

## Introduction

### Background to the inquiry

- 1.1 In the 40<sup>th</sup> Parliament, the Family and Community Affairs Committee tabled a comprehensive report into substance abuse in Australian communities.<sup>1</sup> Importantly, the committee recommended that the National Drug Strategy's focus on harm minimisation be replaced by a focus on harm prevention and treatment of drug users.<sup>2</sup>
- 1.2 The government response to the *Road to recovery* report did not set a clear direction for drug policy, particularly with respect to illicit drug policy, and failed to address the damage inflicted on families.<sup>3</sup> However the Prime Minister has taken a very strong stance and stated government policy in the following terms:

This government will never give up in the fight against drugs. We will never adopt a harm minimisation strategy; we will always maintain a zero tolerance approach.<sup>4</sup>

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1 Parliament of Australia, House of Representatives Standing Committee on Family and Community Affairs, *Road to recovery: Report on the inquiry into substance abuse in Australian communities* (2003).

2 Parliament of Australia, House of Representatives Standing Committee on Family and Community Affairs, *Road to recovery: Report on the inquiry into substance abuse in Australian communities* (2003), p 297.

3 Australian Government, *Australian Government Response to the House of Representatives inquiry into substance abuse in Australian communities* (2006), viewed on 7 June 2007 at <http://www.aph.gov.au/house/committee/fca/subabuse/gresponse.pdf>.

4 Hon John Howard MP, Prime Minister of Australia, *House of Representatives Debates*, 16 August 2007, p 52.

- 1.3 This committee chose to re-examine some of the issues raised in *Road to recovery* in greater detail, limiting the focus to illicit drugs and the impact of their use on families. On 16 February 2005, the committee resolved to conduct an inquiry into the impact of illicit drug use on families.
- 1.4 The inquiry was launched on 8 February 2007, with the Chairman of the committee issuing a media release calling for public submissions. Advertisements calling for submissions were placed in *The Australian* in February 2007 and letters were sent to individuals, peak bodies and state and territory governments inviting them to make a submission to the inquiry.
- 1.5 A total of 188 submissions were received (see appendix D) and 66 exhibits were accepted as evidence (see appendix E). Submissions were received from all states and territories from groups and individuals residing in metropolitan and regional areas. Personal stories from families accounted for around 45 per cent of submissions.
- 1.6 To further involve the community in the inquiry, the committee held 18 public hearings between February 2007 and August 2007 (see appendix F).
- 1.7 Copies of the transcripts of the public hearings are available from the committee's website, as are copies of public submissions.<sup>5</sup>
- 1.8 By concentrating on families' experiences, the true consequences of illicit drug use are made stark, and a clear policy direction to better protect and assist families can be established. This can only support Australia's illicit drug policy in the wider sense, as families have repeatedly told this committee that there is nothing they would like more than for their family members to be drug free individuals.
- 1.9 Rhett Morris of treatment organisation Teen Challenge NSW said that:
- We deal with literally hundreds of families and we have dealt with thousands of families over 40 years. I am yet to see an auntie, uncle, mother, father, daughter, child—any family member—want anything but a complete 180 degree turnaround for a young person involved in a destructive lifestyle.<sup>6</sup>
- 1.10 There is emerging evidence that *any* illicit drug use does damage to a person's physical and mental health, especially during a young person's
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5 Transcripts of the public hearings may be found at <http://www.aph.gov.au/house/committee/fhs/illicitdrugs/hearings.htm>; submissions may be downloaded from <http://www.aph.gov.au/house/committee/fhs/illicitdrugs/subs.htm>.

6 Morris R, Teen Challenge NSW, transcript, 3 April 2007, p 106.

development. Addiction and dependence, which occur when users experience withdrawal when they stop using, leads to additional damage to users and their families.

- 1.11 While families know that extracting a person from addiction and a drug-influenced lifestyle is a long and difficult process, they want to give their family members ‘a real chance at a positive future rather than a future of monitored substance abuse.’<sup>7</sup>
- 1.12 As Louise Smith of parent organisation Toughlove told the committee:
- As parents we believe that our young people have endless potential and are not intrinsically bad. Unfortunately, due to the influences of our society and the increasing infiltration of drugs into our communities, our young people have fallen into bad situations... We are parents and we love our children. We never want to give up on them.<sup>8</sup>
- 1.13 This report highlights the destructive consequences of illicit drug use on families. The correct findings of *Road to recovery* also demonstrate that the conflicting agenda and mixed messages emerging from current drug policies and practices operating under the National Drug Strategy (NDS) are still happening. These mixed messages are present everywhere from the research being produced by government-funded drug research bodies to the advice communicated to drug users in counselling and treatment. This report emphasises a need for governments to promote a prevention-based approach to illicit drugs policy that is supported by abstinence-based treatment. The new Australian Government advertisement focussing on preventing ice addiction and the consequences of using is a strong, much-needed message.
- 1.14 The committee has concentrated on illicit drugs. This approach recognises that alcohol and tobacco are legal drugs, and individuals are generally free to decide for themselves about when, and how much, alcohol and tobacco they consume. The committee believes that while alcohol and tobacco continue to be legal, policies should be limited to reducing or discouraging high risk consumption. It recognises, however, that alcohol is often consumed in conjunction with illicit drugs and can sometimes magnify the damaging impact of illicit drug use.
- 1.15 It was suggested to the committee that as much, or more, harm is caused to the community by the misuse and abuse of alcohol and tobacco than by

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7 Morris R, Teen Challenge NSW, transcript, 3 April 2007, p 106.

