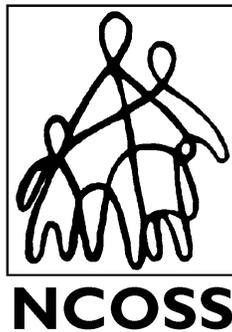


**SUBMISSION TO THE NSW PREMIER, THE HON BOB CARR
CONCERNING HIS MINISTERIAL STATEMENT TO THE
LEGISLATIVE ASSEMBLY, 27 MARCH 2001,
ON CABRAMATTA DRUG USE**



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Table of Contents

| | |
|---|-----------|
| 1. Recommendations..... | 3 |
| 2. About NCOSS..... | 17 |
| 3. Background..... | 17 |
| 4. Survey Results..... | 18 |
| 5. Social Trends in the Cabramatta Area..... | 19 |
| 6. At Risk Groups..... | 20 |
| 7. Prohibition..... | 20 |
| 8. Harm Minimisation..... | 21 |
| 9. Conclusion..... | 23 |
| 10. References..... | 24 |

1. Recommendations

1. Criminal Justice Policy

1. New laws allowing police to arrest anyone who acts as a lookout, guard, or raises the alarm for others in a suspected drug house. Anyone who enters or leaves (unless they can establish a legal purpose); anyone who allows the premises to be used; anyone who assists in a drug house; drug house owners being forced to close the premises.

NCOSS calls for a reversal of the proposed increased police powers and drug actions for Cabramatta, as they are excessive and in breach of previous government promises to enhance harm minimisation and diversionary schemes. NCOSS believes that the current proposals have serious implications for the whole community, especially for people who are already vulnerable. People who are inadvertently involved with illicit drug activity for various reasons, are potentially exposed to police arrests in drug houses. This includes the homeless, unemployed people, women who are victims of domestic violence and sexual abuse, family members, carers, children, people subject to cultural and language barriers and people with a dual diagnosis such as mental illness or disability.

A focus on individual drug user behaviour in strategy development has proven to be unsuccessful in reducing crime and drug use in Cabramatta. Targeting those involved in the consumption of drugs is not a productive use of public resources and distracts from the fundamental responsibilities of government to provide a broad and internationally based vision of welfare and drug reform. This vision embraces harm minimisation principles and identifies risk factors such as poor education, unemployment, poor social connectivity, prohibition and criminalisation as some of the causes of the vulnerability of certain population groups.

Recommendation 1

NCOSS strongly recommends that the NSW Government:

- 1.1 Facilitate robust community discussion and collaborative decision-making about the viability of all current proposals.
- 1.2 Allow appropriate time frames to enable evidence based, community discussion and decision-making regarding drug law reform.
- 1.3 Reinstate principles of harm minimisation that address drug supply issues rather than the consumption end of the drug chain.

- 1.4 Distinguish between heroin supply and demand issues and other drug use in Cabramatta, by providing a categorisation of the types and levels of drug use and that are underlined by diversionary and rehabilitative principles and practices. These processes should account for groups who are especially at risk and regard drug regulation as a health and welfare matter and not in the jurisdiction of the criminal justice system.
- 1.5 Commit to developing drug reform strategy that is based on improving the social and economic living standards for people in the Cabramatta area and NSW by enhancing; real employment, affordable housing, efficient transport facilities, adequate human services and accessible and appropriate education. NCOSS strongly urges that the Government match the resources that are allocated to the criminal justice system with prevention, early intervention and treatment plans.
- 1.6 Adopt a wholistic approach that is effective in meeting essential human health and welfare need in NSW, while encouraging greater government transparency and community empowerment of budget allocation and drug strategy development.

2. *Police will establish that the building has the 'characteristics of a drug house' before they search it.*

NCOSS believes that increased police powers that enable a search of something that looks like a drug house appears indiscriminate and open to error. Government resources would be more effectively utilised in areas such as the identification and action around social housing issues like expensive, poor quality and overcrowded living standards that place people at risk of taking drugs. Strengthening the debate around people who are at risk highlights human health need and protection as the core issues in preventing drug use, rather than an increased police state to stop it.

