



Speech by

Miss FIONA SIMPSON

MEMBER FOR MAROOCHYDORE

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**DRUG REHABILITATION [NORTH QUEENSLAND COURT DIVERSION INITIATIVE]
AMENDMENT BILL**

Miss SIMPSON (Maroochydore—NPA) (6.10 p.m.): It is with pleasure that I rise to speak on this legislation, because I think it is well recognised that there is bipartisan support for the drug court trials and for trying to break the drug cycle. I know that some people will criticise money being spent on drug rehabilitation because they view drug addiction as a self-inflicted problem. While this may be true, at the end of the day everybody pays the price of drug abuse. There are all too many families in which children have suffered because of drug abuse by a relative. There are all too many people who have been the victims of break and enters or the rising incidence of other drug related crimes. Ultimately, we have to look at new and proactive ways to break this cycle.

My colleague the honourable Lawrence Springborg first proposed the need for drug courts in Queensland. In June 1999, he moved a motion seeking the bipartisan support of the Queensland parliament for drug courts to be established in this state. Unfortunately, at that time the Beattie government did not want to go down this track and did not support that motion. So there has been a number of years of delay in the drug court trial being implemented in Queensland. It is now operating in south-east Queensland. This bill seeks to deal with some minor amendments to the existing legislation and to extend the operation of drug courts to north Queensland.

The statements by the government regarding funding for drug courts and rehabilitation are interesting. We know that, in order for these programs to be successful, they need to be run very carefully. There must be very good rehabilitation services available to those who have a drug and alcohol problem. Last year, the government announced that it would fund drug court beds. Its announcement at that time was almost word for word the same as the announcement made 12 months later regarding the funding of beds in north Queensland. We will be looking very carefully at how that money is spent. Funding was announced 12 months ago yet those beds do not appear to have been established in the areas in which they were promised. We want to ensure that those services are put in place, that they are adequately funded and that the program is the success that it deserves to be, given its potential, as has been illustrated in other parts of the world.

Only two weeks ago on the Sunshine Coast, I visited a drug and alcohol rehabilitation centre. I had the privilege of hearing the stories of people who are currently going through rehabilitation and the problems they have faced. They stated that, when you reach the bottom, you can only look upwards. There were two men from Cairns in that program. They had travelled all the way from Cairns to the Sunshine Coast to receive drug rehabilitation. That is not because the Sunshine Coast rehabilitation run by Joy Walton and Break Free is funded by the government. It is not. Of the 800 so-called rehabilitation beds for drugs and alcohol in Queensland, only a handful in fact receive funding. These gentlemen had travelled from Cairns to the Sunshine Coast—which takes several hours by plane or many, many hours by bus, train or car—to undertake rehabilitation in a facility which is not funded by the state. That is an indication that many people voluntarily—let alone through a court order—wish to break the cycle of drugs.

I urge the government not to forget those who have reached the end of their tether and who have recognised that they cannot survive in this lifestyle any longer. They have seen the damage and destruction it does to their family and to their local community, and they want to break free. It behoves us as legislators to put in place services to assist those who have a desire to break free of that vicious cycle. I support the drug court program, but let us not forget those who have not yet breached the law but who want to break free. Let us make sure that we provide services throughout rural and regional Queensland to assist them. It is unacceptable for people to be forced to break away from their family members, who are already the victims of the dysfunction that their addiction causes. Addicts should not have to travel two hours by plane or many hours by car or bus to a faraway region to receive treatment.

As my colleagues from the Sunshine Coast have mentioned, there are no funded residential rehabilitation programs in our area. The region faces a very real problem. Like north Queensland, it is a beautiful area, but problems arise when people turn to drugs. Although they ultimately discover that drugs are a bad choice, so many people, once they taste this lifestyle, find it very difficult to break free. That highlights the need to ensure that, particularly with young people, we have early intervention programs, good education programs and, ultimately, good detoxification and rehabilitation programs.

The government has breached its promise to provide drug rehabilitation services in some parts of the state. It promised to provide such services in Mackay. Areas like Mackay also need a drug court. I have mentioned the fact that the Sunshine Coast needs a drug court. We must ensure that the government does not merely pay lip-service to drug and alcohol rehabilitation but actually delivers into these regions. I challenge the Health Minister to table in this parliament the location in this state of funded beds for drug and alcohol rehabilitation. I asked her this question last year during the estimates process. She refused to answer it. Apparently it is too hard for her to be accountable to the parliament. But we cannot afford to have no accountability on an issue which is tearing at the seams of our community.

It crosses all strata of the community, all demographic backgrounds. We must have accountability. Where is the money being spent? Where is it being spent in the regions? I support most of this funding going to non-government organisations given that they have already, through their own efforts, sought to provide services without, in many cases, any state government assistance. But we also need accountability from the government as to how it is spending those dollars within the public health system. There has been a policy to integrate drug and alcohol—

Mr DEPUTY SPEAKER (Mr Poole): Order! What is the relevance of this? The member should stick to the debate.

