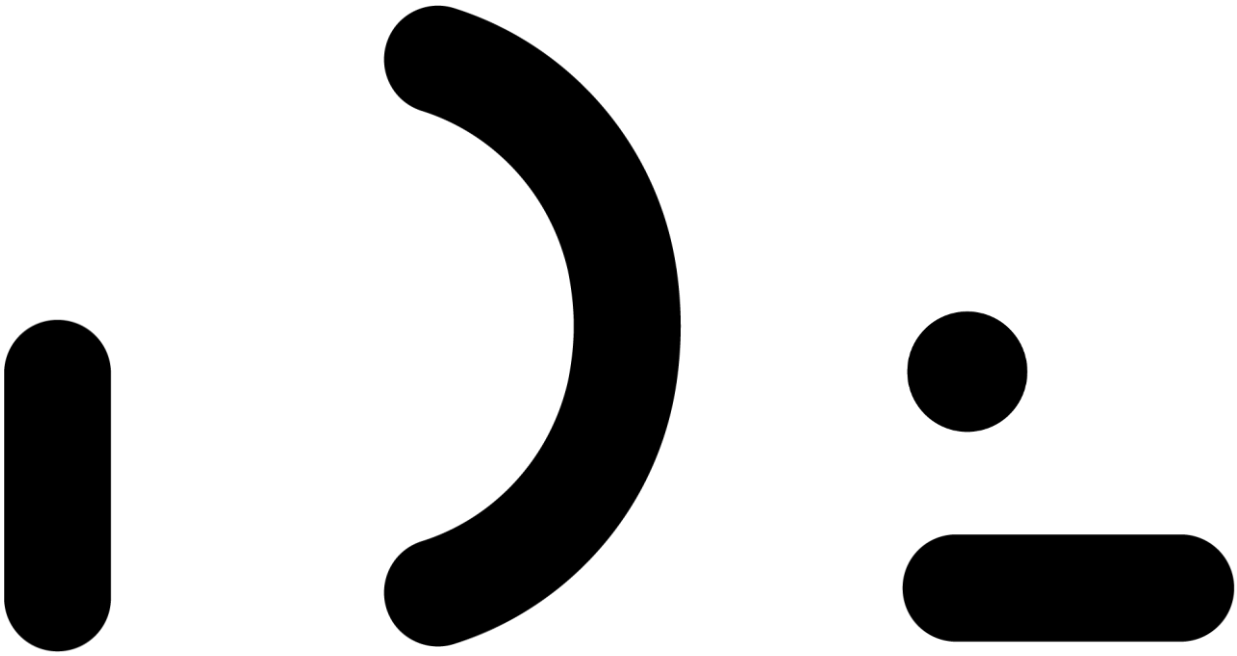
Alcohol and Drug Foundation

PREVENTING HARM IN AUSTRALIA



Inquiry into Imprisonment and Recidivism

Submission for
Queensland Productivity Commission
Dr Erin Lalor
CEO
Erin.lalor@adf.org.au

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Level 12
607 Bourke Street
Melbourne VIC 3000

PO Box 818
North Melbourne
VIC 3051
-
T 03 9611 6100
F 03 8672 5983
adf@adf.org.au
adf.org.au

ABN 66 057 731 192

1 Contents

Imprisonment and Recidivism Inquiry

2 The Alcohol and Drug Foundation

Founded in 1959, the Alcohol and Drug Foundation (ADF) has contributed 60 years of continuous service to communities across Australia. Our focus is on prevention and early intervention and our strategies include community action, health promotion, education, information, policy, advocacy, and research.

The Alcohol and Drug Foundation is pleased to make this submission to the Inquiry into Imprisonment and Recidivism and would be equally pleased to elaborate on the submission if that would be helpful.

3 Summary of Recommendations

Recommendation 1: That the Productivity Commission recommend Queensland investigate the implementation of Justice Reinvention programs and where appropriate include Aboriginal and Torres Strait Islander organisations and communities in the design and implementation of programs.

Recommendation 2: That the Productivity Commission recommend the Queensland Drug and Alcohol Court system be extended to cover all areas of the state.

Recommendation 3: That the Productivity Commission recommend the Queensland Government undertake a formal investigation of the merits of a dejure (official) decriminalisation of illicit drugs, with specific reference to the Portugal model.

Recommendation 4: That the Productivity Commission note the impact of the Hawaii Opportunity Probation Enforcement program and encourage the Department of Justice to investigate the suitability of the HOPE-style probation system for development and evaluation in Queensland.

Recommendation 5: That the Productivity Commission recommend all Queensland school systems invest in the training of teachers to ensure delivery of evidence–informed drug education and to ensure schools are resourced to provide special needs education and pastoral care to assist all students to complete secondary schooling.

Recommendation 6: That the Productivity Commission note the success of the Iceland model of community-based drug prevention and its relevance for the prevention of youth offending.

Recommendation 7: That the Productivity Commission recommend the Queensland Justice Department recognise the synergy between the prevention of crime and prevention of alcohol and drug problems and seek collaboration between the two ventures.

