature and extent of the drug problem.

Drug use is a dynamic phenomenon. Patterns of use and types of drugs change rapidly. For instance, we have seen significant changes in the usage patterns of amphetamines and party drugs such as ecstasy. The summit shared its collective knowledge on these trends. The extent to which much drug use is 'poly drug use' was highlighted. Delegates were told that an increasingly wide and varied array of substances are used, including legal drugs such as alcohol, tobacco and over the counter products. Distinctions between 'licit' and 'illicit' drugs seemed less important (as did the distinction between 'user' and 'non-user') as collectively delegates focussed more on the harm experienced by individuals, their families and the community at large.

In addition to a bipartisan approach, the summit embraced a strongly multidisciplinary focus. It recognised that all players from health services and education through to law enforcement have crucial roles to play.

To assist delegates in their deliberations they were provided with the latest statistical information on the extent and impact of illicit drug use in South Australia. In presenting this information it was recognised that measuring the extent of illicit drug use in the community is difficult because it is illegal. However, it is believed that the data is sufficiently reliable to provide an accurate indication of the extent and harm caused by such drugs.

The information provided to delegates covered the use of illicit drugs, illicit drug-related morbidity and mortality, treatment of illicit drug related problems and illicit drug related offences. Information collected indicates that:

- the use of illicit drugs in South Australia rose between 1995 and 1998 with marked increases in amphetamine and ecstasy use
- more than 580 000 South Australians report having used an illicit drug or used a drug for non-medical purposes at some stage in their lives. With

the exception of cocaine, the prevalence of lifetime use and use within 12 months increased between 1995 and 1998

- cannabis remains the most commonly used illicit drug in this State. The lifetime use of cannabis among South Australians increased from 32.8 per cent in 1995 to 39.3 per cent in 1998. Seventy-six thousand South Australians (6.3 per cent) have used cannabis in the past week
- the most significant increases have been with ecstasy (from 1.4 per cent in 1995 to 2.8 per cent in 1998) and amphetamines (from 4.9 per cent to 8.2 per cent)
- cannabis is the most commonly used illicit drug among schoolchildren. In 1999, 11.3 per cent of schoolchildren reported recent use of cannabis and although this was down compared with 1996 (13.5 per cent)
- illicit drugs can have an enormous impact on families and the community. Each year about 70 South Australians die as a result of illicit drug use. The vast majority of deaths involve people aged between 15 and 34. Last year, due to a heroin drought, the number of deaths was greatly reduced
- drug abuse is costly. Costs related to illicit drug use are sustained by health care and welfare services and realised through loss of production and road accidents
- in 1998, about 900 South Australians were hospitalised as a result of illicit drug use and in 2000-01, nearly 3000 people sought the services of the Drug and Alcohol Services Council for drug-related problems.

Delegates were also advised that in terms of health and social costs, legal drugs such as alcohol and tobacco cost the community more than illegal drugs. It is estimated that alcohol and other drug use in South Australia cost the community a minimum of \$1 569 million in 1992. Of this approximately \$140.2 million (or 9% of total costs) can be attributed to illegal drug use.

## **6. The Way Forward**

Participants were urged to think creatively and to seek out innovative solutions. The challenge was to take what we know in terms of best practice and to marry it with innovation and a strong sense of pragmatism and humanitarianism.

It was recognised that the challenges confronting the summit are very complex and that complex problems require comprehensive strategies—not hasty, one-off solutions. Researchers, clinicians, drug treatment experts and criminal justice representatives came together in a spirit of good will and shared their collective knowledge and experience. Their perspectives were blended with the equally important and valid views of young people, families, members of user groups, treatment services, religious and spiritual groups, and Indigenous community members. Through the formation of this special form of partnership a constructive way forward has been sought.

The summit's working groups were organised into a number of significant themes and the final recommendations of the South Australian Drugs Summit follow these themes.



## **7. Recommendations of Working Groups**

### **Working group 1: Aboriginal people and drug use**

#### **Recommendation 1**

The working group recommends that the State Government provides funding to establish, in partnership with Aboriginal people, a 24 hour, 7 day a week metropolitan Adelaide facility that provides for all Aboriginal people and their families suffering from substance misuse the following culturally appropriate services:

- assessment
- counselling
- withdrawal management
- stabilisation
- rehabilitation
- after care and relapse prevention.

#### *Rationale*

- No Aboriginal specific treatment services are available in regional or metropolitan areas.
- Drugs have an impact on every Aboriginal family, hence a family approach is required.
- Services are not currently accessible when needed most (that is, on weekends and after 5.00 pm on week days).
- Aboriginal people need a choice (Aboriginal-specific or mainstream) if health improvements are to be achieved.
- Funding for Aboriginal services in mainstream organisations gets 'lost' and does not reach those who need it
- There are language and cultural barriers in mainstream services.
- Resources could be better utilised.

*Indicative support:* Strong support from all delegates.

#### **Recommendation 2**

The working group recommends that the State Government, in collaboration with Aboriginal metropolitan communities and other stakeholder partners, establishes an Aboriginal-specific state social, sporting and recreational complex in the Adelaide metropolitan area and a range of preventative and early intervention initiatives to include:

- a healthy lifestyles program including a tobacco quit program specifically designed for Aboriginal people
- the development and dissemination to all Aboriginal communities of information about substance misuse and the services available for Aboriginal people and their families
- the implementation of Aboriginal community endorsed measures to increase school retention numbers for Aboriginal students.

### *Rationale*

- Land is currently not available to Aboriginal people in the metropolitan area.
- 70% of the Aboriginal population is under 30 years old.
- The Aboriginal community has a high birth rate and there are children as young as seven on the streets.
- Currently there are no structured facilities for Aboriginal people in the Adelaide metropolitan area; such a facility would create employment and career opportunities and provide model opportunities, and encourage leadership and self management.
- The facility would mean cost savings to police resources (good diversion program), cost savings to health resources, a safe environment.
- It would promote a drug free and healthy environment.
- Twice as many Aboriginal people smoke than others, so tobacco use is an increased risk.
- School creates employment choices, school retention is a real issue for Aboriginal people.

*Indicative support by all delegates: Strong support.*

### **Recommendation 3**

The working group recommends that services to Aboriginal families be state wide, include resources that take into account the complex needs of Aboriginal families (in particular housing) and are sufficiently funded to provide a team approach which includes trained Aboriginal family support workers and the reinstatement of Aboriginal community development worker positions. This recommendation requires the further expansion of employment opportunities for Aboriginal people in key leadership positions within all relevant government organisations.

### *Rationale*

- The impact of drugs is felt by the whole family—a family approach is required.
- A partnership approach to dealing with substance misuse is essential to achievement of outcomes.
- Current financial and human resources are inadequate in addressing the complex needs of substance misuse in Aboriginal families.

*Indicative support by all delegates: Strong support*

### **Recommendation 4**

The working party recommends that the State Government establish an Aboriginal peak body to oversee, evaluate and report on funding and resource allocation in relation to policies and programs to Aboriginal organisations and mainstream programs.

### *Rationale*

- There is a need for reform in planning, funding and service delivery.

- A partnership agreement is necessary between the State Government and the Aboriginal community to reduce duplication and improve coordination of services.
- Aboriginal self management principles are required.
- Policies and procedures need to be outcome specific and accountable.
- There is a need to monitor and evaluate Aboriginal client satisfaction.

*Indicative support by all delegates: Strong support*

### **Recommendation 5**

The working group recommends that the State Government introduce prison reforms that provide culturally sensitive drug detoxification, drug substitution therapies, drug rehabilitation and mental health services for Aboriginal prisoners including the expansion of Aboriginal health and education services within all prisons.

These reforms should strengthen links between the Department for Correctional Services, Family and Youth Services, and other related community and health services to enhance the transition process from community to prison and back to the community.

