

## LEGISLATIVE COUNCIL

Wednesday 30 August 2006

### EDUCATION (RANDOM DRUG TESTING) AMENDMENT BILL

**The Hon. A.M. BRESSINGTON** obtained leave and introduced a bill for an act to amend the Education Act 1972. Read a first time.

**The Hon. A.M. BRESSINGTON:** I move:

That this bill be now read a second time.

I have been approached by many parents and community groups, since coming to this place in March of this year, asking me to develop proactive legislation that will give parents back the right to intervene in a child's early drug use. There are literally thousands of parents battling to assist their children to move past drug use in an effort to restore their ability to live well.

The most disturbing factor in all of this is that these parents have engaged with youth counsellors and have literally been told that the drug use of their child is either none of their business or that they should step back from this because drug use is normal teenage behaviour. Of course, too many simply do not grow out of drug use. I will read a statement from Ruth, as follows:

One day you wake up and you find you have a drug problem with one of your children that affects that whole family. You are devastated. Then along comes a person who tries to help with the problem by asking for all high school students to be tested. They are under 18 and you have protected them from all other dangers all the years, why not this? Surely you have the right. Drugs are a sickness, and what happens? Educated people, who think they know it all, probably out of books and getting a good grant or salary, slam it as being intrusive, etcetera. Perhaps they have no children or have no experience of life outside of stats and their office, and work on the theory of political correctness. Drugs affect people by mental health, crime, grief, and cost all people in society. They also increase the need for police, health services, security, rehabilitation. Drugs are a modern disease, let's attack it, too. All parents did in the old days and still do try to protect their children against suffering. Let's stand and demand that we do the same. Support this call for drug testing so that there is a future generation.

The person who sent this email has three children in her family who are uncontrollably and problematically using drugs. One of them has overdosed so many times that, in fact, he now has permanent brain damage. She has put up with this merry-go-round in her life for 15 years and believes that if, in fact, these children had been detected in school, she would have had more opportunity to intervene and be proactive, but she actually did not know what she was dealing with.

I also have an email from a doctor who tells a very vivid story of his knowledge of drug use in our schools. He states:

I am writing briefly, in support of your proposal for drug testing in schools. My son and daughter attended—

and I will not mention the name of the school— a rural school in the late 1990s to early 2000. While most students were (or seemed) contemptuous of the drug culture, there was an active drug subculture within the school, and a minority of students were either pushing or consuming drugs. But more alarmingly, several of the teachers were known to be on drugs, and one art teacher openly smoked `grass' in the school car park each morning. . .

I was a councillor on Saddleworth/Auburn Council between 1991-1995. (This council no longer exists). During this period, it was discovered that a house in Manoora had been taken over by bikies (complete with pit bull terriers) and that this house was being used as a distribution point for drugs (mainly amphetamines) which were sent to local schools. All of the High Schools in the Mid North—Clare, Riverton, Balaklava, Burra (especially Burra) Gladstone, Eudunda and Kapunda—all had an active drug subculture. Drugs were openly available at school socials and other functions, and a `standover culture' applied; that is, anyone who `grassed' to teachers, community reps, ministers or the like would be visited by `heavies'. . . Indeed, I was warned by the police to be careful in raising the issue at the community level (this was after I reported seeing a drug `drop' done one morning at the Clare cemetery); the police warning was that the drug network had wide reach, and could strike `collateral targets'.

Since I have moved to Adelaide, I have heard strong anecdotal evidence from reliable sources of huge amounts of drugs flowing through Adelaide schools and, indeed students of a local school. . . openly talk about the kids who are `off their faces'. During the survey I did a couple of years ago, I heard of the high incidence of drug abuse in secondary schools in the Adelaide Hills.

I spent two years of my `drop out' years working as a grave digger (1970-72). I can remember burying kids who had `overdosed' and thinking what a massive waste of loss of potential this represented. (Much of this was seen to be stimulated by the pop culture, and supposedly `romantic deaths' that had afflicted such cultural icons as Hendrix and Joplin). I hate to think what the death rate would be like now. One of my classmates at Glossop High was one such victim. . .