Recommendation 8: That the Productivity Commission recommend the Queensland Justice Department devote 5 per cent of the total justice budget to the development and evaluation of evidence-informed, prevention and early intervention projects.

4 Context

The Summary Report of the Inquiry into Imprisonment and Recidivism drew attention to the following key points that indicate a current problem for the correctional system in Queensland

- An increased rate of imprisonment despite falling rates of crime;
- Despite the high financial cost per inmate (i.e. $107,000 per annum) the public receives little value for the expenditure as few prisoners are rehabilitated;
- Imprisonment exacts a heavy toll on the prisoner and the community due to loss of employment and employment prospects, stigma, impaired mental health, disruption of significant relationships and family life. These additional problems may cost a further $40,000 (p12).

- A high rate of recidivism as 50 per cent of prisoners commit offences that result in re-incarceration or community supervision within two years of leaving prison;
- Disproportionately high rates of imprisonment and recidivism for Aboriginal and Torres Strait Islander people;
- The majority of crimes that lead to custodial sentences are non-violent (p17);
- 'Illicit drug offences' is the crime category that grew fastest by 32% between 2011/12 - 2017/18 and made the largest contribution to the growth in the prison population (p17);
- The consumption of illicit drugs by a high proportion of prisoners relative to the general population (64%: 16%) is a marker of the marginal status of the prison population;
- Queensland prisons are overcrowded and the state will need to invest in new prisons unless the inmate population can be reduced.

5 Introduction

The ADF agrees with the Summary Report that the problem of large scale incarceration and recidivism demands action. We also understand there is not an easy solution. The population imprisoned in Queensland (as in other jurisdictions) is drawn disproportionately from the most disadvantaged sectors of the community and whose marginal status is often entrenched and stretched across generations. As the Summary Report suggests, implementing a meaningful response will demand determination and resilience from policymakers.

Our submission addresses three of the priorities identified in the Summary Report: Adopt more Effective ways to deal with Offending; Break the Cycle of Reoffending; and Reduce Interaction with the Justice System.

The ADF's major interest lies in the prevention of harms from alcohol and other drugs. We recognise the extensive overlap between the use of psychoactive drugs and offending behaviour; first, because the commission of much crime takes place under the influence of one or more psychoactive drugs; second, the use of illegal substances is sufficient to place the consumer of those drugs within the orbit of the judicial and correctional systems; and third, crimes are committed by people to finance a dependency on one or more psychoactive substances. It is evident that interventions that prevent alcohol and other drug problems will also reduce prevalence of criminal offending.

6 Adopt more effective ways to deal with offending

6.1 JUSTICE REINVESTMENT

Originally Justice Reinvestment applied to a strategy employed to reduce the number of people incarcerated by using different means of managing offenders and addressing the motivation for the offence [1]. The notion is that Justice Reinvestment programs will fund themselves through the savings generated by not imprisoning offenders. In Australia the concept has been broadened to incorporate addressing other justice issues, especially in relation to Aboriginal and Torres Strait Islander populations [1]. As a matter of principle responsibility for Justice Reinvestment in Indigenous communities should at least be shared by relevant Aboriginal and Torres Strait Islander organisations and bodies.

Aspects of justice reinvestment include changing policy and legislation, improving the provision of mental health or drug treatment, developing interventions based on local needs and resources and investing in neighbourhoods with high numbers of offenders [1]. A Justice Reinvestment model may

support a community response by offering programs through local agencies to focus on reducing substance misuse, engaging with school, family support and reform of the criminal justice system [1].

Policy responses in Justice Reinvestment may include options such as the 'problem-solving court' or 'drug-court'. In this case a magistrate may have a range of sentencing options that recognises an offender has a substance misuse or mental health problem that affects their behaviour [2]. The introduction of diversion programs for drug offences can improve cost effectiveness of the justice system and improve offender outcomes [3].

Justice Reinvestment has potential to reduce rates of Indigenous incarceration, particularly through its focus on building local community capacity to tackle underlying causes of offending. An interstate example is the Maranga Justice Reinvestment Program that is addressing high rates of offending among Aboriginal residents at Bourke in NSW [1]. In Queensland 13 Murri Courts, which engage Aboriginal elders and leaders to provide a court process that recognises Aboriginal and Torres Strait Islander culture, could be considered as a form of justice reinvestment. They aim to improve the defendant's understanding of the effect of their offending and to reduce future engagement with the criminal justice system [4]. Other than Murri Courts, justice reinvestment has not been reported in Queensland, although the School of Economics at the University of Queensland has conducted modelling to estimate potential savings that might be secured by programs that divert young people from engagement with corrective services [1].

Recommendation 1: That the Productivity Commission recommend Queensland investigate the implementation of Justice Reinvention programs to reduce offending and where appropriate include Aboriginal and Torres Strait Islander organisations and communities in the design and implementation of relevant programs.

