Drug Diversion Amendment Bill 2002 (Qld): Offering Minor Drug Offenders an Alternative to Punitive Sanctions

The Drug Diversion Amendment Bill 2002 (Qld) provides for amendments to the Juvenile Justice Act 1992 (Qld) and the Penalties and Sentences Act 1992 (Qld) to authorise Drug Diversion Courts to order qualifying illicit drug offenders (both juveniles and adults) to attend assessment and education sessions which, if faithfully attended, will result in no conviction being recorded.

Wayne Jarred
Research Brief No 2002/30
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1 INTRODUCTION

The Drug Diversion Amendment Bill 2002 (Qld) was introduced into the Legislative Assembly on 19 September 2002. The Bill establishes Drug Diversion Courts with the objective of confronting drug problems by authorising these Drug Diversion Courts to admit offenders to drug assessment and education sessions. This is to be achieved by amending the Juvenile Justice Act 1992 (Qld) and the Penalties and Sentences Act 1992 (Qld).

The basic premise underlying illicit drug diversion initiatives is that governments act to reduce the cost and harm associated with their use. The basis of drug policy in Australia is ‘harm minimisation’ which is seen as a more attainable objective than the entire elimination of drugs from society. It is an approach that has been developed taking into account the realities and complexities of drug use in the community. This policy of ‘harm minimisation’ implicitly aims at reducing consumption of illicit drugs. The Drug Diversion Court program is designed to contribute to that objective.

In a 2002 submission to the House of Representatives Standing Committee on Family and Community Services Inquiry into Substance Abuse, the Australian National Council on Drugs supported the basic premise that it is best to divert offenders early from the criminal justice system into programs and services that can assess their drug use, and where they can be provided with support, information and treatment.

Adolescence is a prime period for the uptake of drug use for various reasons. It is a time when the ability to make decisions about risky behaviours has not yet developed. Consequently, the establishment of a program designed to educate young people on how to make decisions regarding illicit drug taking is a positive step.

As part of the Council of Australian Government’s (COAG’s) Illicit Drug Diversion Initiative Agreement of 1999, the Commonwealth agreed to provide funding of $104.1

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million to the States and Territories for the period 1999-2000 – 2002-2003. Of this amount, $19.5 million has been allocated to Queensland.4

A 1999 Briefing Paper by the Queensland Criminal Justice Commission highlighted the virtues of establishing diversionary programs aimed at breaking the link between illicit drug use and criminal activity. The Commission argued that the steep rise in prisoners serving sentences for drug offences in Queensland prisons and a desire to improve the health and wellbeing of young Queenslanders were sufficient incentives to establish diversionary programs.5

Between 1978 and 1998 there were fourteen major inquiries conducted into drug use in Australia but the perception is that they have had little positive effect on the use of illicit drugs.6 Drug diversion programs represent the implementation of public policies that recognise that there is a need to change from a criminal justice focus to a public health focus.

Media statements issued by the Attorney-General and Minister for Justice, the Hon Rod Welford MP, announcing the introduction of the Bill, are included in Appendix A to this Research Brief.

2 THE NATIONAL DRUG STRATEGIC FRAMEWORK 1998-2003

With the agreement of the States and Territories in November 1998, the Commonwealth launched the National Drug Strategic Framework 1998-1999 to 2002-2003. It represents a broad range of responses to the problem of drug supply and use.7 The stated mission is:

*To improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in Australian society.*

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The Framework identifies eight broad policy areas that are to be implemented through action plans. The principle of harm minimisation as a central concern of the National Drug Strategic Framework Action plans recognises that prohibition and law enforcement alone will not be effective in reducing the level of illicit drug supply and use. The result is that a comprehensive and integrated approach to drug issues is seen as essential.

3 QUEENSLAND DRUG STRATEGIC FRAMEWORK

The Queensland Drug Strategic Framework 1999-2004 was launched in November 1999 by the Queensland Premier who described it as a cooperative and comprehensive approach in supporting community groups in the fight against licit and illicit drug use. However, some community organisations have been critical of the strategy.

