

**EDUCATION AND HEALTH
STANDING COMMITTEE**

**INQUIRY INTO THE ADEQUACY AND APPROPRIATENESS OF
PREVENTION AND TREATMENT SERVICES FOR ALCOHOL AND
ILLCIT DRUG PROBLEMS IN WESTERN AUSTRALIA**

**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 11 AUGUST 2010**

SESSION ONE

Members

**Dr J.M. Woollard (Chairman)
Mr P. Abetz (Deputy Chairman)
Ms L.L. Baker
Mr P.B. Watson
Mr I.C. Blayney**

Hearing commenced at 9.04 am

BACIK, MR JAY

Chief Executive Officer, Life Education, examined:

EGAN, MR RICHARD JOHN

National Policy Officer, Family Voice Australia, examined:

FOLEY, MR BERNARD CHARLES

Executive Officer, Life Education WA (Inc), examined:

MACORMIC, MR LANCE DAVID

Pastor, Family Voice Australia, examined:

McAULIFFE, MR MICHAEL JOHN

Chairman, Life Education WA (Inc), examined:

The CHAIRMAN: On behalf of the Education and Health Standing Committee, I would like to thank you for your interest and your appearance before us today. The purpose of this hearing is to assist the committee in gathering evidence for its inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems. You have been provided with a copy of the committee's specific terms of reference.

At this stage, I would like to introduce myself, Janet Woollard, and next to me Mr Peter Abetz, Mr Ian Blayney and Mr Peter Watson. Ms Lisa Baker will possibly be joining us a bit later. Our principal research officer, Dr David Worth; research officer, John Pollard; and Hansard are also present.

This committee is a committee of the Legislative Assembly. This hearing is a formal procedure of the Parliament and therefore commands the same respect given to proceedings in the house. Even though the committee is not asking you to provide evidence on oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. This is a public hearing and Hansard will be making a transcript of the proceedings for the public record. If you refer to any document or documents during your evidence, it would assist Hansard if you could provide the full title for the record. Before we proceed to the questions we have for you today, I need to ask you a series of questions. Have you completed the "Details of Witness" form?

The Witnesses: Yes, we have.

The CHAIRMAN: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

The Witnesses: Yes.

The CHAIRMAN: Did you receive and read the information for witnesses briefing sheet provided with the "Details of Witness" form today?

The Witnesses: Yes, we did.

The CHAIRMAN: Do you have any questions in relation to being a witness at today's hearing?

The Witnesses: No.

The CHAIRMAN: You have all had an opportunity to look closely at the terms of reference for this inquiry. Now, we might give you, Richard, five to 10 minutes —

Mr Egan: I will defer to the other witnesses, if that is all right, in the hope that my colleague will be here before they conclude their opening statement.

The CHAIRMAN: Do you have a joint presentation?

Mr Egan: Yes. But if he is not here on time, I am quite able to carry on.

The CHAIRMAN: In that case, you will each have three to four minutes to make a submission. Once you have made a submission, the committee members will then ask you any questions that they may have about your submission.

Mr McAuliffe: Very good. We would like to start, if we could, with Mr Jay Bacik.

Mr Bacik: Thank you very much, Madam Chairman, for affording us the opportunity to be here. I have read your material. I am not too sure whether you are familiar with the Life Education program as such? A few nods would indicate that you are. Good. That cuts out half of what I was going to say, which is good.

I guess the focus of the Life Education program, for the 30 years since it was started by Ted Noffs at the Wayside Chapel, has been prevention. We try to get to children as young as we can. We are now being approached by preschool and kindergartens because our focus is in the early stages—teaching children about respecting themselves and their bodies. Someone once wrote a book called, *All I really need to know I learned in kindergarten*, and that is not too far off the track. If children do not have some basic understanding of who they are and what their bodies can and cannot do, and also interrelationships with other people, it is a prescription for making poor choices. And it is about choices that we speak.

We deliver the program in mobile learning centres right throughout Australia. We see almost 700 000 children each year through 100 mobile learning centres. We have 120 trained educators. I think the thing that distinguishes Life Education from other kinds of drug and health education programs is, firstly, the mode of delivery. It is in an environment not unlike this—not quite as posh, but very nice, with stars on the ceiling—that we provide children with interactive opportunities and videos. In our newest program, called *Mind Your Medicines*, we teach children in grades 4 and 5 about medications in the home and how to value them, respect them and how to use or not use them. Ernie Dingo is the game host in that video. We have children on the floor building body parts and sticking the bits where they need to be on wall charts. It is certainly not a chalk-and-talk presentation; it is experiential education. The second factor—other than the van—is our highly trained educators. Each of our educators comes with a degree in education, health or physical science-related disciplines. We train Life Education educators intensively for six to eight weeks before they can work for us. Every year, they have a two-week upgrade in what they do in terms of research, new methodologies and the like. I think this program is unique in Australia. As much as I value the programs that the state education departments utilise, the best a classroom teacher can do is to do is their best. Whisking them away for a one or two-day training program once a year to upgrade their PDHPE areas—as we call them in Sydney—is not enough. We see ourselves complementing and in fact supplementing the various state education programs. To that end, I have brought a couple of workbooks to show you although I know that we cannot give them to you now, but perhaps I can leave them with you.

The CHAIRMAN: You can give them to the committee as supplementary information. We are happy to accept those.