And she died in the gutters of St Kilda. He continues:

. . . The drug culture is a scourge, and it is driven by the worst sorts of criminals imaginable—violent, exploitative and influential, and willing to trade in death and degradation. Your bill would at least allow some of the potential long-term victims to be treated at the early stage, but more than that would reveal the extent of a problem which most people seem to prefer to ignore. Many of us are behind you and support you all the way.

I also have received literally hundreds of similar emails from teachers who have quietly supported the move for drug testing in schools, and also from parents and medical professionals, such as the last one you heard, based on private and professional experience. Early detection and intervention are vital strategies to protect our teenagers against developing problematic patterns of drug use and addiction. These intervention measures must include information on the central nervous system disorder created from ongoing and regular use of drugs.

I have been alarmed by what appears to be a subculture of school-age kids who have developed a perception that they have the right to use drugs. This was accentuated when I took part in the debate on *Fresh FM* last week, where, for one hour, I heard young schoolchildren ringing me and telling me that I was a fascist because I did not want them to use drugs, and that, sure, they smoke a few cones before they go to school, but it is not doing anybody any harm. Their arguments are very subjective, as you would expect from teens, yet the justification in their belief in their right to use drugs glaringly points out what lacks in their education and what is happening in schools in respect of the reality of addiction.

This subculture of people refuses to acknowledge any harm associated with any drug use, which indicates that information in our drug education programs is not really hitting the mark. For seven years I have been attending, by invitation, a number of high schools where I have participated in interactive educational sessions with students from the years 8 to 12. The focus of these sessions is the physiology and psychology of addiction. Alongside is usually a young person who can share his or her experiences and outcomes of using drugs, and also the long journey of recovery that is required. Students, principals and teachers have been enthusiastic about the information they have received, and principals and teachers have made comments on many occasions that students have approached them, or the school council, to receive assistance, or to ask how they would support a friend who was using drugs.

As a result of those inquiries, young people have found their way to the place they previously worked, and they have managed to turn their lives around and usually go back to school and re-engage in school. At the same time, their parents have been engaged, and it has been a collaborative approach, while parents have also been supported in developing strategies for coping with this and the need to communicate in a reasonable manner on these things. What has been most alarming in the announcement of my drug testing proposal has been the fear mongering that has pursued this bill. There are many parents out there who have opposed this proposal on the understanding that it would involve supervised urine tests. At no stage have I ever suggested that—

**The Hon. Nick Xenophon:** It is grossly misleading.

**The Hon. A.M. BRESSINGTON:** It is grossly misleading, and it has come from a member of this council. At no time have I ever suggested that children should be supervised and urine tested. I refer to a high school report, the *School Post*, which states:

Athletes are required to strip naked before providing urine samples. Is this what Ms Bressington is proposing for our children?

The Hon. Sandra Kanck just made a comment that minister Gago was being mischievous in her request for her not to make comments about suicide techniques. It was that same person who made this very mischievous remark in the high school bulletin. The Hon. Ms Kanck was given every opportunity to receive a briefing on this bill, but she refused, as did a number of high school representatives and principals.

The Minister for Education was also informed that at no time would law enforcement be involved in this activity and that teachers would not be required

to perform this testing, because we know that teachers have a burden already in the education system. Yet, they were the two points that the minister cared to put forward in the media—that this would be a drain on law enforcement and the police—which made this out to be a punitive approach rather than an intervention and prevention measure.

I will now speak to what my bill proposes. I hope it is very clear to members of this council that this is an intervention and prevention measure that has worked well overseas. In Indiana, 65 high schools (90.7 per cent of schools) were included in a study, and 98 per cent of principals reported a reduction in drug use. They also observed that it discouraged the uptake of illicit drug use in those schools. They acknowledged that there was a 40 per cent reduction in the number of drug-related suspensions once drug testing had started, that children who had been problematic previously, once the drug testing had started, were able to be engaged in school projects that were also anti-drug initiatives such as sports days and team sports, and that the behaviour of students dramatically improved over that period. After the study was concluded, 88 per cent of schools voted to have the drug testing implemented as an ongoing strategy.