Recommendation 2

- 2.1 Clearly define what the 'characteristics of a drug house' look like.
 - 2.2 Identify alternatives to drug house activity as well as areas for youth recreation and leisure that are outlets for creativity and are Government sponsored. For example, expanding the role of schools to be a resource for the community and act as a centre for community liaison, development and activity.
- 3. *Penalties include one-year goal term and five years for a second offence. These penalties apply even if no drugs are found and are much longer prison sentences if drugs are found.***

Current, international evidence shows that increasing penalties does not decrease the demand for or the use of drugs and only increased a burgeoning gaol industry. NCOSS strongly disagrees with the recommendation to include heavy penalties for suspected drug use and possession and believes that the government should abolish the present proposals.

Drug reform advocates, such as Wodak (1999), believe that more emphasis needs to be placed on health and social areas as well as a shift in funding, with a 50% resource split between law enforcement and prevention, education and treatment. Evidence that supports harm minimisation drug strategy indicates that cautionary systems of law reform are more successful in incrementally reducing crime, than incarceration. Interventions that are evidence based should guide legislative change rather than reviving reactionary, punitive policies that have previously been unsuccessful.

Recommendation 3

- 3.1 Maintain penalties for the movement of large quantities of drugs.
- 3.2 Enhance diversionary programs for drug users rather than incarceration by devising a comprehensive drug reform system that seeks to get people out of criminal custodial treatment and into rehabilitative health care.
- 3.3 Provide culturally appropriate education in schools about drugs, social inequality and the social determinants of illness and health.
- 3.4 Improve and promote drug treatment and needle exchange programs that provide drug users with safe injecting facilities.
- 3.5 Monitor deaths more closely, as they relate to epidemiological surveillance and public health prevention planning in drug and law reform.

4. *Police will have the power to detain an individual and have a medical practitioner 'assist in the search'.*

NCOSS believes that searching individuals for 'suspected' drug use, with the assistance of a medical practitioner, is a violation of human rights and an excessive focus on drug user behaviour. Also, invasive and non-invasive searches have so far not required the assistance of a medical practitioner, questioning the addition of this expensive resource allocation. Drug use is a social problem that is much greater than the individual user. Undervaluing the links between poverty and drug use leads Government policy into a cycle of diminishing returns, where too much money is spent on the criminal justice system at the opportunity cost of long-term social repair.

Recommendation 4

- 4.1 Employ the assistance of a medical practitioner in a search only where there is a health related threat, such as overdose, psychosis and delirium.

5. *Police will be given power under the Summary Offences Act to move people on from train stations and other public spaces. Refusal to move on can result in arrest.*

NCOSS believes that the increased police powers, under the Summary Offences Act to 'move people on', will largely affect young people and further complicate the social isolation, naivety and risks experienced by this highly sensitive group. Comprehensive programs need to be developed that embrace and nurture youth interests and talents rather than discouraging them. The apparent lack of interest in the deterioration of the public tertiary education system and employment initiatives highlights poor Government role modeling and a lack of concern to sustain long term, social opportunities for young people.

Recommendation 5

- 5.1 Dismiss the current proposal to increase police powers that enable the arrest of individuals who fail to move on in public spaces.
- 5.2 Increase funds to enhance diversionary programs such as the Youth Conferencing Scheme (Department of Juvenile Justice).
- 5.3 Strengthen programs that develop environmental and social infrastructure such as the Community Builders Program (Premier's Department), the Safe Cities Program (Attorney Generals Department) and non Government organisation initiatives.
- 5.4 Develop alternative learning opportunities for young people who do not perform well in the mainstream education system.
- 5.5 Reinstate funding in the public education system for programs that encourage high youth participation rates such as trade and post trade courses.
- 5.6 Increase educational opportunities for young people leaving detention, with particular emphasis on programs that identify difficulties such as reintegrating into mainstream education systems.

- 5.7 Support state funded programs that encourage real and sustainable employment initiatives.
- 5.8 Focus on encouraging and monitoring media responsibility and accountability in their reporting of youth issues. Negative reporting of drug and youth issues could incur law and order action by Government and be supplemented by a broader based community education campaign to assist the community to better understand youth issues and develop a more positive attitude towards young people.
- 5.9 Severely restrict the use of violence that currently exists in television programs and other forms of entertainment.

