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# Exploring the Alcohol and Drug Crime Link: Society's Response

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EXPLORING THE ALCOHOL AND DRUG  
CRIME LINK:  
SOCIETY'S RESPONSE

PROCEEDINGS  
OF  
A SEMINAR FOR THOSE WORKING IN THE  
CRIMINAL JUSTICE AND HEALTH AND WELFARE FIELDS

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R.A. BUSH

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## FOREWORD

Ten years ago there was little noticeable response in Australian society to any possible link between alcohol, other drugs and crime. In fact, in the prohibited substances, few people had appeared before the courts and so the statistical evidence for such a link did not clearly exist. This was not the case for a link between alcohol and crime. For many decades the response towards 'street drunks', to take one example, had been arrest, court conviction and on some occasions imprisonment. Yet, even here, there was little visible public concern beyond some small-scale rehabilitation programs run by welfare organisations.

By the mid-1970s, however, public concern about alcohol, other drugs and crime was beginning to mount. In part this was the result of a sudden and sharp increase in the number of convictions for drink-driving and prohibited substance offences. But public concern also stemmed from other sources as well. Australians were becoming aware of their high alcohol consumption through publicity given to some reports, principally Senator Baume's 'Drug Problems in Australia: An Intoxicated Society?', which was published in 1977.

With this raised awareness came some changes in the response to alcohol-linked crime in particular. To give just a few examples: 'street drunkenness' became perceived as a social problem to be dealt with by means other than legal due process, the general deterrence effect of well-publicised enforcement became recognised as a viable approach to reducing the vehicle crash rate through random breath testing; domestic violence, in which alcohol intoxication contributes in about half the reported cases, became a problem in which health and welfare services as well as police would intervene; and a High Court decision in the well-documented O'Connor case led to a re-examination by some Law Reform Commissions of the issues surrounding criminal responsibility when intoxicated.

In contrast to this varied and perhaps pragmatic response to alcohol and crime, the debate in Australian society about prohibited substances and crime has been passionate and often disparate. The federal and several state governments initiated inquiries in response to this public concern, with no less than five royal commissions taking evidence about prohibited substances and crime in the last few years. Such activity has ensured that the matter has remained very much in the public view, although it would seem that the issues raised have done more to demonstrate the complexity of the links than show some clear and obvious relationships, as might have originally been hoped.

There seems to be a number of reasons why our understanding of these links between drugs and crime remain confused, particularly in the prohibited substances case. First, there is no comprehensive and reliable data base in Australia from which the various inquiries and commissions have been able to test the collected evidence. The use of conviction rates, for example, tells only part of the story and estimates of drug-involved crime and associated statistics have been based on unreliable methodologies. Second, the explanations about the assumed links which the existing statistics attempt to demonstrate have usually lacked adequate theoretical frameworks to account for society's response, making the area heavily value-laden. For example, it has now been shown that the pre-trial diversion projects in the United States, in which drug users were diverted to treatment on the basis that narcotic use directly causes an individual to commit property crime to support an addiction, have had no noticeable effect upon conviction rates. Treatment is not the simple solution and the conception that crime and prohibited drugs are causally linked in a continuum does not hold with more recent empirical evidence.

Finally, it has become abundantly clear that responses to these elusive links have varied according to the position of the observers, be they lawyers, police officers, judges, probation officers, health workers, rehabilitation counsellors, policy planners or researchers. The links as socially constructed by these professionals, who broadly fit into the criminal justice system and the health and welfare system, confound our responses. The importance of coming to some understanding of these varied responses becomes increasingly significant when one considers that a large body of professionals is now actively engaged in work which is based upon an assumed link between alcohol, other drugs and crime.

With this and other evidence of a changing and varied response in mind, the Australian Institute of Criminology and the New South Wales Drug and Alcohol Authority decided to set up a forum which would bring those working in criminal justice and health and welfare fields together to:

1. present material of significance in policy development, law, its enforcement and the provision of health and welfare services concerning supply and use of alcohol and other drugs;
2. present current initiatives in dealing with unsanctioned use at the interface of criminal justice and health and welfare services; and thereby
3. encourage discussion on future directions for society's response to alcohol- and drug-involved crime.

The exchange of ideas and information that occurred between the 104 participants from various backgrounds and all Australian States and New Zealand cannot be fully recorded in these written proceedings of the four-day seminar. Yet it is quite clear from the breadth of the papers presented and the interdisciplinary nature of the recommendations of the working groups that the sponsors' aims were largely achieved.

In these written proceedings the papers are presented in three sections followed by the recommendations of working groups. In the first section, following the opening address by Brian Stewart, Chairman of the New South Wales Drug and Alcohol Authority, there are three key papers which examine the links from different perspectives. Dr Grant Wardlaw, Senior Criminologist at the Australian Institute of Criminology, provides a comprehensive review of the research evidence drawing some tentative conclusions on the findings so far. Professor Ronald Sackville, Chairman of the New South Wales Law Reform Commission, examines the dilemmas faced by policy makers in a field rife with myth and irrational debate. In the final keynote paper in this section, Dr Margaret Sargent challenges the common view of a drugs and crime link and suggests an alternative description.

The next section contains papers which examine particular responses to alcohol and drug use in a variety of contexts. Following the introductory address by Dr Jeff Sutton of the New South Wales Bureau of Crime Statistics and Research, in which he calls for a broader approach by researchers in their investigatory methods, there are nine papers on topics ranging from drink-drivers' programs, therapeutic communities, community service orders and education, to drinking in an Aboriginal community.

In the next section are papers concerned with structural issues, such as changing policy, law, its enforcement and health care provision. Ian Smith, researcher with the Western Australian Alcohol and Drug Authority, and a keynote speaker, provides one of the very few examples of social policy research in the alcohol and crime field to demonstrate how varying the availability of alcohol has an impact on some crime rates. The six papers on specific topics which follow cover a variety of issues including cannabis law, methadone program policy, policing and a New Zealand perspective.

In the final section, the recommendations of three working groups are presented. They cover social policy, pre-trial diversion and therapeutic communities/therapeutic approaches in prisons. The recommendations represent the interdisciplinary nature of the seminar at a number of different levels of co-operation, in policy and in field practice.

It remains for me to thank sincerely those who contributed by producing papers and the participants who helped to provide a wealth of information and resources. I must also express my gratitude to the Australian Institute of Criminology Training Division staff, the New South Wales Drug and Alcohol Authority Policy, Research and Administrative staff and those of the Word Processing Unit of the New South Wales Health Department for their co-operation in the preparation of these proceedings. I also extend my appreciation to Loraine Moseley for her assistance.

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OVERVIEW OF THE RESPONSE  
TO THE  
ALCOHOL AND DRUG CRIME LINK



## OPENING ADDRESS

Brian Stewart  
Chairman  
New South Wales Drug and Alcohol Authority

I wish to welcome you on behalf of the New South Wales Drug and Alcohol Authority and the Australian Institute of Criminology.

The current situation is one where drug and alcohol abuse is widespread and is well attested to by numerous royal commissions and parliamentary committees of inquiry over the last ten years. The situation can be summarised as one where we have:

- (a) the highest per capita consumption of alcohol in the English-speaking world;
- (b) thirty per cent of admissions to public hospitals in the inner city of Sydney are shown to have alcohol-related problems;
- (c) about 350,000 Australians have serious alcohol problems;
- (d) there appear to be about 10,000 regular users of heroin in New South Wales;
- (e) sixteen to eighteen per cent of Australians regularly use psychotropic drugs;
- (f) approximately 20,000 Australians die each year from alcohol- and tobacco-related causes;
- (g) about 50 per cent of reported domestic violence cases have, as a contributing fact, alcohol abuse.

These problems are not new to Australian society. For example, in 1910 Australia was said to have the highest per capita consumption of addictive drugs in the western world, with opiates being legally available as proprietary medicines. Early in our history we Australians were quite dependent upon alcohol. To quote Professor Manning Clark, 'It was a pretty desperate human situation and in situations of desperation human beings take pretty desperate remedies'. According to one of the plethora of inquiries of the last decade, the Senate Standing Committee Report on Social Welfare of 1977, 'Australia is an intoxicated society'.

What, therefore, do we do about the problem? We do not move towards prohibitionist models or simply strengthen the law. Such simplistic measures have been shown historically to have disastrous effects. The New South Wales Drug and Alcohol Authority is not prohibitionist in its philosophy, but is concerned to reduce the overall level of consumption of drugs in our society. Indeed, not all drug usage is bad. We know, for example, how the psychotropic drug revolution has radically changed psychiatric care. People are now no longer 'straight-jacketed' in psychiatric institutions, as was once the case, but rather, are more easily maintained in the community.

We do not set up more royal commissions and parliamentary committees of inquiry. In the last six years we have had no fewer than five royal commissions inquiring into drug-related issues. Together these have cost almost \$10 million. As well, there have been a number of parliamentary inquiries at both state and federal levels, not to mention other royal commissions, which, by virtue of their investigative powers, have touched on the link between drugs and organised crime. The situation has become complicated and confused and the community is losing its confidence.

We do not, I believe, need a national crime commission. There has been great confusion generated in the minds of the community in the past decade. Over-reaction could further confuse and complicate the whole decision-making process, create another almost unaccountable bureaucratic body, and make great intrusions into the lives of citizens. And for all this, no improvement in the situation would be likely. I believe there is considerable accord between Justice Michael Kirby and myself on this issue.

What is needed is the will to work more co-operatively, on a national and state-wide basis, by law enforcement and other bodies.

We do need an adequate and immediate political response to curb those undesirable factors in our society which create inequities and deprivation and hence fertilise the problem. I am referring, of course, to such problems as unemployment.

We do need to continue programs such as those set up in this state since 1977, which are broadly entitled 'diversionary programs', which are designed to channel drug offenders from the penal to the health care system.

The current diversion program offers drug offenders an assessment of their condition by a multi-disciplinary team who then suggest to them a variety of treatment options. It is also of assistance to magistrates in that they are provided with a thorough report about the problems confronting the offender.



Since 1980, 604 persons have been referred by the courts to the New South Wales program. The multi-disciplinary team encourages on-going contact with a variety of community organisations following the three-week assessment. The majority of people going through the program are placed on probation with 20 per cent going to resident programs.

One of the major achievements of the program has been to bring about co-operation between the magistrates, law enforcement, probation and parole service, health, welfare and other bodies. This, I believe, has resulted in a healthy change in attitude to offenders with a greater emphasis being placed on health and welfare. Unlike the original 1977 program, there is now no longer a false expectation of 'total immediate rehabilitation', but rather, all involved have more realistic expectations as to the likely outcome of the treatment and helping interventions offered to drug offenders.

In my view, we do need to change the law in respect to marijuana offenders. Currently, of the 5000 drug offenders going before the courts each year in New South Wales, over 80 per cent are marijuana offenders. Nearly all of those charged for simple use and possession receive a fine, averaging about \$100. Now, taking all of these people before the courts is extremely costly and demanding on resources. The authority is considering other possible options, in particular the adoption of a 'ticketing' or 'infringement notice' system for the more minor marijuana offences. This system would involve police issuing on-the-spot fines, as with minor traffic cases. The conviction could be expunged on payment of the fine or at some time afterwards. The details of these proposals need to be developed, but I believe initiatives such as this would bring the law more into step with current community attitudes. Certainly, though, penalties for the cultivation and sale of marijuana would need to be maintained.

We have heard and read much in recent times about the link between drug abuse and violent crime. The authority is very concerned about such reports and has set aside \$25,000 to participate in a research project with the New South Wales Bureau of Crime Statistics and Research to study and determine the relationship and extent of drug use and crime. The overriding consideration should be the amelioration of conditions conducive to the perpetration of such crime.

In all, I believe, we have to cease looking for simple solutions to a complex social problem - drugs and alcohol abuse. We must avoid looking for solutions which place too great an expectation on those seeking help. The solutions are multifaceted and involve political intervention, the law, and co-operation between the diverse range of bodies involved in this area.

I trust that this seminar, which has an excellent array of speakers, will address itself to these important issues in great detail over the coming days and serve as a stimulus to solving the problem.

## DRUG CONTROL, POLICY AND THE DRUGS-CRIME CONNECTION

Grant Wardlaw  
Senior Criminologist  
Australian Institute of Criminology

Crime and illegal drug use are both major problems in Australian society. Many people believe that there are causal connections between the two. Some suggest that the pharmacological effect of the drugs themselves induce people to commit crimes (usually the belief being that the drug causes violent behaviour which manifests itself in crimes such as murder, assault, and robbery). Others contend that the high cost of supplying a drug habit leads to crime designed to produce income to be used to purchase drugs.

Despite the fact that many of our law enforcement policies are based on assumed causal connections between illegal drug use and crime, the actual state of our knowledge concerning this relationship is relatively poor. The relationship continues to be surrounded by controversy, despite the increasing number of research studies which are concentrating on it. In general terms, the disagreements centre on issues such as the etiology of crime and drug use, the extent of crime committed by addicts, the seriousness of their crimes, the incidence of violent crime related to illegal drug use, the effect of control measures, and the efficacy of treatment. The difficulties of disentangling the many facets of the drugs-crime connection pose considerable methodological problems for researchers. Additionally, as we are all aware, the drug issue in general, and the drugs-crime issue in particular, inflames such violent passions and is fuelled by such diverse theoretical, ethical, institutional, and political viewpoints and interests as to make an unbiased assessment of the available scientific data extremely difficult. The fact that much of the research work is methodologically unsound or draws general conclusions from highly selected and biased sample groups does nothing to make an analysis of the evidence any easier.

### The Current State of Knowledge

In spite of these considerable difficulties, I think we now have sufficient evidence available to support the following assertions:

- (a) A large proportion of criminals have engaged in drug use and a large proportion of drug users have engaged in criminal behaviour (Voss and Stephens 1973; McBride 1976; Wardlaw 1978; Gandossy, Williams, Cohen and Harwood 1980).

- (b) The criminal involvement of illegal drug users is extensive and varied, and most of the crimes go unreported and/or unsolved (Inciardi and Chambers 1972).
- (c) The criminal involvement of illegal drug users increases after the initiation of drug use, and is greater than that of non-drug users (Plair and Jackson 1970; Chambers 1974; Cushman 1974; Weissman, Marr and Kastampes 1976; McGlothlin, Anglin and Wilson 1978; Ball, Rosen, Flueck and Nurco 1982; Chaiken and Chaiken 1982).
- (d) Drug users are (with minor exceptions) more likely to engage in acquisitory property crimes (Preble and Casey 1969; Eckerman, Bates, Rachel and Poole 1971; Kozel and Dupont 1977).
- (e) Although the major criminal involvement of illegal drug users is in property crimes, vice crimes, and selling drugs to other users, drug users are becoming increasingly involved in the commission of crimes against the person where these 'personal' crimes produce immediate financial returns (Chambers 1974; Greenberg and Adler 1974; Inciardi and Chambers 1972; Chaiken and Chaiken 1982).
- (f) The specific criminal involvement of illegal drug users varies by both time and place (Ball 1970; Bureau of Narcotics and Dangerous Drugs 1971).
- (g) A significant part of the relationship between crime and drugs is the result of a legal system that makes the possession or sale of certain drugs illegal in itself (Lindesmith 1967; Stephens and Ellis 1975; Wardlaw 1978; Gandossy et al. 1980).

#### Problems of Interpretation

There are a number of cautions to be made about even these assertions. The first is that the data on which they are based were predominantly obtained by studying samples of criminals and drug users who were either incarcerated or in treatment programs. Thus the conclusions may contain biases which make their generalisation to the total drug user and criminal populations somewhat uncertain. Although some recent studies (for example, Inciardi 1979) have sought to employ drug-using communities as samples, and they have broadly confirmed the trends found in samples drawn from official sources, we must still exercise caution in drawing conclusions for the wider society.

The second, and for our purposes most important, caution is that these assertions are almost exclusively based on data obtained from research in the United States. There are certainly important

demographic, political, social, economic, and cultural differences between the United States and Australia which could significantly alter drug use and criminal patterns in Australia. The types of differences which could be important are illustrated by differences between the United States findings and those reported for British heroin users by Mott (1982). In a study of nontherapeutic addicts coming to notice in Britain between 1960 and 1975, Mott found that those who continued to receive opiates (by prescription) were more likely to be convicted of, or admit to, offences than those who did not. This finding parallels the American data. However, whereas in the United States a number of studies have revealed higher crime rates with continuing drug use, Mott found that in Britain the number of male addicts convicted of other than drug offences (during five years of follow-up) did not exceed the number for the general male population of similar age and number of previous convictions. Thus, apart from drug offences, and allowing for their criminal histories before coming to notice, addicts are no more likely to be convicted of offences than are non-addicts; (Mott 1980, p.447).

We do not know very much about how closely Australia follows American trends in this field. The few Australian studies of drug use and crime which have been published (for example, Wardlaw 1978; Hendtlass 1982; Swensen 1982) confirm the finding that a significant proportion of illegal drug users have criminal histories that both precede and accompany drug use, but all suffer from problems of generalising from biased samples to the community at large. Apart from establishing this particular link between drug use and crime we have little hard evidence to compare with American research. A study currently being undertaken by the New South Wales Bureau of Crime Statistics and Research should provide us with much more comprehensive data, but we still need to undertake research in groups divorced from official sources to get a better picture of the drug-crime relationship in Australia. Certainly we need indigenous empirical studies to demonstrate whether or not the assertions I made earlier all hold for Australia as they do for the United States. My personal belief is that all of these relationships exist in Australia, but that they are not as strong as they are in America. But we need the data to test the assertions.

#### The temporal relationship between drug use and crime

With the reminder that most of what I have to say is based on American data, let me briefly review the state-of-the-art in drugs crime research in the hope that this might set the context for the papers and discussion that are to follow in this conference. The first area to focus on is that of the temporal relationship between drug use and crime. Many studies have attempted to discover whether persons involved in drug-related crime exhibited criminal behaviour prior to drug use or whether

the use of drugs led to criminal acts. Usually the focus has been on the relationship between heroin use and so called 'street crime', which includes assaults, robbery, burglary, shoplifting; breaking and entering, and so forth. This relationship has been the subject of a massive amount of study, yet because of the difficulties of data collection and the biases inherent in much of the research this effort has produced few definitive conclusions.

A typical question asked by researchers is, 'Does heroin use and/or addiction cause crime? If so, how can policy be devised to break the nexus?' A good deal of research seeking answers to such questions has focused on the sequence of heroin use and criminal activity. Three basic hypotheses are tested. First, that addiction per se leads the user into criminal behaviour. Second, that the economic demands of drug use force the user to turn to crime. And, third, that heroin use is just another form of deviant behaviour which occurs in an already criminal population (that is, that both drug use and criminal behaviour are related to some third factor).

The results of attempts to investigate these hypotheses have, however, been confusing and, often, contradictory. Many studies have shown that criminal behaviour considerably preceded drug use in the samples studied. The conclusion drawn from such work is that the drug user is first and foremost a criminal and that, therefore, the criminal law and law enforcement methods constitute the most appropriate weapons to use to fight illegal drug use. Other studies, though, have found the reverse sequence, suggesting that it is the economic pressures of supplying a habit which cause criminal behaviour. Since it is the illegal nature of drugs which creates a black market which, in turn, creates high prices, the policy implication of this finding seems obvious: legalise heroin (for example) and the black market will disappear, thus removing the need to commit crime. Yet a third group of studies accords with neither of the previous results. As Inciardi (1979) puts it, these studies find conflicting data:

Some members of the samples were drug users first, other members were criminals first, and still others embraced both drug use and crime simultaneously. The conclusion here is that heroin use and crime may not be related at all, but instead result from some third, unknown variable, or some complex set of factors that pervade the user's operating social milieu and greater environment (p.335).

The fact that researchers have discovered a number of different and contradictory relationships should alert us to be aware that pursuit of the simple cause and effect relationships searched for

as a ready basis for policy making may be a futile endeavour. If we know anything at all about the relationships between illegal drug use and crime it is that they are complex and multiply determined.

Nevertheless, I believe it is fair to say that the preponderance of evidence supports the view that many, sometimes a clear majority, of drug users have criminal histories prior to the onset of their drug use. In American studies of heroin users, the percentage having pre-existing criminal histories ranges from slightly under 50 per cent (for example, Nash 1968; Lukoff 1973) to nearly 90 per cent (for example, Ball, Chambers and Ball 1968). In Australia, Wardlaw (1978) found that 47 per cent of addictive/expensive drugs (principally narcotics) offenders had criminal records prior to their first drug conviction. The United States data are particularly interesting in that they show a significant change over time. It appears that drug users are now much more likely to be involved in crime prior to using drugs than they were in the past. Dai (1937) reported that 81 per cent of the 1049 Chicago addicts he studied had never been arrested prior to becoming addicted. Further, the majority of offences which were recorded for the 19 per cent with arrest records were for actual narcotics offences. Similar results were reported by Pescor (1938) who found that 73 per cent of a sample of over one thousand addicts admitted to hospital had no record prior to addiction. Those who did have records had mainly been arrested for misdemeanours. However, studies conducted since the 1930s have shown a steady increase in the percentage of drug users who have criminal backgrounds. In fact, it appears that prior to 1950 the majority of drug users were non-criminal before addiction, whereas subsequently the reverse is true.

The quality of the data used to generate these findings is, however, hotly debated. On the whole, data-gathering enterprises on criminal activity have restricted themselves to heroin users' arrest histories, and there is ample evidence that official statistics are gross underestimates of the incidence and prevalence of criminal activity. Those studies that have gone beyond arrest figures to probe self-reported criminality have mostly been limited to small samples of either incarcerated heroin users or users placed in treatment programs. Only few efforts have been made to locate active users and follow their drug-seeking as well as drug-taking behaviours.

One important attempt to overcome these deficiencies was a study by Inciardi (1979) which studied 356 active heroin users for a year and collected data on their officially reported and self-reported criminal activity. The users reported 118,134 offences in the year (including 27,464 index or serious crimes) most of which were reportedly committed to supply drug habits. However, only 286 arrests were made, or one for every 413 crimes admitted (or one for every 292 serious crimes admitted).

The data gathered by Inciardi suggest that the question "Is crime a pre- or post-drug use phenomenon?" is a gross oversimplification of a complex problem. Inciardi examined the median ages of initiation into various stages of substance abuse of the subjects in his sample. Table 1 shows the results.

Table 1 Median age of onset of substance abuse in a sample of 239 male and 117 female heroin users (from Inciardi 1979).

Activity	Median Age (in Years) Onset	
	Male	Female
Alcohol use	12.8	13.8
Alcohol intoxication	13.3	13.9
First criminal activity	15.1	15.9
First drug abuse experimentation	15.2	15.2
First marijuana use	15.5	15.4
First arrest	17.2	18.3
First barbiturate use	17.5	17.0
First heroin use	18.7	18.2
First continuous heroin use	19.2	18.4

The figures for males seem to show a clear progression from alcohol to crime, to drug abuse, to arrest, and then to heroin use. But the pattern is not quite that simple. At one level, it is possible to interpret these data as showing that criminal activity precedes drug use by a wide margin. However, if alcohol intoxication at a median age of 13.3 years is considered drug use then crime is clearly a post-drug abuse phenomenon. Since it is unlikely that it is necessary to commit many crimes in order to purchase alcohol, this interpretation would tend to support the hypothesis that drug use and crime may both be linked to some other factors. For females, the sequence is even more difficult to interpret since criminal activity occurs after both alcohol and drug abuse and after marijuana use, but before involvement with the more debilitating barbiturates and heroin.

Overall, Inciardi's data paint a picture of heroin users being involved extensively in crime, with the crimes being committed largely to raise money to buy drugs. For this sample, users' initiation into substance abuse and criminal activity both occurred at a relatively early age. However, Inciardi points out that some major questions are left unanswered. We do not know, for example, whether the nature and extent of criminal activity changes at various stages of drug abuse. Neither can we say if



a drug-taking career fixes the criminal careers of adolescents who might otherwise shift into more law-abiding pursuits as they mature.

#### Change in crime patterns associated with drug use

In an attempt to answer at least some of these questions, a number of recent studies have specifically looked at the issue of whether or not crime increases or changes its pattern during periods of continuous or heavy drug use. McGlothlin, Anglin and Wilson (1978) gathered self-report and official data about 690 narcotic users. Data were collected about narcotic use, employment, and criminal behaviour from 12 months prior to first narcotic use to the time of interview. The results showed that, in this sample, during periods of addiction individuals were more likely to be arrested for property crimes when they were using drugs daily. Similar data are reported in an extensive study of the economic behaviour of heroin addicts carried out by Johnson, Goldstein and Preble (1979). They found that income from crime was obtained on only five per cent of days when no heroin was purchased. On days when small amounts of heroin were purchased, some criminal cash income was present. But when large amounts of heroin were purchased, criminal cash income was present on 47 per cent of the days (and considerable criminal cash income was present on 32 per cent of the days).

Further evidence of a direct association between drug use and crime is provided by Ball, Rosen, Friedman and Nurco's (1979) longitudinal study of 833 narcotic addicts in Baltimore. This study developed a measure which related non-incarcerated days at risk to criminal activity. The results showed that on 91 per cent of the days that crimes were committed, the individuals were also using narcotics. Conversely, only 9 per cent of the individuals' crime days occurred when they were not regularly using opiates. This research team has further refined their measurement techniques to develop a measure of criminal behaviour for drug users, which they call crime days per year at risk. A crime day is a 24-hour period in which an individual commits one or more crimes. The number of crime days per year at risk refers to the number of days per year that an individual has committed crimes, from zero to 365. Ball, Rosen, Flueck and Nurco (1982) applied this measure to a study of 243 addicts drawn by probability based sampling from a Baltimore population of 4069 male opiate addicts. The sample was interviewed and their criminal history was traced in detail over an 11-year risk period during which they were 'on the street'. It was found that the 243 heroin addicts had committed more than 473,000 crimes. As measured by crime days, the average addict committed over 178 offences per year and almost 2000 offences after the onset of drug use. The predominant offence was theft, but addicts were also involved in a wide range of other offences, including drug sales, robbery, forgery, pimping, assault, and murder.

A finding of particular importance in the Ball et al. (1982) study was that addiction status (that is, whether or not actively using opiate drugs at a particular time) was highly correlated with extent of criminality. There was an overall six-fold increase in the number of crime days per year at risk during addiction as contrasted with period of abstinence. When addicted, the 243 male addicts committed one or more crimes during 248 days per year; when not addicted, they had only 41 crime days per year. It is important to note that although the extent of criminality within this sample was greatly magnified when the individuals were addicted to opiate drugs, the non-addicted crime rate was still quite high. It is also perhaps worth mentioning one further finding from this study. That is that most of the addicts followed over the years had been arrested numerous times and had spent considerable time in prison. But their frequent arrests (12 per addict) and period of incarceration (three per addict) had little noticeable effect on their criminal activity. In fact, the number of arrests and period of incarceration was directly related to the extent of the criminality. Interestingly, few of the addicts (only 16 per cent) had been hospitalised for their drug abuse.

Probably the most recent study of the effect of drug use on incidence of criminal behaviour is Chaiken and Chaiken's (1982) massive Rand Corporation study of prison and gaol inmates in the United States. As part of a large-scale analysis of self-report data obtained from nearly 2200 prison and gaol inmates under sentence in California, Michigan and Texas, Chaiken and Chaiken examined the impact of drug use on serious high-rate criminal behaviour. A factor which the study found to be of particular importance was juvenile drug use. The common belief that juvenile drug use is progressive in nature, beginning with marijuana use and moving on to experimentation with 'harder' drugs, frequent use of hard drugs including heroin, and ending with heroin addiction, was supported by the data. But quite obviously the progression is not inevitable since only a relatively moderate fraction of the cohort became addicted to heroin (13 per cent) and a non-trivial number appear to use heroin without becoming addicted (9 per cent).

The study found that juvenile drug use was one of the strongest factors associated with robbery, burglary, and assault. However, the association was confined to frequent use of 'hard' drugs, including heroin. There was no association between crime rates and juvenile use of marijuana or experimentation with hard drugs, providing no subsequent, more frequent use took place in the juvenile years.

Looking at the cohort overall, Chaiken and Chaiken (1982) found that respondents who used heroin committed crimes at much higher rates than other offenders. For example, California respondents

who were addicted to heroin prior to incarceration reported committing over fifteen times as many robberies, twenty times as many burglaries, and ten times as many thefts as respondents who did not use drugs. But while there was a relationship between heroin use and crime rates, it was not independent of costs. Heroin addiction was not associated with crime rates unless the amount paid for heroin exceeded \$50 a day. This accords with Goldstein's (1981) findings based on observational studies that many addicts obtain heroin in exchange for services associated with drug dealing or having legitimate or quasi-legitimate sources of income, and avoid committing major crimes themselves. On the other hand, heroin addiction combined with costs of \$50 a day or more was found to be a major factor associated with rates of robbery, burglary, theft, fraud and forgery, and to a lesser degree with assault.

One of the particularly interesting findings of the Rand study, and one with implications for any attempt to generalise from American data to the Australian scene, was that there were significant state differences in drug use and its relationship with crime rates. In California, Michigan, and Texas, respectively, 40, 24 and 19 per cent of the respondents were heroin users. Median costs for heroin were found to be lowest in Michigan, which reduced the number of respondents with relatively high-cost habits in that state. Respectively, 25, 9 and 12 per cent of the respondents were found to have heroin habits of \$50 or more per day in California, Michigan, and Texas. Significant differences were also found in other drug use patterns. These differences were reflected in different crime rates. Thus, for example, not only were there twice as many high-cost heroin addicts in California as compared with Michigan and Texas, but high-cost heroin use in California was associated with rates of robbery of persons and rates of robbery of businesses, whereas in Michigan and Texas, this form of heroin addiction was associated with only one type of robbery (of business in Michigan, and of persons in Texas). Further, California high-cost addicts were likely to commit burglaries in the course of which they encountered a victim. This was not the case in Michigan or Texas. Differences such as these within the same country alert us to the fact that the relationship between drug use and crime is an extremely complex phenomenon determined by social relationships, availability of drugs, cost of drugs, enforcement policy and activity, differences in life styles and societal attitudes and tolerances, and so forth. As a consequence, not only is it difficult to generalise from particular samples to communities or even the country at large, it is even more problematic to generalise from one country to another. If we want drug control policies in Australia to be empirically grounded it is vital that we commit more resources to the establishment of indigenous data bases and move away from reliance on overseas sources.

### Drug use and crimes of violence

Let me turn briefly now to the question of the relationship between drug use and commission of crimes of violence. The literature over the past decade or so has generally concluded that drug users, particularly heroin users, are not as a rule responsible for crimes whose primary motivation is violent. They are prepared, however, to engage in violent crime to the extent that it has a pecuniary return. Thus, money crimes with an element of violence, such as robbery, will be relatively more frequent, whereas violent crimes per se, such as rape, assault, and murder, will be relatively less so. A number of investigations have borne out the contention that drug users, unless they committed violent crimes before the onset of drug addiction, tend to avoid crimes of violence unless there is a monetary return (Winick 1967; Plair and Jackson 1970). On the whole, the motivation for crime is a monetary one, so crimes of violence are avoided because they tend to be risky without aiding the obtainment of desired drugs. Where violence does increase, the conclusion that it is the result of economic and social forces suggests itself. Fitzpatrick (1974) had expressed the view that consideration of drug-related crime at the level of organised crime is much more important than studying the relationship between drug use and violent crime at the individual user level. Intense competition for the enormous profits associated with drug trafficking leads to substantial amounts of racket-associated violence, much of which never comes to official attention. The interactional context of buying and selling an expensive illegal product produces a high level of interpersonal violence between users and dealers. The dealer 'burning' the buyer, and the buyer 'ripping-off' the dealer account for considerable violence in illicit drug using groups. Thus, rather than being predominantly 'violence in the streets' (by implication directed at the general public) which is associated with drugs, it is probably violence between criminal participants in the drug world which is predominant.

Nevertheless, studies in the past few years have begun to detect a trend towards greater connections between drug use and violence, at least in the United States. It has always been thought that (excluding alcohol, which is strongly linked to violence) the one drug which does have a direct relationship with violence is amphetamine, although most studies have found that factors other than the pharmacological effects of the drug were also important in linking amphetamine use to violence (Ellinwood 1971; Smith 1972). However, some new relationships seem to be emerging. A recent review of work on drugs and violence (McBride 1981) found that narcotics, cocaine, PCP, and inhalants users were over-represented in crimes against the person when compared with other types of drug users or with non-drug users. McBride concludes that the data represent a new trend of increased violence amongst narcotics users.

A more precise picture emerges from the Rand study discussed earlier (Chaiken and Chaiken 1982). The results showed that respondents who reported using heroin only once weekly or less reported a significantly higher assault rate than other respondents. Interestingly, being addicted to heroin and paying less than \$50 per day for the drug was found to be significantly and inversely related to rates of assault. How do we interpret these findings? Perhaps we can look for an explanation in some of the other data. It was found that assault rates were also strongly related to juvenile sporadic use of heroin. In addition, non-addictive use of heroin was significantly related to motor vehicle theft. Assume, as seems likely, that motor vehicle theft is often an impulse crime. Quite possibly, then, sporadic heroin use is a characteristic of inmates who are not so much 'career' income-producing criminals as men who are looking for excitement in the form of brawls or joy riding. Taken as a whole, these findings suggest that among criminals, the non-addicted heroin users and addicts (especially addicts not in need of large amounts of money) appear to have quite different potentials for violence. In studies of drug use and crime we should, therefore, be careful not to compound the two criminal types.

The findings of the Rand study with respect to barbiturate use are also of interest. Barbiturate use was strongly associated with rate of assault. For this cohort, barbiturate use of more than five pills on days used was an even stronger determinant of violent interactions than alcohol abuse. As chaiken and Chaiken (1982) note, alcohol and barbiturate use share common physiological effects and are metabolised through the same enzymatic pathways. This suggests that the aggressive behaviour related to both drugs may have a large physical as well as psychological or subcultural component. However, since the study found that less than daily use of barbiturates had a stronger positive association with assault rates than daily use of barbiturates, it seems likely that the relationship is not purely a physical one.

### Conclusions

The material I have presented here indicates how complex are the relationships between drug use and crime, and how careful we must be in interpreting the results of research into these relationships. Certainly it should be obvious that bald statements such as 'x per cent of urban street crime is committed by addicts', are both inaccurate and misleading.

Criminal behaviour and drug use are both complex phenomena not susceptible of simple analysis and the intersection of the two phenomena is more complex still. The general level of current debate on drug-related issues belies this fact, however, being based on simplistic and emotional premises and preventing

rational analysis and clearly reasoned policy. It must also be admitted that research in the area has not always been rigorous and, because of unclear definitions and imprecise measurement techniques, it is difficult to compare directly with results of many studies. Nevertheless, let me recast and restate some of the important findings which I believe rest on reasonable empirical foundations.

1. The population of users of illegal drugs is composed of individuals with widely varying habit sizes and frequencies. Even particular individuals may show considerable variations in amount and frequency of use over time. The evidence indicates that persons falling into the 'addict' stereotype probably constitute a minority of users. This implies that aggregate estimates of habit sizes and analyses based thereon are grossly misleading and inaccurate.
2. A significant percentage (probably between 30 and 50 per cent) of the income needed to support large habits is generated within the drug distribution network itself (that is, by buying and selling drugs and participating in associated services). Evidence also indicates that legitimate sources of financial support from family, welfare, and employment are not unimportant to users of illegal drugs. Some estimates suggest that only 30 to 40 per cent of income expended on drugs is earned from non-drug revenue-producing crime. Of this percentage, not all will be from property crime. Gambling offences and prostitution feature predominantly in the criminal histories of a large number of drug users.
3. Although the amount of crime that has been attributed directly to drug use has been overstated for a number of reasons in the past, it is still true that users of illegal drugs are significantly involved in criminal behaviour. In many cases, such crime is a continuation of pre-existing criminal careers, but periods of heavy, continuous use of expensive drugs are still accompanied by extremely high levels of criminal activity. On the whole, criminal activity declines significantly for drug users during periods of abstinence.
4. With some exceptions, these probably being barbiturates and amphetamines, there is no consistent evidence linking violence with the direct pharmacological effects of illegal drugs. However, heavy users of expensive drugs such as heroin, seem more likely than in the past to be involved in crimes of violence.

5. Under a system of drug use control which depends largely on criminalisation, society forces addicts to commit income-generating crimes. At the same time, it is evident that drug laws are relatively ineffective in achieving their articulated principal goal of deterring drug use.

These conclusions suggest to me that we should seriously question some of the major rationales for our current drug control policies. Quite obviously, as a first step, we need to examine the overall direction of drug policy. What are its aims, and are they being met? What are the alternatives to a strict enforcement policy and what are the likely consequences of alternative policies? In assessing the alternatives we must pay particular attention to being realistic in our predictions. For example, advocates of a policy of legalising heroin typically claim far greater reductions in crime as a likely consequence of the policy than in fact would be the case. On the other hand, inquiries such as the New South Wales Committee of Inquiry into the Legal Provision of Heroin (1981), which rejected various legalisation options because of the progressive diminution of the impact on crime of placing increasing restrictions on the conditions under which heroin might be available, surely expected too much in crime reduction terms of a legalisation policy.

The second important need is to examine the effects on crime of different drugs and assess their impacts separately. In all probability a successful drug control policy will require different strategies for different drugs. We may even eventually be able to devise different strategies for different types of users.

The third aspect, and one which I have already emphasised, is the need for Australian data, particularly longitudinal and ethnographic studies of drug users selected from other than official sources. We cannot devise policies to suit Australian conditions unless we know the unique characteristics of the Australian drug scene.

Finally, we need to devote considerable thought as to how best to disseminate research findings in a manner which ensures their use by public decision makers. Symbolism, myth, and fear dominate the drug debate and so flow through to policy making. Much of this may be attributed to an incomplete or erroneous understanding of the relationship between drugs and crime. The challenge for health and law enforcement officials such as those gathered at this conference is to develop a strategy for translating the complex research findings in the drugs-crime area into a format which will be understood by both public and policy makers. Hopefully a more thorough and sensitive appreciation of the issues will lead to more effective and rational, or at least less socially costly, drug control policies.

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## THE DRUG-CRIME LINK: DILEMMAS FOR POLICY MAKERS

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My pleasure at being invited to deliver a keynote address at this seminar is tinged with a little surprise that such an honour should be bestowed on me. Since completing, in 1979, my task as Chairman of the South Australian Royal Commission into the Non-Medical Use of Drugs, I have not been actively involved in this most perplexing (and often frustrating) field. I therefore do not bring to the topic the considerable expertise and experience that most speakers and participants have. My perspective is perhaps best described as that of the partly informed observer.

Yet if the reasons for the invitation being extended to me are not quite clear, the topic of the seminar, 'Exploring the Alcohol and Drug Crime Link - Society's Response', is positively opaque. As we are all acutely aware, the one major growth industry in Australia is royal commissions, particularly into drugs. One rewarding approach of this paper might be to assume that the topic constitutes the terms of reference of yet another royal commission. If I were to appoint myself counsel assisting the commission (a very much more rewarding role than that of Chairman), I would at the outset address myself to the meaning of the topic. This would lead me to observe that the use of the definite article in the title suggests, almost irresistibly, that there is indeed a link between alcohol and drugs (on the one hand) and crime (on the other). A literal reading of the form of words chosen by the organisers might even suggest that there is but a single link, awaiting discovery by suitably diligent and perspicacious set of inquirers. Consequently, it might be thought that the task of participants at this seminar is to search out and identify the offending link, thus enabling it to be broken and (presumably) society restored to robust health.

Somehow I doubt that such an approach, however appealing to a royal commission, would commend itself to this group. One does not necessarily need lawyer-like skills of obfuscation to discern that 'the link' between drugs (including alcohol) and crime is considerably more complex than the seminar topic might suggest at first glance. The most useful (or the least harmful) function that this partly informed observer can discharge is to indicate some of the issues that are embraced by the topic. Doubtless there will be little of novelty in the analysis, but it should serve to emphasise the complexities and subtleties of the relationships that interdisciplinary gatherings are well-equipped to explore.

## Community Attitudes

### Public anxiety

The Final Report of the South Australian Royal Commission into the Non-Medical Use of Drugs (South Australia 1979, pp.5-6) makes two fundamental points. The first is that the levels of public anxiety about the 'drug problem' have been persistently high in western countries since the end of the last century. The report argues that the anxieties have 'generated and maintained stereotypes and myths which have characterised public debate on the matter and have even influenced official policies'.

While community understanding of drug control issues has improved (if only marginally) in recent years, anxiety levels remain high. This anxiety has been fuelled not only by the media, as the conventional wisdom might have it, but by official reports. Thus the Woodward Royal Commission into Drug Trafficking, on the very first page of its 1979 report, refers to the 'known fact' of a 'drug menace' (New South Wales, p.1). Later the commission asserts that there have been 'rapid and alarming increases in the non-medical use of narcotics, particularly heroin', yet provides no reliable evidence to support the assertion (p.297. For estimates using the indicator-dilution technique, see pp. 291-4. The commission accepts that the application of the technique could produce only 'flawed estimates': p.286). The Senate Standing Committee on Social Welfare also employs emotive language calculated to increase public anxiety about the 'drug problem'. The committee feels compelled to suggest that figures relating to the consumption of over-the-counter and prescription drugs, which to an outside observer appear equivocal, 'confirm an alarming rate of consumption of psychotropic drugs in the Australian community' (Senate Committee 1982, p.32; emphasis added).

Other official reports have shifted the emphasis from alarm at the extent of non-medical drug use to the threats posed by 'organised crime' a term which includes groups engaged in international drug trafficking (Australia 1980, Part V, Ch.7). The most recent report enters a sustained plea for a National Crimes Commission, with considerably greater powers than traditional law enforcement agencies, to combat organised crime (Stewart 1983, Part VI). This report, in its published form, has a rather striking cover. It displays photographs of five persons named in the report as having been involved in criminal activities, partly hidden by superimposed bars. Immediately below appears six photographs, each set in the shape of a headstone, of persons allegedly murdered at the instance of the syndicate whose activities were examined in detail by the royal commission. This colourful presentation reinforces the message within the report that the Australian community faces a grave threat to its well-being, which can be countered only by drastic measures.

### Misconceptions

The second important point, which goes to the heart of the proceedings at this seminar, is that the community adheres to misunderstandings about the nature of the 'drug problem' and the means of dealing with it (South Australia 1979, pp. 5-6, 18-24). The most persistent misunderstanding identified by the South Australian Royal Commission is the 'well-intentioned but misplaced yearning for a simple solution' to the problem. The solutions usually proffered include drug education and treatment programs and more vigorous enforcement of the criminal law. Of these solutions, the one that commands most public attention is of course the imposition of more stringent criminal sanctions on users of and dealers in particular kinds of drugs. The successive appointment of royal commissions to investigate the illicit trade in drugs reflects the assumption that law enforcement agencies are capable single-handedly of controlling if not eliminating the problem, provided they receive sufficiently broad powers and adequate resources. This view overlooks the fact that, to the extent that there is a serious social problem, it does not only (or even primarily) involve drugs that are currently subject to a policy of total prohibition. More specifically it overlooks evidence that, even if the drug problem is thought to revolve around several illegal drugs, the most strenuous efforts of law enforcement agencies, short of a fundamental change in the character of our society, cannot detect more than a very small proportion of the total illicit traffic. Nonetheless the misconceptions persist and heavily influence government policies and law enforcement practices.

The misconceptions that bear on this seminar are not confined to the operation and effectiveness of the criminal law. For example, the belief is widespread in political and other circles that the illicit trade in heroin can be largely wiped out by treatment programs which make the drug freely available to dependent persons, despite the rejection of such a policy by successive inquiries. Thus the establishment, in early 1981, of the New South Wales Committee of Inquiry into the Legal Provision of Heroin was prompted by the government's interest 'in the possibility of supplying addicts with heroin in order to break the connection between them and organised trafficking' (New South Wales Committee 1981, p.1).

The committee travelled over familiar ground and, not surprisingly, reached the conclusion that, subject to very limited exceptions, heroin should not be made available to dependent persons. It pointed out that the only way to eliminate the black market in heroin would be to make the drug available to all who asked for it. But this policy would involve an enormous social cost and would be 'wholly unacceptable' to the Australian and international communities (p.33). Once again, the yearning for a simple solution was frustrated by an informed analysis. Yet,

the work of the committee is unlikely to prevent the belief that there is a simple solution to the illicit trade in heroin (or other drugs) manifesting itself in substantially the same form at a later stage.

### Drug Use and Crime

I have indicated that my main task is to raise for consideration at least some of the possible meanings of the alcohol and drug-crime link. I preface my comments with two propositions that emerge from the preceding discussion:

1. There is great interest in the link because of the high levels of anxiety about non-medical drug use and the apparently related phenomenon of organised crime.
2. The community generally accepts that there is a clear link between drug use and crime and that there must be a feasible means of severing that link.

In fact, as is often the case, the position is considerably more complex than public perceptions would suggest. The 'link' between drug use and crime might take any one or more of a number of forms, including the following:

- (a) drug-related conduct that is made criminal under the existing law;
- (b) criminal behaviour, particularly violent crime and theft, that is caused by drug use or drug dependence; and
- (c) the actions of organised criminal syndicates in illegally supplying drugs to users.

In this paper I refer to each of these matters and to the related questions of techniques for breaking the drug-crime 'link'.

### Criminalisation of Drug-Related Conduct

#### Emergence of controls

It is not generally well understood that the establishment of international and domestic controls over the supply and use of drugs is a relatively recent phenomenon. Criminal prohibitions on the supply, possession and use of drugs began in Australia in the late nineteenth century with controls over opium, the drug thought to be used widely by the Chinese community. This reflected not so much a careful assessment of the dangers associated with the drug and the most effective means of minimising these dangers, as prejudice against a distinctive and alien minority group. Of course the concern about drugs was not limited to opium. For

example, in the early years of the twentieth century a vigorous temperance movement sought, largely unsuccessfully, to restrict the sale and consumption of alcohol. In addition public health legislation began to control the dispensing of potent and proprietary medicines, a move that coincided with the struggle of pharmacists for professional recognition. Nonetheless, the criminalisation of drug use - the first phase of establishing the drug use-crime link - could hardly be characterised as the product of carefully formulated social policy.

The increasing reliance on criminal sanctions to curb the distribution and use of certain kinds of drugs was stimulated by international controls, the first of which was the 1912 Hague Convention, which grew out of the 1909 Shanghai International Opium Conference. The expanding network of international treaties, which has heavily influenced domestic legislation, creates the possibility, in the light of recent High Court decisions on the scope of the external affairs power, of more extensive greater Commonwealth regulation in this field.

#### Towards decriminalisation?

Over the last quarter of a century, the reliance on the criminal law to control the use and possession of drugs has come under attack by commentators and, more gradually, by official inquiries in a number of countries. In particular, doubt has been cast on the value of continuing the criminal offence of simple possession of drugs, where there is no evidence that the offender intended to traffic in those drugs. The commentators have argued that the disadvantages of such laws outweigh the advantages such as deterrence of drug taking or the symbolic expression of community disapproval of such behaviour. They say, for example, that the possession offence is applied to some drugs and not others, notwithstanding that many drugs are capable of causing serious harm to individual users or to the community. They also contend that the possession offence is a very crude and inflexible weapon to employ in the battle against harmful drug use.

The experimental or casual user without a prior criminal record who is detected in possession of drugs is processed in much the same way as a long-standing compulsive user or a user with a long and varied criminal record. This of course may be the price that must be paid for the deterrent or symbolic value of the criminal law, but it does mean that naive users are stigmatised by the conviction and court proceedings in a manner that may seriously affect their employment, educational opportunities and standing (South Australia 1979, p.255).

Moreover, the deterrent effect of the law may be minimal in relation to compulsive or heavy users of drugs about which the community is most concerned.

In my view, there is little doubt that these arguments will gradually make headway and that, over time, less emphasis will be placed on the criminal law as the principal means of controlling non-medical use of drugs. Most debate in Australia has of course centred on whether the current policy of total prohibition, as applied to cannabis, should be modified in favour of a regime which would not penalise personal use or possession of the drug. In a sense, this debate is beside the point, since changes are already occurring and will continue to occur, although not necessarily in a dramatic fashion. The courts, reflecting community attitudes and practices, have imposed more lenient penalties for possession offences concerning cannabis; legislatures have begun to acknowledge this trend by reducing the maximum penalties for such offences and by establishing summary procedures for processing offenders. It is only a matter of time, despite the heat of the current debate, before the total prohibition policy is abandoned and personal use of cannabis ceases to be a criminal offence.

More importantly, I think that this trend will carry over to the possession offence where it applies to drugs other than cannabis. Changes are also occurring here, as courts begin to impose less severe penalties on drug users, in recognition of the futility of imprisonment in non-dealing cases, or channel offenders into treatment programs (not all of which are appropriate to the needs of individual offenders). Over time - and I stress that it will take some considerable time - there will be a greater acceptance of the view that enforcement of the criminal law always has serious costs associated with it and that there are other, less crude means of discouraging compulsive or harmful patterns of drug use. In short, there will come a time when the criminal law is seen by many to be an inappropriate means of attempting to control individual drug-taking behaviour. By this I do not mean that drug taking will be regarded as a desirable activity; only that reliance will be placed on other means of giving effect to community disapproval. If and when such a fundamental change of attitude takes place, an important aspect of the drug-crime link will have been broken, although not in a manner that the community at present considers either desirable or feasible.

#### Crime Caused by Drug Use

There seems to be little doubt that one of the most deeply rooted beliefs in this area is that drug users inevitably must be led into a life of crime; in short, drug use causes other kinds of criminal behaviour, notably violence and large-scale theft. There are two aspects to this belief.



The first is that particular drugs actually induce violent behaviour and, in this way, cause crime. While there is evidence that the pharmacological effect of alcohol, and perhaps barbiturates and the amphetamines, may be such as to result in violent behaviour in some cases, the evidence does not support this conclusion for other kinds of drugs (cf. Wardlaw 1983, pp. 15-16).

The second aspect of the belief is that, independently of the pharmacological effects of drugs, users must engage in large-scale criminal activity to support their dependence. Dr Wardlaw's paper at this seminar analyses this condition in depth and I need not go over the ground he covers so well. The evidence now indicates that a high proportion of drug dependent persons commit crimes other than those constituted by their use of drugs. However, many of these people have engaged in criminal conduct before commencing their illicit use of drugs, suggesting that in such cases drug taking might be part of a broader pattern of deviant behaviour. But, as Dr Wardlaw points out, this is not the end of the matter. It seems that the level of criminal conduct by illegal drug users increases after the commencement of drug use and is especially high during periods of heavy use of expensive drugs. It may be, then, that drug dependence is sufficiently associated with criminal behaviour to warrant special attention, even if the relationship is rather different from that popularly assumed to exist.

Clearly, further work is required in this area to gather comprehensive Australian data that can be used (among other purposes) to assess the effectiveness of programs designed to reduce the level of criminal behaviour by participants. Certainly, Dr Wardlaw is right to draw attention to both the methodological difficulties faced by researchers and to the caution with which American findings should be applied to Australia. He is also correct to suggest that a high priority should be accorded to disseminating research data to the public and to policy makers, in order to improve the understanding of the issues and the quality of decision making. But this should not be done in the expectation that dissemination of such information will dispel the 'symbolism, myth and fear that dominate the drug debate and so flow through to policy making' (Wardlaw 1983, p.18). Dr Wardlaw suggests that the irrationality of much of the debate stems from an incomplete or erroneous understanding of the relationship between drug use and crime. I venture to put the matter another way. This incomplete understanding is much more likely to be a product of the anxieties and fears that historically have shaped attitudes towards drug taking. It will not be easy, at least in the short term, for rationality to intrude into the discussion.

### Drugs and 'Organised Crime'

In Australia a vigorous debate is now taking place concerning the responses that should be made to the perceived threat of 'organised crime'. As at least one royal commission has recognised (Australia 1980, p.A322), the phrase 'organised crime' is capable of being used in an arbitrary way which is both devoid of meaning and which serves to detract attention from the task of dealing with criminal activity. However, the term has recently been taken to refer to organised criminal activity which involves a number of characteristics. These include the following (Stewart 1983, pp.497-500):

- (a) the purpose of the organised activity is to make money by the supply of illegal goods and services, usually associated with 'victimless' crimes such as prostitution and drug trafficking;
- (b) the structure of the organisation tends to be hierarchial, thus allowing the leaders to be insulated from detection and prosecution;
- (c) cash resources are used to corrupt others; and
- (d) violence is employed to maintain the structure of the group and to endorse accountability and discipline.

The debate in Australia has focused on the specific issues of whether there should be a crimes commission to combat organised crime, and, if so, what form that commission should take. Ultimately, however, the issues are very much broader: they concern the powers that should be available to the state to investigate criminal conduct and the extent to which departures should be permitted from the usual safeguards designed to protect the civil liberties of citizens.

