



**Intergovernmental Committee on Drugs**  
National Drug Strategic Framework  
Annual Report 2003–04 to the  
Ministerial Council on Drug Strategy

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This document was presented to the Ministerial Council on Drug Strategy in May 2005.

The document was prepared for the Ministerial Council by the Intergovernmental Committee on Drugs Executive and Secretariat.

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# Preface

## Purpose of this report

This is the fifth annual report on Australian, state and territory governments' progress under the National Drug Strategy (NDS). The Intergovernmental Committee on Drugs (IGCD) is required to provide the Ministerial Council on Drug Strategy (MCDS) with an annual monitoring report dealing with the implementation of the NDS.

This report provides an overview of the activities undertaken over the period 1 January 2003 to 30 June 2004. The 18-month reporting period is the result of a transition to reporting on a financial year basis, rather than a calendar year basis, following a determination by the MCDS in November 2003.

The report gives a broad national view of the key drug-related issues affecting Australia, in particular, reporting against the various interventions undertaken by government agencies to reduce the supply, demand and harms associated with drug use.

## Report structure

The IGCD 2003–04 Annual Report is presented in six parts.

- a review by the IGCD executive
- an overview of the *National Drug Strategic Framework: Building Partnerships 1998–99 to 2003–04 (the Framework)* including its mission and objectives as well as a description of the advisory structures
- a report on the key trends and issues that have emerged during the reporting period—informed by trends in the main data collections and issues raised by experts in the drug and alcohol sector
- a report outlining the work undertaken by the National Drug Strategy advisory structures
- a report on the activities undertaken by jurisdictions against the Framework's 12 objectives—grouped under three priority areas: preventing the uptake of harmful drug use; reducing the harmful effects of licit and illicit drugs; and developing Australia's infrastructure, responsiveness and capacity to reduce and prevent harmful drug use
- a reference section, comprising a list of acronyms and further details on the key resources used to inform the report.

## **Readers**

This report was presented to the MCDS in May 2005. It is designed primarily to meet the information needs of the MCDS but will also be made available to a range of key stakeholders.

The report is available free of charge in hard copy or via the National Drug Strategy website, [www.nationaldrugstrategy.gov.au](http://www.nationaldrugstrategy.gov.au).

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Ministerial Council on Drug Strategy

Dear Ministers

On behalf of the Intergovernmental Committee on Drugs, I am pleased to present for your information, the 2003–04 Annual Report on the *National Drug Strategic Framework: building partnerships 1998–99 to 2003–04* (the framework).

I would like to thank all contributors for providing information illustrative of the scope of activities undertaken by health, law enforcement and education across Australia over the reporting period.

This report is an acknowledgment of the flexibility of the framework in supporting a range of tailored local activities while maintaining a broad national policy approach. Australia's response to the complexity of drug issues continues to be comprehensive, innovative and balanced.

Yours sincerely



Frank Hansen APM  
Chair  
Intergovernmental Committee on Drugs  
May 2005

IGCD



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# 1. Executive summary

Drug use and misuse continues to contribute to significant levels of illness and disease, injury, workplace concerns, violence, crime and breakdowns in families and relationships in Australia. In 2003–04, the National Drug Strategy (NDS), a cooperative venture between Australian, state and territory governments and the non-government sector, has maintained its commitment to supply, demand and harm reduction strategies. Examples of these strategies included the disruption of drug networks, national school drug education, education/awareness campaigns, diversion programs and a range of evidence-informed treatment and intervention responses.

Reducing the supply of drugs is critical to reducing the uptake and use of licit and illicit drugs. The Australian Federal Police (AFP), the Australian Customs Service (Customs) and other Australian, state and territory government law enforcement partners have continued to disrupt illicit drug manufacture, trafficking and distribution networks. Strengthened border controls, implementation of sophisticated drug-detection technology, and international liaison and exchange of intelligence have prevented significant illegal trafficking of licit drugs, illicit drugs, and their precursors.

For heroin, amphetamine-type stimulants (ATS) and cocaine, the number of detections at the border has increased while the average individual weight of seizures has decreased. This indicates a trend in importations towards smaller quantities, usually imported via the passenger and mail streams, rather than the larger quantities imported in the cargo stream. Domestic manufacture of ATS continues to be a priority for law enforcement agencies. Customs, the AFP and partner law enforcement agencies have introduced measures targeting the importation and diversion of chemical precursors necessary for ATS manufacture. Between 2001–02 and 2002–03, the number of clandestine drug laboratories detected increased by 75 per cent.

The IGCD has continued to strengthen the role of prevention through the development of a consolidated evidence-base on approaches to prevent substance use, risk and harm. This has formed the basis for developing preventative interventions for youth, including identifying critical points at which young people are at risk of drug uptake or misuse, in order to redirect them to alternative pathways.

A range of activities undertaken at national, state, and territory levels during 2003–04 have been developed to delay onset of drug use and protect against risk and harm. For example state and territory implementation of the *Council of Australian Governments (COAG) Illicit Drug Diversion Initiative* has been successful in diverting a large number of minor drug offenders from the criminal justice system into assessment and then education or treatment. The *National*

*School Drug Education Strategy (NSDES)* has enabled schools to implement effective, sustainable school drug education activities using a whole-of-school approach engaging staff, parents and local communities and by using a range of resources to develop students' skills, knowledge, attitudes and values in dealing with drugs and drug-related issues and in promoting resilience in students. Other drug education strategies, primarily focusing on cannabis, alcohol, and MDMA, have used a range of media to provide information on how to reduce drug-related harms and how to access services and treatment.

Hepatitis C continues to be a concern in Australia predominantly among people with a recent history of injecting drug use. Further to the needle and syringe programs, which have been effective in preventing transmission of hepatitis C, the November 2003 Australian Government approval of Section 100 (Highly Specialised Drugs Program) listing pegylated interferon under the Pharmaceutical Benefits Scheme, represents a significant advancement in treatment options for people with hepatitis C.

Initiatives to develop the capacity of the Australian alcohol and other drug sector have included dissemination of smoking cessation guidelines to 23,000 general practitioners; the development and distribution of guidelines for the treatment of alcohol problems with a suite of summary booklets for alcohol workers, general practitioners, hospital staff, consumers and young people; and training and information kits for end-of-year celebrations.

A number of activities were directed at alcohol and tobacco during 2003–04. NSW conducted an Alcohol Abuse Summit, which led to the development of initiatives focusing on education, treatment, prevention and law enforcement. Australian Drinking Guidelines were widely disseminated. Guidelines on the management and treatment of alcohol problems were also disseminated to general practitioners. State and territory alcohol campaigns targeted youth on the negative consequences of excessive drinking and ways to reduce alcohol-related harm; and also sporting clubs, licensed venues and event managers on creating safer drinking environments, providing low cost or free water, responsible sale and serving of alcohol and other harm-reduction measures. In response to concerns that alcohol advertisements appeal to young people and others through, for example, linking alcohol consumption with sporting or sexual success, the National Committee for the Review of Alcohol Advertising (NCRAA) developed recommendations to ensure that alcohol advertisements comply with the relevant advertising codes of practice and therefore promote the responsible consumption of alcohol. The NCRAA has worked with the alcohol beverage industry to successfully implement these recommendations.

To reduce harms arising from tobacco use, the Australian Government conducted a further *World No Tobacco Day* (31 May) phase of the National Tobacco Campaign using graphic television commercials which continue to be effective in raising awareness and motivating smokers to quit. This was supported by state and territory activity. A review of health warnings on tobacco products led to the development of new hard-hitting graphic health warnings which will also include the *Quitline* number as an encouragement to stop smoking. Australia has also taken a key role in developing and ratifying the Framework Convention on Tobacco Control, which provides a global framework for the adoption of such policies and advertising bans, health warnings on tobacco products and actions to reduce exposure to second-hand smoke, which have been successful in Australia.

In recognition of the particular challenges faced by Aboriginal and Torres Strait Islander Peoples, the *National Drug Strategy Complementary Action Plan for Aboriginal and Torres Strait Islander Peoples 2003–2006* was developed and endorsed by the MCDS in August 2003. This was widely disseminated in early 2004 and many jurisdictions have developed local action plans to implement locally relevant initiatives under the Plan. Other local initiatives have focused on preventing inhalant abuse and alcohol-related harm in Aboriginal and Torres Strait Islander communities.

The 2003 evaluation of the *National Drug Strategic Framework: building partnerships 1998–99 to 2003–04* indicates that the *framework* provided a consistent national approach with flexibility to respond to state and territory issues and was widely recognised as being unparalleled internationally. This was largely achieved through the development of partnerships and mechanisms for cooperative development, links with other strategies and promotion of evidence-informed practice. The evaluation of the *framework* informed the development of the new *National Drug Strategy: Australia's integrated framework 2004–2009* which was endorsed by the MCDS in May 2004. The new Strategy will guide organisations in their policy and program development and foster continued collaboration across governments and sectors to address drug-related problems in Australia through the provision of a policy framework and priority areas.



## 2. Overview

### The National Drug Strategy

The National Drug Strategy (NDS) involves a cooperative venture between Australian, state and territory governments and the non government sector and is the responsibility of the Ministerial Council on Drug Strategy (MCDS).

The *National Drug Strategic Framework: building partnerships 1998–99 to 2003–04* (the *framework*), which is relevant to this reporting period, represented a shared vision and a basis for coordinated action. Its mission was ‘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’.

#### Objectives of the Framework

- To prevent the uptake of harmful drug use
- To reduce the supply and use of illicit drugs in the community
- To increase community understanding of drug-related harm
- To increase access to a greater range of high-quality prevention and treatment services
- To reduce the level of risk behaviour associated with drug use
- To reduce drug-related harm for individuals, families and communities
- To reduce the risks to the community of criminal drug offences and other drug-related crime, violence and antisocial behaviour
- To reduce the personal and social disruption, loss of quality of life, loss of productivity and other economic costs associated with the harmful use of drugs
- To strengthen existing partnerships and build new partnerships to reduce drug-related harm
- To develop and strengthen links with other related strategies
- To promote evidence-based practice through research and professional education and training
- To develop mechanisms for the cooperative development, transfer and use of research among interested parties.