6. *Police will have increased powers regarding the illegal supply of firearms.*

Recommendation 6

- 6.1 Clarify which police powers will be increased regarding the illegal supply of firearms and refer to federal gun law reform and NSW legislation of 1997.

7. *The Cabramatta Police Station (CPS) has been re-classified to a grade 1 station.*

Recommendation 7

- 7.1 Match the resources allocated to additional police services with diversionary, treatment focused programs that provide social and welfare support and reform.

8. *CPS will be given 90 new Officers from the tactical action group, 10 extra drug detectives, 6 extra bicycle patrols and a team of drug detection dogs.*

Past experience has shown that increases in policing resources cause more public nuisance and hinder public freedom and civil liberties. An example of inappropriate police action that proved to be unsuccessful was the presence of police dogs on the main street of Byron Bay. This presence was strongly rejected by local community members and was reported to have created more public negativity towards law enforcers than reassurance. There are concerns that similar increases in policing will have a negative impact on the morale of the Cabramatta community.

Recommendation 8

8.1 Match the resources allocated to additional police services with diversionary, treatment focused programs that provide social and welfare support and reform.

9. *In 1995, there were 84 police officers in Cabramatta, now there are 200 police with additional powers to deal with issues of drug addiction.*

Recommendation 9

9.1 Match the resources allocated to additional police services with diversionary, treatment focused programs that provide social and welfare support and reform.

10. *10 interpreters will be contracted by the Community Relations Commission (CRC), to work with police at Cabramatta.*

There is considerable research that examines the cultural and social issues surrounding drug use and addiction. Centres such as the National Centre for Drug Research should be consulted in the development of the CRC work. Drug reform policy needs to be more comprehensive in how it deals with complex, global and local drug issues, as they relate to people of non-English speaking background. The employment of bilingual staff is only a small part of an overall strategy that addresses cultural and language barriers. While bilingual police staff are helpful in providing direct advice, this does not solve the concerns surrounding institutionalised forms of racism that exist within law enforcement agencies and the community in general.

Recommendation 10

10.1 Identify areas within the NSW Police Service that condone practices of racism.

10.2 Provide appropriate cultural training courses for police, which are developed and conducted by specialist drug and alcohol multicultural education centres.

10.3 Increase the capacity of Government and non-Government drug and alcohol services to effectively deal with cultural diversity and work together with police.

10.4 Provide appropriate, culturally specific drug education programs that are based on harm minimisation principles, are in various languages and are designed specifically for the local community of Cabramatta. A particular

emphasis should be placed on the socialisation of children about culture and drug use. Information mediums such as television, newspapers, community radio stations and non Government Organisations who service people from non-English speaking backgrounds, will need to be included in program delivery.

11. *The CRC will commence the City Watch Program that includes representatives from local businesses, school principals, community leaders, and the police and will be chaired by the local area Commander.*

NCOSS believes that drug law reform monitoring and development lies both with the Government and the community. The debate about drug use is incomplete without solid collaboration between governments, those who use drugs and those who are directly and indirectly affected by drug use.

Recommendation 11

11.1 Assertively follow up those groups who are not actively involved in the ongoing development of Government planning because of a lack of physical access, language or cultural understanding. Follow up ensures that vulnerable people are equally represented and empowered to contribute to the ongoing debate about drug law reform, prohibition, criminalisation and increased sentencing laws. Such groups include people who use substances, youth, women, carers and people with a dual diagnosis such as mental illness and substance use.

11.2 Insist that drug reform issues are not only represented by non-government organisations and specific interest groups, but by community members who have direct experience also.

11.3 Employ the expertise of community, non-Government organisations such as the New South Wales Users and AIDS Association, regarding drug law reform with the aim of enhancing community education programs, equity and understanding of drug discrimination issues.

11.4 Refer to the Regional Drug Action Plan regarding local community drug action and reform, administered by the Premier's Department.

12. *In Cabramatta, police bail will be changed to add two conditions, (1) failure to attend drug treatment breaches bail and (2) if a person is from outside the Cabramatta area, it will be a breach of bail to return. Breaching bail results in prison.*

While NCOSS supports bail condition number one, NCOSS strongly urges the Government not to proceed with bail condition number two, that which prohibits people returning to the Cabramatta area. Forcing social exclusion for most people contributes to an erosion of kinship systems, especially for people from Aboriginal and non-English speaking background.