The nature of the drug-crime link is crucial to this debate. In recent years, three royal commissions have exercised extraordinary powers and expended formidable resources in pursuing investigations of drug trafficking. Each has examined allegations of organised criminal conduct in relation to the large scale importation, production and distribution of illegal drugs, notably cannabis and heroin. The investigations and reports of these bodies have contributed (to some extent unintentionally) to community acceptance of two propositions:

- (a) that organised crime is rampant in relation to the supply of illegal drugs and controls a substantial proportion of the market; and
- (b) criminal organisations represent such a threat to our way of life that extraordinary investigative powers are required to infiltrate them and curb their activities.

These beliefs have been reinforced by the work of another royal commission (Costigan 1982; Meagher 1983) which, although not specifically concerned with drugs, has created a powerful sense of urgency about the need for drastic action to combat the apparently wide range activities of organised crime.

In my view, the greatest caution must be exercised before accepting either of the two propositions. As difficult as it may seem to resist the tide of indignation about the criminal behaviour of some individuals and groups, there are great dangers in being carried along by the rushing waters. The greatest risk is that inappropriate and perhaps dangerous solutions will be adopted as a means of solving problems that do not necessarily exist in the form assumed by policy makers.

It is important to understand, as I have indicated earlier, that there is nothing new about high levels of anxiety and fear being generated by drug use and drug trafficking. Indeed the history of drug control is replete with examples of decisions being influenced by irrational fears. In colonial days in Australia a link was drawn between opium smoking and depravity. While the link had little to do with an objective assessment of evidence, it was a powerful force in the enactment of controls over opium (Lonie 1979, Ch. 1). During the 1930s and 1940s the United States Federal Bureau of Narcotics brought forward evidence at national and international level allegedly demonstrating that cannabis was a dangerous narcotic, which caused violent crime and insanity among users (Bonnie and Whitebread 1974, Chs 7, 10). In a sense, the stereotyped image of organised crime syndicates controlling the drug trade and seducing otherwise innocent people to a life of addiction and crime is in keeping with a long tradition in the development of drug control policies.

I stress that none of these comments is intended to suggest that there is no involvement of organised crime (whatever the difficulties in defining that term) in illicit drug trafficking. However, it is one thing to identify several syndicates who have arranged the illegal importation and distribution of drugs. It is quite another to assert that these syndicates (or others) control the drug trade (a proposition which flies in the face of the available evidence), or that they present a sufficiently serious threat to our way of life to justify substantial inroads into accepted civil liberties.

A thoughtful commentator has recently suggested that the onus is on those who propose dramatic changes in the balance between the executive and the citizen to demonstrate that organised crime exists, and that it can be dealt with only by unusual procedures that infringe civil liberties (Harding 1983, pp.2-3). The evidence gathered to date certainly supports the view that law enforcement practices, as applied to drug trafficking, are in need of revision. In particular, there has often been a

lamentable lack of co-operation among law enforcement agencies. The agencies themselves frequently do not have the high level skills and resources needed to cope with sophisticated crime-organised or otherwise, drug related or not. But I suggest that the evidence falls well short of establishing that fundamental changes in the principles governing the investigation of crime are needed to cope with illegal trafficking in drugs.

#### Techniques for breaking the drug-crime 'link'

The imposition of criminal sanctions is not, of course, the only means of attempting to curb illegal behaviour by drug users. There has been considerable discussion in recent years as to the appropriateness and effectiveness of other forms of intervention. These include treatment programs, such as methadone maintenance for drug dependent persons, and education programs which aim to reduce levels of drug taking. Perhaps I might be forgiven for leaving this field, which is replete with methodological problems associated with the evaluation of programs, to experts at this seminar.

I do wish to make one point concerning responses to the perceived drug-crime link. Just as the community may react too readily to demands for greater investigative powers to be conferred on law enforcement agencies, so there is a temptation to respond too swiftly to suggestions for new techniques of social control to be tried. This temptation has been increased by the recognition that 'the traditional punitive approaches of the criminal justice system have largely been ineffective in dealing with the problem of drug abuse' (NSW Bureau of Crime Statistics and Research 1982, p.1).

An illustration is perhaps provided by the Drug Diversion Program introduced in four Sydney Magistrates' Courts in 1977. An evaluation of the first two years of the program concluded that it was 'fraught with difficulties in both the conceptual and operational levels' and suffered from a 'lack of clearly defined formal objectives' (p.93). While the program (which has since been substantially modified) was established on a pilot basis only, the difficulties it encountered reflected the complexities of the relationship between the criminal justice and treatment systems and the absence of any simple solutions to the 'drug problem'. The point to be stressed is that the formulation of social policy is difficult enough at the best of times; in an atmosphere of public anxiety and even fear the task is truly formidable.

### Conclusion

The thrust of this paper is the dilemma facing policy makers concerned with the control of drug use: how to formulate rational and carefully thought out policies when public perceptions of the measures required are so often at variance with the facts. Many of these perceptions relate to the link between drug use and crime, a matter to be explored in depth at this seminar.

The source of much of the confusion is a 'larger misconception' about the criminal justice system identified by a noted criminologist. His commonsense words should serve as a touchstone for policy makers in this most difficult of areas.

Perhaps the inner truth is that the criminal justice system ... does not much influence the crime and delinquency rates ... The existence of the criminal justice system and its functionaries almost certainly influences to a considerable degree the overall incidence of criminality; but modulations in that system are relatively unimportant to the quantum of criminality. Does this mean that the criminal justice system is unimportant? Not at all. It is centrally important to society in general, but not particularly to the problem of the incidence of crime. The values to be served by the criminal justice system are those of fairness, justice, decency and a high regard for human dignity when applying the great powers of the State. The criminal justice system provides the balance ... between authority and freedom (Morris 1983, pp.151-2).

Whatever the nature of the link between drug use and crime, that balance must be maintained.

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THE PRODUCTION OF DRUG PROBLEMS:  
CREATING AND CONTROLLING CONSUMERS

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The Drug-Crime Link as a Social Problem

There are many people who would consider the definition of the drug-crime link to be self evident. They would claim to be detached and scientific, objective and value free. They would believe their conclusions to be certain and non-controversial (functionalist view). And their view would be that drug dependent individuals and their behaviour are responsible for the link between drugs and crime.

This approach, however, is only one possible way to analyse the matter. There is a variety of theoretical frameworks, or 'paradigms' in Kuhn's (1962) terms, which can be adopted as explanations, and none of them can be claimed to be certain truth. Each framework is inevitably influenced by the values of those who adopt it - and by their social class, and their age, sex, ethnic, religious, educational and income status groups.

The first perspective seems to me an elitist viewpoint; it blames the powerless individual drug consumer for the whole drug-crime link. It is the point of view of the powerful, the dominant groups in society, who seek to maintain their position by subordinating the groups who might constitute a threat. If the dominant groups can keep power relations the way they are, they can continue to benefit from the present social and economic arrangements.

In this paper I shall examine the reverse perspective. I shall adopt the point of view of the powerless instead of the powerful. I shall look 'up' not 'down', analysing the role of the dominant groups and therefore not necessarily blaming the individual consumer.

In the drug-crime link then, what is the role of the dominant groups? Drug consumption and dependence can be seen to be produced by these groups in the course of maintaining their political and economic power. By various means they bring about economic and social pressures, particularly on the subordinate groups, to consume a range of drugs, among other commodities.

### Transnational companies and governments

Some drugs are sold legally, others illegally. Drugs which are named in the Poisons Act, such as marijuana, heroin, and cocaine, are 'trafficked' in illegally within the business structures of organised crime, both Australian and international. All other drugs are sold through legal commerce. They include tobacco, alcohol, analgesics, coffee, contraceptives, antibiotics, tranquilisers and sedatives, stimulants and cough mixtures, etc. Most of these drugs are sold and distributed through international networks of transnational companies. Australia imported \$167 million worth of legal drugs last year (War on Want 1983). From time to time a government may ban the sale of a certain drug - depo-provera, for example, a contraceptive which is a potent source of cancer, banned in the United States and Australia - but transnational companies continue to profit from such drugs by marketing them in the Third World. When Third World countries attempt to control drug sales they are subjected to very high-pressure marketing methods. Bangladesh, for example, announced a new policy involving the removal of nearly 1700 harmful or unnecessary drugs from the market, and then experienced intense political and financial pressure, particularly from the United States (Barnet and Muller, p.158). Local buyers may be forced to pay high prices; for example, the price of valium is 82 per cent higher in Columbia than the international market price (Vaitos, p.159). The amount of profit declared by transnational companies makes high tax avoidance possible. Drug companies in Columbia, for example, declared a 6.7 per cent profit, whereas actually the profits ranged from 38 per cent to 962 per cent (Sargent 1973, p.178).

Why are transnational companies so powerful? 'Economically their sales are so high that they may well be higher than the GNP of a country. For example, the sales of General Motors were greater than the GNP of Switzerland, Pakistan and South Africa. As a result the decisions of managers of big firms may have more impact on people's lives than the decisions of their governments' (The Age, Melbourne, March 1983).

There is an overlap between the spheres of trade, structures and personnel of legal big business and organised crime (Department of Finance 1983). For example, there is the director of a certain insurance company who absconded from Australia while on bail for a \$60 million drug count (The Age, March 1983). There are local middle men, manufacturers and distributors, and criminals, big and small, in Australia whose interests create pressures to consume their wares. This is where the drug-crime link exists. In comparison, how paltry is the role of the individual who breaks the law in the course of consuming drugs or of maintaining his or her habit!



The economic interests of the Australian federal government are also involved. For example, the federal government received revenue from tobacco companies amounting to \$732 million in 1982. The revenue for alcohol was \$6807 million in 1982. Alcohol revenue alone constituted 4.4 per cent of the GNP for Australia. State governments also receive large sums of money - for example, the Victorian government in 1982 received \$42 million from tobacco for licensing, retail premises, and for fines for flouting related laws (Yankelovich et al. 1983, p.33).

For some years, heroin was the largest profit making commodity among illegal drugs, but consumption has been declining, and the organised crime business needed to find some other drug to 'push' and some new market to exploit. Cocaine is their answer. It is not that consumers of heroin wish to abandon it for cocaine. The fact is that a new target group of consumers was created by marketing techniques. This group was the fashionable jetset in their late twenties and their thirties, particularly amid the high society glamour of Miami and New York. The trade routes for cocaine in the United States do not start from the Golden Triangle, but closer to home with the hill farmers of the Andes, and the entrepreneurs of Columbia. As consumption spreads, it seems likely that cocaine may be more widely used than heroin: a recent survey reported that 11 per cent of American adults admitted trying cocaine (The Age 1983).

Cocaine is a \$1.25 billion per year business. The annual average per capita income in Columbia is only about \$1150. But a certain farmer who changed from growing corn to coca made \$65,000 in that year (Australian Bureau of Statistics 1976, p.8). The pushers make enormous profits, from the street seller who trades to maintain his own habit, to the grandma Mafia ring who banked \$2 million in one month. The police corruption which enables organised crime to flourish has been described by the United States Attorney General who said, 'The amounts are so great that bribery threatens the very foundation of law and law enforcement' (Sargent 1973b, pp.25-31).

It would be possible to discover and prosecute drug criminals through the huge amounts of money they deal in. But, as in the case of Australia's 'bottom of the harbour' schemes, the 'big' criminals are generally protected and evade the penalties.

Governments, whether American, Columbian or Australian, are financially involved in the drug business, legal and illegal. Governments can be seen as drug dependent. The theory is sometimes advanced that the state is an arbitrator which keeps a balance between the needs of the economic sector and the needs of consumers. From this assumption arises a second which is that the state's decisions determine which consideration will predominate: the economic freedom of producers or the maintenance

of people's health and quality of life generally. But in monopoly capitalism the state is no longer an independent power, for its interests in maintaining political and economic power are largely the same as the producers'. By requiring revenue payments from producers the state becomes economically dependent and subject to their influence in its enactment of law and application of policy. How much consideration is given then to non-economic values! The power of the World Health Organisation is similarly compromised. It has to be asked why, when WHO began to examine trade agreements between transnational companies and the Third World, the study was stopped.

### Creating consumers

Many pressures to consume derive then from powerful groups. These include the drug business world, legal and illegal, the sections of the state which receive revenue or are engaged in protection and other white collar crime, the manufacturers and distributors of drugs both national and multinational, owners of the media, clubs and hotels, sport and entertainment, and the professions, especially medical and pharmaceutical. We must face the fact that it is in their economic interests for people to consume more and more drugs of all kinds. Many others in the 'helping professions' are involved also - in welfare, nursing, social work, the magistracy, the police, church organisations, research workers and Alcoholics Anonymous. To the tobacco industry alone 100,000 people's livelihoods are owned. In the alcohol industry 210,000 are engaged in production and distribution. From an economic point of view their employment, job status, career progression, and so on, rest on everyone's continued high consumption.

There is no doubt, however, that many people, especially in professional occupations, are sincere in their intentions and efforts to help drug dependent people. But it is necessary to ask if the effects of their work do in fact help, or if their earnest efforts may perhaps produce more social control. These workers are employed as middle level agents of the dominant groups. The work which they are expected to carry out in their jobs is part of the system which creates and controls consumers. They could, nevertheless, act differently, at least to some extent, if they chose. But are they always sufficiently aware of their position to make this choice? Or are they perhaps mystified by the ideology of the dominant groups?

The rewards to dominant groups also take the form of political power. Use is made of drug consumption in certain groups to exercise social control over them and to discredit them in the eyes of other members of society. The groups discredited include counter-cultural consumers of cannabis who do not live in the nuclear family domestic pattern, Aborigines whose economic oppression leaves them no consolation but alcohol, middle-aged women whose inequality takes the form of depression and need for

a variety of pharmaceuticals, young people whose preferred social drug is marijuana and so on. The control is exercised in a variety of ways: first, by making certain drugs illegal and prosecuting the particular groups who use them such as young people; second, by picking up, under the New South Wales Intoxicated Persons Act or other legislation, the homeless, the unemployed, and the Aboriginal; third, by the medically harmful effects of drugs, such as addiction, cancer and industrial diseases; fourth, by behavioural effects which trigger negative social sanctions, such as drunkenness, being 'stoned', and smoking in public places; fifth, by gaol sentences or other compulsory programs supposed to rehabilitate; sixth, by 'treatment' regimes which restrict the individual's behaviour and thinking; seventh, by programs, like alcoholism in industry treatment, which may lead to dismissal when recovery does not occur; last, by pacifying discontent and making organised protest improbable.

#### Controlling consumers

Why should certain groups be singled out in this way for control? The simple answer is that they are the subordinate groups who are a threat to the dominant groups. Subordinate groups are disadvantaged economically or socially by the way our society is organised. They include the people who work for change in society. The dominant groups therefore see a need to manage these subordinate groups, to exert social control over them in various overt and hidden ways. For this purpose drugs are useful. The maintenance of law and order is necessary for the preservation of the arrangements by which the more powerful sections of society benefit.

There are many other methods of management of subordinate groups: for example, keep social benefits low; delay land rights and equal pay; prevent equal access to education and training, make use of labels like 'dole bludger' to discredit subordinate groups in the eyes of the more privileged; apply the strongest legal penalties available to these groups and to the kind of offences which they commit, while allowing the enormous corporate crimes of the dominant groups to go almost unpunished; make illegal the behaviour found only in certain groups.

How can all elite group of politically and economically influential people sustain this dominance and control? Why is it that, in Australia in particular, many people seem unaware that their real economic and social interests are denied through this dominance? The fact is that ideas and understanding, beliefs and attitudes, are also dominated, though not completely, by dominant groups. This happens through the media, the education system, government social policy, advertising and sponsorship, the legal system, and so on. The media in Australia are almost

totally owned by only four large combines making a very centralised system, which is controlled to some extent by interests outside this country.

A particular set of conservative ideas, a dominant group ideology, is conveyed constantly through all these means. This ideology persuades us that certain people know what is best for all the population: that what benefits Utah benefits all Australians, and that elitist experts correctly define social problems.

#### Social norms and consumption

Even standards of behaviour are largely prescribed for all groups by authority sources in the dominant groups. So, for example, what is regarded as socially accepted behaviour in connection with drugs in our society derives from the dominant ideology. In this way it is decided which drugs will be legal and which illegal. It is decided which drugs are taken to be therapeutic or harmful, both in conventional medical uses and consumption in other circumstances.

It is decided what consumption patterns will be the norm for each social status group. Men and women, old and young, white and black, Jews and Catholics, all use drugs in different ways. In the case of alcohol, for example, for men in Australia occasionally getting drunk is normal manly behaviour. Women, on the other hand, who get drunk, especially in public, experience strong disapproval. This is one way in which male and female inequality is endorsed. Young people are not permitted to drink in the same way as their elders and are readily and frequently sensationalised in the press as 'teenage alcoholics'. When they use a relatively harmless drug like marijuana, young people may acquire a criminal record. The subordinate position of the young is thus maintained.

White men drink together as 'mates', symbolising their mutual acceptance as equals by the 'shouting' ritual - the reciprocal exchange of drinks. When Aboriginal people, however, use alcohol, they are said to have an alcohol problem, and to be engaged in self destruction. Yet they were introduced to alcohol by the Europeans who found it a means of buying the sexual services of black women and reducing the power of black men, for, it is said 'a drunken Indian is easier to control than a sober one'. In the past, legal barriers to racial equality were set up by prohibiting Aborigines from buying alcohol or entering a hotel. Even now publicans flout the law by refusing to serve Aborigines in places like Moree and in Queensland.

The dominance of the middle class over the working class is seen in the comparative freedom of middle class business executives to drink without inhibition while the unemployed or homeless in

some states are prosecuted for drunkenness, and, in others, taken to 'proclaimed places' which constitute another form of control.

Drug consumption patterns therefore can be analysed in relation to the creation and maintenance of social inequality in our society. Other elements which can be seen as related to social inequality in a similar way are sexual behaviour, gambling, acquisition of material goods, religion, education, and so on. Striving for greater equality by women, blacks and other subordinate groups tends to involve behaviour which emulates that of the dominant groups.

### Conclusion

The dominance of groups with political and economic power determines that there are, initially, pressures on some groups to consume certain drugs in particular ways. Individuals' consumption sometimes goes beyond the limits of group norms deriving from the dominant group ideology. They may then be punished severely and excluded from their group. It is a Catch 22 situation. They are the victims of the drug-crime link. The dominant groups create and maintain the link, and thus perpetuate their power both economic and political.

It is not hard to guess what society's response is likely to be to the drug-crime link as it has been described above: more social control and more power for the police. I do not think these are the answer. It seems to me that making certain drugs and related behaviour illegal in the past have helped to produce organised crime and high drug consumption. A preferable response would be to legalise the consumption and sale of the narcotics which come under the Poisons Act. A three-year experimental period would show whether crime and consumption would be reduced by this measure. If this step is too extreme for present public opinion to encompass, then at least provision should be made for heroin to be supplied to dependent people, and for the cessation of the recording of convictions for marijuana offences.

In the case of transnational companies there needs to be a determination not to be exploited when capital is needed for development projects. Australia should be on side with Third World countries in organising themselves against transnational company predations.

Lastly, the matter of responsibility: can people really choose whether or not to consume drugs when there are heavy pressures to use them? Yet when they decide to overcome dependence they have to assume responsibility for their own consumption. Outside control cannot do this for them. It is the control of powerful groups which has created the social and economic conditions which create their problems.

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SOCIETY'S RESPONSE TO USE





## THE RELATIONSHIP BETWEEN DRUGS AND CRIME

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### Introduction: The Multifaceted Nature of the Problem

It is clear from the research literature surveyed by Grant Wardlaw that drug addicts are disproportionately involved in crime and criminals are disproportionately likely to be drug dependent. Crime and drug abuse are both phenomena which we would like to reduce and even stop. They are both treated as if they were a single dimension behaviour when, in fact, they represent a multitude of quite disparate behaviours varying between individuals, situations and over time.

One of the greatest management difficulties of modern society is trying to cope with these multifaceted areas of problematic behaviours which we wish to alter: That is

- increasing in the case of productivity; and
- decreasing in the case of crime.

We want more education and less drug taking; more stability but more entrepreneurial behaviour; more wealth but more equity; more urban development but preservation of the environment.

The trouble is to understand these phenomena. The method of science is to break them down, and indeed, leaving aside quantification, it is the method of rational people to break down complex issues until we can identify manipulable components which will influence the whole.

When we fail to break down issues in this way we can easily become the victim of fashion, the cult of the instant solution. The picture sometimes painted of the streets alive with muggers or waves of drug-crazed armed robbers are illustrations of this trend. Crime is obvious, although far from the only vehicle for sensation. We have conducted recent studies of the media treatment given to the Bathurst bike race disturbances and more positively of the media coverage of random breath testing. Such campaigns influence opinion, policy and, in the case of random breath testing, individual behaviour.

### Current situation

The review given by Wardlaw and the talk by Sackville have given us a criminological and legal perspective. Let us take a pragmatic look at the immediate information we have and the possibilities for action.

Over the last few years the Bureau of Crime Statistics and Research has been charged with the monitoring of all major changes in the criminal law in New South Wales. We have published a recent book on these matters (Issues in Criminal Justice Administration, Allen and Unwin). There would be few governments who have commissioned such a wide-ranging review. There has also been financial support from other funding bodies, for example, the Traffic Authority on random breath testing and, as Brian Stewart announced, the Drug and Alcohol Authority have given substantial support to a study of drugs and crime.

### Drugs as precipitators of crime

Some years ago the Bureau analysed data on firearm incidents from the Police Ballistics Squad. Forty-four per cent of suicide or criminal shootings followed the consumption of alcohol. A high proportion occurs for accidental shootings. Unfortunately, the police no longer maintain this statistical collection.

A heavy proportion of accident victims have a high blood alcohol concentration. This data is being collected by the Traffic Accident Research Unit in our joint evaluation of random breath testing.

The number of persons charged with drink-driving offences is rising steadily. In 1975, 17,800 persons were found guilty. In 1981, the number had risen to 25,200. It is worth noting that over eight thousand of these people had blood alcohol levels over 0.16, that is, they had consumed 12 standard glasses in the preceding few hours.

Another area in which the Bureau has recently researched is domestic violence. A number of studies have been conducted and we are evaluating the recent changes which, among other things, give greater powers of entry to the police in a suspected domestic violence situation. In an earlier report on domestic violence incidents reported to chamber magistrates, 64 per cent of the incidents involved drinking by the assailant.

### Drugs as crime

The number of appearances for drug offences in New South Wales has been rising fairly steadily over recent years. In 1976, there were 3984 adults found guilty; in 1982 there were 6972. The bulk of these offences were for cannabis, 77 per cent in 1982. In 1981

cannabis offences accounted for 82 per cent. The percentage of opiate offenders has increased from 13 per cent in 1981 to 17 per cent in 1982. This trend has been apparent since 1981. Further details of 1981 can be found from our court statistics report. The 1982 report is yet to be published.

The focus of the conference is very much on drug abuse as a cause of crime. The most effective review of research on this link has already been given. In fact, there are a number of American reviews but that given by Wardlaw is a reasonable summary of the accumulated evidence.

### Bureau Project

Much of the American research is directed to establishing the overlap between drug users and offenders. The first stage of the Bureau project funded by the Drug Authority is directed towards the same end.

The research officer, Ian Dobinson, and research assistant, Pat Ward, have now interviewed 300 prisoners in metropolitan and country gaols. We have preliminary results for the sample of property and robbery offenders interviewed at Long Bay. Sixty-four per cent of those convicted of break, enter and steal offences claimed the support of a drug habit as the principle motive for their offence. The comparable percentage for armed robbers was found to be 46 per cent. One may expect the average for all gaols including country establishments to be somewhat lower.

An extensive interview schedule was developed with opportunities to check consistency of information. Further results on the estimated number of undiscovered crimes and the financial takings from such crime are being processed.

In the next stage a criminal study will be undertaken to determine the temporal sequence of drug and non-drug convictions. We then plan to conduct interviews in treatment centres.

The initial plan is fairly simple, we are establishing basic data where none exists in New South Wales. We hope to get some coverage on the economics of the drug-crime link and some insight into official criminal histories.

More research is obviously needed. There is a lack of adequate data to monitor the enforcement, court and correctional processes (and in this respect New South Wales often falls behind other states), let alone investigative research, where there is all too often an anti-intellectual bias against data collection which is simply unacceptable in a modern state. One might understand,

although not approve it, if the data were collected and kept secret but collections are stopped and started, criteria and classifications arbitrarily altered and poor quality control exercised.

#### METHODOLOGY OF RESEARCH

If we look beyond monitoring, then issues of methodology become important.

##### Causal

In funding research projects, the traditional grant bodies favour strict scientific research. In social science research this implies a linear model with causal hypotheses to be tested with an experimental design involving matched control groups. Regrettably, I believe that in psychology strict adherence to this model has tended to trivialise the findings. In real life group situations, attempts at matching are bedevilled by the unique dynamics of particular groups and leadership patterns. The method can be made to fit if criteria are clearly defined and the group situation constrained, such as in treatment. Even there, extraneous variables are usually so unpredictable that differences between experimental and control groups are barely significant. This is a poor basis for planning as such barely significant results will mean that success rates, where selection is based on the entry conditions of the experimental test of the treatment, will be little better than chance.

In a before-and-after design we can often establish the cost of treating each individual who meets a strictly defined outcome criterion. The assessment of the utility of treatment can then be based on moral, ideological or political criteria regarding the cost of each success.

Much of the literature on the drugs-crime link focuses on this type of research. It implies a causal link which greatly oversimplifies the issues. Sometimes more sophistication is achieved by asking about variables intervening between drugs and crime. Another questions asks for third factors which may cause both drugs and crime.

In the first instance we are looking for factors such as the illegality of a drug which leads a drug user into a criminal network. In the second instance, we are looking for factors such as predisposing personality or social milieu which cause an individual to both abuse drugs and commit offences.

Much of the American literature argues for studies to take in this kind of sophistication, but they fail to allow for the temporal sequence of different drugs and crime of the perceptions that individuals hold of their behaviour and position in the crime and drug network, the dynamics of particular groups, the way that information is distributed and the particular experience of individuals which may be so complex as to be almost unique, at least with respect to causal reference concerning behaviour.

### Phenomenological

If we seek to understand how individuals involved in drugs and/or crime may be redirected then we need to understand these complex dynamics. Clearly the opportunities for such studies are rare and mostly of a few individual cases. The methods are ethno-methodological and the philosophical basis phenomenological. I believe such studies are a necessary complement to monitoring and causal designs. Ideally they all should be planned around the same social setting to permit inferences between levels of data.

### Networks

Another potentially more quantitative view of such studies is to attempt the mapping of individuals' social networks and the paths they take through the network. The virtue of moving from the phenomenological case study to a network view is the leverage it may give on intervention, both through the use of significant persons as in some community development programs and in access for an information network to facilitate the transmission of preventive health material.

### Future

Despite these high hopes on research, practitioners in the drug-crime area will go on working. Clearly treatment will have to be available to those who seek it and to others who have their arm twisted by the courts. Redefinitions of the legality and availability of certain drugs are also necessary. To show how little is being done in relation to the cost of the problem let me conclude with a little speculation.

Suppose we accept ten thousand as an estimate of the number of heroin addicts in Sydney, as quoted by the royal commission and the Chairman of the Drug Authority. Suppose we assume that 40 per cent of these addicts finance their addiction by crime. Further suppose that they commit crime only 50 per cent of the time, either through periods of non-use or because they have other income of a temporary kind. If a heroin habit costs \$500 a week to maintain then the total cost per year is of the order

of \$50 million. Even if we reduce the cost to \$50 per day, the threshold figure for crime quoted in some research, then the total raised by crime is \$30 million.

These figures must clearly represent a significant proportion of property crime in Sydney.

## WEEKEND, NIGHT-TIME DRIVERS

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Criminal histories have become a factor frequently used by criminologists and law enforcement agencies in their attempts to explain deviance and identify reliable or treatable predictors of subsequent criminality.

Those interested in drug abuse have taken a particular interest in criminality because most drug control efforts rely on restraints on the legal availability and use of different drugs such as those carried in the Poisons Acts of most Australian states and the Misuse of Drugs Act in the United Kingdom. In fact, as far as the media is concerned, 'drug' is nearly always synonymous with illicit or prohibited substances such as heroin, cocaine and marijuana (Cowling 1981) and it is extremely difficult for the general community to perceive medicines and alcohol as drugs. In this paper, I will assume that drugs include illicit, prescription and over-the-counter drugs and alcohol.

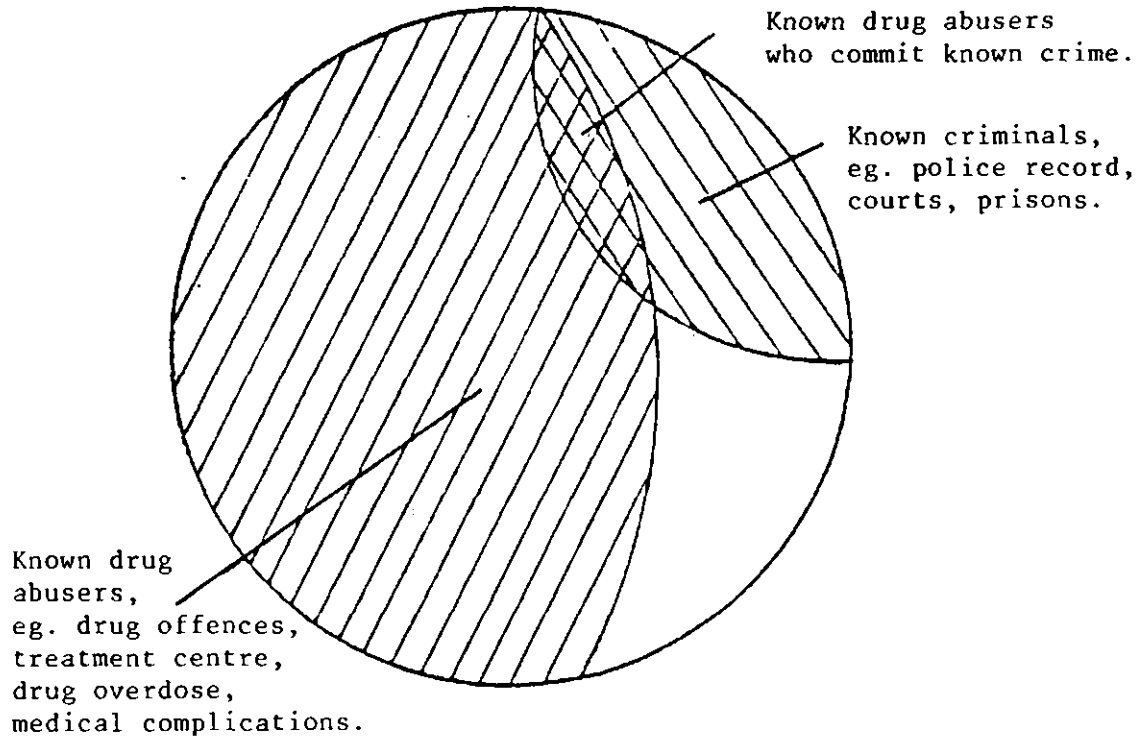
A certain mythology has developed among professionals, the media and lay people alike which asserts a strong relationship between drug abuse and the commission of other crimes such as burglary and armed robbery (Ellinwood 1971; Smith 1982; Gordon 1973; Delianis 1978; Wardlaw 1978). There are two ways of looking at this relationship. One is from the point of view of known drug abusers, and there are considerable data available to describe their prior police-recorded criminal history. The other viewpoint involves known criminals and describes their self-reported involvement with drugs and/or drug abuse when they committed their crimes. The strength of the argument which supports the asserted relationship between drug abuse and crime depends on which direction it is viewed from.

There is a third important perspective in this discussion. The common denominator in the understanding of the drug/crime link involves the population which is at risk of (a) abusing drugs, (b) committing an offence, and (c) becoming known to the authorities for one or both forms of deviance.

The formulae which need to be filled before we can really see the relationship between drugs and crime in perspective are circumscribed in Figure 1.

Figure 1

Population at Risk of Coming to the Attention  
of the Authorities





It is the 'bottom line', the population at risk of becoming known for its deviance if that deviance exists, the third dimension, which I intend to address in this paper. However, I will introduce the subject by discussing, first, the available data which describes drug abusers who commit crime and, second, criminals who are drug abusers.

I will continue by describing the known criminality of weekend, night-time drivers in Melbourne, with particular reference to characteristics associated with their known use of drugs. This data will be compared with other information about the criminality of known Melbourne drug abusers and the drug abuse of known Melbourne criminals.

Unless otherwise stated, criminality is defined as having a police-recorded criminal record.

#### Drug abusers who commit crime

Illicit drugs have been allowed to take the stage from alcohol and other legitimate drugs in research into the criminal behaviour of drug abusers partly because a communication and confidentiality gap exists between health and law enforcement agencies. Nearly all research which has studied drug abuse in Australia has been restricted to information sources within our discipline or organisation, and criminality, by its nature, is a law enforcement data item (for example, Kornaczewski et al 1972; Wardlaw 1978; Hendtlass 1982). The problem also seems to exist in most other countries' data, with the Home Office in the United Kingdom getting nearest to overcoming the breach, at least in relation to illicit drug abuse (Spear 1969; Trebach 1982).

Therefore, most information about the criminality of Australian drug abusers related to drug offenders (Wardlaw 1978; Hendtlass 1983a). The results of these surveys will be included in subsequent discussion. In general, this selection criterion means that not only has the drug abuser used illicit drugs, he has also been caught and the very nature of illicit drug use involves criminal behaviour.

The system for identification of abusers of alcohol and legal drugs generally revolves around the medical and paramedical professions in that it results from the influence that these drugs have on health, from their dependence-inducing properties, or from their control procedures which involve prescriptions and dispensing by pharmacist. Little information is available to describe the criminality of these abusers of legitimate drugs in Australia to compare with that for abusers of illicit drugs. However, in 1965, 36 per cent of alcoholics in a Melbourne Treatment Centre had a prior criminal record (Bartholomew and Kelly 1965) and, in Sweden, the incidence of criminality among alcoholics was 41 per cent, including 28 per cent drink-driving offences (Lindelius and Salum 1973).

About one quarter of drug overdose patients in Edinburgh, 90 per cent of whom used prescription or over-the-counter drugs, had previous convictions (Holding et al 1977). A recent Melbourne survey of drug overdose patients showed that one third of these drug abusers were known to police (Hendtlass 1982).

The third factor which needs to be taken into account when determining the relevance of known criminality in predisposition to drug or alcohol abuse, is the need to rely on police records or self-reported data for this information. These measures of criminality are fundamentally discriminatory; self-report and official crime reports access two separate, overlapping sets of criminal data. Self-reported offences are more likely to overrepresent minor or trivial offences, while official data are more likely to overrepresent serious offences (Buikhuisen 1975; Smith 1976; Van Dijk 1979). It is rare for both measures to be used.

To summarise, published data about the criminality of drug abusers is generally selective:

- (a) for drug offenders, that is illicit drug users;
- (b) against alcohol and licit drug users;
- (c) for police-recorded offences or for self-reported histories, and this influences the representation of different types of offences.

However, known alcohol and prescription drug abusers identified through the health system seem less likely to have a history of known criminality than known illicit drug abusers picked up in the enforcement net.

#### Criminals who use drugs

Looked at the other way, there is a body of information available which suggests that many crimes are committed because one or both parties are either under the influence of alcohol and/or other drugs or because of other reasons associated with drug abuse. For example, 63 per cent of prisoners in Melbourne this year were under the influence of alcohol and 12.8 per cent were under the influence of other drugs at the time of the offence (Skene 1983).

Nine per cent of known burglars in Victoria have previously been arrested for drug-related offences and 1.6 per cent were known to have been under the influence of drugs when the offence was committed (Burgoyne 1979; Braybrook et al 1983a). Very little of the property taken in these burglaries included drugs (Braybrook et al 1983b).

In 1971, a survey of violent non-sexual crime in Victoria has implicated alcohol in 73 per cent of the incidents (Ots 1972).

In contrast, 25 per cent of known burglars in the United States have prior drug records (Pape 1977), and 25 per cent of all burglaries and 20 per cent of all thefts which resulted in prison sentences were committed under the influence of marijuana (Schlesinger 1980).

Forty per cent of prisoners in England and 65 per cent of prisoners in Northern Ireland have alcohol problems. Nearly 70 per cent had been drinking at the time of the offence. These figures for alcohol problems among criminals are consistent across the United States, Russia, Poland, Canada and Sweden (Buck 1983).

About one quarter of arrestees for serious non-drug offences are heroin users and 32 per cent admit use of other illicit drugs (Wardlaw 1978). Most of these crimes were property offences.

In summary, an overwhelming proportion of the prison population appear to have used alcohol or other drugs near to the time they committed their offence. This proportion is smaller when non-gaoled criminals are considered. The relationship between drugs and crime seems to be related to the seriousness of the offence.

#### Criminality in the driver population

The legislation which enables police to randomly select drivers for breath testing has provided a means of identifying an accessible population which is a reasonable approximation to the population at risk of committing crime and/or abusing alcohol or drugs and becoming known for one or both forms of deviant behaviour.

This paper will describe the prior criminal records of drivers stopped at Preliminary Breath Test Stations in metropolitan Melbourne on Friday and Saturday evenings between 9.30 pm and midnight in August and November 1981, and February, May and November 1982. A detailed description of the selection criteria used is described in another report (Hendtlass 1983b).

A one in five sample of drivers not using alcohol or medication was checked at the Information Bureau of Victoria Police as well as all those drivers who had used alcohol or medication (10.5 per cent) (Hendtlass 1983b).

The same survey sites were used for each month of the survey.

Data has been analysed using the Statistical Package for Social Sciences (Nie et al 1976). The Chi Square test has been used to measure the statistical significance of differences between

categorical variables. Differences have been regarded as:

Significant at the 5 per cent level

Very significant at the 1 per cent level

Highly significant at the 0.1 per cent level.

Missing data have been excluded from all analyses and this accounts for apparent inconsistencies in sample sizes of tables using different information.

Wherever possible I will compare this information about Melbourne drivers with information about the criminality of drug overdose patients, alcoholics and drug offenders and the drug use reported by a random sample of the prison population (Wardlaw 1978; Hendtlass 1982, 1983a; Bartholomew 1983).

#### Known criminality

Fourteen per cent of drivers surveyed were previously known to police. This figure is half that for drug overdose patients and alcoholics and one quarter that for drug offenders (Table 1).

Table 1 Prior Criminal Record

Prior Criminal Record	Drivers (N=966)	Drug Overdose Patients*** (N=836)	Drug Offenders (N=737)	Alcoholics** (N=330)
	%	%	%	%
Yes	14.0	26.2	54.7*	26.1
No	86.0	73.8	45.3	73.9
	100.0	100.0	100.0	100.0

\* 17.1 per cent involve prior drug offences.

\*\* In last year and self-report.

\*\*\* 57 per cent in last year.

Male drivers were three times more likely to have a criminal record than female drivers (Table 2) but there was no significant relationship between age and criminal record. People in blue collar occupations and the unemployed were more likely to have a criminal record than those in white collar jobs and those not in the workforce (Table 3).

Among drivers with a criminal record, 56 per cent had only had one recorded contact with the police and there was no significant difference between men and women in this group of known prior offenders in the number of incidents which were recorded.

Table 2 Prior Criminal Record of Male and Female Drivers

Prior Criminal Record	Sex	
	Men (N=831)	Women (N=135)
Yes	16.2	5.8
No	83.8	94.2
	100.0	100.0

Chi Square Test highly significant

The proportion of drivers with criminal records has not changed significantly since 1969 (Table 4) (Kornaczewski et al 1972; Hendtlass et al 1981).

Table 3 Prior Criminal Record of Drivers in Different Occupations

Prior Criminal Record	Yes	No	Total
	%	%	%
Professional (N=162)	6.2	93.8	100.0
Administrative, Managerial (N=112)	12.5	87.5	100.0
Sales, Clerical (N=17)	11.3	88.7	100.0
Farmers, etc. (N=17)	23.5	76.5	100.0
Transport, Communication (N=64)	21.9	78.1	100.0
Tradesmen, Labourers (N=217)	19.8	80.2	100.0
Service (N=45)	22.2	77.8	100.0
Unemployed (N=16)	18.7	81.3	100.0
Not working (N=101)	6.9	93.1	100.0

Chi Square Test highly significant

Table 4    Criminality of Drivers

Prior Records	1969	Year 1977	1981
Traffic	23.2%	34.0%	-
Serious traffic	2.5%	-	0.3%
Drink-driving	1.7%	4.0%	1.4%
Criminal	-	11.0%	11.4%

Over one third of offences recorded for drivers involved theft or burglary and a further 5 per cent involved offences against the person (Table 5). In relation to prior police involvement due to alcohol or drugs, 11 per cent of all prior offences were drink-driving offences and 3.8 per cent were drug offences. Prior offences committed by drug overdose patients were more likely than drivers' offences to have involved property to sex offences while drug offenders were, understandably, much more likely to have prior drug offences recorded. If these are excluded, half of drug offenders' prior offences involved stealing or burglary. In contrast, the high proportion of offences against the person among the prison population reflects the seriousness with which these offences are taken by the courts. Despite this, property offences are underrepresented among the offences of all the particular population groups at risk when they are compared with their distribution of offences recorded by the police in a single year.

Table 5    Type of Offences Recorded

Type of Offence	Drivers* (N=186)	Overdose Patients* (Hendtlass 1982)	Drug Offenders (Wardlaw 1978)	Prisoners (N=100) (Bartholomew 1983)	Offences (N=251661) (Victoria Police 1983)
	%	%	%	%	%
Property	38.2	48.6	34.3	36.0	73.8
Person	5.3	4.7	12.6	28.0	1.4
Sex	-	3.8	12.1	8.0	0.8
Other	56.5	42.9	53.6**	28.0	24.0
	100.0	100.0	100.0	100.0	100.0

\* Main offence in first, second and last incident.

\*\* Includes 3.13 per cent drug offences.

### Alcohol users

Drink-drivers were significantly more likely to be known to police than other drivers, with drivers who exceeded the legal limit nearly twice as likely as non-drinkers to have a prior criminal record (Table 6). However, the figure of 23 per cent for drivers over 0.05g/100mls is only half that recorded in 1977 for a similar group of Victorian drivers detected at Preliminary Breath Test Stations (Hendtlass et al 1981).

The relationship between criminality and alcohol use was significant for men and drivers aged under 20 years but not for other drivers.

Table 6 Prior Criminal Record of Drivers

Known to Police	Blood Alcohol Level		
	Nil (N=687)	Under 0.05g/100ml (N=69)	Over 0.05g/10ml (N=65)
Yes	% 13.1	% 17.4	% 23.0
No	86.9	82.6	77.0
	100.0	100.0	100.0

Chi Square Test significant.

In comparison, about one third of drug overdose patients had used alcohol as well as drugs in their attempted suicide (Hendtlass 1983c) and 28 per cent of these drinking drug abusers had a criminal record. There was no significant difference between the known criminality of drug overdose patients who used alcohol and those who did not.

Drinking drivers tended to be more likely to be previously recorded for offences against the person and serious traffic and drink-driving offences than their non-drinking counterparts (Table 7). On the other hand, drug offences and theft were more frequently reported for the non-drinking-drivers' group.

This is consistent with differences between drinkers and non-drinkers in both the drug overdose and the prison populations. Among the drinkers, 14 per cent of offences committed by overdose patients and 37 per cent of offences committed by prisoners involved violent or sex offences (Table 8).

**Table 7** Types of Offences Committed by Drivers with Prior Criminal Record

Prior Offence*	Non-Drinking Drivers (N=136)	Drinking Drivers (N=51)
	%	%
Assault	3.7	7.8
Sex offences and indecent exposure	-	-
Other offences against person	-	-
Burglary	8.8	9.8
Theft	29.4	21.6
Drug Offences	4.4	2.0
Deception and conspiracy	5.9	-
Traffic	2.2	15.7
Drink-driving	11.0	15.7
Firearms	1.5	2.0
Other and unspecified	33.1	35.2
	100.0	100.0

\* Based on main offence in first, second and last episode.  
Chi Square Test not significant.

**Table 8** Offences Committed by Drinkers

	Prisoners (Bartholomew 1983) (N=90)	Overdose Patients (Hendtlass 1982) (N=143)	Drivers (This survey) (N=51)
	%	%	%
Violent offences	28.9	9.8	7.8
Sex offences	7.8	4.2	-
Property offences	34.4	37.1	53.2
Other	28.9	48.9	39.0
	100.0	100.0	100.0



Among non-drinkers (Table 9) 5 per cent of offences committed by overdose patients and 30 per cent of offences committed by prisoners were offences against the person.

Table 9 Offences Committed by Non-Drinkers

	Prisoners (Bartholomew 1983) (N=10)	Overdose Patients (Hendtlass 1982) (N=226)	Drivers (This survey) (N=136)
	%	%	%
Violent offences	20.0	1.9	3.7
Sex offences	10.0	3.3	-
Property offences	50.0	45.4	50.0
Other	20.0	49.4	46.3
	100.0	100.0	100.0

To summarise, alcohol use among drivers is associated with a higher incidence of known criminality than among non-drinking drivers. This difference between drinkers and non-drinkers does not extend to drug overdose patients. However, offences committed by drinkers in the driving, overdose and prison populations are more likely to involve offences against the person than those committed by non-drinkers.

#### Medication users

Drivers who admitted use of over-the-counter or prescribed medication tended to be less likely to have a prior criminal record than those who said they had not used drugs (Table 10). However, this relationship did not reach statistical significance and it was not significant for any particular age or sex grouping when observed separately.

Table 10 Prior Criminal Record of Drivers Using Medication

	No drugs (N=572)	Over-the-counter drugs (N=74)	Prescribed drugs (N=174)
	%	%	%
Yes	16.1	9.5	10.3
No	83.9	90.5	89.7
	100.0	100.0	100.0

Chi Square Test not significant

There was no significant relationship between use of medication and the types of offences recorded for drivers previously known to the police (Table 11). Offences against the person tended to be more frequent among those recorded for drivers who used prescribed drugs while drink-driving offences were more prevalent among those using no medication or over-the-counter preparations.

Table 11 Types of Offences Committed by Drivers with Prior Criminal Record

	Drivers		
	No Drugs (N=147)	Over-the-Counter (N=10)	Prescribed (N=29)
	%	%	%
Assault	3.4	-	17.2
Sex offences and indecent exposure	-	-	-
Other offences against the person	-	-	-
Burglary	10.2	-	6.9
Theft	26.5	20.0	27.6
Motor vehicle offence	-	-	-
Conspiracy and deception	2.0	-	-
Firearms	0.7	10.0	3.4
Drugs	4.8	-	-
Prostitution	-	-	-
Traffic	3.4	-	3.4
Drink-driving	14.3	10.0	3.4
Protection application	-	-	-
Other	34.7	60.0	37.9
	100.0	100.0	100.0

Chi Square Test not significant.

When drivers using prescription drugs are compared with other at risk groups using these preparations, offences committed by drivers and prisoners were less likely to have involved property offences than overdose patients and drug offenders (Table 12). On the other hand, offences against the person were more prevalent among prisoners and drug offenders.

Table 12 Offences Committed by Prescription Drug and Marijuana Users

	Prisoners (Bartholomew 1983) (N=25)	Overdose Patients (Hendtlass 1982) (N=303)	Drug Offenders (Wardlaw 1978) (N=282)	Drivers (This survey) (N=29)
	%	%	%	%
Violent offences	24.0	5.3	1.45	17.2
Sex offences	4.0	4.3	14.5	-
Property offences	36.0	48.8	40.4	34.5
Other	36.0	41.6	45.1*	48.3
	100.0	100.0	100.0	100.0

\* Includes 15.2 per cent drug offences.

Amoth non-drug users, over 40 per cent of offences committed by prisoners and drivers involved property offences (Table 13) whereas among illicit drug users in prisoners and overdose populations this proportion was over 50 per cent (Table 14).

Table 13 Offences Committed by Non-Drug Users

	Prisoners (Bartholomew 1983) (N=57)	Drivers (This Survey) (N=147)
	%	%
Violent offences	31.6	3.4
Sex offences	8.8	-
Property	48.1	44.2
Other	11.5	52.4
	100.0	100.0

Table 14 Offences Committed by Illicit\* Drug Users

	Prisoners (Batholomew 1983) (N=18)	Overdose Patients (Hendtlass 1982) (N=44**)	Drug Offenders (Wardlaw 1978) (N=432)
	%	%	%
Violent offences	22.2	-	10.6
Sex offences	11.1	2.3	-
Property offences	57.0	54.5	30.5
Other	20.7	43.2	58.9**
	100.0	100.0	100.0

\* Excludes marijuana.

\*\* Includes two marijuana cases

\*\*\* 41.9 per cent drug offences.

### Discussion

Criminality among Victorian weekend, night-time drivers, as measured using police records, is lower than that among drug overdose patients, alcoholics, or drug offenders. However, it is similar to that found among similar groups of drivers overseas (Table 15).

Sixteen per cent of male drivers in the Netherlands had a prior criminal record compared with 16.5 per cent in Victoria (Buikuisen 1969). Ten per cent of drivers in Germany were recorded for burglary or theft compared with 5 per cent in Victoria (Underdeutsch and Schneider 1962).

Table 15 Criminality Among Drivers

Place	Prior Criminal Record	Special Conditions
Victoria	14.0%	PBT
Netherlands	16.5%	Men
West Germany	5.0%	Economic Offence

This means that the population at risk of becoming known for its criminal behaviour is less likely to actually be known than drug abusers identified through medical or enforcement records.

In the driver group, people in blue collar occupations and the unemployed were much more likely than other drivers to be prior offenders. Further, drivers who were prior offenders were more likely to have committed minor offences than comparative groups in the overdose drug offender, prison or general offender populations.

Looking at alcohol users, 23 per cent of Victorian drink-driving offenders had a prior criminal record compared with 50 per cent in the Netherlands, 28 per cent and 33 per cent in West Germany and 18 per cent in Great Britain (Buikhuisen 1969; Underdeutsch and Schneider 1962; Middendorff 1961, cited by Buikhuisen 1969; Willett 1964) (Table 16). This figure was higher than that for the driving population from which it derives and about twice the incidence among non-drinking drivers.

Table 16 Criminality of Drinking Drivers

Place	Prior Criminal Record per cent	Special Conditions
Victoria	22	PBT
Netherlands	52	Convicted
West Germany	28	Convicted
West Germany	33	Charged
Great Britain	18	Convicted

The frequency of criminal behaviour among drinkers who are identified through the driving or the medical systems, that is drink-driving offenders, drug overdoses involving alcohol and alcoholics, remains constant at about 26 per cent. It is always higher for men than for women within each group of drinkers.

This means that it is not merely the higher frequency of alcohol use among men which influences the relative criminality of men and women in the different groups under discussion. It is the alcohol use itself which is important. Overall only about 1 per cent of drivers are known alcohol using criminals.

Alcohol use and abuse has been considered to predispose particularly to violent crime (Marjot 1982; Hendtlass 1982; Buck 1983). This opinion is upheld in this survey where drinking drivers were more likely than non-drinking drivers to have previously committed offences against the person. It is further supported by differences between drinkers and non-drinkers in populations of overdose patients and prisoners.

However, suggestions that alcohol abusers who commit crime are more likely than other drug abusers to commit a wide range of offences, including theft, burglary and fraud, are not upheld by this survey. Property offences contributed to a smaller proportion of offences committed by drinkers than by non-drinkers in each of the driver, drug overdose and prisoner populations.

Two separate projects undertaken in Bath and Torquay involved a deliberate increase in the police supervision of licensed premises during the summer of 1978. These significantly reduced the arrest rate compared with control areas and previous and subsequent years (Buck 1983). It seems that control of alcohol availability in this way may help reduce the rate of crime associated with alcohol use.

Use of other drugs was not associated with any significant increase in criminality among drivers, and there was no difference between the type of crime committed by non-drug users and users of over-the-counter or prescribed medicines. Medication users who are known criminals account for about 1 per cent of all drivers surveyed.

Overdose patients and drug offenders known to police who use prescription drugs or marijuana were more likely to have committed property offences than their driver or prisoner counterparts.

On the other hand, offences committed by drivers and prisoners who had not used drugs were more likely to include offences against the person than those who had used drugs.

Use of randomly selected drivers as a comparison group against which to measure the criminal behaviour of drug abusers has highlighted the importance of alcohol and of masculinity as predisposing factors to criminality. Further, alcohol use seems to increase the likelihood that crime which is committed will involve offences against the person while use of prescribed medicines is more likely to be associated with property crime.

The overlapping group of drug abusers who use alcohol or vice versa is high in driver, drug overdose, alcoholic and prisoner populations (Hendtlass 1982; Bartholomew 1983). The incidence of criminality of medication using drinking drivers is 25 per cent, about the same as that for other drinking populations but this group accounts for only a small proportion of the driving population.

It seems that the criminality of each of the populations under discussion is more likely to be associated with their alcohol consumption than their associated use of medicinal drugs.

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## DRINK-DRIVING PROGRAMS: A HEALTH PERSPECTIVE

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Traffic crashes are one of the major causes of untimely mortality and morbidity in Australia. The significant role of alcohol in such crashes is well documented. Similarly, research in recent years has indicated that drinking drivers tend to represent an 'at risk' group with developing, potentially serious drinking problems.