6.2 DRUG DIVERSION

Drug diversion schemes are a meaningful method of reducing the number of offenders who are incarcerated unnecessarily while giving them an opportunity to review their behaviour and drug use. Diversion schemes direct people who have committed a drug offence away from the conventional justice system [5]. Individuals can be diverted by police prior to the offender's appearance in court or following the offender's attendance at a Drug Court if the offender is charged with a serious offence. Drug Courts can offer diversion at the various stages of pre-trial, pre-sentencing and at sentencing [6].

Police diversion programs fall into four categories: in some cases particularly for cannabis-related offences diversion variously involves a caution, payment of a fine, referral to an education or telephone information service; for small amounts of drugs (between 0.5-2gms) other than cannabis such as cocaine, amphetamine, ecstasy, heroin offenders are typically required to attend a drug assessment and up to three counselling or education sessions; for young people aged under 18 years police diversion including warning, cautioning and family conferencing is available for any offence, including drug offences; and for minors with a drug use problem a court-based diversion is possible [7].

Evaluation of Australian programs have supported diversion A 2008 study found sturdy compliance, little recidivism and most of those who reoffended did so on one occasion only [5]. A 2014 study of police and court diversion found a large scale increase in diversion over the decade and that a large number of clients in treatment had been diverted from the criminal justice system; in eight cases out of ten treatment was completed [8]. A report by the Australian Institute of Health and Welfare found 18 per cent of treatment clients originated in diversion [9] and the National Ice Action Strategy encouraged diversion due to reductions in reoffending and cost savings for the justice system [10].

6.3 DRUG COURTS

Drug courts operate in New South Wales, Victoria, Western Australia and South Australia. They are a form of diversion from the criminal justice system for offenders whose criminal behaviour was triggered by or related to drug dependence and who would otherwise be sentenced to a term in prison [11]. The rationale for the work of drug courts is the view that substance dependence is a chronic, relapsing health disorder rather than a moral or behavioural issue and that the prospect of avoiding a term of imprisonment may motivate a substance dependent offender to make a commitment to drug treatment in lieu of incarceration [11]. Referral to a drug court is reserved for people who are considered high risk for continued offending due to their use of alcohol and/or other substances. Drug courts are often described as drawing on the 'therapeutic jurisprudence' model in which the law is utilised as a therapeutic agent to improve the health and wellbeing of those who are affected by the law and in need of such help [11].

Evaluations of drug courts in Victoria and New South Wales provide evidence that the Drug Court system is an effective alternative to imprisonment [12] [13] [14]. Those reports indicate that Drug Courts are meeting their aims of reducing recidivism, reducing AOD use, increasing full-time employment, and reducing unemployment among participants. A report by KPMG found a 31 per cent lower rate of reoffending in the first 12 months, and a 34 per cent lower rate of reoffending within 24 months for offenders [15]. Another study found participants were significantly less likely to commit any further offence [16]. A review in 2006 found that full-time employment among participants doubled upon the completion of the program and unemployment lessened by 32 per cent [14]. The structure of the program means that offenders are not separated from society and the period of readjustment upon completion is less onerous than the consequent readjustment necessitated by imprisonment [17].

Queensland has established a Drug and Alcohol Court to replace the drug court system it abolished in 2012 due to concern at its overall cost and cost effectiveness [18]. However the current court is located at Brisbane only and evaluations of drug courts in other jurisdictions have noted the lack of access to the service in non-metropolitan areas is a distinct failing [13] [15]. For optimal results the Queensland system will need to provide coverage in all areas of the state including rural and remote regions and this will require a substantial financial investment.

Recommendation 2: That the Productivity Commission recommend the Drug and Alcohol Court system in Queensland be extended to cover all areas of the state.

6.4 DECRIMINALISATION OF DRUGS

The Summary Paper suggested that the redefinition of offences might be an effective method of dealing with offending (p3.)

The main argument for reform of Australian drug laws in general, and decriminalisation in particular, is the intractability of illicit drug use. Half a century of concerted action to prevent use of illicit substances has not succeeded in preventing drug use and there is no prospect that it will; secondly most drug related arrests are related to the minor offences of personal possession and/or use. More than 90,000 of 112,00 drug arrests nationally in 2013-14 related to drug consumer offences and aggregate arrest data reported by the Australian Crime Commission indicated that arrests for drug consumer offences represent about two thirds of all drug arrests over the past two decades [19].

Decriminalisation of drugs is a policy option that has been adopted to reduce harms related to drug use under the policy of prohibition. Typically, under drug decriminalisation the production, manufacture, distribution, sale and purchase of drug/s remain outside the law and the producers and distributors continue to face criminal penalties, including incarceration; however, people who (merely) consume the drug/s are not charged or convicted of a criminal offence. Instead they face civil administrative

penalties or sanctions. 'Decriminalisation' should not be confused with legalisation: when drugs are made legal no offences are attached to the production, distribution and consumption of drugs as long as all agencies comply with relevant regulations and legislation. This is the case with alcohol in Australia, and cannabis in Colorado, USA.