Recommendation 12

- 12.1 Abolish current bail condition proposals that prohibit people from returning to the Cabramatta area.
- 12.2 Continue supporting the breach of bail conditions as they relate to compulsory and diversionary drug treatment.

2) Compulsory Treatment

13. *A \$4.4 million plan to set up the Magistrates Early Referral Into Treatment (MERIT) scheme in Cabramatta, to commence 1st July 2001.*

Recommendation 13

- 13.1 Continue the MERIT scheme.

14. *Magistrates will impose treatment as a bail condition.*

Recommendation 14

- 14.1 Continue with the proposal that Magistrates will impose treatment as a bail condition.

15. *Provision of 500 extra treatment placements.*

Recommendation 15

- 15.1 Provide greater clarity in the identification of additional treatment services and the capacity of those treatment services to meet the anticipated demands placed on existing treatment services by 1) the MERIT scheme and 2) extra demands on services.

16. *8 rehabilitation beds.*

Recommendation 16

16.1 Provide additional beds that are specifically designed for drug rehabilitation clients. The proposed eight beds are currently insufficient to meet the demand for treatment services.

17. 3 acute care beds.

Recommendation 17

17.1 Provide clarity about where, for whom and for what purposes the above three, acute care beds are for. Are the acute care beds for rehabilitation, detoxification purposes or for general medical and surgical conditions?

18. 4 mental health beds.

Recommendation 18

18.1 Provide clarification about whether the four mental health beds are already allocated by other funds/departments, or whether they are additional, specialist beds for people with drug co-morbidity.

18.2 Employ additional community mental health care coordinators that are able to provide assertive, post hospital discharge follow up. This ensures that people with a mental illness/disorder are able to access human services within the community such as adequate housing, rehabilitation, vocational training as well as stopping the cycle of “revolving door” hospital readmission.

19. 47 'crisis places' throughout the Department of Housing.

Recommendation 19

19.1 Clarify if the 47 'crisis places' are part of an established accommodation program or new, additional funds for 47 extra places.

19.2 Allocate equal funding to non-Government organisations, who also provide emergency accommodation services.

19.3 Develop a long term housing strategy that encourages growth in the private rental market through schemes such as no interest loans and tax incentives for home owners who lease their properties at affordable rates.

20. *3 'health professionals' to work with the police and DOCS to identify methods of treatment at the first point of contact.*

Recommendation 20

20.1 Employ qualified drug and alcohol specialist community youth workers to work together with people who are at risk, and to link individuals with police and Department of Community Services staff.

20.2 Provide additional training for police service staff that focuses on how police officers can work with young people at risk in a sensitive, non judgemental and non punitive manner.

21. *Health Department liaison officers to implement the MERIT scheme.*

Recommendation 21

21.1 Ensure that Area Health Services support the implementation of the MERIT scheme and not just Health Department Liaison Officers. This enables an understanding of local community needs and the ability to follow up individuals assertively and comprehensively. For example, the South Western Sydney Area Health Service, Drug and Alcohol Service staff to coordinate service provision, prevention and referral to other Area Health Service and community sector staff, within the same area.

3) Prevention and Early Intervention

22. *\$270 000 will be spent on mobile childcare teams.*

Recommendation 22

22.1 Provide clarification about whether the \$270 000 are funds that are already committed through the Families First Program, or the implementation of other, new projects.

22.2 Provide clarification about what a "mobile childcare team" is and which Department will be overseeing this team.

23. *Extra family counselling services for 350 families each year.*

Recommendation 23

- 23.1 Provide greater clarity about whether the extra counselling services are already administered and implemented through the Department of Community Services or are new services/funds.
- 23.2 Expand existing general counselling services for individuals who do not meet the criteria for specialist, tertiary mental health services. Counselling services include examples such as Life-Line, Centrecare and Psychosocial community health services, administered within Area Health Services.

24. *A six-person 24-hour DOCS team to work with police on the streets.*

Recommendation 24

- 24.1 Strengthen and further support initiatives that focus on whole of government partnerships.
- 24.2 Reinstate trade and post trade courses in tertiary institutions, such as motor vehicle Mechanics courses, that divert young people away from the criminal justice system and into educational institutions.