This particular study was overseen by Dr Joseph McKinney, who is Professor of Education at Ball State University. His qualifications and research background are extensive. I take offence to the fact that, on *Stateline*, Dr David Caldicott basically slammed this research as being invalid because it was taken from what he perceived to be the Bible Belt of the United States of America. Of course, the implication from that is that, if anybody is a Christian or comes from an area where Christians may live and happens to be a researcher, that research should be completely disregarded because of the person's religious beliefs, which is absolutely ridiculous.

**The Hon. Nick Xenophon:** It's not a very scientific basis for it.

**The Hon. A.M. BRESSINGTON:** No, and Dr Caldicott is great on science and medicine.

**The PRESIDENT:** Order! The Hon. Mr Xenophon is out of order.

**The Hon. A.M. BRESSINGTON:** ADCA also made a statement that we should rely on science and medicine to determine the direction for our drug policies, and I agree with that. We need scientific and medical research to back up what we are doing, but the problem is that, with the current drug policies in this state and other states, it is virtually impossible, as I have noted, to get a trial like this up to have it evaluated—and scientifically evaluated at that.

We have seen in the past that science and medicine have not always kept up with the pace of what the community is experiencing. For years we have been told that marijuana is not an addictive drug but a soft drug. For years we were told that there was no link between marijuana and mental illness. Now science and medicine have caught up. I suggest that there is an opportunity here for science and medicine to expand their horizons and perhaps do some valuable research and evaluation of a new kind of project.

My bill is simple; it is not harsh. It was always open for debate and recommendations from all sectors to make changes if necessary, to make it more palatable and more workable within the community. However, as I said, I have

been approached by very few people, and it seems that the AEU has taken over the responsibility of briefing people. As a result, the response to my offer to brief high school councils and principals has not been taken up, which is a shame.

In this bill, all I am asking for is for students to be randomly drug tested twice a year. Perhaps a team of health professionals would go to allocated schools on a fortnightly basis to randomly pick 20 to 30 students to test on that day, ensuring that over the period of 12 months each student would be tested twice for the presence of cannabis, amphetamines and Ecstasy. The test is a mouth swab—not a urine test, supervised or otherwise. Students are not required to strip down to give the mouth swab sample. If the first sample tests positive, a second sample will be taken. That information will then be passed on and parents will be notified by the school.

At no time, will this information be made available to class teachers or other students in the school. The reason that it was chosen to be across all years (years 8 to 12) is so that there could be no finger-pointing or discrimination of any child who has been tested for drugs so that there could be no marginalising of those kids. Once the children are engaged by the school, parents will be referred to treatment services that can assist them in dealing with this problem with their children in an open and honest manner. They also will be able to attend with their child, and the child can be educated on the harms of drugs.

This central nervous system disorder that is created by the ongoing use of these illicit substances—any substance that mimics the natural effect of endorphins—is addictive. It is not a matter of if; if use continues, it is a matter of when. With drugs like cannabis, addiction is an insidious thing because it sneaks up on people. I have known people who have been smoking a bag of dope a day who still insist that they are recreational users of this drug because, when they stop for maybe two or three days, they get no signs of withdrawal. If they have had 30 cones a day for the past 12 months, it stays in their system for 42 days, and it will take them about 1 000 days before they actually experience signs of withdrawal.

It is an insidious addiction. Of course, we all know now of the link between amphetamines and mental illness—and that cannot be denied. People who were previously heroin users have told me that they have used amphetamines for nine months and the damage done to them in nine months far exceeds the damage done to them in the nine years of using heroin. Can we really afford for our children to be dabbling with these drugs; for them to have the idea that they are using recreationally; and that there is no harm from these drugs at all—and that is what they believe. As I said, I spent an hour on Fresh FM and it literally blew my socks off that these kids will not even acknowledge that there is the possibility that they will become addicted to these drugs—and the same goes for Ecstasy.