8 Smith L, Toughlove NSW, transcript, 3 April 2007, pp 2-3.

illicit drugs.<sup>9</sup> This argument is sometimes used by those who advocate decriminalising or legalising illicit drugs and leads to a mixing of language where illicit drugs are 'misused' or 'abused'. **It should be clear that all use of illicit drugs is misuse and abuse.**

- 1.16 Any policy statement that can be interpreted as suggesting that illicit drugs can be used safely needs to be re-stated to make it clear that illicit drug use is both illegal and damaging.

## Illicit drug use in Australia

- 1.17 The proportion of the population using illicit drugs is generally used as a measure of the prevalence of drug use in the community. Surveys of drug use in Australia and overseas have usually covered the population aged 15–64 years as drug use generally occurs during these years. In 2004, more than 2.5 million Australians (15.3 per cent of the population aged 15–64 years) had used an illicit drug in the last 12 months.<sup>10</sup>
- 1.18 The percentage of the population aged 15–64 years who have used an illicit drug in the past 12 months has dropped from a level of 22 per cent in 1998 to 15 per cent in 2004. The rate of cannabis use has fallen from an all-time high of 18 per cent in 1998 to 11 per cent in 2004. Heroin use dropped from 0.8 per cent of people aged 15–64 years in 1998 to 0.2 per cent in 2004.<sup>11</sup>
- 1.19 These statistics show the importance of an intensive television-focused, backed up by other media, negative advertising campaign. Such a campaign against all illicit drugs, not just ice, is needed. To concentrate on ice in isolation can by implication send the wrong message to users of other illicit drugs, that is, that they are somehow acceptable to use.

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9 Voice, submission 46, p 3; Western Australian Government Drug and Alcohol Office, submission 82, pp 1, 3; MacQueen R, submission 92, pp 2–3; Victorian Alcohol and Drug Association, submission 100, p 6; Australian Institute of Family Studies, submission 103, p 1; Odyssey House Victoria, submission 111, pp 2, 10; Australian Drug Foundation, submission 118, p 2; Royal Australasian College of Physicians, submission 119, pp 6, 7, 8, 14; Australian Nursing Federation, submission 125, p 2; Australian Psychological Society, submission 131, pp 3, 5; WANADA, submission 138, pp 2, 3; Relationships Australia, submission 143, p 2; Families Australia, submission 152, p 5, 10.

10 Australian Institute of Health and Welfare, *2004 National Drug Strategy Household Survey: Detailed findings* (2005), cat no PHE 66, p 33.

11 Hon John Howard MP, Prime Minister of Australia, *House of Representatives Debates*, 16 August 2007, p 52.

1.20 While Australia is ranked one of the lowest of all countries in the OECD in terms of tobacco smoking, we have one of the highest rates of illicit drug use in the world (table 1.1), particularly with respect to ecstasy and amphetamines.<sup>12</sup>

Table 1.1 Prevalence of substance use, population aged 15–64 years, selected countries, 2004 (per cent)

| Country              | Cannabis    | Ecstasy  | Amphetamine | Cocaine  | Opiates  |
|----------------------|-------------|----------|-------------|----------|----------|
| Australia            | 13.3        | 4.0      | 3.8         | 1.2      | 0.5      |
| New Zealand          | 13.4 (-3)   | 2.2 (-3) | 3.4 (-3)    | 0.5 (-3) | 0.5 (-3) |
| USA                  | 12.6        | 1.0      | 1.5         | 2.8      | 0.6 (-4) |
| Canada (a)           | 16.8        | 1.1      | 0.8         | 2.3      | 0.4 (-4) |
| United Kingdom       | n.a         | n.a      | n.a         | n.a      | 0.9 (-3) |
| England and Wales(c) | 10.8 (d)    | 2.0 (d)  | 1.5 (d)     | 2.4 (-1) | n.a      |
| Scotland(c)          | 7.9 (-1)    | 1.7 (-1) | 1.4 (-1)    | 1.4 (-1) | n.a      |
| Northern Ireland     | 5.4 (-1)(b) | 1.6 (-1) | 0.8 (-1)    | 0.4 (-1) | n.a      |
| Sweden               | 2.2         | 0.4 (-1) | 0.2 (-4)    | 0.2 (-1) | 0.1 (-3) |
| Netherlands          | 6.1 (-3)    | 1.5 (-3) | 0.6 (-3)    | 1.1 (-3) | 0.3 (-3) |
| Germany (e)          | 6.9 (-1)    | 0.8 (-1) | 0.9 (-1)    | 1.0 (-1) | 0.3 (-1) |

*Note* (-1), (-2), (-3), (-4) data from 1, 2, 3 or 4 years previous. (a) Data on opioid prevalence in Canada relate to those aged 18 years and over. (b) For the period 2002–03. (c) All data for Scotland, England and Wales relate to those aged 16–59 years. (d) For the period 2003–04. (e) All data for Germany relate to those aged 18–59 years.