#### *Rationale*

- Over representation of Aboriginal people in prison.
- High recidivism rates.
- Drugs in prison exacerbate the problem.
- Lack of support, particularly financial, for people leaving courts and prisons.
- Lack of information for people leaving prison and their families.
- Limited access to education and work in prison.
- High rates of Hepatitis C among prisoners.
- Illegal use of prescription medication.
- Rehabilitation to break the revolving door cycle.
- High numbers of Aboriginal prisoners with mental health problems.

*Indicative support by all delegates: Strong support*

### **Recommendation 6**

The working group recommends that the State Government, through the Minister for Aboriginal Affairs, convene all stakeholders and the various representatives of the Anangu Pitjantjatjara (AP) to address issues relating to petrol sniffing and other drug related concerns in the AP Lands. This needs to take place as a matter of urgency, given the extent of petrol sniffing and associated drug related problems throughout these communities.

The working group recommends:

- a culturally appropriate treatment and rehabilitation facility on the AP Lands for petrol sniffers and their families be provided
- that funds allocated to the Police Diversion Initiative be allocated to provide funding on the AP Lands for:

- training Aboriginal counsellors
- appropriate funding to the *Young Fellas and Women Choosing Wisely Workshops* which is a collaborative effort between Nganampa Health Council, Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council, the Department for Correctional Services and the Anangu schools
- a funding allocation for youth sport and recreation officers and housing (for them) in each community on the AP Lands in order to set up structured recreation activities
- that funding for the construction of a police facility for police officers to be based at Umuwa be treated as a high priority.

*Rationale*

This recommendation addresses the following areas:

- employment
- training
- education
- recreation
- diversion
- policing

and is supported by Nganampa Health Council and the NPY Women's Council in consultation with AP communities.

*Indicative support by all delegates: Strong support*

## **Working group 2: Breaking the nexus between drugs and crime**

The working group urges the summit to acknowledge that there is a nexus between drugs and crime but the basis of that nexus is not the same for all drug users. Rather, there are:

- people involved in possession and use of drugs who are not engaged in any other criminal activity
- people who use drugs and commit crime to finance their habit
- people who commit crime while they are under the influence of drugs
- people who produce and traffic drugs
- people who commit crime and use drugs; their activities may be not related.

### **Recommendation 1**

The working group recommends an expansion of evidence-based early intervention strategies that moderate risk and bolster protective factors as a means of interrupting the pathway to crime and drug misuse. These strategies should:

- target key transition points in human development including pre-natal, post-natal, infancy, pre-school, transition to school and adolescence and post-school
- focus on building resilience in individuals, strengthening families and assisting people, especially parents to gain appropriate life skills
- be sensitive to the needs of and inclusive of culturally and linguistically diverse people and Indigenous people
- be an important facet of a comprehensive strategy to mitigate the risk that young people will use and abuse licit and illicit drugs
- be implemented within a school environment and resourced in addition to existing education funding; and not be an additional task for educators to perform.

### *Rationale*

- The available evidence supports positive long term outcomes for early intervention initiatives, including preventing criminal activity.
- Early intervention requires an on-going commitment to evidence-based programs and strategies to attain long-term outcomes.
- The recommendation acknowledges the role of prevention in reducing crime.

*Indicative support by all delegates: Strong support*

### **Recommendation 2**

The working group recommends that there be a commitment to a range of interventions at key points including pre-arrest, post-arrest and pre-sentencing to direct users into assessment and evidence-based treatment or diversion programs, and for this purpose that there be:

- an on-going commitment to initiatives such as police diversion that divert drug users to education, assessment and/or treatment, and give drug-users (particularly recreational or occasional drug users) an opportunity to avoid a criminal conviction for a minor personal use offence
- a commitment to maintaining the current drug court and the establishment of other programs to enable offenders with drug dependence problems appearing in generic magistrates courts, other Aboriginal courts and the Nunga court, to be referred to drug assessment and treatment as part of either the pre-sentencing or post-sentencing process and that the appropriateness of a youth drug court that combines intensive judicial supervision and case management of young offenders with drug related problems be examined.

The commitment should have regard to the results of the current evaluation, and that adaptations and modifications be based on outcome-based reports which establish (among other things) the efficacy of the education, assessment and treatment options offered.

#### *Rationale*

- Interventions that focus on moderating 'risk factors' and providing opportunities to amplify 'protective factors' are consistent with early intervention prevention.
- Diversion is an appropriate strategy to direct drug users into effective and timely treatment.
- Pre-arrest diversion offers drug users an opportunity to receive educational materials and assessment to avoid the stigma of a criminal conviction.
- Drug treatment plays an important part in breaking the nexus between drugs and crime.
- Post-arrest interventions such as intensive court supervision coupled with treatment which occur in a drug court are successful for some drug users.

*Indicative support by all delegates: Strong support*

#### **Recommendation 3**

The working group acknowledges the significant contribution drug treatment plays in breaking the nexus between drugs and crime, and recommends:

- that, in light of the current under-utilisation of treatment associated with diversion, an opportunity exists for users to seek treatment voluntarily
- that adequate funding must be allocated to existing and future treatment services should be provided through government, non government and volunteer sectors
- that co-payment to cover the cost of methadone and other replacement drugs must be removed whenever the user is financially disadvantaged
- that a scientifically valid and rigorous heroin prescription trial for hard core drug dependent-users who have failed other forms of drug treatment be undertaken

- it is not sufficient that users receive maintenance drugs and other treatment alone, rather it is fundamental that a full range of services and support are provided to those in treatment and their families.

#### *Rationale*

- Treatment reduces the need to commit crime, hence there are fewer crime victims.
- Investment in treatment saves lives.
- There is no one treatment to address the 'drug problem', hence a variety of treatments must be available and accessible.
- Treatment costs might appear expensive as an 'up-front' cost but overseas cost/benefit analyses strongly suggest that the savings in economic and financial terms outweigh those costs.
- Users should not find themselves in a position where they commit crime to pay for treatment.
- Although an evaluation of the Swiss heroin prescription produced mixed results, available data suggests that a proportion of hard core heroin users regained abstinence and others regained control of their lives despite their dependency.
- Treatment is economically beneficial and helps with social capital.

*Indicative support by all delegates: Strong support*

#### **Recommendation 4**

The working group recommends that a broad review of the Controlled Substances Act and other drug laws be conducted to determine their efficacy, having regard to the primary objects of crime reduction and harm minimisation.

That given the importance of the link between drug law and drug policy as well as implementation, the following issues should be taken into account when considering the efficacy of drug laws:

- arguments that apply to the most appropriate mechanisms of control for one drug need not apply to others
- control mechanisms should be considered in terms of their intended outcomes, and any analysis of control mechanisms should attempt to estimate their effects on consumption levels and patterns of use
- arguments about the consequences of drug use should be separated from arguments about morals
- options should be explored on the basis of evidence of the harm caused to individuals, families and communities, and should include the harm a policy is intended to address
- the harms resulting from control mechanisms themselves should not be greater than the harms prevented by them.
- decisions should be influenced by realistic assessments of the costs of each options as well as the benefits.

With these criteria in mind, the work group recommends that:

- possession of an illicit substance for personal use should not attract a criminal conviction
- the Cannabis Expiation Notice Scheme should be reviewed with regard to:
  - the number of plants expiable
  - the option of receiving educational material and/or treatment as an alternative to a fine
  - evaluating the regulated availability approach
  - adequately publicising the laws to users and the community
  - further exploring the feasibility of medical and therapeutic use of cannabis
- the law pertaining to the possession of cannabis paraphernalia (implements for administration) be repealed
- previous criminal convictions for simple possession offences including possession of cannabis paraphernalia be expunged
- the use of pill testing be investigated as a way of enhancing the early warning system used by the police and others to reduce drug-related harm including overdoses
- promotional advertising that may encourage young people to consume alcohol be banned
- promotional advertising that may encourage young people to use tobacco be banned.