National Drug Action Plans for illicit drugs, alcohol, tobacco, and school drug education accompanied the *framework*.

‘The NDS has been considered successful by having created an environment for a consistent national approach while providing the flexibility to respond to state and territory issues. This has been achieved through: cooperation by state, territory and Australian governments; bipartisan support; and through being visionary in providing leadership within Australia without being too mired in ideologically driven approaches and activities in dealing with drug use’ (SuccessWorks 2003 p3).

## Advisory Structures for the National Drug Strategic Framework

The complexity of drug issues and Australia’s political system has resulted in an intricate advisory structure. The committees that supported the *framework* and their relationships during this reporting period are illustrated at Figure 1. In summary they consist of:

- the Ministerial Council on Drug Strategy (MCDS), the peak policy and decision-making body in relation to licit and illicit drugs in Australia.
- the Intergovernmental Committee on Drugs (IGCD), the key executive body responsible for providing policy advice to Ministers and implementing national drug policies and programs, as directed by the MCDS.
- the Australian National Council on Drugs (ANCD), responsible for ensuring that the expert voice of non government organisations working in the drug field reaches all levels of government and influences policy development.
- four National Expert Advisory Committees (NEACs), responsible to the MCDS for the development of National Drug Action Plans under the *framework*, namely, National Expert Advisory Committees on Tobacco, Alcohol, Illicit Drugs and School Drug Education.
- the National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples, responsible to the MCDS.
- a number of committees and subcommittees which provided advice to the IGCD during this reporting period, namely the National Drug Strategy Local Government Subcommittee, Australian Pharmaceutical Advisory Council Subcommittee on the Intentional Misuse of Pharmaceutical Drugs, and the Methadone and Other Treatment Subcommittee. These committees also have linkages with other related national strategies.

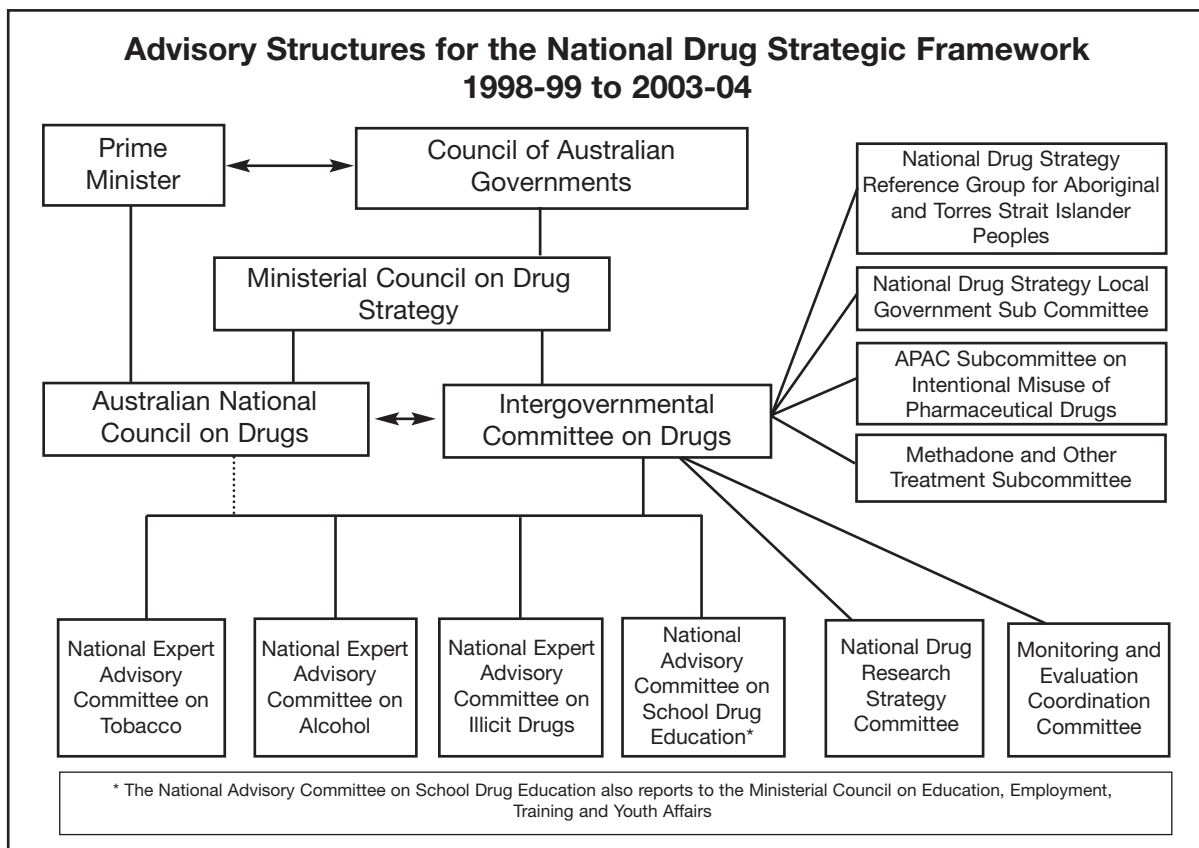
Primary support for this committee structure was provided by the National Drug Strategy Unit which had responsibility, at the Australian Government level, for activities under the *framework*.

These advisory structures were reviewed in the overall evaluation of the *framework*, and discontinued from 30 June 2004 with the implementation of a new advisory structure.

The *framework* provided overall strategic direction for a range of nationally agreed directions and priorities addressing illicit drug use, and tobacco and alcohol related harm. For example, the following strategies and activities were operational during the reporting period:

- The National Illicit Drug Strategy
- The National Alcohol Strategy
- The National Tobacco Strategy
- The National Indigenous Strategy
- The National School Drug Education Strategy
- The Aboriginal and Torres Strait Islander Complementary Action Plan 2003–2006
- The National Drug Strategy Prevention Agenda.

A number of data collections are also maintained to support and monitor achievements of the National Drug Strategy. These are described in the reference section.



**Figure 1: The committee structures supporting the National Drug Strategic Framework and their relationships**



## 3 . Key Trends and issues

The previous Intergovernmental Committee on Drugs (IGCD) annual reports included results from the *National Drug Strategy Household Survey* (NDSHS) series. This remains the best estimate for drug use in the general population. The latest available data are from the 2001 NDSHS. The results of the 2004 NDSHS will be available in 2005.

To provide a relatively up-to-date picture on trends, this section provides a snapshot of information available in 2003–04, including surveys capturing data on particular population groups, such as the:

- Illicit Drug Reporting System (IDRS), which collects data from injecting drug users, MDMA and related drug users, and key informants.
- Party Drug Initiative (PDI), which collects data from regular MDMA and other drug users about use, price, purity and availability of these drugs.
- Drug Use Monitoring in Australia (DUMA), which currently collects data about recent drug use and offending among people detained by police at seven designated sites in four jurisdictions.
- Drug Use Careers of Offenders (DUCO), which measures drug use, including illicit drug use, amongst sentenced offenders.

Other data sources used in this section are outlined further in Appendix A.

The data provided in the annual report is largely descriptive. Given the number and complexity of factors affecting drug use in Australian society, caution is required in interpreting simple cause-and-effect relationships from the data.

### Licit Drugs

#### Tobacco

Tobacco continues to be the drug that accounts for the vast majority of morbidity and mortality associated with drug use, together with the associated social costs—far beyond that of alcohol or illicit drugs. Recent figures indicate a decline in daily smoking rates. However, tobacco smoking continues to be the single largest preventable cause of disease and death in Australia. In 1998, approximately 19,000 deaths and 142,525 hospital episodes were attributed to tobacco use.

According to the Cancer Council of Australia, tobacco use in popular youth oriented movies has increased by 50 per cent since 1998. A study of 250 highest grossing films over 10 years found that characters smoked in 85 per cent of these films. While tobacco use in the overall population has continued to decline, a study of smoking in films between 1990 and 1996 found that 57 per cent of

leading characters smoked, compared with 15 per cent of people of similar social backgrounds in the general population. Such an inaccurate depiction of smoking trends is a concern because, as a form of indirect advertising, smoking in films is a powerful medium for influencing young people's attitudes and behaviour and is often linked with athletic prowess, sexual attractiveness, success, adult sophistication, adventure and self fulfilment (WHO, 2002). A working group has been set up by the IGCD to investigate this issue and provide advice to the MCDS.

## Alcohol

Alcohol is second only to tobacco as a preventable cause of death and hospitalisation in Australia. Alcohol is a significant contributor to public disorder, violence and crime. It continues to be the principal drug of concern for which treatment is sought.

While alcohol consumption (per capita) has remained stable for the past 10 years, at least 61 per cent of all alcohol consumption is in excess of the Australian Alcohol Guidelines.

Drinking at risky and high risk levels remain a concern, particularly among young people. One study has shown that 81.5 per cent of alcohol consumption by 14–17 year olds was at levels that put them at risk for acute harm (Chikritzhs et al 2003). Consumption patterns among 15–17 year olds also shows a shift in the types of beverages being consumed with both sexes drinking less full-strength beer and more premixed spirits (DoHA 2003).

The National Committee for the Review of Alcohol Advertising (NCRAA) has been working with the Alcohol Beverage Industry to address health concerns arising from alcohol advertising. These include:

- the risk of normalising drinking, particularly for young people, by conveying positive messages about alcohol consumption; and
- the appeal to young people and others through, for example, linking alcohol consumption with sporting or sexual success.

The NCRAA aims to ensure advertisements promote responsible consumption of alcohol and do not appeal to high risk groups such as minors, in order to reduce alcohol-related harm for individuals, families and communities.