Decriminalisation can be achieved by *defacto or dejure* means. Under *defacto* decriminalisation (otherwise known as prohibition with cautioning or diversion) the way in which the law is applied is changed so the penalty for an offence is lessened. First offenders who plead guilty to a minor offence of possession and use avoid a conviction if they complete an education or treatment intervention. If the offender does not complete the intervention the original charge is pursued. Under de *jure decriminalization* the law is changed so that the illegal behaviour attracts a civil penalty such as an infringement notice, a fine or an administrative sanction (e.g. suspension of a driver licence, as in Italy) with no further action taken if the individual complies with the order. If they do not comply criminal proceedings can follow as the individual is deemed to have rejected the offer of a reduced penalty [6].

The theoretical underpinning of much of criminal law, including drug laws, is deterrence theory which asserts that "undesirable behaviour can be curtailed if punishment is sufficiently certain, swift, and severe" [20]. Early criminological research showed that individuals' perceptions of the likelihood of punishment, rather than the severity of punishment, deterred further offending. Where likelihood of detection is low, or hard to estimate, factors other than the law are likely to be more important determinants of behaviour [21]. In mostly private behaviours such as illegal drug use, the likelihood of detection is low. For cannabis, the likelihood of someone being apprehended for using the drug in any one year is between 1 per cent and 3 per cent [22] [21]. It is therefore unsurprising that research shows little relationship between rates of cannabis use and whether strict criminal penalties or civil penalties apply. [21]

The major harm that decriminalisation prevents is the criminal convictions acquired by people who are found guilty of personal possession and use of drugs. Conviction disrupts lives seriously, including closing off career, employment and travel options and causing problems with personal relationships [23] Drug decriminalisation prevents those harms and collateral benefits include putting people who use drugs in touch with health and welfare services and lessening the stigma on illicit drug use that can prevent people from seeking help [24]. Another benefit is the reduction of pressure on the law enforcement, judicial and correctional systems as fewer people are subject to processing in each domain. While there may be significant financial savings in law enforcement and corrections, those savings may be balanced by an increased commitment to drug treatment and drug prevention necessitated by the nature of decriminalisation.

Although decriminalisation represents a more liberal approach to drug policy, the fear that it will encourage drug use and worsen the drug problem appears to be unfounded. After assessing drug policy regimes across the world the UK Home Office reported there was no obvious relationship between levels of drug use in a country and the strictness of its drug laws [25]. Similarly, a review of the South Australian decriminalisation of cannabis possession reported that none of the studies 'found an increase in cannabis use in the South Australian community which is attributable to the introduction of the Cannabis Expiation Notice scheme' [26].

6.5 DRUG DECRIMINALISATION IN PORTUGAL

There is not a single model for the decriminalisation of drugs although the example of Portugal has attracted much attention. Portugal decriminalised drugs from 2001 so that while the production, manufacture and large-scale distribution of illicit drugs remains a criminal offence, their possession and use is treated as an administrative matter [27]. The Portugal system aims to divert people who use drugs from that path and to provide those whose use is problematic with an early pathway to treatment.

Individuals found in possession of a small volume or 'personal supply' of an illicit drug or found to have consumed a drug, are referred to a tribunal known as the Commission for the Dissuasion of Drug Addiction. The Commission's role is to make an assessment of the meaning of the drug use for each individual who is referred to it: drug dependent people can be referred to drug treatment services, while those who are unimpaired by drug use are offered other options: these include having the proceedings suspended, being required to attend a police station, being referred for psychological or educational intervention, or paying a fine [28]. The intent of this system is to emphasise the therapeutic response to a drug problem rather than punishment and to avoid stigmatising the individual.

Portugal's model depends on more substantial change than a single reliance on decriminalisation. It has improved access to drug treatment and support with mechanisms for early intervention with less drug related morbidity and mortality from blood borne diseases: cases of HIV declined from 800 in 2003 to 100 in 2016 [29].

A lack of baseline data has complicated the task of definitively gauging the effects of Portugal's reforms and there are conflicting claims over the outcomes [28]. However, it does not appear to have led to a substantial increase in drug use or related harms compared with neighbouring countries [30]. While drug use rose in some adult cohorts after 2001 it has declined in recent years to levels below 2001 [25]. Moreover a 2017 study suggested drug use in Portugal has fallen lower than the European average, including drug use among secondary school students [31]. One clear benefit was the decline in criminal drug offences in Portugal from around 14000 per annum in 2000 to around 5500 and the proportion of people incarcerated for low level drug offences fell from 44 per cent in 1999 to 24 per cent in 2013 [32].

Decriminalisation should not be considered an inexpensive drug policy option, despite a claim that Portugal achieved social cost savings in the first years due to savings in the health and legal systems, and improved employment and productivity from reducing the prison population [33]. The Portugal model is based on the notion of transferring people with problematic drug use into drug treatment and processing other consumers of drugs through administrative or education programs. For Australian jurisdictions to adopt drug decriminalisation similar to Portugal would require a substantial investment in the various legal, health and education services necessary for the new system.