The President of the Queensland Drug and Alcohol Community Association, Denise Montague, has commented:

> From my point of view, in the illicit drug sector, we’re basically finding that there is a real lack of a planned approach looking at the service and treatment gaps, and a methodical way of trying to address those gaps.

Ms Montague also said that there was a community forum in August 2000 where “a lot of really good information was given to the government from community organisations”. She went on to say:

> However, all the hard work we did there was not reflected in the documentation succeeding the Forum .... We got the sense that it was a token Forum because there has not been another one since.

> There is the feeling that the government is not really interested in hearing from the community sector. When our views are not represented, it makes us think that they have already made up their minds before they ask us for input. Then they can say that they have actually consulted us, when in fact they haven’t heeded anything we have said.

A spokesperson for the Brisbane Youth Service, Jeff Cheverton, criticised the level of resources made available for detoxification:

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10 Sarah Ireland, ‘Are Queensland’s Drug Problems Beyond a Quick Fix?’, p 10.

11 Sarah Ireland, ‘Are Queensland’s Drug Problems Beyond a Quick Fix?’, p 11.
If you’re under 18 and you’ve got a heroin problem there is nowhere to go.

He also stated that if the government really wanted to make a difference, the first thing they should do is enter into a dialogue with community agencies:

*Only a small number of community agencies are involved in providing information to the government... because I don’t think the government knows too much about drug use, they’re scared of it and don’t seem to know how to get a proper handle on it.*

Mr Cheverton said that, in drug policy, about 80 per cent of resources goes to policing and only 20 per cent goes to education and treatment. He commented:

*If they reversed the allocation of funds we would have enormous amounts of resources to provide treatment and education. This is not a law and order issue, it’s a health issue. It’s like arresting people for having a broken leg, it doesn’t make any sense.*

The Queensland Education Health Issues Coordinator said the strategy was ‘poorly written’ and lacked clear direction and purpose in terms of drug education. He believed that most of the funding for drug education came from the Commonwealth Government under the Queensland School Drug Education Strategy.

The Leader of the Opposition argued that educating the young to say ‘no’ to drugs for the right reasons was the best strategy:

*The ultimate in protection against drugs is giving quality of life and drug education to children in schools so... when they are confronted with drugs they have every available tool of knowledge and training to be able to say “no, I don’t do drugs”.*

*And probably at the end of the day it’s going to be far cheaper than the resources for police, justice system and hospitals, and I think that’s got to be the best system in the world.*

A spokesperson for Drug Arm was supportive of the strategy and felt it was making headway. She noted that there have been quite a number of considerations included in the strategy that have not previously been incorporated into government policy.

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12 Sarah Ireland, ‘Are Queensland’s Drug Problems Beyond a Quick Fix?’, p 11.

13 Sarah Ireland, ‘Are Queensland’s Drug Problems Beyond a Quick Fix?’, p 11.
In support of the Strategic Framework, the Minister for Police and Corrective Services said that the Government was determined to attack both drug supply and drug demand:

This is being achieved through tough enforcement on drug suppliers and drug diversion programs that aim to help users off drugs before they become trapped in the dependency cycle.\textsuperscript{14}

The Chief Executive Officer of the Queensland Alcohol and Drug Foundation essentially believes that if government programs are to work effectively, it must be recognised that drug problems are interrelated to other social problems:

... the linkages between drug addiction, gambling, youth suicide, mental illness, unemployment, domestic violence, homelessness, road fatalities and a host of other social problems are rarely made in professional conferences, policy development, or social structures.\textsuperscript{15}

However, some of the issues raised in this last valid comment do appear to have been recognised in the Strategic Framework. For instance, the interrelationships of youth homelessness and mental illness with drug use are specifically acknowledged in the Strategic Framework as priorities requiring action.\textsuperscript{16}