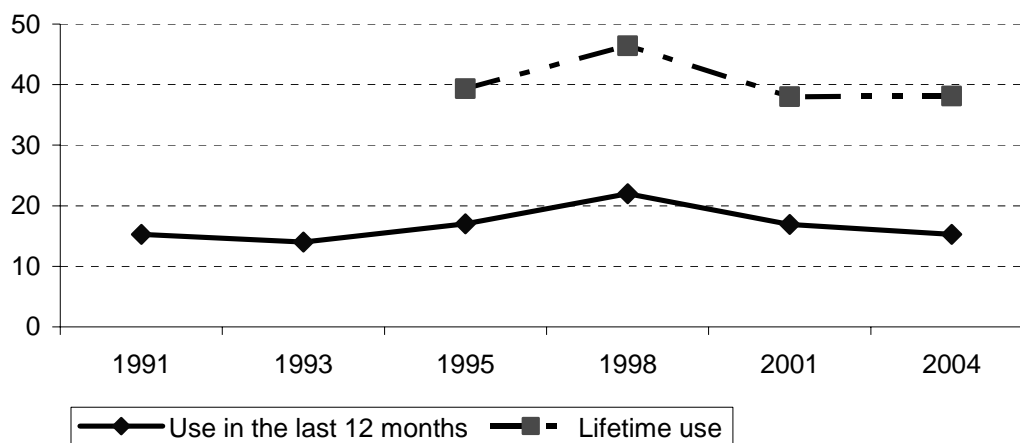
*Source* Australian Institute of Health and Welfare, *Statistics on drug use in Australia 2006 (2007)*, cat no PHE 80, p 24; United Nations Office on Drugs and Crime, *World Drug Report 2006, Volume 2: Statistics (2007)*, pp 383–390.

1.21 A committed government and community campaign against smoking since the 1970s has restricted the availability and visibility of tobacco and transformed attitudes about its acceptability, with impressive results and public health savings. Meanwhile, in the absence of an unequivocal policy direction for illicit drugs, there has been little variation over the past 15 years in the share of the Australian population using illicit drugs (figure 1.1).

1.22 There is a need for a full campaign against illicit drugs which has the same intensity as that which campaigns against tobacco.

12 Australian Institute of Health and Welfare, *Statistics on drug use in Australia 2006 (2007)*, cat no PHE 80, pp viii, 10.

Figure 1.1 Proportion of Australian population aged 14 to 64 years who have used any illicit drug, 1991 to 2004 (per cent)



Note *Illicit drugs includes illegal drugs as well as steroids and barbiturates for non-medical purposes and methadone for non-maintenance purposes.*

Source *Australian Institute of Health and Welfare, Statistics on drug use in Australia 2006 (2007), cat no PHE 80, p 24.*

1.23 Illicit drugs act on the central nervous system, affecting mood, behaviour, sensory processing, concentration, and physical coordination. Continued or intensive use causes deterioration in physical, mental and emotional health and premature death. Users who become addicted abandon their previous lifestyles, interests, dreams and ambitions.

1.24 The negative effects of illicit drug use are not limited to individuals, but spiral outwards into the community. Illicit drug use imposes significant costs to the Australian economy and community. These costs were recently estimated to be at least \$6.7 billion in 2003,<sup>13</sup> and include:

- increased criminal activity associated with illicit drug trade and consumption;
- public health care costs, and public health risks associated with infection and other risk-taking behaviours;
- costs to the welfare and health systems of supporting and treating drug users;
- road trauma;
- workplace safety (particularly in health care industries);

13 Australian Drug Law Reform Foundation, *The three billion \$ question for Australian business* (2007), p 8.

- decreased productivity through absenteeism, withdrawal from workforce and impacts on workplace efficiency; and
  - the diversion of resources into illicit activities.
- 1.25 Less tangible, but by no means less substantial, are costs such as perceptions of public safety, and reduced social cohesion and trust.
- 1.26 Each drug user has a family which also bears the costs of illicit drug use.<sup>14</sup> Families are dealing with the daily stresses and problems of a drug user while trying to live their own lives in the community and protect the well-being and safety of the family unit. Drug use by a family member has the potential to cause significant collateral damage to others in the family, including children, parents, grandparents and siblings.
- 1.27 The impacts can vary depending on who in the family is using and the stage of their addiction. While families offer 'protective' factors that provide defences against using illicit drugs, family environments where illicit drugs are used can also create risks for children, including neglect, domestic violence, sexual abuse, long-term effects on stability and education, and in extreme cases, death.
- 1.28 Families face a litany of personal and social impacts as a result of others' drug use. Beyond the initial shock of discovering that a family member is using illicit drugs, families move through cycles of grief, stress, and frustration, often responding to community censure by withdrawing from social contact. Many report that the dynamics of the whole family, including extended family, are affected. Some family members experience violence from users who may be under the influence of drug-induced psychoses, and become fearful for their safety in their own homes (box 1.1). As a parent from Toughlove told the committee, 'drugs take over and it is the drug that the parent is talking to, not the young person'.<sup>15</sup>

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14 Families Australia, submission 151, p 9.

