



Speech by

Miss FIONA SIMPSON

MEMBER FOR MAROOCHYDORE

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DRUG STRATEGY

Miss SIMPSON (Maroochydore—NPA) (6.36 p.m.): I acknowledge that, across this parliament, we have bipartisan support for a crackdown on illicit drugs. I believe that there is a lot of genuine concern amongst members in this parliamentary chamber and agreement that there is much in the two motions that is similar.

I believe that the real measure of the success of any government is going to be in the reduction of harm in our community, with young people not taking up drugs, losing their lives to drugs or experimenting with drugs; with people being freed from this grip and not finding themselves spiralling down into a life of poverty and crime, disturbing people's comfort in the community as that crime cycle continues. The real measure will be if there is such a reduction.

My concern is that significant targets have still not been put in place. I believe that, in any illicit drug strategy, it is necessary to take the words that we all agree upon and provide an implementation strategy whereby a government and a community can measure the success of that strategy; and when talking about significant amounts of funding, to make that funding accountable to the community, so that we know where the drug and alcohol workers are, where the successful programs are, and where the rehabilitation and detoxification services are. Currently, there is not a spread of rehabilitation and detoxification services throughout regional Queensland. There are certainly significant holes. That is why the coalition—and certainly the National Party in this parliament—supports an increase in the number of rehabilitation beds.

On the Sunshine Coast—to give an example of just one area—I understand that the number of heroin deaths is similar to the number on the Gold Coast, and there are virtually no detoxification or rehabilitation services. The same situation applies to other regional areas of Queensland; there are no detoxification or rehabilitation services. So we need a program to educate the public about the dangers of drugs and to educate young people about the dangers of uptake.

If somebody indicates that they are on drugs and they want to get off drugs, where do they go? Currently, it sometimes takes months and months before people can get into existing rehabilitation centres outside their regions. It is very expensive for them to travel to those centres, and it is very disruptive, particularly for women with young children. So tragically, people give up.

The pattern of rehabilitation that has developed in research shows that, unfortunately for the majority, they may not be successful the first time. Once again, if we are to set targets and be serious about these strategies in attacking illicit drug use, we need to consider how to minimise—to reduce—the relapse of people into a drug lifestyle. We need to consider the best practice for reducing the incidence of relapse and ways to provide the appropriate support; because there is no quick pill, there is no quick fix. This is a problem which takes a concerted, coordinated effort. We have heard the Leader of the Opposition talk about that coordinated effort. We believe that, as a compassionate society, we need to have the right blend between justice and mercy so that those who peddle drugs face the full force of the law and that there are more significant penalties to attack those people. Those who want to get free of drugs, who wish to get free of that spiral of death and destruction, should have that opportunity. Currently there are waiting lists, particularly for young people, to access detoxification rehabilitation.

One of the areas in which there is a critical lack of facilities is the treatment of polydrug users. There has been a very heavy focus on methadone treatment, which may be appropriate in some cases but is totally inappropriate for polydrug users and amphetamine users, who need a different approach to treatment for their particular addiction. We need a strategic plan—we must be accountable to the community, whose money we are spending on trying to solve these problems—in relation to addressing in particular the amphetamine use in this state.

Polydrug use leads to mental health problems. There is something like a 70 per cent overlay between mental health and drug problems in this state. Once again, there is a need to have accountable systems to make sure that people are not flicked from one service to another. Unfortunately, that does happen in many of our communities in Queensland, because the relevant agencies have different ways of addressing mental health and drug issues.

There is a need for established targets by which the community can measure the success of any program. We urge that such targets be available to the public so that people can see that the drug and alcohol workers are in the community and that they are funded. We need goals against which the community can measure the success of these programs. Parents need to be able to give their children security and hope for the future—

Time expired.