## Illicit Drugs

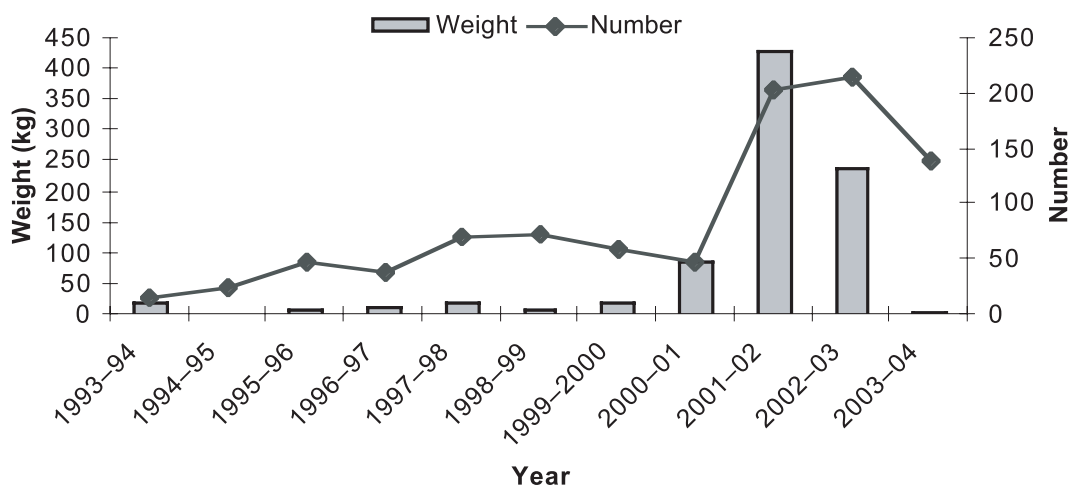
'Illicit drugs' refers to illegal drugs such as cannabis, heroin, cocaine and amphetamines, prescription drugs used for non-medical purposes, and other substances used inappropriately. During the reporting period, the most significant trend information relates to amphetamine-type stimulants and heroin.

## Psychostimulants

The most prominent illicit psychostimulant drug type used in Australia is amphetamine-type stimulants (ATS). This reflects a move away from the traditional plant-based illicit substances towards manufactured chemical substances.

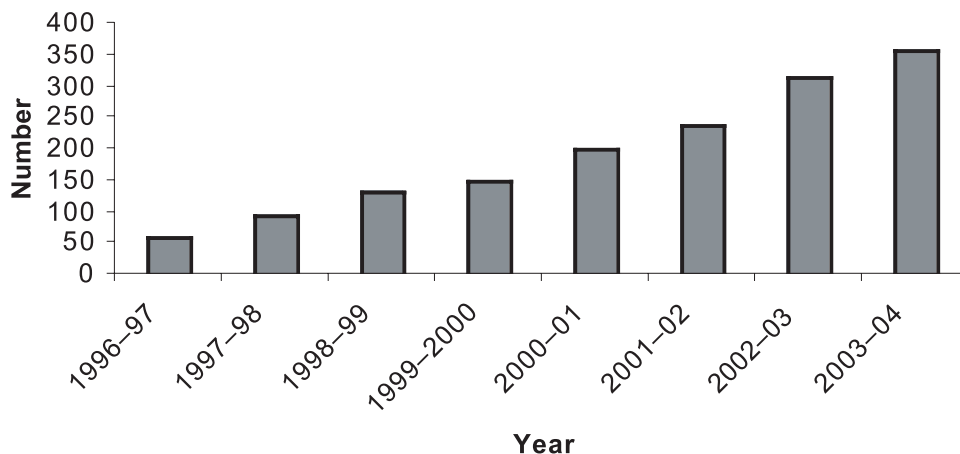
The most common form of ATS in Australia is methamphetamine, which is predominantly domestically produced except in its more potent forms (such as crystalline methamphetamine or 'ice') primarily sourced from Asia.

Customs, the AFP and partner law enforcement agencies have measures in place to target the importation and diversion of chemical precursors necessary for ATS manufacture. The number of border detections of ATS has increased significantly since 1999–2000. In the last financial year the number of detections has decreased but is still significantly higher than in 2000–01 and the total weight detected at the border is the lowest since 1994–95 (see figure 2).



**Figure 2: Border detections of amphetamine-type stimulants (excluding phenethylamines) by weight and number, 1993–94 to 2003–04 (Australian Customs Service)**

Seizures of clandestine laboratories have also continued to increase. This trend reflects the increase in seizures of ATS and the increasing domestic availability of these drugs. The Australian Illicit Drug Data Report 2003–04 reported that a total of 358 clandestine drug laboratories were detected in 2003–2004, up from 314 the year before (see figure 3).



**Figure 3: Total national clandestine laboratory detections, 1996–97 to 2003–04 (ACC)**

It is important to recognise that there are often wide-spread legitimate uses for the precursor chemicals used in illicit drug manufacture. Legislation dealing with precursor chemicals must balance the interests of legitimate industry and consumers with the need to prevent diversion of such substances into illicit drug manufacture.

A range of non-legislative measures are in place, including industry codes of practice that establish obligations on industry to deal with precursors responsibly. These include the *Code of Practice for Supply Diversion into Illicit Drug Manufacture* by the Plastics and Chemicals Industries Association and Science Industry Australia, the Australian Self-Medication Industry Code of Conduct—*Helping Prevent the Diversion of Pseudoephedrine-containing non-prescription medicines*, and the Pharmaceutical Society of Australia’s *Code of Practice on Pseudoephedrine*. Industry and professional bodies now have good links to State and Territory Police Chemical Diversion Desks for the purpose of reporting information about suspect transactions or loss or thefts.

The National Working Group on the Diversion of Precursor Chemicals will also continue to review the need for any additional measures to restrict the diversion of substances used in illicit drug manufacture. The Working Group was established in September 2002 by the Minister for Justice and Customs at the National Chemical Diversion Conference and brings together 45 members from

law enforcement, health and industry. In addition to being a nationally-focussed forum for sharing information on the diversion of substances used in illicit drug manufacture, the Working Group is also the expert advisory body for the implementation of the Australian Government's \$5.4 million National Drug Strategy for the Prevention of Diversion of Precursor Chemicals into Illicit Manufacture.

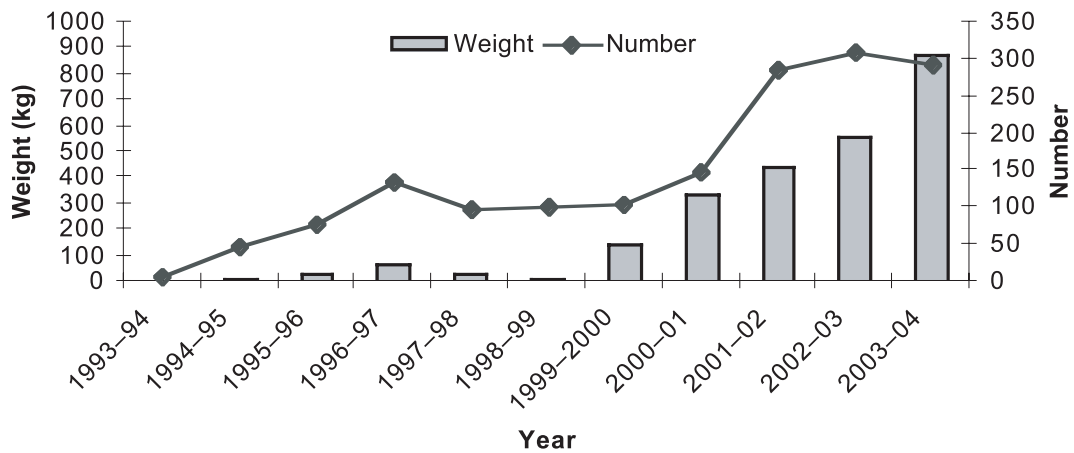
## MDMA and related drugs

'Ecstasy' is a street term for a range of drugs that are similar in structure to methylenedioxy-methamphetamine (MDMA). MDMA is also similar in structure and affect to amphetamines and hallucinogens. The use of MDMA, gamma hydroxybutrate (GHB) and ketamine appears to be increasing in Australia. The National Drug Strategy Household survey indicates an increase in those ever having tried MDMA between 1998 and 2001: from 4.8 per cent to 6.1 per cent. In the 20–29 year age group, 20 per cent have tried MDMA. The 2004 *Party Drugs Initiative* results also suggest that MDMA users are using MDMA more regularly than in 2000, and that they are more likely to use more than one MDMA tablet at a time.

While nightclubs and raves continue to be the most popular location for MDMA use, research indicates that homes and private parties are also preferred settings. This may lead to an increase in harm as the use of drugs like GHB and ketamine in the home setting, where there may not be medical assistance available, could lead to potentially life threatening situations. When used in combination with alcohol and pharmaceuticals these drugs are even more dangerous.

To respond to the changing patterns of psychostimulant drug use, the Australian Government has allocated more than \$5 million for the *National Psychostimulants Initiative* which will address the harmful effects of psychostimulant drugs including MDMA.

During 2003–04, Customs detected a record 873 kilograms of MDMA at the border. The weight and number of MDMA border detections has been increasing since the mid-1990s with significant increases in weight of detections since 1999–2000 (see figure 4). This is consistent with the increasing use of MDMA in Australia and the current ease of obtaining the drugs.