Recommendation 3: That the Productivity Commission recommend the Queensland Government undertake a formal investigation of the merits of a dejure decriminalisation of illicit drugs, with specific reference to the Portugal model.

7 Break the Cycle of Reoffending

7.1 PROVISION OF DRUG TREATMENT WITHIN PRISON

Despite the high proportion of prisoners who enter prison with a serious drug dependency (Summary Report) few prisoners receive drug treatment. Untreated drug problems contributes to recidivism as many prisoners return to or continue problematic drug use on their release and continue the cycle of offending and incarceration [34]. Research findings indicate that providing in-prison drug treatment improves recovery from drug problems and can reduce recidivism, especially when the individual is supported with after care on release [34]. A systematic review of prison-based drug treatment grounded in 49 studies found the form of treatment most effective in reducing recidivism was the therapeutic community, while opioid maintenance therapy for prisoners who are dependent on heroin or other opioids was also effective; cognitive behavioural therapy (CBT) was useful in multi-component responses though not as a single form of treatment, and motivational interviewing was found to reduce drug use but not to effect recidivism [34]. As is common for residential drug treatment programs in the community, the improved outcomes for the participants were more likely to be sustained when they received follow-up care post release [34].

7.2 PROBATION REFORM

Problems of reoffending and recidivism have been reduced by strict enforcement of conditions of probation in the United States with the introduction of Hawaii's Opportunity Probation Enforcement (HOPE) program. The HOPE program has improved probationers' compliance with probation due to close monitoring and swift and certain punishment for transgressions. Under HOPE, probationers are liable to be tested for drug use each day and those who violate a condition of probation, such as by failing to attend a single appointment or by failing a single drug test, are immediately returned to gaol for a short period of one or more days. The original program, which sought to improve compliance among serious offenders considered at high risk of recidivism, had an immediate positive effect: for a sample of 685 probationers, missed appointments over a three month period declined from 13.3 per cent to 2.6 per cent and the proportion of failed drug tests fell from 49.3 per cent to 6.9 per cent [35]. A subsequent study that comprised a 10 year follow up and a test of HOPE against the business-as-usual probation found the HOPE program was more effective in reducing re-offending than standard probation, and that the drug testing component was probably responsible for the better compliance [36]. A collateral benefit of the HOPE program, due possibly to the lack of discretion afforded the probation administrators, was the similarity of the outcomes for individuals regardless of their race or ethnicity [36]. Hopfer S, David D, Kam JA

Recommendation 4: That the Productivity Commission note the impact of the Hawaii Opportunity Probation Enforcement program and encourage the Department of Justice to investigate the suitability of the HOPE-style probation system for development and evaluation in Queensland.

8 Reduce interactions with the criminal justice system

Note: The Summary Paper posed the question of whether there were deficiencies in prevention and early intervention in Queensland (p.35)

8.1 PRIMARY PREVENTION

The role of primary prevention in reducing offending is recognised by Canada's National Crime Prevention Strategy (p.1):

"The Strategy is based on two premises The first is that well-designed interventions can positively influence behaviours that lead to crime, especially among youth. The second is that crime can be reduced or prevented by addressing risk factors that can lead to offences. Successful interventions have been shown to reduce not only crime and victimization, but also the social and economic costs that result from criminal activities and of processing cases in the criminal justice system" [37].

One method of reducing Queenslanders' involvement with the criminal justice system is to act on recognition of the synergy between the prevention of crime and the prevention of problematic use of alcohol and other drugs.

Dependent and near-dependent use of alcohol and illicit substances is substantially higher among offenders than among the general population [38] and drug use is known to exacerbate criminal behaviour [11]. A study of drug use among sentenced offenders found six out of ten reported regular illicit drug use within the preceding six months and the prevalence was highest among property and fraud offenders [11]. Nor can the role of alcohol be overlooked as over one third (38%) of prison entrants reported levels of alcohol consumption that rendered them high-risk for alcohol-related harm or active alcohol use disorders [39]. While this situation indicates the value of providing prison based treatment for alcohol and other drug problems it also offers opportunities for preventing criminal offending.

A focus on the 'social determinants of health' is valuable because the reduction of drug problems includes improving overall levels of health. This reflects the understanding that the drivers of drug use are the confluence of the personal characteristics and attributes of the individual, the nature and properties of the substances consumed, and the environment and culture which creates norms and expectations of substance use [40].

Notably the risk factors that promote alcohol and drug problems are similar to the risk factors that dispose young people to offending: these include family conflict, peer influence, mental health problems, early and excessive alcohol and other drug use. Conversely by strengthening the personal and social protective factors the likelihood that people will engage in problematic drug use and antisocial and criminal behaviour is lowered [41]. An upstream approach that prevents Queenslanders from initiating early alcohol and other drug use and offending should reduce the need for more complex interventions by drug treatment and justice and correctional systems. This is illustrated by the Planet Youth program outlined below.