15 Smith L, Toughlove NSW, transcript, 3 April 2007, p 3.

### **Box 1.1 Violence related to illicit drug use — A step father's story**

*I started to get very concerned because Andrew turned around to someone who was parked next to us and started to get aggressive towards him. When the mental health counsellor came out, he did a stupid thing. He stood in front of Andrew, which you never do. You always stand to the side. Andrew is six foot six, and Andrew went berserk. He was flailing his hands around. If Andrew had connected with him, he would have broken his neck. He went away, and all of a sudden we had seven police officers around. It took the seven police officers, one ambulance driver and one of the security guards to pin him down and get the handcuffs on. It was the most terrifying thing. I had never seen this aggression before. He was then admitted as an involuntary patient. They had a lot of problems with Andrew. He refused drug screening. That is the biggest problem.*

*... At 5.30 on the Saturday morning, I got a call from the detective at Manly police asking if I was Andrew's stepfather. I said, 'Yes.' Andrew had been arrested at two o'clock in the morning. He had severely assaulted two of the other residents in the boarding place where he was staying. He went absolutely berserk.*

Source Mercer I, transcript, 30 May 2007, pp 8–9.

- 1.29 Unsurprisingly, one family member's illicit drug use can often be the underlying cause of another's health problems. Many report that they have needed counselling and treatment themselves to cope with depression and anxiety, or that they have developed chronic health conditions through failing to pay attention to their own health needs. The committee heard examples of where siblings also become drug users: a mother in Western Australia told the committee that four of her five children had been addicted to illicit drugs; once one of them had started using, the 'family morality' broke down and 'the other children then saw it as being an okay thing to do.'<sup>16</sup>
- 1.30 The financial costs to families can also be significant, with theft and property damage a common experience, as well as continual requests by users for loans to cover drug expenses and debts. Treatment, rehabilitation, and legal fees can mount into thousands of dollars. Families with a small business may find themselves unable to give it the necessary attention and focus, and others stop working or reduce working hours to look after the drug user or cope with their own problems. A family's ability to earn income, take holidays and save for or enjoy retirement, is thus affected. Illicit drug use presents tremendous opportunity costs to users and their families.

<sup>16</sup> Harris S, transcript, 14 March 2007, p 63.



- 1.31 Families bear these costs because they love the person using and hate the drug and what it does to them.<sup>17</sup> One user described drug use as ‘a taunting, scary and life threatening journey’.<sup>18</sup> As drug use progressively alienates a user from their friendships and networks, family members may become the only ones concerned for the health and wellbeing of that person. Families have the greatest interest in seeing their loved one overcome illicit drug use and be free and healthy to pursue their life goals and responsibilities.
- 1.32 At the launch of the National Illicit Drugs Campaign in 2001, the Prime Minister stated:
- I’m quite unashamed in my view that our strongest defence against the drug problem are families. Properly functioning, stable, united loving families, whatever their composition, are still the best antidote against most of society’s ills.<sup>19</sup>
- 1.33 The committee would like to thank those families who told their personal stories about how illicit drugs have affected them. Members have been profoundly impressed by their strength and determination. It is important that their stories are shared, and that families are acknowledged as significant stakeholders in illicit drug policy.

## Keeping up the war on drugs

- 1.34 A significant amount of damage to families and the community has been avoided by the government’s uncompromising approach to the trafficking and use of illicit drugs. Drug industry elites who have repeatedly claimed that the ‘war on drugs’ has failed are simply wrong. The drug industry elites, comprising a range of peak drug bodies, academics and service providers, receive considerable government support to promote, evaluate and deliver drug education and treatment policies and services. In 2005-06, selected peak non-government agencies heavily involved in promoting, researching or developing harm minimisation responses to

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17 Van Damme I, Elements of patho-physiology of drug addiction and related consequences. Presentation to Drug Free Australia Conference ‘Exposing the Reality’ Adelaide, 27 April 2007, p 26.

18 Nikolaidis G, attachment to Australian Drug Treatment and Rehabilitation Programme Inc, submission 132, p 31.

19 Hon John Howard MP, Prime Minister of Australia, Launch of the National Illicit Drugs Campaign, Ermington Community Centre, Sydney, 25 March 2001.

illicit drugs received significant funding from the Australian and state and territory governments:

- Australian National Council on Drugs — \$1.1 million.<sup>20</sup> Was established to provide independent advice to the Prime Minister, Australian Government Ministers and Ministers on the Ministerial Council on Drug Strategy on national drug strategies, policies, programmes and emerging issues. Key people on the council include Dr John Herron (Chair), Commissioner Mick Keelty (Deputy Chair), Associate Professor Robert Ali, Professor Margaret Hamilton and Garth Popple (Executive Members);<sup>21</sup>
- Alcohol and other Drugs Council of Australia — \$0.9 million.<sup>22</sup> Publicly supports 'harm minimisation' and maintains a register of harm minimisation supporters on its website. Key people on the council include Professor Robin Room (President) and Professor Wayne Hall (Vice President);<sup>23</sup> and
- Australian Drug Foundation — \$1.9 million.<sup>24</sup> Focuses on alcohol use by people under 30, but also provides education resources on cannabis and other illicit drugs. The foundation describes itself as having a 'prevention agenda' delivered on a platform of harm minimisation. The CEO of the foundation is Bill Stronach.<sup>25</sup>

1.35 The Australian Federal Police (AFP) and its partners have been highly successful in limiting the damage of illicit drugs in Australia. The number and weight of detections for selected illicit drugs are generally higher than before 2000, although there has been substantial variation from year to year in both the number and weight of seizures of different illicit drugs (figure 1.2).