4 THE CANNABIS DIVERSION PROGRAM

The Cannabis Diversion Program commenced in June 2001 as part of the Drug Strategy Framework. Under s 211 of the \textit{Police Powers and Responsibilities Act 2000} (Qld), first-time offenders found in possession of 50g or less of cannabis are given the choice by police between being prosecuted or accepting an offer to attend a two hour Assessment and Education Session. Under the trial, police were required to offer offenders access to the program. The aim of the sessions is to encourage first-time offenders to examine the pros and cons of drug use in a logical way as well as being informed about the potential costs and health risks associated with the use of cannabis.\textsuperscript{17}

The program is part of a nation-wide strategy agreed upon between the Commonwealth, and the States and Territories. Approximately 85\% of all drug possession offences in

\textsuperscript{14} Sarah Ireland, ‘Are Queensland’s Drug Problems Beyond a Quick Fix?’, p 10.


Queensland involve only small amounts of cannabis with the result that the program has the potential to free-up the court system for more important matters. The program is not without its critics, however, as there are those who argue that the program only hampers the police in the fight against the illicit drug trade.\textsuperscript{18}

The government and opposition parties welcomed figures released on the number of offenders found in possession of less than 50g of marijuana entering a diversionary program. From the commencement of the program, in June 2001 to 27 August 2002, 6,635 offenders have been diverted and the compliance rate is understood to be around 81\%.\textsuperscript{19}

The new Bill complements the above initiative by allowing a Drug Diversion Court to offer a similar diversionary program to offenders using illicit drugs other than cannabis who plead guilty and who agree to attend.

\section{5 AMENDMENTS TO THE JUVENILE JUSTICE ACT 1992 (QLD)}

\textbf{Clause 4} introduces an additional \textbf{Part 5, Division 1B} which will provide for offender referrals for drug assessment and education sessions.

\subsection*{5.1 WHEN AN OFFENDING CHILD AGREES TO BE REFERRED TO AN ASSESSMENT AND EDUCATION SESSION}

\textbf{Proposed new s 119K(2)} authorises a Drug Diversion Court (which will be trialled for up to 12 months in the Brisbane Central Magistrates Court and the Brisbane Childrens Court) to refer an eligible child, with the consent of the child, to a drug assessment and education session. Any such referral is to be made \textit{after} the child has pleaded guilty to an eligible drug offence and \textit{after} the child has been found guilty but \textit{before} the court determines the appropriate sentence. The proceedings are to be adjourned until the child has attended the assessment and education session. Note that the Court will retain the discretion whether or not to make the referral, even if the offender meets the eligibility criteria.

\textsuperscript{18} Nyssa Hanley, ‘Cannabis Diversion: Soft or Sensible?’, p 6.

Proposed new s 119L(3)(a) provides that when the Drug Diversion Court is advised by the provider of the drug assessment and education session that the child duly attended the session, the proceedings of the court in relation to the offence are to be brought to an end and no further prosecution is to accrue in relation to the particular drug offence. The result of this procedure is that a conviction will not be recorded against the child for the offence.

5.2 WHEN THE OFFENDING CHILD DOES NOT DULY ATTEND A DRUG ASSESSMENT AND EDUCATION SESSION

Proposed new s 119M provides that, in situations where the offending child has failed to attend the assessment and education session, the Drug Diversion Court may take no action or may order the offender to reappear for sentencing on the original charge.

5.3 MEANING OF ‘ELIGIBLE CHILD’ AND ‘ELIGIBLE DRUG OFFENCE’

A Drug Diversion Court will only be authorised to refer an eligible child (with the child’s consent) once the child has pleaded guilty to an eligible drug offence.

5.3.1 ‘Eligible Child’

Proposed new s 119G provides that an eligible child will have to have pleaded guilty to an eligible drug offence as a necessary condition for being referred to a drug assessment and education session.