Mr Bacik: Each of these workbooks lock us in to the details of the curriculums of the eight states and territories. It is a pain in the wazoo—as an American friend of mine says—to have to compile these documents for the eight states or territories. We have federal government support. We have state support in all the other states except Queensland. Support was withdrawn from here for a number of reasons, and my colleague will deal with that.

When we leave the classroom after our 90-minute presentation, we leave a teacher's manual and a work manual with the classroom teacher—I have one here on smoking and another on booze for upper primary children—that have about 10 hours of highly researched, cute and kid-friendly presentations for ongoing work with the children. They can work through the impetus of the Life Education program.

I think that is about all I want to say about the overview, except to say that a report commissioned by the federal department of health in October 1996—it is the Erebus report “Best Practice in Drug Education as Applied to Life Education Australia”—gives a big tick on the efficacy of the program.

[9.12 am]

Nobody has done a longitudinal study on any education program in Australia. Some people in the bureaucracy and in academic circles say that education does not work with drug and health education. However, as a colleague of mine has said, if education does not work, try ignorance. We think we are a valuable resource for kids in Australia, and we have seen 4.5 million of them.

The CHAIRMAN: We will accept those handouts by way of supplementary information. John will take them from you. Michael, before you give your presentation, I want to say that we all know about Life Education and we think that it does a great job. How does what you are doing fit in with our terms of reference? You are obviously here to make a contribution into our inquiry into the use of alcohol and illicit drugs.

Mr McAuliffe: Essentially, as Jay mentioned, our approach is to try to educate children before they come under the influence of drugs. It is a proactive program, one that we hope will give children the knowledge and skills to resist the course of drug abuse as they get older and move into that area of influence. I do not think that anyone would dispute that that is the most positive approach that we can take to avoid the problem. Life Education offers the potential to achieve that goal. It has been around for some 30 years. There have been models around Australia and, in indeed, in Western Australia for 15, nearly 20 years where this was delivered in a partnership between government, schools, parents and the community in general. The community has been sponsors and parents have had a very important role to play in drug abuse reduction. The government gave support financially and in promoting public policy and things like that. That partnership is the successful model that has operated around Australia. In 2003 the state government withdraw all funding for Life Education. That coincided with Mr McGinty doing some fairly serious cutting to his health budget. All funding was withdrawn from Life Education, primarily based on advice from the government departments that operate a school drug education program that they claim is an alternative to Life Education. They said that Life Education was a duplication of their program and, therefore, not justified. Our problem is that that reduction in funding has meant that we have had to curtail our operation.

The CHAIRMAN: What amount of funding was withdrawn?

Mr McAuliffe: At that stage we received \$173 000. That money was taken away. We have had to cut our costs; we have not been able to fill the gap. As a consequence we are now seeing only 24 000 children a year in this state. Before the funding was cut we were seeing upwards of 40 000 children. That has been the biggest impact. The issue is whether Life Education is needed. The advice that will come from the School Drug Education Program—the Drug and Alcohol Office—is that there is a duplication of services between SDEP and Life Education. We dispute that very strongly. We are not against SDEP. It is a complementary program and one that would assist us to

achieve the best possible outcomes if we work together. The difficulty is that the SDEP is, at this point in time, merely providing very brief professional development for teachers in school, which is voluntary. They elect whether to go to the PD. They are also sent a list of resources to use for drug education, but there is no delivery of any lessons in the classrooms. We can find no evidence of that occurring anywhere. Unfortunately, the advice going to ministers is that 80 per cent of classrooms are being looked after, but that is not the case.

Mr P.B. WATSON: How many are being looked after?

Mr McAuliffe: Honestly, I cannot find evidence of any classrooms being taught anything from SDEP. I cannot say that there are none, but I cannot find any evidence.

Mr P. ABETZ: What does SDEP stand for?

Mr McAuliffe: The School Drug Education Program. It has been renamed the School Drug Education Road Aware program, because it now includes a road awareness category.

Mr P.B. WATSON: How do you monitor your success? You said that you see 24 000 children a year and that there is follow-up with schoolteachers.

Mr Bacik: I can tell you nationally and in relation to the state. Every school we visit gets an evaluation form that must be filled out. I say “must be” but we do not shoot people if they do not fill them out! That information goes into a national system. We have documents this thick on the efficacy of the program as delivered. There is no longitudinal study. I will tell you what there is. In the Erebus report you will read that more than 94 per cent of schools that received the Life Education program invite Life Education back. If I were selling a product, I would be impressed with that. That is not to say that some schools do not do their own thing. We go to public, private, Catholic and Muslim schools. My answer to that is that if the school was not doing a good job —

Mr P.B. WATSON: But it must be pretty hard to work out how you measure success. You said that you need funding from the government and that another agency is not doing well, but you do not have the facts to prove that. How do you measure your success? You are putting a methodology into schools—how do we know whether it is working?

Mr Bacik: I will provide some statistics, which I have here. Most kids are not taking drugs. Only 13 per cent of kids take drugs. Cigarette and marijuana use are down. I am not sure about WA.

Mr P.B. WATSON: Alcohol use is up.

Mr Bacik: The volume of alcohol is not up; rather, the way we drink is a serious problem, but things have changed socially. Heroin use is down dramatically. When I came to Life Education nine years ago, the number of deaths from heroin abuse was ridiculous. It was high; now it is one-third.

Mr P.B. WATSON: But there is less heroin coming into Australia.