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20 Australian National Council on Drugs, *Annual Report 2005-2006* (2006), p 64.

21 Australian National Council on Drugs, 'About ANCD', viewed on 23 August 2007 at <http://www.ancd.org.au/about/members/index.htm>.

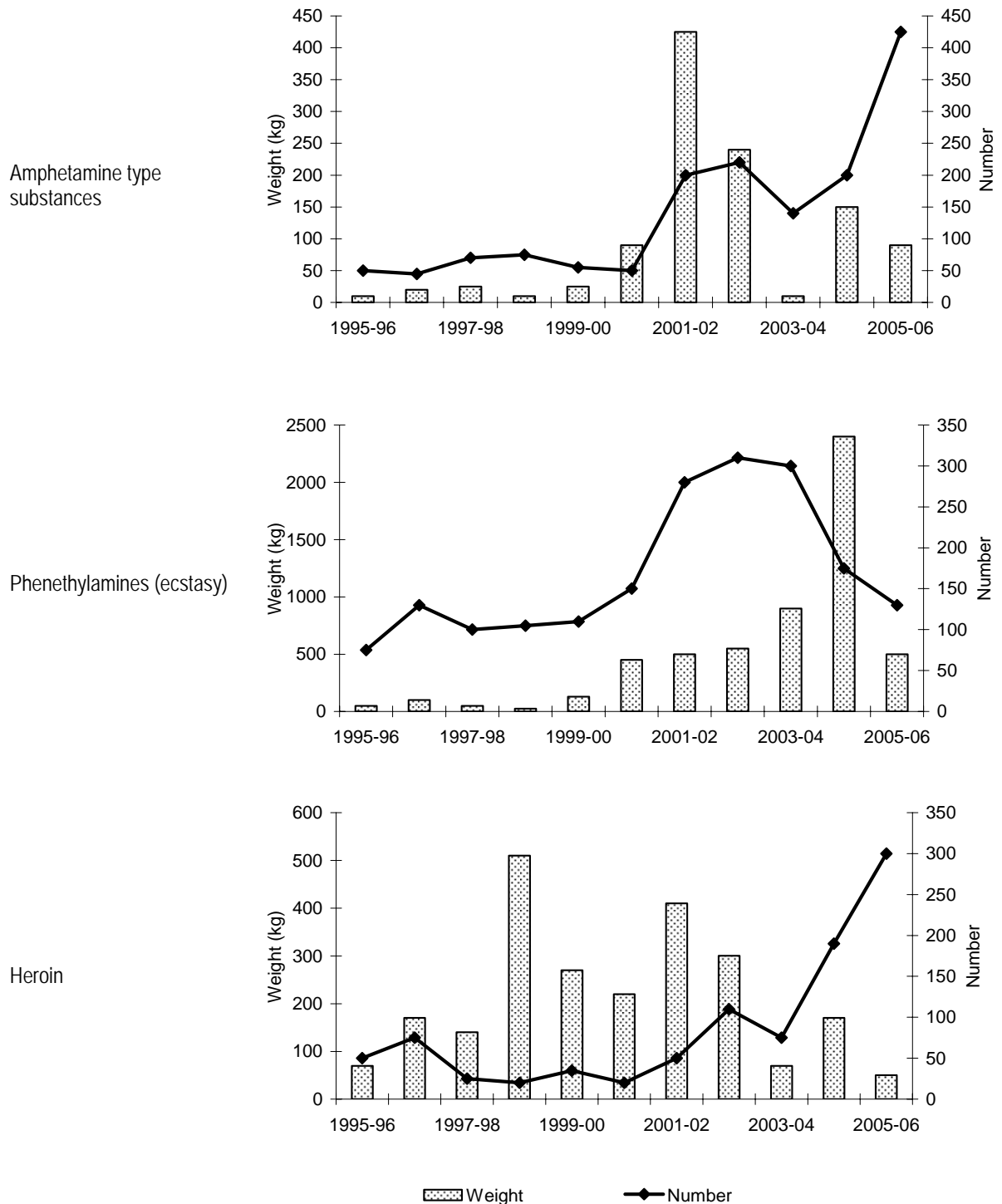
22 Alcohol and other Drugs Council of Australia, *Annual Report 2005-2006* (2006), p 40.

23 Alcohol and other Drugs Council of Australia, 'About ADCA', viewed on 23 August 2007 at <http://www.adca.org.au/whoweare/index.htm>.

24 Australian Drug Foundation, *Audited financial statements 2006* (2006), p 8.

25 Australian Drug Foundation, 'About us: Our principles', viewed on 23 August 2007 at <http://www.adf.org.au/browse.asp?ContainerID=principles>.