The above findings have led to many different approaches to dealing with the problem of drinking and driving. However, to date, approaches by traffic safety authorities, the criminal justice system and health care agencies have been unsuccessful. The original New South Wales diversionary program for drinking drivers is an example of such a program.

It had been found in New South Wales that a hard core of drinking drivers were appearing regularly, apparently undeterred by penalties (NSW Bureau of Crime Statistics and Research 1977). It was reasoned (Walker 1979) that this 'hard core' may have developed social and physical problems associated with alcohol abuse, and if this was so these factors may prove relevant in the lack of effectiveness of penal sanctions in dealing with such a group.

The drink driver program commenced on 1 March 1976 with the following objectives:

- (a) to identify drivers with a drinking problem;
- (b) to assess the degree of their drinking problem and the most effective way of dealing with it;
- (c) to minimise the likelihood of their subsequently driving after drinking heavily.

In practice, the implementation of the scheme did not really allow any of these objectives to be adequately assessed. There were critical weaknesses in the scheme:

- (a) Only those drivers who were charged with having a blood alcohol concentration of .150 (150mg/100ml) and above, or at least one previous drink-driving conviction were offered a scheme entrance. It was presupposed that this group obviously had a drinking problem, however no attempt was made to look at what problems drinking drivers outside these criteria may have.
- (b) Random assignment to three treatment options, education, counselling and behaviour modification, was supposed to take place. Outcome comparisons between the above groups and a control group was to be undertaken. In practice, the assignment of drinking drivers was far from random with individual centres appearing to keep the best prospects for their own programs. Additionally, no uniform assessment was undertaken and marked differences in approach existed within the 'education' and 'treatment' strands.
- (c) Entrance to the program was pre-sentence with an open message from the Chief Stipendary Magistrate being that program attendance would lead to a reduced sentence. However, this directive was not necessarily followed by all local magistrates and in fact the sentencing of drinking drivers who attended the program and those who did not tended to fluctuate markedly. This left the program participants with confused expectations and motivations regarding the purpose of the program.
- (d) The original scheme was designed as a pilot program and restricted to a certain number of courts and areas. However, the general idea of the scheme became very fashionable and local drug and alcohol services seeing a regular and plentiful supply of referrals. Consequently, drinking driver programs started springing up everywhere with no consistent approach to assessment, program design, or evaluation.

The Northern Metropolitan Health Region of Sydney, through the drug and alcohol service based at Chatswood, became involved in the initial pilot program in 1976. However, unlike a number of other participants the Northern Region was able to devote a complete specialised unit to the program. This unit had been formed with the specific brief of developing programs for the early detection and treatment of problem drinking and alcoholism.

The justification for the allocation of a significant number of scarce resources to this unit was based on research conducted in the United States and elsewhere since 1964 (summarised in Cahalan 1980). These studies have indicated that heavy alcohol consumption (defined as over sixty 'drinks' per month) was more highly represented in males in the 21 to 30 year age group than in any other population group. However, although there is a

decrease in the number of males who remain in this heavy drinking category between the ages of 30 and 50 there is still a significant proportion (20 per cent) in this group. Consequently it is assumed that the majority of heavy drinkers in later years are maintaining a drinking habit established in their formative years.

With this assumption in mind, the Northern Region's unit began developing programs aimed at young 'at risk' drinkers. The scope of these programs encompassed various areas including hospitals, industry and, the topic of concern of this paper, drinking and driving.

Because of the practical difficulties outlined earlier, the Northern Region attempted to change the format and philosophy of the drinking driver program operating from Chatswood. These changes were supported by recommendations made by Seth (1980) in her review of the Sydney drinking driver program. The changes were:

1. rehabilitation programs are not alternatives to the legal process but rather should be integrated into an overall approach to the problem;
2. program entry should be post-sentence;
3. implications for evaluation: not all drinking drivers are the same and a range of programs for different categories of drinking drivers should be developed;
4. all drinking drivers should be offered the program.

The first two changes in the orientation of the program are basically administrative. However, the third change necessitates a fundamental change in the philosophy of drinking driver programs, and indeed by implication calls for a rethink in the overall structure and function of any alcohol or drug related clinical intervention.

Historically, alcohol and drug services have tended to operate within a unidimensional framework. Until recently, there has been a lack of research into the global nature of 'alcohol and drug related problems' (that is, alcohol related problems may involve a range of allied conditions such as smoking, obesity, home or motor vehicle accidents, suicide and divorce), and therefore treatment programs have tended to concentrate on single aspects of and approaches to the problem. Consequently, treatment interventions have tended to develop with a parochial philosophical basis, be it behaviour modifications, psychotherapy or Alcoholics Anonymous. This situation has tended to encourage a view that there is only one 'right way' of dealing with the problem assessment. The end result has been an aggregate of narrow, disjointed, largely entrepreneurial programs with little

knowledge of other's activities. This picture is not unique and has been noted overseas by authors such as Glaser et al (1978).

The above problems are evident within the original design of the drinking driver program in New South Wales where three different health approaches were compared against each other to ascertain which is the 'best' approach. The situation is additionally complicated by the involvement of road safety authorities and the criminal justice system. Both have frames of reference different to, and to some extent as unidimensional as, the health care system.

Consequently, as Bush (1982) has noted, program objectives in the area of drinking driver programs have tended to be unclear. However, it is possible to broadly categorise the relevant objectives as follows:

- (a) traffic safety (to reduce the number of road crashes);
- (b) criminal justice (to reduce recidivism);
- (c) health care (to improve the health of convicted drivers).

However, by 1980 no clearly defined and integrated approach to the problem of drinking and driving that recognises the above objectives and also shows an adequate understanding of the drinking driver had been devised.

It is against this background that the New South Wales Drug and Alcohol Authority has joined with the Northern Metropolitan Region of the Health Commission and Chatswood Hospital to pilot a revised approach to the problem of drinking and driving.

The pilot program commenced its operations in January 1982. A central premise of this program was that if successful treatment programs for drinking drivers are to emerge they must take into account the characteristics of Prescribed Content of Alcohol (PCA) offenders. An extensive body of research suggests that some drinking drivers have severe alcohol and other health-related problems. Therefore, from a health perspective, the screening of such persons and referral to an appropriate treatment is a major issue.

As mentioned previously the development of typologies to deal with these issues have taken a significant place in recent literature dealing with the problems of drinking and driving. For example, Borkenstein (1971) identified drinking drivers as:

- (a) compulsive drinkers;
- (b) aggressive drivers;
- (c) drivers who occasionally drink too much;
- (d) drivers sensitive to alcohol;
- (e) inexperienced drivers;
- (f) those with neither a drink nor drive problem.

He argued that punitive measures are effective with (c) but not (a) and (b). Similarly, Donovan and Marlatt (1982) identified five subtypes amongst males arrested for PCA offences. Two subtypes in particular were found to have particularly high levels of risk-enhancing traits as far as traffic accident involvement is concerned. From a slightly different perspective, Homel (1980) developed a typology hypothesising six groups of convicted drinking drivers. These authors stress the need for differential assessment and treatment approaches when dealing with a PCA population. However, there is little evidence that the research findings have been translated into program design.

The present Chatswood program has taken that step and is undertaking a differential response based on a typology. The material for the development of the Chatswood typology was taken from earlier research into offenders referred to the Chatswood program. This study, based on 461 referrals, indicated that:

- (a) 98 per cent were male;
- (b) about 60 per cent were under 35 years of age;
- (c) 70 per cent had blood alcohol levels over 0.15 per cent;
- (d) one out of two clients had a significant MAST score while 20 per cent had a significant score in the "Marital Family Difficulties" MAST subscale;
- (e) the percentage of clients either separated or divorced was 18 per cent compared to 4 per cent for the region (1976 Census statistics);
- (f) information showed that 29 per cent had incurred the loss of one or more parents by death or separation/divorce;
- (g) 31 per cent of the clients were not born in Australia (compared to 19 per cent in the region: 1976 Census stats); 20.99 per cent were born in Great Britain (7.59 per cent NMHR), 4.9 per cent in Europe (8.16 NMHR), 4.4 per cent in New Zealand (0.8 per cent NMHR) and 1 per cent in the USA (0.48 per cent NMHR).

Medical information collected on this sample indicated that a significant number of referrals were either hypertensive or on medications for stress-related problems.

On the basis of this data a typology was developed according to the following criteria:

- (a) That the typology not be seen as fixed but as capable of development according to additional research. (It is also significant to note that the typology at present reflects the clients "through the door"; if referral practices by magistrates alter this situation may change.)

- (b) That the typology initially be most relevant to health professionals. As the typology develops additional categories relevant to other authorities can be added.

This second point is quite an important one. It has been shown by other authors such as Homel (1980) that drinking drivers respond differentially to various interventions even within the criminal justice system. The implications of this finding are that some drinking drivers may respond to just licence disqualification and a fine, some to a sole health intervention and some to a combination. The Chatswood typology itself constitutes four categories as follows:

Group	Characteristics
A. Problem drinkers	high BAL substantial high alcohol consumption usually more than one offence usually age above 30 marital problems poor recent job history established medical problems as a result of alcohol consumption dislocation of family in childhood extreme IPAT score high score on MAST
B. Persons experiencing difficulties in their interpersonal relationships	midrange BAL sporadic periods of high alcohol consumption may be first offenders or possibly second aged less than 35 years marital problems or relationship problems difficulties with peer group poor or confused self-image no established manifestations of alcohol related disease dislocation of family in childhood midrange score on MAST and IPAT



Group	Characteristics
C. Stressed persons	mid to high BAL low MAST score extreme IPAT score episodic drinking bouts normally a first offender aged above 30 marital difficulties impulsive behaviour which may be reflected in a poor traffic record medical evidence of stress related problems, for example, elevated BP, medications etc.
D. Minimal Problem Group	low BAL first offence married tendency to high SES usually aged above 35 no previous criminal record physically healthy as far as stress and alcohol are concerned generally 'successful' low MAST and midrange IPAT scores

The typology functions on the assumption that group A has a severe and established problem while group D has no problem. Groups B and C are seen as a midrange group who are 'at risk' of progressing to group A if there is no intervention. On the basis of this typology various interventions are offered.

The above program functioned between April 1982 and May 1983. In May 1983 the program was temporarily suspended as a result of administrative difficulties leading to an inadequate and limited number of referrals to the program. During this period data was collected on 241 referred drinking drivers. This data showed some similarities with, some differences and some additions to the original material collected on referrals:

Sex 93 per cent were male and 7 per cent female.

This indicates a 300 per cent increase in the number of female referrals.

Age Mean age is 30, modal age is 22 with approximately 70 per cent aged under 35 years. This indicates an overall increase in the number of young offenders referred.

BAL 83 per cent had BAL's less than 0.150.

This is markedly different to the earlier data and reflects the change in program format, namely the acceptance of all persons convicted on drinking and driving charges.

MAST 42 per cent had a significant MAST score.

This is at variance with earlier findings.

Marital Status 15.7 per cent had been either divorced or separated.

52.7 per cent were single.

This is consistent with earlier data.

<u>Medical</u>	<u>Early Signs</u>	<u>Late Signs</u>
Gastrointestinal	25.4% had 1 10.7% had 2 3.6% had 3	1.8% had 1
Cardiovascular	21.9% had 1 4% had 2 1.3% had 3 0.4% had 4	None
Central Nervous System	22.8% had 1 11.0% had 2 3.6% had 3 1.3% had 4	4% (9) had 1
Musculoskeletal	2.7% had 1 0.4% had 2	1.3% (3) had 1
Endocrinal	15.2% had 1 0.4% had 2	0.4% (1) had 1
Other	18.3% had 1 3.6% had 2 0.4% had 3 0.4% had 4 0.4% had 5 0.4% had 6	2.2% had 2 0.4% had 1

Marijuana use 23.3 per cent have used in last 12 months

Tobacco 71 per cent do. Very overrepresented  
use

Quantity used:

Daily	1 - 5	9.6%
	6 - 10	15.1%
	11 - 20	24.8%
	21 - 40	19.7%
	40 +	2.8%

The above data plus additional statistics are presently being analysed to assess the overall impact of the program and to rigorously redefine the original typology. However, even at this early stage a number of points appear salient.

First, conceptualising drinking drivers as a varied group containing both established problem drinkers and 'at risk' drinkers appears vindicated. As a group, the drinking drivers above are young in age but are demonstrating on a number of parameters clear signs of a potentially disastrous life style involving alcohol and other drugs. Of particular significance is the data concerning tobacco and marijuana usage as well as the number of drinking drivers manifesting early signs of alcohol related organ dysfunction.

Second, the data provides clear evidence that a complex interaction of areas of peoples' lives can combine to influence single behaviours. However, behaviour of the nature of drinking and driving normally brings people into significant contact with one system, be it the traffic safety system, the criminal justice system, or the health care system. What would appear necessary in the future is a joint approach to the problem of drinking and driving capable of incorporating the varied objectives and areas of expertise of each system, as well as additional research into the types of drinking drivers who are likely to change their behaviour in response to the various interventions available.

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## LAW CONFRONTATION: A SYMBIOTIC APPROACH

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### The Problem

The problem we are addressing relates to the dissonance between those making, administering and enforcing the laws affecting addicted persons on the one hand, and on the other those who are engaged in helping people who have become dependent on a habit to become comfortably independent. This problem has in some areas reached the point where it is the expectation of the therapists that the law will interfere with their program, and vice versa.

### The Objective

The objective we are pursuing is improved management of addiction at individual and community level with resultant miracles of transformation of all addicted individuals into comfortably normal members of the community, and the disappearance from the community of all problems which have resulted from addictive behaviour.

Because the problems of addictive behaviour have affected so many facets of life, notably in the areas of physical, mental, domestic, social and legal health, intervention has in the past been a mess of knee-jerk reactions to the problems which present in each area. These intervention responses from general practitioners (GPs), psychiatrists, social workers, police officers, magistrates, prison staff, detoxification and rehabilitation units and other agencies have been for the most part completely unco-ordinated and often based on totally different perceptions of the nature of the problem.

Hence it is an additional objective that there shall be light - light cast on the dim and murky image of addiction - so that all those dealing with problems resulting from addictive behaviour shall see addiction in the same light. As a result, intervention will be co-ordinated and united and allow achievement of the objectives of miracle cures and abolition of the problems of dependency.

It is my specific objective that you will understand fully the philosophic premises and hence the policy and intervention practised by my addiction worker colleagues and myself in the New England Region of New South Wales. What we do about a problem is determine by how we see the problem. The priest may see substance abuse as sin, and say 'down on your knees and pray', the GP may apply a chemical bandaid to the ulcer or the nerves, the psychiatrist may delve into the childhood, while the magistrate's response to the addict may be measured in dollars or months.

My approach sees addictive behaviour as escape from stress.

### Addictive Behaviour

Of all the animals in nature only humans alter their thinking or feeling with a chemical or other habit in search of happiness, or at least freedom from unhappiness. In the increasingly complex society we have created, the internal chemical outpouring which occurs in response to change is often inappropriate, and instead of burning up the chemicals by running from dinosaurs or chasing tennis balls, we sit there a seething mess of chemicals. The mechanism designed for our survival becomes instead a mechanism for our destruction. The chemicals narrow arteries, raise blood pressure, strain the heart, do nasty things to the stomach and intestines and drain the immune response. We are more likely to succumb to the wog that is going round, or the carcinogen in the air we breathe or in the food we eat.

So this inappropriate outpouring of chemicals which we call stress can of itself cause a heap of health problems in the body and in the mind. But it also causes an uncomfortable state in which we are an ideal mark for the pushers of substances which have potential for addictive behaviour, things which give a soothing warm feeling when we are feeling tense, or a lift if we are feeling down. If we list these things in the order in which they cause most harm overall we come up with:

- alcohol
- tobacco
- food
- prescribed drugs
- analgesics
- gambling
- illegal drugs.

The populaton is not divided neatly into goodies and baddies when it comes to addictive behaviour. Rather we are all somewhere along the slippery slope from coping with stress at one end to copping out at the other end.

Nor is the concept of 'addictive personality' held by most authorities in this field, but appears to be particularly promoted by those who wish to diminish the responsibility of the addicted person, to justify the lapses and the problems.

The following points are essential in the philosophy which underlies our approach:

- (a) Any person can become dependent on a habit. Certainly factors such as availability, stress, and peer pattern and pressure are relevant, but any person can become dependent.
- (b) Conversely, any dependent person can become comfortably independent of that habit, and without substituting an alternative dependency.
- (c) This change can occur spontaneously in some people. However, the change can also be provoked in many cases by a skilled addiction worker.
- (d) Unless inherently mad, and in my experience the incidence is no higher than in the general population, the addicted person is aware of society values and sanctions, is able to make decisions and should be held responsible for the use of his or her habit and anything which results from it.

#### Alconfrontation

Alconfrontation is a structured technique of intervention based on these philosophic premises and first published in 1976. It consists of the following steps:

- A. Fact finding: the reason for referral is clearly defined and then the total range of strife in all areas of life. Pattern, frequency and quantity of substance used is also recorded.
- B. Education: factual information is given relevant to the substance use and to the strife.
- C. Confrontation: with the relationship between the habit and the strife, with the options available, and with the self-image.
- D. Contract: the client is pushed into making a realistic contract in definite words, for example, 'I will come back here tomorrow and between now and then I will definitely not use alcohol'.
- E. Follow-up: may be with the confronting person, but commonly with others, for example, self-help groups, marriage/family counselling, relaxation training etc.

Confrontation appears to be most effective when the 'gun at the head' defined in step A shows a real need to change and a clearly defined 'or else'. Alcohol in industry programs where this is done show a success rate of around 75 per cent. It seems logical for the therapist to make use of, rather than to ignore, the very real legal 'gun at the head' when clients are referred following an offence. At the Dependency Resource Unit in Armidale Hospital legal referrals are made to accept squarely the reason for their presentation, and the events which led to it. In some programs the legal aspects are politely disregarded or at least played down as being of no great relevance in the case management. In the Armidale model it is the focal point of emphasis, and the key to the intervention technique.

Another feature of the Armidale model is believed to be of great importance. After the assessment interview legal offenders are invited to attend two half-day morning sessions. These sessions are advertised and open to the public as educational sessions looking at stress, stress escape with chemical and non-chemical stress management. Other dependent persons may be invited to attend, and also other health or social welfare workers. This achieves two objectives: first, increased understanding in key individuals and groups in the community about stress and how it can be managed; and second, it creates a situation in which group interaction can help to break down the denial of the addict.

In the traditional model of intervention, legal referrals are clustered in look-alike groups of drink drivers, or narcotic users for example, and in these settings they reinforce each others' perception that theirs is the world of normality and that this wowsie running the program is a square ratbag.

Another integral feature of the Armidale intervention model is relaxation training. If an addict is an uncomfortable person escaping from painful reality with a soothing chemical, then abrupt removal of that chemical escape will result in an even more uncomfortable ratbag doomed to fail. Hence the need for a non-chemical stress-control mechanism, and this is taught in the half-day sessions, and also in more intensive individual sessions when requested.

Evaluation is built in by requests to persons attending the unit to make contact for review after three months and six months and, when a probationary bond facilitateds this, also a more delayed follow-up. The program is recent and the limited numbers of legal referrals and the limited follow-up time preclude formal evaluation at this stage. However, we have a strong clinical impression that the proportion of positive outcome is very much higher than seen in other programs.



A brief case history is given to show the sort of outcome that has been possible, particularly among younger persons who are less entrenched in their addictive behaviour.

Phillip, aged 19, an auto mechanic, was referred to the Dependency Resource Unit at Armidale Hospital by the magistrate following conviction for driving with above the prescribed content of alcohol with a level of 0.16. He was disqualified from driving for one year and fined \$300, and a condition of bond was that he attend the hospital unit.

He was a bright and well-mannered youth who had been raised by an uncle after the break-up of his parents' marriage. He had qualifications through the Technical College. He had a steady girlfriend; both drank alcohol most days and he had a regular intake of beer at levels around twenty-four middies per day (10oz/240grams).

The standardalconfrontation interview was used and he accepted that he was using alcohol at levels indicating tolerance and dependence, as did his PCA level of 0.16. He also indicated that he had been uncomfortable about his use and had tried several times to reduce it but succumbed to habit and pressure from friends. He seemed almost relieved by the interview and readily contracted to return to the two half-day sessions. He further contracted that in the week prior to the first session he would use no alcohol.

He returned as contracted, plausibly denying alcohol use and accompanied by his girl. Both participated actively in the sessions.

Phillip returned three months later for review as directed by the court. He returned very cheerfully during his lunch hour, and related the many changes for the better that had taken place in his life since his previous involvement. He stated that he was now an occasional user of alcohol, using one or perhaps at most two days at the weekend a maximum of the six standard drinks which he now knew to be the upper limit of low risk use. His mates had come to terms with his low level use, as indeed had he and his girlfriend.

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## COERCION AND TREATMENT

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I would like to start by depicting a situation which would be ideal and most welcomed. It consists of all the drug addicts who are in trouble with themselves, their families, and the law clamouring for treatment. They have decided to give up their self-destructive ways in order to get well. They have decided that the temporary relief and blocking of psychic pain brought about through the taking of drugs should be replaced by self-discipline, trusting relationships, caring for others, and hard work. They are all tired of the manipulations and rip-offs in which they have been involved, and now wish to go through the trying process of drug withdrawal in order to establish positive ties with the well trained, adequate, dedicated treatment staff who have been encouraged by a humane, sympathetic public to work with them. And the entire scene is orchestrated by selfless political leaders determined to provide the fiscal and programmatic resources required for a successful undertaking, while objective academics eagerly wait in the wings to research and document the progress and sincerity exhibited by all those involved.

"Yes, Virginia, there really is a Santa Claus".

Now unless you are looking at the world through rose-coloured spectacles or are one of those workers toiling in the drug treatment field trying to serve your own need to be loved and liked, you have got to come to the conclusion that the understanding, insight, and co-operation described in our idyllic scene are rarely found in one place and at one time. Some components might be present sometimes and some actors in the tragic drama of drug abuse might display such admirable qualities, but, for the most part, our scene is frustrating, complex and, too often, unrewarding. Knowing what is the right thing to do does not necessarily result in people doing it. Our emotions, fears, vested interests, ambitions and pleasures get in the way of rational, intelligent decision making.

Three decades of working with individuals who have been so emotionally abused (let us rule out the physical side of things for the moment) that they harbour little hope for their future, have made me come to the conclusion that it is naive to expect trust, commitment or motivation on their part to change their patterns. They have seen conditions to believe that they are

worthless, no one really is concerned, and they must live by manipulation in order to express their hostility and true emptiness.

Now I am not describing all drug abusers or experimenters. I am certainly not depicting a casual pot smoker, the occasional recreational user, or the older professional who, for years, has had a steady, reliable source of drugs, has the discipline and maturity to differentiate between 'need' and 'greed', and does not get into the street hassle to score. (The latter group did well in England during the fifties, but that country, as well as most others, has had to re-examine its policies and approaches, when a new, young breed of hostile, aggressive, and hedonistic addicts emerged.)

The drug user who has not permitted his or her occasional ingestion to alter dramatically or deleteriously a personal life style is excluded as well. They might benefit from what I would term 'a good coach' approach replete with encouragement, positive friendships, and more creative pastimes. What I am concerned about and I believe what society is anguishing over is the toll and turmoil caused by prolonged self-destructive drug conduct which rips apart families, destroys the young, and creates an enormous amount of fear and disruption. The work site, the school, the home, and potential of those involved are affected and eroded. I am focusing upon the addicts whose lives and values have been taken over by drugs. They will lie, steal, and rip off anyone who stands in the way of their instant relief. They will sell their bodies, loyalties, and lives for their temporary panacea from emotional pain. Blessed forgetfulness and pleasure are hard to trade in for self-discipline and long range planning or goal attainment.

What do we really have to offer most of them to encourage them to change their ways? A society which cannot challenge or find meaningful roles and work for the young? Academic institutions with courses with no relevance to their daily pressures and problems? Adult role models of infidelity and grog abuse? Daily media pronouncements of corruption and double dealings? Warnings of more and more nations' capacity to blow us all up? Destruction of our environment for short range economic profit? Why should they get serious about surviving in a cynical world?

I believe the answer is that (a) we need them, and (B) we can not afford their shenanigans. I reject the notion that we should just allow anyone who wants to self-destruct through drugs to do so because, after all, it is his or her life to do with as he or she wishes. It would be sad to see some addict swimming out to sea never to return a la A Star Is Born. The reality, however, is that their families are destroyed, their children neglected or abused, neighbourhoods made unliveable and unsafe, and taxpayers overburdened through their antics in the process.

And the saddest part of all is the waste of their potential. While they might have become adept at conning and hustling and often are not very admirable, many possess creativity, intelligence, sensitivity, and a capacity to become contributors rather than a burden to others. Many are petty criminals and their illegal activities, aside from their drug crimes, often preceded their drug involvement. So it is not simply a matter of stopping their supply to change their lives and values. What is required is a re-orientation of their perceptions of what they can achieve and a massive infusion of adequacy and hope. The problem is, how do we get them to stand still long enough to listen and be convinced that they do have a worthwhile future filled with real pleasures, satisfactions, and relationships instead of the synthetic ones they have been injecting?

Sometimes an addict approaches Odyssey with a new-found desire to change. Perhaps they have witnessed an overdose death and are fearful. They have begun to question their own bravado and omniscient statements about not getting in over their heads and how they could 'handle' their drug taking.

Sometimes their family has finally set limits and told them to get treatment or get out.

Sometimes there is the glimmer of a new love in their life, and they want to please that 'straight' person.

More often than not they have presented themselves to find out about their treatment options, because they have been directed to by a solicitor who will be defending them against a criminal charge or some probation/parole personnel who sincerely wishes to have them avoid gaol.

In essence, they approach the treatment agency hesitatingly, ambivalent, and often resentful, because they feel compelled to rather than really committed to change. They are usually received by staff who want to be their friends, give them the support and encouragement they perceive have been lacking in the addicts' lives, and really want to help. From that basic, honest desire, mistakes and manipulations abound. The counsellor has been trained to believe that no one can be helped unless he or she desires it. There are graduate schools of social work that operate on that premise. The extreme of this posture has been depicted as a life guard not rescuing a drowning swimmer unless that person cries for help.

What is not understood are two vital ingredients.

First, we all must choose among life's options as they appear. Sometimes the real options are two choices, both of which we dislike, albeit one slightly less than the other. Addicts, at this stage of their acting out, do not need to desire treatment.

The important thing, and again I re-emphasise 'at this stage', is a need to feel they have got to try something else besides self destructive drugs. They can complain, grumble, and be resentful, but they must understand that their options have been reduced drastically to either treatment, a worse alternative (probably gaol) or continuing their drug hassles. As most addicts feel pressure to conform at this moment to get a less desirable option off their backs, they will manipulate to satisfy everyone else, while allowing themselves to choose the easiest track. Thus when offered a variety of treatment options including recreational therapy, yoga, weekly outpatient meetings, coffee house drop-in centres, or a total immersion into an intensive residential therapeutic community, which do they choose? There is an understandable desire, given the nature of the untreated addict, to satisfy the demands to get into 'treatment' by selecting the option which requires the least real commitment and change on the addict's part.

This does not mean that the chosen options can not be beneficial or helpful. I remind the reader that I am describing addicts who are on a rapid self-destruct path and not the casual user or experimenter.

The situation is further aggravated at the point when the intake counsellor or probation worker pleads with addicts to 'try' the program and if it does not work, not to worry, because their new found friend will be there to help find other options if the first is not liked. Thus the program is 'on probation' and not the addict. Not too subtle pressure is placed upon the agency to have the addict remain with them and 'enjoy' the experience.

Agencies can lose their purpose and integrity in the process. I have known some well-intentioned groups who allowed addicts to turn their offerings into 'three hots and a cot' rather than expecting change and commitment on the part of those involved in treatment. It is great to be loved, but not at the price of allowing addicts to range on the streets or in the local pub on a daily basis, before they return to your program and maintain that they were in treatment. If the goal of treatment is to inculcate new values and positive, caring relationships, it is a prostitution of the concept of treatment to permit men and women to continue to sexually exploit one another in the name of meeting 'natural' needs.

What has to be inculcated is the understanding that we wish to be supportive and of help, but the addicts are not with us to be entertained or to drag us down to the street mentality level at which they are functioning. They are in trouble and they have to change. Great injustice is done to the many honest agencies which feel vulnerable, as far as funding or support is concerned, when addicts get the message from referral sources that the addicts must be pleased initially by their treatment experience. Close

co-ordination is required among all players in the field - probation, families, referral units, treatment agency - to ensure that the addicts do not play one off against the other in their manipulations. Many addicts have become 'therapeutic bums', travelling from one agency to another testing the waters instead of having the consequences invoked which were outlined to them in the first place, if they did not get serious about getting into treatment.

Many readers will probably react to this proposition by thinking it is punitive. Do I want to have a lot of addicts sent to gaol? I certainly do not - unless they were important, big time pushers as well. What I do contend is that it would be better if agencies such as the courts and probation services were adamant and consistent with addicts about their treatment involvement and incarcerated some when they attempted to manipulate to avoid treatment. The word would get out on the streets that the 'floating' must cease and a lot more addicts would take heed. I have worked in and visited gaols in many countries, and I have yet to find one in which illicit drugs were not available. Certainly that is not the answer to meeting the real needs of the vast majority of addicts.

The second ingredient introduced is that of timing. Too few workers appreciate the importance of this and limit their decision to 'right or wrong' choices. I believe that the 'right' decision, if made at the 'wrong' time in treatment, is counter-productive. At the point of intake, addicts present themselves having led chaotic, irrational lives. Thus, to fall back on the notion that they should make all the decisions about whether to get involved in getting well is naive. This is where coercion is often required. Choose treatment, or a worse alternative will be chosen for you!

This does not mean that the treatment agency can glibly offer shabby, irrelevant services and expect the addicts to benefit or change through exposure to them. It means, if we can stop them long enough to become involved, they will begin to see the sense in what we are trying to do. If, for example, they are not ripped off, and if we do not allow them to rip off others in the program, slowly changes in their values can be effected. Time and again, resentful addicts entered program with us because of court stipulations or family pressures. In a few months, if they remained and could not manipulate an easier option, they consistently express the feeling that those outside pressures are not what is keeping them in treatment. Indeed many had their probation bonds or court conditions lifted while in program and still chose to remain. The positive relationships, friendships and insights which were experienced were now important and meaningful. If we had talked about those issues when they were first admitted, they would have scoffed at the notion.

Now this all places a severe obligation of all of us who profess to be a treatment resource. If addicts come to us reluctantly, feeling forced to because other easier options have been closed, what do we owe them? Basic is the providing of a safe environment in which they will not be physically abused, exploited sexually, or have access to their weakness - drugs. We must offer sensitive, insightful staff who are not afraid to say "No" when required. They must subjugate their own need to be loved to the needs of the addicts consistency, no double standards, positive role models, availability, honesty. Staff must be supportive yet confrontative when needed. They must respect the potential and capacity of the addicts. They must understand the basis of the addicts' cynicism, mistrust, fear. And most of all, they must realise the tremendous task they have undertaken, that of impacting upon disturbed, destructive lives which will not be accomplished through any quick fix.



## THE THERAPEUTIC COMMUNITY ALTERNATIVE

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A particular point of view drawing on experience in the field rather than research. The following recommendations are made on the basis of the existing legal penal system.

In mid-1981 one of the writers was appearing as a character witness for a BATTERY resident charged with drug-related offences committed prior to his joining our program. The judge concerned not only ignored these most earnest appeals to allow the person to continue with his recovery from drug addiction at the BATTERY, but, displaying what can only be put down to either blind ignorance or sarcastic insight, sentenced him to two years gaol where (and we quote the learned judge), 'you will have the opportunity to rehabilitate yourself'.

It is not proposed to make an exhaustive examination of the so-called 'opportunities' for rehabilitation available within the New South Wales prison system - suffice it to say that, with the exception of a short-lived program of groups at Cessnock in 1974 and 1976, it is only in the last few months that the Department of Corrective Services has begun to take initiatives in introducing a drug education and information program within New South Wales prisons. It is to be hoped that this will be only the first on many initiatives directed towards the creation of a logical, overall drug and alcohol program within the prison system. This would certainly seem to be an important action within a department entitled 'corrective services', given that various estimates ranging from 25 to 50 per cent of the prison population are serving time for drug-related crimes.

Traditionally, one of society's strongest responses to the criminal aspects of addictive behaviour has been incarceration and, realistically, one cannot expect any radical reassessment of this response for the more extreme criminal behaviours of some addicted persons.

However, we are seeing a more lenient and sensible approach being taken by the police, courts and probation and parole officers toward very many addicts involved in less extreme criminal activities, particularly those with only a relatively short record of convictions. The changing attitude within the drug

squad is illustrated by actions like shifting the emphasis from busting individual addicts for possession or self-administration to developing relationships with addicts in attempts to reach bigger suppliers.

Fines, bonds, lengthy remands and directions to seek treatment or the supervision of the probation and parole service (for example, DACAP) are now the norm in New South Wales courts for addicts in this category. A cynic could suspect that these responses are based more on economic considerations than considerations of the greatest benefit to the convicted addict. After all, the average cost to maintain a prisoner in gaol is \$29,500 (Department of Corrective Services 1981-82 estimates) whereas the cost per person per year at the Buttery, for example, is \$8,500. The policy obviously has economic advantages.

We are seeing some changes in the treatment of criminals who are also addicts. This indicates some perception, even if not publicly stated as such, of addiction as something different from, though related to, criminality. We see this as a very significant step, indicating the recognition that in many cases the individual's crime is only a symptom - the first cause is the individual's addiction. Without it, it would be less likely that there be a criminal act at all, be it self-administration or break and enter or fraud. It seems to be time to make definite public statements and acknowledgements of these perceptions in order that policy decisions and action can be based on them, so that there can be a more directed implementation of the actions that follow from this recognition of addiction as a first cause rather than it being a haphazard affair depending on the individual's insight - whether that individual is the magistrate, police officer, parole officer, warder, or the gaol doctor.

If there is to be some positive action taken in 'treating' the addict, there needs to be an increased understanding of the nature of addiction. Society cannot deny the crime. However, if the aim is to prevent the crime recurring, mere incarceration is missing the point and may in fact under present conditions be aggravating the addiction problem, thus increasing the likelihood that the crime will recur. We have a situation where laws define the use of particular drugs as illegal and the performing of some actions under the influence of some drugs as illegal. It should be assumed that the existence of these laws conveys anything about the nature of or means of 'treating' addiction.

Within the prison system there is some official recognition of the physical aspect of drug abuse. This is indicated by the possible provision of three days in hospital for detoxification for withdrawing addicts in some prisons. However, even where this does exist, it is only the beginning. Though it may not seem like it at the time for the person, it is, in fact, the easy part, the hard work is yet to come.

There are several theoretical perspectives that attempt to describe and explain the use and abuse of drugs. Broadly and very briefly there are: the 'pharmacological', emphasising the drug and its properties' effects; the 'sociological', emphasising addiction as a social phenomenon; the various 'psychological' approaches (behavioural, psychoanalytic and interpersonal), each emphasising addiction from the point of view of the psychology of the individual.

It is a truism to say that how we see the world affects how we act.

When we come to address the problem of drug dependence in our society, the way we see addiction will affect the action we prescribe. It may also be that where we meet the problem will require us to see that abuse in a particular way. Presumably, one of the functions of this seminar is to expand how we each see the problem by sharing our particular perspectives.

What we want to offer is our perspective of addiction, how we apply it at the Battered and how we see it having application elsewhere, especially within the prison system.

Although addiction, particularly the use of heroin, can be seen as a more visible and dramatic symptom of the inadequacies of our social structures to satisfy the basic human needs of the individual members, this theoretical perspective is not a lot of use at the individual recovery level, other than that it provides the social backdrop for recovery. In this respect rehabilitation can be seen as what in education circles is called 'compensatory education', that is, helping individuals compensate for what they did not acquire in the way of living skills through the normal channels. In a general way this explains what we do at the Battered. We provide information and a supportive learning environment to assist individuals to explore and change. It is here that the 'therapeutic community' nature of our program applies - the 'therapeutic community' is the method if you like - that is, maintaining a trusting sharing community in which individuals can learn to feel safe enough to take the risks involved in bringing about inner changes. Coming into the Battered means handing over responsibility for money, contact with the world, protection from drugs, etc., in order to learn to take responsibility for what one does, thinks and feels. It also requires considerable responsibilities in terms of taking part in craft and work projects as well as groups.

The structure in which these changes actually happen is best described by looking in detail at the program. At this more specific, individual level we rely quite heavily on the Narcotics Anonymous description, explanation and prescription of addiction as a state of being ill at ease on physical, emotional, mental and spiritual levels, the changing of which requires the

individual to accept a personal process of recovery. The advantage of this approach lies in its emphasis on prescription for change. Addiction is defined simply as an inability to stop using once the person states. (This may not be empirically very useful or tidy, our need is for a definition of addiction that is valid at the individual experience level. This one is not only valid, but one with which addicts can identify.) How this approach works in practice will become clearer by showing how we use it in our program.

The program is divided into four stages. At the first stage (a minimum of four weeks) the resident is asked to consider three questions: "Am I an addict?" "Am I willing to change?" "Is the Buttery the place for me to do it?" These three seemingly simple questions in fact require the person to consider quite a lot of information about addiction and the guidelines and processes of the Buttery program as well as starting to look at themselves. Some of these guidelines are "being open and honest", taking responsibility for oneself.

During this first stage of the program the person is still getting over the physical detoxification, establishing a regular sleeping and eating pattern and usually starting to experience emotions and memories again. It can be a very frightening time, and providing information about addiction as a disease that affects the physical, emotional, mental, and spiritual parts of a person - that is the whole person - can help the person understand what is happening so that they do not freak out thinking that they are going mad, a very common feeling at this stage. If addiction affects the whole person it follows that the detoxification will not be purely physical, but emotional and mental as well. Many addicts, though aware of the physical discomfort of not using, having experience "hanging out" prior to scoring, are not aware of the emotional and mental discomfort that follows stopping using.

Basically, stage 1 is about the person starting to accept their current state, starting to develop a more realistic, honest view of themselves by considering information about addiction and acknowledging that their life has become unmanageable and, most importantly, realising that it does not have to stay like that - there is the possibility of things being different for them even if they are not sure how to get there at this stage.

Stage 2 is where the "how" is addressed. The aim of stage 2 is to discover old patterns of thinking, feeling and behaving that are related to or lead to using. Here the process of self-exploration states; this is where the hard work of recovery happens. It requires that the person start to learn to trust other people a lot more.

Seeing addiction as a desire or automatic response to use something to hide behind, be that something a drug, a person or a place is useful at this stage. Addicts tend to have used all of these, to have depended for feelings of worthwhileness or just survival on a drug and/or a person. Exploring various fronts, being cool, being rough, being helpless, demanding to be rescued or else, and finding alternative ways to be is the sort of thing that happens at this stage. So it involves, for example, learning more about what being honest is, how to be honest and practising that. Given the street culture of distrust, deceit and manipulation, these changes do not come easy. At this stage the person needs a lot of support and needs to learn to be able to ask for help in an open and direct way.

This process is an ongoing one in a person's recovery and although it can become exciting eventually, it is, to start with, quite demoralising and humbling to discover how much change needs to take place. Often getting stuck or scared or just giving up in this is what leads a person back to the drug scene. It can be a daunting task unless the person is encouraged to take one step at a time.

This information is useful for workers in the area so that they do not pin their job satisfaction and feelings of competency on unrealistic expectations of 'success' from their 'clients'. It is especially useful for people recovering to remember how long they used and how much damage they have done to themselves and how long it will take them to learn new ways of living, to learn in fact to be compassionate with themselves as distinct from being self-indulgent and self-abusing.

Residents spend a minimum of eight weeks on stage 2 - more usually three to four months. During this time they must decide whether they will continue their recovery at the Buttery after stage 2 or return to society using support that they have outside the Buttery.

The second half of the program then - stages 3 and 4 - is aimed at the individual learning to take on more external responsibility while managing to continue to maintain responsibility for thoughts, feelings and actions.

Stage 3 (again a minimum of eight weeks) is a time for residents to continue to explore, but to do this by taking on more responsibility in the Buttery community and having more contact with the outside community. At this stage, caring and sharing with others can become more of a reality since they have made progress in their ability to look after their own needs while learning to distinguish between wants and needs. Now is the time to practise focusing on the rest of the world as well and learning by mistakes.

Stage 4 offers the opportunity for additional responsibility in the community while continuing with personal responsibility and also is a time to consider what to do when they leave the BATTERY. It is a time for individuals to consolidate their personal program and to consider what supports they will need in order to maintain it. It is a time to set realistic goals.

As I have already indicated, the aims of these levels of the program are achieved through the experiences of living in a community of recovering addicts. Just getting through the usual hassles of living with other people, especially in a community of twenty-five or thirty people, shows a person something about themselves if they are looking. Those of us who have lived in communal houses of four or six will, no doubt, vouch for this. However, in addition, this community has particular values and expectations. For example, it values openness, honesty, doing what one says, taking responsibility for thoughts, feelings and actions and working together and making decisions for the good of all.

This is in direct contrast to the using of street culture and as such offers an alternative culture for the new resident to join and take part in.

The question that often arises at this point is, how successful is this alternative? What people who ask this question usually mean is, when people leave, do they manage not to use or do they bust (that is, fail)? This indicates a mistaken view of the recovery process. It often takes an addict years of various attempts until they finally manage to get on to the fact that it is up to them (that no one can 'fix' them) and to use the knowledge that they have acquired through these attempts to manage is finally to live a drug free life. Thus, success is a cumulative matter and in the last analysis it is the individual's success.

The only way to answer the question on an agency level is to ask, how successful is that agency in offering what it says it offers? On that question, our experience is that the therapeutic community alternative confronts people with situations and encounters that make them think and explore and most importantly it provides trust, support and warmth in which the person can explore safely. What the individual does with that is up to them.

Although the BATTERY program relies on and encourages self-motivation for change rather than external pressure, we do accept people who have some legal reason to do something about their drug problem. We believe that for many addicts, the initial motivation to seek treatment to change their life style derives from pressures from a number of sources. Not insignificant among these are the pressures exerted by the legal system; the ultimate

pressure is the threat of incarceration. We accept that the initial motivation for many people seeking help at the Buttery is a mixture of pressures towards change - from family ceasing to rescue them, a court of law, a probation officer, a counsellor, a lover. Hopefully, among all that there is also a spark of self-motivation for it is on that spark that their recovery will grow.

It has been our experience that motivation for individuals does change and that given the opportunity this change is from a reliance on outside pressure to a sincere desire to make internal changes, to be a better person. The change usually derives from people beginning to have a few more positive feelings about themselves, more knowledge of addictive patterns of thinking and behaving and assistance from others undergoing the same process.

We recognise that for those in prison, motivation is an even more elusive butterfly. Faced with the dangers, the intensity and the boredom, how many of us would not see drug use as an effective way to make it all bearable? What motivation could there possibly be to try to go straight in gaol, especially if people hold the mistaken view that they can use in gaol and then just stop when they get out? What better motivation than a burning passion never to land back there again? For many addicts, their encounter with the law offers them the first time in many years to seriously re-evaluate their life style. A few do take up this challenge and it is toward these few that our efforts to provide services in our prisons should be directed. Why should these few have to wait months, years, in prison with little or no assistance or even information, only to begin their road to recovery when they leave that environment and are able to seek the help that is available on the outside? The availability of such services to prisoner would certainly save them some time in their recovery process and would also reduce the cost to the community of their recovery.

In brief outline, the drug and alcohol services we would see as desirable in the New South Wales prison system as it now stands are as follows:

1. Assessment and detoxification facilities should be accessible to all prisoners. All incoming prisoners would be assessed by trained personnel and advised of the services available for drug or alcohol dependent prisoners. We would advocate detoxification with little or no resort to medication as each case permits and with support from recovering addicts who would have some responsibility in this area as a 'privilege' of their sentence.
2. Drug and alcohol education and information groups should be available in all prisons with incentives for attendance or even compulsory attendance. The chief aim of these groups would be to provide drug dependent prisoners with

the basic concepts of addiction and recovery and would be similar to the stage 1 of the Battered program. Incentives for attendance could be in the form of remissions or other privileges. As stated earlier, we believe that for some the initial motivations do change to a genuine interest in recovery given the appropriate environment.

Groups should be led by trained counsellors, that is, with a good practical knowledge of addiction and group processes, and would be structured to cover the basic information on addiction and recovery, as well as allowing for the normal group interactions to canvass all participants' feelings on these subjects.

It is important that all addicts have exposure to this information, even if they are not particularly interested in using it at the time. As stated earlier, we see recovery as a long meandering process. These initial seeds sown in a prison may blossom immediately or may lie dormant for years before being revitalised.

We would envisage that arising from these groups would be the need for ongoing assistance for some participants. Access to the counsellors running these groups for one to one counselling sessions would be a necessary adjunct to this program.

3. As the next logical step beyond these initial education and information groups we would encourage the establishment of self-help groups and continued access to drug and alcohol counsellors for those wishing to take their recovery a step further. Meetings of Alcoholics Anonymous have been held in some New South Wales prisons for many years, in other prisons there are no meetings at all. Meetings of Narcotics Anonymous were held in Parramatta Gaol during 1980-81 with outside members attending, but these have since lapsed. Problems have been experienced by most outside groups in gaining access to gaols, some of these problems are to be with these groups, their structures and ideals, but we believe that the less than accommodating attitude of prison staff have also thwarted the development of some prison self-help groups. Regular meetings of these self-help groups plus access to their literature would enable recovering addicts to maintain their momentum and prepare them for their departure from prison with a contact for ongoing support in their personal recovery.
4. For those prisoners expressing an interest in furthering their recovery and who have been involved in other prison-based drug and alcohol services, we believe it would be highly desirable to establish therapeutic communities within the prison system. Time permits us to give but a brief outline of our thoughts in this direction.



The activities and aspirations of a therapeutic community within the prison system would be quite different to the rest of the system (this will be obvious from what we have already said). We would advocate its establishment in a separate facility; a prison farm environment would be highly desirable for a number of reasons. Normally they are relatively isolated which benefits the aims of establishing a safe and drug free environment, and the isolation assists in shutting out the rest of the world for a time to concentrate on personal change and growth. It can also offer a physically attractive, less institutionalised setting which offers a range of creative and work activities.

As to the exact structure of such a program, we could advocate the adoption of the Buttery model to this situation, as we obviously believe in its viability. However, there are several different models available and we would suggest an in-depth consideration of all models before any decision as the program structure of a pilot scheme is made.

There are, we believe, a number of pre-requisites for any therapeutic community, most important that it be drug free: here urine testing is essential. Second, the community should be a safe and supportive one where individuals are encouraged to make changes in their attitudes and ways of doing things. Again, the ground rules of the community assist, but the input of the staff is critical.

Custodial staff would have to be specially selected and fully trained to adopt a quite different relationship with prisoners. We would recommend that the counselling team be a mix of both trained and recovered addict/alcoholic staff; we would be looking for addiction workers who can work within the prison system rather than custodians who know a little about addiction.

The community would need to offer opportunities for the members to assume positions of trust and real responsibility and the opportunity to participate in the decision making process. It is vital that these opportunities be real and not just token tasks.

The community would need to be voluntary. Those entering would need to accept the program, its rules, restrictions and sanctions. This would overcome any objections on the grounds of infringements of prisoners' rights, and is an essential pre-requisite of a therapeutic community.

Finally, the therapeutic community would be activity based and there would be an expectation of involvement in these activities, be they the community maintenance functions (cooking, cleaning etc.), the work activities of the farm, the group counselling sessions or craft and recreation activities.

We advocate a program that is more demanding of the individual than the normal prison regime and hence likely only to attract those genuinely motivated to change. If it is seen as a soft option, it is destined to fail.

We see this type of community as the final and logical step in a range of prison drug and alcohol services. Those assessed as suitable would have participated in the other services and have been prepared for the community. The program would be of most benefit to prisoners approaching the end of their sentence, perhaps in the last three to six months. For those who sought ongoing support, access to a supportive half-way house in major metropolitan areas or release to a community based therapeutic program or other drug and alcohol service should be available.

By way of footnote to our introductory comments regarding the unfortunate BATTERY resident imprisoned to rehabilitate himself, it is pleasing to report that he appears to be winning against the odds. He has sought to continue his recovery, has involved himself in what help was available and was readmitted to the BATTERY immediately on release from prison to complete his personal program. However, not all addicts are as resourceful as he, hence the need to provide structured drug and alcohol services in all our prisons.

## IMPROVING CRIMINAL JUSTICE AND HEALTH CARE LINKS:

## A REPORT OF A SOCIOMETRIC ACTION RESEARCH PROJECT

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Summary

A systems analysis is applied to the interface of criminal justice and health care services. This is achieved by a collective group of volunteers at the Manly Drug Referral Centre. Described is a brief history of the collapse of drug diversion programs working at this interface and it is concluded that this is partly due to conflicting objectives, values and beliefs upheld by justice and health personnel. In their own community, the collective then conducted a survey of justice and health workers' perceptions of the network links, the decision points for referral between justice and health and their current perception of objectives of diversion. From the findings, the collective made recommendations for improving the referral of unsanctioned users in less stigmatising, more helpful ways. The model used is felt to be valuable especially in geographical areas where resources are limited and reliance on a network of diverse agencies is most likely.

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This community study examines some ways in which persons with alcohol and other drug problems may be diverted from criminal justice agencies, such as the police and the courts, to community helping and welfare services. It was conducted by a group of volunteers at the Manly Drug Referral Centre in the latter part of 1981. They carried out a survey of criminal justice agencies and health welfare services in the northern beach suburbs of Sydney to achieve three objectives. These were:

1. to inform themselves about the way alcohol and other drug users in the criminal justice system could achieve access to assistance;
2. to determine their role as a volunteer drug referral centre in the provision of this access; and

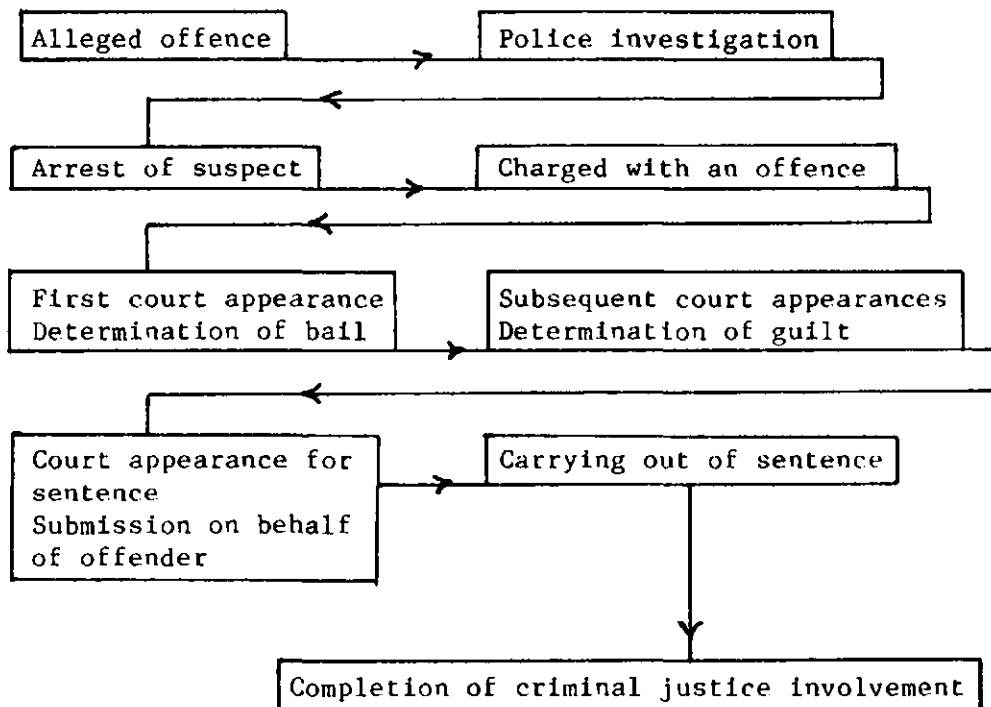
3. to circulate their findings to other community organisations so that the information could be used by a network of agencies to improve access to assistance for unsanctioned users.

### Background to the Project

For the purpose of the project the 'diversion' of unsanctioned drug users was defined as the practice of stopping somewhere along the procedural line between pre-arrest and incarceration and diverting an offender away from prosecution, or sentencing, or a custodial sentence, to some other activity which may have a more positive result for the offender and the community. The procedural line refers to what in legal terminology is described as 'due process'. This is the standard procedure that follows arrest by police, and leads to being charged with an offence, appearing before a court, being sentenced and finally carrying out a prescribed punishment (see Figure 1).