#### *Rationale*

- The drug problem is often described in terms of a market, that is in 'supply and demand' terms.
- Law enforcement has a clear mandate to tackle supply. There should be adequate resources for police to undertake this task.
- There is considerable agreement that harm minimisation should remain central to the state's drug strategy.
- The community is demanding clarity in drug laws.
- If the primary object is to reduce crime and drug-related harm to users and, in cases where users are committing crime to pay for their drugs, harm to the victims of those crimes, there are questions as to whether the current law on possession for personal use is appropriate.
- Dealers whose activities affect, even exploit, others should continue to be treated as criminals.
- Criminal records exclude people from many aspects of a civil society. They restrict freedom of movement and limit opportunities for employment. Expunging criminal histories for minor possession and possession of implements for self administration is consistent with principles of social inclusion.
- The police are keen to save lives and hence make information available on the quality of drugs on the street. Consideration should be given to enhancing this harm minimisation approach, especially with respect to amphetamines and designer drugs. Pill testing also warrants consideration in this context.
- Cannabis Expiation Notices attract a civil remedy, however, the incentive to pay invokes a risk of criminal conviction. Consistent with the tenets of



diversion the law should provide users with the alternative to pay the fine or participate in a drug education session/program. The latter would also reduce the financial burden of a fine, especially in cases involving multiple offences.

- The volume of research on the effects of cannabis use is considerable and the review of the existing law should take account of these research findings.
- Abolishing the law relating to implements will overcome the lack of clarity in law; is likely to reduce implement sharing; is consistent with the underlying principles for needle exchange; and will counter a source of irritation between the police and cannabis users. Zero tolerance approaches to drug implements for personal use have not worked and have unanticipated undesirable effects such as contamination of recyclable plastic bottles.
- A regulated supply of cannabis from registered providers where it is kept under the counter, not promoted and distributed with educational material on the associated health issues, may be a better way of breaking the nexus between organised crime and cannabis production than the existing law. Furthermore, money derived from taxes imposed on the regulated supply could be used to fund drug treatment. Cultivation, production and distribution would be removed from the hands of organised criminal gangs such as outlaw motorcycle gangs.
- This raises the question of whether private cultivation would become a criminal offence.
- Under a regulated market approach users would not be criminals.
- Alcohol is indicated as an early initiator into drugs.
- The link between alcohol and crime.

*Indicative support by all delegates: Strong support*

### **Recommendation 5**

The working group recommends that research identifying the nature and extent of drug related crime must continue and intelligence gleaned from that research form a basis for evidence-based strategies to break the nexus between drugs and crime. In particular the working group supports the continuation of drug use monitoring in Australian research and recommends adequate resources be directed into research on amphetamines, their use and abuse.

#### *Rationale*

There is a paucity of research in early intervention and mitigation of drug use; hence realistic research should be undertaken into the cost-effectiveness of preventive strategies, and of different law enforcement strategies and treatment strategies; and such research should determine the financial and economic benefits as well as social benefits to individuals, families and communities

*Indicative support by all delegates: Strong support*

### **Working group 3: Health maintenance and treatment**

These recommendations relate to people who have or have had problematic alcohol and other drug use, their families and others who are affected. The recommendations are aimed at preventing adverse effects, developing interventions directed at changing the behaviour of drug use and enhancing general health and wellbeing.

The group was supportive of the philosophy of harm minimisation as encompassing diverse approaches ranging from harm reduction through to abstinence.

Patterns of use of alcohol and other drugs, and the nature of drugs available, can change rapidly, particularly in today's global environment. Government and service delivery agencies need to be able to detect and respond to these changes. An appropriate and flexible resource base, and a coordinated, cooperative approach across government and non-government sectors are essential.

#### **Recommendation 1**

The working group recommends that the government develop and implement a strategic integrated framework for the delivery of a comprehensive range of health maintenance and treatment services. The framework will:

- be coordinated at Cabinet level to ensure a whole-of-government approach, consistent with an overarching South Australian Drug Strategic Framework
- be supported by sustained and realistic funding
- have the capacity to respond to changing circumstances such as the trend of increasing use of amphetamine-type stimulants
- be developed in partnership with service providers and people most affected
- incorporate mechanisms to ensure improved coordination of services to provide easy access and continuous ongoing care and support to individuals
- incorporate a research base and evaluation and monitoring processes
- incorporate the capacity to map and describe the changing base of services provided in the state.

In developing the framework consideration must be given to current system deficits, particularly:

- crisis response including quick access to detoxification
- services appropriate to Indigenous people
- services appropriate to people with dual diagnoses (see also recommendation 4)
- youth-specific services
- services targeting polydrug use especially involving use of amphetamine-type stimulants

- services appropriate to people from culturally and linguistically diverse communities
- equitable access to services in rural and regional areas.

The framework should be a partnership model, such as that developed for homeless people in the 'Protocol and Linkages' initiative under the auspices of the Department of Human Services in 2000.

#### *Rationale*

Current funding is not cohesive: there are gaps in the system. More assured funding would promote cooperation rather than competition between service providers, and would reduce duplication and fragmentation of services. There is a need for continuity of services, which would be supported by sustained and adequate funding. Commitment of sustained and appropriate funding would be an acknowledgement of the cost effectiveness of treatment in terms of the benefits to individuals and the community from improved health and social circumstance, reduced risk behaviours and reduced crime.

Capacity to respond to crisis situations is important as this represents a window of opportunity to encourage drug users into treatment.

New and emerging issues place additional pressures on the treatment system. It is undesirable for limited funding to be diverted from current services to meet new areas or groups, such as users of amphetamine-type stimulants who are not currently accessing treatment to any significant extent.

There is strong evidence that services that address the needs of individuals have better retention and higher rates of treatment compliance. There is also good evidence from drug and alcohol research that a rapid response to need results in better engagement, improved retention and better outcomes. Currently families and support workers struggle to draw together services appropriate to the needs of individuals. A coordinated approach would avoid frustration and duplication and better meet individual needs, leading to the improved outcomes identified above. It would also be expected to support more effective use of resources, maximum flexibility of service provision, and encourage collaboration.

*Indicative support by all delegates: Strong support*

#### **Recommendation 2**

The working group recommends the introduction of a co-payment system for clients where the fee burden is shared between the individual and the state.

#### *Rationale*

The cost of medications, such as methadone, buprenorphine and naltrexone, should not expose the individual to financial hardship. This has been identified as a significant barrier in treatment.

*Indicative support by all delegates: Strong support*

### **Recommendation 3**

The working group recommends that government initiates and implements workforce development programs in the drug and alcohol field and for other workers in health, education, law enforcement and human services to enable them to respond to drug and alcohol problems.

Programs for workers in the drug and alcohol field will:

- allow for accreditation of staff who currently do not have professional qualifications
- encourage post-graduate drug and alcohol education qualifications for health professionals
- support continuing education and in-service training
- enable training for volunteers.

Programs for workers in other fields need to give special consideration to workers who interact with socially disadvantaged communities and those with special needs including:

- Indigenous people
- workers in rural and remote areas
- culturally and linguistically diverse communities
- youth.

#### *Rationale*

A workforce development strategy will provide standards and 'best practice' in alcohol and other drug treatments, and provide a mechanism for dissemination of information from research and monitoring activities. Recognised accreditation will enable portability between services, thereby broadening the knowledge and skills base.

There is some education and training currently available but it is not coordinated or sufficiently diverse to meet the range of need. Sustained funding for non-government organisations is an issue for achievement of this recommendation, as short-term employment arrangements do not encourage retention of staff, and consequently do not support staff participation in training programs. Other barriers to training include the cost of programs, limited staff resources resulting in difficulties for agencies releasing staff, and the lack of an appropriate range of training options including for volunteers and workers in associated sectors.

*Indicative support by all delegates: Strong support*

### **Recommendation 4**

The working group recommends that the government instigates and funds an initiative between mental health services, services for people with intellectual disabilities and alcohol and other drug services, to develop and implement a model of coordinated service provision for clients with a dual diagnosis.