For greatest success, primary prevention activities are actively led by the community in which they are undertaken. They draw upon evidence-based approaches and are adapted to meet the needs of specific communities. Examples from overseas and in Australia demonstrate these activities will reduce the number of people using, and/or developing problems with alcohol and other drugs.

8.2 THE ROLE OF SCHOOLS

Schools promote protective factors and reduce risk factors for young people through their educational, health promotion and pastoral care programs. The most effective drug education programs provide accurate information about drugs, have a focus on social norms, and take an interactive approach which assists students in the development of interpersonal skills [42]. A Cochrane Review found the most effective programs teach social and coping skills and comprise between 10–20 sessions [42]. Care is needed because some education programs have been followed by increased drug use, possibly because students perceived their peers were using drugs, or rejected exaggerated claims of risk as uninformed [43]. Programs that simply provide information on drugs have no impact [42] and presentations by ex-drug users may be counterproductive [44]. Some Australian programs, the School Health and Alcohol Harm Reduction Project and the CLIMATE alcohol and drug programs, have reported reductions in student drug use and related harms [45] [46] [47]. All schools have access to these programs via the internet through the Positive Choices website directed by the National Drug and Alcohol Research Centre.

However, the impact of drug education over the longer term is uncertain at least, and it cannot address entrenched disadvantage faced by many children that can dispose them toward alcohol and other drug use. Children who grow up in a dysfunctional home environment are at risk of impaired emotional and cognitive development and vulnerable to early alcohol and drug use and mental health conditions such as anxiety and depression [48]. They are also susceptible to developmental delays, restricted educational achievement and failure to complete schooling [48] which limits their life chances and can extend the cycle of disadvantage. It is crucial that these children receive the support and services needed to help them remain engaged at school and complete their secondary school education (or otherwise leave to take up further training or employment).

Many children who are at-risk of not completing school are identifiable by school staff due to their knowledge of the family background and circumstances or by the disposition and behaviour of the child, their completion of school work and their compliance with school rules. To overcome developmental delays, early learning difficulties and behavioural problems children at risk will often need substantial and long term assistance which will requires a substantial investment in trained personnel.

Recommendation 5: That the Productivity Commission recommend all Queensland school systems invest in the training of teachers to ensure delivery of evidence–informed drug education and to ensure schools are resourced to provide special needs education and pastoral care to assist all students to complete secondary schooling.

One method of reducing Queenslanders' involvement with the criminal justice system is to act on recognition of the synergy between the prevention of problematic use of alcohol and other drugs and the prevention of crime.

Dependent and near-dependent use of alcohol and illicit substances is substantially higher among offenders than among the general population [38] and drug use is known to exacerbate criminal behaviour [11]. A study of drug use among sentenced offenders found six out of ten reported regular illicit drug use within the preceding six months and the prevalence was highest among property and fraud offenders [11]. Nor should the role of alcohol be overlooked as over one third (38%) of prison entrants reported levels of alcohol consumption that rendered them high-risk for alcohol-related harm or active alcohol use disorders [39].

A focus on the 'social determinants of health' is valuable because the reduction of drug problems includes improving overall levels of health. This reflects the understanding that the drivers of drug use are the confluence of the personal characteristics and attributes of the individual, the nature and properties of the substances consumed, and the environment and culture which creates norms and expectations of substance use [40].

The ADF suggests Queensland adopt a long-term perspective by giving priority to preventive strategies that shift the focus "upstream": these aim to promote interpersonal, social and environmental factors that encourage healthy living and reduce those factors that predict unhealthy behaviour including isolation, inadequate relationships, conflict, early and excessive alcohol and other drug use, and mental illness. By strengthening and supporting personal and social protective factors [41] the likelihood that people will engage in AOD use is lowered, thus improving their life chances and reducing the prospect of criminal behaviour. An upstream approach that prevents Queenslanders from initiating early alcohol and other drug use will reduce the subsequent need for more complex interventions by the law enforcement, justice and correctional systems.

For greatest success, primary prevention activities are actively led by the community in which they are undertaken. They draw on community infrastructure and the power of the local people to strengthen the factors that protect youth and adults from alcohol and other drug related harm. They draw upon evidence-based approaches and are adapted to meet the needs of specific communities. Examples from overseas and in Australia demonstrate these activities will reduce the number of people using, and/or developing problems with alcohol and other drugs.

8.3 PLANET YOUTH - THE ICELAND MODEL

The value of a long term, broad, community-based prevention program is evident from the experience of Iceland over the past two decades where it has combined community action with policy changes designed to minimise adolescent substance use of all types. A sustained implementation of interlinked, community based health promotion programs has contributed to an impressive reduction in adolescent use of tobacco, alcohol and cannabis [49] while also resulting in improved relationships between parents and children, and the development of communities' social capital [50] [51].