Figure 1

A flow diagram of Legal Due Process (simplified)



In the 1970s it was variously argued that early diversion from this procedure could reduce the risk of further criminal behaviour (Nimmen 1975; Tomasic 1977). There were two major reasons advanced. First, it became accepted that the process of legal administration (rather than justice per se) stigmatises those charged with offences and that the subsequent labelling of deviancy further acts to alienate them from the mainstream community. For example, it is more difficult for those thereafter labelled 'criminal drug user' to obtain legitimate employment. Second, it was assumed rightly or wrongly that in some cases alcohol and other drug use itself might be partly responsible for the criminal behaviour and in these cases a more appropriate response would be the provision of humane health and welfare assistance (Wardlaw 1978).

In New South Wales all such 'diversions' have been additions rather than alternatives to the normal practice of police and the courts. An exception was made in 1979 with the introduction of the Intoxicated Persons Act under which 'street drunks' were to be taken to proclaimed places to sober up rather than being processed through the courts.

It has become clear that the diversion or referral from the criminal justice system to alcohol and other drug services requires the co-operation of these two different institutions, the former being concerned with law keeping, sentencing and punishment and the latter with improving health. In the late 1970s the diversion from criminal justice agencies to treatment ran into difficulties. It is now recognised that a major reason for this difficulty was the different expectations each agency held about the purpose of the diversion (Sydney Drug Diversion Programme 1981). The more recent approach, called the Drug and Alcohol Court Assessment Programme (DACAP), overcame the problem of misunderstandings by incorporating representatives of justice and health into a joint management and counselling unit (Williams 1981). This successful approach took place in the inner city of Sydney where available resources make such a project economically feasible.

However, the expansion of the joint team approach is not a practical solution in less densely populated communities with fewer statutory government resources. This is the case in the northern beach suburbs of Sydney. Here, there is a greater reliance on a network of community agencies for the diversion of unsanctioned users. A further important consideration was that DAVAP had focused its attention at the courts alone, when the opportunity to 'divert' even before the court appearance might be possible if co-operation between police and alcohol and drug agencies was well established. Accepting these two points, it follows that knowing how a network of criminal justice agencies and drug and alcohol services linked together would be valuable in determining both the access to helping services and the type of help unsanctioned users received.

### Method

There were essentially four stages in the project groups' work. First, a list was drawn up of the key agencies in the northern beach suburbs which were most likely to have contact with unsanctioned users. Second, a questionnaire was devised which could identify (a) the referral network, (b) the decision points in the referral process, and (c) the expectation about diverting offenders across the various organisations.

Third, the survey was undertaken and finally the data was analysed by the project group using a diversion model to be described. Later, conclusions and recommendations were drawn up and circulated to survey participants as a method of stimulating change towards an improved diversionary system. The key agencies identified in the first phase of the project are listed in Table 1.

Table 1      Key Agencies in the Northern Beach Suburbs of Sydney considered for this study

#### Criminal Justice Agencies

NSW police		Drug Squad, Manly
Magistrates Court	)	
Chamber Magistrate	)	Manly
Public Solicitor		Manly
Probation and Parole Service		Brookvale
Youth and Community Services		Dee Why

#### Health and Welfare Services

Manly Community Health Centre	D & A Counsellors and Mental Health Team
Dee Why Community Health Centre	D & A Counsellors
Mosman Hospital	Detoxification Unit
Sydney City Mission	Fairlight Centre
Community Youth Support Scheme	Brookvale
Manly Drug Referral Centre	

#### Other agencies contacted but considered as indirect sources of support in drug and alcohol work:

Citizens Advice Bureau	Manly/Dee Why
Community Health Centres at	Frenchs Forest and Mona Vale
Various hospital based Social Workers and Mental Health Workers	
Adolescent Counselling Service	Mona Vale
Interagency Meetings	
Manly Council Community Service Co-ordinator	
Commonwealth Employment Service	Manly/Dee Why

Table 2 shows the actual number of persons interviewed by the project group in the first ten days of December 1981. The project group attempted to interview the key personnel in each agency collectively. Where there was a divergence of opinions in the replies the interviewer encouraged them to establish a consensus viewpoint. It needs to be recognised that changes occur with the passage of time from the completion of the survey to the presentation of its findings. However, the basic model used may well serve to guide others in this type of work for the future. The project is an example of action research in which a community group are encouraged to use information collected to simulate a change in a community approach to unsanctioned users (Price and Politsen 1980).

Table 2 List of agencies interviewed showing the extent of agency staff present at the time of interview.

<u>Agency</u>	<u>An</u> <u>Interview</u>	<u>Total in</u> <u>Unit</u>
1. Probation and Parole Service	6	10
2. Manly Community Health Centre*	1	8
3. Mosman Detox Unit	1	10
4. Fairlight Centre	2	3
5. Dee Why Community Health Centre	1	3
6. CYSS	2	2
7. YACS	3	10
8. Manly Petty Sessions Magistrate	2	2
9. MDRC	1	2
10. Dee Why Police	1	2
11. Community Solicitor	1	1
	<u>21</u>	<u>53</u>

\* Includes Mental Health Team

#### The Core-Shell Model

It became necessary in the course of project planning to use a framework in which the alcohol and other drug agencies could be understood as a community service network linked to the criminal justice system. The framework used, called 'core-shell' was adapted from Glaser's et al (1978) system's model and applied to the possible network links at four levels of legal 'due process'.

The core-shell framework divides drug and alcohol services into two parts. Core services and shell services. In this model the most appropriate direct referrals from criminal justice agencies are, in the first instance, to core services. This is because

they provide the three essential components required when a person is in the initial stages of admission for drug and alcohol treatment. The three components are:

1. Crisis intervention: Usually in the form of detoxification.
2. Assessment: The provision of diagnostic services which examine social, psychological, economic and medical problems. The information is used to devise co-operatively an intervention plan tailored to the individual, who is then referred.
3. Evaluation: A system for co-ordinating and evaluating the chain of drug and alcohol agencies. (In this case the survey team take up this component.)

Core services provide the filter from the criminal justice system to individually determined interventions or in some cases no intervention. It is a criteria for admission to core services that they accept all referrals. Conversely, shell agencies determine their entries more restrictively since they provide specific treatments assumed to be suited to particular sorts of problems.

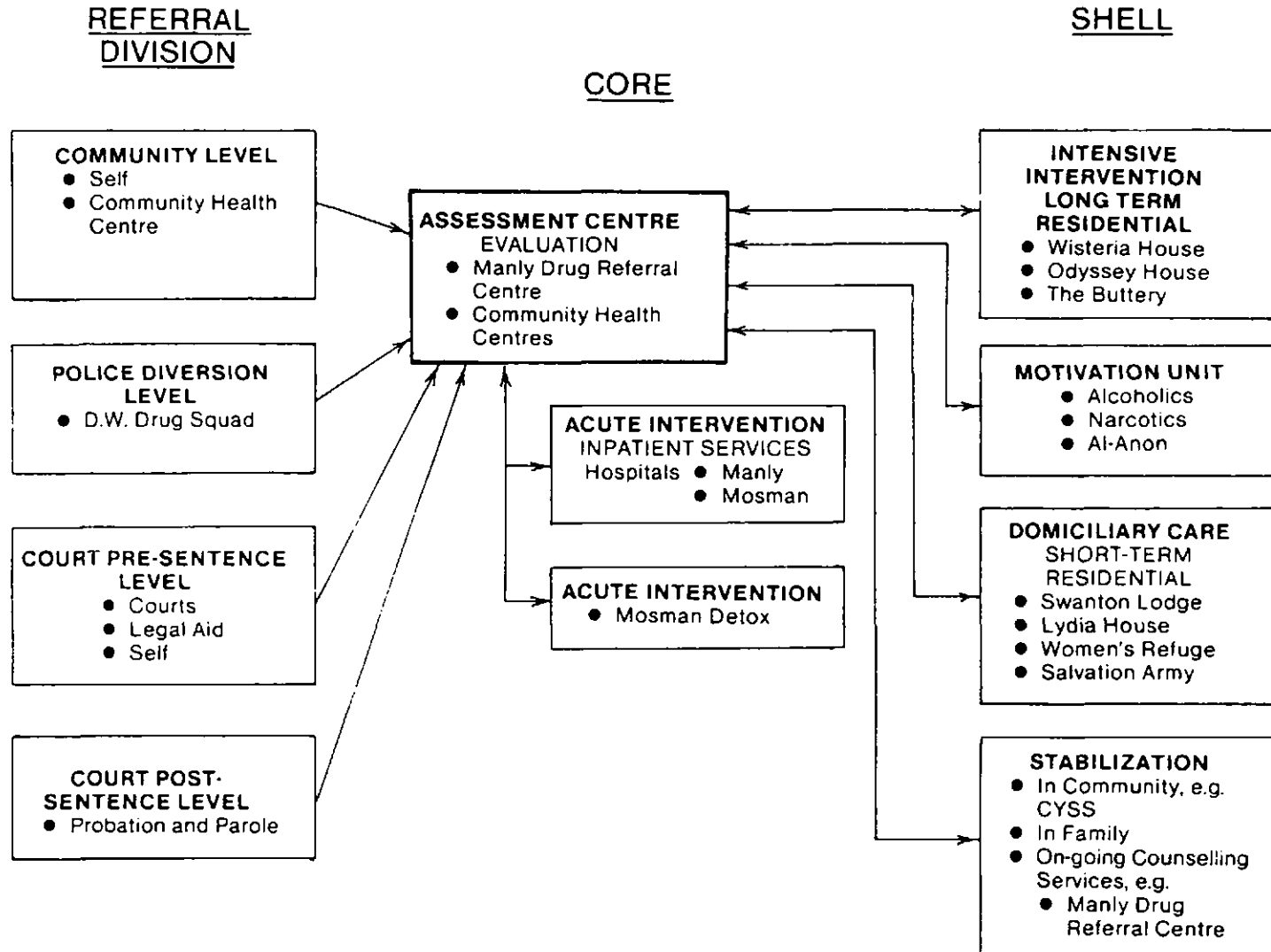
For the purposes of this project, four types of shell service were identified and agencies categorised on the basis of their questionnaire replies. These services were:

1. intensive intervention: Long term residential programs, for example, Odyssey House or the Buttery;
2. motivation programs: For example, AA, NA, and Al-anon;
3. domiciliary care: Shorter term residential, for example, Swanton Lodge, Lydia House, Women's refuge;
4. stabilisation services: Ongoing counselling services such as probation and counsellors at health centres.

Figure 2 demonstrates this ideal application of the core-shell model to the four levels of criminal justice when applied to the agencies in the study. The arrows demonstrate the ideal referral/diversion. Shown are referrals from four levels of the criminal justice agencies in the first instance to assessment with access to detoxification services. Longer term intervention follows if necessary.



Figure 2 — The Application of 'Core-Shell' to Four Levels of Criminal Justice



## The Results

### The community level

The term 'community level' refers to the effort by drug and alcohol agencies towards the community generally rather than criminal justice specifically. It is included because of observations by police interviewed in Manly. They observed a fall off in pleas for their intervention in alcohol related domestic disputes and to 'sort out illicit drug using kids', with the opening of the Manly Drug Referral Centre and other community agencies. Apparently police have had to bear the brunt of welfare work after 5 pm without the role being fully recognised (Family Violence 1979).

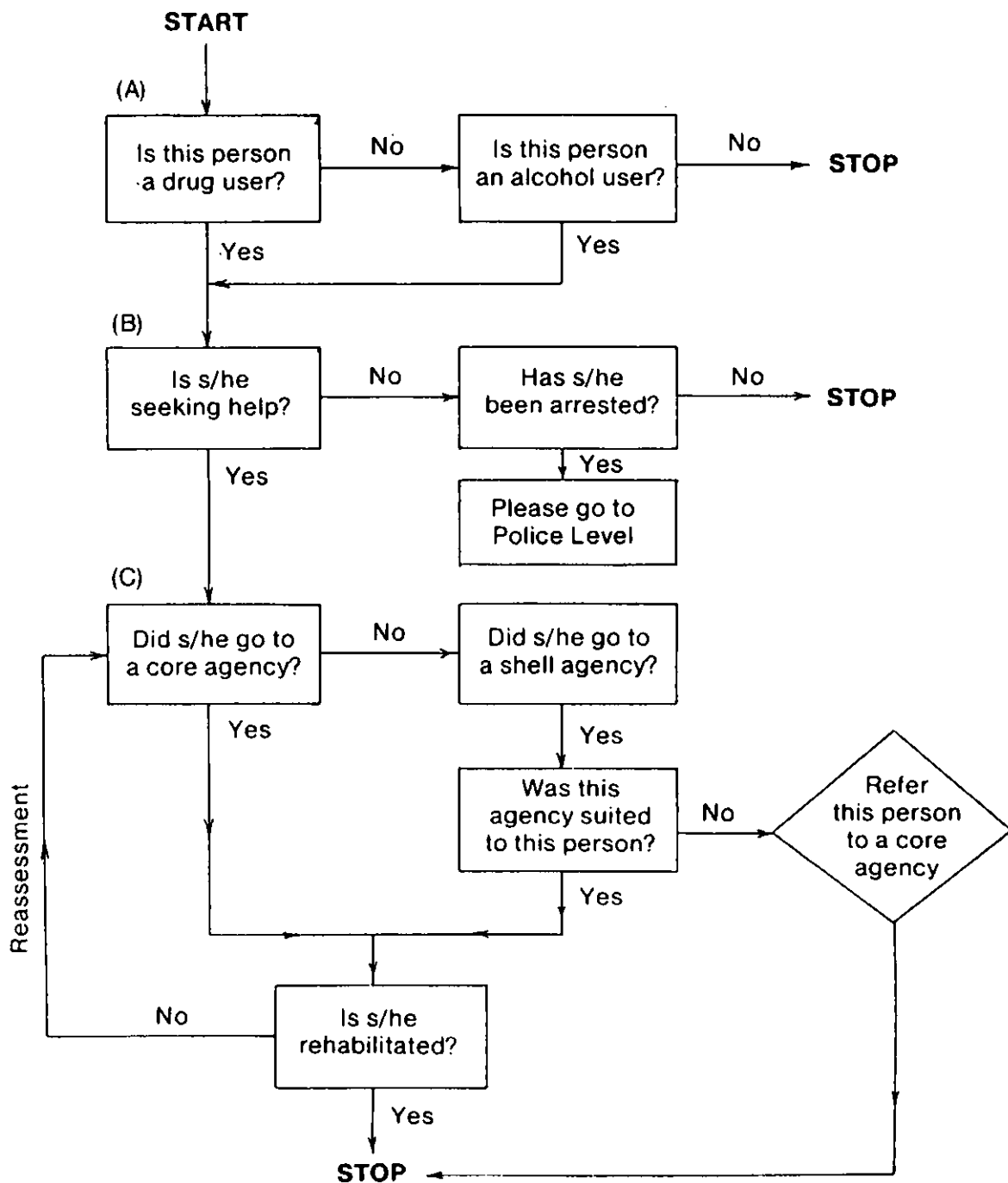
If this observation is in accurate reflection of a change in help seeking behaviour then its significance to the idea of diversion is apparent. It suggest that the greater the access to shop front drug and alcohol services the less likely it is the criminal justice process is used.

The decision tree diagram shows the links between this community level and the first level of criminal justice, which is the police. It identifies the decision points towards which community agencies can direct their efforts when the objective is to reduce the number of unsanctioned users being processed towards the criminal justice system (see Figure 2).

- A. In the survey team's view some people in the community are assigned labels which suggest that their drug or alcohol use is unacceptable to others. This labelling process is complex and a full description of it is outside the scope of this study. However, it involves the wide socio-cultural political system, the family and eventually self labelling. Generally speaking such labelling acts to stigmatise unsanctioned users. The stigmatisation of drug and alcohol users often acts to reduce the acceptability of seeking advice where problems may exist. Community agencies which actively work with families and individuals in the community to reduce stigmatization will arguably help them to more readily seek assistance earlier in their drug using careers, and thus lessen the chance of criminal justice involvement.
- B. It was considered that access to assistance (a core function) is more likely when drug and alcohol agencies have greater visibility in the community they serve. It may be that the greater the number of persons who know where help can be found in which anonymity is assured, the more likely the service will be used.

- C. Influencing the way drug and alcohol unsanctioned users are assigned labels requires a co-operative effort in a community which relies on a loose network of drug and alcohol services rather than one dominant agency. An organisation which brings together these agencies for this purpose is clearly required.

Figure 3 — Decision Tree: The Community Level



### The police level

Police are the gate keepers to the criminal justice system. It is through the police carrying out duties such as arrest, laying charges and prosecution that persons enter the criminal justice system. It was therefore encouraging to us that they listed a range of drug and alcohol agencies to whom they informally referred. They stressed that such referrals were informal in that they were outside the ascribed duties of police. Yet there seemed no clear reason why such informal referrals could not be encouraged locally and by more formal representation to police administrators (see Figure 4).

The decision tree (Figure 5):

- A. This decision point is the point of referral from police to drug and alcohol agencies. Such referral requires, first, that police believe they have permission from superiors to refer, second, that they understand the core-shell model for an appropriate referral and finally that they are willing to make a referral.
- B. The most striking aspect of the police decision tree concerns the difference in processing arrestees in the criminal justice system. This difference is dependent upon the type of drug used. Street drunks go directly to proclaimed places, the Fairlight Centre in this case, but other drug users are processed through to the courts. The origins of this apparent illogicality lies in the history of drug law and policy development. It demonstrates how one group of unsanctioned users, who are mostly young people, are further alienated by a system of legal procedures which process them through a full gamut of judicial administration.

### The pre-sentence level

The pre-sentence level refers to the management of unsanctioned users once at court. The project group found it useful to understand the courtroom as a place of social drama in which the legitimate players were the magistrate, the defending solicitor, the police and the accused. All of these are potential sources of referral, rather than the magistrate alone. However, it became clear to us that referral depended upon more than mere knowledge of drug and alcohol services. The magistrates court was like a market place, a complex place of bargaining and exchange, in which various values, goals, and interests compete with each other. Further, no legitimate role exists for the drug and alcohol worker in this social drama except at the invitation of the main protagonists who then determine their role and function for them.

Feeley (1979) states in support of our observation, 'the persons in court are not organised to pursue a common set of goals. The criminal court is comprised of a collection of often antagonistic agencies whose own behaviour is determined as much by their conflicting interests and views of justice as it is by their shared interests. What appears to be routine decisions are really expressions of a complex process: The balancing of the individual and collective interests in the courthouse work group guided by the constraints and goals of the sponsoring organisations'.

Figure 4 — The Police Referral Chain

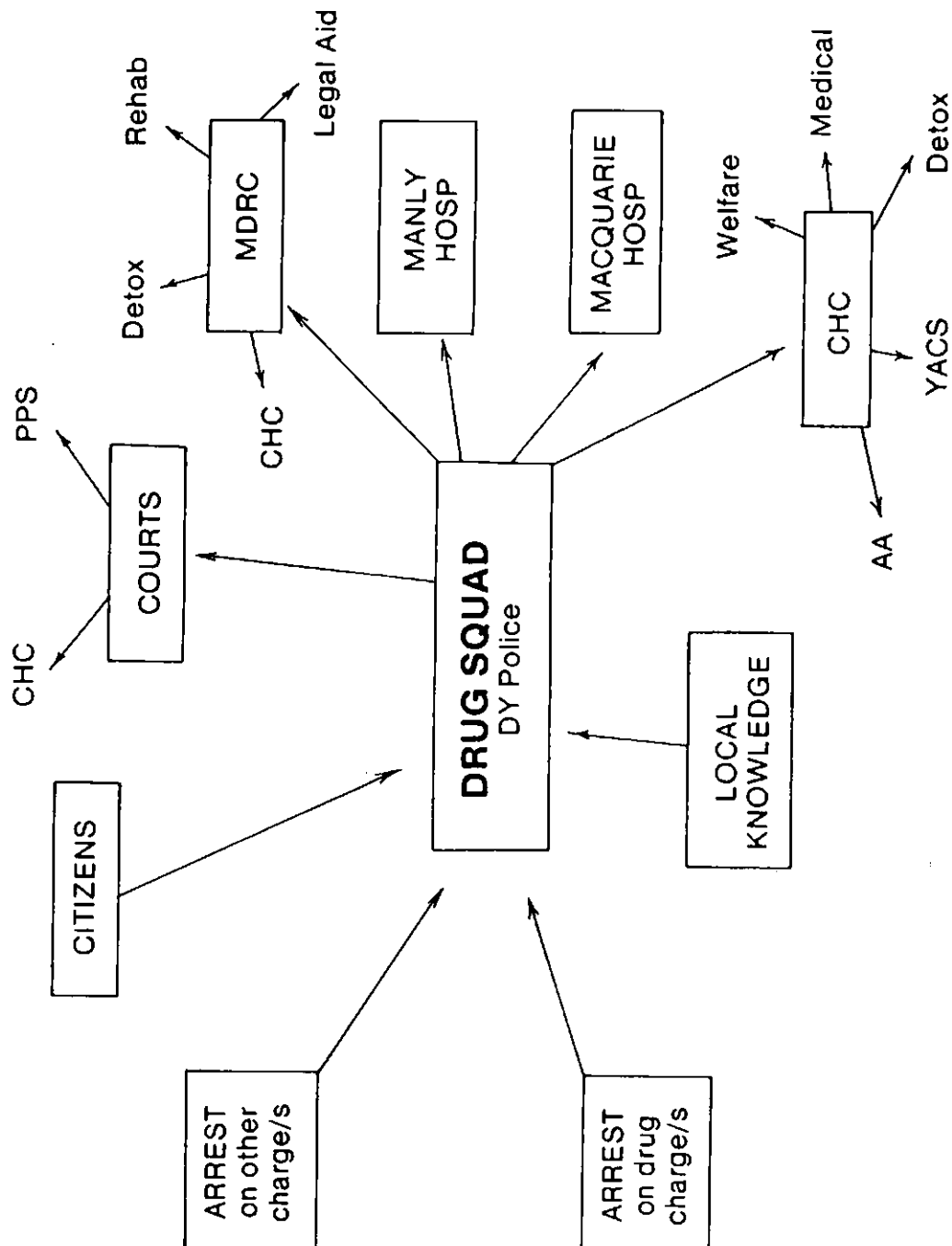
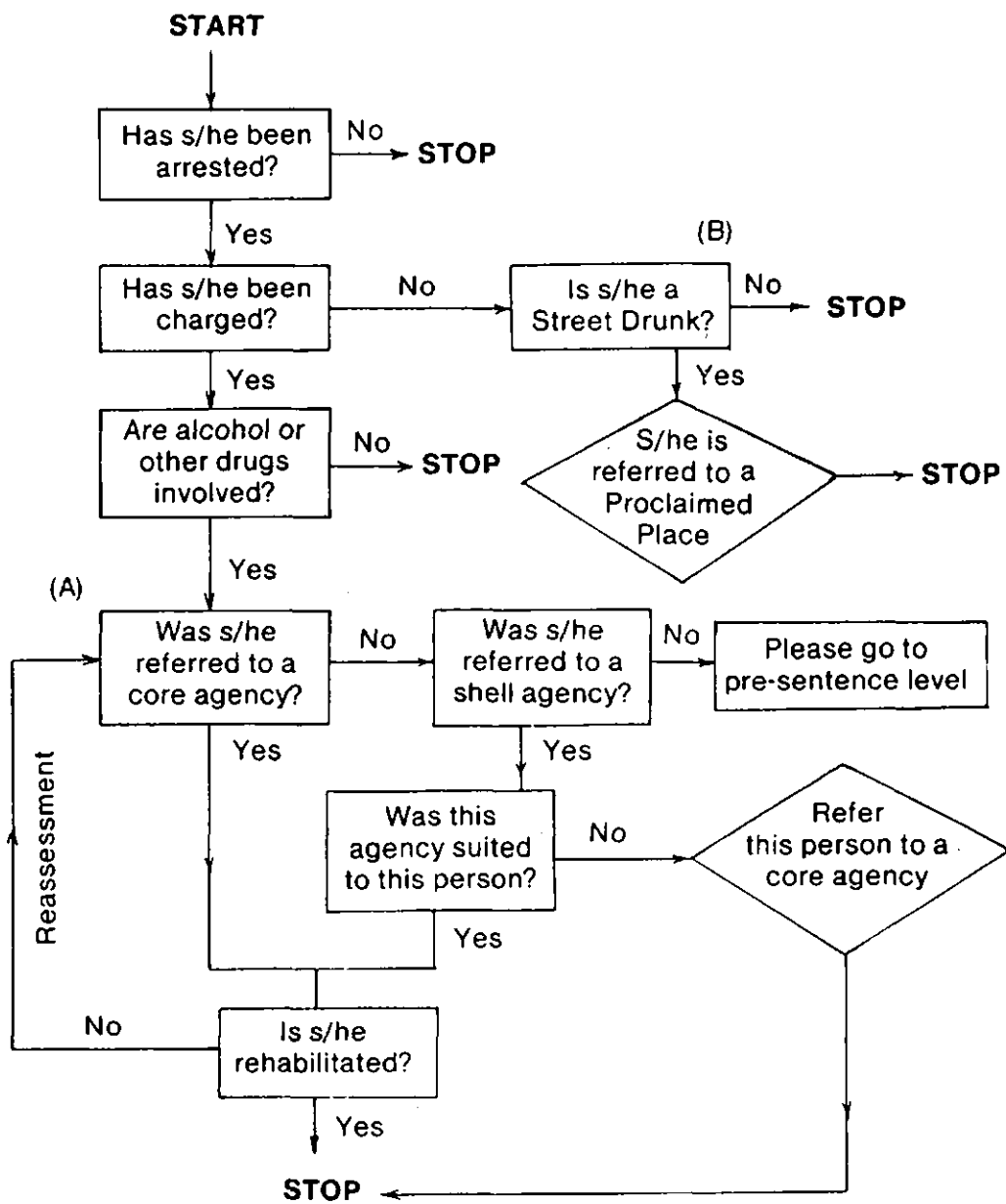


Figure 5 — Decision Tree: The Police Level



In this context it is of value to examine the magistrate and the solicitor referral chain diagrams (Figures 6 and 7). There are differences in the range of services to which they refer. The magistrates' prime concern was for information to assist in sentencing. Thus they made use of the probation service and the community health centre. However, while the probation service recognised that meeting the expectations of the magistrates was a legitimate function of their role the community health centre did not. The public solicitor used a broader range of options dependent to some extent upon which option would appear the more acceptable within the court. We think, but this is not clearly substantiated from questionnaires, that residential therapeutic drug communities are an option recommended in more serious drug offences when protective custody is an issue more to the forefront in determining a sentence. Importantly, the referral chains are seen to be influenced by the goals and interests of the courts. Because the drug and alcohol workers have no legitimate role, the goals and interests which they value do not form a prerequisite for the referral.

The decision trees (Figure 8):

- A. This point lists the main protagonists in the social drama of the court. It has been suggested that different values and interests variously influence their referral style.
- B. Because the magistrate used the probation service (a core agency), assessment and feedback to the court was assessed and the magistrates expectations were met.
- C. and D.

To whom the solicitors refer and from whom the arrestee seeks assistance is dependent upon more than mere knowledge of services. For example, since the community health centre did not seek to include the expectation of the court in the legal referral case a breakdown in service was apparent at least from the questionnaire replies concerning the different expectations of each other.

#### The post-sentence level

The post-sentence level refers to agencies that supervise persons under conditional liberty in the community, following their sentence. Here the Probation and Parole Service takes major responsibility. The referral chain diagram (Figure 9) shows the probation officers acting as links between the courts and core drug and alcohol services. The survey group were encouraged by the use probation officers made of assessment services rather than residential programs, which in this model are options for consideration only after full assessment of the problem.

Figure 6 — Magistrates Referral Chain

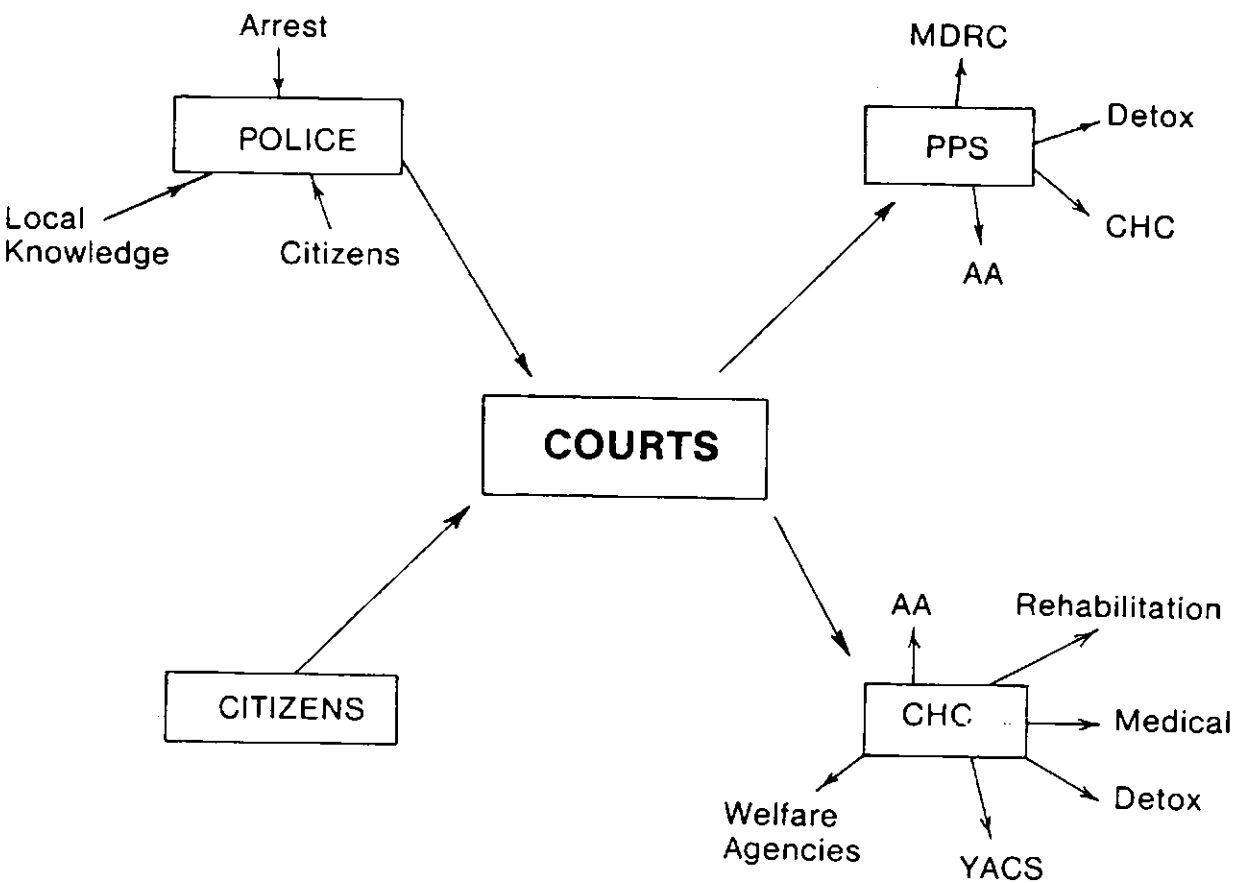




Figure 7 — The Solicitors Referral Chain

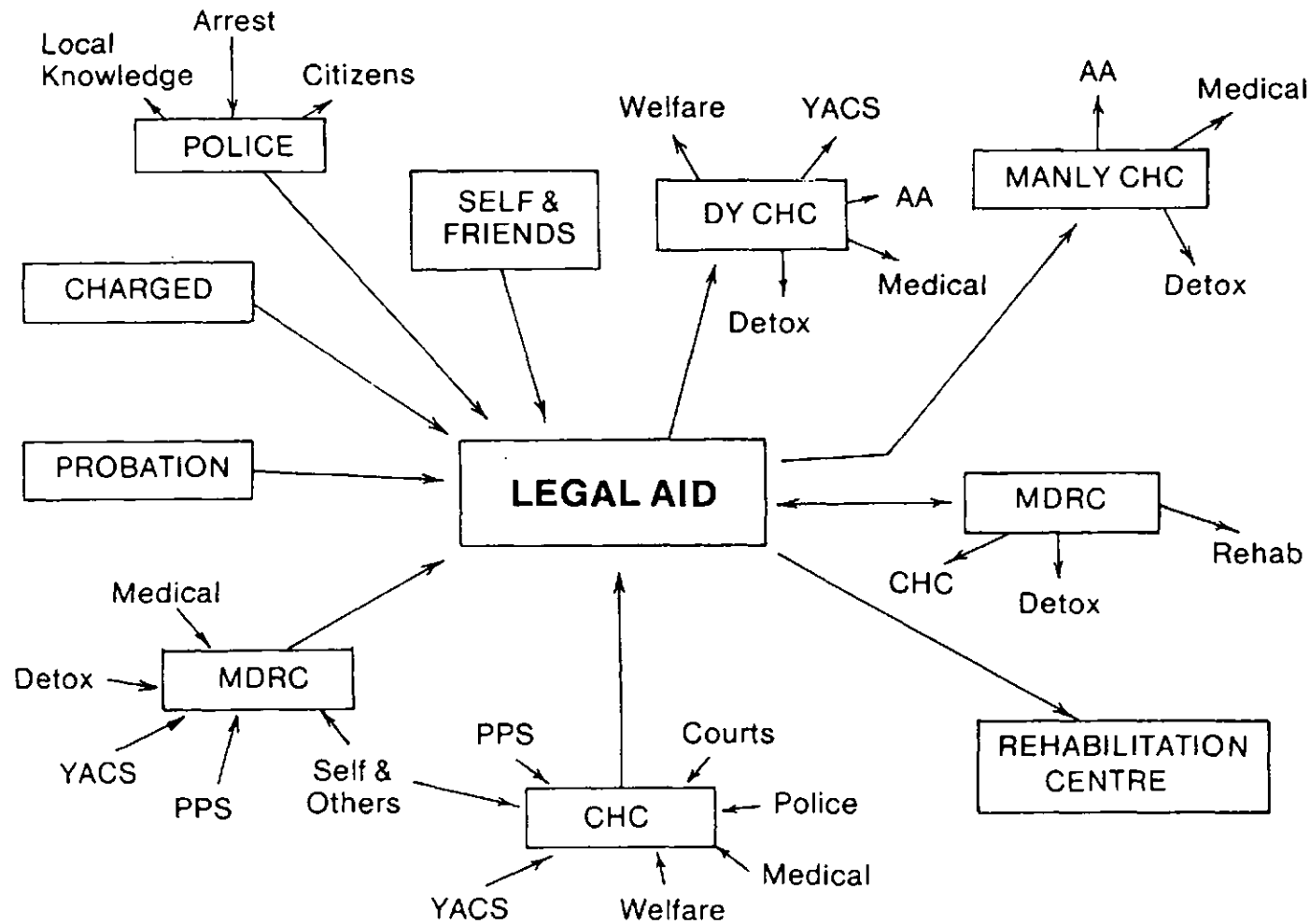


Figure 8 — Decision Tree: The Pre-Sentence Level

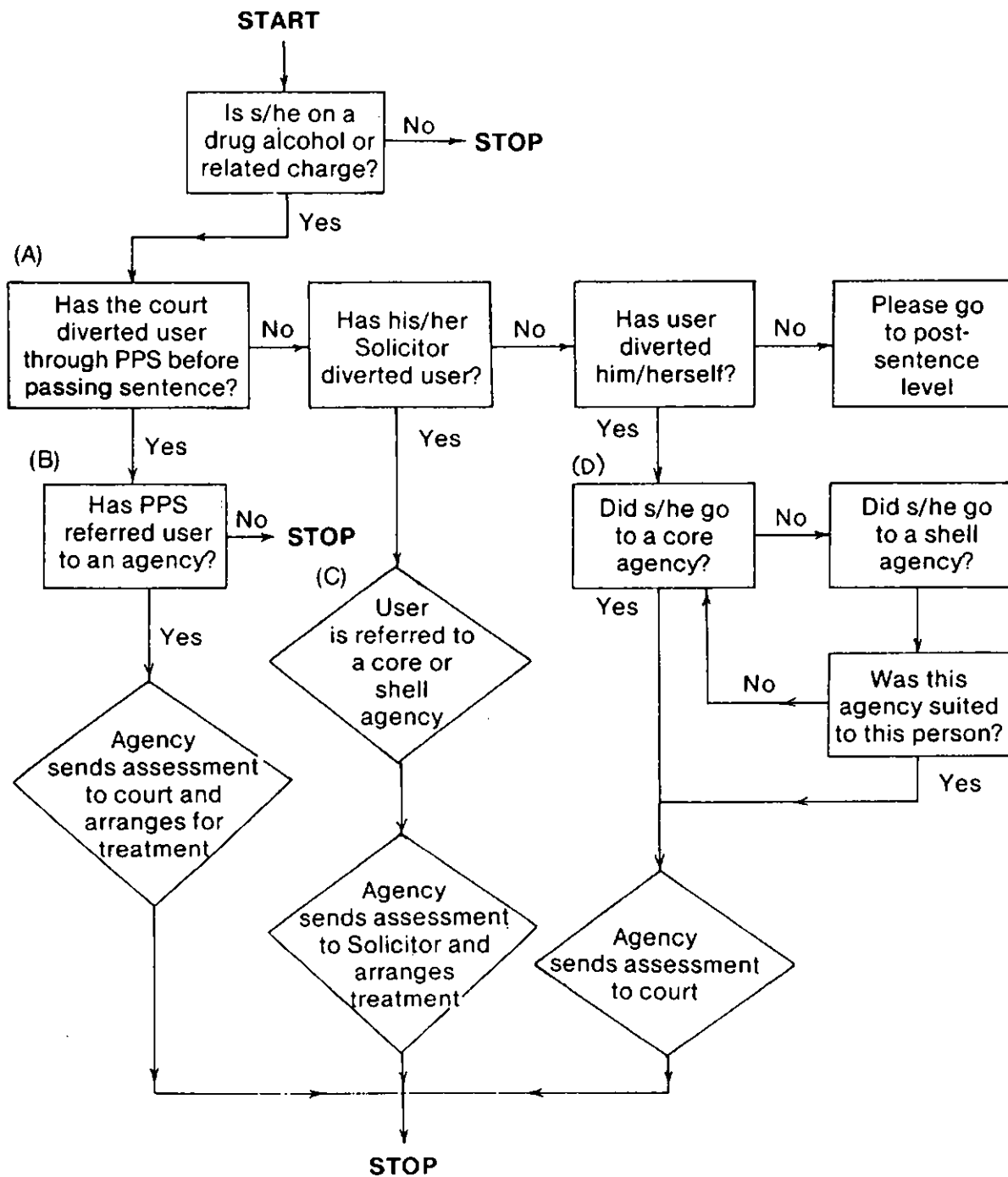
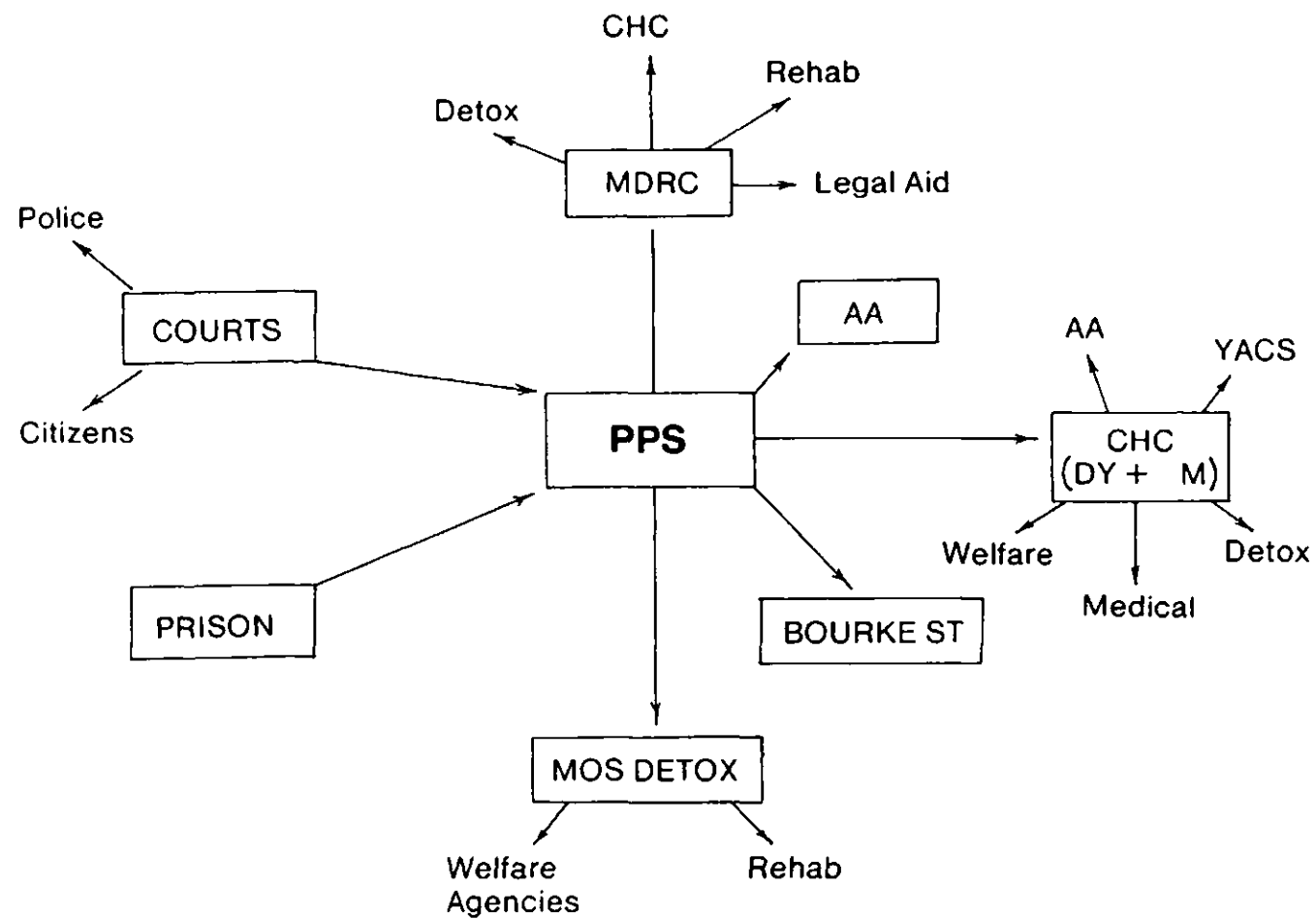


Figure 9 — The Probation Officers Referral Chain



Probation officers commented upon the value of their active participation in the assessment by attending a 'conference' between all parties to make a future management plan.

Probation officers also pointed out that they had a generalist role and were not specialists in drug and alcohol interventions. However, they wanted more training in the field.

The decision tree (Figure 10):

- A. The decision to refer for assessment was dependent upon the probation officers' skill in recognising potential drug and alcohol problems, particularly within families, as well as within individuals.

#### Other health and welfare agencies

The extent to which all those surveyed made referrals within the ideal core-shell model is diagrammed below (Figure 11). The arrows mark the direction of referral, for example, from police direct to Macquarie Hospital for acute drunk cases. Where a referral line has a bar (-) the referral was two way. That is, both agencies recognised they sent persons with drug and alcohol problems between them. For example, refuge staff sent acute drunk cases for detoxification to Mosman Hospital Detoxification Unit while the unit referred 'dried out' persons with no place of abode to the refuge.

The diagram as a whole demonstrates the complexity of natural referral patterns between a group of agencies in a community. However, with a few exceptions, the referral chains do in fact match those of the ideal model previously described: courts and police making referral to assessment centres (CHC and MDRC), acute cases going on to detoxification at Mosman and then for longer term treatment at a residential unit, in this case Campbell House.

Having examined the structure of the diversion/referral system, the next step is to examine the expectations workers in these agencies have about their referrals. It is assumed the workers' expectations will determine to a large extent the congruence or otherwise of the criminal justice to health care referral success.

#### The workers' expectations

Thus far four levels of referral have been described. It has been suggested that the decision to refer does in part depend upon the goals and values of the various professional groups within the drug and alcohol agencies and the personnel in the criminal

Figure 10 — Decision Tree: The Post-Sentence Level

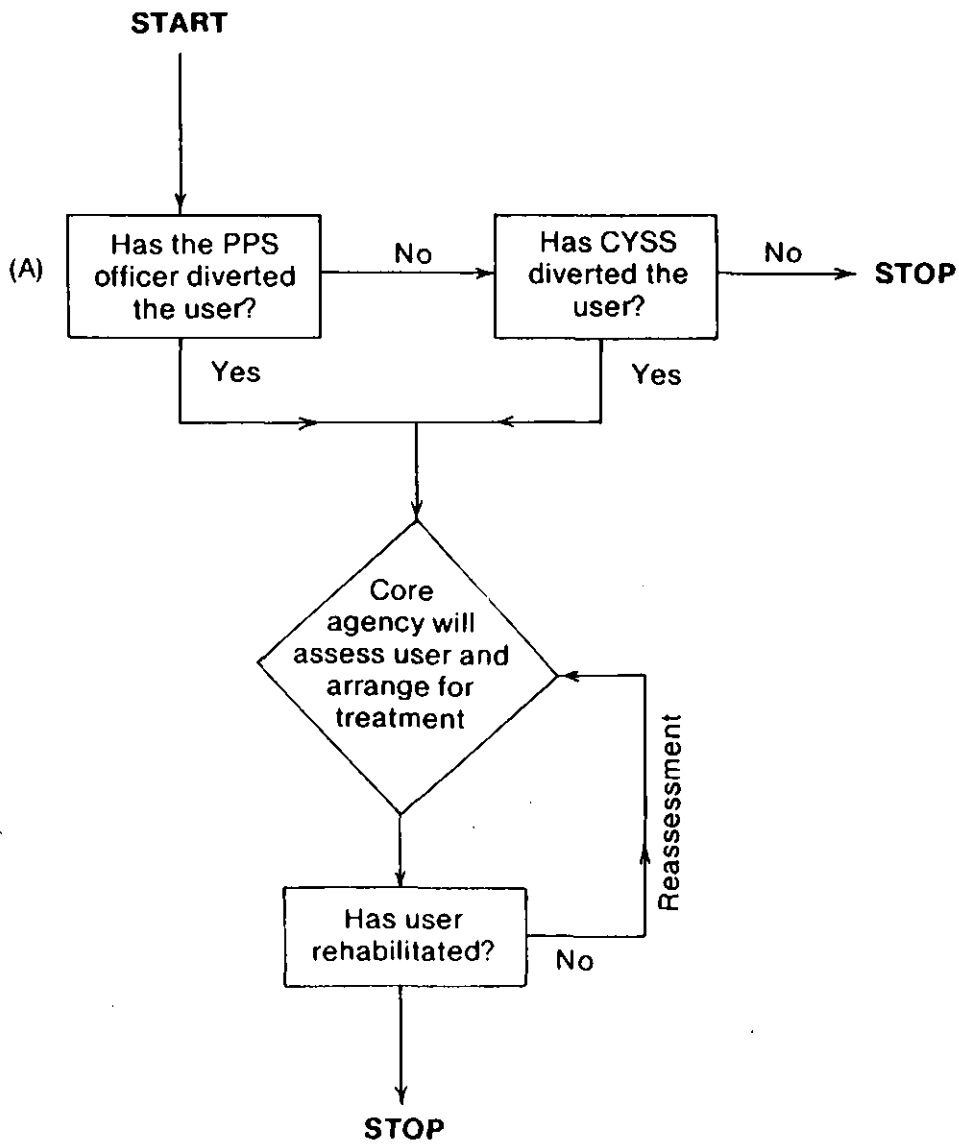


Figure 11 — Sociometric Diagram of the Referral Chains for 'Legal' Referrals in the Northern Beach Suburbs, Sydney, N.S.W.

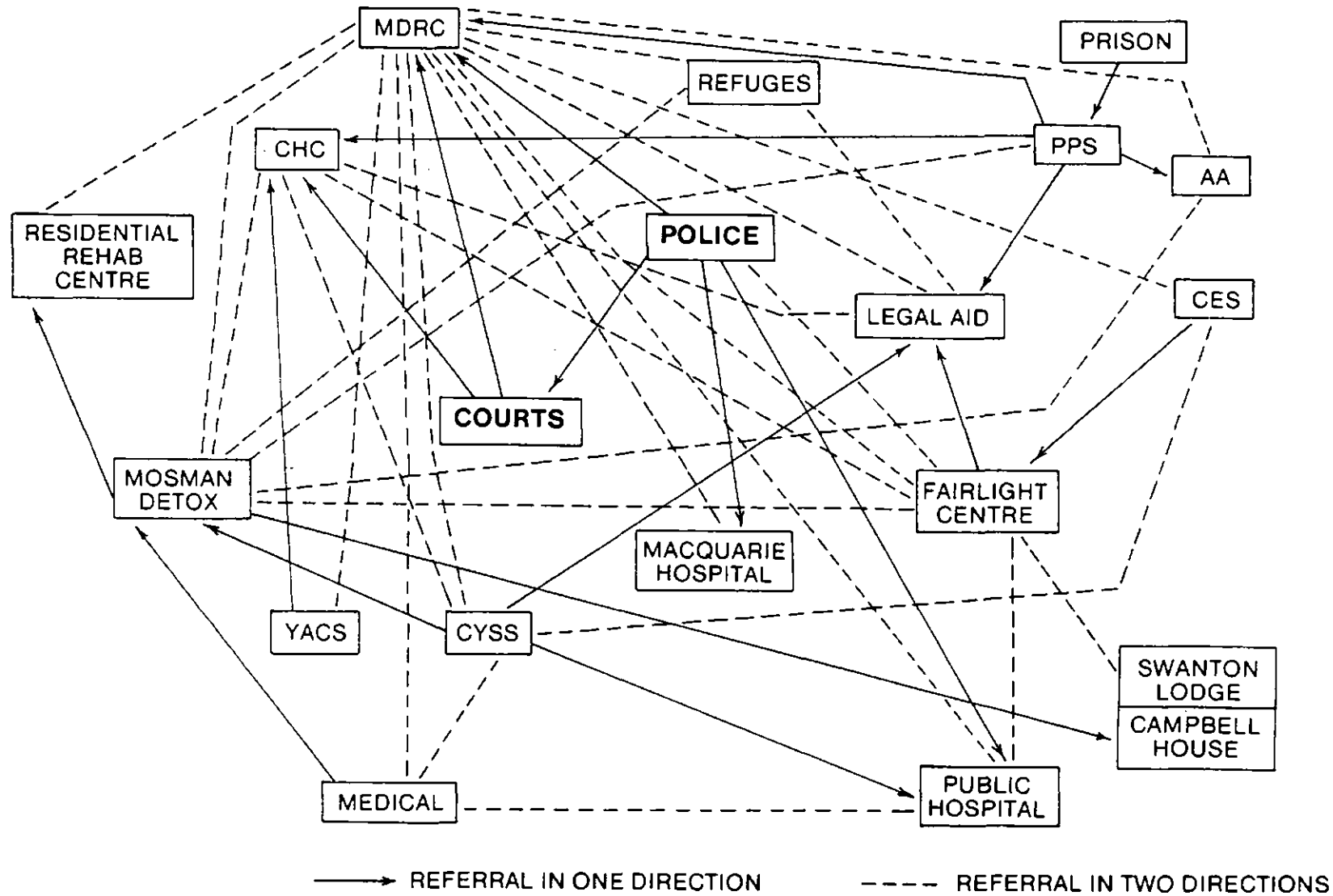


Table 3 — Worker Perception of Diversion Objectives

MANLY DACAP OBJECTIVES											
	Research	Educate	Improve Health	Offer Treatment Legal	Assist Court	Cure/ Rehabilitation	Alt've to Imprisonment	Deterrent	Reduce Cost to CJS	Decrim-inalise	
Court				2nd		1st	3rd		2nd		Court Agency
Police					3rd	1st	2nd				
Solicitor					1st	2nd	3rd				
PPS		2nd	3rd	1st		2nd	1st				
CYSS			1st			2nd	3rd				
CHC (DY)			1st	3rd					2nd		
CHC (Manly)			2nd	3rd		1st					
Fairlight Centre			3rd	2nd					1st		
Manly DRC			1st			2nd					
Mosman Detox			1st	3rd		2nd					

justice and that its minimisation is an important and legitimate goal for diversion.

To determine the perceived objectives of the key criminal justice and drug and alcohol personnel about diversion of unsanctioned users, respondents were asked to rank a list of objectives. These objectives have already been used in other studies and found to be valuable in assessing the extent to which there is commonality of purpose between health and criminal justice systems (Williams 1981). Table 3 lists the top three objectives chosen from a list by the criminal justice personnel and the drug and alcohol personnel. The objectives listed fall into common drug and alcohol objectives and criminal justice objectives. They are placed on either side of a neutral objective, which is to assist the court. It is clear from the table that criminal justice personnel and drug and alcohol personnel perceived different objectives for the diversion of unsanctioned users. Each agency sees the purpose of diversion only within the value set of their own organisation rather than a diversity of values which cross criminal justice and health care. With the exception of the solicitor, none of the agencies considered the objective was to assist the court. It could be argued, therefore, that simple improvement in the referral chains may well frustrate the value of referral itself because the criminal justice and the drug and alcohol personnel perceived the objective in different ways. It is as if the referral between the two groups leads to a relabelling of the same problem (for the referred individual) and thus may actually encourage further stigmatisation. Thus we see as vital the accepting by criminal justice and drug and alcohol agencies of at least some common objectives and it is suggested this should be possible without giving up the old and valued goals of each institution.