This initiative must consider early intervention and crisis care with a pathway to long-term support, which will include:

- young people with psychoses related to amphetamine-type stimulants and other drugs
- people with mental health issues (which includes psychosis and depression) and substance use (cannabis and amphetamine-type stimulants)
- individuals with alcohol and other drug-related brain injury.

In developing the initiative, consideration should be given to:

- 24 hour supportive counselling
- mobile outreach services, with a particular focus on young people under 18
- appropriate staff support systems
- development of joint clinical guidelines
- information for community on dual diagnosis.

#### *Rationale*

The co-occurrence of mental health disorders with alcohol and other drug use creates complexity in management that workers in both fields are poorly equipped to handle. There is work underway to improve responses for adults with dual diagnoses, but this is limited by funding, and there is no equivalent initiative for young people with dual diagnoses. This is a significant gap given the use by young people of amphetamine-type stimulants and cannabis, both of which are significant factors in dual diagnosis. Addressing both substance use and mental health issues at the same time, rather than consecutively, will improve outcomes.

Linking substance use and mental health services should enable joint assessment and case management, so that clients would have to tell their story only once. Dual diagnoses are complex and difficult to manage, with long-term psychosocial issues requiring long-term care. This group is currently falling through the gaps and the system is not providing sufficiently individualised treatment plans to meet their needs.

*Indicative support by all delegates: Strong support*

#### **Recommendation 5**

The working group recommends

- the expansion and diversification of family counselling and support networks which are developed in partnership with local families and communities including:
  - expanding intervention services to incorporate the unique needs of families of drug users
  - incorporating families or other support people in the treatment of drug users
  - promoting and supporting the development of locally based informal family networks and action groups for those who are affected
- the extension, provision and funding of peer education approaches
- the development of community networks that maintain and support the recovery and reintegration of drug users.

Community support systems need to ensure that the unique needs of individuals, communities, and culturally and linguistically diverse groups are recognised and that finances are made available to ensure that these needs are met.

#### *Rationale*

There needs to be acknowledgement of the importance of appropriate, accessible support networks in the achievement and maintenance of recovery from drug use. This recommendation recognises the impact of, and need to strengthen, existing support networks for drug users. This process will be underpinned by the principles of community development. Strengthening of support networks will improve the quality of care and include the effective and supportive use of paid and unpaid workers.

In making this recommendation the working group recognises that support for families and others affected by drug use is lacking and an area of substantial demand. The value of empowering and strengthening informal support networks lies in:

- less reliance on formal systems
- access to communities currently not reached by formal services
- enabling people to recover from drug use within their own communities
- increasing the partnership between professionals and informal support networks.

*Indicative support by all delegates: Strong support*

### **Working group 4: Illicit drugs and community action**

#### **Recommendation 1**

The working group recommends that the government and culturally and linguistically diverse communities develop the Culturally and Linguistically Diverse Communities Drugs and Alcohol Strategic Partnership and to provide as part of this:

- adequate resources to address those drug and alcohol issues identified in culturally and linguistically diverse communities
- intervention, community development and worker training components
- links to other drug and alcohol related networks and structures.

#### *Rationale*

- Culturally and linguistically diverse communities experience a high prevalence of stigma, community stereotyping and lack of cultural understanding of drug and alcohol use.
- The culturally and linguistically diverse service sector is currently under-resourced and bilingual/bicultural workers' skills are not recognised.

- The current drug and alcohol system (treatments and community education strategies and materials) provided by mainstream services is not working for culturally and linguistically diverse communities because it is culturally exclusive.
- Cultural and historical issues related to country of origin may result in reduced trust of mainstream services and government agencies and subsequent reduced access of culturally and linguistically diverse groups to services.
- The existing response to drug and alcohol issues relies heavily on volunteers, yet volunteers should be considered a bonus rather than the backbone of services for culturally and linguistically diverse communities.

*Indicative support by all delegates: Strong support*

### **Recommendation 2**

The working group recommends that the government recognise that drug-related issues will not be resolved without community awareness, ownership and participation in strategy development and responses. A well-informed community can respond to the complex issues in a more flexible and resourceful manner. This can be achieved through the development of a community communications strategy which includes:

- public awareness campaigns that are evidence based
- targeted information to individual communities based on need
- engagement of the media (electronic, print and broadcast) in partnership with government to develop a responsible code of practice, which can create a climate of safety and trust for dialogue and informed debate on drug issues
- an annual award for recognition of excellence and merit in reporting of drug issues.

### *Rationale*

- The basic principle is to alter public perception and opinion to ultimately remove the social, moral and legal stigma associated with drug and alcohol issues.
- There is lack of support due to societal stigma around drug use, cultural standards, wider family and community norms.
- There is a need to ensure that there is an appropriate balance between law and order, health care and education frameworks.

*Indicative support by all delegates: Strong support*

### **Recommendation 3**

The working group recommends further strengthening of local community capacity to respond to drug and alcohol issues through the requirement for each local government authority to:

- develop drug and alcohol action plans as part of the Corporate Planning Process as required under the Local Government Act (1999)
- map the effectiveness and existence of current services for families and drug users

- ensure that the model of local school/community drug summits (as detailed in the National Drug Strategy) be taken up in order to enable local government and local community organisations to access resources and funding
- assess the adequacy of existing services to identify gaps in services and to facilitate cooperation and resource sharing
- develop partnerships with existing providers (eg hospitals and community health services, general practitioners, mental health services, education, non-government providers, community groups, Drug Action Teams)
- develop strategies to include the views of socially excluded groups and others who have difficulty accessing services (eg Indigenous Australians, people of culturally and linguistically diverse backgrounds, drug users and women)
- evaluate described outcomes annually as part of the action plan process.

#### *Rationale*

- Drug-related concerns and issues will not be resolved without community ownership and participation in developing strategies and local responses.
- There must be a structure or system for planning and accountability to facilitate this process.
- This is a strategic and effective use of funds and it needs support by redirection and re-orientation of funds.
- There is a need to reach all sections of the community outside schooling and this could be done by transferring a successful model (ie the school drug summits) into the broader community.

*Indicative support by all delegates: Strong support*

#### **Recommendation 4**

The working group recommends that in order to capture and enhance the community's capacity to respond adequately to drug issues, the contribution of all professional service providers utilise the benefits of all volunteers who are resourced to effectively optimise and enhance the educational and preventative elements of an integrated drug strategy.

Accordingly, training for all health, welfare, education, legal and other key professionals requires, as part of 'core' pre-service and staff training, relevant skills, development awareness in relation to alcohol and other drugs in order to achieve effective prevention, harm reduction and intervention.



### *Rationale*

- Professional service providers must have the knowledge and skills to identify and address the drug and alcohol issues within their services.
- There should be effective use of resources.
- It is important to include sections of the community who have previously been isolated (eg people of culturally and linguistically diverse backgrounds).
- Committed, well-trained, locally focused volunteers are fundamental to the success of community-based education prevention and support strategies.
- Volunteer services should complement the professional workforce rather than substitute for it.

*Indicative support by all delegates: Strong support*

### **Recommendation 5**

The working group recommends that, in recognition of the significant health and social impacts arising from social exclusion related to illicit drugs, the government charge the Equal Opportunity Commission with the task of holding an inquiry into the extent and effects of drug-related discrimination in South Australia.

### *Rationale*

- Discriminatory attitudes around drug-related issues affect drug users, families, people who provide services to drug users, people of culturally and linguistically diverse backgrounds and Indigenous people.
- The stigma associated with drug issues weakens community and political support for the entire Drug and Alcohol services sector.
- Stigma and discrimination act as significant barriers to effective prevention and harm reduction education and to drug users' access to health services.
- Stigma and discrimination act as obstacles to the public health effort to control hepatitis B and C and HIV infection.
- A greater understanding of the factors contributing to stigma and discrimination should enhance the capacity to respond appropriately to them.