[9.20 am]

Mr Bacik: Why do we not give the kids some credit and say that they are choosing to not do dope? That is my view. I am not going to take all the credit for that, because there are a lot of other people involved—parents, police, health departments, education departments—and we all want to keep our kids safe, and I think Life Education is a component in that. That is the only statistic that we have, and I do not think that is a bad result. Having said that, the Mission Australia report from last year indicates that for 35 per cent of kids between 11 and 14, their number one fear is drugs, and I think we owe it to them to support them in any way we can.

Mr P.B. WATSON: We have just come back from the Kimberley. We have seen really young children being involved in drugs and alcohol.

Mr Bacik: Yes. It is heartbreaking.

Mr P.B. WATSON: You mentioned the age group you are looking at, and you were saying that you have been approached by preprimary.

Mr Bacik: Yes.

Mr P.B. WATSON: The feeling we get from people in the community up there is that we should be going into preprimary and we should be going into kindergarten and educating kids to say, “It’s bad for me to be assaulted by my mum and dad; it’s bad for my mum and dad to have alcohol, and it’s bad to have drugs.” But I think we are going in too late. I think we have lost a generation.

Mr Bacik: I agree with you, Peter.

Mr P.B. WATSON: Do we try to save that generation or do we try to get the next generation? It is a huge decision.

Mr Bacik: It is a huge decision.

Mr Foley: Our target market is preprimary and primary. The eastern states do secondary, and we do not as yet, but our main primary target has always been our primary.

The CHAIRMAN: Bernie, would you like to make your presentation —

Mr Foley: Okay.

The CHAIRMAN: — because we are going to move on soon so that both groups have a —

Mr Foley: Yes. I took on the executive officer’s role this year, mainly because we have a private donor that is funding that position, or part of that position, for two years. When we did this original submission, we identified areas that we would like to expand it into. We identified certain country areas, and we related our distribution of teaching children in line with the education districts. However, since then we have had a rethink on it, and while we identified that there are issues way out there—and Kimberley was one area, because we used to have a van in the Kimberley many years ago—once again funding was cut. It is just an issue of funding. So we are concentrating more now on the metropolitan area. We brought a new van—one of our refurbished vans, sorry—into operation in the metro area in this term, and we were only lucky to do that because Wesfarmers Premier Coal paid for it to be in Collie. Once we have finished in Collie for a term, we then bring it back to the metropolitan area and we operate here for three terms, along with one in the north and one in the south. But our priority is that we want to at least get another two vans to three vans in the metropolitan area so that we know we are covering the metropolitan area to the best of our capabilities. We still have an operation in the Mid West. We are operating as a separate committee. Due to funding constraints, we have now taken that operation over. They have very good sponsorship from the mining companies in that area, but when that sponsorship ceases, the program ceases. So we are looking for ongoing funding. We are looking to the government to give us a basis, and we have put into plan what we would like. But my role and the organisation’s role is to identify funding sources. We have a thing called Ocoober. We have our corporate sponsors. We are hitting the large corporations. But with the mining companies, all they want to do is service their areas, which is understandable, and that does not help us in the metropolitan area. I am a one-man band. I have a great board that helps support me, but, realistically, for us to survive and continue, we need to be recognised, mainly by SDERA, that we are an organisation out there that does support what they do, and we provide that in the schools; and the other one is that the government acknowledges that we do a good job with our kids, and we are out there, and that will help to give us a public profile.

Mr P. ABETZ: You lost \$173 000 funding in 2003.

Mr Foley: Yes.

Mr P. ABETZ: What was your overall budget, say, in 2003, and what percentage was government contributing to that compared with the other donors, roughly?

Mr Foley: I was not there then.

Mr McAuliffe: At that stage the partnership between government sponsorship and the fees that we get from the children was roughly one-third, one-third, one-third. The government's contribution was probably about 35 per cent, I think we retrieved about 40 per cent from fees, and the balance was sponsorship from some of the service clubs and private donors—corporate, whatever.

Mr P. ABETZ: I went to one of the schools in my electorate where one of your guys presented, and I sat right through the whole presentation just to get a feel of whether this was worth supporting or not. It was certainly very impressive and certainly had quite an impact. The question is, I think, what Peter Watson asked earlier; that is, to try to get some longitudinal stats in terms of the impact, because I think that would be very helpful. But, of course, that is very costly research, because you would need to get some academic institution interested in doing that.

Mr Bacik: It is great, but people tell me that it is going to cost more than delivering the program.

Mr P. ABETZ: It does, yes; sure.

Mr Bacik: So I just go for the big stats and say that we are not doing enough.

Mr I.C. BLAYNEY: This is more of a comment. The Mid West is my region—I am the member for Geraldton—and I have quite a lot of contact with you. There are two things that I do not think you have mentioned. The feedback I get is that the great thing is that it is a new face that comes in to teach this subject, and so, like a new teacher, for one or two days the kids are on your side, so you have got this new person; and the technology side of it, trying to explain what drugs do to your body—explaining it almost from the point of view of logic rather than emotion—seems to really strike a chord. I cannot believe the work that the local community in Geraldton does to keep it running. So good on you.

Mr P.B. WATSON: When you pick your areas, do you work in with the police? Say you are going to put the van in a particular area, do you target an area in which you feel there are a lot of drugs involved? Sometimes I think that just because they are a lot of drugs in the area—a lot of the drug takers could be from Peppermint Grove and areas like that, instead of, say, Lockridge.