25. *The Families First plan will provide support for 100 Cabramatta families.*

While NCOSS supports the Government's focus on assisting families, it is unclear how the Families First Plan, that will provide support for one hundred families in Cabramatta, will impact on the issues regarding the public nuisance of drug trade in Cabramatta. How does this recommendation relate to drug trade? Is the Families First Program repackaged with additional resources?

While strengthening families is an effective approach in context of specific, preventive, family programs, it is not an effective strategic response alone to deal with prevention and early intervention planning. Pointing to the integrity of families with regards to the proliferation of drug trade in Cabramatta seems to focus too heavily on blaming individual families and their behaviour as the cause of these problems. While the Families First Plan is an important policy in the overall plan for drug reform, at risk groups and drug initiates need more qualified and expert care/treatment.

Recommendation 25

25.1 Build a more effective inter-agency mechanism that enhances diversionary drug programs as well as providing well funded and appropriate education, training and employment for vulnerable people.

25.2 Provide appropriate interventions that will affect the future of Cabramatta families and that are characterised by addressing the needs of the newly drug initiated, first time users. Principles such as harm minimisation, youth specific general counselling services, cultural sovereignty and preservation, indigenous reconciliation, appropriate education about safer drug use and a focus on primary health care, rather than a disproportionate reliance on tertiary, treatment services, will in the long term impact positively on the socialisation of families.

26. *Under this program, parents of preschool children will visit local schools for classes that will assist them in their parenting.*

NCOSS believes that targeting the parenting skills of families does not necessarily provide a direct causal link between parenting needs and the increase in illicit drug trade activity. There are obviously issues in many communities that highlight the stress that they are under and their individual capacity to effectively parent. This is especially the case regarding the increased vulnerability in young people to drug usage. However, to draw a direct link between family parenting skills and an increase in drug trade is simply a false approach and not a thorough, considered account of all of the interplays between individual, social, environmental and cultural determinants of health.

NCOSS is concerned about the Government's assumption that families are responsible for drug trade and believes that this will have an impact on the cultural integrity of people from non English speaking backgrounds. It would be most unfortunate if this activity imposed on the cultural values of non English speaking background communities.

Recommendation 26

26.1 Provide evidence relating to the link between parenting programs and increases in drug trafficking.

26.2 Revise current proposals that focus on families as a means of decreasing drug trade and refocus on a more general, whole of government responsibility, that targets structural, system wide inequities.

27. *A \$600 000 community drug education team to work in schools in Cabramatta, Fairfield, Bonnyrig and Canley Vale.*

While NCOSS supports broad, whole of government approaches that are currently being explored, it is unclear whether the quoted \$600 000 is a new initiative or part of an existing program. For example, the Premier's Plan of Action on Drugs quotes similar figures that are already allocated for prevention and early intervention strategies.

Recommendation 27

27.1 Clarify whether this proposal is new or part of existing programs generally.

27.2 Increase the capacity of primary, secondary and tertiary schools to more effectively and safely deliver appropriate education that encourages greater participation rates.

28. *The Premier supports recent Federal Government campaigns regarding the role of parents in drug education, "Get tough on drugs".*

NCOSS believes that evidence based, public drug education strategies are more comprehensive and representative of the whole community. The efficacy of and the evidence for mass media television campaigns, that focus on intra familial communication as a preventive measure, have proven to be counter-productive. Longitudinal studies conducted in the United Kingdom indicate that contrary to popular belief, young people from middle class backgrounds are more likely to use and experiment with drugs than poor people.

The Government's "Get Tough on Drugs" campaign does not consider different levels of use and also the different types of drug use by the different user groups. Current television advertisements as considered by many to be judgemental and encouraging of white, middle class values that focus on blaming families for social and economic determinants of increasing drug use and trade.

Some individuals who are involved with drugs are chronically homeless, often excluded from mainstream structures/systems such as family, school, employment and the community and traditionally fail to utilise health and welfare services despite their existence. Public education campaigns that highlight the 'nuclear family' as the 'norm' can only exacerbate the social isolation experienced by people who are already disadvantaged.

