



Speech by

Miss FIONA SIMPSON

MEMBER FOR MAROOCHYDORE

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DRUG DIVERSION AMENDMENT BILL

Miss SIMPSON (Maroochydore—NPA) (2.49 p.m.): I wish to give an overview of the existing situation in Queensland, in particular with respect to detoxification and rehabilitation. The system's effectiveness will depend primarily on the ability to refer people to effective rehabilitation services. Some areas are fortunate to have good services set up. Admittedly they are overtaxed, have long waiting lists and are not often able to take people when a window of opportunity is needed. The lack of facilities throughout Queensland means that they are trying to do an impossible task.

My concern is that for these trials to be effective not just for a 12-month period but extending into a long-term program, we need to have sustainable detox and rehabilitation services available throughout rural and regional Queensland as well as the cities. Importantly, we do not need programs that are programs in name only that satisfy a line item in government policy to say, 'We have a rehabilitation and detoxification service' but which in reality do not offer people windows of opportunity to take people when they need accesses to detoxification.

In terms of policy direction, this recognises that there is an opportunity to break the cycle of crime, and I support that principle. But what about those who are not actually in trouble with the criminal justice system who want to access rehabilitation? We must make sure that we do not create a desperate situation where in order for somebody to access necessary rehabilitation and detoxification services they have to commit a criminal offence. That is a key policy issue that the government needs to address.

Let us come to the issue of rehabilitation and detox services. The methadone program has been around for years. I believe it has a place, but it does need to be reviewed. I would be very concerned if in the possible extension of this trial we see a reliance upon programs that are in themselves inadequate. As it stands, the methadone program does not have attached to it satisfactory services to counsel people and assist them to stop using drugs. In fact, it is often called a maintenance program. As part of that review, we need to have accountability to make sure that people are not abusing it. For example, the citizens of Gympie told me they were concerned about the methadone distribution there, because no proper checks and balances were in place to ensure people were using methadone appropriately in order to overcome their addiction. A mothers' room had to be closed down because people were shooting up methadone when they should have been taking it orally. I am told by these citizens that the mothers' room was closed down because the needles used for shooting up methadone are bigger than the needles used for heroin and they were blocking up the sharps bins. There is something wrong with the government's methadone maintenance program—or its methadone program—as a rehabilitation service—

Mr Springborg: In some cases it is a maintenance program.

Miss SIMPSON: In many ways, it is more about convenience for governments and saying they have a program rather than about tackling the hard issues and seriously funding the programs that will help break the addictive behaviour.

Mr Springborg: You can't be serious if you are on methadone for 15 years or so.

Miss SIMPSON: I take the member's interjection. We do need to review the methadone program. We need to know that it is appropriately prescribed and that there are follow-up processes to help people get off drugs, rather than simply condemning them to a life of taking another drug. We should not have this ridiculous situation of there being a lack of checks and balances which results in people using methadone in addition to their other habits—mixing their drugs, shooting up and totally abusing the aims of the program.

We are talking about a potentially innovative program which is so dependent upon appropriate checks and balances and appropriate rehabilitation and detoxification services that really are in place to break that cycle. But if those services do not follow through, we will simply have another flawed bit of government policy that does not really break the cycle. The failure in this case would be to effectively decriminalise some of those hard drugs. I am willing to look at reasonable suggestions and to look at this trial, but I am very cautious about it because I have seen the failure of some of the mooted success stories of the past, such as methadone. It has its place, but it certainly is not addressing the problem with people who abuse amphetamines.

Often governments will talk about putting money into one area of treatment and then ignore one of the biggest problems we have with illicit drug use in the state, such as amphetamines. We must have a hard look at where the services are, what the needs are and not just blindly close our eyes and say that the past treatments are in fact the best treatments. I think there is concerning evidence anecdotally and also documented that we have to review this and have accountability. But we also have to have access. If we do not have adequate access, once again the programs are a joke and, taken together with drug courts, creates the ability to undermine what is sought to be achieved.

Let us look at detoxification services. There has been a move right throughout Queensland Health to abolish dedicated detoxification wards. People are being mainstreamed into general wards. That was done allegedly in the name of good policy, but it has failed. I have spoken to patients who have been in those circumstances, both as general patients and those trying to be detoxed. They will tell you that there is a conflict and problem in doing it that way. If we want to effectively detox and rehabilitate somebody, there needs to be a non-judgmental and supportive environment that recognises that if a person wants to change their life we have to have the services in that window of opportunity. But if they are mixed into a general ward, where different treatments are taking place and sometimes there are different attitudes from the staff, that aim can be undermined. Some people have a heart's desire and a dedication to working with patients affected by drugs and alcohol and others are looking to a different direction. It is inappropriate to be mixing those patients. I believe it is a dire failure.