#### Conclusions and recommendations for community action

The collective has achieved three things. First, it has drawn up maps of the referral chains that occur between criminal justice and drug and alcohol services. It has been shown that in general the concepts outlined in the ideal core-shell model do appear in the actual way workers said they made referrals. Formalising the referral system and clearly stating the role and function of each organisation could advance what has been achieved so far.

Second, at four levels of criminal justice the decision points have been identified and some of the values, goals and interests which may determine the reason for and access to referral have been identified. It has been suggested that an appreciation of these various conflicting motives for referral is essential before intervention can be planned to improve the flow and the access to helping services. It is argued that improving access can reduce the risks inherent in unsanctioned use and that the welfare role of police and courts should be given greater credibility by their respective organisations.



Third, some of the dangers in diversion of unsanctioned users have been suggested. It seems that where some common objectives do not exist, service delivery is bound to suffer, and the chance of further redefining, and stigmatisation, through labelling of problems by drug and alcohol workers might act to assign 'criminal failures' as 'treatment failures'. Achieving some common objectives will assist to overcome such problems.

The survey group therefore made the following recommendations and actively lobbied for change among the various criminal justice and health and welfare organisations. In 1983 the New South Wales Police Department agreed to set up a project in Manly for the direct referral of drug users in legal trouble to an assessment centre provided that, (1) the person desired the referral, and (2) both the criminal record and the health record remain confidential to each respective agency.

#### Recommendations

##### Strategies for action at the community level

1. To encourage a broader view of drug and alcohol, through community education, in order to reduce the stigmatisation of individuals;
2. To provide greater visibility of drug and alcohol services;
3. To set up or re-organise existing structures to co-ordinate effort between drug and alcohol agencies, by assigning clear roles and functions to the agencies along core-shell model guidelines;
4. To use a model of community participation in problem solving.

##### Strategies for action at the police level

5. To (a) increase liaison with local police with the aim of encouraging more informal referrals, and (b) to approach police administrators to encourage recognition of the welfare role inherent in all community police work;
6. To provide educational input to police training specifically on referral and the use of the core-shell model;
7. To improve police links by incorporating them in interagency organisations.

Strategies for action at the pre-sentence level

8. As a first step the expectations of the court room about drug and alcohol agencies require concise categorisation. This should lead to discussion about availability and desirability of service provision.
9. Given that the drug and alcohol worker has no legitimate role in the court room, establishing the worker's role should be a priority. It is suggested that a minimal objective would be to ensure all likely unsanctioned users leaving the court premises have a knowledge of where and what type of assistance is available. Such an objective could be well established by community volunteers with minimal training by the survey collective.

Strategies for action at the post-sentence level

10. To develop local training for probation and parole staff in initial drug and alcohol assessment work;
11. To formalise the process of assessment to include a round table conference at which all parties formulate a management plan that is achievable and desired by the unsanctioned users;
12. Experience in Drug and Alcohol Court Assessment Programme (DACAP) has shown that incorporating some common diversion objectives reduces misunderstandings between professional groups and improves services. This can be achieved without each party giving up old objectives, but rather, incorporating new ones.

NOTES

1. A project sponsored by the New South Wales Drug and Alcohol Authority and the Association of Drug Referral Centres Ltd.
2. Formerly senior projects officer with the New South Wales Drug and Alcohol Authority and now lecturer, School of Humanities and Social Sciences at Riverina College of Advanced Education.
3. The term 'unsanctioned user' was recommended in the 1981 World Health Organisation's memorandum to take the place of the term 'abuser'. It is a more appropriate recognition of the fact that it is the legal code and not the health status of the user which is the determinant of the term 'drug offender'.

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## ALCOHOL AND DRUG EDUCATION:

## A CORRECTIONAL PERSPECTIVE IN SOUTH AUSTRALIA

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Authorities estimate that between 50 and 70 per cent of offenders in prison or otherwise dealt with by correctional departments in Australia have alcohol and drug related problems sufficiently serious to impair their social functioning. There are approximately 800 prisoners held in custody and 3000 probationers and parolees being supervised in South Australia: between 1400 and 2700 could therefore be regarded as prospective clients for drug and alcohol education or treatment programs of some kind. Past efforts in South Australia to provide services for this client group have met with a number of difficulties.

Prior to 1977, very little was done to deal with such alcohol and drug problems in an organised way and then mainly from a treatment perspective. Although concerned probation officers or prison staff had met with some success in setting up counselling groups, these usually ended when the individual officer was transferred or retired, as such initiatives were not recognised by the Department and incorporated in its ongoing programs, and were not therefore given a high priority.

In 1977, the Department adopted a new approach towards the management of prisoners in its institutions, particularly in relation to health, welfare, recreation and education programs. Up until that time the main method of intervention had been the medical model which assumes that criminality is based on an individual's sickness or badness. This model was changed to a sociological one which assumes that criminality lies in the social environment of individuals and that intervention should be based on encouraging individuals to understand their environment and enable them to fit back more successfully in that environment (Scandrett-Smith 1977). The goal of this model of intervention is to increase the individual's identification with non-criminal norms and to reject the previously adopted criminal norms and behaviours.

This approach laid the foundation for a system of human services management which saw as the primary task not the traditional notion of service delivery or "treatment" by bringing services to its clients, but rather the creation of an environment

responsive to and supportive of people as they use their own potential. It is aimed at encouraging them to actively seek out and avail themselves of the potential actual human service opportunities and resources available. Finally, it sought to foster a climate within the organisation which motivated professionals, staff and outsiders to support this responsive and supportive environment for the Department's clients either in the institutions or in its community correctional programs.

This approach was initially used in the institutions to revamp its education, medical, psychological and psychiatric services and enable effective management of the range of services technologies available, such as:

- (a) the medical/clinical approach;
- (b) the group counselling/guidance approach;
- (c) the psychological/self awareness approach;
- (d) the social casework approach;
- (e) the adult education approach;
- (f) the vocational training approach;

and other modes, such as problem solving, crisis intervention, etc.

The emphasis was on the use of a strategy encompassing a range of approaches. Their effective use is dependent on an accurate assessment of an offender's needs and interests, the development of appropriate programs and a constant monitoring of their implementation. In that year also, an approach was received by the Department from the Alcohol and Drug Addicts Treatment Board, the major statutory drug and alcohol addiction treatment organisation in South Australia, to assist in developing treatment and education programs in the prisons.

This resulted in group counselling services for persons with alcohol problems being set up at Adelaide Gaol, the State's main remand centre and short term medium security prison. Normally this institution holds 207 inmates. This service was conducted by a number of different people, mainly probation officers and staff members from the Alcohol and Drug Addicts Treatment Board who had shown interest in such groups and who undertook the work in addition to their other duties.

Experience gained with this group resulted in an assessment practice being developed to screen people for alcoholism on admission to the gaol. This screening was done by the resident medical officer, the social worker and the psychologist at the gaol, with inmates likely to have an alcohol problem being referred to a staff member from the Treatment Board visiting specifically to carry out a more detailed assessment. Where appropriate, the person was then referred for further help to

either a treatment program within correctional services or to a treatment facility outside correctional services on release. At that time the only treatment available within the prisons, however, were the counselling groups and some limited individual treatment by medical staff in each of the institutions. Due to the remand situation and the rapid turnover of short term prisoners this group was conducted as an open group with members entering and leaving at different times.

Persons admitted to Adelaide Gaol who had been taking large quantities of narcotics to sustain their addiction, or who were on methadone therapy from the drug dependency unit were given a special course of treatment by the medical officer at the Gaol to reduce their withdrawal symptoms to a minimum and to achieve a drying out of the addict. Severe cases of addiction were usually transferred to the Northfield Security Hospital, situated adjacent to the Yatala Labour Prison. That prison is the State's main maximum security prison and is used mainly for sentenced long term prisoners. It currently has a population of 250.

Within Yatala Labour Prison, an alcohol counselling group was also developed. The group was a closed group of up to ten prisoners referred by the medical officer, the resident probation officer or psychologist. It was structured around eight or ten sessions covering most aspects of alcoholism. Like the Adelaide Gaol group it was run by a number of interested probation officers, psychologists and other professional staff, again in addition to their normal duties.

Many prisoners passing through Adelaide Gaol and requiring help were drink/driving offenders, who were usually transferred to Cadell Training Centre. This is a minimum security prison farm about 180 kilometres from Adelaide, on the banks of the River Murray. A counselling group was established there in 1978, run by the resident probation officer there.

No other programs were developed in the other country institutions, nor in the Women's Rehabilitation Centre, the State's only women's prison which has a daily average population of 16. From 1978 onwards, a staff member of the Alcohol and Drug Addicts Treatment Board was placed in the institutions on a full time basis to co-ordinate the counselling groups and provide an assessment and referral service. The staff member dealt mainly with alcohol problems. More recently, offenders with drug problems have been referred to counsellors of the Family Living Community.

Family Living, a therapeutic community run by the Alcohol and Drug Addicts Treatment Board was opened in September 1980 in the former St Anthony's Hospital in Joslin, an inner Adelaide suburb. It runs a program which provides detoxification and assessment services, helps the individual to acquire a habit of regular

activity and encourages its residents to re-establish contact with the family and with the community at large. It offers a long term, live in, drug free environment, designed to assist hard drug abusers to realise and cope with the fact that there is an underlying cause responsible for drug abuse and that addiction is only a symptom of that cause. Prisoners with hard drug addiction problems are encouraged to seek admission to Family Living on discharge from prison.

For people not suitable for inclusion in the counselling groups, limited individual treatment was arranged through the medical officers in the institutions.

Some very valuable lessons were learned in the years the groups were running. It was found that experienced people called in from outside had more influence in changing the attitudes and behaviours of prisoners than had institutional staff. In addition, it was found better to have as few people as possible involved in the running of the program, but who were able to offer contact after release, rather than have too many people floating in and out of the institutions. Public relations work with prison officers was also seen as being a crucial element in having such programs accepted by custodial staff.

Despite the best intentions to make these groups succeed and the hard work done by committed individuals, both the Adelaide Gaol and the Yatala programs suffered recurring problems and a lack of continuity. The reasons were complex, but a major contributing factor appears to have been the low priority given to these programs by the Department and the fact that they were not built into the policy and planning and authority delegation of the Department. Another reason, in the earlier stages, was a resistance to their introduction by prison officers, who saw their involvement in escorting prisoners to and from these activities as not being related to the running of a prison. After being encouraged to become involved in the sessions, they became more supportive, even to the extent of requesting future programs. Ironically, at precisely that time, the programs suffered a cutback, again due to staff shortages.

Thus the programs were very much dependent on the commitment, skill and enthusiasm of the staff involved at the time, most of whom had other demanding commitments as well. When, therefore, the organisations involved experienced periods of staffing constraints, rapid staff turnover and other problems, those programs were the first casualties. The result has been that they have had an erratic career over the past five years, with periodic collapses and revivals depending on a committed individual taking the reins in hand again.



Currently the drug program at Yatala is operating on a regular basis, run by a counsellor from Family Living, however, the alcohol program has gone into recess again. No regular program exists at Adelaide Gaol. The implications of such stop-start arrangements are obvious.

An exception has been the situation at Cadell. Here, the resident probation officer has run an alcohol program consistently since 1978, with between ten and twenty-five participants in each group. She estimates that 85 per cent of inmates passing through Cadell have crime related alcohol and drug problems. In the smaller country institutions, the Alcohol and Drug Addicts Treatment Board gives some support by providing individual counselling.

Within the community corrections area, no alcohol and drug programs have so far been organised although individual probation officers, working from the Department's network of district offices statewide, have referred clients to the facilities offered by the Alcohol and Drug Addicts Treatment Board, public hospitals, the mental health services and some voluntary agencies. Most of these, however, are psychosocial treatment oriented, rather than adult education oriented, with program staff comprising mainly medical, social work and counselling personnel, rather than adult educators.

In spite of the difficulties experienced in the prisons, developments took place within the Department which laid the foundations for more effective program development and implementation. The restructuring of the Department and the adoption of new leadership styles encouraged management to use the organisation as a strategy for optimising resources to meet client needs. Thus the process of identifying needs, setting objectives, developing resources to meet those needs, formulating response strategies, developing programs and anchoring responsibility for their implementation to specific individuals were formalised as sound practice.

Adult education was accepted as a major rehabilitative strategy. To ensure that this strategy was developed to its fullest potential and prevent duplication of effort, the Technical and Further Education Department was given the responsibility of supplying a broad range of adult educational services to the prisons through its network of community colleges statewide (Tasker Report 1978).

In fact the School of Prisoner Education was created as a unit within the Open College of Technical and Further Education with its own Principal and educational staff who, although located in the prisons, are responsible to TAFE for providing education programs for prisoners. In 1981, another event occurred which gave further impetus to this educational approach.

Amendments to the Offenders Probation Act enacted in that year introduced a new sentencing option for adult offenders in South Australia. Under the provisions of this Act, an offender, on being found guilty by the court and with his or her consent, can be required to undertake community service in lieu of imprisonment or a fine. Under the terms of a community service order such an offender will be required to work on community projects in his or her leisure time for a number of hours per week and without pay. An objective of this penalty is to offer reparation to the community for harm done through the offence. Community service as a sentencing option has progressively been introduced in all Australian States over the past decade and is now firmly established as a way of dealing with offenders who do not pose a security risk to the community.

What set the South Australian scheme apart from those implemented interstate, and as far as we can gather overseas, is that the offender, in addition to performing community work, is required under the Act 'to attend at a community service centre or other place for two hours a week and to undertake and participate in courses of instruction as arranged by the Department'.

The Act does not define what these educational activities should comprise but leaves this to the discretion of the Department.

The principle of introducing education as part of a correctional program therefore is also one of reparation, but this time to the offender. As suggested by the United Kingdom John Howard Society pamphlet 'Making Amends: Criminals, Victims and Society' it is combined with the idea of rehabilitating those who have drifted into crime, partly as a result of their disadvantaged start in life, but without demeaning lawbreakers by the implication that they are not responsible for their actions. Instead of being told in effect, 'Poor chap, you couldn't help it, we will give you some treatment which will make you better', there would be an agreement between society and the offender, each side recognising their own shortcomings and taking responsibility for overcoming these in a positive way.

Thus, while society demands that as far as possible individuals should take responsibility for their own actions, it also accepts that society may have failed individuals by not adequately providing them with the necessary tools for survival in mainstream society. When we look at the kind of person that is over-represented in our correctional system it becomes clear that society, through its social and educational systems, has failed to provide adequate compensation for this group, thereby effectively denying access to opportunities. Our educational system in particular, with its focus on teaching rather than on learning, has failed to come to grips with what Dr Howard Hgman, of the University of Colorado, calls the 'dichotomy of the disadvantaged', that is, the value systems so often adhered to

by people who find themselves in the correctional system:

1. They do not keep appointments;
2. Our language is abstract and future oriented, theirs present and literal;
3. Our language is verbs, theirs is nouns;
4. We talk in probability, their language is in terms of promise.
5. We are opportunists, they have loyalty and soul;
6. Our language is manipulative, their is fatalistic;
7. Our language is secondary group reference, their is primary group reference;
8. We are competitive and winners, they are not and therefore losers;
9. Our language is instrumental, their is effective, ugly and putty;
10. We engage in unanimity, they engage in splinter roles.

The penalty for adhering to such a different value system is that most people passing through the correctional system are blocked from opportunities taken for granted by mainstream society. It is not surprising, therefore, that the average offender is male, between 18 and 30 years of age, either an unskilled or semiskilled blue collar worker and likely to be unemployed. If imprisoned, his offence is likely to be on the more serious side of the scale of offences against the person or property. If placed on a community correctional program, he is likely to be a first or minor offender, convicted for offences against property and public order.

Women offenders are almost always unskilled, invariably unemployed or relegated to 'home duties' and mainly convicted of economic crimes - larceny, fraud, Social Security Act offences and contravention of the Consumers Trading Act.

Our primary and secondary educational system, based mainly on pedagogic assumptions, does not cater adequately for these differences in values and resultant outcomes, often, I suspect because they are simply not recognised by educationalists dealing with children and teenagers. Is it any wonder then, that the disadvantaged have a lower regard for education as experienced in primary and high schools?

Adult education, with its different assumptions, may well be the most effective way of offering compensation education to offenders who never had a chance at school, or who did not see their childhood educational experience as relevant to their needs or assumptions about life. By exposing offenders to adult education experiences in the area of social, vocational or leisure time skill training and by giving them moral support while they learn to use these skills, we give them a tool for self development, the value of which they previously may not have recognised. They in turn make amends to society by accepting exposure to adult education and by putting to good use what they have learned.

There is no reason why such approval would not be successful in the area of drug and alcohol education. In making this statement, however, its limitations must be recognised. Adult education, in the area of drug and alcohol problems, is probably most effective as a prelude to a treatment program. As such, it has the potential for becoming a preventative measure, by creating increasing awareness of the effects of alcohol or drug abuse on the personal and social life, thereby pushing back the threshold at which medical or psychosocial treatment may be required. This approach is already used in some high schools as part of their transitional education or social studies programs, and by organisations like the South Australian Alcohol and Drug Addicts Treatment Board through its community educational services. In a correctional setting, this is being done in Western Australia where the probation and parole service runs short alcohol education programs for offenders under supervision. These awareness courses need not necessarily be for people deemed to have a 'problem' by others, but can be equally effectively used to expand an individual's knowledge of such a topic, even if that person is an abstainer. They also have potential, however, for enabling people to recognise a developing problem within themselves, and fostering motivation to seek further help. It is this approach that the Department of Correctional Services seeks to introduce in South Australia initially for its community service offenders, as required under the Act, but later on for all probationers and parolees under its supervision as well.

The matter of consent, on which education depends, must be considered. Can consent be freely given where there is great disparity in power and dominance? By its very nature, consent already features significantly in the criminal justice system. The offender must consent to a community service order or a supervised probation order being given.

The Department recognises that a basic premise of adult education is its consensual nature. The intentions of the Act therefore have to be interpreted in the light of practical considerations. The Department's view of the legislation is that, while an offender will be required to undertake an educational activity,

the nature of such an activity is subject to agreement between the offender, the Department and the organisation providing such activity.

A direct outcome of these policy initiatives has been that the necessary steps are now being taken to appoint TAFE lecturers as educational resource points for probation and parole officers by nominating the TAFE college nearest to a district office for that purpose. As part of that approach and concentrating more on the specialised needs of offenders with regard to drug and alcohol education, close liaison has developed between the Department and the Alcohol and Drug Addicts Treatment Board through the setting up of a planning and development committee for that purpose.

Because of administrative and resource problems currently experienced in the prisons, it is not feasible to strengthen alcohol and drug education programs there in the short term. A decision was therefore made to develop the drug and alcohol education program in the Probation and Parole Branch of the Department as a matter of first priority.

In developing educational courses for adult offenders on community correctional programs, the Department is of the opinion that such courses should have some relevance to offenders' needs, as perceived by them or by others. Generally, therefore, these should be aimed at facilitating the correction of anti-social behaviour, at increasing general social competence and at improving employment prospects.

As this group is also the least likely to be found attending TAFE or other adult educational activities, encouragement to bring offenders back into the mainstream of education is also an objective.

A number of groups can be identified within the offender population for whom relevant educational activities may have to be developed:

- (a) those who could benefit by being exposed to a range of brief educational experiences, as a way of helping them to identify educational needs;
- (b) those with no specific educational deficiencies, but who could benefit from a short social or vocational skill development course;
- (c) those whose offences identify them as being candidates for an educational experience aimed at the correction of a specific antisocial behaviour, for example alcohol abuse, dangerous driving or gun law violations;

- (d) those who are identified as having specific social or educational deficiencies, not necessarily offence related, who could be assisted by referral to certain specialist courses, for example, illiteracy.

The Department envisages that educational courses will be developed at two levels. At a very basic level, it needs to develop a social survival skill course consisting of a number of two or three hour segments, each dealing with a specific topic such as personal budgeting, employment seeking, car ownership responsibilities, insurances, job hunting, drug and alcohol abuse, consumer protection, interpersonal relationships, etc. It is envisaged that the course will be designed so that offenders can enter and leave at any point in the course, and is aimed at stimulating their interest in one or more of the topics offered. Negotiations are currently underway between the Department and TAFE to have such courses set up. Where offenders want to learn more about a specific subject, they will then be referred to the relevant course which is likely to give them information at a more advanced level. In most cases, this is expected to be an existing course offered by an educational body such as TAFE, the Worker's Education Association of South Australia or the Alcohol and Drug Addicts Treatment Board. Where the courses do not meet the specialised needs of adult offenders and their circumstances, the Department will encourage the development of such courses by outside agencies.

Offenders, therefore, can have exposure to the consequences of drug and alcohol abuse, initially in a non-threatening and stigmatising way, by having such information included as part of a range of educational experiences. Should they then wish to find out more, they can be referred to a course which deals with the matter in greater depth. It is hoped that this low-key approach to self identification of a problem area will result in an increased level of self referrals for treatment on a voluntary basis.

Because the arrangements with TAFE have not yet been finalised, and because the drug and alcohol education program has yet to be developed, only 45 out of the 132 offenders placed on a community service order last year have been referred to an educational activity. Most of these initially needed considerable educational counselling and encouragement by the community service officer before they were willing to seek enrolment in the course of their choice. Feedback received, however, indicated that once the initial adverse reaction against 'schooling' was overcome by offenders, and they found their place in the course alongside other people from the community, the experience became a positive one.

Adult education, as a catalyst for self discovery and self development, has much to offer to a human service organisation dealing with people who are generally seen as failures by the rest of society. Implemented properly, it should find its place alongside supervision and social casework as an effective tool to be used by probation officers and others involved in community correctional programs. Developments and future intent in South Australia certainly point in this direction.

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A SOCIAL ANALYSIS OF DRINKING AND ITS AFTERMATH  
IN A REMOTE ABORIGINAL COMMUNITY

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Society's response to accounts of drinking and petrol sniffing among Aboriginal people has often been to seek to explain these activities in terms of the assumed decay of traditional life, the 'deterioration' of indigenous social structures and kinship responsibilities. Such responses also tend to interpret the act of drinking or of getting high as a means whereby the disintegrated culture attempts to numb itself to an unpleasant reality. In the process of a research study of which I was a part, a study which attempted to characterise the nature and organisation of drinking in an Aboriginal community, such arguments were found to be untenable.

The three hundred members of the Aboriginal community studied, although separated from their traditional lands and living on alien country, strongly maintained their language, social organisation and ceremonial life. They expended much energy and commitment in order to pursue these socially meaningful activities - driving long distances to attend ceremonies or funerals, planning and executing bush trips and hunting expeditions, and visiting relatives. Some sections of the community also devoted much energy and initiative to the obtaining and consuming of alcohol, an activity I shall call (after Sansom 1980) the 'drinking business'. Younger people engaged from time to time in petrol sniffing in order to get high, and took part in subsequent escapades which usually resulted in appearances at the Childrens Court. These adolescents, however, also participated with skill and interest in hunting and gathering activities, in living out bush away from the settlement, and were fluent primarily in their own language, with English very much a second language. These observations belied any argument that the drinking and drug-taking behaviours were in any oversimplified way to be seen as the responses of those who were 'losing' their culture.

Our study was an attempt to provide a holistic view of Aboriginal drinking. We sought to understand the organisation of the drinking business and its perceived benefits and social dynamics, while also taking note of the less desirable consequences of heavy drinking. These consequences were gathered in the form of data on alcohol-related injuries and illness collected from the community clinic. It became clear that Aboriginal people in the community, which I shall call Diamond Well, were well aware of the deleterious consequences of sustained drinking. As the theme of this seminar is that of 'society's response', this paper will address the issue of Aboriginal perceptions of and responses to the activity and consequences of drinking.

The residents of Diamond Well were in fact so well acquainted with the potential consequences of drinking too much, that they often attributed drink as the 'cause' of a variety of perceived ill-effects (deaths, unruly children etc) even when this was patently not the case. On the whole, however, those who chose to drink evidently considered that the advantages of drinking outweighed the disadvantages.

Diamond Well is an incorporated Aboriginal community of approximately three hundred Aboriginal inhabitants and a European staff of about thirty. The settlement consists of twelve houses occupied by European staff and administrative and service buildings such as offices, workshop, clinic, store, school and visitors' quarters. Over the last year, some six houses have been erected for Aboriginal families, but the majority of the Aboriginal population live in shelters of a traditional nature. These are built of tree branches, with a waterproof sheet thrown over, or made of any available iron or tin, or wire mesh. The people of Diamond Well live around, rather than in, their shelters, and they are using their newly built houses in a similar way. Their camps are located around the settlement, although at times the main camp has been up to 30 kilometres away from the settlement. The living conditions at camp are difficult, the climate being hot and dusty in summer and cold and wet in winter. There is no sanitation in the camps and water is available only in transported tanks which often become polluted. The settlement itself has existed since the early 1950s, when it was established virtually as a displaced person's camp to house the Aboriginal people. They had been forcibly removed from their land for a variety of historical-political expediencies.

The Aborigines had first encountered alcohol in their contacts with European workers on a nearby railway line which was constructed in the early years of the twentieth century. Despite attempts by local missionaries and the railway authorities to curtail the traffic of alcohol, wine and beer were exchanged and surreptitious drinking and gambling frequently took place in the Aboriginal camps. These early illegal and secretive experiences with alcohol certainly give support to the view taken by some

researchers that prohibition helped to create a drinking pattern related to fast consumption and seclusion (Millar and Leung 1974, p.92). It was not until 1965 that Aboriginal people were granted the right to consume liquor and, not long after this, the newly established mission-controlled settlement of Diamond Well obtained its own license to sell beer on the premises. The idea on the part of the missionaries was to control the amount of alcohol drunk, and the way in which it was drunk by the Aborigines, to 'socialise' them into drinking. The beer canteen gave out a ration of several cans per person on three days per week. The impetus behind the beer canteen also came from the church itself who stated they wished to have 'absolute control' over the Aboriginal residents, and from concern at the amount of cheap port that was being brought into the settlement by car.

The attempt to limit and control the amount of alcohol consumed, and the style and context in which it would be consumed was, I can report, a total failure. Not only had the Aboriginal people by the time established their own preferred choice of intoxicant as being port rather than beer, they had established a 'business' of running grog into the place from outside pubs (the nearest being only 60 kilometres away). The Aborigines of Diamond Well further determined that their drinking would not be subject to an imposed regime by gambling their rationed beer cans in two-up games. By this means they completely subverted all attempts by Europeans to restrict and control their intake. Betting cans of beer in pairs at two-up (a convivial social event which convened regularly out of sight of Europeans behind the beer canteen) meant that some gamblers supplemented their supplies, while others lost. However, these losses could be made good by subsequent purchases (at grossly inflated prices) or by requests to kinsmen.

At the end of the two-up game, competitors carried their winnings off into the bush to be shared and consumed that night. Others, putting maybe one or two cans in with their shopping, would return home slowly, sometimes sitting and drinking the cans before arriving at camp so as to avoid having to share out a limited resource.

Those who wished to continue drinking had to make additional plans. For the resumption of heavy drinking, access to cash, transport and a sober driver were all needed. The carting of wine is a business arrangement, in which a series of transactions take place. Those known to have serviceable vehicles which have been used on previous occasions to 'cart wine' are approached. Their vehicles are commonly known as 'taxis' because the drinking business requires the purchase of a seat in a taxi for \$10 or \$20 in order to travel to the pub to buy up supplies of port. Port is sometimes resold privately (again at high prices - a \$2.30 bottle was sometimes sold for \$10) and then drinking began in earnest. The driver would make enough for his petrol costs and

to cover his own drinking requirements. However, at least two taxi drivers I knew of were themselves non-drinkers - an important point from the safety point of view. Five men from Diamond Well had been killed in alcohol-related motor vehicle accidents over a ten-year period. It is not illegal to bring liquor onto the settlement, although the community, if it so desired, could apply to the State's Licensing Court to curtail the takeaway license of the nearby pub. However, the residents have not taken this step, although they have a series of mechanisms whereby they attempt to mitigate the ill effect of their drinking and prevent the commission of acts which are criminal under European law.

By instituting a series of rules (albeit unwritten ones) and by making certain requests of European authorities and staff, the Aboriginal residents acknowledged the link between their drinking and the undesirable after-effects. However, there was a strong tendency to separate out alcohol itself from the individual personalities of drinkers: those who were 'wild' or 'cheeky' when drunk were well known, and people were characterised as such and avoided if possible. Others were known to be quiet drinkers, or who drank 'to one side' (that is, without interfering with life in the camps). They did not blame alcohol per se for the fighting and violence that occurred after some drinking bouts, but attributed the trouble to personalities concerned. Categorisation of drunkenness ranged from 'little bit drunk' or 'silly drunk' through to 'full drunk'.

When certain individuals known to have a violent history got 'full drunk', there were often those who had genuine fear of them, and women on occasions would seek refuge with sympathetic whites in the settlement if such a person was on the loose.

The rules, then, though informal and unwritten, provided for us as researchers the responses of this small part of Aboriginal society to the known links between alcohol and crime.

The earliest of the attempts to counteract the violent outcomes of drinking bouts was in the 1960s at the time of the instigation of the beer canteen. At that time, the Aboriginal community itself requested that a police officer be stationed at Diamond Well, 'so that effective law and order could be upheld'. The request has since been reiterated on several occasions but has not been acted upon, as it is not the State's policy to have police stationed on Aboriginal settlements. That the request originated from the Aboriginal population itself, and has done so since, is highly significant. It signifies that the Aborigines themselves anticipated trouble from drunken people, and that 'moderation' - the false hope of the beer canteen - was unlikely. It also signifies that they wished to make provision for the control of drunken people among their number of outsiders. Inherent in their request for a police presence was

the knowledge that the intervention and control of drinkers was something which they would not or could not undertake themselves.

Although drinking was sometimes noisy, apparently chaotic, and frequently disruptive, it became clear to us as researchers that those who drank, and indeed those who did not, subscribed to the 'rules' and punished those who broke them.

Youthful or underage drinking, for example, was actively discouraged and acted upon. On one occasion a wine-carting expedition had included a young boy; the car concerned was involved in a slight accident and the boy hurt his head. Later an adult man deliberately set fire to the car and gutted it. The action of burning the car was undertaken by a non-drinking man who was responsible at the time for the care of the boy. He punished those responsible for the carting of wine, not because they had carted wine, but because they had involved a young boy. The drinking business is considered to be an adult pursuit and children engaged themselves in 'kids business' which often included petrol sniffing.

Another rule associated with drinking is the supposedly 'dry' nature of 'holiday' camps (that is, in the school holidays), and of camps declared so by their residents. Of necessity I lived in such a dry camp, and was able to witness the attempts made by the senior man of the camp to maintain its integrity. On the occasions when drinkers called at this camp (to see relatives or to obtain food) they were treated quietly and given what they asked for. There was never a confrontational incident at the time of the drunken visitation. However, on several occasions after such an accident, late at night, the senior man would give what was commonly called a 'growl'. This took the form of a ritualised monologue delivered from the darkness of his shelter, or perhaps as he walked through the camp. He would invariably strip to the waist, to show that he was 'hot' and angry. Sometimes his monologue would be accompanied by the rattling of boomerangs and spears. The content of these night time speeches was always in language, although the English word 'wine' has become the accepted gloss for alcohol. The speech would usually berate the drunken person or criticise the incident concerned, and urge the need to keep the law strong, to uphold the law of the land, and the difficulty of doing so when wine was so important for people. In the silence after his monologue was over, others would call out their thoughts too. Such growls did occur in daytime as well in the settlement itself, and often when the object of the growl was unmistakably (and sometimes drunkenly) visible. Such occasions brought an instant and large audience which was, however, ready to scatter at a moments notice should events take a turn for the worse. Drinkers were then, on occasions, publicly discredited and criticised, particularly if a specific incident was considered to be serious enough to warrant such a display.

Another rule associated with drinking is one that makes life very difficult at the camps. The families, particularly the wives, of heavy drinkers are expected to 'look after' them when they are drunk. It is accepted and expected that drinkers are likely to harm themselves and commit irrational and violent acts. 'Looking after' includes providing food and warmth (fire and blankets) to drunks and calming them down. It also includes removing potential weapons out of sight (axes are always lying around peoples' camps: they are used to make artefacts as well as to chop firewood and wood for shelters). Relatives should attempt to forestall any physical damage that may befall the drinker, who is particularly vulnerable to such mishaps as getting burned in the camp fire, choking on his own vomit, or by suffering exposure from falling asleep away from the fire. On occasions relatives intervene in fights, but much depends on whether those around are themselves inebriated, and the nature of their kinship relationship to the drunks. Fights are common and are not interfered with unless they get out of hand and serious weapons become involved. Anything to hand was used as a weapon, rocks, bottles, crowbars, wheel braces, axes, as well as spears. When a man wishes to make it known that he was going to inflict physical hurt to another in a more premeditated way, he would go and purchase a spear (made by one of his fellows) from the community's artefact store. Women do intervene in drunken fights if the relatives are 'close up'; I have seen women step between violently drunk men and disarm them of the rocks and crowbars they wielded.

Despite the rules of drinking and the knowledge of the inevitability of violent behaviour which accompanies drinking despite the terrible injuries received, and the constant disturbance to sleep in the camps, drinking itself was allowed by the residents of Diamond Well. People did not consider it their business to intrude upon what others did; if they chose to drink regularly and heavily and cause disturbance and sometimes harm to others, that was their business. This did not mean that such people passed unnoticed or uncriticised; they were. But the right to drink was the first and last of the unwritten rules.

I shall now turn to a consideration of the aftermath of heavy drinking at Diamond Well, based on data which was collected with the co-operation of the two nursing sisters at the community clinic. It became clear that those who became drunk and sometimes violent had consumed a great deal of alcohol. Although it was impossible to assess individual consumption, by collecting data on expenditure both at the settlement and at the local pub, and ranging this against the approximate numbers of drinkers, we concluded that people drank a lot. As Paul Wilson commented, 'serious doubt should be cast on the popular assumption suggesting that Aborigines cannot hold their liquor' (Wilson, 1982, p.52).

Drinking was not always the precursor to fighting and discord; it provided the opportunity for conviviality, sharing and social exchanges. It enabled obligations and debts to be repaid (as documented by Collman 1979). Marital disputes could be aired in the relatively safe environment of the settlement when the disputants were slightly drunk. It was only when several parties were inebriated, when grievances were aired and old scores revived, and when the combatants were out of earshot of help and surrounded by equally inebriated others, that serious injuries occurred, and sometimes death. People at Diamond Well made allowances for what people did when they were drunk, indeed they made allowances and rationalisations for their drinking. A woman beaten by her husband told me that he had not known what he was doing; others explained that when people were drunk their brains were no good. This was often offered as an explanation and exculpation of the unsocial acts committed by such people. Many other verbal attempts were made by both drinkers and non-drinkers to minimise the extent and amount of drinking. This was particularly noticeable when the speaker was referring to a close relative, and always when referring to him or herself. 'He only drinks to one side', was a common way of defusing someone's drinking; in other words, he drinks, but privately, away from trouble. 'Drink little bit' or 'just a quiet drinker' were other explanations offered. Sansom has called such statements 'formulations that minimise indulgence' (1977, p.59). Such deflections also used others as scapegoats: for example, drunken men would frequently complain about and criticise drinkers, saying that they were 'too young' or 'too noisy'. Drinkers frequently criticised children for sniffing petrol. One man, aware of the effects of lead on the body from petrol sniffing announced that he would be okay because he was a drinker and the doctors could fix him up, whereas they could not help those petrol sniffers.

Many violent incidents occurring at the camps were never officially 'crimes' as they were not reported to the police. They merely came to the attention of the nursing sisters the next day as their victims sought medical help. There were no telephones at camp: should someone need help (either from the police or nurses) a car had to be found and driven the several kilometres into the settlement. The nearest hospital and doctor were 200 kilometres away by road. At the point at which a serious assault was brought to the attention of the community advisor (usually the next morning), there was the growing likelihood that the police would be called in to investigate, and the act became a 'crime'. The nearest police station was one and a quarter hours' drive from the settlement.

Once the police became involved, the drinking business and its context, which up until that time had been a totally Aboriginal affair, conducted according to Aboriginal rules, became part of

another order of things. Statements would be taken, custody, bail, court appearances, gaol would all follow. As mentioned earlier, the Aboriginal residents often requested that the police be sent for (as well as asking for a permanent officer). By such requests, some sections of the community opted out of the responsibility for dealing with the violence that can follow drinking. They attempted at times to get European staff to sort out disputes. Because in the eyes of the Aboriginal people themselves they had a limited jurisdiction over the activities and disputes of others, it can be seen that the police fulfilled a useful function. For the police to sort out a melee that was in process or to haul away the participants was to relieve others of a somewhat delicate and unwanted task. However, the police arrived, for the most part, after the event.

The boundaries of the settlement itself served to protect and veil potentially criminal incidents from the outside world. It contained friends and associates who would attempt to curtail or avoid violence. But beyond the boundary Aboriginal people from Diamond Well were subjected to greater surveillance and scrutiny and liable to come more frequently under the jurisdiction of the European system and the law. Diamond Well drinkers who chose to drink publicly in nearby towns or roadside pubs ran the risk of exposing themselves to such scrutiny.

As Sansom noted, 'A distinct place is generally associated with a particular order of social action and particular orders of risk ... grogging is of itself dangerous (Sansom 1980, p.57).

Figures on alcohol-related court appearances in the nearest sizeable town confirm that people from Diamond Well who ceased to drink in the protection of their own camps were liable to be arrested and prosecuted. There was a rise in Aboriginal alcohol-related court appearances at the local court to 397 (34 per cent of the total court appearances) in 1981. The clerk of the court attributed this rise to Diamond Well people who had in large numbers that year sought unemployment benefits and easier access to alcohol in the town.

The nursing sisters completed a simple questionnaire for every alcohol-related consultation made at the clinic at Diamond Well (over six months). They showed that attendances at the clinic rose after pay days, and fell during the time of a Christian revival (when many people gave up drinking). The data showed that lacerations provided the highest number of injuries, indicating that weapons rather than fists were being used in fights. Burns were the next most common alcohol-related injury, and were more common in the winter months. When drunk, people tended to roll into camp fires and burn themselves while anaesthetised by their drunken state. Men and women suffered different kinds of injuries during drunken interchanges. There were clear distinctions



between the areas of the body injured: women sustained a high proportion of head injuries (and these tended to be lacerations); men on the other hand were injured predominantly in the thigh (no women were injured in the thigh during the six months of our survey). The thigh of course has a significance in that it is the area of the body traditionally wounded in punishment by spearing. Women sustained more fractures of the forearms than did men, possibly from raising the arm as protection, or as a place of traditional punishment. Some researchers have suggested that breaking women's arms was a punishment of this sort (Bell and Ditton 1980, p.24).

Women died as a result of violence more than any other alcohol-related circumstance. It was clear that women risked serious injury or even death if they remained in drinking camps at night. Men died as a result of illness and car accidents more than any other alcohol-related circumstance.

It is perhaps ironic that our own society's response to Aboriginal alcohol-related crimes has sometimes been permissive. Some judges have taken the socially deprived circumstances of the defendant's life into consideration, as well as the fact of extreme inebriation, when a violent act has been committed. In two cases of manslaughter associated with Diamond Well (both involving the drunken murder of a woman by her male partner), the defendant has received extremely short gaol sentences on the assumption that 'traditional' punishments would be enacted. In each case the 'punishment' has been minor, for a variety of reasons peculiar to the historical circumstances of the settlement. One such manslaughter was of a woman whose arms had been broken on several previous occasions by her partner; on the night that she was finally killed by him he had hit her 'no less than 25 times around the head and body', the judge stated. In his defence he stated that she had been drinking with some young men, a statement in which he attempted to justify his actions in terms of some 'rules' of drinking at Diamond Well. He received an eight month sentence with some other conditions attached. Although the judge concerned was attempting to take into consideration Aboriginal customary law, Aboriginal opinion was that the man 'got off' very lightly. Another man who had served a short sentence for manslaughter was greatly feared in the community.

By these examples I merely wish to illustrate that the Aboriginal residents of the settlement had one set of expectations of the police, the European law and the justice system. They opted out of dealing with their own drunken fellows and preferred that the police should deal with them. They were even somewhat unwilling to inflict traditional punishment on such people (although other communities successfully administer their own punishments and successfully control drinking). By offering a set of explanations and rationalisations, they defused the actions of those who became drunk and disorderly, and attempted by non-confrontational means, by deflections, to dodge the unpleasant consequences of drinking.

On the other hand, the European bureaucracy and the administrators of the settlement attempted to hand the responsibility for control of drinking and drunks over to the Aboriginal people, without seeming to realise the primary rule that all had the right to drink and no one had the right to interfere with that drinking business.

Over the twenty year period in which Aborigines have had the right to drink, the white authorities controlling Diamond Well have responded by making various attempts to curtail and institutionalise Aboriginal drinking. Their attempts reveal certain assumptions about Aboriginal drinking - all of which, I would argue, are incorrect.

The beer canteen was a response to the carting of port by Aborigines, on the assumption that one could supplant the other. Educational programs were attempted assuming that the people needed to be taught how to drink "properly" and to alert them to the negative effects of heavy drinking. The administration believed that the Aboriginal population itself had the desire and the power to intervene in and prevent heavy drinking. None of these assumptions is borne out by the interactions observed during the study. The canteen made no impact whatsoever on the highly organised business of running in port from the pub. The two-up games undermined attempts to limit intake, and transformed a white imposed regime into a very Aboriginal affair. Getting drunk was the desired state and no half measures were accepted. People understood only too well the deleterious effects of consistent heavy drinking. Some chose to stop drinking on doctor's orders, others continued. Some died of cirrhosis or pneumonia.

Despite a public display of concern about drinking (a fact that was clear from the minutes of community council meetings over the previous ten years) members of the community subscribed to the view that all had the right to drink. Consequently they did not commit themselves to authoritarian interventions of the sort anticipated by European advisors.

The research was thus able to come to understand the failure of numerous well-meaning attempts to "do something" about drinking at Diamond Well. It also discovered something else: that far from being the chaotic act of a despairing group, drinking was an activity governed by an internal set of rules and procedures, and pursued with the same vigour and skill as "traditional" activities such as ceremony, travel, and hunting.

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A COMPARISON OF CLIENTS WITH ALCOHOL PROBLEMS  
REFERRED BY LEGAL AND NON-LEGAL CHANNELS

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Introduction

The Hunter Drug Advisory Service (HDAS) is a Health Department agency in the city of Newcastle. HDAS is not an in-patient unit but offers a counselling service for people with problems caused by psychotropic drugs. In addition the service conducts a broad range of community drug education programs.

The files of clients referred to HDAS for alcohol counselling were divided into two groups so that the background and treatment process of clients referred from legal sources could be compared with those from non-legal sources.

The Sample

The study was conducted on a retrospective basis with fifty files being randomly selected from the period 1980-82. Over this period approximately 650 clients sought alcohol counselling. Hence the sample represents 7.7 per cent of the total alcohol clients seen. About 60 per cent of the alcohol clients during this period were referred from legal sources.

Information was extracted from that routinely recorded by HDAS staff in the client medical record. No special record system was established for this study.

The files of 25 clients referred from legal channels were examined. The legal channels included magistrates, the Adult Probation and Parole Service, the Legal Aid Service and most commonly private solicitors. These were compared with 25 files of clients referred from non-legal sources. The non-legal sources involved self, family and doctor referrals, with one client being sent by his employer because of poor work performance.

Background of clients (Table 1)

On average the legal clients were a decade younger than the non-legal clients. This indicates that the legal domain is suitable for comparatively early intervention in alcohol problems.

It might also suggest that problem drinkers are likely to develop legal problems before health problems. Alternatively, it could be argued the two client groups are separate populations rather than the same population at different ages. This latter explanation is favoured since very few non-legal referrals had criminal convictions in their past.

Females were under-represented in both groups. However, females were more likely to appear in the referrals from non-legal sources where they composed approximately one quarter of all referrals. This suggests the non-legal domain is the more productive one for intervention with female problem drinkers.

Data on the occupational background of the two groups suggests no major differences. Individuals from lower socio-economic groups do not appear to occur more frequently in the legal referrals, as might be predicted. There is a higher percentage of unemployed among the legal clients. This is compensated for by a corresponding increase in the proportion of those giving domestic duties as their occupation among the non-legal clients. Persons from the professional, administrative, clerical and sales groups, who together constitute 36 per cent of the Hunter work force, are considerably under-represented in the client sample.

#### Severity of alcohol problems (Table 2)

Because the legal clients were younger, it would be expected that they would have less severe alcohol problems than the non-legal group. This is in fact borne out by the data presented in Table 2.

The severity of the client's alcohol problem was assessed in two ways. First, six areas of each client's life were reviewed. These areas were their physical health, mental health, domestic, employment, legal and financial situation. If the counsellor judged that alcohol had caused serious problems in any one of these areas of life a score of one point was given. Thus the total possible score was six points.

Legal clients on average scored 0.7 lower than non-legal clients. All legal clients scored one point automatically for their legal problems. It could be argued that this practice served to make the two groups appear more similar in the severity of their alcohol problems than they really were.

The other assessment measure employed was the average amount of alcohol consumed on each drinking day. It should be noted that many clients were not daily drinkers. On this measure there was no substantial difference between the two groups although the non-legal clients averaged an extra 24 grams of ethanol on drinking days.

### Treatment process (Table 3)

There were several striking differences in the treatment process of the two groups.

Despite their less severe alcohol problems the legal clients received almost twice as much treatment judging by the average number of attendances. This paradoxical effect was presumably due to the more immediately powerful 'gun at the head' which encouraged them to stay in treatment longer.

The pattern of attendance also produced some striking discrepancies. The vast majority of legal clients had contact with the agency from two to ninety days. On the other hand approximately half the non-legal clients only attended the service only on a single day. A further 28 per cent of the non-legal clients maintained contact with the service for longer than one year either on a continuous basis or more usually with considerable breaks in the treatment process. Many of these clients returned for counselling because they again became dissatisfied with their drinking and related problems.

Although both sets of clients were eligible to attend the group therapy/education program, legal clients were about three times more likely to attend at least one group session. This was almost certainly not only due to the higher dropout rate of non-legal clients but also related to the counsellor's view that the style and content of the groups were more suitable for legal clients and the stronger expressed resistance of non-legal clients to the concept of group treatment.

Less than half the clients from both groups were judged to have satisfactorily completed their treatment. For legal clients, six to eight attendances were usually necessary before treatment was judged completed. In the case of non-legal clients the treatment program was much more flexible and invariably required fewer attendances. Marginally more of the legal clients completed treatment. It is interesting to note, however, that even with the incentive of legal involvement most do not finish treatment. It may be that clients referred by solicitors for pre-court reports are more likely to break contact with the service than those referred post-sentence by the magistrates. However, no data was collected on this issue. The uncertain group in Table 3 reflects the inadequacy of case notes maintained on some clients' medical records.

### Alcoholics Anonymous involvement (Table 4)

Non-legal clients were much more likely to be encouraged to attend Alcoholics Anonymous (AA) or at least have such attendance suggested to them. Two factors were probably responsible for this extra emphasis on AA. First, non-legal clients were frequently

perceived to have a more severe alcohol problem. Second, they were judged in many cases to have more motivation and insight which would assist their participation in AA.

Not surprisingly, non-legal clients were also much more likely to actually attend AA than the legal clients (36 per cent and 4 per cent). There are many clients in both groups for whom it is not possible to say whether they actually attended AA. This is due not only to deficiencies in the medical record system but also to the sizeable number of clients who terminated their treatment before they could be asked about their AA attendance.

### Summary

Comparison of legal and non-legal client groups reveals that the legal group average a decade younger, are more likely to be male and are less severely affected by alcohol. Despite their less serious drinking problems, legal clients receive twice as much treatment as the non-legal clients. Overall, less than half the clients from both groups complete treatment. On the basis of this data it could be argued that not only do legal referrals receive more treatment than they want but they may receive more treatment than they need.



TABLE 1      Background of the Clients

	Legal	Non-Legal
Age (years)	27.8	38.0
Sex	96% male	76% female
Occupation		
Unemployed	28%	16%
Domestic Duties	4%	16%
Pensions/Benefits	4%	12%
Student	4%	0%
Skilled/semi	36%	36%
Unskilled	20%	12%
Clerical	4%	4%
Professional	0%	4%

TABLE 2      Severity of Alcohol Problem

Areas of life assessed:	Physical Health, Mental Health Legal, Financial, Domestic and Employment.	
One point allocated for each area of life affected seriously.		
Total possible score    =    6		
<hr/>		
	Legal	Non-Legal
Life Score	2.4	3.1
Alcohol consumption (Grams of ethanol)	181	205

TABLE 3 Treatment Process

	Legal	Non-Legal
Number of attendances	4.8	2.5
Group attendance	92%	32%
Completed treatment		
Definitely	44%	36%
Uncertain	4%	8%
Period of Contract		
Single day	16%	52%
2-90 days	80%	20%
90-365 days	0%	0%
More than 365 days	4%	28%

TABLE 4 Alcoholics Anonymous involvement

	Legal	Non-Legal
AA attendance suggested	28%	80%
AA actually attended		
Definitely	4%	36%
Uncertain	12%	32%

SOCIETY'S RESPONSE TO  
SUPPLY THROUGH  
STRUCTURE AND POLICY CHANGE



## AVAILABILITY OF ALCOHOLIC BEVERAGES AND CRIME:

## AN EXAMPLE OF THE VALUE OF SOCIAL POLICY RESEARCH

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Introduction

Traditionally the health approach to the alcohol-related crime problem has been to stress the value of treatment for persons convicted of such offences. While isolated instances of the apparent value of these programs can be found (for example, Raymond 1977; Hamilton et al. 1978), there is an air of realistic despondency about the value of rehabilitation for persons convicted of either drink-driving offences (Nichols et al. 1981; South 1980) or other alcohol-related crime (Brandsma et al. 1980; Ditman and Crawford 1966). Because these treatment programs are inevitably ineffective when carefully evaluated, they are also ineffective in the sense that large sums of money are continually required for their operation. Such a conclusion is especially applicable to programs catering for persons with advanced alcohol problems.

Frequently, the conducting of a wide variety of educational campaigns has been stressed as the panacea for alcohol-related problems. Inevitably the outcome of evaluative studies has been that alcohol education programs do not achieve their very commendable objective of behaviour change. Such a conclusion applies where one looks at community level programs (for example, specific type of alcohol-related crime, as in the case of drunken driving (Nichols et al. 1981). Particularly if mass media advertising is used, the costs are out of all proportion to the results (for example, Plant et al. 1979).

In the case of the police and the criminal justice system it would appear that the emphasis has been on increasing the level of enforcement and on having severe penalties. Ross's (1975) classic 'Scandinavian Myth' paper is the standard reference to quote to illustrate that severe penalties do not work in the drink-driving area. At the other end of the scale, the lack of deterrence of the death penalty has also been commented upon, a finding no doubt due at least in part to the fact that in approximately half of the cases of homicide the offender is under the influence of alcohol (Roison and Schneberk 1978), emotionally aroused and is concerned only with the immediate. After all, penalties deter only the sober.

As with the treatment approach, some examples can be quoted of drink-driving enforcement programs having a beneficial effect (for example, Barmack and Payne 1961; Cameron et al. 1981). Due to cost considerations such programs are usually of a 'blitz' type rather than ongoing. Furthermore, presumably alcohol-affected drivers come to perceive that even under the new level of enforcement their probability of arrest is still remarkably low (for example, 0.00012 if the blood alcohol level is between 0.05 per cent and 0.09 per cent: Beital et al. 1975). Consequently, the beneficial effects of increased enforcement on drink-driving behaviour is usually short term.

From the above we may conclude that many of the methods currently used or advocated most frequently in both the health and legal fields to reduce alcohol-related crime suffer from the common deficiencies of ineffectiveness, particularly in the medium to long term, and substantial cost to the government for little or no return. Clearly this is an unsatisfactory state of affairs and raises the question of whether there is not another approach which satisfies the criteria of being both effective and economical in operation.

#### Social policy research

Almost, it seems, as a reaction against the large amount of clinical alcohol research which has been conducted while the alcohol problem has become worse, over the past three to five years there has been a growing awareness of the value of social policy research. Such research can focus on either covert or overt changes in government policy which are relevant to alcohol problems. As can be seen from Figure 1, from the health-legal point of view changes can be regarded as either positive or negative, although it is possible that the liquor industry might reverse the signs. The two by two classification in Figure 1 is of some importance if social policy research is to be able to pinpoint what should be done to reduce alcohol-related crime rather than merely cry over the spilt milk of past negative changes, whether they be overt or covert.

#### Availability of alcoholic beverages

The legacy of prohibition has been to strongly discourage the use of alcoholic beverage control laws as preventive instruments (Moore 1981). However, controlling alcohol availability has often been and continues to be suggested as a means of preventing alcohol abuse and alcoholism (Levine 1978). Indeed, as we will see, there is increasing scientific evidence that a middle of the road policy has much to commend it if we are interested in reducing alcohol-related crime.