Mr Foley: Yes. In the metropolitan area we try to target every school; we do not particularly target areas. But when we talk about, say, the Collie region, Premier Coal, through its operation in Queensland, identified us for coming in and assisting us, and they funded us for one year. Now they are funding us for the next two years. They have identified a problem in their own community—they are very community minded down there—so, consequently, we were allowed to deliver the program last year and this year again. They would not have had it unless Premier Coal had come up and said, "Well, our community needs it."

Mr P.B. WATSON: I am from Albany. If, say, we wanted to get one to Albany, if we got the chamber of commerce or something to sponsor that as a community project, would that be possible?

Mr Foley: We would investigate it. What we do not want to do is look at a short-term solution; we want to look at the long term. So what we try to do is develop the communities to get them—a little bit like the Mid West—self-funding. We will support the organisation and help drive the administration of it. But to self-fund in the area and to have a local educator down there to cover those areas is cost efficient for all of us. Also, you have a person working down in that area who is happy to stay down there

Mr P.B. WATSON: Everyone loves to stay in Albany!

The CHAIRMAN: I am sorry for those who were here earlier, but as Lance was a little late, I will make this statement. On behalf of the Education and Health Standing Committee, I would like to thank you for your interest and for your appearance before us today. The purpose of this hearing is to assist the committee in gathering evidence for its inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems in Western Australia. You

have been provided with a copy of the committee's specific terms of reference. This committee is a committee of the Assembly. This hearing is a formal procedure of Parliament. Even though the committee is not asking you to provide evidence on oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. This is a public hearing and Hansard is making a transcript. If you refer to any documents during your evidence, it would assist Hansard if you could provide the full title for the record. Before we proceed to the questions we have for you today, I need to ask you a series of questions. Have you completed the "Details of Witness" form?

Mr Macormic: Yes.

The CHAIRMAN: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

Mr Macormic: I do.

The CHAIRMAN: Did you receive and read the information for witnesses briefing sheet provided with the "Details of Witness" form today?

Mr Macormic: Yes.

The CHAIRMAN: Do you have any questions in relation to being a witness at today's hearing?

Mr Macormic: No, I do not.

The CHAIRMAN: In that case, would you please state the capacity in which you appear before the committee today?

Mr Macormic: I am the WA state officer for Family Voice Australia.

The CHAIRMAN: Lance, you have seen the terms of reference. You know what the committee is looking into. We are looking into what is happening in schools, what treatment programs are out there in the community, whether people are being trained to help people in relation to alcohol and drug problems, where the strengths are and where the gaps are—where do the gaps need to be filled in. We will give you each five to 10 minutes to make a presentation, and then the committee will ask you some questions. I believe Richard was waiting for you to arrive so that you could be first cab off the rank for the joint presentation.

[9.30 am]

Mr Macormic: My apologies for being late. I certainly did not mean any disrespect. Good morning. As a relatively new citizen of Australia, living in the northern suburbs of Perth, I would like to thank Dr Janet Woollard and the Education and Health Standing Committee for its inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems in Western Australia. On behalf of Family Voice Australia, I would like to thank you for considering our submission made to this committee in July 2009.

I have served in local communities as a pastor for the past eight years and have witnessed, just as many of you have, the devastation that illicit drugs wreak on people's personalities, on their families, on their careers and employment, and on all their past and future relationships. As a matter of fact, today a friend of mine, Kevin Neil Ward, who works as a chaplain at Fresh Start Recovery centres in Perth, will be officiating at the funeral of a 35-year-old man who has struggled with his addiction for all of his adult life. I had the privilege of touring some of the Fresh Start Recovery Programme homes with Dr George O'Neil. All of the men and women who were there looked like they are going through hell. As he introduced me to each one of them, he asked them to tell me the hardest thing that they have ever done in their lives. Every single one of them said, without prompting by Dr O'Neil, that the hardest thing they ever had to do in their life was to stop their need for heroin. Each of them was desperate to stop their need for heroin. These men and women are fathers and mothers, daughters and sons, sisters and brothers, co-workers, friends and our neighbours. They are battling the fight of their lives, and they need every resource available to them

if they are to get clean and stop their need for illicit drugs. Yes, HIV and hepatitis C are devastating side effects to illicit drug use. However, to treat the side effects and not the disease is to simply remove moles without going into the deep tissue where the cancer originates. The core problem is the drugs themselves and the addictions they feed.

Harm minimisation, as we go into in our submission, has been one of the key principles of Australia's drug policy since 1985. Twenty-five years later, and millions of dollars later, I am not sure that we are gaining much headway. Certainly the statistical knowledge would say, and some of the anecdotal evidence would suggest, that harm minimisation for the last 25 years has not yielded much. It is time to shift our focus from the patronising policy of harm minimisation to a compassionate policy of harm prevention.

Therefore, Family Voice Australia recommends the following actions by the Western Australian government. First, the committee should call on the government to replace the current focus on harm minimisation with a focus on harm prevention and treatment that has the aim of achieving permanent drug-free status for individuals, with the goal of enabling drug users to be drug free. Second, the committee should call on the government to cease immediately all financial support for harm-minimisation programs, including needle exchanges, cannabis infringement notice schemes and methadone substitution programs, unless these have as their goal a proven pathway to complete abstinence. Three, the committee should call on the government to investigate the detailed operation of the successful Swedish drug policy and adopt it as its model for a new Western Australian drug policy. We do commend the government on its Cannabis Law Reform Bill 2009 and urge its passage as soon as possible. We also commend the government on its \$1 million of funding for Dr O'Neil's Fresh Start Recovery Programme. However, the program has an expenditure of \$10 million annually, as it sees 20 new patients every week. The need is great. It would be more adequate and appropriate for much more funding to be given to the successful Fresh Start Recovery Programme so that our neighbours can be given the best resources possible to engage in the fight of their lives. Thank you very much. I now pass to my colleague.