*Indicative support by all delegates: Strong support*

### **Working group 5: Illicit drugs and correctional services**

The public has a right to expect that:

- strategies will support the sanctity of human life
- drug strategies will be integrated with other social inclusion measures
- responses will be based on cooperation between government and community
- drug programs will be evidence based
- drug programs will be reviewed and evaluated
- drug programs will be relevant to the cultures of Indigenous and linguistically diverse people.

### **Recommendation 1**

The working group recommends increased availability of treatment, education and rehabilitation programs (including drug free units) for all adults and juveniles in custody. These programs should be consistent with the concept of a constructive day and should aim to develop a range of skills targeted towards a future free of drug related harm.

Similar opportunities must also be provided to offenders on community orders.

The following services need to be resourced up to the standard of national best practice:

- psychological services
- mental health services
- drug substitution
- education, training, and vocational services.

#### *Rationale*

There are specific deficits in the provision to prisoners offenders in the following area:

- psychological services (South Australia has one of the lowest ratios of psychologist to prisoner in Australia)
- drug substitution therapies (the current opiate substitution program in prisons is estimated to meet approximately 50% of need)
- mental health services in both custodial and community settings.

The motivation to address drug related problems can be increased by activities that

- promote productivity over boredom
- develop skills to assist in reintegration into the community
- identify interests and abilities and encourage offenders to pursue these
- contribute to continuous improvement, personal growth and learning.

Drug free units will play an important role in the protection of existing drug free offenders and the rehabilitation of offenders with drug related problems.

*Indicative support by all delegates: Strong support*

### **Recommendation 2**

The working group recommends a stronger emphasis on release planning for sentenced prisoners and young offenders in custody. Individuals should receive continuing support services and programs consistent with their needs, throughout their progression from custody into community living.

The State Government should provide resources to improve care for prisoners and offenders across the correctional system. The system must be able to draw more effectively on a range of linked human services including:

- drug and alcohol rehabilitation
- education and training

- health including mental health
- accommodation
- employment
- income support.

*Rationale*

- Too many people leave correctional institutions without plans to assist with reintegration into the community.
- Management of Centrelink requirements is problematic for offenders.
- The risk of recidivism and relapse is much higher among released offenders with drug related problems who have not entered education, training, employment or community programs.
- For the Department for Correctional Services and Family and Youth Services to be effective, they need a stronger focus on rehabilitation and direction-setting beyond detention. A case management approach will facilitate this.
- The community has an expectation that when offenders are released they will be better equipped and supported to lead a fulfilling life.

*Indicative support by all delegates: Strong support*

**Recommendation 3**

The working group recommends a strengthening of community based management of offenders with drug related problems. This can be achieved by:

- increasing capacity in the correctional system to manage existing sentencing options
- broadening the range of court diversions, community based sentencing and bail options.

Court orders and bail conditions should provide opportunities for treatment, rehabilitation and social support services.

Initiatives must be implemented to ensure successful participation by Aboriginal and high-risk offenders for the proposed and existing options.

*Rationale*

- Courts should consider the question of access to treatment in a timely manner in considering whether offenders and accused are to be remanded in custody.
- Offenders may be incarcerated when community based orders with appropriate conditions could provide access to treatment.
- There is a disproportionate number of young Aboriginal people caught up in a drug related offending cycle.
- A court drug diversion scheme needs to be established to provide opportunities for offenders with drug related problems appearing within the general Magistrates Courts, Nunga Court and Aboriginal Courts to be referred to drug assessment and treatment as part of either a pre-sentencing or post-sentencing process.

- Experience in the Drug Court suggests that intensive supervision of defendants over prolonged periods is essential to make a significant impact on drug-related offending. Current workloads in the mainstream correctional system make this objective unattainable.

*Indicative support by all delegates: Strong support*

#### **Recommendation 4**

The working group recommends a drug treatment and rehabilitation program for juveniles and also to ensure that the Youth Court is resourced to operate a Drug Court program.

#### *Rationale*

- There are currently no drug treatment and rehabilitation programs available in the Juvenile Justice system.
- The Youth Court is not resourced to operate on the Drug Court model.

*Indicative support by all delegates: Strong support*

#### **Recommendation 5**

The working group recommends that all lives at risk in custody be protected by providing:

- a clean needle program
- opiate substitution therapy promptly and after appropriate assessment in custodial settings in the absence of a guaranteed drug-free correctional environment.

#### *Rationale*

- The provision of health services to those in custody should be at the same level as those provided to the broader community.
- The high levels of Hepatitis C blood-borne viruses in custodial settings need to be addressed.

*Indicative support by all delegates: Strong support*

## **Working group 6: Illicit drugs in rural and regional South Australia**

The working group strongly recommends that recommendations from other groups which have an impact on country areas must be implemented through this model to be effective. This model is evidence-based, addresses the unique and varied needs of rural communities and is cost effective.

These recommendations are based on the principles of:

- social inclusion, access and equity for rural and remote areas and include:
  - Aboriginal communities
  - people from culturally and linguistically diverse backgrounds
  - specific needs of remote communities
  - the disadvantage of isolation
- sustainability
- harm minimisation,

and are inclusive of licit and illicit drugs, petrol and other solvents.

### **Recommendation 1**

The working group recommends that a specific rural and remote drug strategy be developed and implemented, to include:

- common boundaries for government agencies in rural South Australia (including, but not limited to the Department of Human Services, the Department of Education and Children's Services, Corrections, Child and Youth Health, Child and Adolescent Mental Health Services and the South Australian Police)
- regionally identified and driven coordinated and collaborative services
- a continuum of response from prevention, early intervention, treatment and rehabilitation for rural and remote South Australians
- a ten year strategy, evaluated at three, six and ten years.

### *Rationale*

- Multiple agency boundaries are the single biggest constraint to coordinated services in rural South Australia.
- Partnerships, coordination and collaboration have been identified throughout the summit as essential to addressing the complexity of the drugs issue.
- Resources can be used more effectively, enabling a cost neutral increase in service availability.
- Access to services will be improved.
- The initiative will empower regional communities in developing locally specific responses. ('one size doesn't fit all')
- It is strongly supported by communities and will build community capacity and enhance protective factors and diminishes risk factors.
- It takes up the Premier's challenge to come together with a bold and open minded approach.

*Indicative support by all delegates: Strong support*

## **Recommendation 2**

The working group recommends that this rural and remote drug strategy is implemented through a regional planning model with the following elements:

- decisions to be made by a 'Regional Authority' comprised of government, local government authorities, non-government agencies and community members representing different towns, culturally and linguistically diverse groups that will identify and prioritise local needs
- a funded position in each region to manage and coordinate regional planning of groups, activities and programs
- accommodates the disadvantage of distance in rural and remote areas
- a regional flexible funding model (measure and share) to be implemented with suitable accountability and responsibility to central agencies
- regional access to a comprehensive range of drug diversion services/activities with capacity to respond appropriately to young people and Aboriginal communities which may be incorporated into a rural justice (drug court) model
- regional access to detoxification and rehabilitation facilities, noting specifically the needs of rural and remote Aboriginal communities.

### *Rationale*

- The model will build on strengths and resources of communities to develop their own solutions for their own issues.
- It will address the underlying social and economic issues and be inclusive of the whole community.
- It will address the needs of people with concurrent mental health and drug and alcohol issues.
- It will enable the cost effective use of limited resources and will increase the capacity of regional agencies to respond to local priorities.
- Caseload/commitment levels of workers will adequately reflect distance issues and ensure systems are implemented to protect the welfare of workers.
- The model will build on existing initiatives such as the Police Drug Diversion Initiative, Drug Court and general judicial options.
- Regional and community leadership will be developed.