The findings of overseas studies and analyses of Australian data of the availability of alcoholic beverages will be used to illustrate the value of social policy research and its potential for reducing the use and abuse of alcohol in Australia, with particular reference to alcohol-related crime.

### Drinking age

During the seventies a considerable number of American states and Canadian provinces lowered the legal minimum drinking age at which people could drink in licenced premises or purchase liquor for off-premise consumption. Subsequently a number of these jurisdictions raised their drinking ages. As a detailed literature review is available (Smith 1983), only a few of the methodologically precise studies will be reviewed here.

Douglass et al. (1977) conducted a study using a quasi-experimental design to assess the effect of reducing the legal drinking age from 21 to 18 in Vermont, Maine and Michigan.

The Michigan data clearly demonstrated the increase in the accident rate for the 18 to 20 year old drivers, while in Maine the results approached statistical significance. By contrast, no changes were found in Vermont. In a subsequent study it was shown that for Michigan the effect of the reduction in the drinking age measured after the initial 1972 experience appeared to have persisted through to 1975 (Douglass and Freedman 1977).

A carefully controlled study was conducted by Williams et al. (1975) of the lowering of the legal drinking age in Michigan, Wisconsin and Ontario. Data for the three years prior to and the one year after the changes were compared to the contiguous states of Indiana, Illinois and Minnesota where the drinking age had not been lowered during the study period. Significant increases in fatal accident frequencies were found for both the 15 to 17 and 18 to 20 year groups in the three experimental states.

A 20 per cent random sample of all reported traffic accidents in Michigan during 1972-79 was analysed by Wagenaar (1981) to determine the effect of the December 1978 increase in the legal drinking age from 18 to 21 years. Drivers aged 18 to 20 experienced a significant decrease on both the alcohol-related accident variables, while drivers aged 16 to 17 years also significantly improved on one of the variables. Subsequently, Wagenaar (1985) extended his analysis to include Maine, when the drinking age was raised from 18 to 20 years, and obtained similar results.

The effect of raising the legal minimum drinking age on fatal accident involvement was studied by Williams et al. (1983) in nine American states and nine control states in which the drinking age remained unchanged during the study period. The

results indicated that when states raise their drinking age, there is a decrease in fatal accident involvement among drivers affected by the change. There was also some evidence that raising the drinking age affected younger drivers.

Three roadside surveys of drivers in Washtenaw County, Michigan, were conducted as part of evaluation procedures for the Alcohol Safety Action Program (Clark et al. 1973). Drinking drivers comprised 19 per cent of the sample in 1971, 17 per cent in 1972 and 15 per cent in 1973. Yet, included in the total decrease was a statistically significant increase among 18 to 20 year old drivers from 8 per cent in 1971 (when the drinking age was 21 years), to 12 per cent and 16 per cent in 1972 and 1973 respectively (when the drinking age was 18 years).

These studies show that an increase in the availability of alcoholic beverages in the form of a reduction in the legal drinking age usually, but not always, (for example, Vermont) results in an increase in traffic accidents, and especially fatal accidents, of both the new legal drinkers and the age group immediately below. Furthermore, raising the legal minimum drinking age (that is, decreasing the availability) produces the opposite effect. Consequently, on the basis of these overseas studies we may conclude that there exists a causal relationship between the legal minimum drinking age and traffic accidents: an increase in availability causes a significant increase in traffic accidents and vice versa.

Analyses of both South Australian and Western Australian data indicate that the above conclusion is also applicable to Australia with respect to reducing the legal minimum drinking age from 20 to 18 years as from 8 April 1971. From Tables 1 and 2 and Figures 2 and 3 it can be seen that significantly more drivers and motorcyclists in the 16 to 20 year age group were killed and injured in the two years from 1 January 1972 to 31 December 1973 than in the two years prior to 31 December 1970. In comparison to the 21 to 25 year control group, there was a 14.1 per cent increase in the number of 16 to 20 year old drivers and motorcyclists killed, and a 25.6 per cent increase in the number injured. All the above data were taken from the annual road traffic accident publication of the South Australian office of the Australian Bureau of Statistics.

In the case of Western Australia the analysis is slightly more complicated as the legal minimum drinking age was lowered from 21 to 18 years at the same time as Sunday alcohol sales were introduced in the metropolitan area. Fortunately, with data from the Western Australian Hospital Morbidity System it has been possible to separate the two effects. Table 3 and Figure 4 show the adverse effect of lowering the drinking age on all types of male traffic accident casualties admitted to public hospitals (codes E810-E819, Eighth Revision, International Classification



of Diseases, WHO 1967) in the Perth statistical division on weekdays. In comparison to the 21 to 24 year old control group, there was a 20.9 per cent increase in hospital admissions for the 18 to 20 year old males.

The analysis for the rest of state area (Table 4 and Figure 5) shows that on Saturdays the 21 to 24 year old male age group experienced a 17.1 per cent increase, the 18 to 20 year olds a 39.8 per cent increase, and the 15 to 17 year olds a 73.8 per cent increase in admissions to public hospitals in the Perth statistical division for homicide and injury purposely inflicted to other persons (codes E961 and E968). Compared to the 21 to 24 year old control group, the increase was 32.7 per cent (Table 5 and Figure 6).

The above results appear to indicate the importance of ensuring that the existing 18 year old legal minimum drinking age is enforced and wherever possible increased. In this respect, it should be noted that no less than 15 states in the United States raised their drinking age between September 1976 and April 1981 after having lowered it (Wagenaar 1982).

#### Hours of sale

The hours of sale in both package stores and public drinking places are now, and have been for many years, widely regulated in the belief that this is an effective control measure (Popham et al. 1976). Research papers have focused on the extension of trading hours, hours of sale for alcoholic beverages in general, or the introduction of Sunday alcohol sales.

In Victoria on 1 February 1966 the closing time of hotel bars was altered from 6 pm to 10 pm, Monday to Saturday. Raymond (1969) reported an analysis of the effects of this change on casualty road accidents in the Melbourne metropolitan area. The change in the hotel closing time brought no change in the number or proportion of such accidents which occurred in the 6 pm to 11 pm period. However, significant changes did occur in the hourly distribution of accidents within the above time period. Of particular note was a sharp decrease in accidents from 6 pm to 7 pm and an increase from 10 pm to 11 pm. A similar change in the trading hours for New Zealand hotels give identical results (Toomath and Nguyen 1974).

Popham (1962) found a correlation between opening hours of beer parlours in Toronto and the hourly pattern of arrests for drunkenness exhibited between 8 am Monday and 8 am the following Sunday. However, when arrests were plotted for the period 8 am Sunday to 8 am Monday, during which time all the beverage outlets were closed, an almost identical pattern emerged. It appears that the opening hours of beer parlours may not be important in determining when arrests for drunkenness occur.

A descriptive study was undertaken of the relationship between a number of alcohol availability measures and a range of indices for the use and abuse of alcohol in Michigan from 1970 to 1977 (Douglass et al. 1980). The number of new Sunday sales permits had significant positive correlations with police reports of homicide and assault, and mortality variables for motor vehicle accidents, work accidents and liver cirrhosis. A number of other availability measures also had significant, positive correlations with the above dependent variables. This, together with the failure to include a control area, meant that causality could not be attributed to the increase in the number of Sunday sales permits for the changes in the dependent variables.

In a recent paper (Smith 1978) comparisons were made of the number of persons killed and casualty accidents in the three years before and after the introduction of Sunday alcohol sales in the Perth metropolitan area. A significant increase in the proportion of persons killed and the number of casualty accidents on Sundays as compared to the other six days of the week occurred (Tables 6 and 7). For the rest of area, where no changes in the alcohol trading hours occurred, no such increases were evident (Tables 8 and 9). It was concluded that the results of the study indicated that the new law had a detrimental effect on traffic safety.

The findings of the Perth study may also be viewed from an economic point of view as distinct from an humanitarian perspective. Troy and Butlin (1971) determined the cost of fatal and injury accidents in the Australian Capital Territory for the 1965-66 year. By adjusting the values Troy and Butlin (1971) obtained by subsequent increase in the Consumer Price Index, it can be estimated that as at March 1983 the cost of a fatal accident is approximately \$190,000, while the cost of a casualty accident is approximately \$8500. A similar method was used by Andrews (1972) to obtain an estimate of the cost of traffic accidents in Australia as at 1970.

In the three years after the introduction of Sunday alcohol sales in the Perth metropolitan area there was a 38.9 per cent increase in the number of persons killed on Sundays, compared to the three years before. From 1 July 1970 to 30 June 1982 a total of 290 persons were killed in Sunday traffic accidents in Perth. Thus we may deduce that approximately 113 persons died in the twelve year period as a consequence of the increased availability of alcohol. At \$190,000 per person, the cost for the 113 persons is approximately \$21,500,000. For casualty accidents the corresponding figures are 14.7 per cent of 6959 which is 1023 accidents at \$8500 giving a total of approximately \$8,700,000. In total, therefore, the introduction of Sunday alcohol sales in Perth has cost the Western Australian community an estimated \$30,200,000 at current prices for traffic accidents only.

As was the case for the lowering of the legal minimum drinking age in Western Australia, the introduction of Sunday alcohol sales also had an adverse effect on male public hospital admissions for homicide and injury purposely inflicted to other persons (codes E961 to E968, WHO 1967). To eliminate any confounding due to the simultaneous lowering of the drinking age, the analysis in Table 10 and Figure 7 was restricted to males over 21 years of age.

As from 3 April 1970, Sunday alcohol sales were permitted within 40 miles of Brisbane. From Table 11 and Figure 8 it can be seen that the number of fatal traffic accidents in the Brisbane City Council area occurring between 12 noon and midnight on Sundays increased by 100 per cent. For casualty accidents the increase of 27.3 per cent was also significant (Table 12 and Figure 9). For both of these analyses the number of the appropriate accidents occurring on the other six days of the week between 12 noon and midnight were used as the control data for the two-year before and after periods. Unpublished data supplied by the Brisbane office of the Australian Bureau of Statistics was used for the calculations.

In November 1978 the Legislative Assembly in New South Wales formed a select committee under the chairmanship of E.N. Quinn (1979) to inquire into liquor trading hours in that state. The following quotation illustrates how the committee overcame the findings of the study by Smith (1978):

This Committee believes that the drinking sessions, introduced in Perth, could reproduce the 'swill' conditions, familiar in New South Wales in the 6.00 o'clock closing days, and is confirmed in this belief by its observation of the sessional Sunday drinking on the Gold Coast area of Queensland.

The committee then recommended that a ten-hour session be introduced on Sundays and stated that it did not consider that the new Sunday trading would bring about an increase in the per capita consumption. Furthermore, the committee stated that:

The absence of sessional drinking is an additional factor leading to the conclusion that existing traffic problems are unlikely to be aggravated by our recommendations on Sunday trading hours.

Unfortunately, empirical data does not support the reasoning of the select committee. As can be seen from Table 13 and Figure 10, in 1980 and 1981 there was a significant increase in the number of persons killed on Sundays between 12 noon and midnight compared to 1978 and 1979. In comparison to the other six days of the week the increase was 28.5 per cent or 32 fatalities per annum which represents an annual cost to the New South Wales

community of approximately \$6,000,000. For casualty accidents the results were also significant (Table 14 and Figure 11), with the 8.2 per cent increase representing 185 casualty accidents per annum or approximately \$1,600,000 at current prices per year. The accident data for the above analysis were taken from supplements to the annual Statistical Statement issued by the Traffic Accident Research Unit.

From a theoretical point of view, the results of the introduction of Sunday hotel alcohol sales in New South Wales are quite important for they show that if alcohol is already available (that is, sold by clubs) and is made more available, then the community will experience an adverse effect over and above that already existing.

If the Australian community is concerned about the above results of the introduction of Sunday alcohol sales in Perth, Brisbane and New South Wales, then the paper by Poikolainen (1982) is reassuring. Concerned about growing alcohol problems, the availability of alcohol was experimentally restricted in Finland by not opening the retail shops on Saturdays during the summer months of 1978. Total consumption of alcohol decreased by an estimated 3.2 per cent and public drunkenness also appeared to decrease.

For some time now the Ledermann curve has been looked upon with favour as the model to explain alcohol consumption. Basically, the Ledermann curve asserts that within the community there is a single unimodal curve of consumption which has a lognormal distribution. To date the interpretation placed on the curve has been that if one wishes to reduce the number of drinkers above any level one has to only reduce the mean per capita consumption. Certainly this is one way of presumably reducing excessive alcohol consumption, but it appears that the possibility of changing the shape of the distribution or curve has been overlooked. If we can identify the type of beverage, place of drinking or time of drinking of the people with the at-risk level of consumption, perhaps we can intervene to advantage.

To illustrate, the results analysis has just been completed for a study in Perth which sought to determine whether permitting selected hotels or taverns to open early (for example, 6 am to 7 am) rather than at 10 am, had an adverse effect. A group of 72 men who patronised early opening hotels were interviewed before 10 am, and a control group of 87 men were interviewed as soon as they entered nearby hotels with 10 am openings. The two groups were very similar on biographical characteristics, yet the men in the early opening group score significantly higher on the Short Form of the Michigan Alcoholism Screening Test (SMAST, Selzer et al. 1975) and had significantly higher levels of alcohol consumption. It appears that the early opening hours were facilitating problem drinking.

Similarly, if we were to ascertain the drinking habits of people convicted of alcohol-related crime and find that such people were overrepresented among hotel patrons leaving at closing time, then closing hotels an hour earlier could have a very beneficial effect in reducing the alcohol consumption of our target group. Because such a policy change would presumably pose little inconvenience to the majority of the population, who are not problem drinkers, one could even suggest that research findings in the area of hotel closing times might have some chance of being implemented.

#### Number of liquor outlets

Some studies of the changes in the number of liquor outlets have included crime indices, although per capita consumption has been the most frequent dependent variable.

The number of supermarkets with off-premise licences in England and Wales increased substantially from 1966, as did the number of convictions for drunkenness for persons under 18 years of age and women under 30 years of age. Williams (1975) also presented data showing that, in the police districts with the greatest increase in the number of supermarket off-premise licences, the increase in drunkenness offences for persons under 18 years was significantly greater. Greater accessibility for women and increased impulse buying could be important factors in determining supermarket alcohol sales (Smart 1974).

In the Michigan study (Douglass et al. 1980) it was found that the number of new on-premise outlets had significant positive correlations with traffic accident mortality, homicide and assault data. The traffic accident variable also had a significant correlation with the number of new off-premise licences. However, the descriptive nature of the study means that causality cannot be attributed to the changes in availability of alcoholic beverages.

The number of liquor store employees per 100,000 persons was used by Parker and Wolz (1979) as their index of off-premise availability. It was a significant predictor of current tangible consequences (respondent's alcohol-related problems with spouse, relatives, friends, job, police, finances and health), but not alcoholism rates or frequent heavy drinking. The index was directly associated with current tangible consequences when per capita income and urbanism were controlled.

Donnelly (1978) correlated per capita liquor store sales for the population aged 15 years and over for the 67 counties in Pennsylvania with the total number of arrests for drunkenness, driving under the influence, liquor law violations and disorderly conduct per 200,000 population aged 15 years and over. The two variables had a correlation of 0.50. Similar results were

obtained by Lunsden (1983) when he correlated per capita liquor licensing fees from licensed victuallers for the eleven statistical divisions in Queensland with drink-driving appearances and court appearances for assault and drunkenness (Spearman rank correlation co-efficients = 0.55, 0.84 and 0.71 respectively). The per capita alcohol consumption in the 24 counties and three largest towns in Sweden as at 1976 was correlated by Norstrom (1981) with the number of drink-driving convictions in each area, expressed as a fraction of the number of licensed drivers. For driving with a blood alcohol concentration of 0.15 per cent or more, the correlation with per capita consumption was 0.73, while for convictions resulting from a blood alcohol concentration of between 0.05 per cent and 0.15 per cent, the correlation was 0.47. For the 1950-76 period the Royal College of Psychiatrists Special Committee (1979) obtained a correlation of 0.91 between per capita consumption and convictions for drunkenness. A cross-sectional analysis by Tabow and Watts (1982) also gave similar results for the 51 counties in California. In view of these five studies the question arises as to what evidence there is that the number of liquor outlets affects per capita consumption, and hence alcohol-related crime.

Papers by Loeb (1978) and Barnes and Borgeouis (1977) reported a positive relationship between the number of liquor stores and consumption of spirits and wine. The total number of on-premise and off-premise licences also appears to be positively related to per capita consumption (Magruder 1976; Parker et al. 1978; McGuinness 1980; Colon et al. 1981). Although not beyond methodological criticism, these studies indicate that the number of alcohol outlets may be a factor in determining the level of alcohol-related crime. This conclusion may also apply in other cultural settings. A Mombasa study (Wasikhongo 1976) showed a direct relationship between the number of drinking compounds and the number of assaults.

The problem of determining the direction of the apparent causation has been commented on by a number of researchers (for example, Douglass et al 1980; Colon 1981; McGuinness 1980). Does increased availability cause the increased use and abuse of alcohol, or does the demand for more alcohol lead to more alcohol outlets? Alternatively, perhaps a third variable (for example, increasing urbanisation, Brenner 1980) increases the demand and simultaneously facilitates the provision of more licensed premises.

To answer this question a large study is currently being undertaken in Perth. From Table 15 it can be seen that from 1970 to 1982 there was a considerable increase in the number of liquor outlets in Western Australia. The relationship between this increase and per capita consumption, mortality, morbidity and alcohol-related crime will be determined and then compared to

similar analyses for Queensland where the number of liquor outlets has been more stable (Table 15). The use of Queensland as a control state within a quasi-experimental design should enable some very interesting results to be obtained, and if a significant difference is found between the two states, a causal interpretation can be placed on the findings.

#### Alcohol Content of Beer

The availability of alcoholic beverages is by no means the only area in which social policy research can and should be undertaken with a view to reducing alcohol-related crime. As will be seen, the topic of the alcohol content of beer has intriguing possibilities.

In a number of Australian States, breweries have, of their own accord, marketed a low alcohol beer which has approximately 20 per cent less alcohol than the standard beer. With the exception of South Australia, the price of the low alcohol and standard beer is the same. In the case of South Australia, as from 1 January 1982 the licence fee for low alcohol beer was only 2 per cent as compared to 9 per cent for regular beer.

Data available indicate that the low alcohol beer has not achieved any degree of market penetration in draught form, but it does account for 8 to 13 per cent of packaged beer sales. A small study conducted in Perth in 1980 indicates that purchasers of the low alcohol beer in liquor stores were the converted in the sense that they had significantly low SMAST (Selzer et al, 1975) scores and spent less money each week on alcohol than age and sex-matched purchasers of normal beer in the same liquor stores (2). The implication, as far as alcohol-related crime is concerned, is that the introduction of the various low alcohol beer has been a non-event.

Let us therefore consider the implications for alcohol-related crime if the maximum alcohol content of beer permitted to be sold in Australia was to be reduced to that of the low alcohol beers currently available (approximately 3.7 per cent by volume).

Between January 1972 and December 1981 post-mortem blood alcohol levels were assessed for 1025 drivers killed in traffic accidents in Western Australia (Reports of the Government Chemical Laboratories 1972 to 1981). From column (3) in Table 16 we need to deduct a proportion to allow for the drivers who presumably would have been drinking wine and spirits. As at 1976-77, the midpoint of the distribution, at a national level wine and spirits accounted for 34 per cent of total litres of alcohol consumed (Commonwealth Department of Health 1979). Having made the necessary adjustment (column (4)), we can now use the Grand Rapids study (3) (Borkenstein et al. 1974) to arrive at an accident involvement index for each blood alcohol level category

if the drivers consumed normal beer or low alcohol beer. Two assumptions should be noted at this point: first, due to the shape of the Grand Rapids curve, it has been assumed that no reduction in the accident involvement index would have occurred for drivers with a blood alcohol level of 0.05 per cent or less; second, as 0.15 per cent was the highest blood alcohol level for which Borkenstein et al. (1964) provided an accident involvement index, all drivers in Table 16 with a blood alcohol level of 0.15 or more were assumed to be at this level. From the table it can be seen that the accident involvement index at a blood alcohol level of 0.15 per cent is 111, whereas at a blood alcohol level 20 per cent lower (0.12 per cent) it is only 82. Working on the assumption that 82/111 of the 241 drivers with the reduced blood alcohol level would still have been killed, there is a saving of 63 drivers. Over all the blood alcohol levels, the total hypothesised saving is 89 drivers, or 25.7 per cent of all the beer-affected drivers with a blood alcohol level of 0.051 per cent or more. However, if expressed as a percentage of all drivers killed in the ten year period, the saving is only 8.7 per cent. In Table 17 a similar type of analysis has been conducted using Victorian data for drivers admitted to hospital from October 1974 to December 1980 (McDermott and Hughes 1982). The calculations indicate that there would have been a saving of approximately 6000 injured drivers, which is 25.6 per cent of all the beer-affected injured drivers with a blood alcohol level of 0.51 per cent or more, or 8 per cent of all drivers admitted to hospital in the above time period.

While we do not know the blood alcohol level distributions for other types of alcohol-related crime, we do know from Roison and Schneberk's (1978) review that alcohol is a factor in about 50 per cent of homicides, from 24 to 72 per cent of assaults, 65 per cent of the rape situations involving a white offender and a white victim (Amir 1967), and 7 to 12 per cent of robbery and burglary offenders. Recently, Jeffs and Saunders (1983) found that 41 per cent of their theft offenders and 26 per cent of their burglars reported alcohol intake in the four hours prior to the commission of their offence. If the blood alcohol level distribution for the alcohol affected offenders in these crimes is similar to that of killed and injured drivers admitted to hospital, then we can postulate that similar reductions might also be experienced in these areas of criminal activity. However, the reductions would only be in relationship to the proportion of the various offences which are beer related.

The standard criticisms of lowering the alcohol content of beer are relatively easily dealt with. In a small study, Milner (1979) showed that beer drinkers cannot tell if they are drinking low alcohol or regular beer. For a drinker to achieve the same level of intoxication he or she would need to consume 20 per cent more fluid and thus spend 20 per cent more, an unlikely event for, as we will see below, price is an important determinant of



consumption. The problem of beverage substitution would be eliminated if wine was to be taxed at an appropriate rate.

While the proposal would require a far more detailed analysis than that undertaken here, there does not appear to be any education or treatment program, or increase in enforcement of penalties which has the potential to bring about such a reduction in alcohol-related crime as lowering the alcohol content of regular beer, especially at no cost to the state or federal government.

#### Drink-driving

No alcohol social policy research paper would be complete without reference to the area of drink-driving. While random breath testing is currently attracting the limelight in this area, it should be remembered that there are numerous counter-measures which can be implemented.

The counter-measure which will be used to illustrate the value of social policy research in this area is that of the reduction from 0.08 per cent to 0.05 per cent in the legal blood alcohol level for driving in New South Wales. The operative date for the lower blood alcohol level was 15 December 1980.

A feature of young drivers is that they are particularly vulnerable to small amounts of alcohol (Zylman 1973), with the implication that the reduced blood alcohol level was especially likely to result in less accidents for 17 to 20 year old drivers. The power of the analysis can also be increased by restricting it to males admitted to hospital, due to the lower levels of alcohol found in female drivers and less severe casualty accidents. Male car drivers aged 30 years or more admitted to hospital were used as a within-state control group. The 20 to 29 year age group was omitted as the reduced blood alcohol level would presumably have less relevance due to the experience of these drivers.

From Table 18 it can be seen that in 1981 significantly less male car drivers aged 17 to 20 years were admitted to hospital in New South Wales than in the preceding year. In comparison to the control group, there was a 13.9 per cent accident reduction, with the 106 accidents representing a saving to the New South Wales community of an estimated \$901,000 at current prices.

The above result indicates that the requirement in Tasmania that provisional drivers should not drive with any alcohol in their blood, and the Western Australian 0.02 per cent blood alcohol limit for provisional drivers, could also be having a beneficial effect in reducing casualty accidents.

### Advertising or Alcoholic Beverages

As noted above, alcohol-related crime has a significant positive relationship with per capita consumption. Consequently we can expect that any initiative which reduces per capita consumption will also have a beneficial effect on the amount of alcohol-related crime.

One area in which there is a particular pressing need for social policy research is that of the effect on consumption of the advertising of alcoholic beverages. The liquor industry steadfastly maintains that advertising is only aimed at beverage and brand changing, while the health people equally strongly assert that advertising does increase consumption, irrespective of whether brand and beverage changing also results.

The liquor industry can quote studies in support of its stand (for example, Ogborne and Smart 1980), while the health sector can do the same (for example, McGuinness 1980). However, when the studies are critically examined from a methodological viewpoint it could be said that they merely indicate that the conducting of research in this area is difficult, and that a well controlled study of the effect of advertising on consumption is required. If it is found that advertising does increase consumption, then in view of the expenditure on alcohol advertising, its elimination could have important implications for reducing consumption and, hence, alcohol-related crime.

It is possible that the advertising-consumption issue is not as clear cut as each side makes out. For instance, some advertising might increase consumption by recruiting new drinkers, while advertising aimed at older people possibly only affects brand and beverage preferences, as these people established their drinking habits early in life.

### Price

It is now clear that alcohol beverages are like other commodities in the sense that price increases reduce consumption, although the elasticities for beer, wine and spirits are different (Ornstein 1980). At the national level we need to know the effect on consumption, and hence alcohol-related crime, of the tendency for the price of alcohol to become less in comparison to, say, the average weekly wage. At the state or territory level there is the opportunity to document the effect of changes in liquor licensing fees. Recently Cook (1981) examined changes in liquor taxes among 30 licence states in the United States between 1962 and 1975 in order to ascertain whether state liquor tax increases led to statistically discernible changes in consumption, liver cirrhosis, mortality and traffic accident deaths. The results indicated that even relatively small changes in prices may have an effect on decreasing consumption and, in particular, those portions of total consumption associated with the above two indices.

### Evaluation

Unfortunately, while program evaluation has often been advocated (for example, Senate Standing Committee on Social Welfare 1977), relatively little of it has actually occurred in the alcohol field in Australia. There is a need to evaluate the effectiveness of existing counter measures in both the health and legal fields to ensure that the resources currently available to combat alcohol-related crime are being used effectively and efficiently.

Some people are possibly deterred from evaluating because of the possibility of obtaining insignificant results. To those people the point should be made that it is possible to have programs in the alcohol-crime area which can withstand the scrutiny of scientific evaluation. Jeffs and Saunders (1983) showed that alcohol-related offences may be minimised by the enforcement of the existing licensing legislation. In the case of treatment programs, for this paper a re-analysis was undertaken of that part of the data base of the Serenity Lodge evaluation study (Smith 1983) applicable to persons in both the treatment and control groups who had contact with the police in the month prior to entering the study. During the follow-up period the treatment group consumed significantly less alcohol and had significantly less convictions for drunkenness and disorderly behaviour. As noted in the introduction, papers by Raymone (1977) and Hamilton et al. (1978) also indicate that some treatment programs for persons convicted of alcohol-related crime are of value.

### Implementation

Even if the necessary social policy research is conducted and results obtained indicating that alcohol-related crime can be reduced by the implementation of the recommendations, the necessary legislative and fiscal changes may still not occur. Regrettably, but realistically, there appears to be considerable public ignorance as to the adverse effects of alcohol within Australia (for example, Henderson and Freedman 1979) with the consequence that there is little community pressure for implementation of findings from social policy research. There is a need for education programs aimed at the non-problem drinkers which impart factual information on the adverse effects of alcohol and promote favourable attitudes towards reduced alcohol consumption. These are tasks which enlightened educational practises can achieve (Dorn 1977; Goodstadt et al. 1982), even though they will not affect the behaviour of problem drinkers who will, it is presumed, be encouraged to alter their drinking habits as a result of the social policy changes (Hochheimer 1981).

### Conclusions

1. While isolated exceptions can be quoted, rehabilitation or treatment programs, educational activities, severe penalties or increased intensity of enforcement have not reduced the amount of alcohol-related crime, especially in the long term. By contrast, changes in social policy can satisfy the criteria of being both effective in the short and long term and economical in operation.
2. Increases in the availability of alcoholic beverages (lowering the legal minimum drinking age, longer hours of sale of alcoholic beverages, and more liquor outlets) in Australia and overseas countries have been found to be associated with increases in crime indices.
3. Overseas studies indicate that reducing the availability of alcoholic beverages reduces crime, and in particular traffic accidents. There appears to be no reason to suggest that these benefits would not also apply to Australia if the availability of alcoholic beverages was to be reduced.
4. There is also an urgent need for Australian social policy alcohol research in a number of other areas, and in particular with respect to the effect on consumption and hence alcohol-related crime of the alcohol content of beer, advertising of alcoholic beverages, and prices of the various alcoholic beverages.
5. Evaluation of the effectiveness of existing countermeasures in both the health and legal fields should also be given some priority to ensure that resources currently available are being used effectively and efficiently.

NOTES

1. A summary of the study is to be found on page 9 of the November 1981 issue of Connexions.
2. The Grand Rapids study was used in preference to the only Australian controlled study (McLean and Holubowycz 1981) as the former had considerably larger samples and also gave lower accident involvement indices, thus leading to more conservative estimates of potential reductions in alcohol-related crime.

**TABLE 1** Summary of analysis of variance for the effect on drivers and motorcyclists killed of the lowering of the drinking age in South Australia from 20 to 18 years

Source of variation	S.S.	d.f.	Var. est.	F
Time	15.125	1	15.125	0.609
Age	630.125	1	630.125	25.332**
Age x Time	78.125	1	78.125	3.141
Within	99.500	4	24.875	
Total	822.875	7		

\*\* p. <0.01

**TABLE 2** Summary of analysis of variance for the effect on drivers and motorcyclists injured of the lowering of the drinking age in South Australia from 20 to 18 years

Source of variation	S.S.	d.f.	Var. est.	F
Time	318003.12	1	318003.12	11.301*
Age	1131760.12	1	1131760.12	40.218**
Age x Time	107880.13	1	107880.135	3.834
Within	112561.50	4	28140.38	
Total	1670204.87	7		

\* p. <0.05

\*\* p. <0.01

**TABLE 3** Summary of analysis of variance for the effect of lowering the drinking age from 21 to 18 years on the number of all types of male traffic accident casualties admitted to public hospitals in the Perth statistical division on weekdays

Source of variation	S.S.	d.f.	Var. est.	F
Time	24.2	1	24.2	0.334
Age	500.0	1	500.0	6.897*
Age x Time	405.0	1	405.0	5.586*
Within	1160.0	16	72.5	
Total	2089.2	16		

\* p. <0.05

**TABLE 4** Summary of analysis of variance for the effect of lowering the drinking age from 21 to 18 years on the number of all types of male traffic accident casualties admitted to public hospitals in the rest of State on Saturdays

Source of variation	S.S.	d.f.	Var. est.	F
Time	999.27	2	499.64	8.409**
Age	448.54	1	448.54	7.549*
Age x Time	54.07	2	27.03	0.455
Within	1426.00	24	59.42	
Total	2927.88	29		

\* p. <0.05

\*\* p. <0.01

**TABLE 5** Summary of analysis of variance for the effect of lowering the drinking age from 21 to 18 years on the number of males admitted to public hospitals in the Perth statistical division on Mondays to Saturdays with a diagnosis of E961 to E968

Source of variation	S.S.	d.f.	Var. est.	F
Time	28.8	1	28.8	4.881*
Age	16.2	1	16.2	2.746
Age x Time	5.0	1	5.0	0.848
Within	94.8	16	5.9	
Total	144.8	19		

\* p. <0.05

**TABLE 6** Traffic accident fatalities in the Perth statistical division before and after the introduction of Sunday alcohol sales

Period	Sunday	Rest of Week	Total
Before	50	403	453
After	82	404	486
Total	132	807	939

$\chi^2 = 6.134$ , d.f. = 1, p. <0.05



**TABLE 7** Casualty accidents in the Perth statistical division before and after the introduction of Sunday alcohol sales

Period	Sunday	Rest of Week	Total
Before	1439	10159	11598
After	1690	10180	11870
Total	3129	20339	23468

$$\chi^2 = 16.85, \text{ d.f.} = 1, p. < 0.001$$

**TABLE 8** Traffic accident fatalities in the rest of state area before and after the introduction of Sunday alcohol sales in the Perth statistical division

Period	Sunday	Rest of Week	Total
Before	91	415	506
After	91	433	524
Total	182	848	1030

$$\chi^2 = 0.032, \text{ d.f.} = 1, \text{ N.S.}$$

**TABLE 9** Casualty accidents in the rest of state area before and after the introduction of Sunday alcohol sales in the Perth statistical division

Period	Sunday	Rest of Week	Total
Before	579	2367	2946
After	630	2798	3428
Total	1209	5165	6374

$$\chi^2 = 1.595, \text{ d.f.} = 1, \text{ N.S.}$$

**TABLE 10** Summary of analysis of variance for the effect of introducing Sunday alcohol sales on the number of males over the age of 21 years admitted to public hospitals in the Perth statistical division with a diagnosis of E961 to E968

Source of variation	S.S.	d.f.	Var. est.	F
Day	2714.45	1	2714.45	74.985***
Time	149.25	1	149.25	4.123
Day x Time	8.05	1	8.05	0.222
Within	579.20	16	36.20	
Total	3450.95	19		

\*\*\* p. <0.001

**TABLE 11** Summary of analysis of variance for the effect of introducing Sunday alcohol sales within 40 miles of Brisbane on the total number of fatal traffic accidents from 12 noon to midnight in the Brisbane City Council area

Source of variation	S.S.	d.f.	Var. est.	F
Day	3570.06	1	3570.06	152.567***
Time	7.56	1	7.56	0.323
Day x Time	5.06	1	5.06	0.216
Within	280.75	12	23.40	
Total	3863.43	15		

\*\*\* p. <0.001

**TABLE 12** Summary of analysis of variance for the effect of introducing Sunday alcohol sales within 40 miles of Brisbane on the total number of casualty accidents from 12 noon to midnight in the Brisbane City Council area

Source of variation	S.S.	d.f.	Var. est.	F
Day	25157097.8	1	25157097.8	2081.008***
Time	16516.5	1	16516.5	1.366
Day x Time	306.3	1	306.3	0.025
Within	338489.9	28	12088.9	
Total	25512410.5	31		

\*\*\* p. <0.001

**TABLE 13** Summary of analysis of variance for the effect on introducing Sunday hotel sales in New South Wales on the total number of traffic accident fatalities from 12 noon to midnight

Source of variation	S.S.	d.f.	Var. est.	F
Day	773146.1	1	773146.1	426.070***
Time	2211.1	1	2211.1	1.219
Day x Time	5565.1	1	5565.1	3.070
Within	7258.5	4	1814.6	
Total	788180.8	7		

\*\*\* p. <0.001

**TABLE 14** Summary of analysis of variance for the effect of introducing Sunday hotel sales in New South Wales on the number of non-fatal casualty accidents from 12 noon to midnight

Source of variation	S.S.	d.f.	Var. est.	F
Day	363272535.0	1	363272535.0	2109.338***
Time	7503.0	1	7503.0	0.022
Day x Time	26797.0	1	26797.0	0.774
Within	1384769.0	4	346192.0	
Total	364691604.0	7		

\*\*\* p. <0.001

**TABLE 15** Number of liquor licences in Western Australia and Queensland as at 30 June 1970 and 30 June 1982

Type of Liquor Licence	No of licences in WA			No of licences in Qld		
	1970	1982	% Increase	1970	1982	% Increase
Hotel and Tavern	459	574	25%	1086	1049	-3%
Club	259	328	27%	546	732	34%
Restaurant	41	215	424%	87	457	425%
Store	220	336	53%	-	-	-
All other	130	237	82%	473	540	14%
<b>Total</b>	<b>1109</b>	<b>1690</b>	<b>52%</b>	<b>2192</b>	<b>2778</b>	<b>27%</b>

Source: Annual Reports of the Queensland Licensing Commission (1970, 1982) and of the Licensing Court of Western Australia (1970, 1982).

**TABLE 16** Potential reduction in the number of drivers killed with low alcohol beer

BAL category of drivers killed	No. of drivers killed	Less drivers not affected	AII for midpoint of BAL category in column 1	New BAL (.8 of midpoint of BAL category in column 1)	AII for BALs in column 5	Est no of drivers saved
(1)	(2)	(3)	(4)	(5)	(6)	(7)
0.000	437	-	-	-	-	-
0.001-0.050	63	-	-	-	-	-
0.051-0.79	24	16	18	.052	7	10
0.080-0.99	34	22	59	.072	21	14
0.100-0.149	101	67	87	.100	85	2
0.150+*	366	241	111	.120	82	63
<b>TOTAL</b>	<b>1025</b>	<b>346</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>89</b>

\* Maximum BAL with an Accident Involvement Index (AII)

**TABLE 17** Male car drivers admitted to hospital in New South Wales before and after the introduction of the 0.05% blood alcohol level

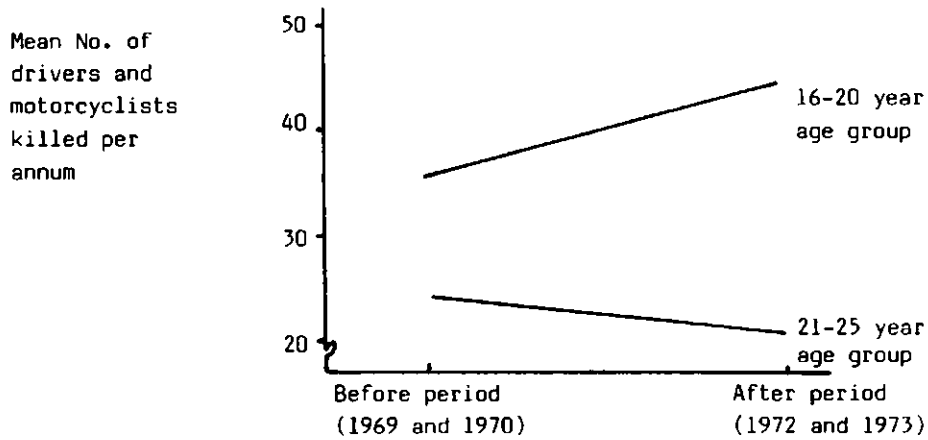
Age of drivers	1980 - BAL of 0.08%	1981 - BAL of 0.05%	Total
17-20 years	761	680	1441
30+ years	1175	1213	2388
Total	1936	1893	3829

$$\chi^2 = 4.53, \text{ d.f.} = 1, p. < 0.05$$

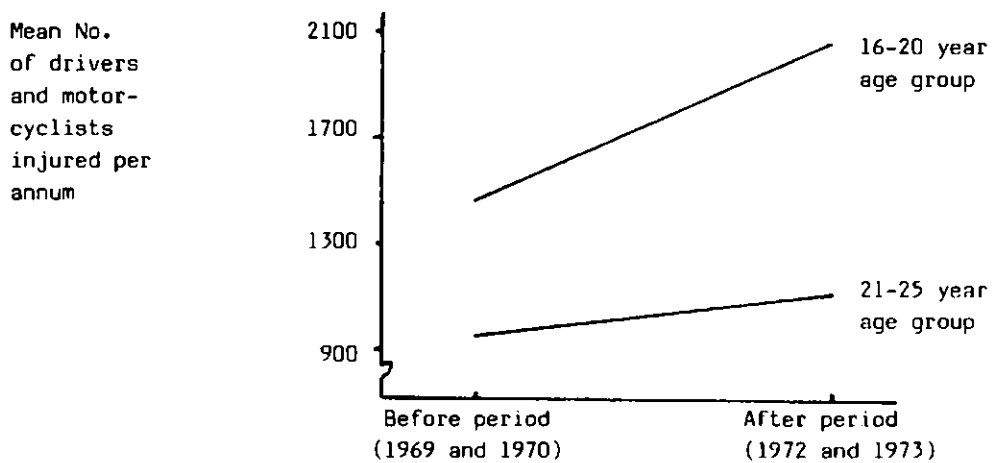
**FIGURE 1** Examples of recent alcohol social policy changes classified according to whether they are overt or covert and positive or negative from a health-legal point of view

	Overt	Covert
Positive	<p>Randon breath testing 0.08% reduced to 0.05%</p> <p>Hospital blood alcohol tests for traffic accident casualties</p> <p>Restricted or dry areas in the Northern Territory</p>	<p>Statutory maximum number of hotel licences in Queensland</p>
Negative	<p>Lowering the drinking age</p> <p>Introducing Sunday alcohol sales</p> <p>Early opening hours for some hotels in Western Australia</p>	<p>Price of alcohol decreasing relative to inflation</p> <p>Alcohol advertising</p> <p>Increased liquor licenses in Western Australia</p>

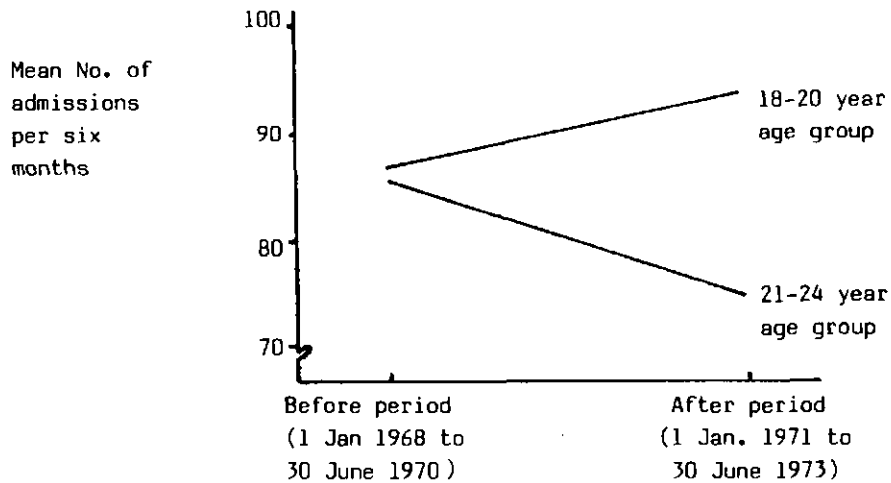
**FIGURE 2** Profile for the effect on drivers and motorcyclists killed of the lowering of the drinking age in South Australia from 20 to 18 years



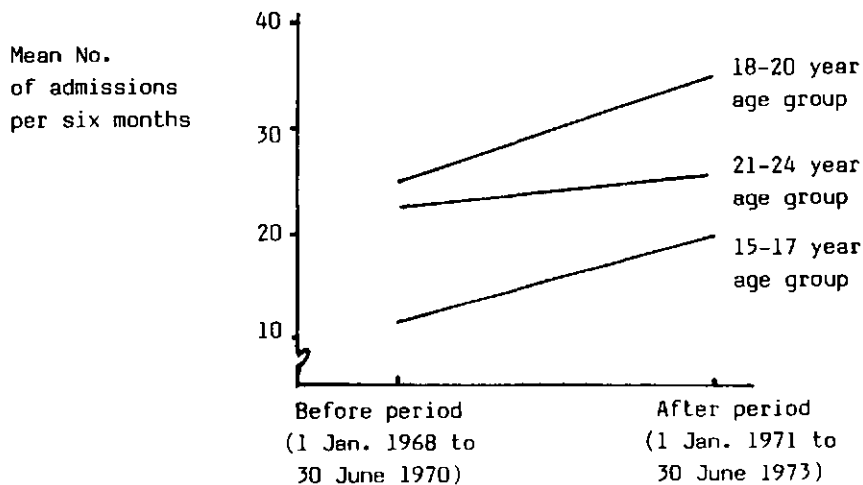
**FIGURE 3** Profile for the effect on drivers and motorcyclists injured of the lowering of the drinking age in South Australia from 20 to 18 years



**FIGURE 4** Profile for the effect of lowering the drinking age from 21 to 18 years on the number of all types of male traffic accident casualties admitted to public hospitals in the Perth statistical division on weekdays

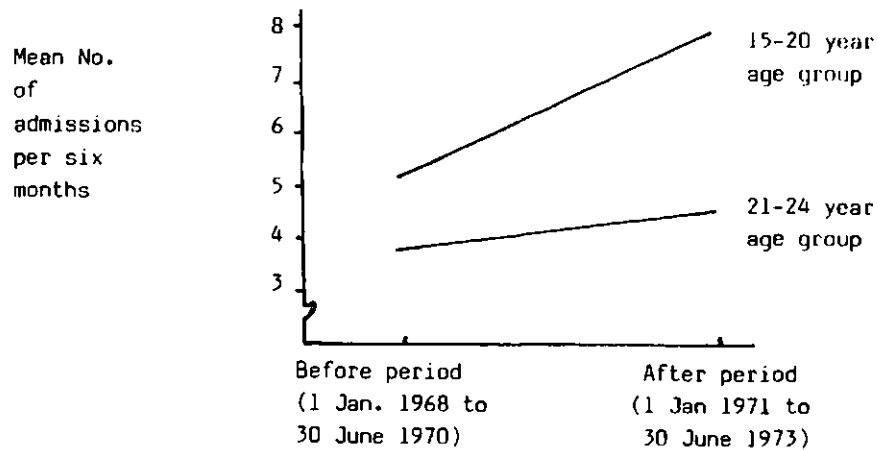


**FIGURE 5** Profile for the effect of lowering the drinking age from 21 to 18 years on the number of all types of male traffic accident casualties admitted to public hospitals in the rest of state on Saturdays

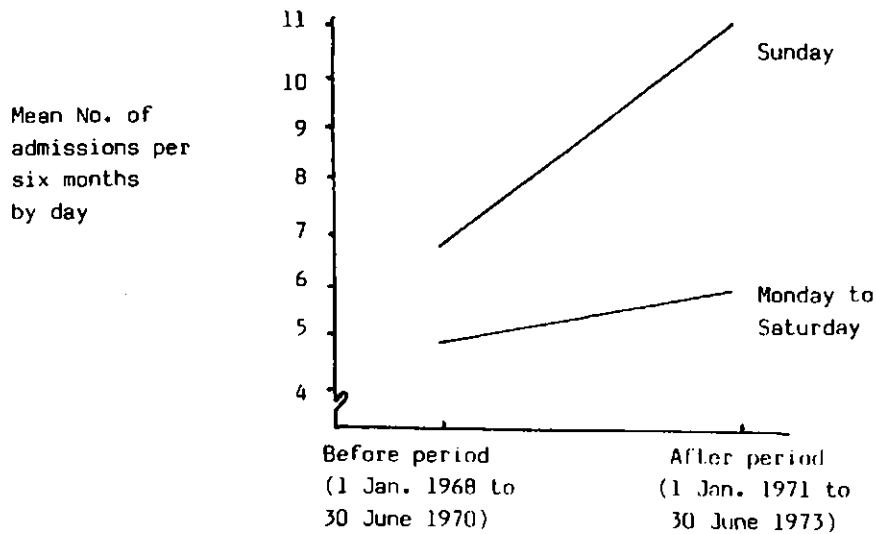




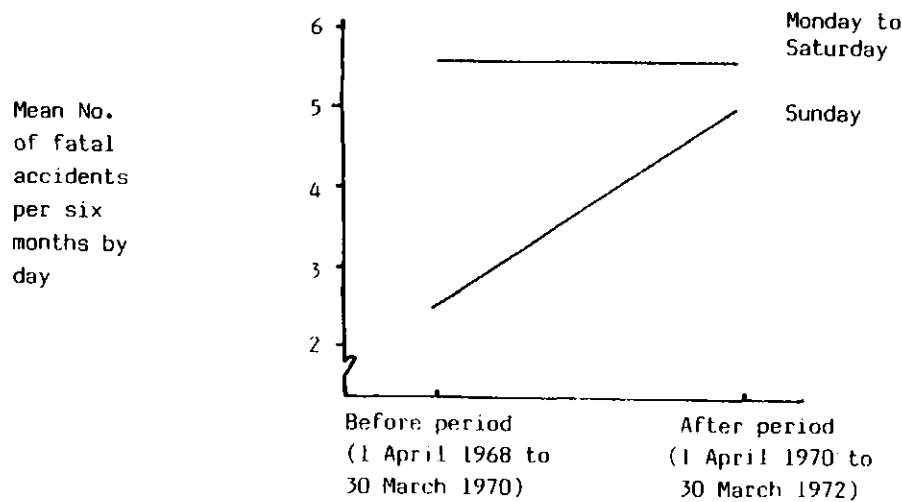
**FIGURE 6** Profile for the effect of lowering the drinking age from 21 to 18 years on the number of males admitted to public hospitals in the Perth statistical division on Mondays to Saturdays with a diagnosis of E961 to E968



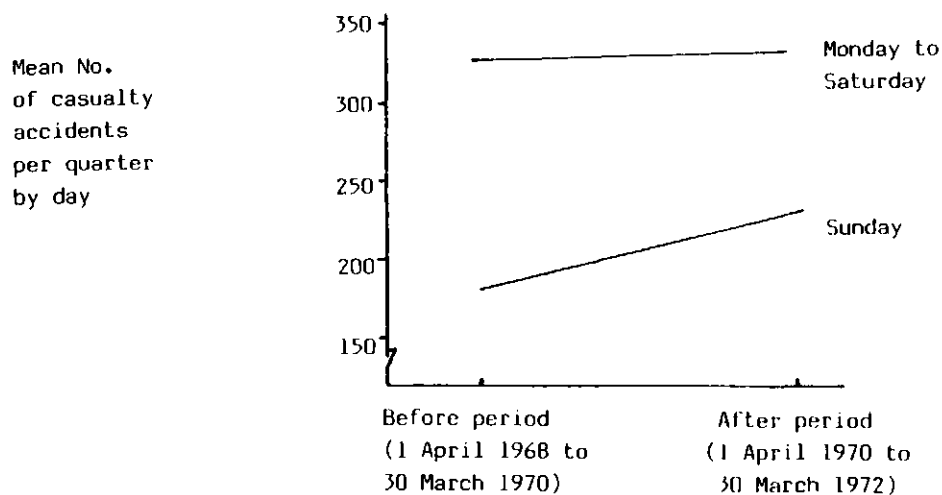
**FIGURE 7** Profile for the effect of introducing Sunday alcohol sales on the number of males over the age of 21 years admitted to public hospitals in the Perth statistical division with a diagnosis of E961 to E968



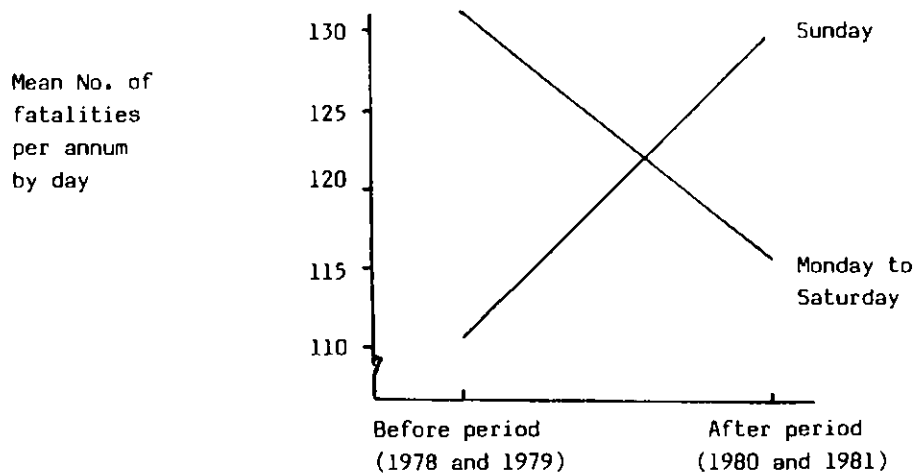
**FIGURE 8** Profile for the effect of introducing Sunday alcohol sales within 40 miles of Brisbane on the total number of fatal traffic accidents from 12 noon to midnight in the Brisbane City Council area



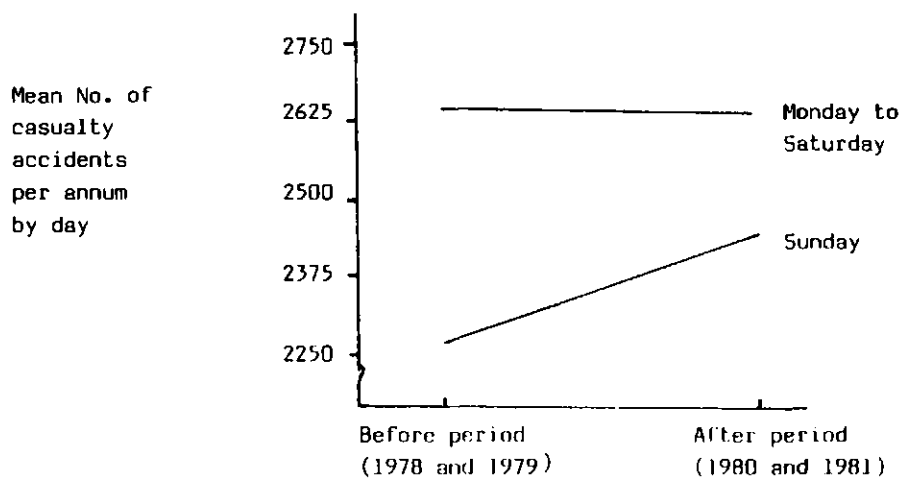
**FIGURE 9** Profile for the effect of introducing Sunday alcohol sales within 40 miles of Brisbane on the total number of casualty accidents from 12 noon to midnight in the Brisbane City Council area



**FIGURE 10** Profile for the effect of introducing Sunday hotel sales in New South Wales on the total number of traffic accident fatalities from 12 noon to midnight



**FIGURE 11** Profile for the effect of introducing Sunday hotel sales in New South Wales on the number of non-fatal casualty accidents from 12 noon to midnight



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## THE PRINCIPLE OF DIVERSION

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Support for the principle of diversion is fairly general among those who have both an interest in the criminal justice system and a concern that the system should more adequately fill its role in society. There is, however, a range of bases on which proponents of diversion seek to support the introduction of such a system or an enlargement of its operation. These bases range from the economic (which includes both the costliness of the judicial system and the high price of justice to the accused) through to the humanitarian considerations which should guide us in our treatment of our fellows.