The section provides that a child will not be eligible for referral if that child has previously received two diversion alternatives by way of being referred to an approved drug assessment and education session on two previous occasions (eg under the cannabis diversion program).

Under proposed new s 119G(2)(b) an offending child will not be eligible for referral if he or she has been previously convicted of a ‘disqualifying offence’. Proposed new s 119I provides that disqualifying offences are:

- sexual offences
- trafficking, supply, production or possession of dangerous drugs that were determined on indictment
- an offence of violence against another person that was heard on indictment but not a charge of common assault or serious assault.
The disqualifying offence can have occurred in relation to the laws of another state or the Commonwealth.

5.4 ‘Eligible Drug Offence’

Under proposed new s 119H, for an offending child to be referred to a drug assessment and education session, the offence committed must be an eligible drug offence. An eligible drug offence is one in which the dangerous drug possessed is a ‘prescribed dangerous drug’; and the quantity of substances, preparations, solutions or admixtures containing the drug is not more that the ‘prescribed quantity’. There is also the requirement that the Court must be satisfied that the drug concerned was possessed by the offending child for his or her personal use only.

The Attorney-General and Minister for Justice tabled a copy of the proposed Regulation listing the thirty-eight prescribed dangerous drugs, and the prescribed quantity of each drug that must not be exceeded. The effects of some of the drugs contained in the proposed Regulation are listed in Appendix B to this Research Brief.

Note that an eligible drug offence will also include the possession of any implement (other than a hypodermic syringe or needle) which either has been used or was intended to be used for the administration, consumption, or smoking of a dangerous drug.

5.5 Meaning of ‘Drug Assessment and Education Session’

Proposed new s 119J provides that drug assessment and education sessions are only to be conducted by entities approved by the chief executive of Health. Proposed new s 119F states that drug assessment and education sessions for children are to be sessions conducted on a one-to-one basis by an approved provider. Such sessions are to include an assessment of the child’s drug use, drug education and identification of appropriate treatment options.

Attendance is taken to mean attendance at all of the sessions (proposed new s 119F).

6 Young People and Drugs

The use of drugs among the young poses significant challenges to both the legal and social systems. Generally, higher rates of drug abuse by the young are found among those who are involved in crime and who are outside the school system where that crime is
committed to raise money with which to purchase drugs.\textsuperscript{20} Illicit drug use by young people does not occur in isolation; it occurs within a social framework. An understanding of the underlying personal and social factors that contribute to the level of drug use by the young is important if the level of use in Australia is not to reach the proportions experienced in some other countries. Failure to see substance abuse as part of a larger pattern of behaviour can be a barrier to effective interventions.\textsuperscript{21}

An Australian longitudinal survey of children in Victoria in 2000 identified predictors of drug use as:

- aggressive and delinquent behaviour
- poor quality friendships
- loose attachment to family
- peers who engage in delinquent behaviour
- depression
- maternal smoking and drinking
- difficulty in controlling emotions
- hyperactive behaviour
- negative school-related experiences.\textsuperscript{22}

There are also research studies that support the perception that drug use by the young reflects adolescent experimentation and rites of passage, social and structural inequities, and behaviour that is labelled as delinquent.\textsuperscript{23}

Studies have shown that the types of treatments that have consistently returned positive results for non-institutionalised youth are individual counselling, interpersonal skills


\textsuperscript{21} Australian National Council on Drugs, p 45.

\textsuperscript{22} The Royal Australasian College of Physicians, \textit{From Hope to Science: Illicit Drugs Policy in Australia}. At \url{http://www.racp.edu.au/hpu/policy/drugs/nature1.htm} Downloaded 23 September 2002.

training, and behavioural modification sessions. Programs that are based on interventions which address the salient issues in a manner that lies within the young offender’s cognitive behavioural learning environment stand the best chance of returning positive outcomes.\textsuperscript{24}

Whilst it is arguable that drug related crime in Australia as a proportion of all juvenile crime is not especially significant because most prosecutions for drug related offences are for minor possession offences,\textsuperscript{25} it is also arguable that programs designed to halt the progression of minor juvenile offenders into more serious offending are well worth the effort.