Iceland's Planet Youth primary prevention work builds a social environment that is high in protective factors and low in risk factors and facilitates positive behaviours. It reflects the understanding that major determinants of youthful drug use are peer involvement in drugs, the level of parental monitoring and supervision, and the strength of social capital in the local community [50]. It is informed by research

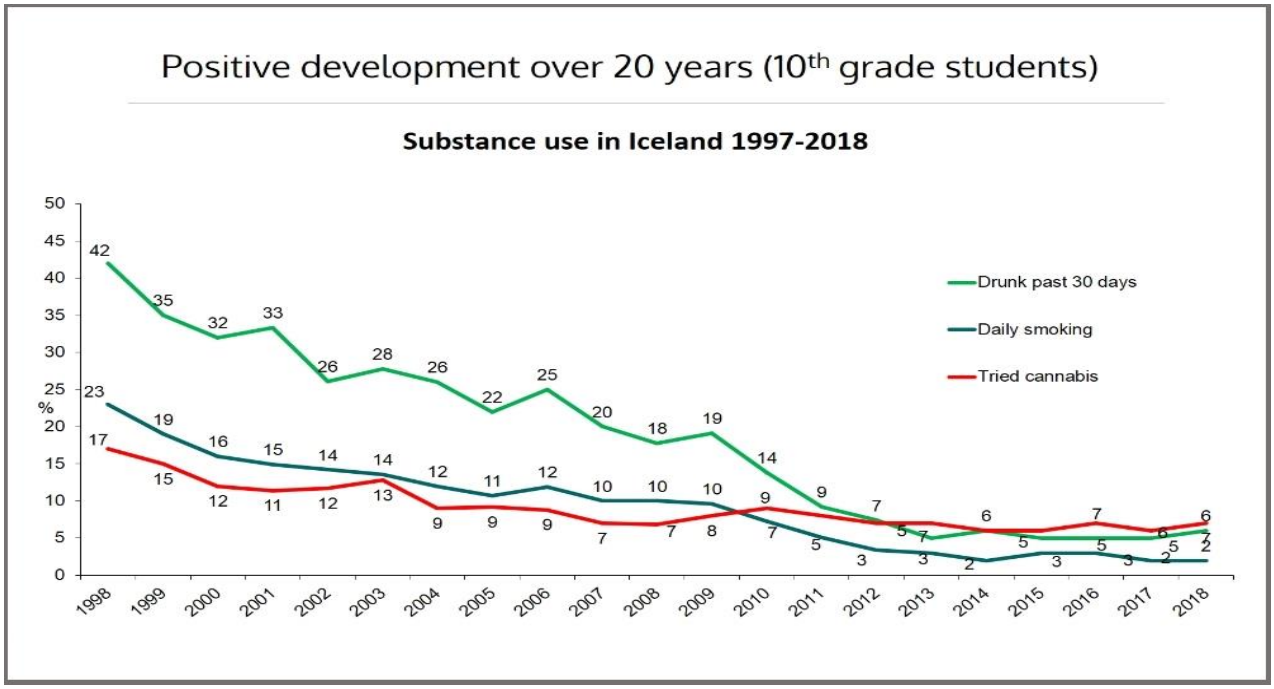
findings that protective factors for young people include involvement in sport and other forms of organised activities, time spent with parents during the week and strong linkages between parents, schools and other local agencies [51].

Young people in Iceland are actively supported to participate in organised extracurricular and recreational activities, such as sport, artistic endeavors, hobbies, and in supervised work alongside a responsible adult [50] [51]. Parents in Iceland are encouraged to spend substantial time with their adolescent children, to provide emotional support and reasonable levels of monitoring, and to participate in school, social and community events [49].

The changes in Iceland's social environments were accompanied by legislative and regulatory changes that were designed to lessen access to substances by young people; these included bans on advertising of alcohol and tobacco products, national media campaigns that discouraged adolescent drinking and smoking, a school based anti-smoking campaign, warning labels on cigarette packets and the age of maturity was raised from 16 to 18 years [52].

However, while drug use declined for Icelandic youth generally over the period, research that compared experimental and control communities found those communities with the interventions for adolescent participation in sport and for closer parental monitoring and supervision of young people saw greater reductions in drug use than did the control communities [52]. This indicates the community action programs, designed, developed and led by the Icelandic Centre for Social Research and Analysis (ICSRA) were successful in lowering alcohol and drug use.

The following graph demonstrates the downward trend of adolescent substance use in Iceland from 1998 until 2018 [53].



While it found a decline of drug use in several other European countries, the European School Survey Project on Alcohol and Other Drugs (ESPAD) reported Iceland was the only country that showed successive declines in tobacco and alcohol use in each of five ESPAD surveys in 1995, 1999, 2003, 2007 and 2011 [49].

Significantly the community led intervention modelled by Planet Youth was also accompanied by dramatic declines in the anti-social behaviours of bullying and theft by10th graders in Iceland during

1997-2016. It is another indication that drug prevention and crime prevention operate on the same adolescent risk and protective factors.

Iceland's model takes advantage of its idiosyncratic demographic, political and social features, but it also demonstrates that creation of positive social environments that reduce the likelihood of young people engaging in substance use is within the grasp of communities.