Figure 1.2 Number and weight of detections of selected illicit drugs at the Australian border, 1995-96 to 2005-06

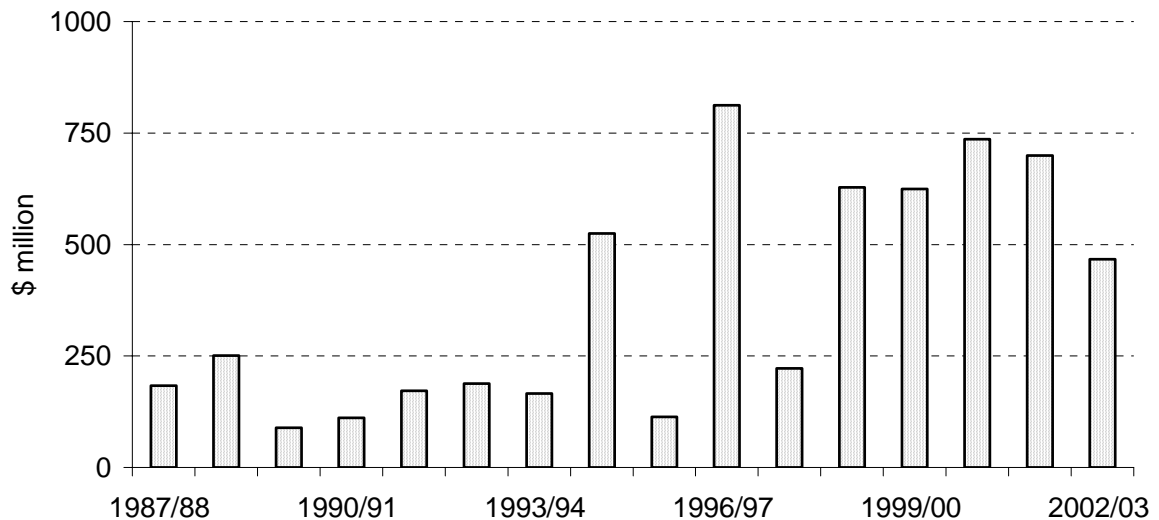


Source Australian Crime Commission, *Illicit drug data report 2005-06 (2007)*, pp 12, 25 and 43.

1.36 These detections represent a vast number of street doses of illicit drugs that would otherwise have found their way into the community. Research conducted by the AFP has found that more than \$5 billion of harm was

avoided through policing activity between 1999 and 2003 (figure 1.3). These calculations represent both tangible and intangible costs to the community, such as labour costs, health care, road accidents, crime, loss of life, pain and suffering.

Figure 1.3 Australian Federal Police Drug Harm Index, 1987–2003 (\$ million)



Source *McFadden M, 'The Australian Federal Police Drug Harm Index: A New Methodology for Quantifying Success in Combating Drug Use', Australian Journal of Public Administration (2006), vol 65 no 4, pp 68–81.*

1.37 Nevertheless, law enforcement agencies will continue to be challenged by criminals who seek to make money by trafficking illicit drugs to, or within, Australia. Some key developments in the international production and supply of illicit drugs noted by the Australian Crime Commission that could potentially impact on Australian drug markets include:

- amphetamines — the global shift towards 'amphetamine-type substances' (ATS) continues, with an increasing trend towards the use and production of crystal methylamphetamine (also known as 'ice'). Globally, methylamphetamine production is most prevalent in North America and in East and South East Asia. Criminal syndicates remain adaptive to law enforcement operations and continue to explore varying methods of obtaining precursor chemicals, including the diversion of chemicals from legitimate businesses;
- phenethylamines (MDMA or ecstasy) — the discovery of a large MDMA (methylenedioxy-methylamphetamine) and ATS laboratory in Indonesia in November 2005 highlighted the continuing presence of large-scale MDMA production facilities in South East Asia. MDMA

trafficking syndicates are continuing in their attempts to avoid detection by shipping MDMA in powder and liquid forms;

- heroin — the primary source of heroin imported into Australia was the Golden Triangle region of South East Asia. However, some domestic seizures indicate that Australia may also be developing as a target for Afghan heroin. Opium production in the Golden Triangle remained in decline with national eradication plans continuing in Myanmar and Laos; and
- cocaine — Colombia remains the primary global supplier of cocaine, followed by Peru and Bolivia. It is likely that syndicates will continue to target Australia through established staging points in Africa and Asia. While some larger shipments may be detected, it is likely that seizures will continue to be in the small to medium range via air passengers and the postal stream.<sup>26</sup>

1.38 Given the challenge posed by increasingly globalised drug production and transportation networks, continued effective law enforcement is essential. As the AFP's Drug Harm Index (DHI) has articulated, every kilogram of cannabis, amphetamines, ecstasy, heroin and other drugs that is prevented from reaching our streets represents a saving to our community in drug-related harm. For example, the most recent version of the DHI estimated that keeping one kilogram of MDMA off the streets saves the community \$280,000 and keeping one kilogram of heroin off the streets saves \$550,000.<sup>27</sup>

### Recommendation 1

1.39 **The Commonwealth Government continue its allocation of significant resources to policing activity as a highly effective prevention method.**

## Preventing damage to families

1.40 Despite progress with the Government's 'Tough on Drugs' strategy, more is needed to prevent damage to families. A policy framework more firmly based on prevention would send the message to the community that the

26 Australian Crime Commission, *Illicit drug data report 2005-06* (2007), pp 10–11, 25, 42, 52.

27 Phelan M, Australian Federal Police, transcript, 9 May 2007, p 1; Australian Federal Police, correspondence, 9 August 2007.

use of illicit drugs is wrong and that there is help for people to get off drugs permanently.