*Indicative support by all delegates: Strong support*

## **Recommendation 3**

The working group recommends that young people are a priority in the rural and remote drug strategy through:

- establishing youth councils in all country South Australian areas which are attached to and supported by, in the first instance, local government authorities and subsequently the regional authority in each rural or remote area to ensure young people actively participate in local decision making.

These youth councils will:

- be representative of the range of young people's views and socially inclusive (eg representing outlying towns, settlements and farms, cultures, genders)
- be responsible for reporting local youth needs to regional authorities
- be empowered and supported by regional authorities to implement programs and activities through appropriate funding and guidance to engage in meaningful community participation, including, but not limited to:
  - young people out of school
  - young people at risk
  - appropriate activities for young people beyond sport
- develop leadership potential for young people.

#### *Rationale*

Young people:

- best understand and represent the needs of their peers on all issues, but particularly those which affect them (eg employment opportunities, drug issues, etc)
- have skills to offer and to be further developed in the area of community planning
- are protected from risk, in part, by a sense of achievement, reward and belonging in a community
- have potential for innovation and for developing strategies to break specific local and inter-generational cycles (eg the role of alcohol in sporting clubs)
- can tap into the power of peer support in engaging marginalised youth (eg those leaving school early, at risk unemployed)
- can inform coordination, evaluation and therefore efficient use of services
- can extend existing models of youth participation.

*Indicative support by all delegates: Strong support*

#### **Recommendation 4**

The working group recommends that early intervention be a priority in the rural and remote drug strategy.

This will require:

- the development of specific early intervention programs to address particular needs in regions eg parenting programs
- that health promotion programs be implemented with a focus on harm minimisation and broad community education about drugs and drug related harm
- that community pharmacists, general practitioners and other primary health care providers in all locations are given appropriate training and links with drug and alcohol services
- that collaborative models of service which ensure that access to services and information are available to country people 24 hours a day, 7 days a week

- that each country school have a whole school community approach, building in protective factors for children and adolescents.
- services which identify and provide support for families that may be at greater risk than others.

#### *Rationale*

- Research indicates the essential nature of early intervention services and collaborative partnerships.
- Early intervention is cost effective in reducing the high costs of tertiary and crisis responses.
- Early intervention strategies build protective factors for communities.

*Indicative support by all delegates: Strong support*

#### **Recommendation 5**

The working group recommends that the rural and remote drug strategy build communities that foster a protective environment for all members which will include:

- establishing trained volunteer pools to assist in supporting parents, drug users and their families
- developing peer education and mentoring strategies to break down stereotypes and promote inclusion of people who have been affected by drug misuse
- developing a first point of contact for community members at a local level which offers navigation through the entire spectrum of services and interventions for drug and alcohol issues
- developing innovative employment opportunities in partnerships with Economic Development Boards, culturally and linguistically diverse communities etc
- ensuring equitable access to information and programs through innovative use of technology (eg internet and video conferencing), including local call access
- ensuring innovative regional planning including transport solutions
- cooperation and support from all agencies, service clubs and communities in a true spirit of partnership
- engaging local media in constructively commenting on drug issues through good news stories and informed journalism.

#### *Rationale*

- Builds on strengths.
- Addresses underlying social and economic issues.
- Breaks down stereotypes and stigma.
- Inclusive of whole community.
- Offers first point of contact.
- Develops protective factors.
- Breaks down barriers.

*Indicative support by all delegates: Strong support*



## **Working group 7: Law enforcement intervention in the illicit drug market**

### **Recommendation 1**

The working group recommends a review of laws relating to the sale and consumption of alcohol, prescription and other licit substances including:

- reviewing statutory codes of conduct on the responsible sale, supply, consumption and promotion of liquor
- reviewing the offence for a licensee to serve an intoxicated person (including examining the reasons for no successful prosecution for this offence)
- examining strategies to minimise the risk to minors of currently legal alcohol consumption
- reviewing the adequacy of the provisions relating to trading hours, legal age limits and style of operation (eg entertainment provisions)
- amending the Act to give licensing authorities the ability to refuse a licence or approval of a person where the police provide intelligence (not necessarily a criminal history) that the persons in question are associated with organised crime
- reviewing the size of standard drink information and consider requiring health warnings on alcoholic products
- establishing a retail code of conduct for regulating purchases of nitrous oxide (disrupt bulk purchases)
- improving health warnings on cream chargers (with a view to enlarging).

### *Rationale*

- There is a clear link between alcohol consumption (particularly among minors) and subsequent polydrug use.
- Harm minimisation and prevention warrants review.
- There is a known link between organised crime involvement in licensed premises and drug supply.
- Retailers need to be informed of the use of bulk purchases of nitrous oxide as an inhalant when taken in harmful quantities and as a compounder of amphetamines.

*Indicative support by all delegates: Strong support*

### **Recommendation 2**

The working group recommends that the government, as a supply reduction strategy and as an effective intervention in the illicit drug market, conduct a review of legislation and enforcement, including:

- commercial agents:
  - responsibility for licensing security officers undertaking duties at licensed premises be transferred to the licensing authority with existing licensing and probity criteria under the Liquor Licensing Act applying
  - random drug testing of security officers

- planning laws:
  - integrated state and local government powers to decline applications for inappropriate structures (ie, fortresses within commercial/industrial zones)
- Controlled Substances Act:
  - separating the legislative and pharmaceutical treatment of illicit drugs
  - removing hydroponic production of cannabis from the expiation notice system
  - regulating hydroponic equipment sales and purchases.
  - criminalising the supply of precursor chemicals (eg amphetamines) for illicit drug use
- reviewing penalties and policing operations associated with the use of anabolic steroids and other sport performance enhancing drugs
- strengthening the confiscation of profits of crime and money laundering provisions with reference to Commonwealth and other state provisions (ie NSW Drug Summit recommendations/WA legislation)
- recognising that organised crime is extensively involved in the supply of illicit drugs and consideration of 'organised crime' legislation similar to that in other jurisdictions
- introducing community impact statements identifying the community harms associated with illicit drug manufacture and high level dealing to the sentencing courts.

#### *Rationale*

- Law enforcement has an important role in: reducing the supply of illicit drugs; reducing the availability of illicit drugs; deterrent effects to users; deterrent message to dealers and traffickers; reinforcing prevailing community values.
- Community consultation emphasised the need to strongly address drug supply.

*Indicative support by all delegates: Divergence of views (strong support 26; moderate support 23; minimal support 38; not supported 9)*

### **Recommendation 3**

The working group recommends that a broad range of legislatively supported drug user diversion and drug court programs be developed, extended, supported and evaluated in respect of:

- juveniles
- adults
- Indigenous people.

#### *Rationale*

- Inclusion of low level illicit drug participants (including user/dealer) necessary as a preventative and harm minimisation measure.
- Nunga Court to be given Drug Court functions and extended to other regions.

- Court diversion programs need to be culturally appropriate for young Indigenous persons and supportive of healing outcomes.
- Increased and/or better resources to Drug Court support programs are necessary.

*Indicative support by all delegates: Strong support*

#### **Recommendation 4**

The working group recommends that consideration be given, on the basis of current evidence to:

- heroin trialling
- safe injection rooms
- ecstasy testing (Dutch model)
- extension of these approaches to other addictive illicit drugs,

as part of a holistic approach to treatment and wellbeing.

#### *Rationale*

- Harm minimisation, and demand reduction approach, which complements supply reduction.
- Treatment of medical condition is the most appropriate response in some instances.
- Reduction of property related crimes.
- Elimination of organised crime drug provision to heroin addicts.
- Incorporates addicts within reach of integrated treatment options.
- Gives assurance of purity and appropriateness of dosage to addict.
- Reduction of syringes in public areas.

*Indicative support by all delegates: Strong support*

#### **Recommendation 5**

The working group recommends that education, health, crime prevention, law enforcement and social support be directed at preventing people from commencing drug use and abuse.