Mr Egan: I just want to add a couple of things. Firstly, in our submission we commend very strongly the findings and recommendations of two House of Representatives committee reports—"Road to recovery", and "The winnable war on drugs". I commend particularly the first report, which enjoyed not complete bipartisan support, but certainly the notable support of Jennie George for the recommendations of an otherwise coalition-dominated committee. Her remarks in that committee report are of particular note. It has certainly been disappointing that federal governments of both political persuasions have been slow to fully adopt the recommendations of those two committees, because the work of those committee was outstanding. Although I am very conscious that your terms of reference are dealing with education and treatment programs, I note things like "evidence base". If we are going to look at the evidence base for treatment programs and prevention programs, we have to ask ourselves what is the benchmark and what is the goal against which we are measuring this. I say that because if your overall goal is harm minimisation, then you are just looking at transmission of blood-borne diseases, overdose deaths and so on. But if your goal is a drug-free society, then you are going to be measuring prevalence rates and testing those against the world best standard. The world best standard on those things is Sweden, without a doubt. So if that is the goal, then all your examination of gaps and prevention and treatment programs has to be measured against that, rather than against what in our view is the failed harm-minimisation approach.

The other thing I have to say, because this is probably the most controversial of our recommendations—that is, to cease funding for needle exchange programs—is to commend to your attention footnote 3 in our submission of an evidence-based review of needle exchange programs, and the perhaps counterintuitive results that needle exchanges actually increase the transmission of blood-borne diseases among their user populations because they foster the creation of drug-sharing

circles where, even if the needles are not shared, the swabs and other paraphernalia used in injecting drug use are shared. So, really, that has been a massively failed program.

Just to add a personal anecdote, I was a delegate at the Community Drug Summit back in 2003, I think it was, and was in a working group there where about half of the members of this group of 11 were very strong proponents of heroin use. That included academics from Curtin University and members from the WA Substance Users Association. At that stage, these people were running the needle exchange program. I have not been able to check whether that is still the case today. These are people who think that to use heroin is just fine, so long as you have got the facilities for reviving people if they overdose. Their answer to things was that naloxone—I have forgotten the technical name, but it is the substance that the ambulance workers use for overdose cases—should be made available next to everyone while they were injecting with heroin so that they could revive themselves again, and they boasted about how that would mean that they could take more risks with overdose because they would have a ready remedy. So to kind of put wolves like that in charge of the henhouse I just found personally appalling. In my own family—without specifying how closely related—there are several young people who have become involved with drug use, and just as my colleague has said, we can see the wreckage that that is creating in their lives. The partner of one of them died just this last week of an overdose.

All of that informs, I guess, our passionate objection to the harm-minimisation track, and our support for a clear commitment from the government and hopefully, as in Sweden, a cross-party commitment to a drug-free society. One of the impressive features of the Swedish approach is that everyone, from the conservatives to the equivalent of Labor and the Swedish Greens, is committed to a drug-free society.

[9.40 am]

Mr P. ABETZ: Richard, are you able to point us to some document on the Swedish model that we can read in some detail? It has been a while since I have read your submission.

Mr Egan: What we have done mainly is footnote simply the data that shows the Swedish prevalence rates compared with the Australian ones. They are all from United Nations sources; they are reliable comparisons. The comparisons are startling. Just to take cannabis: “Ever used cannabis in the past 12 months?” In Sweden it was 2.1 per cent of the 15 to 64 population and in Australia in the relevant year it was 10.6 per cent. It is a 500 per cent comparison. In terms of how the policy actually works, I think the papers delivered by some Swedish representatives at the Community Drug Summit gave us as good an outline of it as anything that I have come across in English. I could track down that reference if you like.

Mr P. ABETZ: I would find that very useful if you were able to do that.

Mr Egan: Yes.

Mr P.B. WATSON: Richard, you have said that there is a drop in Sweden. I have been told by other people that they go to surrounding countries to get their drugs. Have you looked at the surrounding countries to see how theirs has been affected? It is a bit like the alcohol ban in Fitzroy Crossing when people went to the neighbouring areas.

Mr Egan: This figure is of the use only by the residents of Sweden, just as the Australian figures are. They are based on sample population surveys, telephone inquiries and others. All the Australian data we see is coming from that kind of survey. It is the equivalent survey in Sweden. No doubt, if in one country you crack down on the availability of drugs and there is a border nearby with a country with a different policy, there may well be some use across the border. I do not think that really goes to the prevalence of use, which is based on the same methodology used in all 120 countries of the world that report to the United Nations on this question.

Mr P. ABETZ: Because 10 per cent of the Swedish population would have had to move out of the country in terms of the percentages, which is just too big.

Mr Egan: Or at least be going to Norway or Denmark for some pot.

The CHAIRMAN: Richard, your submission focuses on illicit drugs and harm minimisation, but all the hearings that the committee have had in the metropolitan area, in southern regional areas and in the Kimberley have indicated that 70, 80 and sometimes 90 per cent of the problems are from alcohol. What is Family Voice putting forward in relation to suggestions for lowering alcohol consumption?