- 1.41 To foster prevention efforts in Australia, there needs to be a long-term community campaign at the forefront of government efforts. As with the 1987 'grim reaper' campaign against HIV/AIDS, this campaign needs to be confrontational in describing the effects of drugs on a person's physical appearance and attractiveness, physical and mental health, and other people, like families, who are damaged in the process. The new 'ice' advertisements are a good start.
- 1.42 As an example of kind of messages that are needed, the committee notes the 'Crackdown on Drugs' print, television and radio advertising campaign launched by the London Metropolitan Police Service in 2004. The campaign featured actual photographs of methamphetamine and heroin users to illustrate how their physical appearance deteriorates dramatically over time. The campaign aimed to make the link between the devastating effect of drugs on individuals and the deterioration of whole communities.<sup>28</sup>
- 1.43 Using electronic media and information material, the campaign that the committee proposes would:
- counter the widespread belief that illicit drugs can be used safely;
  - overcome the sense of curiosity that leads most children to first experiment with illicit drugs; and
  - help parents communicate to their children the dangers of using illicit drugs.
- 1.44 In the course of public hearings for this inquiry, many witnesses supported the concept of such a campaign, including the Federal Commissioner of Police, the Western Australian Government Drug and Alcohol Office, Families Australia, Drug Free Australia and the Hon Ann Bressington MLC (South Australia), of the Australian Drug Treatment and Rehabilitation Foundation.<sup>29</sup>

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28 London Metropolitan Police website, viewed on 26 July 2007 at <http://www.met.police.uk/drugs/advertising.htm>.

29 Keelty M, Australian Federal Police, transcript, 14 March 2007, pp 13-14; Murphy T, transcript, 14 March 2007, p 7; Babington B, Families Australia, transcript, 28 March 2007, p 18; Thompson C, Drug Free Australia, transcript, 28 May 2007, p 15; Bressington A, transcript, 23 May 2007, p 21; see also Name withheld, submission 106, p 1; Ravesi-Pasche A, submission 47, p 7; Gawler I, submission 64, p 4; Endeavour Forum, submission 22, p 1.

- 1.45 Families also need to be able to access the support they need, when they need it, both for themselves and for the illicit drug user they are trying to assist. Delays in accessing services can result in users not being able to take advantage of the windows of opportunity that sometimes present themselves during the course of their addiction. A well advertised national telephone referral and advice service, similar to the Carelink hotline provided for aged care services, will make it easier for families to access appropriate services and get the advice they need.
- 1.46 Within the treatment sector itself, there needs to be a better defined path from assessment, counselling, detoxification, rehabilitation and aftercare, with consistent messages given to drug users throughout. This inquiry has heard with regularity about counsellors, doctors and people in positions of trust encouraging users to ‘cut back to weekends’ or to use clean equipment, without suggesting that a commitment must be made to a drug-free lifestyle or offering help to achieve this.

## Zero tolerance and the Swedish approach

- 1.47 The Commonwealth Government has a zero tolerance approach to illicit drugs. The Prime Minister has publicly stated that:

I can't see why we shouldn't have a completely zero tolerance, uncompromising approach to illicit drug taking. There is no safe level of marijuana use, there is no safe level of the use of any kind of illicit drugs and the clearer that message can be communicated the better.<sup>30</sup>

- 1.48 The Prime Minister recently re-stated the Government's policy to the federal parliament:

This government will never give up in the fight against drugs. We will never adopt a harm minimisation strategy; we will always maintain a zero tolerance approach.<sup>31</sup>

- 1.49 Two senior government ministers, the Federal Treasurer, Hon Peter Costello MP, and the Minister for Ageing, Hon Christopher Pyne MP,

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30 Hon John Howard MP, Prime Minister of Australia, Tough on Drugs Announcement, Carlisle, Perth, 3 February 2004.

31 Hon John Howard MP, Prime Minister of Australia, *House of Representatives Debates*, 16 August 2007, p 52.

have also stated the predominance of zero tolerance in Australia's illicit drug policy.<sup>32</sup>