Recommendation 28

28.1 Re-direct the resources for current television advertisements into a public campaign which addresses the range of issues that make children and young people in a location like Cabramatta more vulnerable.

28.2 Provide a more comprehensive approach to drug use, drug trade and consequent drug related crime, that invests in appropriate, long term social strategies, that addresses the whole social gradient and includes more planning than a coordination of government services.

28.3 Ensure that people who use substances are included in the debate about drug trade, crime and violence in the Cabramatta area. Consultation should engage substance users regarding their needs, perspectives of current drug reform policy, opinions regarding ways to improve police, human and health services and views about mechanisms that build community connectivity.

28.4 Consult widely with expert, front line community welfare, health and migrant organisations regarding the root causes of drug addiction and possible longer-term preventive strategies for drug reform.

2. About Ncoss

The Council of Social Service of New South Wales is the peak body for the social and community sector in NSW. We were established in 1935 to promote cooperation in the provision of community services and influence social legislation. NCOSS provides an independent voice on social and economic policy issues and reforms and is the major co-ordinator for non-government social and community services in NSW.

We act as a channel for consultation with government and between parts of the non-government sector with common interests and diverse functions. NCOSS works actively with our members and others towards achieving social justice for all disadvantaged people and reconciliation with indigenous people.

The NCOSS Health Policy Project is funded by NSW Health to promote community participation, advocate for disadvantaged communities and assist

non-government organisations (NGO) to play a more active role in health service delivery.

3. Background

Since the 1999 Drug Summit, interest in the Cabramatta area has increased both from the Government and the media. Drug Summit findings, that heroin in Cabramatta is 100% imported and that Cabramatta continues to experience high levels of drug trade, use and crime, have been highlighted repeatedly.

The Ministerial Statement to the Legislative Assembly on Cabramatta Drug Use (27 March 2001) proposes a package that "Gets Tough on Drugs". The packaged "evidence-based three-stage plan", (criminal justice, compulsory treatment and prevention and early intervention) to decrease drug use and trade, while positive in many areas, also includes elements that are open to debate.

NCOSS was recently approached by some member community welfare organisations operating in the southwestern Sydney area, expressing concern about what they understood to be the Premier's intentions.

In response, NCOSS conducted a telephone survey of ten member agencies who provide services in the southwestern region, to ascertain their views on drug issues, the Premier's package, other action which could be taken and whether they had been consulted by government agencies recently, on these matters.

Drug use is a serious social issue that requires considered and long-term strategic planning by governments and communities. The cultural change that is required to decrease levels of drug use hinges on government and media campaigns that portray drug use positively and flexibly. NCOSS believes that the current Carr Government package requires a greater focus on tackling the range of social inequities rather than targeting direct drug users mainly, in the Cabramatta area. NCOSS submits the following views with the aim of stimulating further community consultation and inquiry on drug use in Cabramatta.

4. Survey Results

Survey participants generally agreed that the negative attention being cast upon Cabramatta is affecting the community's morale and may further stigmatise an already volatile area. It was felt that the NSW Government needs to re-examine its overall responsibilities in relation to social justice action, efficiency, quality and public health models of drug reform, that focus beyond Cabramatta.

There were fears that people in this area will become unnecessarily ill or die as a result of prohibitionist, punitive drug reform policies. Alternate strategies for government reform in Cabramatta were suggested and include a need to invest more in "...connecting the community, rather than locking it up".

There was an overwhelming sense of frustration that the government appears to be using Cabramatta as a scapegoat for political mileage. There were also concerns that the new police powers and drug actions are being fuelled by the media and public emotion and if implemented, will have long lasting and dangerous effects on the local community.

Some members were surprised with the speed of the government's actions and felt that the lack of extensive public inquiry on these issues contravenes Drug Summit recommendations and the community's trust. Managing a serious social dilemma such as drug addiction and trade requires the information and cooperation of the whole community, especially from drug users and people who are directly and indirectly affected by drugs.

There were extensive fears that migrant communities, especially from Asian background, are increasingly become targets of racial attacks because of the excessive media and government attention afforded to the Cabramatta area. Anecdotal evidence suggests that large numbers of people from non-English speaking background are being harassed and treated roughly by both police officers and other community members.