The other area in which this has failed is apparent when we ask the government, 'How many detoxification beds or placements do you have?' They cannot tell us, because it has been mixed into the murky mire of one huge money pot. We cannot get the accountability to see what money is being spent on individual issues, such as drug and alcohol detox. I have asked the minister where the money is going. She will not say. She gives global budgets that do not drill down district by district both at a public health level and also in terms of NGOs. That is inadequate. If we want to deal with this issue, there has to be accountability. We have to see where the money is going. If we are to address this issue seriously, we need to know that the beds are available, that they not being used for other purposes and that there is clear quarantining of these funds.

Also eating up health dollars are the people coming through our emergency departments who are psychotic. People are coming through with severe combinations of alcohol and drug dependencies. Some of the drugs they are taking induce psychotic and violent behaviour. They have this overlaid with mental health problems. The whole of society pays for that. The staff pay for that. Taxpayers and insurers also pay for that. We all pay for that in terms of the quality of our life in our communities, not to mention those with these addictions.

It is time for accountability. This trial is right in principle, but I am concerned that with the current lack of accountability even with the existing programs we will see a whitewash with the government saying, 'We've got a program. Trust us. It works.' But there is not a hardnosed look at how effective these treatments are—and in many cases they have failed—and to addressing this and dealing with it. We must deal with it.

I have already mentioned the problem with the mainstreaming of alcohol and drug patients into general wards and how that has failed. I have mentioned the problem with the methadone programs in that in some areas it is properly monitored and in others it has been abused, with people shooting up and mixing their drugs.

We must have adequate education as well as other methods of intervention. I acknowledge that the criminal justice system is one area that operates as a gateway to intervention and that is why we have supported drug courts in the past and why, in principle, we have supported this legislation today. There needs to be an earlier step with earlier levels of intervention, particularly with juveniles in view of the type of education that we are seeing. The current education message that is going out is

not adequate. We have not seen any impact whatsoever on the uptake of drug use, particularly with something like amphetamines.

Let us look at the effectiveness of these programs and ask those hard questions. Let us be willing to challenge some of the vested interests that have occupied these areas in the past. They do not have the runs on the board and simply want to protect their hides. Let us acknowledge those who have done a fantastic job in difficult circumstances, many times either with no government funding or with poor levels of funding. I refer primarily to the non-government sector. People are afraid that if they speak up and criticise government policy they might lose the meagre amount of money they already receive. That is why we need to ensure that we have advocacy in this area that is not compromised by the fact that Queensland Health or some other government department is holding the purse strings. Sometimes departments do not like to have their failed policies scrutinised. We need to acknowledge that a lot of our NGOs are operating under extremely difficult circumstances. Despite the odds, some of them have high success rates as a result of their persistence and not because of the funding they receive at the state level.

I am calling on the state Health Minister to reveal where the current money is going. I ask her to reveal where the state funds are going. We need to know the breakdown between the non-government sector and the public sector. The government should clearly define what are Commonwealth funds and what are state funds. Thus far the minister has blankly refused to do that. Some of the small detail I have seen has been inaccurate. A number of areas have not been mentioned. It is time that we saw accountability in our rehabilitation program.

This is extremely important because bills come before the parliament but, at the end of the day, it is a question of how they are going to be administered, how they are going to be funded and how they are going to be implemented that will determine their success. We have to ensure that we have accountability and not just a whitewash at the end of 12 months.

I will reiterate some of the questions that have been asked by previous members, such as how this will be assessed and how we are going to ensure that there is a proper assessment process. More importantly, if governments decide at the end of 12 months that they have some positive indications how do we ensure that it continues on, given past failures and inappropriate monitoring and accounting in other existing drug and rehabilitation programs. I believe it is time that we saw the majority of these funds spent in the non-government sector and not just stuffed into the one money pot of Queensland Health. It is time that we clearly saw the funds quarantined and separated so that we know we will have outcomes and consistency.

I have mentioned the Sunshine Coast a number of times. This is an area where there are no residential rehabilitation services sponsored by government. Areas such as the Sunshine Coast need to have this, otherwise we are not serious in dealing with this program.

I am calling on the government to outline what its program will be for roll-out of these services throughout the state because we can have legislation setting up drug courts and, in this case, an extension in regard to a number of other categories, but what will be the use of that if we find that we do not have the capacity to roll it out in some of the areas that have the highest drug use? That is the challenge government has to face—accountability and access. Without access no program can work.