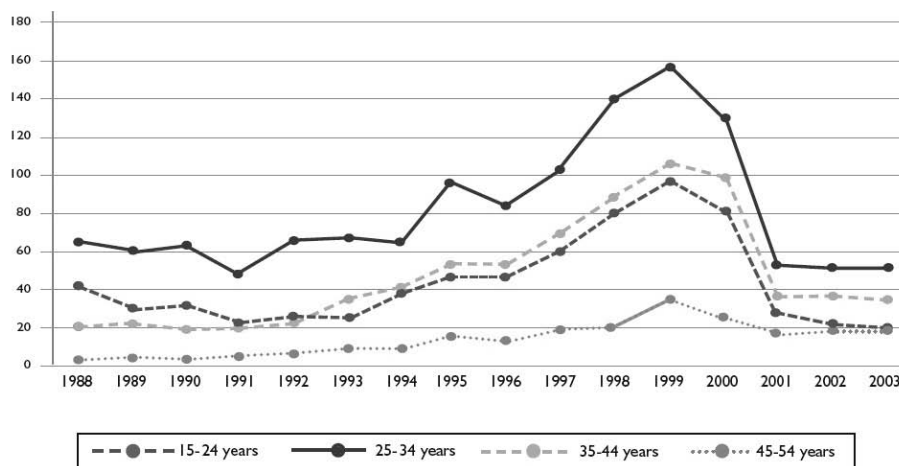
**Figure 4: Border detections of phenethylamines, by weight and number, 1993-94 to 2003-04 (Australian Customs Service)**

## Heroin

While the proportion of the population using heroin is quite small, they remain significant contributors to the overall pattern of drug-related harm through, for example, injecting drug use and acquisitive crime.

The major risk in illicit drug use relates to injections.

- Sharing of injecting equipment and associated paraphernalia is a major risk factor for the spread of blood-borne viruses (BBVs). The HIV infection rate among injecting drug users in Australia is less than 2 per cent, among the lowest of any country. Hepatitis C, however, is present in two-thirds of Australians who have injected for six years or longer.
- Injection of opiates carries the risk of overdose, especially if combined with other drugs that depress the central nervous system (eg alcohol, benzodiazepines). Opiate overdose deaths have continued to decrease since 1999. The rate and number of opioid overdose deaths among those aged 15-44 years is the lowest it has been since 1992 (see figure 5).



**Figure 5: Rate of accidental deaths due to opioids per million population among those aged 15–54 years, Australia 1988–2002 (Degenhardt et al, 2004)**

The availability of heroin has increased slightly in 2002–03 following the heroin shortage that commenced in December 2000, but has not returned to the quantities seen prior to the shortage.

There has been an increased number of border detections but decrease in weight seized indicating a move from larger well-organised importations to smaller and increasingly ‘opportunistic’ importation methods.

## Inhalants and volatile substances

The broad category of inhalants includes drugs of differing harm potentials. Volatile solvents include paints, glues and petrol. These drugs have serious harm potential in both the short- and long-term. Other inhalants (that are not volatile solvents) include aerosols, gases and nitrates.

According to the National Drug Research Institute and Centre for Adolescent Health (2004), volatile substance abuse appears to be significant only in some populations of adolescents and are then rapidly replaced by other substances, licit and illicit, in later teenage years. This is thought to be because of the relatively cheap cost of volatile substances, and the lack of availability of other (licit and illicit) substances to this age group.

The majority of use is considered to be short-term, experimental use which declines with age. However chronic use over a period of years has been identified in some Aboriginal and Torres Strait Islander communities.

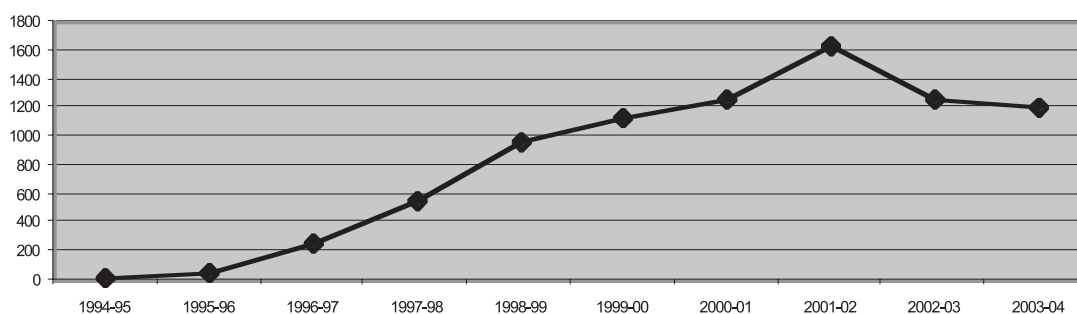
While this is not a new phenomenon, it is a most under-researched one. The IGCD National Inhalant Abuse Taskforce has been established by the MCDS to investigate current state and national approaches and policies in relation to inhalant abuse and make recommendations on further action and directions in this area. The Taskforce is examining the feasibility of modifying petrol, spray paint and butane gas products as one part of its strategic approach to this issue.

## Performance and Image Enhancing Drugs (PIEDs)

PIEDs include steroids, DHEA (dehydroepiandrosterone/prasterone) and hormones. There is little evidence regarding the prevalence of use of PIEDs in Australia, although it is widely agreed that use is generally under-reported and increasing. Data from the National Drug Strategy Household Survey indicates that use of PIEDs has doubled during the last decade.

PIEDs are taken in cycles of up to 12 weeks and users frequently take combinations of substances. The amounts used are usually greatly in excess of recommended doses and may be up to 30 times the therapeutic dose.

While the number of customs interceptions of illegally imported PIEDs has declined since 2001–02, this follows a major steady increase since 1994–05 when there were 27 seizures, to 2001–02 where customs made a record 1,640 detections (see figure 6). Over 80 per cent of these were imported from the United States of America. PIEDs are widely available over the internet and many of the seizures are of drugs purchased over the internet for personal use.



**Figure 6: Performance and image enhancing drugs: Customs seizures, 1994–95 to 2003–04 (Australian Customs Service)**

## Issues

### Prevention

Over the past few years there has been increasing emphasis placed on building the capacity of the *framework* to provide health promotion and prevention initiatives. This reflects the recognition that preventing and delaying the onset of drug use is a significant factor in reducing total drug harm.

A monograph *The prevention of substance use, risk and harm in Australia: a review of the evidence* (researched and written by the National Drug Research Institute and the Centre for Adolescent Health) was released in June 2004. It has been well received and to date over 2,000 copies of the monograph and summary have been distributed to interested people.

Work by a consortium of researchers, headed by Melbourne University is continuing on the development of a toolkit of techniques/interventions to assist young people to negotiate transitional pathways. They will then consider and develop strategies to raise awareness of the toolkit and intervention points for practitioners that can be implemented in a coordinated way across jurisdictions. This work is being overseen by a working group of IGCD members.

### Diversion

The *Council of Australian Governments (COAG) Illicit Drug Diversion Initiative* has been successful in enabling people apprehended by police for minor drug offences to be diverted from the criminal justice system into assessment and then education or treatment. It is estimated that 50,000 people have been diverted for illicit drug offences since the *COAG Illicit Drug Diversion Initiative* began in 1999.

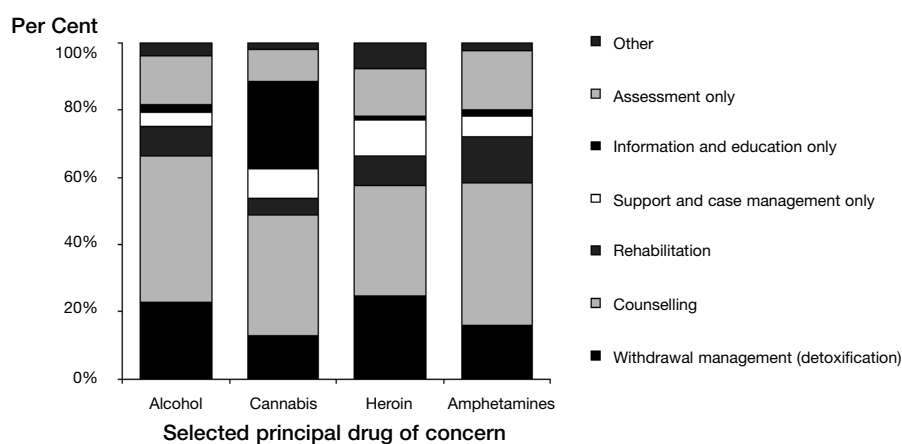
## Treatment

### Alcohol and other drug treatment services

According to the Australian Institute of Health and Welfare (2004) there were 130,930 closed treatment episodes in 2002–03 (closed treatment episode refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency).

The most common treatment types provided within alcohol and other drug treatment services nationally in 2002–03 were: counselling (42 per cent), withdrawal management (detoxification) (19 per cent) and assessment only (13 per cent).

The main treatment type varied depending on the principal drug of concern the client sought treatment for (see figure 7). Overall, counselling accounted for the highest proportion of closed treatment episodes when alcohol (44 per cent), cannabis (36 per cent), heroin (33 per cent) or amphetamines (43 per cent) were the principal drug of concern.



**Figure 7: Closed treatment episodes by selected main treatment type and selected principal drug of concern, Australia 2002–03 (AIHW, 2004)**

Overall in 2002–03, the most common referrals to services were self-referrals (37 per cent of treatment episodes), followed by referrals from alcohol and other drug treatment services (12 per cent) and referrals from community-based corrections (10 per cent) and police and court diversions (9 per cent). Compared to 2001–02, treatment episodes in 2002–03 were slightly more likely to have resulted from self-referral and referral via police and court diversions.

## Psychostimulants

The increasing rate of psychostimulant use has highlighted the importance of developing a range of coordinated, complementary and innovative intervention strategies focused on psychostimulants across supply and demand outcomes. Of particular concern is the management of aggressive behaviour associated with psychostimulant use, the potential for increased amphetamine psychosis, and the increased risk of blood-borne virus transmission due to more frequent injecting and risk taking behaviour. A range of approaches are currently being used to treat psychostimulant use including psychosocial interventions, cognitive behavioural therapy, residential rehabilitation, and self-help programs. These and other approaches need to be evaluated and good practice information disseminated to clinicians and other health care workers. The *National Psychostimulants Initiative* aims to address problems associated with the increased availability and use of psychostimulants in Australia.

