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The Scourge of Contemporary Substance Abuse

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Mr MORRIS (Mornington) — The issue of substance dependence or abuse is one that successive generations have battled. The response of government over the years has ranged from promoting substance abuse, if you look at the opium trade in China in the 19th century or perhaps the opium trade in the Golden Triangle in the 21st century, all the way through to prohibition and probably almost all points in between.

However, there is no doubt that the easy access people have to a range of substances capable of being abused, the much greater affluence we have in the 21st century and the much greater affordability of such substances, particularly alcohol, have all contributed, as have liquor licensing reforms and the easing of the rules over the last 30 years, since the early 1980s.

The changes to alcohol rules mean that packaged liquor, in particular, is available on almost every street corner. It is certainly very accessible, particularly in areas like the central business district of Melbourne. In a similar way, the sale of food in a sit-down venue is almost always accompanied by the availability of alcohol.

The availability of over-the-counter medications has also increased. Back in the 1970s or early 1980s most of those products were not available in supermarkets. You had to go into a pharmacy, where the chemist was probably standing on the raised platform up the back, keeping an eye on what was going on. These days it is much easier to simply throw things in the shopping trolley — obviously not the sorts of substances that it is envisaged will be dealt with by this legislation, but it is a matter of starting down the slope.

Another area in which we now recognise there is considerable substance abuse is prescription drugs, and we know we have a significant problem with this in Victoria. In December 2007 the Drugs and Crime Prevention Committee reported on the misuse and abuse of benzodiazepines and other prescription drugs. The report clearly identified the extent of the problem in the state. As I think I said at the time, until the committee started looking at the problem it was totally unknown to me and probably to most of my colleagues from both sides of the house.

The report was intended to be far more wide ranging than it turned out to be, because the breadth of subject matter was considerably greater than expected. In fact we confined the report to dealing with benzodiazepines and opioids in particular.

In the course of that inquiry the committee met with a very senior official of the United States of America's Drug Enforcement Administration in Washington, DC. This official identified prescription drugs as almost the biggest challenge faced by the DEA. When you consider that this is a body that deals with both licit and illicit drugs, you can see the scale of the problem in the United States. We have a similar issue here, although I think it is reasonable to say it is not as extreme and certainly not as well documented.

The difference between the USA and Victoria in particular is that the US approach tends to be about enforcement and punishment, whereas Victoria's approach has traditionally been to view substance abuse from a health perspective — to treat it as a health problem. That is undoubtedly the appropriate way to go about it. In my view the pushers, traffickers and purveyors of these substances, legal and illegal, need to feel the full force of the law when they breach the rules. Obviously in the case of illicit drugs the laws are clear, and such offenders should be dealt with, preferably by being incarcerated.

In my view the same rules apply to people who go doctor shopping and obtain goods to onsell, as well as to liquor licensees. What we do not need is the convoluted control structure we have for alcohol at the moment. We need to have a clear framework. We do not need to tie up businesses in red tape; we do not need to punish them for deeds they have not committed, as we saw in the recent live music debacle. We need to have a set of rules that make it clear what licensees can and cannot do. When they step over the line, when they fail to uphold their duty of care to their patrons, the consequences need to be clear.

I note in passing some comments that were referred to in a *Sunday Herald Sun* article last weekend. One particular licensee — and I will not give him the satisfaction of being named in Parliament — suggested that violence was not at all related to alcohol and that the problems we have in the city have nothing to do with alcohol. His view is that additional police in the city centre are simply destroying the late-night scene, and apparently in his view people should be able to drink themselves senseless and licensees should be able to keep supplying them with alcohol regardless of their state of intoxication. Clearly that is nonsense. It is most unhelpful particularly to the vast majority — probably 99.9 per cent — of people who work in the hospitality industry and take a responsible approach.

There was another comment in that article. The man is reported as having said that that in his view 'violence is caused by underlying factors such as depression, cultural problems and mental illness'; it has nothing to do with alcohol. I thought that was an interesting link, because in the last edition of the publication *Of Substance* Dr Katherine Mills, who is a senior lecturer at the National Drug and Alcohol Research Centre, made the point that:

Exposure to trauma is almost universal among individuals with substance use disorders ...

Despite high rates of trauma exposure ...

among alcohol and other drugs clients —

it is not unusual for these experiences to go unnoticed and therefore, untreated.

If you continue to suffer from that problem, it feeds on itself and potentially leads to a very high level of abuse. I guess the polite term for that is self-medication. However, we all know it is not self-medication but a recipe for something far less helpful than that.

A number of issues have been raised in terms of human rights, and they were extensively detailed by the Scrutiny of Acts and Regulations Committee in *Alert Digest* No. 1 of 2010. The committee recognises, and it is a point of view I concur with, that the goals of saving the life and welfare of people with severe substance dependence are sufficiently important to justify limiting other charter rights. That is a very important statement from the committee.

The committee also raised a number of other matters which time does not permit me to go into, but it might be helpful if the minister in winding up the debate took the opportunity to respond to those.

Another issue I want to mention is the importance of the health perspective. Under an unhelpful headline to an article in the *Sunday Age* of 21 February, 'Plan to lock up drunks, drug users', the president of VAADA (Victorian Alcohol and Drug Association), Simon Ruth, indicates that he is confident the law would be used appropriately. He makes the reasonable statement that:

It's not a human right to drink yourself to death ...

Simon is an excellent practitioner, and I certainly have great respect for him.

A number of other issues have been identified. The member for Macedon responded to something the member for Mildura said, but it came back to a comment by the member for Mordialloc. The point we have been making is that consumers were not consulted. This is not about peak bodies, it is not about statutory authorities; it is about consulting consumers.

This issue is fundamental to a caring and decent society, and once again the government has squandered the opportunity to make much of a difference.