The arguments supporting diversion in one form or another I leave to others to expound, and intend considering the somewhat narrower questions that any system of diversion raises in our criminal justice system. This means that it is necessary at the outset to distinguish those kinds of diversion which operate within the system of criminal justice from those which might properly be called pre-trial diversion, although the use of the term 'trial' in this context needs some development. There is, further, the relationship of mediation to diversion which may need consideration.

As to diversion within the criminal justice system, the mechanics of such a method of non-punitive disposition of offenders is well enough settled in kind to need nothing more than expansion into other forms. We have already, in most jurisdictions, a power in the courts to divert from the prison system, and even to divert from conviction altogether in such provisions as s.556A of the New South Wales Crimes Act. The expansion of this range of choices of diversion within the system is largely the substance of the various kinds of proposal now being advanced for non-custodial alternatives. The effect of the enlargement on the range of alternatives is simply to give to the sentencing authority, by legislative act, enlarged discretionary powers in respect of sentencing. Such legislative intervention in respect of sentencing powers is commonplace.

Pre-trial diversion differs in kind from trial diversion, and may be effected by a number of different techniques ranging from informal arrangements to formally regulated procedures. These latter include most forms of mediation.

### The Prosecution Process

The propriety of legislative intervention pre-trial is by no means quite so clear as it is in respect of trial diversion. Trial diversion is judicial in character, being an exercise of the sentencing discretion; pre-trial diversion is most likely to be an executive act, but may be merely an informal arrangement.

Difficulties derive from the character of the prosecution process in the common law and the protections against abuse it affords. It is, therefore, necessary to look in a little more detail at the theoretic base on which prosecutions proceed in our system.

From earliest times the prosecution of offenders was a private matter, and even though the Crown arrogated the right to pursue indictments in the courts at a later stage, the institution of proceedings remained a private matter, and for a long time the right of private 'appeal' ran parallel to the Crown's right to trial on indictment.

The effect in modern times is that the private character of prosecutions still remains central to our system of criminal justice. The Crown does not become a party to the criminal action until it has considered its position after commitment or a refusal to commit by a magistrate when the Crown may choose to present an indictment, have the accused arraigned, and his or her trial conducted generally with a jury. (1)

This course of action is, of course, only appropriate where the matter is an indictable offence. The great majority of cases which come before our criminal justice system are not indictable offences, or are indictable only if the accused, the magistrate or the prosecution chooses to make them so.

It is with this great bulk of the prosecutions that occur in our courts that it is suggested difficulties arise in the way of an effective system of pre-trial diversion.

The private character of prosecutions is these days obscured by the existence of a professional police force, who in the very great majority of cases inform against a person suspected of having committed a crime, and then, generally through the police prosecution branch or, in some jurisdictions, through the officers of the executive, pursue the prosecution to its conclusion. Whether the prosecution is carried through on behalf of the police by their own prosecution branch, or by somebody else, the prosecution is still a private matter, and a private matter of a very special kind.

If a private prosecution is launched by ordinary citizens then of course their rights to pursue the prosecution will in many respects be the same as those rights in a police officer

to pursue a prosecution, but there are important differences between the two classes of case. In respect of private citizens, there is no restriction on the legislature in the sense that the legislature may prevent or limit the right of a private person to pursue a prosecution. It is not uncommon to find in legislation that the power to prosecute is limited to a certain class of persons. Legislation may provide that only the police may prosecute in respect of some offences. Whether the police informant can be similarly prevented from prosecuting presents a number of questions.

The position of the police informant is complex, and it is necessary first to examine what is the place of constables within the criminal justice system, as it related to their powers of prosecuting offenders.

Sir James Fitzjames Stephen in his History of the Criminal Law (1883) Vol. 1, p.493, summarised the position in the following terms:

In England, and, so far as I know, in England and in some English colonies alone, the prosecution of offences is left entirely to private persons or to public officers who act in their capacity of private persons who have hardly any legal powers beyond those which belong to private persons.

While it is well established that police officers have a right to prosecute - a right they share with other citizens, the question whether they have a duty to prosecute cannot be answered so readily.

It is a misdemeanour at common law for officers of justice to neglect their duty in certain circumstances. In Wyatt (1708) Salk 380 the court said 'Where an officer neglects a duty incumbent on him, either by common law or by statute, he is for his default indictable' and '... the constable is an officer of common law, and when a statute requires him to do what without requiring had been his duty and he must have done, it is not imposing a new duty and he is indictable at common law for it'. Similarly in Crother's case (1593) Cro Eliz 654 '... all the court held the indictment to be good (for a constable refusing on notice to pursue) ... because it is a constable's duty, notice given unto him, presently to pursue'.

The duty to enforce the law was said in R v Metropolitan Police Commissioner, Ex parte Blackburn [1968] 1 All ER 763 to lie in the commission and chief constable and 'though chief officers of police had discretions (for example, whether to prosecute in a particular case, or over administrative matters), yet the court would interfere in respect of a policy decision amounting to a failure of duty to enforce the law of the land ...' (headnote).

Earlier, the government in debate in the House of Lords has said '... no police authority or anyone else has authority to interfere in relation to the enforcement of the law by the police ... full responsibility for enforcement is a matter which is reserved entirely to the chief officer of police; in the exercise of this responsibility he is responsible to the law alone and not to any police authority ...' (Hansard, Vol. 213 col. 47, 8 Dec. 1958).

Lord Denning MR put the matter rather more strongly in Blackburn's case. He said (at p.769):

He must decide whether or not suspected persons are to be prosecuted; and, if need be, bring the prosecution or see that it is brought; ... No Minister of the Crown can tell him that he ... must, or must not, prosecute this man or that one (emphasis added).

For this statement of the law and in particular those parts of it that are emphasised the question arises whether pre-trial non-prosecution can readily be incorporated into the existing system of police prosecutions.

The extent to which a police officer (or the chief officer) can be prevented by executive action from pursuing a prosecution is open to doubt. There have been attempts to control the exercise of police powers when these are statutory and the interference is attempted by the minister (the Whitrod dispute in Queensland was of this kind), but the position of a constable with a duty to prosecute under the common law presents difficulties. The statutory powers given to the police are superimposed on powers of common law constables but their status is derived from the common law constables.

According to Halsbury (4th edn, Vol. 36, p.212):

Although it is the duty of every chief officer of police to enforce the law of the land, in any particular case it is for him to decide whether or not there should be a criminal prosecution (whether on grounds peculiar to that case or in accordance with a policy adopted by him); nevertheless, if it were necessary for the purpose of securing that a chief officer properly carried out his duty, it would seem that the court might grant an order of mandamus to an applicant with a sufficient interest, or proceedings for that purpose might be brought by the Attorney-General.

It is only to compel prosecution that this power seems to exist. The power to prevent prosecutions has not been authoritatively considered.

The power to commence private prosecutions may, of course, be denied or regulated by statute or by the general law. In respect of the latter, the Attorney-General's duty includes the institution of prosecutions for offences which have a tendency to disturb the peace of the state or to endanger the government (Ex parte Crawshaw v Langley (1860) 8 Cox CC).

A number of statutes impose limitations on the right to prosecute. So, for example, a statute may provide that prosecutions can be instituted only with the consent of some public officer who is generally the Attorney-General. (2)

The use of this technique to control prosecutions is at present sporadic and difficult to explain, but the general use of a supervisory power by the state over all prosecutions would present very considerable difficulties.

Such a system does, however, operate in Scotland, and procurators fiscal have control over prosecutions. In Canada, the Law Reform Commission has recommended that the private right to bring a charge should be preserved, but that the matter should be taken over by the state after that stage.

An extension of this power of the Attorney-General was introduced in England with the creation of the office of Director of Public Prosecutions. The functions of this office were created in the nineteenth century (see Prosecution of Offence Act 1879). As the DPP's right to take over any proceedings, see Prosecution of Offences Act 1980 s.2(3). There seems to be no power, however, for the DPP to choose not to prosecute where a prosecution could proceed.

It would be possible in the various Australian jurisdictions to introduce a comprehensive system of intervention by an official of a kind similar to the English DPP.

The Victorian Government has introduced the office of Director of Public Prosecutions with similar responsibility to the Attorney-General, in the Director of Public Prosecutions Act 1982. It is noticeable that the Act gives only limited powers to the DPP. Section 9 provides:

(1) The functions of the director are -

- (a) to prepare institute and conduct on behalf of the Crown criminal proceedings in the High Court, Supreme Court and County Court;

- (b) when he considers it desirable to do so
  - (i) to prepare institute and conduct any preliminary examination under Part V of the Magistrates (Summary Proceedings) Act 1975;
  - (ii) to take over and conduct any proceedings in respect of a summary offence of an indictable offence tried or being tried summarily; and
  - (iii) on behalf of the Crown, to assist a coroner or to instruct counsel assisting a coroner in any inquest under the Coroners Act 1958; and
- (c) to carry out such other functions as may be given to him by or under this Act or any other act.
- (2) The director shall be responsible to the Attorney-General for the due performance of his functions under this Act or any other act.
- (3) Nothing in subsection (2) shall affect or derogate from the authority of the Director in respect of the preparation, institution and conduct of proceedings under this Act or any other act.
- (4) In any proceedings instituted or conducted by the Director or any proceedings by way of appeal from or otherwise arising out of proceedings instituted, or conducted by the Director, the Director may appear in person or may be represented by counsel or a solicitor.

It will be noted that there is a distinction between s.9(1)(a) and s.9(1)(b), in that, in respect of the former, the Director seems to have no discretion but will institute and conduct Crown suits as therein set out. On the other hand, when it comes to matters which are in the nature of committal proceedings or summary offences and summary offences tried or being tried summarily, there is a discretion in the Director whether he takes over the prosecution of such matters.



The Director has power under s.10 of the Act to furnish guidelines to the Crown prosecutors, the police and to any other person or persons with respect to the prosecution of offences, but he cannot furnish guidelines in respect of a particular case (s.10(1)).

Under s.11 the Director can give directions to members of the police force and other persons with respect to the offences or classes of offences which are to be referred to the Director for the institution and conduct of proceedings (emphasis added).

It is noticeable that under s.11 directions to the police force and other persons can be given by the Director only for the purposes of instituting and conducting proceedings.

While the Act provides in s.14 for the Director to have power to enter a nolle prosequi this obviously refers to indictable offences while the power of the DPP in respect of summary offences or indictable offences being tried summarily seems only to be to take over such prosecutions (see s.9(1)(b)).

A system of diversion before trial in our criminal procedure requires that in some way there be an authority with sufficient power to make decisions before cases come to court at all. At present, we have only the police in such a position, and the police who have arrested someone whom they believe will be ultimately convicted are probably not the best judges of whether a trial in respect of the crime should proceed at all. The police, of course, are subject to the supervisory powers of their superiors within the police force and the Attorney-General, who will decide in some instances that the prosecution should not proceed, but this will normally be on the basis that there is no proper case.

Considerations whether to proceed with a charge or not are peculiarly one-sided affairs in our system. The defendant and his representatives have very little to do with this part of the procedure. If matters other than the simple question whether the case can be proved are to be considered, then there needs to be much more openness at this part of the pre-trial procedure, so that proper consideration can be given to the many other factors which may be operating to induce the prosecutor to discontinue.

If a public prosecutor of some kind is brought into the system at this early stage, and the police and the arrested person's representatives are brought in on the discussions, then, obviously, a more informed decision can be made on whether the matter should proceed or not and, equally, if it is to proceed, on what matters it should go ahead, that is to say, whether some of the possible charges ought not to be dropped while others are proceeded with.

In some European systems and, in particular, Scandinavian systems, the prosecution file is made available to the accused and his representatives at a very early stage, and the protection that this gives against unreasonable prosecutions is much greater than under our system. The accused is also given full opportunity to use the forensic facilities of the prosecution, so that with full disclosure of the prosecution file, and the availability of independent research if needed, very much better informed decisions can be made about whether a prosecution ought to go ahead or not.

Of course, even where the prosecution could go ahead in the sense that a case can be made out, the presence of the defence at this early stage, and the representations that the defence might make on non-legal matters, for example, the mental state of the accused, or the accused's need for social welfare services rather than punishment, can be fully argued before a prosecution is launched.

It seems that there is a need to have some independent authority separated from both the police and the defence who can assess the various arguments which will arise before trial, so that a proper decision on the disposal of the case can be made in good time. It is for this reason that I have referred to the role of the Director of Public Prosecutions earlier in this paper. It seems to offer the opportunity now that the states and federal government have begun to consider the establishment of a Director of Public Prosecutions to look closely at the possible expansion of the functions of the director at a stage before prosecutions commence, so that something in the nature of a diversion system can be worked out and supervised by an authority independent of both the police and the defendant.

There are many ways, of course, in which the European system offers alternative methods of diversion, which would be equally available in this proposed scheme. So, for example, the power of the Director of Public Prosecutions to furnish guidelines as referred to in s.10 of the Victorian Act could be used to divert classes of offenders into other than the judicial system. The director could, for example, direct all members of the police force, under s.10(1)(b), to withhold prosecution of all drug offenders until certain preliminary enquiries are undertaken as, for example, the notification of the accused's representative, and an assessment of the defendant's condition by someone from the rehabilitation services, if this is desired by the accused. If there were then a power in the director, on being supplied with the report on the accused, to waive prosecution, either wholly or on conditions, one can imagine many cases which at present are put through the judicial process being dealt with otherwise.

Something of this kind already happens in Sweden, where, for example, in family disputes where there is violence between members of the family, these are not prosecuted, but referred to social service agencies; similarly, where the accused person seems to be suffering from some sort of mental disability, the matter is diverted to an appropriate social service, and prosecution is waived.

The main elements in the present prosecution system which need to be changed to put something of this kind of system into effect are:

1. The police must enlarge the ambit of their considerations from the decision to prosecute or not prosecute, and take into account the possibility of a waived prosecution or a delayed prosecution in appropriate cases.
2. Some agency needs to be established, and it might properly be brought within the office of the DPP, to operate as an independent assessor in respect of the decision to prosecute.
3. The police must abandon the secrecy which presently surrounds the decision to prosecute, and all of the papers in respect of a prosecution must, where appropriate, be available to the defence before the prosecution is decided upon.
4. The independent authority must have power to review the police papers on the desirability or otherwise of a prosecution as well as any submissions made by the defence representative, and then decide whether a prosecution should proceed, or some alternative method be adopted in the instant case.
5. In certain classes of cases, it should become routine that the question of prosecution be deferred until the social questions raised by the prosecution can be considered in the manner referred to above. Such crimes as drug-related offences, drunkenness, and many special classes of juvenile offenders, would probably best be brought within this category.
6. Many more offences ought to be made punishable on the spot by a fine at the election of the person caught offending. This should include such offences as shoplifting, malicious damage to property, common assaults and petty larceny.

What is needed at the early stage of criminal procedure, before charges are finally laid, is a reconsideration of what might be called the conflict mentality which has for so long had an important part in the trial system. At the early stage in the

procedure there should be an attempt by both the police and the defence representative to resolve the social question in social terms, keeping as many cases as possible away from the judicial system altogether.

What is proposed so far in this paper is a different approach to the idea of diversion from the systems that have been used for many years in America. Although the diversion of offenders is dependent in most systems on the discretion of the prosecution attorney, a committee considers each case and the offender is formally dealt with and may end up with something like probation for a determined period with conditions that seem appropriate to his case (cf. Kalamazoo formal system).

The system here proposed differs in a number of respects from the common American models.

The office of the DPP in each state and the Commonwealth should include a section concerned exclusively with diversion cases. Where pre-trial diversion appears appropriate (and this decision should follow disclosure of the police case and the representations of the defence representatives) the offender should be referred, if necessary, to an appropriate specialist agency for advice. In the case of a drug offender it may be the rehabilitation centre; in the case of a young offender the Department of Child Welfare or its equivalent. Having received that advice the office of the DPP should settle the terms on which the prosecution is suspended, or whether the prosecution should be simply dropped or some other appropriate order made. The representatives of the offender should have full access to the data on which the decision is to be reached and the right in any event to have the case tried before the court.

### Mediation

If a system to facilitate diversion can be devised either by adding to the DPP's powers a power to withhold prosecution or by some other method - perhaps involving police co-operation - then the system of mediation may have an important place in the process. One danger in diversion is the likelihood that victims of criminal conduct and their interests may be ignored. Should the offence call for compensation or reparation then the interest of the victim can be weighed against the offender's. A right to be heard in the matter may be of considerable importance to a victim both for psychological and practical reasons. There is the further real benefit in cases where the offender and victim are related or closely connected that an open discussion can have long term benefits. It would be useful to look at the existing mediation schemes available in New South Wales with a view to engrafting them onto a general scheme of diversion.

NOTES

1. The idea of summary trial developed slowly at first but now is the predominant method of trial. Generally summary trials are without juries and indictments give rise to jury trials. There is now a further development of a mixed form of trial as under s.51A of the New South Wales Justices Act where the summary procedure continues into the superior court on a 'commitment for sentence'.
2. Australian examples of such a requirement include the Approved Defence Projects Protection Act 1974, the Defence (Special Undertakings) Act 1951, the Social Services Act 1947, parts of the Broadcasting and Television Act 1942 - ss. 90R, 92KA and 118, the Air Navigation Act 1920 s.22; the Treasurer's consent is needed for prosecution under the Goldmining Industry Assistance Act 1954, and the Minister's consent to a prosecution under the Trade Practices Act 1974 (as amended). Sometimes the requirement of a prosecution permits the arrest and holding of a suspect before the consent is given - see Crimes Act 1914 s.85. An unusual Attorney-General's consent provision is s.198 of the Police Offences Ordinance, ACT (as amended). Consent is required for prosecutions for keeping a brothel.



SOME ISSUES RAISED BY INTOXICATION  
AND CRIMINAL RESPONSIBILITY

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The arguments concerning intoxication and criminal responsibility fall into two categories, the first based on preserving the logic of the criminal law, and the second based on public policy.

In order to illustrate these arguments, and to focus attention on the problems raised by intoxication in the criminal law, may I put before you a specific case, which was heard earlier this year by the District Court of New Zealand.

The defendant was charged with driving a motor car under the influence of intoxicating liquor or of any drug to such an extent as to be incapable of having proper control of the motor car. The defendant's vehicle collided with a parked vehicle. He was obviously very intoxicated. A constable who arrived on the scene shortly afterwards described the defendant's behaviour as unusual: he said that the defendant appeared incapable of rational thought or action. A doctor who examined him said that he was suffering from a bizarre hysteria as a result of gross intoxication. The defendant was banging his head against iron bars to a point where the doctor and the police were concerned about his well-being. He also lay on the ground frothing at the mouth. The defence counsel submitted that in these circumstances, the court could not be satisfied beyond reasonable doubt that the defendant had the necessary mens rea or intention to drive.

Now consider the problems raised by such a case: on the one hand, there is the basic principle of the criminal law that a person is not guilty of a criminal offence unless his or her mind went with the act - unless he or she not only did the act, but also did it voluntarily and with the intention to do it. If, by reason of severe intoxication, the accused did not form a criminal intent, then he should not be found guilty of the crime charged against him.

On the other hand there are public policy considerations; the public is entitled to be protected from drinking drivers. It is generally thought, for this reason, that the drink-driving offences are absolute - that the Crown is not required to prove mens rea.

Section 80B of the Motor Car Act 1957 (Victoria) which is similar to the provision under which this defendant was charged reads:

- (1) Any person who drives a motor car while under the influence of intoxicating liquor or of any drug to such an extent as to be incapable of having proper control of the motor car shall be guilty of an offence and shall be liable to a fine or to imprisonment and at least two years cancellation of his licence.

All of these arguments were debated at length by the High Court of Australia in 1980, in the case of *R v. O'Connor* 29 ALR 449 and, by a slim majority of four to three, the High Court held that self-induced intoxication was always relevant to the question whether the Crown had proved voluntariness and intent. If the offence was one which had as one of its elements a 'specific intent' - an intention to achieve a particular result, for example, to resist arrest or to inflict grievous bodily harm - then intoxication would be relevant to negative that intent. And if the offence did not require such a 'specific intent' to be proved (such offences are categorised as those of 'basic' or 'general' intent, and examples are unlawful wounding and manslaughter) then intoxication would be relevant in determining whether the accused intended to do the physical act involved in the crime.

If the case that I have described were to be decided on O'Connor principles, it might very well be held that if the court accepted the evidence of the defendant's extreme intoxication, the prosecution would not be able to prove the mens rea, or intention to drive, beyond reasonable doubt and the charge would be dismissed. Is this a satisfactory result? If you said to a non-lawyer that gross intoxication might, even in a very rare case, operate as a 'defence' to a drink-driving charge, he would laugh in your face.

The Victorian Law Reform Commission has undertaken research to gain information concerning the extent of alcohol and drug use among criminals, the frequency of O'Connor 'defences' and the usual outcome of such defences. Also we have undertaken widespread consultation. As I have said, our findings to date indicate that although intoxication is a common feature of criminal cases and often forms part of the evidence concerning the state of mind with which an accused person acted, there have been few acquittals on the ground that, because of intoxication, the defendant did not form a criminal intent. Those acquittals have been almost entirely in the magistrates' courts.

This has led many practitioners to say that O'Connor is good law and should not be changed; intoxication is rarely argued to negative intent, they say, and even more rarely results in



acquittal. Juries may be relied upon to distinguish cases in which intoxication merely reduces an accused person's inhibitions and self-control, from those where it prevents him or her acting voluntarily and with criminal intent. There is no reason to fear that juries may be too readily persuaded to an acquittal if evidence of intoxication, whether by alcohol or other drugs, were allowed. If the evidence of intoxication is not such as to raise a doubt as to lack of voluntariness or actual intent, that evidence can be withdrawn from the jury's consideration.

O'Connor is in line with decisions of the Supreme Court of Victoria extending back until at least Keogh's case [1964] VR 400, and although the practice of Victorian judges has been to regard intoxication as relevant to all criminal charges, there is no evidence of a greater incidence of crime committed under the influence of intoxication. Nor has there been any public outcry on the question.

The deterrent aim of the criminal law, to protect the public and preserve order, is inappropriate in cases of gross intoxication, as deterrence, if it operates at all, will do so, not at the time of the offence, but at the earlier time when the drugs or alcohol are taken in excess. If a person does not contemplate that he may become violent as a result of taking the alcohol or drugs, he will not be deterred by the prospect of criminal liability, unless he knows from past experience that he tended to become violent when intoxicated or took the alcohol or drugs to give himself 'dutch courage' to commit a pre-planned offence. Both of these situations are covered by the present common law.

However, notwithstanding that there have been few acquittals since O'Connor was decided, should the law be changed to ensure that a 'wrongful' acquittal on the basis of intoxication does not occur? Although the High Court decision in O'Connor was in accordance with the earlier common law of Victoria and the other non-Code states of Australia, it is different from the law in England and other common law jurisdictions which have followed the English cases. In Canada and the United States, the law is the same as it is in England. The Code states of Australia - Queensland, Western Australia and Tasmania - have also adopted the English approach.

Now let us return to the case with which I started. If the English approach as stated by the House of Lords in Majawski were applied, the accused would be convicted, because intoxication is not relevant to offences of 'basic intent'. The state of self-induced intoxication would be sufficient in itself to constitute a blameworthy state of mind. Alternatively, adopting the approach of a more recent series of cases heard by the House of Lords, commencing with Caldwell, the voluntary self-induced intoxication could be regarded as recklessness and that recklessness could be taken as the mens rea for the offence.

An alternative law reform proposal was made by the Butler Committee in 1975 in England and more recently, this year, by the Canadian Law Reform Commission, as an alternative to the present law in Canada. This is to introduce a new offence of Dangerous or Criminal Intoxication. The statute would provide that it should be an offence for a person while voluntarily intoxicated to do an act (or make an omission) that would amount to a dangerous offence if it were done or made with the requisite state of mind for such an offence. (The Canadian proposal is not limited to dangerous offences.)

The offence would be an included offence; the prosecution would not charge this offence in the first instance, but would charge an offence under the ordinary law. If evidence of intoxication were adduced, the jury could return a verdict of not guilty of that offence, guilty of that offence, or not guilty but guilty of the offence of dangerous intoxication.

If such an offence were introduced, the court would be given by statute clear power to convict those who offend while voluntarily intoxicated, not necessarily to punish them, but also to persuade them to accept treatment.

According to our research, the majority of those who consider that the law should be changed favour the introduction of a separate offence.

Now, to return to the case with which I started: the charge against the defendant was dismissed. Because the defendant was grossly intoxicated, the Crown was not able to prove mens rea or intention to drive beyond reasonable doubt. In delivering his judgement, Judge Bisphan said, "I am afraid to the lay people in the Court-room this will sound a lot of mumbo jumbo, but reluctantly that is the conclusion I have come to and I do so come to it very reluctantly, because it seems quite clear from Dr Fahey's evidence that the defendant was grossly intoxicated".

I believe that on the current law in Victoria, a similar result could be reached here, unless the law is changed.

## DRUG LAW ENFORCEMENT IN NEW SOUTH WALES:

## POLICY AND PROBLEMS

Detective Inspector J.M. Willis  
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Criminal Investigation Branch  
New South Wales Police Department

Introduction

The New South Wales Police Department has the specific task of enforcing the law in relation to the illicit use of drugs. It is the approach to this task which I believe is important, and it is the purpose and intention of the Police Department to offer a policy of stringent, professional enforcement of the law relating to those who traffic in and sell drugs, or who engage in other drug-related crimes, and to offer a modern, humane and rehabilitative attitude to those who have become addicted to drugs.

May I, however, pre-empt my paper by asserting that I represent here today a police department that is anxious to reach an understanding of the drug problem, that is flexible in its approach to the problem, and is keen to be part of a public policy that will bring a consensual solution in this most difficult area. It is crucial that the police department, as an agent of social control, interact at all times with those organisations and people related to this problem.

Formal Objectives of the Police Department

Formal objectives of the New South Wales Police Department as they relate to drug law enforcement are encompassed within the following:

- (a) to effectively enforce the provisions of the law;
- (b) to suppress and contain the use and spread of illicit drugs throughout the community;
- (c) to detect and apprehend persons engaged in illicit drug trafficking, or in any drug-related crime; and to initiate proceedings so that alleged offenders may be dealt with according to law;

- (d) to liaise and co-operate with the Australian Federal Police, and all other police forces in matters pertinent to international and domestic drug trafficking and drug-related crime;
- (e) to apply humanely the law those addicted to drugs and assist in their rehabilitation;
- (f) to liaise and co-operate with government and other agencies in relation to drug rehabilitation measures;
- (g) to keep abreast of trends in drug abuse, diversion and trafficking, and to provide the government with an innovative program of drug law enforcement.

#### Difficulties in Drug Law Enforcement

Drug abuse is a victimless crime in the sense that users and sellers of heroin do not file 'complaints' to the police. That is, what is strictly labelled a crime occurs only when there is both a tacit and explicit agreement between parties in the nature of the transaction (Williams et al. 1979, p.7).

Drug law enforcement is not easy, nor is it particularly pleasant. The policing of the Poisons Act in the state of New South Wales is the province of the police department; they enforce the provisions and are, in turn, restricted by them. I should point out here that the New South Wales Police Department has the responsibility for enforcement on a domestic scale within the state, and the interception of drugs on the other side of the customs barrier is the responsibility of the Bureau of Customs and the Australian Federal Police. We work in close liaison with both bodies.

Because of the tremendous difficulty experienced by the Customs Bureau and the Australian Federal Police in intercepting drugs at the point of entry, be it through the airport or seaport - and I make no criticism of either organisation, as they have a gargantuan task - the Police Department is faced with the problem of the drugs within the community. To locate and arrest those who distribute the drugs is a difficult task.

The crime that is created in dealing in drugs is of a transactional nature, and police working in the field of drug law enforcement have only allegations of crime to begin with. They often necessarily work from information given by informants, frequently placing themselves in the unenviable situation where they tread the fine line separating the legally permissible from the legally non-permissible. Their presence in an area often substantially reduces the visibility of the crime they are legally obliged to regulate (Williams et al. 1979, p.7).

There is a need then for police officers engaged in drug law enforcement to be innovative and flexible in their approach to their work, as the crime of drug selling does not occur until it is detected. The work calls for a great deal of surveillance and intelligence work, and when the arrest is made the court case is expected to be reinforced by this type of evidence.

In this day and age every major, and a great many minor, drug traffickers or dealers have access to '24-hour' legal counsel, and inevitably there is a long drawn-out court case resulting from charges brought by police. Courts of today are asking for more and more tangible evidence to support charges which in themselves necessitate long hours of work. Some major court cases have been known to occupy the court's time for many months.

A factor which greatly complicates the efforts of police engaged in drug law enforcement is that many drug users are also 'sellers'. Users may, for example, purchase more of the drug than they can use for the purpose of selling the extra to support their own habit.

Another complication in drug law enforcement, particularly in dealing with heroin importers or female sellers, is that of secretion of the drugs within their body, either by swallowing or placing them in the body cavities. Such practices are frequently used by persons bringing drugs through the customs barrier, and by female drug sellers who so secrete the drugs from the police, or from those who would 'rip' them off. It is not legally possible for police to search within the body of a person for any article, and so this method of secreting possession of the drug is fairly successful.

The practice of stealing, usually accompanied by violence, of money or drugs from those involved in the drug milieu is common. So-called 'rip offs' are seldom reported to the police.

Police engaged in drug law enforcement do not have a discretion to differentiate between the illicit drugs they find in possession of offenders, and their duty lies in enforcement of the Poisons Act. However, the Police Department's major thrust is against the entrepreneur, the traffickers and sellers, and to a lesser extent against those who offend by possessing and using the drugs.

There is also the problem of the cloud of secrecy which overhangs the people who use and deal in illicit drugs, in the context that users will rarely inform on suppliers. There are various reasons for this, fear of reprisal, misguided loyalty, fear of supply being cut off. It is an interesting aspect of the drug scene, albeit a frustrating one for those given the task of enforcing the law.

Drug law enforcement entails long, uncertain hours of duty. It means that officers must know about the law and procedures of the department and of the "drug scene". It involves frequent absence from home, friends and family. It involves the reality of dealing not only with those using or selling drugs, but with defendants before the various courts, parents, spouses, children, legal representatives, magistrates, judges, often doctors and medical staff, counsellors, parole officers, and those engaged in rehabilitation. Officers spend many hours at different courts, and the more complex the case the greater the cost in time and money. Great patience and skill are required on the part of police officers.

#### The Relationship between Drug Abuse and Serious Crime

Society must be realistic in its assessment of the current drug problem. It must realise that the social costs of drug dependency and drug-related crime are immense, regardless of whether illicit drugs are discerned as the cause of the problem, or a symptom of some other problem. There are no easy answers. Total elimination of drug abuse is unlikely. Moreover, oppressive measures used in other countries to resolve the problem would be intolerable in a free society. Hence the best defence against drug abuse is the maintenance of a proper balance in the attack on the problems of supply and demand, prevention and control (Garza 1978, p.1).

I doubt that anyone would argue that there is not a close relationship between drugs, vice, organised crime, and predatory street crime. Heroin users commit crimes, especially property crimes. They account for a variable, but large (it varies from city to city) estimated proportion of crime known to the police (Manning 1980, p.64). Drug addicts are ever seeking a steady flow on money to support their drug habit. In many cases, to do this they prey on the community at large.

The problems that face those involved in drug law enforcement also involve the officers investigating murders, armed hold-up offences, house breaking, car thefts, and many other types of crime.

The escalation in our violent crime (1896 armed hold-up offences committed in 1982, compared with 1615 in 1981 and 813 in 1980 with 1983 running at a rough average of forty-five per week) gives a degree of validation to this statement. The present escalating wave of predatory crime is estimated to be 80 per cent connected with illicit drug use. It is a phenomenon of the age in which we live, and the like has not been seen since perhaps the "razor gang" days of the 1930s. A great deal of research is required into drug taking and violent crime, and in the meantime the police department is using every resource available in an attempt to stem the tide.

While on the subject of violent crime, which I can assure you is associated with illicit drug use and abuse in Sydney, I have been listening intently now for several days for some mention of the victims of this crime. It is little consolation to the innocent people, including many women and young girls working in banks, building societies, and other financial institutions, to be told that the screaming and shouting man, standing on the counter with a balaclava or motor cycle helmet over his head, and pointing a sawn-off shotgun at them, was seeking money for drugs, and so his actions could be excused. I would further point out that many of these innocent victims are required to undergo medical treatment after such an experience, and I believe that we tend to forget the victims too easily. Our way of life, as we have it now, will suffer if the machinery of criminal justice places the interest of the offending person above the society it is required to support.

The harsh reality is that violent crime is associated with drug abuse, whether you care to acknowledge the fact or not. There is a need for a strategy to overcome this problem, and the answer to the problem does not lie wholly within the scope of rehabilitation, but within the scope of the legal model and calls for some rigorous punishment by removal of the predators for the protection of our society.

#### Community Education

Education is about normality. Drug education has often centred upon abnormality, on extreme problems, concentrating on alcoholism and drug addiction. The typical response has been to show films about these extreme conditions, sometimes to bring into school 'experts', ranging from psychiatrists with their experience of a minority group of the population to addicts or alcoholics. This has nothing to do with education.

Drug education should, therefore, start with a child's experience, and this will involve consideration of such topics as the use of the doctor, use of over-the-counter drugs, and early use of alcohol and tobacco. Teachers are far better, after being given time to prepare in health and personal education, at handling these areas. They have the long term relationships with children which outside 'experts' do not have; they will be more experienced at picking up 'cues' from the way that children are responding to this area of education. (Cowley 1980, p.2). This view is shared by Brotman and Suffet (1975, pp.60-61) in the United States and Bergeret (1981, pp.12-13) in France.

Jara Krivanek (1982, pp.169-170) describes a scare technique used in the 1960s when students and parents were exposed to a presentation by a police officer, or some other drug expert, emphasising various horrible consequences of drug abuse. This technique is at best ineffective and is often actively counter-productive.

The New South Wales Police Department does not engage in community drug education, either in schools or within the community at large. They do actively support the Drug and Alcohol Authority's Community Education in Drug and Alcohol, which has the responsibility for co-ordinating and organising community drug education within this state.

### The Future

There are no easy answers to the drug abuse problem, and in my opinion the amorality and avarice that accompany the selling of illicit drugs are two considerations which would seem to make total elimination unlikely.

In 1979 Mr Justice Woodward, Chairman of the New South Wales Royal Commission into Drug Trafficking, predicted that there would be an escalation of the drug problem (Woodward 1979, p.297) and that, at that time, a peak had not been reached. It is my belief that the plateau of heroin, as it relates to Sydney, has been reached, but no consolation can be taken from that statement. The situation may be better described as at saturation point, for the purity of heroin being used daily by addicts in Sydney is extremely high, compared to other western standards: 20-22 per cent compared to 4-5 per cent in the United States (Narcotics Control Digest 1983, p.11), and 4-8 per cent in Canada (RCMP Monthly Digest, July 1983, p.111).

Albert Einstein once claimed not to think of the future. 'It comes soon enough', he said. More often he revealed a desperate concern: 'The unleashed power of the atom has changed everything, except our modes of thinking, and we thus drift towards unparalleled catastrophes' (Gilbert 1982, p.11).

On a more optimistic note Gilbert contends that the changing age distribution of the population will be a factor leading to reduced drug use. As the average age increases, illicit drug use will decline because older people seem more inclined to follow the law. He quotes Dr Louise G. Richards of the United States National Institute on Drug Abuse, who in a monograph published in May 1981 predicted drug use by people in the United States, aged 18 to 25 years in 1985, 1990 and 1995 by estimating populations for these years, and assuming that the prevalence of use of the various drugs would be the same as they were by 18 to 25 year olds in 1977. Dr Richards concluded:

While the number of adult drug abusers, overall, may decline in the next decade, it is difficult to estimate with any precision the shape of the drug abuse problem, among this group. If earlier trends continue to repeat themselves, the following pattern of drug use may emerge:



- regular use of marijuana will be on the upswing, but the percentage of occasional users should stabilize;
- use of hallucinogens should not change dramatically;
- the percentage of cocaine users, particularly occasional users, will increase over the next decade;
- the percentage of young adults using heroin and other opiates should not change dramatically. (Gilbert 1982, p.111).

#### Conclusion

May I conclude by repeating my opening statement that the New South Wales Police Department has the task of enforcing the law related to illicit drugs; that it is our duty to protect the community of the state against those who proffer violence, whether they be drug affected or not. At the same time, we acknowledge the invaluable contribution that is being made by the various organisations involved in the therapeutic approach to this problem, and we extend to you a firm offer of co-operation and co-ordination at all levels in a bid to find a consensual solution to the problem of illicit drugs and crime.

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CANNABIS POLICY:  
INDIVIDUAL AND SOCIAL RESPONSE TO PROHIBITION  
AND AN OVERVIEW OF ALTERNATIVES

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Within the body of this paper, I will assume participant and reader familiarity with the historical uses of cannabis as a fibre crop, a medicine and as a spiritual and creative tool used for centuries throughout numerous cultures around the globe. I will assume also a reasonable knowledge of at least the most significant of the Australian and overseas inquiries into the effects of the use of the plant in the context of today's society and with at least a cursory knowledge of the background history of legislative introductions.

Despite the often given reason for maintaining prohibition, "that we don't know enough about it yet", cannabis has been the subject of intensive and extensive study for almost a century. The reading material available on the subject in specialist libraries such as those maintained by AGADD, CEIDA and NORML is extensive, though not necessarily consistent. Over the years, many experiments have been designed to attempt to justify the draconian laws against its use, and the failure of science to do so has not been for lack of trying. It is not so much that the information about cannabis is not known, but that what is is not being responsibly communicated to the general populace.

As Dr Blewett stated in 1977 (p.7):

A difficulty in the discussion is that a new medical objection to marijuana tends to pop up each year. Often cautiously framed in its original formulation, it is sensationalised in the mass media and tends to linger in both the public and the medical mind long after it has been shot down in the learned journals.

It is accepted that, like any drug, cannabis does have a certain potential for abuse and that there may be hazards resulting from excessive use, or even infrequent use by certain personality types. No attempt is made to say that any form of drug use may

be 100 per cent safe in all cases, but the assumption is made that certain types of drug use may be beneficial in at least some circumstances. Within this paper, I will attempt to give an overview of the contemporary use of cannabis and the response of various sectors of society to the laws that two to three million Australians have been forced to break in order to partake of its pleasures, to offer a defence of present policies and to offer at least some comment upon alternative policy options.

Unfortunately, time limitations force me to only briefly mention or in some cases completely omit some aspects. I hope that participants avail themselves of the opportunity to research further these aspects and of further discussions with me at another time.

And God said, Behold, I have given you, every herb bearing seed, which is upon the face of all the earth (Genesis 1.28).

Despite the fact that the laws of this country are supposedly based upon the Christian ethic, the possession, use and cultivation of the herb Cannabis sativa is prohibited by criminal law in all states and territories of Australia. (1) Penalties range drastically from a maximum \$100 fine for possession of less than 25 grams in the Australian Capital Territory to a maximum of life imprisonment and/or up to \$100,000 fine in Queensland for possession "in excess of the prescribed quantity" and thus deemed for the purpose of sale, unless the accused can somehow prove otherwise. This reverse onus of proof, which some may argue is contrary to the provision of Article 11 (1) of the United Nations Universal Declaration of Human Rights, to which Australia is party, is included in the relevant Acts of most states.

Since the present individual state laws were framed, community use has grown from a mere fraction of a per cent to somewhere between 15 per cent and 20 per cent with up to 60 per cent of certain age groups being at least occasional users. According to the most recent surveys, at least a third as many people now smoke cannabis as tobacco (Fitzwarryne 1981, and others). The fact that, unlike cannabis, tobacco is addictive, extensively legally and relatively cheaply available, and that it is the subject of saturation advertising, has dramatic ramifications.

What drives so many people, between two and three million Australians, to break the law and risk ostracism, unemployment and a severe penalty, to pay the extortionate prices demanded on the black market or to go to elaborate lengths to provide home or "in the wild" personal supplies of the plant?

The answer is simple. People enjoy its effects and find that the side effects of its use, other than criminal conviction, are negligible when compared with other drugs of inferior effect that

are legally available in the community. Even the risk of conviction is considered merely unfortunate and still worth taking.

Despite all the attempts to prove that marijuana use may in some way yet prove to be conclusively harmful, and a law that is there 'just in case', the fact remains that up to a million people here in New South Wales are making their own decisions about the use of the plant. They are using it and they are paying hundreds of millions of dollars a year to the black market and a small fraction of enforcement and administration costs to authorities, by way of fines, in order to enjoy their privilege.

In every respect, cannabis use is a victimless crime. Society and its members have not been damaged by the actual use of the plant but rather have been developed and enhanced by it. An astute observer may now perceive evidence of the influence of cannabis use in almost all aspects of everyday life, from language, music, art, films and advertising to technological and consumer product development. However, such a statement cannot now be made in relation to the law prohibiting its use.

As our present federal Health Minister, Dr Neal Blewett, stated in 1977:

If ingestion of marijuana is a victimless crime, the criminal proscription of marijuana is clearly a 'crime' with victims. Each year through the operation of the law a few thousand Australian lives are damaged, some no doubt irreparably.

But the convicted are not the only victims of prohibition. Many a grieving parent has suffered the anguish of seeing their loved ones dragged before the courts and convicted of criminal activity. Many families have been irreparably split as a result of such action. The cost of law enforcement and of money lost to consumer spending is a cost borne by all. According to MacDermott (1982, pp.3, 62-4), the 1980 estimated community cost of cannabis use was \$52 million, but 'this figure results almost entirely from the fact that the drug is illegal, rather than from any major health or social costs. If the use of the drug were to be legalised, the annual community cost would fall overnight to almost zero'. This estimate of cost does not include the use of legal aid services, drug traffic control or of the numerous and still ongoing royal commissions and other inquiries into aspects of the use of the drug. It is therefore likely to be considerably higher in reality. We all suffer the cost of this misdirected expenditure as other services are restricted or curtailed through lack of available funds and police are unable to concentrate upon solving crimes involving a victim.

What then is the effect of having so many people disregarding a law that is still being actively enforced but which they see as being both illogical and unjustifiable if not just plain ridiculous? As New South Wales Premier, Neville Wran, stated in 1980, 'When you have decent people engaged in a practice that the law stamps as illegal and the decent people see no harm in breaking that law, then it is time to change the law'.

But the law has not been changed and more than 100,000 criminal charges have been laid against 'decent people' in Australia during the last six years alone. Many 'criminals' have been created and millions more roam loose on the streets and in the suburbs to bear testimony to the failure of present policies to eradicate, or even restrain, the use of the cannabis plant.

In considering society's response to prohibition, one must view, I believe, three sectors individually and separately. These are: (1) the user population and their associates; (2) the non-user population; and (3) the political and administrative officials who may, of course, comprise either or both of the first two.

The user response is interesting and complex. What I have to say is not based upon any text, but rather on fifteen years of personal experience and upon extensive specifically related conversations with many thousands of users in all walks of life and all age groups throughout most of the country, particularly during the period 1979-80 when I collected a total of 50,000 signatures on a petition for decriminalisation.

When assessing users, one has to consider the vast difference in individual usage patterns. The greatest proportion of users would most probably fit into the 'take it if it's offered or available but no hassle if it's not' category. These span all age groups, professions and other convenient categorisations within society. Most in this category enjoy it and, when they have it, think it should be readily available and that the two-faced policy reflected in law is absurd. They resent paying the extortionate black market prices being asked these days. (At the present time, good quality, compressed marijuana tops can bring up to \$350 per ounce in some circles.) For this and other reasons (lack of contacts, lack of time, lack of interest etc.) they will seldom buy it except for occasional splurges (like a birthday, annual holidays, a special concert etc.), in which case they will probably try to make it last as long as possible. Many within this category will probably try to grow a few plants for their own enjoyment if their situation suits.

So too will users in other nominal user categories, the next most common of which would probably be the 'buy a deal a week for the household or a deal a week or a fortnight for themselves' type. Within this group, users will usually have one to three smokes an evening after work and often when going out or in conjunction

with other recreational activities. For many in this group, a large proportion of income surplus above necessary living expenses is spent upon their relaxant. Within this group also are those who use cannabis as a creative or inspirational stimulant within their job, interest or professions, in particular for the free flow of creative thought and insight in the arts and crafts, entertainment, media and advertising industries.

Fewer in number are the 'died in the wool heads' who seldom knock back the opportunity to get stoned, who will grow, or buy it whenever and however they can and who will often deal to friends in order to reduce the cost of their personal consumption. For these people in particular, no amount of legal enforcement or alarmist literature is likely to provide significant deterrence in their usage patterns. The remaining user groups, the 'rebellious youth', 'experience experimentation' and the 'get out of it on anything that's going' types are a similar proportion.

Each group approaches cannabis use on a different level and in a different light. The difficulties in making a generalised 'user response' are obvious. Nevertheless, based upon extensive in-field research, I will attempt to focus upon some significant features of what is actually going on out there in user-land.

First, it is apparent that, with only a very few exceptions, all of the one, two, three, four or however many million Australians who have used marijuana have only done so in an illegal context. Their usage and obtainment for usage patterns have been moulded by and have been adapted to a total prohibition policy. They have already proven that prohibition will not prevent their use of the plant. They have already broken the law, in some cases many thousands of times. What many observers describe as a 'semi-criminal sub-culture' has been developed among users and a complex interweaving of supply contacts enables those wanting to use to obtain and maintain access to the plant's products. Despite all the royal commissions, the investigations, the arrests, convictions and imprisonments, marijuana is accessible to those who really want to use it. However, under a system where user directions are not provided except in isolated cases of communication, their consumption is not always as safe or as beneficial as it otherwise might be.

For a start, in countries where prohibition is in force, the predominant mode of ingestion is smoking. This causes undeniable risks to the lungs and bronchial passages. It is smoked, however, primarily because it is far more economical to do so than the more traditional forms of ingestion, eating and drinking, which do not present these risks. In countries where cannabis and its extracts are more readily available, smoking of the plant is less common, and at least three current health ministers in Australia can testify to the advantages of this more traditional form of ingestion.

Instead of availing themselves of the therapeutic, spiritual, inspirational, creative and activating effects of cannabis, many users, particularly inexperienced and experimental users, will engage in prolonged "bong sessions" or "joint sessions" to "get out of it" whenever the opportunity presents itself. Very few will smoke it straight and the adulteration of the herb with tobacco has become the norm in Australia, particularly in Melbourne where a joint is not a joint without tobacco. This aspect must cause considerable concern among health workers aware of the addictive and carcinogenic nature of the nicotine containing substances. The deep inhalation required in smoking pot and facilitated by devices such as bongs greatly increases the dangers of tobacco constituents when the two are mixed and consumed together.

Cannabis use and driving is another area of concern as it is happening regularly and frequently at the present time. Our surveys (NORML News) reveal that a large proportion of consumers will drive while stoned though most would not do so while under the influence of alcohol. Quite surprisingly to most people, the reported accident rate is relatively low while drivers are actually "stoned".

To experienced cannabis using drivers this is not so surprising. Many have driven hundreds of thousands of kilometers while stoned without accident or mishap, reporting that they drive more relaxed in traffic. Inexperienced users or poor or inexperienced drivers do, however, encounter problems in combining the two and, for this reason alone, stoned driving should be extensively discouraged, by credible education, within and throughout the community.

The latter fact has been confirmed by research, particularly that being conducted by Starmer, Cheshier and Co. at Sydney University and, unfortunately, construed as being universal. The competence of experienced user/drivers has been overlooked. Research experimental equipment currently in use in this country, though collectively may be testing all skills required for driving, is not in fact actually testing driving skills. A driver's experience proves useless in mastering the various machines employed. In fact, having experienced the equipment, I would have to say that they would be far more useful in determining one's competence in using a pinball machine or playing space invaders. Individually they bear no relationship to going out in traffic and driving home after a few smokes with friends.

What is usually ignored in research procedure is the variety of the effects of cannabis consumption. One of the effects of cannabis use is to facilitate the detachment of conscious thought from the restraints of concurrent automatic and autonomic functions, thereby enabling them to function independently or in conjunction with one another. Put another way, a person can



either concentrate intensively on the job at hand or perform automatic functions without conscious concentration. To an experienced driver, controlling a motor vehicle is, in most cases, an automatic function; not so the operation of laboratory skill testing devices.

It is interesting to note that, though many will attempt to grow enough cannabis for their own requirements, few will actually succeed and therefore will still have to supplement their supplies from the black market. This occurs for many reasons, by far the most frequent of which is theft. Despite an international treaty guaranteeing all equality before the law, victims cannot report such cases to the police. Those who have tried in the past have, upon such a report, been charged with cultivation of Indian Hemp and the thief has usually not been pursued.

The major culprits are high school children who, in the season, will spend many out-of-school hours searching back yards and suburban bush reserves. When eventually they do find what they are looking for, they have the option to consume, sell to their school friends, or both, depending, of course, on how much they find. This has the combined effect of giving affordable usage to adolescents and ensuring black market patronage by those possibly in a better financial position to afford it.

Consideration should also be given to the users' response to the not infrequent supply shortages. Though some will undoubtedly simply go without and wait till they can get what they want, most will obviously resort to something else to satisfy whatever individual need they might have for using cannabis. Most will usually just resort to alcohol, a considerably inferior and more damaging, yet cheap and readily available substitute. Many will, however, take advantage of whatever else their grass supplier may be able to provide. To some, the thought of having to experience the effects and side effects of alcohol is intolerable. Preference may be given to cocaine, LSD, amphetamines, barbituates or almost anything else.

The irregularity and expense of illicit cannabis is, I believe, a major contributing factor in the increase in abuse of glue and solvents to obtain 'highs'. If cannabis were more readily available to younger users many related injuries and deaths would be avoided.

Before concluding this by no means exhaustive look at the user response to prohibition, we have to consider the user's view of the law. To put it bluntly, they think it stinks, but it is what they are used to and they tacitly accept it and take advantage of it whenever possible. When asked why they think marijuana is illegal, a considerable majority of users will say, 'Because they're making too much money out of it'. Who 'they' are varies with individuals from organised crime to politicians, police to big business interests.

This may be the real reason why there is total disrespect for laws prohibiting pot - users can see no justifiable reason for criminalising its usage. They have all tried alcohol. Most realise that grass is better and are unable to understand or accept the legalised two-faced attitude in policy. The 'it might eventually prove conclusively harmful to you' argument just does not hold water with initiated users. To most, a large proportion of the people they know or encounter in their work or social spheres use it. The only problems are when someone gets busted, the price is too high or when someone rips off their stash or plants.

Non-users, on the other hand, may see the situation in either a similar, totally opposed or anywhere-in-between perspective. Broadly speaking, non-users fit into two distinct subgroupings: those who have engaged in open communication with users or who have studied a spectrum of reputable research material on the subject and those who have not. The latter group will most probably have based their beliefs upon the 'latest fears' of the Readers Digest and other such alarmist reports usually given priority coverage in the popular press. They will often, but not always, hold the view that marijuana must be stamped out and that the law should not be eased under any circumstances. They fail to grasp the compelling arguments for law reform and reject any move for it through their ignorant misconception of its logic. They will often oppose legalisation with the same arguments proposed for introducing it yet fail to perceive the other perspective. They see 'drugs' as being something that is illegal. They do not have to worry. No, not they.

Those of the former subgroup will, however, see things more from the user perspective and will, at the very least, hold the view that 'if people want to use it, they should be able to for, after all, it couldn't be any worse than alcohol'. This subgroup now includes many parents, relatives, friends and acquaintances of the however many million Australians who have used marijuana and would, in combination with the user group, undoubtedly represent the majority of public opinion. Many often extensive surveys in recent years have tended to confirm this fact.

But what is the understanding of the third group, the political policy makers and administrative and enforcement officials, of these matters? Though a significant proportion of politicians of all political leanings may personally support the view that the relevant law requires reappraisal, no represented party presently holds such a policy in New South Wales. The Australian Labor Party policy in South Australia, Western Australia and Queensland does hold hope, however, for change in those states. Generally speaking, the defence of official government policy was epitomised by the recent interview with the New South Wales Premier, Neville Wran, reported in the Sydney Daily Telegraph of 3 August 1983 (p.2).:

The Premier believes there is a good case for decriminalising the possession of marijuana but his Government will not consider doing so.