Miss SIMPSON: With respect, access to drug and alcohol rehabilitation services is a fundamental part of being able to effectively deliver drug courts and see them break the cycle of crime. Without the establishment of services in the community and without assistance from the government to extend these programs beyond the current limited numbers, we will face a continual cycle of crime.

Mr Deputy Speaker, the point I am about to make is relevant to Townsville and north Queensland. There has been a move away from dedicated detoxification beds in hospitals. With the pressure on public hospital beds, as I outlined during question time and the Matters of Public Interest debate this morning, people find it very difficult to gain access to detoxification in the public hospital system—for example, Townsville Hospital. Access is of fundamental importance in being able to deliver drug court or non-drug court services for those who voluntarily seek to be rehabilitated.

The detoxification patients who are admitted to public hospitals are being accommodated in general wards. I have heard people spout about how this is supposedly best practice. But how on earth is it best practice to have people who are going through withdrawal symptoms—who may be hallucinating and having other side effects—being placed in a general ward alongside other patients?

They need to be in an area where there is an understanding of their particular medical needs in that detoxification process. They also need to have staff who have a particular interest in that area and also the accountability of knowing that there is access to those services rather than this blurring of the lines with non-dedicated detoxification beds within the public hospital system. I believe that the move away from dedicated detoxification beds is a backward step because, ultimately, it means that people are not getting access and when we need to break the cycle, when people are available to undergo detoxification in that window of opportunity, when they step forward—whether it is as voluntary patients or, as we have heard, through the court-order process—there needs to be a consistency of access to those services.

I understand that it has been reported by rehabilitation service providers in Townsville that currently these beds at the Townsville Hospital are used for general emergency patients. Therefore, they are not always available for patients wishing to go through a detoxification program. Added to this, many clients fail in their attempts to give up their drug-taking habits unless they are adequately supervised and have access to services within that window of opportunity when they have reached the

bottom and they want to get out. If they do not have access to those services, we find that they often fail, particularly in the case of women who have to care for children. It is simply no use having a lack of supervision and support. It is simply no use having programs operating nine to five, Monday to Friday.

We must not forget also that there are many problems associated with a lack of access to services for juveniles. I wish that there was not such a problem with drug taking by young people, but I think that it is a given that the greatest risk lies in the use of drugs by very young people. Currently, there is a severe shortage of services for those people. Today, we are debating the issue of drug courts, but if we want to stop young people taking drugs before they even get to that stage, we have to have not only early intervention and education but also follow-up services. In Queensland, there is a massive bed shortage for drug-addicted youth. Consequently, they are not being rehabilitated. According to the Queensland Alcohol and Drug Foundation, there are only five public beds statewide that are designated specifically for young drug users seeking detoxification. That prevents many young people from receiving the help that they need.

Between 1995 and 1998, the national drugs strategy household survey revealed that nearly 100,000 Queensland teenagers between the ages of 14 and 19 had used illicit drugs. In 2001, the number nationwide amounted to nearly 612,000. Although fewer than one per cent of young Australians use heroin, the rate of amphetamine abuse is alarming, with nearly 140,000 admitting to amphetamine usage and more than 100,000 conceding that they had used amphetamines recently. I understand that, among young people, ecstasy users total 114,000 while 22,000 have admitted to injecting drugs. The Mater Hospital's adolescent drug and alcohol withdrawal service is the only public detoxification service that is available for youth with these problems. There is still a chronic lack of resources in this area. As I said before, there will be those who ask, 'Why spend money in this area?' The answer is that, at the end of the day, ultimately, we all pay the cost.

I urge the government to be accountable as to where the funds are currently being spent across drug and alcohol services in this state. It is not good enough for the Health Minister to say that it is too hard to provide that information. She has been asked to be accountable in terms of the amount of state funding that goes into those services, particularly to non-government organisations, and previously she has been unable to answer that question in the parliament. But this time, I am calling on the minister to not only give a breakdown on where the funded drug court related beds are but also in relation to the wider rehabilitation beds.

In closing, I want to say that it is a very humbling and powerful experience to sit down with people who have reached the end of their rope and admitted with no pride where they have been in regard to drug and alcohol use. On speaking of my recent visit to this drug rehabilitation service to talk to the operators of this service and to talk to those who are in that process, I am reminded of those young men from north Queensland who travelled all that way to the Sunshine Coast to receive a service that is not funded by the government. We need to understand that there needs to be compassion for those who genuinely want to turn around their lives. I urge members to look at this issue more broadly. Unless we address effectively the early intervention programs, particularly for young people, and access to rehabilitation, particularly for young people, we will only be dancing around the edges of this problem.

I support this bill before the House, which extends the drug courts to north Queensland, even though it was announced last year by the government in its last budget. We want to see the program effective. We want to see it work. We also want to see services available for those who voluntarily want to get rehabilitation to turn around their lives so that they can be productive members of our society—to be able to get a job, to be able to pay their taxes, and be a consistent father or mother figure in the lives of their children so that their children do not follow them into this horribly evil, destructive lifestyle.