- 1.50 This message is undermined in the community by those who advocate for a harm minimisation or harm reduction approach, that merely seeks to reduce the harm arising from drug use without the goal of seeing each individual drug free.
- 1.51 The definition of harm minimisation adopted as part of the NDS does not make it clear that prevention-based strategies should be our first priority. In addition, the strategy does not make it clear that the aim is for drug-free individuals and that abstinence should be the goal of any treatment.
- 1.52 The zero tolerance approach to drug policy has been hindered by drug industry elites within Australia who advocate for treatment approaches that aim to reduce harm — but do not have the aim of enabling users to become drug free.
- 1.53 Drug industry elites benefit directly from the continuation of current approaches and expanding numbers of people in drug 'treatment' as well as research funding that is applied to finding the 'benefits' of harm minimisation approaches. Several drug industry elites are also associated with the push to legalise drug use under the name of 'drug policy reform', making the mixed messages from current approaches to drug policy even stronger.
- 1.54 The committee heard evidence that families are sometimes confused and confronted by the mixed messages resulting from harm minimisation policies. These families believe that having accessible abstinence-based treatment facilities available when people need them is a more appropriate response to illicit drug use. A requirement for illicit drug users to undergo mandatory treatment is clearly preferable to no treatment.<sup>33</sup> Such an approach ensures that users of illicit drugs get help and that members of the community get a stronger message about the illegality of these drugs.
- 1.55 The zero tolerance policy is also undermined by the commonly implied attitude in the media and everyday language that glamorises illicit drug use and encourages experimentation (for example, the use of terms such as 'party drugs', and the description of the 'recreational' use of illicit drugs). It is important that the language used to describe illicit drugs reinforces the view that illicit drug use is socially unacceptable.
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32 'AFL is too soft on drugs: ministers', *The Canberra Times*, 22 May 2007; Stafford A, 'HIV disaster on our doorstep', *The Age*, 3 May 2007.

33 Homel R, transcript, 13 June 2007, p 21.

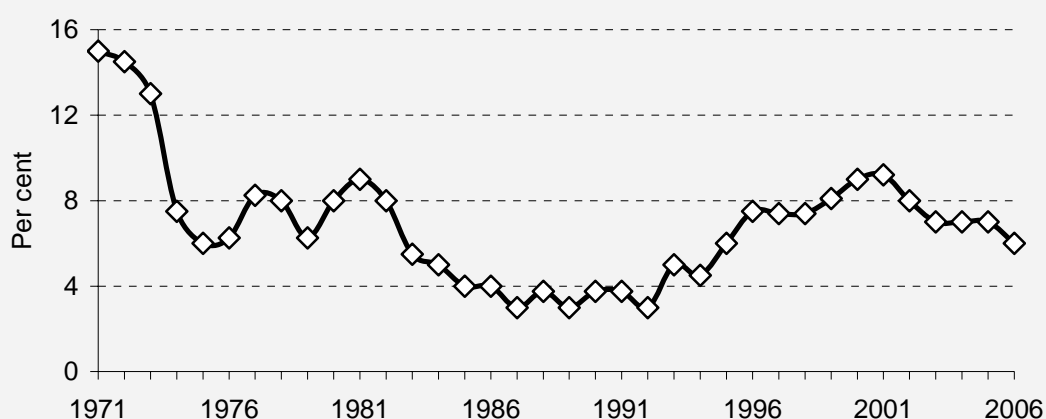


- 1.56 An alternative approach to our NDS is in place in Sweden. This emphasises a restrictive drug policy and provides early intervention and treatment. After a time of decriminalisation of illicit drugs to a system of prescription narcotics in the 1960s, Swedish policy reverted to criminalise all illicit drug use, and regards drug-free treatment as a priority measure in response to addiction.<sup>34</sup>
- 1.57 As a result of this approach, drug use in Swedish society has been dramatically reduced over recent decades and is now very low relative to the rest of the European Union and other industrialised countries, both on measures of lifetime prevalence and regular use (box 1.2).

### Box 1.2 Illicit drug use in Sweden

In 2003, the average level of lifetime prevalence of drug use amongst 15-16 year olds in Europe was 22 per cent. In Sweden it was eight per cent, falling to six per cent in 2006.

**Figure** Life time prevalence of drug use among 15–16 year old students in Sweden, 1971 to 2006 (per cent)



Source *United Nations Office on Drugs and Crime, Sweden's successful drug policy: A review of the evidence (2007), p 26.*

- 1.58 Maria Larsson, the Swedish Minister for Elderly Care and Infant Health, writes in the preface to a recent United Nations report that 'the Swedish vision is that drug abuse shall remain as a marginal phenomenon in the society... The vision is that of a society free from narcotic drugs... [and]

34 United Nations Office on Drugs and Crime, *Sweden's successful drug policy: A review of the evidence (2007)*, p 20.

preventive measures shall strengthen the determination and ability of the individual to refrain from drugs'.<sup>35</sup>

- 1.59 This 2007 United Nations report, a review of Swedish drug policy and its outcomes, concluded that:

There has been criticism, and the vision of a drug free society that is guiding policy measures has, on occasion, been derided as 'unrealistic', 'not pragmatic' and 'unresponsive' to the needs of drug abusers... The ambitious goal of the drug-free society has been questioned not only outside the country but in Sweden itself, as a number of research papers on the subject attest.

Nevertheless, despite several reviews of expert commissions, the vision has not been found to be obsolete or misdirected. As shown in this report, the prevalence and incidence rates of drug abuse have fallen in Sweden while they have increased in most other European countries. It is perhaps that ambitious vision that has enabled Sweden to achieve this remarkable result.<sup>36</sup>

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35 United Nations Office on Drugs and Crime, *Sweden's successful drug policy: A review of the evidence* (2007), p 4.

36 United Nations Office on Drugs and Crime, *Sweden's successful drug policy: A review of the evidence* (2007), pp 51-52.