As a review of the juvenile justice system in California noted, it is much harder to ‘fix’ confirmed criminals than it is when they first show signs of deviant or anti-social behaviour. The review also commented that juveniles should be taught to make informed decisions in relation to their own behavioural choices.\textsuperscript{26}

Some juveniles will experiment and stop whilst others will continue and develop a dependency, moving on to more dangerous drugs causing harm to themselves and, possibly, others. However, it is difficult to identify who will experiment and stop and who will continue on with use. Often juveniles will not see a link between their actions and the consequences of those actions and, instead, possess a feeling of being immune to the problems that others experience.

### 6.1 Level of Juvenile Drug Offences in Queensland

Figures published by the Queensland Police Service show that, for the reporting year 1999-2000, there were 256 juveniles arrested for drug offences. 1,769 received a police caution and a further 16 attended community conferencing.\textsuperscript{27} In 2000-2001 there


were 289 juveniles arrested for drug offences in Queensland. A further 1,704 were cautioned by police whilst 23 attended community conferencing.  

Whilst these figures indicate that there was a drop of 1.2% in the total number of juveniles who came into contact with police over drug matters between the two consecutive years, they also indicate that there was an increase of 11% in the number of juveniles whose behaviour warranted arrest. Table 1 below contains the categories of drug offences for which juveniles appeared before the different levels of courts in Queensland in 1999-2000 and 2000-2001.

**Table 1**

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<tr>
<td>Trafficking</td>
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<td>Manufacture/Cultivate</td>
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<tr>
<td>Possession</td>
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<td>497</td>
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<tr>
<td>Other</td>
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<tr>
<td>Total</td>
<td>1142</td>
<td>1059</td>
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The figures indicate that there was an overall drop (7.26%) in the number of charges laid against juveniles between 1999-2000 and 2000-2001. Virtually all categories contributed to this result.

### 6.2 Drug Use Trends in Queensland

Under funding from the National Drug Strategy, the Queensland Alcohol and Drug Research and Education Centre (located at the University of Queensland) produced a report on behalf of the National Drug and Alcohol Research Centre in which it identified a number of future trends with respect to illicit drugs in Queensland. The report indicated that amphetamines, heroin and cannabis had become very easy to obtain whilst cocaine had become moderately easy. The level of use of these four illicit drugs in the community

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was identified as having increased.\textsuperscript{30} The report painted a picture of increased drug use which would place a further strain on the judicial and correctional systems.

6.2.1 Cannabis

Cannabis is readily and increasingly available, even to school students, and the level of young people using this drug is on the rise. The report also found an increase in the use of intravenously administered drugs by cannabis users.\textsuperscript{31}

6.2.2 Cocaine

Police intelligence suggests that Brisbane is the second most common entry point for cocaine into Australia behind Sydney, and that there has been an increase in the level of supply and demand for that drug in Queensland. The ‘prescribed quantity’ for cocaine under the proposed Regulation is to be 1.0g for a juvenile to be eligible to be diverted to a drug assessment and education session under the new Bill. The cost of 1.0g of cocaine can range from $120 to $250. Police fear that the price for cocaine is being held down by distributors for the purpose of broadening the market within the State.\textsuperscript{32}

6.2.3 Amphetamines

Amphetamines are very easy to obtain with the possibility that they are even easier to obtain than cannabis. Many users of these drugs are also seen to be dealers. A ‘point’ of amphetamine (0.1g) may cost between $50 and $60. Use can range from sporadic to heavy daily use which is typically administered by injection as the purest form is painful to administer through the nose.\textsuperscript{33}


\textsuperscript{31} Kinner and Roche, ‘Queensland Drug Trends 1999’, p 19.