Mr Egan: Certainly, in some other submissions we have made to other inquiries around Australia, which mainly have been looking at alcohol-related violence—we have made a number of submissions in support of reduced trading hours for nightclubs and some of the other common proposals for violence reduction to do with bans on glass and so forth—we have not really formulated any concrete proposals in terms of general alcohol prevention and treatment programs. In some ways perhaps the bigger problem is the impacts of alcohol. There is much more of a social consensus that this is a problem and an agreement about the general direction to be moving in. There are people with more expertise than we have to be proposing the specifics of that. We have tended to focus on illicit drug policy because this is still a controversial area, and a large part of the academic establishment that has a strong influence on government bureaucracies that deal with drug policy are heavily committed to the harm-minimisation approach and are resistant to a shift to a drug-free society, whereas everybody would like a society in which young people drink less alcohol. That is not like a disputed goal. There may be arguments about how to get there. To be frank, we have not focused our policy development efforts in that area, but we would be, in principle, supportive of any sensible measures to reduce binge drinking, teenage consumption of alcohol and alcohol-related violence.

Mr P.B. WATSON: The police and the drug and alcohol services in my community say that 80 to 90 per cent of the problem is alcohol. That is where it all starts. They have perfect role models in their parents, because their parents drink. If you ask a young person, “What’s your parents’ social thing?”, they say that they drink; they do not say that they take drugs. They have that role model in their parents. I think we put too much emphasis on drugs. I know that a lot of the young kids in Albany binge-drink before they go to nightclubs because they cannot afford the drinks there. Then when they go to the nightclub, they cannot afford the drinks but there is always someone there to hand out the drugs. If we can stop them binge drinking first, the evidence we have received and obviously my local community indicates that it helps to stop the drugs.

Mr Egan: I do not dispute any of that at all; I agree entirely. All I am saying is that we have not put a lot of effort into specific policies in that area because, again, we think that there is a general social consensus along the lines you are suggesting and that there are others who are better placed to formulate the precise policies. Certainly, in some submissions to Senate inquiries, for example, we have strongly supported a complete ban on alcohol advertising on television, including at sporting events. The nexus between watching a game of sport and being recommended that you drink a lot of alcohol is just —

Mr P.B. WATSON: I do not think the adverts say that you should drink a lot of alcohol.

Mr P. ABETZ: But the implication is there.

Mr P.B. WATSON: What implication is there—that you drink alcohol?

Mr Egan: They make me want to get another beer. They are some of the best produced ads.

Mr P.B. WATSON: That is a weakness on your part!

Mr Egan: That is now in *Hansard* unfortunately! My job is under threat!

The CHAIRMAN: Do you wish to look a bit more into the alcohol area and submit a supplementary submission in relation to alcohol?

Mr Egan: Yes. We could pull some of the recommendations in those areas that we have made to some other more specific inquiries.

The CHAIRMAN: In relation to the same area, could you tell us what proportion of your modules focus on issues such as tobacco, alcohol and drugs?

Mr Bacik: Life Education has 10 modules for primary and preschool. These, by government design by education and health departments, are age specific; that is, you are not talking to four and five-year-old children about illicit drugs or alcohol for that matter. What we are trying to do is build into them a sense of self-worth and resilience, give them enough information and teach them social skills and the like to get through.

Mr P.B. WATSON: Self-esteem.

Mr Bacik: Yes, self-esteem. The big thing Ted Noffs talked about was Pablo Casals' quote about the uniqueness of the child. He said that we teach kids that Paris is the capital of France, but we do not teach them how important they are as individuals.

The CHAIRMAN: So you are saying that you are restricted by the education department's K-12 curriculum? Where are you saying it fits in? Where do those components fit in?

Mr Bacik: By the time we get to, say, grades 4 and 5, we are talking about drugs in the home. By the time we get to grade 5, we are talking about cigarettes. I get calls from parents saying, "My kid told me I'm going to die because I smoke." I used to get a bit defensive, but now I say, "What would you like us to teach your child about smoking?" The nice thing about Life Education is that it comes back into the family; it creates a few wars, but it comes back into the family. The second component is alcohol and illicit drugs. Until very recently, Western Australia was the only state that let illicit drugs be talked about in primary school, assuming that kids who are sometimes 11 and 12, which goes to grade 7 in some states, do not know anything about drugs. I think that is changing. We have to comply. I would not use the word "restrict", Madam Chairman, but I think you use the corporate wisdom of people. Seven or eight states have got it pretty right. So when we get to cigarettes, we are very specific about that. Most kids will come home and tell you what cigarettes do to you, how many chemicals are in them and that it is disgusting and it smells. It is a very strong thing. A lot of our kids go home and tell their parents. In fact, Tony Windsor, the federal member for New England, said to me one day, "Life Education saved my life. My kid came home and said, 'Dad, Healthy Harold, the giraffe, says that if you smoke, you'll die.'" Tony was smoking 60 a day. He said that his son threw his arms around him and said, "Dad, I don't want you to die." So Tony gave up cold turkey. My kid nailed me a few years ago and said, "Dad, that's your third standard drink in an hour. You talk it; you walk it." That infiltrates into years 6 and 7. When you ask kids at year 6 or 7 what are the most dangerous drugs, they always get that wrong. They go to one of the bad ones; they do not talk about cigarettes and alcohol. That is where we help to, sort of, twist the emphasis to reality of illicit drugs. We get feedback very often from parents that it scares them how much their kids know. It is very important.