## Rural and regional

It is often difficult for people living in rural and regional communities to access drug and alcohol treatment services. The geographical isolation means that there are few, if any, drug and alcohol specific treatment services available to these communities, and as such, these services are normally provided as part of the mainstream health system. It is often the general practitioner, nurse, health care worker or hospital staff that is left to treat people with alcohol and other drug problems. These health professionals are often not suitably qualified and do not necessarily have the knowledge and experience in treating people with an alcohol or other drug problem. *The National Illicit Drugs Strategy Rural and Regional Initiative* aims to explore ways of improving access to treatment services in rural and regional communities.

## Pharmacotherapy maintenance programs

Methadone maintenance was endorsed as an effective treatment for opioid dependence in 1985. Buprenorphine has also been used as a maintenance treatment for opioid dependence in Australia since 2000. These opioid pharmacotherapy treatment programs facilitate access to treatment and promote the principle of harm reduction and education of users.

Data on clients participating in opioid pharmacotherapy maintenance programs are routinely collected by state and territory health departments and provided each year to the Australian Government Department of Health and Ageing (see Table 1). Data items held include number of clients registered with, or collecting doses from, public and private prescribers and correctional institutions in each state and territory.

The total number of clients receiving pharmacotherapy treatment has steadily increased from 24,657 in 1998 to 36,986 in 2003.

**Table 1: Methadone and Buprenorphine treatment enrolments as at 30 June 2003**

Number of clients registered with a	Methadone	Buprenorphine	Total
Public prescriber	6,759	1,483	9,080
Private prescriber	16,691	6,669	24,797
Public/private prescriber	245	80	325
Correctional facilities	2,079	409	2,699
Other	85	0	85
Total number of clients	25,859	8,641	36,986

**Note:** Public prescriber or private prescriber includes hospitals

**Source:** National pharmacotherapy statistics annual data as at 30 June 2003, Australian Government Department of Health and Ageing (unpublished)

## Comorbidity

Comorbidity of mental disorders and substance use disorders is common. It is associated with poor treatment outcomes and is a severe cause of illness and high service utilisation. This presents significant challenges with respect to the identification, prevention and management of people with comorbid disorders. Because of the dual nature of their disorders, comorbid clients are frequently bounced between mental health and drug and alcohol services without receiving appropriate treatment. *The National Comorbidity Initiative* aims to improve service coordination and treatment outcomes for people with coexisting mental health and substance use disorders.

## Hepatitis C

In 2002, an estimated 225,000 people were living with hepatitis C infection, with 16,000 diagnoses reported for that year. Hepatitis C transmission continues to occur in Australia predominantly among people with a recent history of injecting drug use. Over 75 per cent of people diagnosed with newly acquired hepatitis C infection reported a history of injecting drug use.

The steady increase in hepatitis C prevalence over time among people attending needle and syringe programs who report that they began injecting in the past three years, also indicate continuing high levels of hepatitis C transmission.

In November 2003, the Australian Government approved Section 100 (Highly Specialised Drugs Program) listing for pegylated interferon under the Pharmaceutical Benefits Scheme. Pegylated interferon represents a significant advance in treatment options for those with hepatitis C.

The new Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis C has been established to provide expert advice in the areas of HIV/AIDS, sexually transmissible infections and hepatitis C.

The second National Hepatitis C Strategy is in the process of being developed and will guide Australia's future response to hepatitis C. The new Strategy will aim to forge better relationships between other related Strategies such as the National Drug Strategy.

	1998	1999	2000	2001	2002	2003
HIV (%)	0.8	1.4	0.9	0.9	1.3	1.0
HCV (%)	49	50	54	58	56	58

Sources: National Centre in HIV Epidemiology and Clinical Research: Annual Surveillance Report 2002 and the Australian NSP Survey: National Report 1999–2003.

**Table 2: Proportion of attendees at needle and syringe programs with HIV and HCV**

## Drugs and crime

Although the existence of an association between drug use and crime is well established, the nature of the association is unclear. In 2003, the Australian Government Attorney-General's Department commissioned a report to provide an overview of the evidence, theories and available data sets on the links between drugs and crime and to identify priorities for further research in the area.

Two major data sets inform debate about the relationship between drugs and crime. They are the Drug Use Monitoring in Australia (DUMA) project, which identified drug use of people recently arrested and the Drug Use Careers of Offenders (DUCO) project, which examines the drug use and criminal histories of prisoners. These two projects are managed by the Australian Institute of Criminology. The DUCO project has three stages, for male prisoners, female prisoners and for detained juveniles. The first stage on male prisoners was completed in late 2003 and published as Australian Institute of Criminology Research and Public Policy Series Report No 52: *Drugs and Crime: A Study of Incarcerated Male Offenders*.

The Report provides an in-depth examination of the drug use, treatment and criminal histories of 2,135 male offenders incarcerated in prisons in Western Australia, Queensland, Tasmania and the Northern Territory having been interviewed in 2001. Key findings of the report include:

- In the six months prior to their most recent arrest at the time of the interview, 62 per cent of sampled offenders reported regular illicit drug use.
- Of all offenders surveyed, 62 per cent reported being intoxicated at the time of their most serious offence (24 per cent high on illicit drugs, 21 per cent on alcohol and 17 per cent on the two combined).
- During the six month period prior to the most recent arrest, of the total sample, 32 per cent reported addiction to illegal drugs only, 11 per cent reported addiction to alcohol only and nine per cent reported addiction to both alcohol and drugs.
- Of those offenders who reported illegal drug use, 51 per cent attributed all or most of their criminal offending to illegal drugs and alcohol.
- Regular amphetamine users were more likely to be engaged in violent offending such as physical assault, while homicide offenders, regular violent offenders and non-regular offenders were more likely to implicate alcohol use for their behaviour.

## Drink Spiking

Reports from various sources suggest that drink spiking is on the rise in our community. The increasing popularity of (odourless, tasteless and colourless) club drugs has resulted in escalating reports in the number of young people affected by this phenomenon.

An MCDS cost shared funding project to identify the nature and extent of drink spiking in Australia and identify communication and educational initiatives to prevent and respond to drink spiking was being conducted during the reporting period. Following the outcomes of this project, further work will focus on improving awareness and practices of key organisations in the community that come into contact with those at risk of drink spiking.

## 4. Performance Information

As outlined in the Introduction, there are a number of committees, sub-committees and working groups that support the Ministerial Council on Drug Strategy (MCDS). This section outlines the key achievements of the advisory structures over the reporting period.

### Intergovernmental Committee on Drugs (IGCD)

The IGCD met four times during the reporting period (two meetings and two workshops). Key achievements included an evaluation of the *National Drug Strategic Framework: building partnerships 1998–99 to 2003–04* and the subsequent development of the new *National Drug Strategy: Australia's integrated framework 2004–2009* endorsed by the MCDS in May 2004.

### Evaluation of the National Drug Strategic Framework 1998–99 to 2003–04

In July 2002, the MCDS agreed to evaluate the *National Drug Strategic Framework: building partnerships 1998–99 to 2003–04* (the *framework*). SuccessWorks was engaged in December 2002 to undertake the evaluation. The evaluation was completed in July 2003 and presented to MCDS in August 2003. The evaluation noted the achievements of the *framework* and made some recommendations for the future.

A major achievement of the *framework* was that it created an environment for a consistent national approach, provided flexibility to respond to state and territory issues and was widely recognised as being unparalleled internationally and the catalyst for many changes.

The recommendations from the evaluation included:

- retaining the Strategy with a focus on harm minimisation and a renewed emphasis on the three pillars of demand, supply and harm reduction.
- improving the working partnership between the IGCD and the Australian National Council on Drugs (ANCD) to ensure consistent vision, principles and activities of the new Strategy.
- replacing the current advisory structure with a range of consultative processes so that a broader range of expertise can be engaged and used.
- support for continuation of evidence informed work practices while acknowledging that existing processes need to be continually improved and new processes adopted so that research and best practice findings can be integrated and disseminated within work practices.

- providing better linkages between strategies and actions in the Strategy in order to address drug-related problems in an integrated way.
- developing a capacity for meta-analysis and evaluation so that the new Strategy can be subject to ongoing monitoring and evaluation for the duration of the Strategy.

## **Development of the National Drug Strategy 2004–2009**

The *National Drug Strategy: Australia's Integrated Framework 2004–2009* has been developed over the past year to address drug-related problems in Australia through the provision of a policy framework and priority areas which will guide organisations in their policy and program development and foster continued collaboration across governments and sectors.

While the new National Drug Strategy was informed by the results of the evaluation of the *National Drug Strategic Framework 1998–99 to 2003–04*, it was developed as a collaborative effort between health and law enforcement representatives from the IGCD and ANCD.

An extensive public consultation process was undertaken in March 2004. The comments raised in submissions were overwhelmingly supportive of the key elements of the Strategy and useful for informing further enhancements.

In May 2004, the *National Drug Strategy 2004–2009* was endorsed by the MCDS.

## **Cost Shared Funding Model projects**

The IGCD continued its support of the MCDS Cost Shared Funding Model (CSFM). The CSFM was adopted to fund projects of national significance in the drug and alcohol field. Each state and territory, as well as the Australian Government, participate in the CSFM, contributing funds according to the latest Australian Bureau of Statistics state and territory population figures.