6.2.4 Heroin

The ‘prescribed quantity’ for heroin is to be 1.0g which could cost between $300 and $600. The drug is easy to obtain with many users turning to dealing to support their habit. This is particularly so with younger users. Injection is the preferred method of administration. Heroin users were identified as the illicit drug users most likely to be users of other illicit drugs, as well as heroin. More users in the 16-17 years of age range are showing up.  

6.2.5 Ecstasy (MDMA)

Recognised as a ‘party drug’, ecstasy is often taken in conjunction with speed and/or cocaine. The use of ecstasy is on the rise and is noticeably being used by the young. Its use is somewhat higher among school children than in the general population. A survey in 1996 found that 1.5% of Grade 7 students and 3% of Grade 12 students in Queensland had actually tried ecstasy. A single tablet can cost between $30 and $50.

6.2.6 Other Findings

Nearly 50 Queenslanders per week are admitted to hospital as a result of the use of illicit drugs. This estimate represents approximately only 5% of all admissions caused by the use of all drugs but it does represent an increase in the level of years lost (particularly by the young) due to death and debility.

The extent of the illicit drug trade in Queensland is highlighted by the estimate that $400 million per year is spent on amphetamines, a similar amount is spent on heroin and, in 1992, $365 million on cannabis. There are the further estimates encompassed in the Queensland Drug Strategic Framework (discussed earlier) suggesting that 70% of all crime and 80% of property crime committed in Queensland is drug related – a combination of both licit and illicit drug usage levels.

7 AMENDMENTS TO THE PENALTIES AND SENTENCES ACT 1992 (QLD)

In substance, the proposed amendments to be made by the new Bill to the Penalties and Sentences Act 1992 will be similar to those proposed for the Juvenile Justice Act 1992. For admission to an assessment and education session, the offender must agree, and must have pleaded guilty to an offence that is an eligible drug offence.

8 THE EFFECTIVENESS OF DIVERSIONARY PROGRAMS

There are three questions associated with the concept of diversionary programs:

- At what level of the system should such a program occur?
- Who should make the decision?
- To exactly what should people be diverted?

For instance, the cannabis diversionary program operated by the Queensland Police Service (mentioned earlier) is seen as an informal response to these questions resting upon discretion, as opposed to a more formal response from the judiciary. Discretionary judgments can be minimised by formally establishing clear and specific diversionary criteria to be strictly followed.

Diversionary programs relate to the disposition of a complaint without conviction with the disposition being conditioned on either the performance of specified obligations by the defendant, or participation in counselling or treatment. The term ‘diversion’ can be applied to a number of different programs which can be applied pre-court or post-sentence. Pre-court diversion can vary from a warning issued by police to referral for drug treatment as an alternative to a sentence ordered by the court.

There have been overseas studies suggesting (although many evaluations are in progress and results may, in many cases, be preliminary) that completion of diversionary programs

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40 The cannabis diversionary program is an example.
can result in lower re-arrest rates for those who enter such programs compared with eligible offenders who do not.\textsuperscript{41}

Findings from Australian and international literature concerning diversion and treatment for drug offenders are that:

- prison sentences are unsatisfactory for offenders with drug problems;
- the earlier there is intervention in the person’s life, the better the outcome tends to be;
- attendance for assessment may result in a change of attitude because offenders are confronted with their drug problem for the first time;
- diversionary programs are cost effective compared with sending drug offenders to jail;
- diversionary programs help offenders to restructure their lives in such a way as to avoid breaches of the law which bring them continually into contact with the criminal justice system.

Few people would challenge the wisdom of diversion from the criminal justice system for the possession of small amounts of drugs for personal use. At the very least, diversionary programs allow participants a breathing space to examine their behaviour with respect to drug use and the long-term personal cost that may result.

9 CONCLUSION

The new diversionary program provided for in the Bill will allow the designated Drug Diversion Courts to refer appropriate offenders, with their consent, to assessment and education sessions as an alternative to the recording of a conviction along with a fine, or a period of probation, or a period of community service.