This is a prevention and intervention measure: it is not a law enforcement issue. This is not a punitive approach. I have introduced this bill as a result of public demand. Over the past 11 years in my previous life, I have heard stories, people saying, 'If only we had known earlier; if only we had known it was drugs.' There was always that level of doubt or denial in the mind of parents that

it was drugs. That has been reinforced. On a number of occasions, I have heard people say that they were told that this was just normal teenage behaviour. Parents get caught up in this confusion and this denial and they have nowhere to go for support. This will at least give them the opportunity to know what they are dealing with. What they do with it after that is entirely up to them.

This is not about making drug treatment or the rehabilitation of students the responsibility of the education department. This is about handing back responsibility to parents to act either in a pro-active way and obtain a positive result so that their children realise that drugs probably do not have a part in their life or they can choose to ignore it and live with the long-term consequences of taking no action in relation to their children using drugs. It is entirely up to the parents what they do. I have received advice that bringing this to the attention of the principal of a school would mean that the principal would have to act and that, as a consequence of most drug policies in schools, the principal would then be required to expel the student.

When I drew up this legislation, I was not aware that that was the case. Two changes could be made to this bill. First, schools could develop what would be a practical and workable drug policy within their school to provide support to the parents and the student undergoing counselling and whatever to be able to continue at school without being disengaged. Secondly, the results of the drug test could be brought to the attention of the school counsellor and not the principal. In that way, the counsellor can engage the family and the child, and any need for expulsion or suspension could be diverted and done away with. In a nutshell, this is not an outrageous recommendation or proposal. This is practical; this is workable, and it meets the needs of parents in the community.

As I said, thousands of parents are battling to try to move their kids away from drug use and into a more productive lifestyle and to keep them engaged. If nothing else comes from this, if, for example, little Johnny says, 'I don't want to be drug tested', that poses a question for his parents: why don't you want to be drug tested? It is a mouth swab. It could then open up communication within the family and perhaps even expose drug use in cases where parents were not thinking that it was a possibility. Hopefully, they would then be able to seek information from the school about where to obtain some sort of intervention and counselling measures.

The main argument put forward by kids on Fresh FM was that this was an invasion of their rights. That actually concerns me a great deal, because what right are we impeding? Their right to use drugs. That is the only right that is being impinged upon. It is still an illicit act. It is still a criminal activity. I believe that, by being lax in our attitude, we are sending our kids a secondary message; that is, criminal behaviour is okay; it is acceptable. That flows over to law enforcement and the respect that our youth have for law enforcement as well. I present this bill to the chamber for debate. As I said, from the beginning I have been open to receiving recommendations from anyone in this chamber who could suggest a way of making this more workable for every sector of the community and have it more widely accepted.

I also mention the national poll. Channel 9 conducted a national poll on whether drug testing should be introduced into our schools. The community response was 86 per cent said yes. I thought that maybe there were only 10 callers—86 per cent would look pretty cool—but in actual fact it was one of the largest responses that they have ever received. They cannot give out the exact number of callers because of privacy issues, but I was told that it exceeded 20 000 calls on this one issue in South Australia. As a result of their being such a huge response nationwide, it went to ninemsn.com on the internet for a weekend. Over 75 000 people voted on this issue and, nationally, 57 per cent voted for this legislation.

This is a national debate now and there is a movement in each state. I received an email (which I will not read out for obvious reasons) from a lady on Bribie Island in Queensland who, in one week, has formed a group to lobby the Queensland government for drug testing to be introduced into Queensland schools. The same has happened in Western Australia, Victoria and New South Wales. This is a very strong argument for the bill as it is what the community wants. We cannot afford to ignore what they need because their need is being brought forward by the pain and suffering that they are experiencing as a result of their kids using drugs and literally dropping out of society.

I leave this bill with members today. I think I have said enough. My voice will not hold up for another five minutes. I ask all members to consider what I have said and debate this issue openly. I ask members to come to me with any recommendations they may have.

**The Hon. T.J. STEPHENS** secured the adjournment of the debate.