This was because the community would not support the move, Mr Wran said.

In an interview with the Daily Telegraph, Mr Wran was asked if the marijuana trade should be controlled rather than left in the hands of the underworld.

He said: "That's a strong and fairly valid argument. But a reform won't grip unless you can get the community to go with you. I don't think the community is prepared for it."

There is obviously a lot more that could be said about political responses and the host of obvious responses from other administrative personnel, which range from frustration and a feeling of wasting time and resources, to agreeing with policies and to outright exploitation of them. Corruptions, crime links with politicians and bureaucrats, police and customs involvement within the supply networks and many such aspects have been brought to light. This information is on record and perhaps there will be further exposure. But what is known is sufficient to suggest that it is up to us here today to make sure that the community is prepared for reform and that that preparedness is adequately communicated to the controllers of policy, together with our collective, full and emphatic endorsement.

However, having attended the last conference of this kind, the 'Conference on Drug Trade and Drug Use' held at the Australian National University, Canberra in 1980, where a unanimous endorsement of decriminalisation as a matter of priority was issued, and, having seen little productive result, I can only hope that this seminar will prove different.

If we do not decide to actively involve ourselves in legislative changes then we must adopt a conservative, retentionist viewpoint. Of course, taking a conservative point of view (or is it now radical? I really can not tell which is which these days) one has to defend and applaud the political and social wisdom of retaining present policies.

It is a good thing, of course, to realise the advantages of providing laws that millions of Australians have no respect for and will break and take advantage of at every opportunity. Surely, it is a good idea to alienate and outlaw such a wide spectrum of society. The erosion of respect for law and order and the established rule of government is a great advancement for

anarchy and the breakdown of traditional values and controls. It has led to a disrespect for many laws and political processes and has reduced the esteem of many for politicians and their motives. It has led to an increase in vandalism, thus providing jobs for people employed in repairing their destruction. It also increases rebelliousness in other forms - obviously advantageous to the cause of social revolution.

The provision of a multi-million dollar a year income for organised crime enables millions of dollars to be laundered through their 'legitimate' business enterprises. Of course, anyone defending cannabis prohibition will extol the virtues of having this money tied up in an illegitimate black market rather than in stimulating consumer spending and thus the economic recovery. It is good to know also that those on the dole or those just generally too lazy to work can earn good money in providing their friends and associates with what they really want. And what a welcome situation for farmers who may experience failure of their crops through drought, fire, flood or any other reason. In a plot no larger than an average living room they can produce an illicit crop more valuable than hundreds of acres of other useless products.

Following the recommendations of the Woodward Royal Commission in New South Wales and the Williams Royal Commission federally, increased priority has been given by police to busting the Australian domestic cultivator. This has increased the profitability, prevalence and market share of imported cannabis products. This is good news for syndicate crime and their compatriots, because this form of distribution is far easier to control. The highest profit margins are in importing, something like a 1200 per cent mark-up from purchase at place of origin to sale to a major wholesale distributor here in Australia. No wonder so many engage, or at least attempt to engage, in this form of untaxed self-employment.

And, of course, it is a good thing that people are denied a relatively safe alternative recreational drug to what is legally available. We obviously do not need a reduction of health costs associated with drug use, or all these 'hospitals rationalisation programs' would be wasted, wouldn't they? Of course it is better that people are drunk, violent and unruly or zombied out on Serepax or Mogadon than high on a herb that is not going to produce significant detrimental side effects. I am sure there are many here among you today who could testify to the dramatic reduction in need for hospital services if the abuses of the legal drugs did not require them, that is, if people switched to something safer. And isn't it good to know that, if our kids happen to hear that getting stoned is pleasant, that they are going to have to obtain it from drug pushers and therefore be afforded the opportunity to come in contact with and gain experience of all manner of illicit drugs?

Prohibition is great news also for the tobacco barons. The price and sometimes scarcity of cannabis, combined with the traditional concepts of sharing, mean that people frequently mix tobacco with the herb and therefore introduce new victims to its addictive potential. This essentially increases government tobacco revenues and ensures that our medical services are kept busy in trying to beat the effects of its carcinogens. Our surveys show that around 80 per cent of cannabis users also smoke tobacco and that a significant proportion of these developed the habit from being exposed to grass/tobacco or hash/tobacco mixes. Good news also for the alcohol industry who have their inferior recreational drug monopoly protected by legislation.

And isn't it reassuring to know that members of our police forces and customs agencies, who many people will agree are underpaid for their work, can earn large amounts of non-taxable income on the side by either re-cycling confiscated supplies or by protecting those involved in the market in a big way? Without the powers allowed under Acts dealing with drugs, police also would not have an excuse to make unwarranted searches of motor vehicles and personal correspondence. Very often also they would not have an excuse to pin a holding charge upon a suspect. Ah yes, it is good to have something to 'get' people with when they are only minding their own business. No need to worry then about those who aren't.

Consider also the advantages of having some 20,000 cannabis charges before the courts each year. It is tying up the legal process so that the real criminals escape the course of justice for long periods of time and therefore have plenty of opportunity to jump bail and skip the country. If they have not got enough money to leave then, no matter, they can always sell some 'drugs'. And where too would be the solicitors and legal aid services without all these extra charges? If anyone were to bother going down to a suburban court house on Monday morning, they would find that around a third of cases coming before the magistrate would involve cannabis-related charges. We can not do without that, now can we?

And, of course it is a good idea to spend twenty times the amount of money on arresting and 'punishing' less than 1 per cent of the users of this plant than upon drug education aimed at preventing the abuse of all drugs, particularly the legally available killers. Think of the chaos in the established drug trade if people started the day with a cup of herbal tea and concluded it with a single intake of high quality ganja, thereby reducing the need for caffeine, alcohol, tranquilisers, prescription sedatives and the like.

Perhaps this section of my paper could best be concluded with the following poem written in gratitude for the political wisdom of pot prohibition retention:

Thank you Mr Politician,  
 For making grass a crime,  
 You've made it very obvious that  
 Short will be your time.

For when you rule your people  
 With unjustifiable laws,  
 They eventually break away  
 From your money grabbing claws.

'Cause it's easy enough to grow  
 A plant, or maybe even a few,  
 To offset the market shortage  
 And happily see us through.

Then when we need some money  
 For whatever we need to do,  
 There are plenty of wealthy trendies  
 Who'll pay more than you ever knew.

To have their social joint with friends  
 They'll pay us quite a lot  
 And provide an untaxed income  
 So our dreams can stem from pot.

And, of course you haven't forgotten  
 The guys who run the show,  
 Who've made vast and unknown fortunes  
 In a uniform you know.

But I must protest their tactics  
 Of stealing my brothers' grass,  
 Then chastising him with punishment  
 While allowing the big boys to pass.

But any way there's not to worry  
 While ever there is need,  
 But we'd rather not be shady  
 For there is no need for greed.

If only you could grant the right  
 For an adult to make the choice  
 Of which drugs they should or shouldn't use  
 Then many would surely rejoice.

But thank you Mr Politician  
 For outlawing us from you kind,  
 We're glad you separate us  
 From your hypocrisy, oh so blind!

### Alternatives

In case there are any among you who want to defend their radical (conservative?) stance to upset the apple cart and take realistic and decisive action to change, not just to talk about or to recommend, but to change this wonderful situation that our political leaders, by their inaction, have given full endorsement to, perhaps we should take a look at some alternatives in policy.

Clearly, the present policies have failed to work or to achieve their intended effect. Their actual effect may be either good or bad, depending on your point of view (as can be seen by the preceding perspective). But what options are open to us? Often it seems that the only real reason why something positive is not achieved in legislation is because of the great variety of policy options available and the difficulty in deciding upon a suitable course to take.

In its 1979 report, the South Australian Royal Commission into the Non-Medical Use of Drugs, headed by Professor Ronald Sackville examined various policy options. Apart from the present 'total prohibition' model, it discussed a 'prohibition civil penalty' model, along the lines that Brian Stewart has suggested earlier, a 'regulatory' model, a 'free availability' model and its recommended policy choice of the 'partial prohibition' model. Earlier, the American Shafer Commission, the Canadian Le Dain Commission and the Australian Senate Standing Committee on Social Welfare had made recommendations for different kinds of reform.

During 1979 also, a report of a study group from the Institute for the Study of Drug Dependence ('Cannabis Options for Control' 1979) in England examined, but made no recommendations upon, various policy options. Along with the options proposed by Sackville, it examined various options with a 'licensing' model. Last year, as we all know, the AFADD working committee recommended the immediate repeal of offences related to personal use and supply of cannabis and for the eventual setting up of a legal marketing system under the supervision of the CSIRO.

All of these reports and options are available for reading by anyone who has not yet done so. Therefore, I will not use valuable time in reviewing them in detail or in attempting to justify or explain their reasoning.

Earlier in this seminar, we heard Mr Brian Stewart's 'on the spot fine with no criminal conviction recorded upon payment thereof' policy option. With his endorsement to support similar such callings by New South Wales Chief Stipendiary Magistrate, Mr Clarrie Briese, and his deputy, Mr Kevin Anderson, this option must now rank as the forerunner by the New South Wales Attorney-General's Department. Certainly it does provide considerable

savings in court time, legal and administrative costs, and in the preservation of the future careers of those who may presently fall victim to prosecution. This may be seen as a positive benefit to society and those in it. It provides a convenient compromise in that the prohibitionists are still satisfied and the black market will benefit from even greater profits. This should therefore reduce most of the opposition and could quite probably prove the most politically expedient proposal at this time.

But is it the best available alternative for a long term policy or is it merely an interim measure which will again be subject to review in a few years time? My personal view is that an alternative exists that, if adopted, would not only provide the benefits of Mr Stewart's plan but also provide a significant opportunity to reduce this country's deficit in a short period of time.

Such a policy must, of course, comply with our obligations to the International Single Convention on Narcotic Drugs Treaty of 1961. Hence, my proposed option is based upon the model it describes. Though now known not to be a narcotic, cannabis is included in Article 28 of this convention and it is this inclusion which is often cited as being the reason why Australian states cannot legalise the use of cannabis. The provision, however, does not preclude legalisation but merely sets guidelines that may be used in doing so. Article 28 specifically states:

1. If a Party permits the cultivation of the cannabis plant for the production of cannabis or cannabis resin, it shall apply thereto the system of controls as provided in article 23 respecting the control of the opium poppy.
2. This Convention shall not apply to the cultivation of the cannabis plant exclusively for industrial purposes (fibre and seed) or horticultural purposes.
3. The Parties shall adopt such measures as may be necessary to prevent the misuse of, and illicit traffic in, the leaves of the cannabis plant.

Note the words 'if a party permits' and also the wording of section 3 of the Article. It is now clear that prohibition is not an effective means of either preventing or controlling 'the misuse of' or 'illicit traffic in' cannabis. This theme is also carried through in Article 22 of the treaty which states:



Whenever the prevailing conditions in the country or a territory of a Party render the prohibition of the cultivation of the opium poppy, the coca bush or the cannabis plant the most suitable measure, in its opinion, for protecting the public health and welfare and preventing the diversion of drugs into the illicit traffic, the Party concerned shall prohibit cultivation.

Article 23, referred to in Article 28, requires the establishment of a government agency to designate areas and acreage of cultivation, to supervise and establish a monopoly distribution system with exclusive rights to domestic and international trade therein.

Consider then this model, based upon these requirements and upon what is now happening. At present, there are many thousands of people alienated from the cities of society for their use of cannabis, who live on land well suited to the cultivation of the plant. They are currently supported by unemployment benefits and often will grow cannabis illicitly either solely for personal use or for use and sale to provide additional income. If these people were to become licensed cannabis cultivators in accordance with the requirements of Article 23, they would cease to be unemployed and a drain upon resources and become, instead, productive self-employed farmers. This would provide instant obvious benefits.

A strictly controlled packaging and marketing process would then ensure that purchasers received full information and "user directions" in relation to the use of the substance. Advocacy of ingestion by means other than smoking could be made and hence reduce this risk. Cautions could also be included at times when usage is not advised, for example, prior to driving, operating dangerous machinery etc. The final product could then be marketed through restricted licensed outlets, without advertising or promotion, at a price low enough to greatly reduce, if not eliminate, unauthorised illicit traffic, yet high enough, even upon current usage levels, to provide a legitimate profit to government agencies representing hundreds of millions of dollars per annum. A good portion of this could sponsor drug research and education aimed at enabling informed self responsibility in the use of all drugs.

Money could also be given to drug rehabilitation programs, particularly for tobacco addicts. Huge sums would then still be available for assisting the funding of registered charities, for the provision of health and welfare services and for providing funds for long term capital works programs, all of which would provide realistic long term benefits for the country as a whole.

Taking this system further, licences could be granted for the cultivation of cannabis for the production of paper and other non-drug commercial uses of the plant. Thousands of acres of cleared, not economically viable grazing land could be converted for this purpose and the income derived in meeting the needs of a world running out of trees from which to make paper would considerably bolster the country's international trading deficit. Note that hemp best suited to paper production need not necessarily be of a variety sufficiently high in THC to be used for the purpose of intoxication.

If it were necessary to appease public fears about 'adding another drug', a 'consumer licence' could be issued at a low nominal fee sufficient to support the registration processes required. This licence could be issued upon the passing of an oral test to demonstrate user familiarity with the abuse potential of all drugs, whether now considered legal or not. Such a licence, if necessary, could also be used as a 'purchaser's licence' enabling access to supplies from authorised outlets. With the proposal to implement driving licences with photographs already under consideration, such licences could be easily adapted to such a purpose. Unlicensed use, purchase or cultivation would then be subject to an appropriate fine. Licencees would also sign an agreement of responsibility for their actions while under the influence of 'drugs' and hence head off a possible onslaught of 'diminished responsibility' cases that could occur.

This option, with relevant minor details that may be subject to further discussion and resolution during the workshop plenaries, I believe to be the overall long term best solution to a problem now well out of hand. It is the third viable option, along with the Sackville 'partial prohibition' model and that already proposed by Brian Stewart and others, which must rate as the most viable in amending a system that we must now acknowledge has failed.

It is up to us, here at this conference, to make a definitive recommendation on the future policy in relation to cannabis use and indeed in relation to drug use in general. But our recommendation must not remain merely a recommendation. It has all been said before. Now is the time, in fact, it is well past time, for action. Legislation must be introduced in the near future, with all haste, and it is up to us to maintain our outrage at the existing marijuana law madness until it is changed.

Morally we are bound to ensure that this country is no longer held to ransom by myth and the power of vested interests in maintaining a black market, rather than a white market in what, undoubtedly and indisputably, millions of Australians want to use, do use, and will continue to use with or without the government's blessing.

NOTES

1. Cannabis is still officially described as a substance of no therapeutic value. Many researchers describe such a classification as rubbish: see the special feature on 'Cannabis and Medicine' in NORML News 3, Hawaiian School of Public Health (1977), Roffman (1979), Rouw (1981) and others.

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## POLICY ON THE USE OF METHADONE MAINTENANCE

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Is Crime Reduction an Appropriate Goal?

This paper will address the question of methadone and crime in three parts. First, I shall review some research findings that suggest a link between crime reduction and methadone maintenance. Second, the question of crime reduction as a suitable goal for a health care program will be raised, and finally a brief examination of New South Wales policy will be considered.

Literature Review

This paper is not an exhaustive literature review.

Methadone maintenance (MM) programs began operating in New York in an experimental way following a paper published by Dr Vincent Dole and Dr Marie Nyswander in 1965. These researchers claimed successful results with a group of persons dependent on heroin by stabilising them on methadone. While claiming success in a number of areas Dole does not, in this paper, specifically mention crime rates.

Following the claimed successes of the early years, the number of programs grew steadily, until, in the early seventies in New York, a peak was reached when 33,000 persons were on methadone at one time. These programs produced a host of research data mostly written by people actively involved in the program.

Dole has remained a prolific publisher. In 1968 he claimed a 90 per cent drop in criminal convictions over a 4.5 year period with 912 patients. In other studies of that period he claimed that MM had reversed the previous trend in managing heroin addicts within the probation and parole service (Dole and Dole 1970).

A follow-up study, published in 1978 by Dole and Joseph, claimed that in a group of 567 subjects who had been on MM for an average time of 72 months, crime rates were reduced for those who remained in treatment from 90 per 100 man years for the period of addiction prior to treatment to 5 per 100 man years during the year preceding the follow-up rating. However, while he gives data in the paper on the group that dropped out of treatment, it is not in a statistic that enables the reader to make ready

comparisons. He gives the number of arrests for the post-treatment group in "arrests per 100 street addiction years", making it impossible to compare.

This problem is avoided by others. There remain, however, several thorny problems with research in this area. Some of these are worth mentioning specifically:

- (a) a failure in the study to distinguish the type of crime, that is, between drug offences, property crime, etc.;
- (b) the lack of recognition that arrest rates are not synonymous with crime rates;
- (c) problems of relying on self-report data;
- (d) the lack of information on what effect being on the MM program has on the potential for arrest, more or less;
- (e) using the subjects as their own control, that is, pre-measures versus post-measures of arrest rates;
- (f) whether clients who remain on MM are in fact a self-selected group.

Two otherwise good studies on the impact of MM on client behaviour make fundamental errors. Both Gearing in 1974, who reported an analysis of 1230 persons on MM for an average 4.3 years and claims arrests were reduced in those who stayed on the program as against those who "dropped off", and Du Pont (1972), who studied a Washington program involving a sample of 2700 and claimed a similar result, fail to distinguish the type of crime which was reduced. Another problem with these studies is a failure to compare crime rates over equal periods (Maddux 1972; Gossop 1978).

The rate of arrests or crimes before entry into a program should be compared with an equal period of time on the program or after it. That is, several years of drug use should not be compared with a year or so of treatment or, when it is, it should be clearly indicated.

One pitfall suggested by some writers (Newman et al, 1973; Klein 1977) is that arrest rates immediately prior to entry into treatment may be significantly higher than normal and in fact may be the reason for the person seeking treatment.

No studies exist that take all these points into account although several make allowances for some. There are some, however, that can be considered worthy of note.

Newman et al, (1973) claimed a decline of 83 per cent in arrest rates when patients were on MM for 13 months or more. His study allowed for arrest rates over various time periods, identified groups of patients by their length of time in treatment and identifies the source of his data on arrest rates. He points out also that arrest rates were up 32 per cent in the six-month period immediately prior to treatment and up 12 per cent in the period between application and actual admission. Allowing for these differences, the paper argues well for the claim that methadone maintenance contributes to a reduction in the crime rate.

A study of the 17,500 patients admitted to a MM program in New York between 1964 and 1971 included a follow up on patients who left the program (Gearing and Schweitzer 1974). It claimed that the average number of arrests per patient in the three year period prior to entering the program was 3.5 and after seven years in treatment was 0.14; of those who continued, 27 per cent had been arrested at the time of the study compared with 38 per cent of those who discontinued. However, the data does not distinguish the type of arrests.

It is interesting to note that these figures for arrest rates, 27 per cent for those on the program and 38 per cent for those who discontinue, are identical with the findings of Ingrid Reynolds in 1976.

Reynolds conducted a two-year follow-up study of 116 clients at a Sydney drug centre between 1972 and 1974. Her results, she states, are surprisingly similar to overseas studies. She also distinguished between drug offences and other offences.

This remains the largest study of this type so far conducted in Australia. Reynolds stated that, although abstinence had been achieved in only a small percentage of cases, data on employment, crime and social stability indicated that it may be concluded that the methadone program, particularly if adhered to continuously, is successful.

The question of having to remain on the program to produce successful results was investigated in an impressive study by Cushman. In this follow-up study published in 1978, 72 per cent of 225 patients who left the MM program were successfully followed up. These were then divided into groups according to the method by which they left the program - therapeutic detoxification, administrative discharge, absconded, and sent to gaol. The mean time of follow up was 2.7 years and he claimed that 46 per cent of those who had completed a therapeutic detoxification were still narcotic free, as were 14 per cent of the absconders. The figure rises to over 48 per cent for those who completed their detoxification over three years previously. He concluded that successful detoxification was a possibility for some. No data on crime rates are reported.

Another study that is worthy of note is one conducted in Hong Kong and published in The Lancet (Newman and Whitehall 1978). This was a double blind trial of 100 heroin addicts randomly allocated to either a treatment or a placebo group who, following stabilisation on methadone, were receiving only fruit juice after 60 days. The rate of convictions of the treatment group was 1.41 convictions per 100 man months and for the placebo group, 3.17. This was the first double blind study of this type and remains, to my knowledge, the only one. Therefore its findings are of particular importance.

There are, however, several studies that do not replicate these findings. Some researchers reported no demonstratable change in the rate of arrests or convictions between those on methadone compared with either their own previous history or with those not on methadone (Alexander et al. 1974; Hayim 1973; Lukoff and Quatrone 1973). One study in London comparing methadone and heroin maintenance found no significant difference in criminal activity between the two groups although those on methadone were arrested more frequently (Hartnol et al. 1980).

Nevertheless, the balance in the evidence seems aptly summarised in a quote from a study based on police records in Philadelphia which stated, 'The findings suggest that male heroin addicts' incidences of arrest for violence, property and any related crimes diminish significantly when they receive methadone maintenance ...' (Schut et al. 1975).

#### Treatment Goals

The impression gained from this review is that a relationship does exist between MM and a reduced level of criminal activity. That relationship is not precise; nevertheless it would be hard to deny that a reduction in criminal activity is expected when people enter a methadone program. Evidence is also available to suggest that this trend continues with some when they are no longer on the program (Cushman 1978).

There can be no doubt that a reduced level of criminal activity is welcomed by the community. However, it does raise the question of the objectives of a drug treatment program and whether 'reduced crime' is to be a principal aim or merely a valuable side effect. (It has been suggested that changes in the crime rate should be the sole criterion for success in the methadone maintenance program (Ben Yehuda 1981); however most reviewers suggest a basket of objectives.)

There are several possible aims of treatment programs; cure, rehabilitation, reduction of symptoms and effects, stabilisation or simply palliative care, the relief of discomfort for an incurable disease. If drug treatments are to be regarded as health care then they should pursue one of these aims. Some



critics of MM have suggested that it is no more than a program of social control and as such should not be the responsibility of the health services. Methadone maintenance is, however, a medical procedure and as such should pursue health care objectives. But is a reduction in crime rate a health objective or one that properly belongs to the police or corrective services departments?

This line of argument naturally leads to a definition of health. Health has been described as 'a condition or quality of the human organism which expresses adequate functioning under given genetic and environmental conditions' (Hetzel 1974, p.16).

Society is an important part of the environment within which people should express 'adequate functioning' to achieve a state of health. If a person is committing crime then he/she is clearly not in harmony with the society and hence is not in a state of health. The mission, then, for the health care worker may be to either alter the environment or assist the individual to function within that environment. It follows that a reduction in crime is a responsible health care objective.

Part of the controversy surrounding MM is whether it is a rehabilitation or simply palliative care for a chronic condition. Whichever the answer, both are health care objectives.

#### New South Wales Policy

Methadone maintenance is generally measured in its effectiveness in a range of areas that are selected as indicators of social and individual functioning. Crime has been selected for study in this paper and the other areas generally are, use of illicit drugs, education, employment, physical and mental health and the quality of family relationships. These objectives are specified in the policy currently under consideration within New South Wales.

The policy, if implemented, would introduce centralised assessment for MM and an improved geographical distribution of programs in the regions where it is indicated and accepted. There would be increased central co-ordination and the establishment of standards by which programs could be judged.

One of the results of these changes would be the opportunity to introduce a more systematic method of data collection than exists at present. It is planned to redesign the existing forms currently required by the Department of Health into a format that is computer adaptable, and begin to collect data on all clients on the methadone program on a continuing basis. Should this be achieved information would be available almost immediately on the functioning of those on the program.

Such a data collection program will not, however, resolve the problems associated with research in this area.

Although the evidence in favour of MM is substantial, the weakness of much of the work done to date lies with the difficulty of finding suitable controls, of relying on self report, of comparing the performance of persons on methadone with their own previous history. The Hong Kong study does, however, indicate that methadone maintenance is better than doing nothing.

### Summary

We have heard at this conference that the research done overseas, particularly in the United States, must be considered with the knowledge in mind that conditions in Australia are different. This generally leads to a plea for more Australian-based research. I can only repeat that plea.

With these restrictions in mind, I have argued that considerable evidence exists to enable the community to expect a reduction in the arrest rate among heroin users who are on the MM program. Those individuals could also be expected to show improvement on a number of other indicators which have not been discussed in this paper.

The question of crime reduction alone is an important one, however, and those who work in the drug and alcohol field have often found themselves in the philosophical dilemma of feeling they are forced to choose between client-centred and community-centred objectives. I have suggested that a reduction in the rate of crime is a reasonable health care objective to be pursued by health professionals.

Finally, the opportunity to commence a systematic and routine collection of data on all clients on methadone maintenance in New South Wales has presented itself. Should the current draft policy be accepted within the drug and alcohol field and by the Department of Health then this process can commence.

My personal belief remains that methadone cannot be dismissed, that a community as affluent as New South Wales cannot deny this treatment modality to those heroin users for whom it is a suitable treatment, and that the program needs a centralised structure to perform most efficiently.

The draft policy respects the right of individual health workers not to work in MM programs. These workers may avoid methadone for their clients and in their clinics. It has even been recognised that individual health regions within the Department of Health may be declared methadone free.

But the evidence in favour of methadone maintenance makes it difficult to argue that New South Wales should have no MM program.

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## TREATMENT, THE LAW AND ALCOHOL PROBLEMS

## A NEW ZEALAND PERSPECTIVE

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In 1909 the New Zealand Parliament enacted the Reformatory Institutions Act. The Reformatory Institutions Act was "An Act to make provision for the establishment and control of reformatory institutions for the reception and detention of habitual inebriates, and of fallen women (an interesting group). Inasmuch as alcoholism was clearly regarded as a sign of moral weakness, as bad behaviour which should be suppressed by legal sanction, the Act of 1909 was plainly punitive in nature.

It is reasonable to say that the Act was largely ineffectual as no state inebriates' homes were established and only two private inebriates' homes (both run by the Salvation Army) were certified under the Act.

In 1954 the home for women was reviewed by the Department of Justice. Members of the reviewing committee noted that "inebriates cannot be segregated or classified for there is no constructive treatment available for them. The environment is unimaginative, treatment is negligible and there is no particular health improvements".

As the concept of alcoholism as a disease took hold in New Zealand and the public made some shift towards viewing alcoholism as an illness, it is not surprising that eventually the need to revise the 1909 legislation was recognised. The resulting legislation was the Alcoholism and Drug Addiction Act 1966.

#### Alcoholism and Drug Addiction Act 1966

This Act provides for the licensing of institutions for the care of alcoholics and drug addicts and empowers District Court judges to order the detention for treatment in such institutions of alcoholics or drug addicts in the following circumstances:

Voluntary applications (section 8): A person may apply to a court to be detained in an institution for treatment. An order will be made if the judge is satisfied that the person is in fact in need of treatment. The institution will accept the person as a patient if the person is aware of the nature and consequences of the application.

Family or other application (section 9): A relative, a member of the police or other reputable person may apply to the court to have an alleged alcoholic or addict detained in an institution for treatment. On receipt of the application the judge, if satisfied that the application is properly made, may require the person concerned to present him- or herself for examination by two medical practitioners and, if the judge on hearing evidence on oath decides that it is necessary, he may issue a warrant for the arrest of the person concerned to compel attendance for examination. If the two doctors agree that the person is an alcoholic or addict and needs treatment, and if the institution is prepared to accept the person as a patient, the judge may make an order for the person's detention for treatment.

An order under the Act remains in force for two years, and theoretically a person may be detained in the institution for that period. In practice, most patients are either released on leave or discharged from the Act on completion of the treatment. A patient who is released on leave can be recalled for treatment only on the order of the District Court judge.

Apart from restrictions on his or her personal liberty a person detained for treatment suffers no legal disabilities and can conduct his affairs, sue or be sued or vote, etc., while subject to an order under the Act.

#### Criminal Justice Act (section 48A)

Criminal Justice Act (section 48A) gives a judge power where alcohol or drug abuse may have influenced the commission of a crime to have the offender examined by two medical practitioners, and if they certify that the offender is an alcoholic or addict in need of treatment, and if a licensed institution is prepared to accept the offender as a patient, the judge may order the offender to be detained in the institution under section 9 of the Alcohol and Drug Addiction Act 1969. This power is expressed as an alternative to other penalties the courts may impose.

#### Sale of Liquor Act 1962 (Prohibition Order Part XI)

This enactment gives the District Court power to make a prohibition order in respect of any person where the court is 'satisfied that the person by the excessive use of liquor suspends, wastes or lessens his estate, or injures his health or endangers or disturbs the peace and happiness of his family' or where a person is convicted for drunkenness two or more times in six months or is convicted of any offence, and consents to the order. The person may also make a voluntary application for a prohibition order against him- or herself. The effect of a prohibition order, which cannot be imposed for more than 12 months, makes it an offence for any person to supply liquor to the prohibited person and for the prohibited person to attempt to

produce liquor or to be found on licensed premises. The courts are supposed to send notice of the prohibition order to all licensed premises in such places 'as in the opinion of the Registrar are reasonably convenient to the residence of the prohibited person'.

These provisions do not relate to treatment per se but had their origins in the nineteenth century as an early attempt to minimise the consequences of the misuse of alcohol.

Because of mobility of people today, and the difficulty of enforcement, these orders are rarely imposed.

#### The Mental Health Act 1969

This Act provides for the reception and treatment of mentally disordered people, and is sometimes used to commit a person to enter treatment for alcoholics, particularly where the person is suicidal or dangerous to others and there may be danger in delays involved in invoking the Alcoholism and Drug Addiction Act 1966. This Act provides that a person may be received into a psychiatric institution on the signed request of any person supported by certificates of two medical practitioners (or one in cases of extreme urgency). Notice of the reception of any person under this provision must be given immediately by the institution to the nearest District Court.

Burns (1975) has suggested that following the introduction of the Alcoholism and Drug Addiction Act in New Zealand there was an upsurge in the total number of admissions for alcoholism throughout the country. He further asserts that the introduction of this Act has been instrumental in the establishment of specialised alcoholism units in some of these institutions which did not previously have this facility.

In spite of the fact that the treatment community has traditionally regarded the coerced patient as unmotivated, uninteresting, and a poor treatment risk, legal coercion has become a widely accepted and prominent element in treatment of alcohol problems and alcoholism.

In March 1983 a public seminar involving representatives of the Departments of Justice, Health, Social Welfare, and Police, local voluntary agencies, and other interested parties met to formulate views and propose amendments to the Alcoholism and Drug Addiction Act for submission to the Minister of Health.

Some of the conclusions reached during this seminar were:

- (a) support of the need for coercive referral to treatment;

- (b) that this provision will only be used in a minority of cases, as the majority of referrals to treatment are on a voluntary basis;
- (c) there should be a single piece of legislation covering the situations presently provided for in the Alcoholism and Drug Addiction Act (including the decriminalisation of public drunkenness), the alcohol impaired driver, and any amendments expected to be made to the Criminal Justice Act.

#### Referrals from the Criminal Justice System

In New Zealand the probation service is fast becoming the major source of referral to outpatient alcohol treatment agencies. This is of course in line with the research coming out of the United States (for example, Boscarino 1980, Dunham and Mauss 1982, Clarke 1975). The implications of this are matters for serious consideration within New Zealand at the present time, particularly issues such as Weisner and Room (1982) raise, namely ethical considerations in initiating and terminating therapy, role conflicts for therapists, and confidentiality.

#### Decriminalisation of Public Drunkenness

In 1982, public drunkenness was decriminalised by an Act of the New Zealand legislature. In 1981 the total arrests for drunkenness in New Zealand were 5154. In the first year following decriminalisation a total of 2677 people were detained by the police.

This new Act means that the police have certain options available to them when confronted with an intoxicated person in a public place:

- (a) they can take the person to a registered detoxification or sobering up facility;
- (b) they can take the person to his/her home;
- (c) they can take the person to a police station for a period not exceeding 12 hours upon which the person will be released without charge;
- (d) they can leave the person where he/she is.

In practice, there are no registered sobering-up facilities which are available to the police for this purpose, and many drunks are left on the streets where they are prey to physical abuse and increased likelihood of ill health.



This matter is of grave concern to alcohol treatment agencies and the New Zealand police force. It would appear that we have not learned from the experience of other countries who have enacted decriminalisation. We also have changed the law without due care and attention being given to its possible effects on the public inebriate. While setting out to remove from the statutes a victimless crime, we have in fact created a victimised group.

Prior to the law change, we should have provided the necessary sobering-up or registered detoxification facilities to cope with the influx of public inebriates. That we have not as yet done so is a matter of increasing concern in New Zealand. At this time some remedial action is being taken in one or two New Zealand centres to remedy the situation.

#### The Alcohol-Impaired Driver

Since 1978 two working parties have been set up under the auspices of the New Zealand Ministry of Transport with a special brief to make recommendations with regard to alcohol-impaired drivers. Special attention was paid to the South Australian legislation with regard to the alcohol-impaired driver in the report of the second working party.

It seems likely that legislation will be enacted this year (1983) that will impinge dramatically on one group of road users, namely those who drink and drive. It is envisaged that the new legislation will work as follows:

- (a) Any person who has been convicted of driving with excess blood alcohol on two or more occasions over a five year period (with one conviction being for an evidential breath test exceeding 1000 micrograms of alcohol per litre of breath or of alcohol in the blood exceeding 200 milligrams of alcohol per 100 millilitres of blood, or for refusal to give a specimen) shall be required to attend an alcohol assessment centre, and shall be disqualified from holding or obtaining a driver's licence for a period of at least two years.
- (b) Every person in respect of whom an order is made under this Act shall pay an alcohol assessment centre fee of \$150 which shall be payable whether or not that person attends an alcohol assessment centre.

The proposed legislation requires that prior to the reissuing of a driver's licence a report from a registered medical practitioner attached to any alcohol assessment centre shall be made available to the Secretary for Transport by the applicant or the alcohol assessment centre. It is envisaged that this report will assist the Secretary for Transport in deciding whether the applicant is a fit person to hold a driver's licence.

Obviously this raises many issues for discussion such as:

- (a) there appears to be no "carrot" built into the system;
- (b) there is a dearth of registered medical practitioners in New Zealand with the necessary skills or interest to be involved in this process;
- (c) alcohol assessment centre staff are concerned at the almost judicial role they are being asked to play;
- (d) the requirement of one offence being in excess of 200 milligrams of alcohol per 100 millilitres of blood will mean that only a small proportion of second time drink-drive offenders will be caught in the net, probably missing many of the younger, less damaged offenders.

I have outlined just a few of the ways in which the criminal justice system is impinging on the life of alcohol abusers and on the programs for treating alcohol abusers.

In our attempts to reach out for the younger, less damaged client, we must be aware of the problems faced by becoming seen as another arm of the justice network. Our task is to be available yet independent, confrontative and yet not punitive. This is becoming an ever thinner tightrope to walk.

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SUMMARIES OF WORKING GROUPS  
AND THEIR RECOMMENDATIONS FOR  
FUTURE DIRECTIONS



### SUMMARIES AND RECOMMENDATIONS OF WORKSHOP GROUPS

One hundred and four participants registered to attend the seminar. They represented health, welfare and criminal justice professionals from all states in Australia and from New Zealand.

Eight hours of the program were devoted to workshop sessions. The first three and a half hours were devoted to establishing a forum for discussion. The final four and a half hours dealt with three areas of concern spontaneously considered by workshop participants as being the most important areas for future direction in responding to the link between alcohol, other drugs and crime. The three working groups were:

1. the social policy working group;
2. the pre-trial diversion working group;
3. the therapeutic communities/therapeutic approach in prisons working group.

Participants were invited to attend workshop groups in their area of interest. The summaries and recommendations of these groups appear below.

#### SOCIAL POLICY

Chaired by Ian Smith, Western Australia, on day one and by Keith Evans, New Zealand, on day two.

Preliminary discussion at the first meeting centred on the role of the community in controlling drug and alcohol use. In particular, this covered relevance of social policy to drug and alcohol control and the contributions made by the media, the law and the medical profession in changing the pattern of use of these substances.

#### 1. Relevance of Social Policy Issues

It was generally agreed that social policy issues were relevant to the seminar and the working group, mainly because:

- 1.1 the disease concept of dependence seems to have outgrown its relevance;
- 1.2 there is no clear policy toward drug control laid down by government;
- 1.3 there are inconsistencies arising across state boundaries which point to lack of co-ordinated direction.

## 2. Important Social Policy Issues

These are identified as follows:

Community education (healthy life-style) for future generations;

Advertising;

Supply organisation/impact of the law against certain groups;

Marijuana issues;

Legal inconsistency, particularly across drug types;

Availability/production/cost - to include governmental policy and pricing;

Resource distribution particularly in the education arena rather than criminal sanctions.

## 3. Problems in Social Policy Issues

- 3.1 There is a need for greater co-ordination and communication between the states, territories and New Zealand and between health and other agencies reaching decisions about social policy concerning alcohol and drugs. Preference should be given to using existing bodies and agencies which frame social policy proposals in this field.
- 3.2 Information which is available needs to be pooled and freely available. This includes data relating to effects of the drugs and to information relating to drug control policies.
- 3.3 Social policies which are implemented need to be continually evaluated and monitored to ensure they remain relevant and effective. For example, there is a need for greater research into the link between advertising and alcohol or drug use. Current (implemented) voluntary industry codes relating to alcohol and tobacco advertising are not effective in controlling the ways in which these drugs are promoted. Education of individuals in the use of the 'official mechanism' of complaint is needed.



#### 4. Research and Planning

- 4.1 It is recommended that drug and alcohol bodies regularly review the medical and social repercussions and consequences of social policy decisions, particularly legislation, taken in the alcohol and drug field.
- 4.2 It is recommended that research in the area shift its emphasis from the primary effects of drugs on individuals to a review of their tertiary implications in the social and cultural arena.
- 4.3 Social policy decisions concerning control of alcohol and drug use need to be taken in full communication with the community they affect and indigenous populations need to be taken into account in planning measures directed at the more general population.

#### 5. Legislation

- 5.1 It is recommended that classification of individual drugs within the drugs acts of various states and territories be subject to ongoing review in the light of up-to-date information about them.
- 5.2 There is a need for uniform drug control legislation throughout Australia and New Zealand and within different groups of drugs.
- 5.3 In considering legislative controls, the group considered that the Health Ministers' Conference should be asked to consider options which reduced the likelihood that marijuana users will be criminalised merely for possessing or using the drug.

#### 6. Advertising and Education

- 6.1 It is recommended that responsibility for regulation of advertising codes be accepted by a committee established by the government.
- 6.2 It is recommended that a total ban on tobacco advertising be implemented.
- 6.3 It is recommended that a ban be placed on life style advertising of alcohol.

- 6.4 It is recommended that pharmaceutical promotions be restricted to professional publications.
- 6.5 It is recommended that professionals such as magistrates, medical officers and policemen, who regularly come in contact with drug users, be informed about the nature of drug abuse and the effects of drug control procedures.

#### PRE-TRIAL DIVERSION

Chaired by Des O'Connor, Australian Capital Territory, on day one and by John Mahr, New South Wales, on day two.

- 1. The workshop recommended the following in relation to the introduction of pre-trial diversion schemes in Australia.
  - 1.1 Pre-trial diversion be undertaken and be so structured that diversion is as readily available to the poor as to the rich.
  - 1.2 That a statutory officer be appointed, separate from the prosecution, to handle pre-trial diversion decisions (1).
  - 1.3 That there be an enlargement of the range of treatment options available in respect of alleged offenders against the criminal law, that there be more publicity of the kinds of options open at the pre-trial, pre-sentence and post-sentence stages and that there be evaluation of treatment systems (results to be disseminated throughout the legal and health systems).
  - 1.4 Seriousness of the offence to be one of the criteria for diversion but with careful consideration to be given as to the quantity of a prescribed drug in possession that would preclude diversion, the intention being not to exclude from diversionary treatment those drug-addicted persons supplying to support their addiction. (There was further, unresolved discussion on this topic in the second workshop session.)
  - 1.5 That a TASC (2) style program be undertaken and evaluated.

At the second meeting the following recommendations were made for future directions in pre-trial diversion.

2. Recommendations from the second workshop session (specifically charged with the responsibility for formulating recommendations as to future directions).
  - 2.1 That there should be a pre-trial diversion scheme in which there is disclosure by prosecution and defence in order to determine what action should be taken (disclosure to be made to a specially appointed judicial/statutory officer, refer 1.2 above).
  - 2.2 That DACAP (3) facilities should be introduced/made available at both the pre-trial and pre-sentence stages. In the event of receipt by the diverting judicial officer (4) of a favourable DACAP report following a course of drug and alcohol treatment, a recommendation is to be made by that officer to the prosecuting authority that the proceedings be terminated. That legislation be enacted to this effect.

#### Notes

1. The statutory officer would, inter alia, ensure protection of the rights of defendants and could have regard to the situation, feelings and losses sustained by an apparent victim of crime. He or she would receive reports as to the suitability of an alleged offender for drug and alcohol treatment and reports as to progress in treatment. Agreement was not reached in the workshop on all the above suggested functions of the statutory officer nor were all these elements listed in Dr O'Connor's report on the first workshop session. They all emerged, however, in the first workshop and have been provided to 'flesh out' the recommendations (see 2.1 following).
2. Treatment Alternative to Street Crime programs (United States),
3. Drug and Alcohol Court Assessment Project (NSW). It is envisaged by the above recommendation that DACAP be expanded along the lines of TASC (US).
4. For description of the functions/possible roles of the 'diverting judicial officer' refer 1.2 above and accompanying note.

## THERAPEUTIC COMMUNITIES/THERAPEUTIC APPROACH IN PRISONS

Chaired by Dannie Benton, New South Wales on day one and day two.

### 1. Origin of Workshop

- 1.1 Proposal put forward by workers in a therapeutic community for the establishment of drug and alcohol services in prisons.
- 1.2 Perceived need for the Department of Corrective Services Committee considering the establishment of drug and alcohol services within prisons to have some input from workers in rehabilitation field.

### 2. Composition

The workshop comprised mainly workers in the field, that is, probation and parole officers, psychologists (etc.) from Corrective Services Department and workers from referral, counselling and rehabilitation centres.

### 3. Achievements

- 3.1 To the extent possible in the time and with the tasks allocated, there was an exchange of ideas, information about current situations, and problems experienced by workers in the different areas represented, that is, a sharing of perspectives and, more importantly, a clarification of some assumptions.
- 3.2 On the basis of this limited hearing, some problems in the existing situation were revealed (indeed, the very necessity for the workshop revealed this) and some recommendations arrived at for the future.

### 4. Problems in Existing System

- 4.1 More exchange needed between criminal justice system and therapeutic system, not just what is happening, but on what philosophy is it based.
- 4.2 Confusion exists as to what constitutes a "therapeutic community". Confusion exists about "treatment" since there are various approaches possible, that is, one law, but several methods of recovery.
- 4.3 Opportunities for exchange limited by demands in the field and lack of resources available to free individuals to play consultant role without jeopardising services of agencies already under good deal of pressure.

## 5. Recommendations

- 5.1 A forum/conference for workers in field to exchange problems, assumptions, knowledge, etc., to build a structure in order to maintain this exchange, for example, some sort of standing committee. This forum should be diverse both horizontally and vertically.
- 5.2 More exchange - the establishment of a network for consistent and regular contact.
- 5.3 A mailing list drawn up in the workshop will be posted to all workshop participants by one member.
- 5.4 The establishment of drug and alcohol services within the prisons was seen to be a good idea needing consultation and planning.
- 5.5 Education in the community and of policy makers to encourage the acceptance of the option of a therapeutic response to addicts, especially within a punitive institution.

## 6. Resources

- 6.1 More resources need to be made available to agencies for relief workers to enable them to be more mobile without jeopardising the services offered by these agencies.
- 6.2 Resources are needed for a practical exchange seminar of workers in criminal justice and health fields.



## APPENDIX 1





LIST OF REGISTERED PARTICIPANTS AND SPEAKERS

Ms Josephine Allon	Acting Senior Welfare Officer Sydney City Mission
Mr Jim Bain	Drug and Alcohol Counsellor Penrith Health Centre Sydney New South Wales
Ms Dawn Baker	Clinical Psychologist Bourke Street Clinic Sydney New South Wales
Mr Martin Baker	Co-ordinator of Drug and Alcohol Services Northern Metropolitan Region New South Wales Health Department
Mr Richard Baldwin	Methadone Service Co-ordinator Sydney New South Wales
Ms Danni Benton	Counsellor The Buttery Bangalow New South Wales
Mr Colin Bevan	Assistant Director (Training Australian Institute of Criminology Canberra Australian Capital Territory
Ms Maggie Brady	Freelance Consultant Anthropological Research Northern Research Council Darwin Northern Territory
Ms Judi Brady	Drug and Alcohol Worker Sutherland Community Health Centre Sydney New South Wales
Mr Robin A. Braendler	Senior Administrative Officer Alcohol and Drug Addicts Treatment Board Parkside South Australia
Mr Simon Brown-Greaves	Senior Psychologist Correctional Services Division Department of Community Welfare Services Melbourne Victoria
Mr Reg Bartley	Licensing Magistrates and Licences Reduction Board Sydney New South Wales
Miss Elizabeth Beckett	Drug and Alcohol Services Health Education Resource Unit Chatswood New South Wales

Mr Clarrie Briese	Chairman of Stipendiary Magistrates Sydney New South Wales
Detective Inspector Bill Bull	Drug Squad New South Wales Police Department Sydney New South Wales
Superintendent E. Bunt	New South Wales Police Department Sydney New South Wales
Mr Michael Brooksbank	Senior Supervisor Alcohol Supervision Probation and Parole Service Perth Western Australia
Mr Michael Burt	Senior Social Worker Correctional Services Division Department of Community Welfare Services Melbourne Victoria
Dr. Harding Burns	Director Drug and Alcohol Unit Royal Prince Alfred Hospital Sydney New South Wales
Mr Robert Bush	Senior Projects Officer New South Wales Drug and Alcohol Authority Sydney New South Wales
Ms Margaret Carpenter	Probation and Parole Officer Probation and Parole Service Sydney New South Wales
Mr Greg Chesher	Reader Department of Pharmacology University of Sydney Sydney New South Wales
Ms Joyce Christley	Counsellor Drug and Alcohol Unit Westmead Hospital Sydney New South Wales
Ms Margaret Cluff	Counsellor Health Department Parramatta New South Wales
Ms Joan Cocks	Social Welfare Worker Women's Alcoholism Counselling Service Sydney New South Wales

Dr Peta Colebatch	Policy Manager Health Department Sydney New South Wales
Mr John Cook	Senior Welfare Officer Sydney City Mission Sydney New South Wales
Mr John Derksen	Counsellor Health Department Parramatta New South Wales
Mr Ian Dobinson	Researcher Bureau of Crime Statistics Sydney New South Wales
Dr Peter Doherty	Deputy Medical Superintendent Macquarie Hospital Ryde New South Wales
Mr John Duffield	Probation and Parole Officer Probation and Parole Service Newcastle New South Wales
Mr Don Dunoon	Planner Drug and Alcohol Authority Sydney New South Wales
Ms Wendy Dunn	Co-ordinator Alcohol and Drug Dependence Unit Health Promotion Centre Canberra Australian Capital Territory
Mr D. Edwards	Probation and Parole Officer Probation and Parole Service Sydney New South Wales
Mr Keith Evans	Services Adviser Alcoholic Liquor Advisory Council Wellington New Zealand
Ms Ann Fieldhouse	Solicitor State Crown Solicitor's Office Sydney New South Wales
Mr Sandy Fleischman	Counsellor Community Health Centre Bondi Junction New South Wales
Mr Paul Geraghty	Probation and Parole Officer Probation and Parole Service Sydney New South Wales

Detective Sergeant D. Gray	Australian Federal Police Redfern New South Wales
Mr George Greaves	Head Breath Analysis Section New South Wales Police Department Sydney New South Wales
Detective Senior Constable Frank Hansen	Drug Squad New South Wales Police Department Sydney New South Wales
Mr John Hatch	Senior Information/Education Officer Alcohol and Drug Dependence Service Department of Health Brisbane Queensland
Ms Jan Hemphill	Senior Psychologist Department of Corrective Services Sydney New South Wales
Dr Jane Hendtlass	Research Officer Victoria Police Department Melbourne Victoria
Mr Frank Higgins	Member of the Board NSW Drug and Alcohol Authority Sydney New South Wales
Mr Cliff Holdsworth	Psychologist Department of Corrective Services Sydney New South Wales
Ms Judith Homewood	Tutor Macquarie University Sydney New South Wales
Ms Marianne Hoyd	Research Officer Parliamentary Select Committee of the Legislative Assembly upon Prostitution in New South Wales
Mr David K. Irons	Senior Social Worker Adult Court Advisory Service Department of Community Welfare Services Melbourne Victoria
Dr Steven Jurd	Psychiatrist Macquarie Hospital Ryde New South Wales

Mr Robert Kench	Counsellor Community Health Centre Bankstown New South Wales
Mr Tony Kew	National Organisation for the Reform of Marijuana Laws
Mr Warren King	Co-ordinator GROW New South Wales
Mr John Kirk	Administrator MASH Alcohol Centre
Ms Marcelle Lawrence	Solicitor Alcoholics Anonymous Sydney New South Wales
Mr Wyn Lewis	District Probation and Parole Officer Knopwood House Hobart Tasmania
Mr John Lizzio	Chairman Network of Alcohol and Drug Agencies Sydney New South Wales
Mr Milton Luger	Executive Director James McGrath Foundation Sydney New South Wales
Ms Jane McIntosh	Probation and Parole Officer Probation and Parole Service Sydney New South Wales
Mr Bill McKay-Sim	Drug and Alcohol Worker Community Health Centre Chatswood New South Wales
Mrs R.J. McKechnie	Member of the Board NSW Drug and Alcohol Authority Sydney New South Wales
Dr Bill McSwiggan	Chief Executive Officer Rydalmere Hospital Sydney New South Wales
Mr Bob Maddison	National Program Co-ordinator GROW New South Wales
Mr John Mahr	Probation and Parole Officer Probation and Parole Service Sydney New South Wales

Ms Betty F. Maxfield	Secretary Alcohol and Drug Dependency Board Hobart Tasmania
Ms Loraine May	Probation and Parole Officer Probation and Parole Service Sydney New South Wales
Mr Geoff Meadows	Social Worker Bourke Street Drug Advisory Clinic Sydney New South Wales
Mr John Moir	Probation and Parole Officer Probation and Parole Service Sydney New South Wales
Mr Alan Moran	Manager Wayback Committee Westmead New South Wales
Dr K. Morris	Medical Officer Prison Medical Service Sydney New South Wales
Mr Gary Mulheron	Manager Health Department Sydney New South Wales
Mr Warren Nicholl	Stipendiary Magistrate Law Courts Canberra Australian Capital Territory
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Dr Des O'Connor	Reader in Law Law Faculty Australian National University Canberra Australian Capital Territory
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Mrs Edna Y. Ots	Supervisor of Treatment Services Alcohol, Drug and Forensic Branch Health Commission of Victoria Melbourne Victoria

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Mr David Pyne	Deputy Director Probation and Parole Service Sydney New South Wales
Detective Sergeant B. Reid	Drug Squad New South Wales Police Department Sydney New South Wales
Mr Ken Renshaw	"Westmount" Katoomba New South Wales
Ms Louise Rowling	Lecturer Sydney Institute of Education Sydney New South Wales
Ms Dianne Russell	District Officer Youth and Community Services Sydney New South Wales
Professor Ron Sackville	Chairman New South Wales Law Reform Commission Sydney New South Wales
His Honour Judge G.T. Sadleir	District Court of Western Australia Perth Western Australia
Mr Terence Samways	Senior District Officer Youth and Community Services Sydney New South Wales
Dr Margaret Sargent	Senior Lecturer College of Advanced Education Milperra New South Wales
Ms Louisa Scagliotti	DACAP Bourke Street Clinic Sydney New South Wales

Ms Kate Schlink	Chairperson of Board Waverley Outreach Drug and Alcohol Rehabilitation and Referral Centre New South Wales
Mr Dieter Schlosser	Research Officer Foundation for Research and Treatment Alcohol and Drug Dependence Sydney New South Wales
Mr Hans Schuttler	Counsellor Royal Prince Alfred Hospital Sydney New South Wales
Dr Peter Shea	Medical Superintendent Rozelle Psychiatric Hospital Sydney New South Wales
Mrs Loane Skene	Legal Assistant Law Reform Commission Melbourne Victoria
Mr Ian Smith	Research Psychologist WAADA Salvatori House West Perth Western Australia
Mrs Roslyne Spiers	Administrative Officer NADA
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Mr Brian Stewart	Chairman NSW Drug and Alcohol Authority Sydney New South Wales
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Dr Jeff Sutton	Director NSW Bureau of Crime Statistics and Research Sydney New South Wales
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