5. Social Trends in the Cabramatta Area

The City of Fairfield has the highest number of migrants of any local government area (LGA) in Australia representing most nationalities of the world. Approximately 139 421 people from the area population were born overseas with 128 216 of those people (50.4% of area population) coming from non-English speaking countries. A recent Ethnic Affairs Commission Report says that Fairfield has the highest proportion (just over 20%) of people who speak English 'not well' or 'not at all' (ABS, 1997).

1996 ABS labour force survey results indicate that employment levels in the Fairfield LGA have decreased relative to the population. This is against the State trend of a 10% increase between 1993 and 1996. In 1996 the unemployment rate in the city was (16.3%) compared with NSW rates at (9%). Recent figures also indicate very high youth unemployment rates in the Cabramatta/Fairfield area (ABS, 1998). The Fairfield area also has more one parent families than any other Statistical Local area, outside of Cambelltown and Blacktown.

While these indices are unique to the Cabramatta area, they could similarly apply to other disadvantaged communities. What is happening in Cabramatta is also happening in other parts of the world. These disparities are reflective of a greater dilemma that needs to look beyond local drug user behaviours and issues as the focus and more at factors that determine why some people use drugs at harmful levels and others do not. For example unemployment, poverty, poor family and social connections, homelessness, poor literacy and poor health can be a driver, of young people especially, towards drugs.

Despite the evidence that reveals economic, social, political and environmental factors affecting our daily lives, there continues to be reinforcement in government policy that individuals have significant control of their internal and external life events. This belief lends itself to 'blaming the victim' and does not recognise that socioeconomic circumstances shape and constrain the choices available to us. A good income, higher education and full employment contribute significantly to one's chances of staying healthy and living longer (Short [in Harris et al], 1999). Wodak (1999), believes that although this is difficult to prove, government strategies will be much more effective if they are linked to efforts that aim to understand the disadvantage that many drug users suffer.

6. At Risk Groups

Police tend to target disadvantaged people, despite recent inquiries into levels of police corruption and position exploitation. NCOS believes that the proposed new police powers could further contribute to a cycle of abuse that unnecessarily exerts control over citizens, especially those who are at risk of becoming further disadvantaged.

The new Carr Government proposals have effectively overturned the principles of common law that include, the state must prove a citizen has committed a crime. But eroding civil liberties will not necessarily address the issue of heroin trade in the Cabramatta area. As Wodak points out, heroin production increases every year and worldwide bans have not successfully reduced demand (Wodak, 1999). Criminal justice policies and programs must be tied to other social policies and programs that disentangle the confusion between public emotion, blaming the victim and government responsibility.

Prohibition policies, which target drug users directly, also impact on individual and population health. A direct consequence of targeting drug use and trade necessitates drug use under hurried, unsafe conditions. Fear of being caught increases the risk of individuals using unclean injecting equipment and as a result, increasing the cumulative incidence of blood borne viruses, such as

Hepatitis C and HIV. NCOSS is concerned that the current Carr Government proposals are in conflict with existing public health measures to minimise the impact of drug addiction in our community and to maximise community empowerment.

In addition, drug users often have mental health problems and use substances such as heroin to self medicate and alleviate distressing symptoms. Recent reports indicate that gaols are becoming 'the new asylums of the 21st century'. It has become evident that health professionals, governments and community leaders have failed to understand that many young people develop dangerous drug addictions to mask pre-existing mental disorders, who then drift into homelessness, unemployment and crime.

Prohibitive policies contribute to a slippery slope of disadvantage by potentially stunting individual and community responsibility, opportunity and ability to successfully contribute to our society.

7. Prohibition

The current government proposals to increase police powers in Cabramatta appear to be a short-term reaction to a highly complex and disturbing problem. The intention to outlaw the supply and use of drugs in Cabramatta is a contentious common law / civil liberties issue and one that has created a great deal of community concern.

Despite the lack of evidence and evaluation to support prohibition drug strategies, there continues to be confusion between drug use as a legal rather than a health penalty.

It seems that the government is adopting an Americanised approach to drug addiction of zero tolerance and insists on punishing community members unnecessarily and severely. While increasing the power of the criminal justice system to prevent further crime, it also has the potential to aggravate crime.