[9.50 am]

The CHAIRMAN: Can you give us the information in terms of the ages of the children that you cover—this could be by way of supplementary information if you do not have it today—and when you cover the areas that we are interested in? We are interested in at what ages you are covering alcohol with them. These books look fantastic, but they are very general. Can you give us —

Mr Bacik: I do not think so, with respect.

The CHAIRMAN: — which books you would use for which ages, so that we can see? Some people are saying that there is not a need for you because this is being covered, at the moment we have to accept that, because they look great but we do not know what you are giving where. You tell us what you are giving where —

Mr Bacik: I will send you the 10 modules.

The CHAIRMAN: —then we can look at that in comparison with what is being given in the state education department.

Mr Bacik: We can do that, Madam Chairman.

Mr McAuliffe: Items 2 and 3 in our submission are coverage of the program. We could probably give you more detail, but this does cover where alcohol and things come into our program, so there is some information already.

Mr P.B. WATSON: Do you put in your submissions for your funding every year?

Mr Foley: We have put one into the new minister.

Mr Bacik: We have terrorised him.

Mr Foley: We got the same sort of response that we did back in 2003. All that they do is change a few words in the same letter and the same letter comes back out again. That is why we submitted an application through here. One of the things I did miss out on saying was that we are very strong on moving towards parent forums, especially in certain areas. We are trying to get hold of a formula for parent forums that is not boring, but is interactive with parents as well as the students. They do it in the eastern states; we have not had the expertise over here because of a lack of funding to do it. But as part of our profile moving forward, every time we go into a specific area we want to develop a family forum, and it will be available if they want it; if they do not, that is their choice.

The CHAIRMAN: What feedback do you get from parents, and how do you get feedback from parents?

Mr Bacik: We get a lot of feedback in letters—I think we have a lot on record—much along the same lines as the anecdotal stories that Jay told you; parents writing to say —

The CHAIRMAN: Have they joined in on your courses?

Mr Bacik: They have in the parent courses that we would offer at schools, but in the last number of years we, basically, have not been able to do that because of a lack of resources. We did find, even when we were doing it pre-2003, that the number of parents who accepted the invitation to come along to a parent night was quite low—disappointingly, very low. I think it is probably typical of most responses within schools.

Mr I.C. BLAYNEY: And the people you get are probably the ones that you do not need it.

Mr McAuliffe: They almost do not need it.

Mr P.B. WATSON: When you put in your application, do you say that alcohol is a big issue, or do you just say it is drugs?

Mr Foley: We cover both issues—drugs and alcohol. It is an overall health presentation as well, but alcohol and drugs are part of it once we get into year 6 and year 7.

Mr Bacik: Madam Chairman, I should have said—as you will see when I submit these books—that we do issues such as choices about food and hygiene. Sometimes we are talking to kids who are not receiving a role model direction that any of us would think would be acceptable. I can tell you a couple of schools in Sydney who refused to have us because the headmaster said the reaction from the parents is so negative when their kids come home and talk about alcohol that they do not want the children coming back and telling the parents about their alcohol behaviour. That is scary.

Mr P.B. WATSON: How hard is it for you to get into schools? If you came to Albany, how hard would it be for you to get into the schools?

Mr Foley: Of the schools we approach, 98 per cent of the schools want us back the following year—some say every two years.

Mr P.B. WATSON: But how hard is it to get in, in the first place?

Mr Foley: We sell ourselves. We have to get out there and sell exactly what we do. I am not a trained educator, I am an administrator, I am a fundraiser, but our educators are trained teachers and we train them to try to actually identify the needs of school and make sure that our program meets those needs. For example, with Indigenous children in the Mid West region, Marissa up there has identified how to interact with their needs. She has found that having a classroom of 25 children in the van does not work, but if she has them in small groups of nine and 10, they tend to interact and they learn from it. There are different ways of delivery and we have identified those sort of areas.

Mr McAuliffe: I will just add one point to that, because I have quite a long history in Life Education WA. Pre the time when the funding was cut, the program was delivering to about 45 000 kids, but the demand exceeded that. We never had to go looking for schools to go into, we were basically being called for. That is still the case now, even though we have cut the number that we are approaching because of the financial situation. We still have an adequate number of schools demanding our services so that we do not have to go chasing them at the moment. We would love to be in a situation where we had excess resources that we could then go and target schools of need or areas of need, or areas where we would simply say, “We will come in and do it without the child’s fee because you cannot afford it”, but that is just a luxury that we do not have at this point in time.

Mr I.C. BLAYNEY: What were the two House of Representatives reports that you mentioned?

Mr Egan: “Road to recovery”, as mentioned on page 1 of our submission, and on page 3, “The winnable war on drugs”, which was a September 2007 report from the House of Representatives Standing Committee on Family and Human Services.

The CHAIRMAN: I am going to give each group a chance to sum up any issues that we have not introduced. Richard, we are happy to accept, by supplementary information, the information that you had on the Swedish model. Some of us are very, very impressed with what is happening in Sweden, not just in relation to drugs, but prostitution, the environment—they really do seem to be ahead of the rest. But if you would like to now, in two to three minutes for each group, address any points you would like to have raised that you have not had an opportunity to raise; and also, in summing up your presentation, maybe suggest, if money was made available now by the government, what new initiative you think the government should consider, particularly to limit the impact of alcohol consumption. Jay was obviously ready to go before, so if you would like to go first.