Diversionary programs are generally seen as cost-effective alternatives to prison sentences and if the diversionary program can contribute towards lessening future strain placed on the custodial system by minor offenders progressing onto more serious drug offences, then a positive contribution will have been made.

APPENDIX A – MINISTERIAL MEDIA STATEMENTS

Hon Rod Welford MP, Attorney-General and Minister for Justice

19 September 2002

Legislation Introduced for New Drug Diversion Program

The State Government today introduced legislation into Parliament to establish a new drug diversion program for offenders charged with possessing small amounts of illicit drugs.

Attorney General and Minister for Justice, Rod Welford, said the Drug Diversion Bill 2002 would clear the way for a 12-month trial of the program at the Brisbane Magistrates and Childrens Court.

“This program aims to help stop a new generation of people using drugs and committing drug-related crimes,” Mr Welford said.

“We want to get to young people and get them off drugs before it’s too late.

“This program provides very early intervention – diverting people to drug assessment and education sessions before they become addicted to drugs.

“A person charged for possessing a small amount of illicit drugs for personal use will have the opportunity to be assessed for the program – and if accepted will undergo drug counselling or treatment.”

The program is part of the Queensland Drug Strategic Framework and comes under the umbrella of the National Illicit Drugs Program, with funding to be provided by the Commonwealth.

"In line with the Commonwealth’s National Drug Diversion Framework, we will include all drugs,” Mr Welford said.

“To be eligible a person must admit guilt to possession of a drug in a small quantity and must not have been convicted or have a charge pending for an offence of violence, sex offences or serious drug offences like trafficking.

“We have defined the amount of a drug which sets the limits for what is a ‘personal use’ amount and that is set out in the legislation. However, a magistrate will decide in each case if the drug was actually for the personal use of the person.

“Establishing that the drug was for personal use is essential to ensure that diversion is not offered to unsuitable offenders.

“Once on the program, if a person completes the required drug education and assessment session the proceedings can be discontinued and no conviction for the offence recorded.

“However, if the person fails to complete the treatment requirements they will be returned to court for sentence on the original offence.”

Mr Welford said the Brisbane trial would complement the Drug Court program, currently underway at Southport, Beenleigh and Ipswich.
“The Drug Court is aimed at more serious offenders - drug-addicted offenders facing a jail sentence – whereas this program aims to get drug users before they become addicts and enter that cycle of crime,” Mr Welford said.

“Like our Drug Court trial, this new program will have strict eligibility criteria and give offenders a chance to get their lives back on the right track.

“The trial will be evaluated over a 12-month period.”

Contact: Greg Milne on 3239 3478 or 0417 791336.
Hon Rod Welford MP, Attorney-General and Minister for Justice
17 September 2002

Government Introduces New Drug Diversion Program

Premier Peter Beattie and Minister for Justice, Rod Welford, today announced a new diversion program for drug offenders with a 12-month trial to be operated out of the Brisbane Magistrates Court.

"This trial will give people charged with possession of small amounts of illicit drugs the chance of rehabilitation rather than a jail sentence," the Premier said.

"This very early intervention aims to divert people to counselling or treatment before they become addicted to drugs.

"People charged for possession of small amounts of illicit drugs for personal use will have the opportunity to undergo drug counselling or treatment.

"It's an attempt to intervene before people become addicts and commit serious crimes to pay for their habit."

The diversion program is part of the Queensland Drug Strategic Framework, a whole of government approach involving all agencies with a role in drug policy development.

Programs under the Queensland Drug Strategic Framework include school drug education, anti-drug prevention and promotion, drug treatment and rehabilitation services and support for families of people with drug problems.

Mr Welford said the Brisbane trial would complement the Drug Court program, currently underway at Southport, Beenleigh and Ipswich.