#### *Rationale*

- Prevention cost ratio; \$1 expenditure = \$2.40 social cost saving (Dr A Graycar et al, Australian Institute of Criminology).

*Indicative support by all delegates: Strong support*

## **Working group 8: School-based drug education and intervention**

School drug education is valuable and most effective in the form of a whole school approach which is responsive to the local context and supported by the wider local community. The whole school approach should incorporate prevention and intervention, and be inclusive and respectful of the needs of all key stakeholders.

### **Recommendation 1**

The working group recommends that:

- the current whole school drug strategy across all schools continue to be developed and extended
- the strategy is managed at each site by a group representing key members of the school community
- adequate resources be provided to establish and maintain these groups and embed whole school drug strategies in schools.

A whole school drug strategy will:

- promote student resilience in a safe, inclusive environment
- provide comprehensive, interactive drug education as a core component of the curriculum from R-12
- provide policies and practices for prevention and intervention of drug related issues
- engage the local community in partnerships and agencies such as the police, youth health and welfare services.

### *Rationale*

- Student welfare is paramount.
- Harm minimisation.
- Prevention and intervention.
- Research and information sharing.
- Promoting healthy lifestyle choices.
- Building on current school policies/practices and programs.

*Indicative support by all delegates: Strong support*

### **Recommendation 2**

The working group recommends that all schools in South Australia provide comprehensive drug education.

Drug education will:

- be evidenced based and evaluated
- use a harm minimisation approach
- be consistent with nationally agreed principles of drug education
- address both prevention and early intervention
- use the recently distributed Drug Education R-12 Teacher Support Package.

Drug education will be a core component of the R-12 curriculum:

- the support package will be enhanced in the local context by responding to all student needs and involving students in its development
- delivery and implementation of the package can be supported by external organisations.

#### *Rationale*

- To build upon and expand current resilience based education.
- The drug education program must be appropriate to the level of cognitive development of students, but flexible enough in its delivery and content to meet the requirements of school and the context. The drug education program must be ongoing, self renewing and internal, rather than based on external and one-off curriculum inputs (which are nevertheless useful supplements to school programs).
- Drug education programs should be based on the nationally agreed principles of good practice in drug education.
- Work force development must be addressed.

*Indicative support by all delegates: Strong support*

#### **Recommendation 3**

The working group recommends that all schools have a clear set of guidelines based on the national protocols in relation to prevention and intervention to manage drug related incidents; and a structure and the resources to implement them including:

- a policy statement framework to be prepared and made available to all schools for site specific implementation
- after receiving the framework each school be required to prepare its own operational guidelines
- that in preparing the guidelines for incident management
  - student wellbeing will be the paramount consideration in the context of the welfare of the school community
  - where a student is excluded from a school there will be a support plan which includes reintegration into the school and links with external services
- a requirement for all schools to establish a core team or management committee to prepare and review guidelines.

#### *Rationale*

- There is need to have a clear set of guidelines to manage drug related incidents in schools.
- Guidelines will be most effective if owned and known by the local school community.
- Schools will required assistance to prepare and maintain the guidelines.

*Indicative support by all delegates: Strong support*

#### **Recommendation 4**

The working group recommends that allocated funding for:

- pre-service teacher training contains a module that addresses drug education/lifestyle development issues
- on-going general and specialist in-service training for teachers
- providing professional development for teachers and key personnel to act in supportive roles and regular forums, including mentoring and networking.

#### *Rationale*

- Drug education and the handling of drug issues can often be sensitive. It is important that support personnel:
  - have suitable skills to support students both in prevention and crisis, and that
  - teachers have up-to-date methodologies to convey drug education messages effectively.
- Students may choose any subject teacher to disclose issues related to their (or others') drug use that may be affecting them. It is important that all teachers have a basic understanding of protective interview (and other) skills.

*Indicative support by all delegates: Strong support*

#### **Recommendation 5**

The working group recommends that a whole school drug strategy will provide specific programs and support for:

- Aboriginal and Torres Strait Islander and culturally and linguistically diverse students
- students with disabilities
- individuals/groups within a school community who are in need of additional protective interventions/support.

Schools will work in partnerships with families, government and non-government agencies, community agencies and members in developing both prevention and intervention strategies and resources in addressing the specific needs of students.

Respectful consultation is a priority in developing specific resources. The numbers of Aboriginal education workers, bilingual workers and counsellors will need to be increased.

#### *Rationale*

- A recruitment and retention strategy needs to be developed to target a percentage of Aboriginal and Torres Strait Islander and culturally and linguistically diverse people into the broader education system.
- Efforts need to be made to support and assist Aboriginal and Torres Strait Islander and culturally and linguistically diverse workers.

- Culturally sensitive materials are required for students and families, particularly where English is a second language and ownership is retained.
- Policies and procedures that reflect and are inclusive of families from an Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds are needed.
- Support for retention in school of those identified at most vulnerable times, especially transition points will be included.
- Active participation and consultation of these groups needs to occur in the development of strategies.
- Specific training and development is provided that is culturally relevant and is reflective of supporting staff, students and family needs.
- Work force development must be addressed.

*Indicative support by all delegates: Strong support*

### **Working group 9: Young people and drug use.**

Addressing the substance use and abuse of young people must encompass a broad range of responses that are underpinned by a harm minimisation approach (harm minimisation incorporates societal harm reduction through to abstinence). Approaches must recognise the diversity of young people's needs with respect to age, gender and sexuality, indigenoussness, culturally and linguistic diversity, socio-economic status, educational background, geographical location, levels of risk and ability and sub-cultures. These approaches will be undermined if the hypocrisy in relation to alcohol and tobacco continues.

#### **Recommendation 1**

The working group recommends that the government adopts strategies to help strengthen communities and build their capacity to provide integrated support to young people. In particular:

- develop early intervention programs to support families of very young children who are at risk
- ensure that consultation occurs with broad community groups before any programs are developed which will affect those communities
- strengthen and broaden mentoring as an aspect of programs that work with young people
- undertake joint planning with the Department of Education and Children's Services in order to:
  - support young people who are struggling to remain connected to school, or who have left school and wish to return to study
  - facilitate the involvement of local communities with their school in developing shared strategies to address the drugs issue
  - hold a drug summit involving young people every four years in order to inform planning within schools
- develop strategies with the South Australian Housing Trust, community housing and private landowners to improve young people's access to affordable and safe accommodation

- work with all levels of government and community groups to help develop sustainable recreational activities for young people.

#### *Rationale*

An integrated community support approach where young people are involved, supported, valued and empowered will reduce the incidence of amphetamine use and other drug related harm.

*Indicative support by all delegates: Strong support*

#### **Recommendation 2**

The working group recommends that a comprehensive education and information strategy addressing broad health needs be developed for young people, their families and significant others. This strategy needs to address the needs of children, young people and their families/significant others at their varying stages of development including:

- parenting support programs
- pre-school programs emphasising basic health and safety issues and where to access support
- primary school programs which take a holistic approach to health management including the importance of self respect, respecting others, conflict resolution, respect for diversity, and appropriate behaviours
- high school programs as outlined within the recommendations provided by the education group
- the development of a website devoted to holistic health issues for young people which will provide access to resource information such as after-hours counselling, accommodation, emergency phone numbers and information about 'bad batches'
- education programs to help prevent the unintended use of paramethoxyamphetamine PMA (often sold as ecstasy)
- initiatives regarding legal use of amphetamines:
  - by establishing diagnostic and treatment guidelines for attention deficit hyperactivity disorder and other behavioural disorders that investigate possible lower emphasis on the prescription of psycho stimulants. Further support for young patients is needed as they reach adulthood and find access to psycho stimulant prescriptions difficult
  - education of the medical profession, parents and adult consumers on the possible value of alternative therapies
- initiatives regarding illicit use:
  - education to encourage use only within a harm minimisation framework
  - education to discourage recreational use from becoming habitual use (use on a weekly basis or more) leading to higher risk of harms to health and social functioning
  - research to encourage further treatment responses for amphetamine dependence, given the current lack of useful responses.



