Speech by

Miss FIONA SIMPSON

MEMBER FOR MAROOCHYDORE

Hansard 2 March 2000

DRUG REHABILITATION [COURT DIVERSION] BILL

Miss SIMPSON (Maroochydore—NPA) (3.47 p.m.): I rise to support the Drug Rehabilitation (Court Diversion) Bill, a concept first mooted by the coalition and my colleague Lawrence Springborg and now to be trialled by Government. The concept is being trialled because we are all aware of the strong link between crime and drug use, and there is bipartisan support to see that linkage broken.

Approximately 60% of prisoners have a drug dependency. Queensland also has a high rate of imprisonment compared with the national average. I support the concept of drug courts. In fact, I believe that the Sunshine Coast and Cairns areas, with perhaps another regional Queensland community, should have been included in a fair dinkum drug court trial. These areas are also battling significant drug-related crime problems and should share in any real additional funding to establish appropriate treatment services.

As noted in the Attorney-General's second-reaching speech, Queensland Health will provide the bulk of the treatment and follow-up services to drug-related offenders who are diverted by the court system into treatment to break their drug habit. However, today I must highlight to this Parliament my grave concerns that this trial will fail if it does not have appropriate funding per offender and clear performance standards. I am concerned that there has been little publicly available information about the additional funding that the Health Department will have to deliver the outcomes that the community and the Parliament expects of this program.

I will be calling on the Minister who has carriage of this legislation and the Health Minister to outline to the Parliament how much additional funding has been allocated for treatment. I would also like to know who will receive this funding, the mix of treatment options to be provided and the approximate throughput through these various options and the performance standard of providers.

The rumours are that the Government has only provided about $700,000 over 30 months to the Health Department to provide rehabilitation and detoxification services when the Health Department has requested closer to a million dollars per year. If this is true, that will not significantly reduce the level of drug dependency in the community, which is a key aim stated in the Explanatory Notes of the legislation. It may, however, shift more of the drug-using population temporarily to a drug replacement program, such as methadone maintenance, because it is cheaper than proper detoxification and rehabilitation programs.

I would sincerely ask the Minister to clarify this matter and to provide documentary evidence of the funding available, especially the funding to detoxification and rehabilitation programs. Methadone maintenance should play only one part in an alcohol and drug strategy. It is dangerous for Governments of all persuasions to rely on it as a palliative approach to the drug problem. While I believe it has a role to play, at the end of the day, there would still be a drug dependent user, albeit one who is more stabilised while on a methadone program and one who is less likely to engage in criminal activity in order to satisfy the intense cravings for heroin.

I pose the question: is this an acceptable outcome for the drug court trial, that is, a higher throughput through a methadone program but with an offender who at the end of a 12-month sentence will almost certainly be dependent on methadone or another addictive drug? I thing that would be a less than optimal mark of success. The next question is: what happens after the maximum

12-month diversionary sentence is finished? Is the community aware of the high turnover rate in methadone maintenance programs with people cycling in and out of the program? I believe retention rates run at about an average of one year and that people who cease methadone maintenance programs have a high rate of relapse to heroin.

I am not saying that we should dump methadone maintenance programs. I am saying that we should honestly review the program along with other treatment options and examine policies to set higher performance targets of these programs, such as better retention rates in methadone maintenance programs where the target is still absence from illicit drug reliance with a view to appropriate counselling to assist people to that illicit drug free status.

Let us be very honest about the treatment options being offered to people under this legislation. Once again, in the interests of public accountability, I would ask the Minister to provide a projected estimate of the throughput of offenders through the various treatment options and tell us what his targets are for those treatments. If the Government has realistically funded the treatment options, then the Government will have a projected breakdown on estimated costs for the various services. I do not want to see a lack of funding for treatment options resulting in drug offenders who want to get clean and who are suitable for more intensive detoxification and rehabilitation programs being offered another addiction under Government sanction because of underfunding.

The next issue about which I would seek the Minister's clarification is: who will make the assessment as to what treatment option an offender will access? Will the judge require the treatment provider to take part in the initial assessment of the offender, or will the treatment provider receive referred offenders without prior consultation about the specific case? It is important that the people with the expertise in drug rehabilitation and the particular provider be involved at the stage of sentencing if the program is to be effective. Obviously, in tailoring a program for maximum success, those with the expertise in service delivery need to be involved early in the process.

There are also issues of program mixtures and possible delivery by several service providers which require some further explanation. For example, if some current residential rehabilitation programs run for about three months, and a person has a 12-month treatment order involving initial residential placement, I ask the Minister: what are the outreach and follow-up support options to be provided after three months? Would this be provided by different providers?

This also raises the question of the role of the Department of Corrective Services, which the Attorney-General said—

> "... will provide the offenders program planning and supervision and, as a component of the order, some of the treatment including substance abuse educational programs, ending offending programs and substance abuse relapse prevention programs."

I realise this means that there could be some crossover between the Health Department funded delivery of programs and that of the Corrective Services Department. I would like the Minister to explain how this is to be worked and to provide the funding split between the departments. I would also like a guarantee from the Government that no non-offending drug user who is seeking a place in a Government-funded treatment program will be displaced or disadvantaged because of a lack of adequate funding for the court program.

When we are talking about the wider policy issues, it is true that Governments need to fund prevention, early intervention and treatment programs with serious money. However, we also need to know as policy makers that the very valuable public purse is being spent effectively and that we set targets that the public can measure. It is coalition policy to review the overall delivery of alcohol and drug services in Queensland and to establish those performance targets. We have already released our policy in regard to the needle supply program, which is to phase in retractable needles in keeping with the World Health Organisation's recommendation. I will be talking further about that in a motion before the House. We believe the wider public health issues of discarded needles in public need to be addressed, as do the problems of infection from needle sharing. However, the aim should be to provide a network of rehabilitation services particularly targeting young people throughout the State.

I reiterate to the Attorney-General that we all want to see this court trial succeed. In the evaluation process, we need to know more about the specific targets rather than the broad and undefined aspirational policies. I believe this need for measurable and accountable targets is also true of an effective drug and alcohol strategy in general and not only treatment provided under this drug court model.