In 2003–04 the following projects were endorsed and funded through the CSFM:

- *National Committee for the Review of Alcohol Advertising (NCRAA)*, which informed Ministers of the operations of the alcohol advertising self-regulatory system and provided recommendations to enhance the overall effectiveness of the self-regulatory system. In May 2004 the MCDS endorsed the continuation of NCRAA to monitor the implementation and response of the alcohol beverage industry to the self-regulatory system, and to undertake research examining the impact of alcohol advertising on Indigenous youth in Australia. This project is being managed by the Department of Human Services, Victoria.
- *Exploration of Frameworks to Control Nicotine in Australia*, which is producing a report outlining the health and social impacts associated with the use of tobacco and nicotine products; current regulation of nicotine and tobacco in Australia; and options for nicotine and tobacco regulation in Australia in the future. The project is being managed by the Department of Human Services, Victoria.
- *National Local Government Drug Electronic Network and Website*, which is developing channels to the local government sector, with direct links to Australian, state and territory government websites and other relevant information. The site aims to improve networking and information sharing from a local community context through to the national context. The project is being managed by the Brisbane City Council.
- *Building Illicit Drugs Forensic Capacity Across Australia*, which is assessing what is needed nationally to establish better forensic analysis of illicit drugs and their precursor chemicals, as well as improve illicit drugs forensic information-sharing across jurisdictions. This project is being managed by the Australian Government Attorney-General's Department.
- *National Guidelines for the Management of Drug Dependent Women and Their Neonates*, which is developing a set of comprehensive, nationally agreed guidelines for the management of pregnant women (and their babies) who are dependent on licit and/or illicit drugs. These guidelines will contribute to a coherent and consistent management approach across all jurisdictions. In a form that is accessible to clinicians and other professionals, the major product of this project will be a workbook of protocols which contains the developed national guidelines. This will assist clinicians and other professionals involved in the care and support of pregnant women who are drug dependent and/or crucial post-birth adjustment of mother and child.

## Joint IGCD and ANCD work

The IGCD continued to work with the ANCD to consider emerging issues, discuss approaches and develop appropriate policy responses to drug-related issues. In addition to the Chair of the IGCD being a member of the ANCD, linkages were made through joint IGCD/ANCD Executive meetings, through participation of ANCD members in an IGCD priority-setting workshop and the inclusion of members from both IGCD and ANCD on various working groups.

## National Expert Advisory Committees

Please note that these committees were discontinued after 30 June 2004. Therefore many were winding down their activities during the latter stages of this reporting period.

### National Expert Advisory Committee on Alcohol (NEACA)

The *National Alcohol Strategy 2001 to 2003–04* continued to provide a framework for the work of the NEACA during 2003–04. The NEACA provided ongoing expert input and advice on alcohol to a range of national initiatives, including:

- the development of the National Drug Strategy Complementary Action Plan for Aboriginal and Torres Strait Islander Peoples
- the implementation of the Australian Alcohol Guidelines
- the National Alcohol Indicators Project
- the evaluation of the National Drug Strategic Framework
- the implementation of the Smoking, Nutrition, Alcohol and Physical Activity framework in general practice
- the IGCD review of alcohol advertising
- the development of the NDS Prevention Agenda framework
- the identification of issues associated with the sale of alcohol to young people
- the implementation of the National Drink Spiking cost shared funding project
- the development of the new National Drug Strategy 2004–2009
- the development of a final report to IGCD identifying a number of alcohol priorities for consideration under the new National Drug Strategy.

The NEACA also developed a series of research proposals which were submitted to the Alcohol Education and Rehabilitation Foundation for funding in June 2004.

## National Expert Advisory Committee on Illicit Drugs (NEACID)

The NEACID met five times in the period January 2003 to June 2004. A number of working groups established under the NEACID also met during this period to further explore particular issues.

During the reporting period the NEACID:

- provided input into the development of the *National Drug Strategy: Australia's integrated framework 2004–2009*
- continuously monitored the availability of heroin, ATS and other illicit drugs across Australia to identify trends in illicit drug use and provide an early warning of any changes in these trends
- published and widely distributed the IGCD endorsed *Clinical Guidelines and Procedures for the use of naltrexone in the management of opioid dependence* and the *Clinical guidelines and procedures for the use of methadone in the maintenance treatment of opioid dependence* (including abbreviated versions of both documents)
- developed a report on driving under the influence of illicit drugs, which included a number of recommendations and recognised that a wide range of approaches are needed to reduce or eliminate drug driving
- progressed work on the IGCD cost shared funding project for the development of guidelines for drug dependent women and their babies
- collaborated with the Victorian Forensic Science Centre to develop a National Chemical Drugs Intelligence Database
- prepared a report for the Australian Government Attorney-General's Department advising on serious drug offences for the Model Criminal Code
- prepared a final report to the IGCD identifying a number of illicit drug priorities for consideration under the new National Drug Strategy.

The Chair and members of the NEACID also participated on a wide range of other related committees and working groups.

## National Expert Advisory Committee on Tobacco (NEACT)

Over the past five years the National Tobacco Strategy has provided a framework to strengthen tobacco control in Australia. However as the current strategy nears the end of its term, the committee has focused attention on the development of a new National Tobacco Strategy 2004–2009. Tobacco control stakeholders were consulted in the development of the final draft document, which was presented to the IGCD in September 2004.

The NEACT contributed to increased awareness of the tobacco problem in Australia by:

- overseeing Australia's contribution to the development of the Framework Convention on Tobacco Control
- participating on the Health Warnings Advisory Group regarding possible approaches for linkages with Health Warnings and ensuring *Quitline* expertise was involved and boosted
- presenting a paper 'Towards an Australian national policy for treatment of dependence on tobacco-delivered nicotine' at a joint meeting with the Pharmaceutical Benefits Advisory Committee and the NEACT.

The NEACT have developed and fostered several national projects including:

- a women and smoking clinical forum with the Women's Hospital Australasia, to support hospitals to enhance the effectiveness and quality of their management of women who smoke whilst pregnant
- best practice guidelines in smoking cessation
- auspicing the second National Tobacco Control Conference conducted in Melbourne in April 2003.

## **National Advisory Committee on School Drug Education (NACSDE)**

Due to proposed changes to the National Drug Strategy advisory structures, the NACSDE met only once during the reporting period. Consideration of new activity was placed on hold pending the outcome of the review of advisory structures. In particular, NACSDE was involved in:

- providing oversight and critical comment to the evaluation of the National School Drug Education Strategy (NSDES) and the COAG *Tough on Drugs in Schools* measures contributing to the future directions of the NSDES through consideration of options to progress identified needs and priorities, including those issues identified by the evaluation
- assisting with input to the formulation of priorities for the National Drug Strategy Prevention Agenda.

## **Advisory Committees, Sub-committees and other consultative bodies**

### **National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples**

The *Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003–2006* was finalised by the Reference Group following public consultation with Aboriginal and Torres Strait Islander peoples.

The Plan sits between the national framework and the individual national action plans. It is not prescriptive but rather sets the national direction, encouraging careful attention to the needs of Aboriginal and Torres Strait Islander peoples.

Two action plans have been devised to cater for Australia's two main groups of Indigenous people—Aboriginals and Torres Strait Islanders. Each plan has six similar key result areas, each with distinctive objectives and actions. Objectives are based on general activities for each area, control of supply, management of demand, reduction of harm, early intervention and treatment.

The MCDS endorsed the Plan on 1 August 2003 acknowledging its importance in providing a platform for collaborative action to address substance misuse among Aboriginal and Torres Strait Islander peoples. MCDS has identified the Plan's implementation as a priority of the new National Drug Strategy.

### **National Drug Strategy Local Government Subcommittee**

The NDS Local Government Subcommittee has been working on a number of priority activities over the past year. The Subcommittee achieved endorsement from the MCDS for a cost shared funding project to enhance networking and consultation between levels of government. The project is a combined two-year pilot operation (January 2004 to December 2005), using the National Local Government Drug Electronic Network. The project is designed to facilitate local government networking and to provide an effective consultation base for liaising with Australian, state and territory governments on alcohol and other drug-related matters.

The Subcommittee also developed a publication reviewing alcohol harm minimisation projects conducted by Australian local governments. *Australian Local Government: alcohol harm minimisation projects*, includes a best practice guide for local governments and outlines a range of local government programs designed to involve young people in sport, improve their employment prospects and provide alternatives to substance abuse. The booklet recognises the

prevalence of alcohol-use disorders in the Australian population, particularly in the 18–24 year age group. It has been promoted widely to school counsellors, drug and alcohol professionals, hospital staff, general practitioners and other health care providers for use in consultations with people with an alcohol problem.

Another priority area for the Subcommittee has been the implementation of the *National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003–2006*. The plan puts an emphasis on capacity building, research, prevention and early intervention, cultural education for health professionals, appropriate funding and resources for Indigenous health, and legislative changes.

## **Australian Pharmaceutical Advisory Council (APAC) Sub-Committee on Intentional Misuse of Pharmaceutical Drugs (IMP)**

IMP has had a long involvement in the issue of the misuse of temazepam gel capsules by injecting drug users, resulting in harm. The Health Insurance Commission (HIC) introduced authority prescriptions for temazepam gel capsules to be available under the Pharmaceutical Benefits Scheme (PBS). This came into effect on 1 May 2002. IMP continued to monitor the use of temazepam gel capsules both via PBS and private prescription supply.

APAC and IMP welcomed the advice early in 2004 that all temazepam gel capsules were being withdrawn from the Australian market. APAC is now exploring the impact since the withdrawal of temazepam gel capsules and whether there are any emerging trends for misuse of other pharmaceuticals, particularly gel filled capsules.

IMP noted the work being progressed by the working group convened by the Minister for Justice and Customs on the diversion of precursor chemicals. The Chair of IMP is a member of this working group.

## **Monitoring and Evaluation Coordination Committee (MECC)**

On behalf of the IGCD, the MECC developed the *IGCD National Drug Strategic Framework 2002 Annual Report to the MCDS* for its meeting in August 2003.

The MECC also oversaw the establishment of the evaluation of the *framework* for the period 1998–99 to 2003–04.

## **Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) Working Group**

The AODTS NMDS Working Group (the Working Group) has continued its oversight of the AODTS NMDS. This provides nationally consistent data from drug and alcohol treatment service providers, which assists in monitoring and evaluating key objectives of the NDS and in the planning, management and quality improvement of alcohol and other drug treatment services.

The Working Group is continuing to consolidate and improve the data collection set for application in policy, planning and evaluation. It is now possible to profile those in treatment, identify the types of treatment accessed and length of treatment, and the number of episodes that have been completed.