Mr Bacik: You guys know this—it is your bread and butter every day when you walk into the house and when you are sitting in your electorate office dealing with people—but there is a philosophical war going on here. I was involved, years ago, with Dr Brian Watters, who was chairman of the Prime Minister’s ANCD, and, regarding the Swedish model, I met some of the people from Sweden. I urge you to look at this on a philosophical level, because, whether you like it or not, you are our philosophical leaders, not the turkeys that are sitting in silos at some campus somewhere churning out reports. You have people walking through your electorate doors with problems with their families and their kids and other things. Your leadership is terrific, and I do not know how you do it. I just took on the administrative ledger myself and it wore me out; you are ministers of the community and it wears you out. I wanted you to know that there is a philosophical war going on. That is my first point. The point about the submission is that we are interested in prevention and we need to get to kids early. There are no magic bullets; I do not think any one person is going to do this.

[10.00 am]

But I can tell you that if we work together as a team and for Life Education, you know, we started as a community group, we are not asking the government for a handout; we are asking for a partnership. And I am knocking on the doors of corporations all over the country. A major health

company called BUPA—a British company that bought MBF—has just given us \$175 000 to do a program about how the heart works, because that is affected by food, substances, alcohol, cigarettes, drugs—the whole box and dice. That is their contribution; I am asking governments around Australia. And you would have to say in Western Australia almost, you know, I would love to live here. If I could afford it, I would come here! We went out to dinner last night and thank God you paid the bill! But why would you have in New South Wales and South Australia governments responding to work in a partnership with Life Education and not in the most enlightened joints in the world, not to mention our country? So that is a concern I have got.

On the other issue on the drugs–alcohol theme, there is a very strong push. I hear what Peter is saying about that and, for goodness sake, I stay when I can at the Rendezvous down there and look down at the beachfront, which is wonderful. You come back from the beachfront and the drunks have taken over the joint on Friday and Saturday nights, which is why I come Tuesday and Wednesday these days. I understand that. You can deal with kids who are binge drinking and some of them get seriously heavy and some do not. I am dealing very often in my line with kids who have been dealing; with kids who took one tablet at a dance party—dead in six hours; kids who are using marijuana and are practically brain dead and driving their cars. I think we need to be careful. A word of warning from the way I see it: the alcohol thing, everybody is on the bandwagon and it is driven by what I call the policy people: more tax, stand further away from the bar, close it earlier. I recite to families that all alcoholics hate the abuse of the stuff. But this issue of drugs can slip under the radar. We are teaching kids to wash their hands after they go to the toilet. Do not imagine we are sort of drug-focused; we are health-focused. But I implore you to look at this issue as a holistic way of helping us work with you and the community and the corporations and the AHA and Diageo—the people who are making the grog—to get into the partnership of providing effective education.

The CHAIRMAN: Thank you. Who is going to speak next?

Mr Egan: I will make a few remarks. I think on the alcohol, as requested, we will supply you with some of the recommendations we have made to other inquiries, although some of them may deal more with alcohol-related violence and some of those matters rather than specifically prevention and treatment.

The CHAIRMAN: That comes very much into it.

Mr Egan: Sure. I will be able to do that.

The CHAIRMAN: Because in the term of reference I am looking at the social costs of alcohol and illicit drugs.

Mr Egan: Yes, sure.

The CHAIRMAN: So, violence is very much one of the social costs.

Mr Egan: I certainly would concur with Joe's final comments there that without at all minimising the harms of alcohol, and to urge the committee to be conscious of the ideological position taken by those who favour a soft approach to illicit drugs and who kind of use the greater quantitative level of damage done by alcohol as a sort of stalking horse to prevent more focused and vigorous policies that would aim towards a drug-free society. And I do not think it is an either/or thing with alcohol and illicit drugs. In some ways aiming towards a drug-free society and a society in which alcohol is always responsibly used and never irresponsibly used is very much from the same philosophical position; so I do not see any difficulty there.

I do think it would be a major contribution to the direction of drug policy in Australia if a committee like this in a state Parliament were to pick up in some way and to endorse the principal recommendations of those two House of Representatives committees, because I think it took some time in Sweden to flip from their liberal approach to drug policy back in the 1960s and 1970s towards a drug-free society.

Mr P. ABETZ: When did they do that?

Mr Bacik: 1968.

Mr Egan: Yes, late 1960s–1970s. They had experimented with heroin handout and all kinds of things. But part of that move is a shift in the political climate among politicians of all parties, and I think the House of Reps committee reports, in my view, were milestones in that shift.

Mr P. ABETZ: Yes.

Mr Egan: And to have a state committee come in on that would be very helpful. We are certainly hoping that the Queensland inquiry into cannabis, which is looking at a very good report from Drug Free Australia on the harms of cannabis, will also contribute to that overall shift in the policy that will give governments of all stripes the courage to stop listening to or dismiss those bureaucrats who are really signed up to the harm-minimisation agenda, and to adopt the only agenda that is really going to help future generations of Australians.

The CHAIRMAN: In that case I would like to thank you for your evidence before the committee today. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made and the transcript returned within 10 days from the date of the letter attached to the transcript. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added by these corrections and the sense of your evidence cannot be altered. However, should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee's consideration when you return your corrected transcript of evidence. Thank you once again.

The Witnesses: Thank you very much.

Hearing concluded at 10.05 am