Even though recent years have seen a multitude of resources dedicated to drug reform federally and in NSW, there seems to be more drugs, more varieties, and more people using them at an increasingly younger age, more deaths and more people in prison. What is fair to expect from our community is that some people will continue to use drugs while most will eventually stop doing so. Drugs are firmly embedded within our culture and government policy needs to draw a positive differentiation between the types of drugs used and levels of use (NUAA, 2001). Different age groups use different drugs at different levels. Programs need to be targeted and responsive to this fact and should concentrate more on policing the supply rather than the consumption end of the drug chain.

In the government's attempt to embrace a whole-of-community approach to drugs and crime, it has failed to include the greatest stakeholders of all; drug users and the broader community. Effective crime prevention is inseparable from other efforts to promote social justice, equity and fairness. Because of this, responsibility for crime prevention cannot be considered to rest solely with the criminal justice agencies, but must be seen as lying also with the family, the community, peer groups, schools, welfare agencies and voluntary organisations.

NCOSS is concerned that the current package for Cabramatta is too severe and highlights the need for a revision of harm minimisation principles in current drug strategies.

8. Harm Minimisation

Harm minimisation as a strategy is critical in keeping drug users alive and as healthy as possible. While harm minimisation programs are an essential component of government responsibility, they are part of a continuum of strategies that also include prohibition strategies. The full range of strategies needs to be provided so that assistance is available to all people who use drugs.

However, current government proposals to increase resources in the criminal justice system do not address the full spectrum of human need. Wodak (1999), believes that drugs create both health and social problems and states that \$620 million is spent on drug related problems, with 84% of this figure being spent on enforcement. This approach has proven not to minimise the harm of drug addiction in our community, as drugs continue to be a major source of grief for many.

Harm Minimisation policy is the official policy concept underpinning National and State public health strategies such as the National Drug Strategy. Within the Harm Minimisation framework, there are three principles: Supply Reduction (aims to disrupt production and distribution of illicit drugs), Demand Reduction (reduce the demand for and the uptake of harmful drug use) and Harm Reduction (reducing drug related harm in the community). The effects of the current package must be examined to determine whether the net impact reduces or increases overall harm to the community (NSWPD, 2000).

For example, reduction in the street supply of a drug, due to increased surveillance by authorities, leads to a supply and demand situation resulting in higher costs for drugs, which can lead to less reliable drug purity and a consequent increased risk of overdose. Harm minimisation strategies provide people who use drugs with the capacity and resources to make informed decisions about their drug using practices. These principles also emphasise the social determinants of health, that for a range of reasons, some people choose

to use drugs and that government strategy should avoid moral judgement about individual drug use. An example of harm minimisation strategy that has generated wide community debate is the issue of government endorsed safer injecting facilities.

However, despite public opposition to a 'safe injecting room' as well as unsubstantiated claims that these facilities will lure youth, there were concerns by local community organisations in Cabramatta that drug users do not have a safe alternative to engage in drug use, consequently being visible on the streets. Harm minimisation proposals such as a safe injecting facility in the Cabramatta area were discussed as sensible and in line with the Report of the Joint Select Committee into Safe Injecting Rooms, February 1998.

9. Conclusion

While options for drug reform in NSW have increased over the years, NCOSS believes that the current proposals to increase police powers and sentencing in Cabramatta are limiting and retrograde. The effect of increased surveillance, especially on vulnerable people, potentially sets up an environment that is unsafe and consequently expensive to life and health.

It appears that current Government proposals are responding to the public nuisance of drug trade and not to the issues and necessary treatments for people who are at risk. Government responses to the drug problems in Cabramatta have been blown out of proportion and not in the interest of health and social capital development.

NCOSS calls for a more cost effective and broader government vision of crime prevention and drug reform that is based on evidence and that distributes public resources more inclusively, broadly, transparently and equitably.

This vision includes a society that has less people dying, becoming alienated, being forced into the criminal justice system, who are homeless and unemployed. It also understands that the root causes of inequity, ill health, violence and crime, as they relate to drug addiction go beyond the individual and towards deeper, structural ills.

It is the Carr Government's challenge to lead the way with this whole-of-community vision.

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