The Working Group has achieved a number of positive outcomes including:

- collection of data from all jurisdictions
- improvements to the data quality, timeliness and comprehensiveness of the collection
- production of national and state and territory annual reports and bulletins
- development of guidelines relating to access to the AODTS NMDS data.

## National Drug Law Enforcement Research Fund (NDLERF)

The NDLERF was established by the MCDS in 1999. The Australian Government Department of Health and Ageing funds the NDLERF as part of its commitment to the National Drug Strategy. Since its inception, the NDLERF has played a major role in enhancing quality research to support evidence-based practice in drug law enforcement as well as provide a means for encouraging collaboration and cooperation between the health and law enforcement sectors and researchers.

The NDLERF has established four funding streams: Board-initiated research; applicant-initiated research; research fellowships; and Aboriginal and Torres Strait Islander Peoples' research fellowships. At 30 June 2004, the NDLERF had 28 projects underway and a further four were due to commence in the near future.

The projects funded by the NDLERF make an important contribution to achieving the objectives of the National Drug Strategy. For example, the NDLERF funds research that aims to build an evidence-base for strategies that look at:

- preventing the uptake of harmful drug use (e.g. by examining the role of police in preventing and minimising illicit drug use and its harms; and contributing directly to the operational capabilities of the law enforcement sector to reduce the supply of drugs to the Australian community).
- reducing the harmful effects of licit and illicit drugs (e.g. by funding research in the areas of alcohol and licensed premises; drugs and driving; methamphetamine, MDMA and cocaine use; diversion programs; pharmaceutical drug use and crime; illicit drug and volatile substance misuse in Aboriginal and Torres Strait Islander communities; and drug problems on housing estates).
- developing Australia's infrastructure, responsiveness and capacity to reduce and prevent harmful drug use (e.g. through projects that help shed light on the nature, extent and dynamics of drug problems in Australia by expanding the Illicit Drug Reporting System; collecting national data on party drug use; examining causes, effects and implications of the Australian heroin shortage; measuring the impact of changes to cannabis legislation; and developing performance measures for drug law enforcement).

## 5. Achievements

This chapter illustrates the scope of activities implemented by Australian, state and territory governments during the 18-month reporting period towards meeting the objectives of the *framework*. These are presented under the three themes of preventing the uptake of harmful drug use, reducing the harmful effects of licit and illicit drugs, and developing Australia's infrastructure, responsiveness and capacity to reduce and prevent harmful drug use.

### Preventing the uptake of harmful drug use

#### Australian Government

Reducing the supply of drugs is an integral component to reducing the uptake and use of illicit drugs. The Australian Federal Police (AFP), the Australian Customs Service (Customs) and other Australian, state and territory law enforcement partners have continued to effectively disrupt several drug distribution networks and the supply of illicit drugs. This has been achieved through strong border controls, international liaison and exchange of intelligence to prevent the illegal traffic of licit drugs, illicit drugs, and their precursors from reaching the Australian border. Following are some examples of significant international activity involving Australian law enforcement agencies during the reporting period:

- The March 2004 seizure of 1.5 tonnes of pseudoephedrine (estimated to produce over 60 million street doses of methamphetamine) bound for Australia
- The June 2004 seizure of precursor chemicals, with the potential to produce up to 1,000 kilograms of *ice*, in cooperation with Fiji Police
- The June 2004 seizure of 340 kilograms of MDMA concealed within packages of Chinese wonton pastry sheets in sea cargo arriving in Sydney, which prevented an estimated 1.4 million MDMA tablets reaching the Australian public. Several key people were arrested
- The April 2003 seizure of 125 kilograms of heroin and the arrest of 34 foreign nationals following the offloading of the heroin from a North Korean Vessel on the Victorian coast
- The May 2004 seizure of approximately 4.5 litres of gamma-butyrolactone (GBL or *fantasy*) which was concealed in a package sent from China to Brisbane. (This equals approximately 4,500 doses of the drug)
- The June 2004 discovery of 640kilograms of cannabis beneath a false floor of a shipping container

- 26 seizures of smuggled cigarettes and tobacco in sea cargo  
–representing over 48 million cigarettes and over 21 tonnes of tobacco.  
In addition to representing significant evasion of revenue, the cigarettes and tobacco did not comply with the government’s stringent requirements for health warnings and industry controls on quality of production.

In addition to this activity offshore and at the border, joint working groups with state and territory police have continued to target the production and trafficking of illicit drugs in jurisdictions, particularly in joint operations against large scale domestic drug production in clandestine laboratories.

Australian Government funding has allowed Customs to acquire, install and operate container examination technology as part of a more comprehensive and integrated approach to sea cargo examination in Australia's major ports. The technology has increased inspection rates of sea cargo containers by around 20 times and enabled the detection and seizure of significant amounts of illicit drugs and undeclared tobacco and alcohol. Aside from commissioning the first facility in Melbourne in November 2002, the facilities in Sydney (7 March), Brisbane (20 June) and Fremantle (18 November) were commissioned during 2003. A fifth facility will be opened in Adelaide in early 2005.

The IGCD has continued to strengthen the role of prevention within the National Drug Strategy. This has been achieved by developing a consolidated evidence base on national and international prevention strategies and approaches as well as an outline of patterns of substance use and harm, and risk and protective factors predictive of harmful drug use. The resulting monograph *The prevention of substance use, risk and harm in Australia: a review of the evidence*, released in June 2004, was commissioned by the Australian Government Department of Health and Ageing. Acting on this, the IGCD has established working groups to investigate preventative interventions for youth, identifying the critical points at which young people are at risk of drug uptake or misuse, with a view to redirecting them to alternative pathways. The monograph has attracted a wide range of interest, with over 2,000 copies distributed to stakeholders.

Further materials, including posters, coasters, brochures and booklets were developed and disseminated to educate the public about the Australian Alcohol Guidelines. Approximately 14 million items have been distributed. Evaluations of the initial dissemination process have shown that consumer uptake of the messages contained in the material was more successful in some areas over others. The effectiveness of the materials was good, with research concluding that the materials were found to be a credible source of information on the Australian Alcohol Guidelines.

In February 2003 the Prime Minister announced funding to 89 community-based organisations under the fourth funding round of the *Community Partnerships Initiative*. A total of 223 projects have now been funded across Australia at a cost of \$17 million. These projects provide local communities with the opportunity to develop activities that address local concerns around illicit drug issues, particularly around prevention and community understanding.

The Australian Drug Foundation has been allocated funding to May 2006 for the development and maintenance of the *Australian Drug Information Network* ([www.adin.com.au](http://www.adin.com.au)). This website provides a central point of access to quality internet-based alcohol and drug information provided by prominent organisations in Australia and overseas.

Under the National School Drug Education Strategy (NSDES), an overarching policy context has been developed for a nationally consistent approach to school drug education. This has been achieved through Australian Government leadership in the development of the NSDES and agreement to the *National Framework for Protocols for Managing the Possession, Use and/or Distribution of Illicit and Other Unsanctioned Drugs in Schools (the National Framework)* by all Australian governments.

The 2003 evaluation of the NSDES and *Council of Australian Governments (COAG) 'Tough on Drugs' in Schools measures* highlighted its significant contribution to the development and support of school drug education across Australian schools. Results indicated that there has been an increased level of participation of schools in NSDES activities; increased interest in and support for drug education in schools; the development and adoption of a nationally consistent approach to school drug education; the adoption of a whole school approach which involves engaging school staff, parents and other community members; provision of professional development opportunities; enhanced educational resources; development of a partnership approach; and an increase in the profile of school drug education.

Funding provided to state and territory government and non government education authorities through cross sectoral arrangements builds on achievements to date by ensuring that school drug education activities are sustainable in the long term and that funding is available for strategic activities that encourage innovation and good practice at the local level. To support schools to implement effective drug education, a range of resources have been developed for upper primary and secondary school students aimed at developing students' skills, knowledge, attitudes and values in dealing with drugs and drug-related issues and in promoting resilience in students. These include the *Resilience Education and Drug Information resources, Cannabis and Consequences, Rethinking Drinking, Principles for School Drug Education* and the *Innovation and Good Practice Monographs*.

The Ministerial Council on Aboriginal and Torres Strait Islander Affairs (MCATSIA) has provided the Council of Australian Governments (COAG) with the framework used for the *Overcoming Indigenous Disadvantage Indicator Key Indicators Report* launched in November 2003. In using the indicator framework, MCATSIA has adopted a universal prevention approach that enables intervention at critical points in the causal pathway to adverse social outcomes such as alcohol and substance misuse, family violence, sexual abuse, adult and juvenile offending and youth suicide. A whole of government implementation of a universal prevention framework to overcome Indigenous disadvantage will have a long term impact on a number of the key areas of concern for IGCD and is a future priority direction for MCATSIA.

## New South Wales

In February 2003, the New South Wales (NSW) Government announced a new \$230 million four-year drug strategy, *Securing a Better Future*, to continue and strengthen existing Drug Summit projects and to introduce new initiatives focusing on the key areas of education, treatment, prevention and law enforcement.

In August 2003, the government held the *NSW Summit on Alcohol Abuse*, which agreed to 318 recommendations. In May 2004, the government released its response to the Summit, *Changing the Culture of Alcohol Use in NSW*, which details a set of actions to be implemented across many government agencies and areas of NSW.