### *Rationale*

- If families, children and young people are able to access support and information which will help strengthen their family and significant other network, they will be less likely to use substances to the point that their health and wellbeing are adversely affected.
- The group acknowledges that responses to amphetamine use and misuse always need to be seen in the context that alcohol is the killer drug of young people, and tobacco the drug that will kill them as older adults.
- Young people have quickly changing needs and they and their families and significant others need a service system that is responsive, comprehensive and accessible. Workers need to be confident in responding to rapidly changing needs of young people.

*Indicative support by all delegates: Strong support*

### **Recommendation 3**

The working group recommends that government note that it is a matter of urgency to keep young people alive. Therefore service responses need to be readily accessible and available and must provide as early as possible for the diversity and continuum of needs that young people encounter. It is necessary to specifically target the emerging needs of young people who use amphetamines and other drugs, including alcohol and tobacco and understand the patterns of use. This can be done by:

- the development of youth specific drug and alcohol specific treatment pathways that include after hours services and a 24 hour, 7 day a week youth rehabilitation centre, developed in consultation with young people
- tackling amphetamine use on different levels, including organised crime, the legal use and abuse of drugs, and dependent use
- flexible funding so that community agencies can respond creatively to young people's changing needs
- professional workforce development
- joint services planning so that young people's needs are better understood and addressed
- amending the Sport and Recreation Act so that community agencies can access funds and grants for the provision of recreational programs
- collaborative working arrangements between government and non-government services at the local level.

### *Rationale*

Young people have changing needs and they, their families and significant others need a service system that is responsive, comprehensive and accessible. Workers need to be confident in responding to the rapidly changing needs of young people.

*Indicative support by all delegates: Strong support*

#### **Recommendation 4**

The working group recommends improvements in relationships between agencies, between workers and clients and between clients and society. This can be done by:

- the availability of long term support to young people to enable a bond to develop which would facilitate service delivery in times of crisis
- provision of programs which will strengthen relationships within families and community, eg recreational programs, home visiting, grannies groups, drop in services, peer education, exit plans for young people leaving jail
- refund the Relative Care program so that young people can be cared for within their extended family
- service agreements with government-funded agencies requiring that workers focus (amongst other things) on helping young people establish/re-establish links with families/significant others.
- fund sector networks so that joint planning can occur.

#### *Rationale*

Relationships are crucial for young people and positive relationships are a strong protective factor. These relationships may vary widely and include but are not limited to family, peers, friends, services and partners. Early life relationships are particularly important in shaping young people's attitudes and self belief. Other recommendations support and address this. If we are able to help the young person maintain and develop strong relationships within their own families and communities they will be less likely to need to resort to drug or substance misuse, because the evidence shows that young people who feel valued, respected and have access points to meaningful conversations are less at risk.

*Indicative support by all delegates: Strong support*

#### **Recommendation 5**

The working group recommends that our government and broad community acknowledge the value of young people and appreciate their diversity by being inclusive of cultural groups and young people's sub-cultures. This can be done by:

- the government's consulting and involving groups of young people including Indigenous young people, culturally and linguistically diverse people, drug injecting users, amphetamine and other substance users, in order to develop implementation plans for the summit recommendations. This consultation should occur within six months of the final set of recommendations being released
- increasing drug specialist bi-lingual and bi-cultural educational resources and workers in both mainstream and community services
- consulting with a range of communities and young people's sub-cultures on all government policies/programs which are likely to impact on these groups
- drug users to becoming an integral part of the planning for any drug initiative from the departments of Human Services, Education and/or Justice

- ensuring that harm minimisation strategies take into account the changing patterns of drug use such as the recent increase in amphetamine use
- creating broad community strategies that will help change attitudes towards young people and their use of drugs, thereby making young people feel and become more included in their communities.

#### *Rationale*

Young people who feel included and welcomed within their communities are more likely to achieve better outcomes. It is important that young people who have felt marginalised and who have experienced crises in their lives are able to re-join mainstream activities and not be condemned to living out their lives on the margins of society.

*Indicative support by all delegates: Strong support*

### **Additional recommendations from rapporteurs**

#### **Recommendation 1: Tracking and monitoring the Drugs Summit progress**

A mechanism(s) be established to track and monitor the outcomes of the Drugs Summit. This is considered to be especially important for maintaining the sense of inclusion, collaboration and momentum created through the current process.

It is recommended that a variety of strategies be put in place to achieve this including:

- maintaining and regularly updating the existing Drugs Summit website
- providing an interim report and update of the Drugs Summit (using an interactive workshop format) at the forthcoming Australian Professional Society on Alcohol and other Drugs Conference, 18-20 November 2002
- a 12 month milestone report be prepared by the Department of the Premier and Cabinet for distribution to the community.

*Indicative support by all delegates: Strong support*

#### **Recommendation 2: Enhancing tobacco prevention and cessation efforts**

Given the established link between early uptake of tobacco smoking and subsequent illicit drug use it is recommended that:

- information about this link be further disseminated to professionals and the community
- efforts to prevent the uptake or achieve smoking cessation among young people be enhanced and further supplemented.

*Indicative support by all delegates: Strong support*

### **Recommendation 3: Parenting programs**

Parenting programs and parenting support strategies have been demonstrated to be effective in terms of preventing drug and alcohol problems among youth. Given this association it is recommended that well-validated parenting programs be more widely adopted and disseminated, and especially through existing infrastructure, through local service clubs and voluntary organisations.

*Indicative support by all delegates: Strong support*

### **Recommendation 4: The workplace**

It is recommended that the South Australian Government examine the impact of the use of drugs, in particular illicit drugs including amphetamines, in the workplace with particular emphasis on the health and well being of affected workers and the safety of other workers by examining the existing extent and adequacy of workplace policies.

#### *Rationale*

It is acknowledged that drugs have been a significant contributor to workplace injuries and accidents as well as absenteeism and loss of productivity and efficiency. It is also acknowledged that some work has been undertaken in this area but there is room for further research in this field.

*Indicative support by all delegates: Moderate support*

### **Recommendation 5: The media**

It is recommended that the South Australian Government consult with key media organisations to establish a partnership to facilitate the development, or where applicable to incorporate into existing codes of practice, standards relating to the portrayal, depiction, reporting or discussion of all matters relating to drug issues, in particular illicit drugs. This code should aim to minimise sensationalism and support a positive image of young people and families.

It is proposed that the code of practice includes, but is not limited to:

- avoiding stereotyping, misconceptions and myths about illicit drug use
- portrayals, including advertising, that romanticise, sensationalise, present as desirable or misrepresent the use of any harmful drugs and substances including alcohol and tobacco
- portrayals or depictions that instruct in the use of illicit drugs
- protecting the vulnerability to exploitation of drug dependant persons (eg from being offered payment to pose while injecting)
- accurately communicating harm reduction measures.

#### *Rationale*

The media play a fundamental role in informing the public and can be a powerful agent of change by influencing public attitudes and views. A balanced media, promoting open and informed debate, can make a real difference to the community's understanding of the problems of and solutions

to the use and abuse of drugs. The public wants and expects the media to act responsibly and avoid unnecessary sensationalisation when dealing with issues such as drug abuse.

The constructive efforts of the media leading up to this summit demonstrate their key role in helping South Australians to address the sensitive and complex issues surrounding illicit drug use. This was particularly notable in relation to their coverage of the use of amphetamine-type drugs manufactured and sold by criminals, and also in the wider issue of substance use in relation to young people and Indigenous people.

However, sometimes the media's handling of these contentious issues causes community disquiet. It is therefore proposed that a code of practice be developed for all media organisations that addresses these concerns and that a partnership be developed to work with the media to maximise their important role in informing and reporting to the community to ensure that a balanced view is presented.

*Indicative support by all delegates: Strong support*