Recommendation 6: That the Productivity Commission note the success of the Iceland model of community-based drug prevention and its relevance for the prevention of youth offending.

In the next section we outline two major community prevention programs that are currently working throughout Queensland to develop social environments and social norms that are conducive to reducing early and problematic drug use.

8.4 LOCAL DRUG ACTION TEAMS

The Local Drug Action Team (LDAT) program mobilises local groups to form partnerships and respond to alcohol and other drug issues within their community with programs and activities based on evidence of effectiveness. LDATs are made up of organisations including schools, local government, local businesses, health services, alcohol and other drug services, and youth services. LDATs receive an initial grant of $10,000 and develop Community Action Plans which outline evidence-based activities to address alcohol and other drug related issues. Activities delivered by LDATs reduce risk factors and increase protective factors such as connection to community, school and local sport and recreational clubs; creating a sense of belonging; developing skills and employment opportunities and building resilience in individuals and communities. Those risk and protective factors influence mental health and alcohol and other drug behaviour alike. Specific initiatives and programs include peer support, mentoring, education in schools, supporting teenagers and parents.

Formed progressively over the past two years, LDATs now number 244 across Australia [54] and there are 44 working in Queensland's capital city, inner and outer regions and in the rural and remote areas of the state. The main areas of activity for Queensland's LDATs are developing strong and connected communities and in providing mentoring for young people; eleven LDATs are working with Aboriginal and Torres Strait Islander communities in conjunction with Aboriginal and Torres Strait Islander bodies and organisations. Part of the value of Local Drug Action Teams is providing community prevention initiatives in rural and remote areas that often lack access to programs and services that are available to people in metropolitan areas. The Local Drug Action Team program is currently funded by the Australian Government and managed by the Alcohol and Drug Foundation.

8.5 THE GOOD SPORTS PROGRAM

Sports activities are integral to most communities and play a prominent role in sustaining and restoring physical and mental health. Voluntary sporting clubs operate in most towns and suburbs in Queensland and bring together people of diverse backgrounds to share a common interest. Research from Iceland has shown that regular participation in community sports clubs reduces adolescent use of alcohol and other drugs [52]. As the risk and protective factors that influence adolescent drug use also influence adolescent antisocial behaviour, and drug use is a precipitating factor in antisocial behaviour, it is likely that participation in community sport reduces offending behaviour.

Good Sports is Australia's largest preventative health initiative in community sport and is adopted in more than 9,000 clubs nationally and by 1,113 clubs in Queensland (as at March 2019). Managed by the Alcohol and Drug Foundation, Good Sports is a three tier accreditation program which offers sporting clubs free tools, resources and practical support to implement policies for reducing and controlling the use of alcohol, educating their members about illicit drugs, and promoting healthy behaviour generally.

Good Sports is proven to reduce problematic drinking: a randomised controlled trial found Good Sports reduced risky drinking at participating clubs by 37% and alcohol-related accidents among Good Sports club members and supporters by 42% (compared to players and supporters of clubs that did not participate in the program) [55]. Good Sports clubs are also supported to address illegal drug issues through the GS Tackling Illegal Drugs program by employing practices and policies to prevent drug use and to manage incidents should they occur. In addition to reducing harmful drinking and rejecting illegal drug use, Good Sports clubs facilitate social bonding and engagement as well governed cubs attract and keep members. Good Sports clubs have seen membership increases of 12 per cent [56]. Regular participation in sport provides physical and mental health benefits for players, non-players and spectators by providing spaces for regular social contact by people of all ages, genders and social classes, including people who might otherwise endure isolation and loneliness [57]. In many small towns across Australia, the local sports club is the social glue that maintains relationships and identity and protects the wellbeing of the whole community.

8.6 THE CHALLENGE OF SUSTAINING PREVENTION

Community based preventative interventions face the challenge of sustainability, as they are typically funded for periods of three or four years which is usually too short to enable initiatives to be fully developed, tested and evaluated in a robust manner that would contribute to a solid evidence base [37] [58]. Consequently, primary prevention faces the charge that it lacks proof of success. An exception is Good Sports which won time to refine its approach so that it could match the precise need of sporting clubs to control alcohol (see above). The Iceland model of community-based prevention demonstrates the value of a taking a long-term approach to developing linkages between the socialising agents of families, schools and local communities to facilitate the embedding of preventative strategies at the local level.

A key challenge for the development of prevention and early intervention in Queensland, as in other jurisdictions, is in finding ways to support the testing, development and implementation of prevention programs over the long term. The West Australian Government has announced that it will devote 5 per cent of the total health budget to prevention by 2029 to combat the 7 per cent of hospital admissions that are avoidable and ensure a sustainable health system.

Recommendation 7: That the Productivity Commission recommend that the Queensland Justice Department recognise the synergy between the prevention of crime and prevention of alcohol and drug problems and seek collaboration between the two ventures.

Recommendation 8: That the Productivity Commission recommend the Queensland Justice Department devote 5 per cent of the total justice budget to the development and evaluation of evidence-informed, prevention and early intervention projects.

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