"The Drug Court is aimed at more serious offenders - drug-addicted offenders facing a jail sentence - whereas this program aims to get drug users before they become addicts and enter that cycle of crime," Mr Welford said.

"Like our Drug Court trial, this new program will have strict eligibility criteria and give offenders a chance to get their lives back on the right track.

"The trial will commence in July 2002 and be evaluated over a 12-month period."

Contact: Steve Bishop on 0419 779 518 or Greg Milne on 0417 791 336.
APPENDIX B

SOME PRESCRIBED DANGEROUS DRUGS UNDER THE PROPOSED REGULATION AND THEIR CHARACTERISTICS

Dangerous drug: **Ketamine**

Prescribed quantity: 0.2g

Method of administration: nasal, intravenously, intramuscularly, orally.

Legal use: Ketamine is an anaesthetic used primarily for veterinary purposes.

Characteristics: Due to its anaesthetic nature ketamine will produce wide ranging effects commensurate with the amount administered. Primary senses such as touch, smell and taste are altered. Speech may be lost. Visual hallucinations will occur and even consciousness may be lost.

Source: [http://www.sheona.madeley.org.uk/drugs/ketamine.htm](http://www.sheona.madeley.org.uk/drugs/ketamine.htm)

Dangerous drug: **Methadone**

Prescribed quantity: 1.0g

Method of administration: orally

Legal use: Methadone is a synthetically made drug that is used in the treatment of heroin addicts who are trying to ‘kick’ their habit. The administration of one dose may last for up to 24 hours compared with the effects of heroin which may last only 2 hours.

Characteristics: Like heroin, methadone produces a craving for more. Depending upon the dosage, symptoms may include abdominal cramps, loss of appetite, tremors, nausea, sweating and sleeplessness. Shallow breathing, poor blood circulation, low blood pressure, dizziness, and heart palpitations may also be experienced.


Dangerous drug: **Codeine**

Prescribed quantity: 5.0g

Method of administration: orally, intramuscularly, subcutaneously.

Legal use: Found in many pharmaceutical products in tablet, capsule or syrup form for the purpose of moderating pain. It is however not generally available as a sole product.

Characteristics: Codeine is a sedative and analgesic substance found in opium in concentrations between 0.1% and 2%. It has the effect of depressing respiratory function and creates euphoric effects which are both highlighted by the concurrent consumption of alcohol. Euphoric effects will be experienced when 150mg or higher is taken but other effects will be felt with
dosages from 30mg to 60mg. Over-administration may result in death. In non-lethal doses the sensation and emotional responses to pain may be suppressed. Drowsiness, dizziness, difficulty in concentration, anxiety or fear, nervousness, confusion or blurred vision and impaired night vision and hallucinations may be experienced.

Source: http://codeinepub.tripod.com/info/codeine.html#effects

Dangerous drug: Morphine
Prescribed quantity: 1.0g
Method of administration: orally, intravenously, smoked, sniffed
Characteristics: Morphine is obtained naturally from the opium poppy and is used for the treatment of moderate to severe pain. It can produce intense euphoria and a general state of well being and relaxation. Suppression of the sensation and emotional response to pain may occur. Lethargy, difficulty in concentrating, feelings of anxiety or fear and blurred vision may also be experienced.

Source: http://www.nycremsco.org/protocols/drugs/Morphine.htm#adv%20reactions

Dangerous drug: Psilocin
Prescribed quantity: 0.04g
Method of administration: orally
Characteristics: Found naturally in mushrooms. Effects are largely psychological and perceptual including heightened colour perception. Sometimes hallucinations or delusions may occur along with nausea.

Source: http://www.namyco.org/mycoth/p-tox.html

Dangerous drug: Fentanyl
Prescribed quantity: 0.0025g
Method of administration: intravenously, orally
Characteristics: Used in anaesthesia and the treatment of chronic pain. Causes respiratory depression, hypertension and muscular rigidity of the chest wall and diaphragm.

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