Key law enforcement initiatives to reduce the supply and use of illicit drugs included continuation of the *Cabramatta Anti-Drug Strategy*, which resulted in reduced drug overdoses, drug-related deaths and drug crime in the Cabramatta area; and the *Redfern/Waterloo Partnerships Project* to tackle crime, drugs and social problems. The Illicit Drug Monitoring Group also continued to provide early warning of emerging drug trends. Important legislative reforms helping in the fight against drugs included:

- *Police Powers (Drug Detection in Border Areas Trial) Act 2003*
- *Crimes Legislation Amendment Act 2003*
- *Police Powers (Drug Detection Dogs) Amendment (North Shore Line) Regulation 2004*
- *Road Transport (Safety and Traffic Management) Amendment (Alcohol) Act 2003*
- *Passenger Transport (Drug and Alcohol Testing) Regulation 2004.*

Prevention and early intervention services continued to be developed and expanded. These included the NSW Government's *Drug Info*, *NSW Alcohol Summit* and *Alcohol Info* websites. Three phases of the *NSW Cannabis Information Campaign* for young people were conducted with the display of posters in high schools, cinemas, shopping centres and buses and a series of radio advertisements illustrating the negative effects of cannabis. New regionally based drug education strategies for Aboriginal communities were launched. These included a series of anti-drug and alcohol posters for school buses in the Illawarra/Shoalhaven area, and the *Koori Family Matters*, a resource outlining ways for Aboriginal families to approach drug issues. *Drug education in secondary schools*, a resource for parents was distributed to all schools and translated into 22 community languages to encourage parents and children of non-English speaking backgrounds to talk about drugs. Over 68 local Community Drug Action Team Grants projects were developed ranging from local information seminars to youth arts projects.

Key drug prevention initiatives included *Marijuana matters*, *Healing Time: a stage 4 drug education resource for Aboriginal students* and new culturally specific drug prevention programs for Aboriginal offenders including projects targeting inhalant abuse. Further initiatives included *Play Now Act Now* project, a youth alcohol campaign for university students providing information about the risks of alcohol consumption, youth drug and alcohol prevention projects in Central Sydney, Mid North Coast, Mid Western and Northern Rivers, a *Heroin Overdose Prevention and Education (HOPE)* campaign to provide education and information to families and carers of drug users and an arts-based drug misuse prevention program for young people, *Handle with Care*, which incorporates film, music and dance to tell young people's stories about drug and alcohol abuse.

## Victoria

The Victorian Government is committed to a range of drug prevention and treatment initiatives to reduce the impact of licit and illicit drugs on the community. In 2003, the Government committed a further \$176 million for the next four years to continue its *Victorian Drug Strategy*.

In 2003, the Victorian Government developed and implemented the *Youth Alcohol Campaign*. The campaign targeted under-18 year olds and aimed to increase their awareness of the negative consequences of regular excessive drinking and to inform them of ways to reduce alcohol related harm. It utilised a range of youth specific media, including television, print, radio, cinema and internet advertisements as well as a range of executions placed in outdoor and in-venue locations. The key message of the campaign was that regular excessive drinking could impact seriously on relationships with friends. This message was underpinned by the campaign tagline 'Is Getting Pissed Getting Pathetic? (Just Ask Your Friends)'.  

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The evaluation of the *Youth Alcohol Campaign* highlighted that the target audience was highly aware of the television advertisement (91 per cent prompted, 77 per cent unprompted); perceived the campaign was highly effective (76 per cent); and perceived the campaign messages as highly important (70 per cent).

The Premier's Drug Prevention Council has been appointed for a second term and will operate until 31 December 2006. Charged with overseeing Victoria's drug prevention efforts, major initiatives during this term will include ongoing support for the DrugInfo Clearinghouse; the promotion of *DirectLine* 1800 888 236; the monitoring of young people's alcohol and drug use patterns; an employment, training and mentoring program for young people at risk of developing alcohol and drug problems; accredited drug prevention training; and the integration of drug prevention across other program areas addressing similar risk and protective factors. The council will also take an active advocacy role, and will provide advice to Government on drug prevention directions.

## Queensland

Key supply reduction strategies aim to reduce the availability and supply of drugs through a reduction in street-level dealing, and to disrupt drug networks. This entails the targeting of known sources of illicit drug manufacture and supply; sharing of intelligence between key state and Australian Government agencies; illicit market scans; and the confiscation of the proceeds of criminal activity. A total of 166 clandestine laboratories were seized during 2003, with 105 being seized in the first six months of 2004.

The Queensland Government continued to develop its *Northern Zone Alcohol and Other Drugs Program*, aimed at the prevention and treatment of alcohol and other drug problems in the Cape York, Mt Isa and Cairns Health Service Districts, with emphasis on Indigenous communities. This involved:

- developing screening, early detection and management guidelines for people with alcohol and other drug problems
- working with other government departments to implement the strategies contained in the *Meeting Challenges Making Choices* implementation plan
- working with Apunipima Cape York Health Council to support the implementation of the Cape York Substance Abuse Strategy.

The Queensland Government also continued to provide information on drug and alcohol issues to the community via officers trained in the Drug and Alcohol Community Education Resource.

The *Drink Rite* program continued at participating licensed venues where patrons are educated about the different effects of full strength and light beer, the constitution of a standard drink, and how to monitor alcohol consumption.

The development of integrated, evidence-based, strategic prevention initiatives at state, regional and local programs are being encouraged through mechanisms such as the *Alcohol Strategic Management Group*, a mechanism for coordinating and enhancing government campaigns, and the *Alcohol, Tobacco and Other Drugs Services Prevention Statement 2004–2006*, Queensland Health's guidelines to its prevention service staff. Queensland Health supports its guidelines with small Health Zone funding, the allocation of which is determined by local practitioners. These mechanisms encourage a whole-of-government and community approach.

Queensland Health specifically target Indigenous health through the *Indigenous Event Support Program*. The program provides sponsorship for local sports and cultural events that integrate antismoking and passive smoking messages within a cultural context. The Queensland Government also continues to support the *Croc Festival*, an Indigenous focused dance and drama event for Indigenous and non-Indigenous young people conducted annually in Far North Queensland.

## Western Australia

The *Criminal Property Confiscation Act* continued to be effective in the pursuit of individuals looking to profit from the sale and supply of illicit drugs. In the last financial year, the Western Australia Police Service was instrumental in seizing over \$25 million in assets, with the total at over \$60 million since the inception of the legislation. Significant disruption to the manufacture and supply of illicit drugs by outlaw motor-cycle gangs has been achieved through the seizure of assets under the 'Unexplained wealth provisions' of the Act. The Police Service continues to see significant increases in clandestine laboratories for the manufacture of ATS. The WA Police Service introduced amendments to the *Misuse of Drugs Act* to enforce mandatory reporting for chemical industry suppliers on the sale of chemicals that can be used in the manufacture of ATS. These amendments were enacted in 2004 and will become law from 1 January 2005.

Continued funding and support was given to the state-wide *School Drug Education Project* for the provision of teacher training, curriculum development and support in effective evidence-based school drug education at the whole-of-school level.

The *Strategic Framework for Enhancing Access to Treatment and Support Services 2003–2005* has been finalised and endorsed. The aim of the framework is to increase access to treatment and support services for people affected by alcohol and other drugs (AOD) through expanding the range and availability of treatment services, enhancing and developing systems integration and coordination initiatives such as common referral protocols, partnerships and collocation, and increasing the capacity of human services through workforce development.

A purpose built *Youth Withdrawal and Respite Centre* commenced operation in June 2003. The service assists young people to manage withdrawal from AOD in a safe environment and provide support to families by engaging them in the process. The Centre also provides management of young people experiencing problems relating to ATS use.

The Drug and Alcohol Office developed and implemented a state-wide Mentorship Program aiming to improve access to AOD treatment and support for people in rural and remote regions, through mentorship by specialist AOD clinicians with rural and remote practitioners. The program helps practitioners enhance their skills in responding to AOD related problems and provides collegiate support to the practitioner, which may otherwise not be available in a rural and remote setting.

## South Australia

The South Australian (SA) Government has implemented strategies to prevent the uptake of harmful drugs.

SA Police has continued to implement its *Illicit Drug Strategy: Preventing Drug Use—Reducing Crime* with its focus on prevention and early intervention, intelligence analysis, investigation and detection, incident management, workforce development, and research and evaluation. The Strategy is nearing the end of its current phase and it will be reviewed and revised in the coming year.

Ongoing police operations include *Avatar MCG Section, Drug and Organised Crime Investigation Branch*, which focuses on the illegal activities of motor cycle gangs and in particular in identifying, seizing and disrupting the production, trafficking and distribution of illicit drugs. In the past 3.5 years this branch has been responsible for seizing over 2,500 cannabis plants, 500 kilograms of dried cannabis, 2 kilograms of amphetamines, 3,000 ‘designer drugs’, 100 litres of *fantasy* and 250 firearms. *Operation Counteract IV*, which targets armed robberies and illicit drug use, was responsible for a number of apprehensions of people involved in armed robberies and the recovery of stolen goods.

During the year Drug Action Teams continued to develop and implement a range of responses and programs that were aimed at addressing AOD issues within their communities. Drug Action Teams, based on an understanding that local stakeholders are likely to have an intimate knowledge of local drug issues, are considered to be the best people to identify and solve those problems.

The *Alcohol. Go Easy* campaign, funded through the Office of Recreation and Sport and Arts SA, has assisted sporting associations to address responsible service and consumption of alcohol within specific settings. This has been achieved through implementation of structural and policy changes and social marketing strategies within sporting associations. Improvements include increased training for volunteer bar staff in the responsible service of alcohol, increased availability of low and non alcohol drinks, preferential pricing for low alcohol products, provision of free water, increased availability of food, limiting the number of alcohol drinks served at events, and the provision of standard drink information to patrons.

*The Reducing Harm in the Dance Party Scene (Drug Summit funded)*, which focuses on the youth dance party culture, has been working to prevent the uptake of illicit drug use, reduce harm among users, and encourage users to access the primary health care system. Specific initiatives have included supporting dance party volunteers by providing training and resources for intervention, working with local dance party media to provide targeted editorial content, developing education resources for delivery through dance events, and developing web-based communication strategies.

The Department of Education and Children's Services has been implementing a whole-of-government drug strategy across all government schools aimed at addressing the risk and protective factors associated with drug use. Each school uses this common framework to develop and implement their own school drug strategy that includes a focus on curriculum, a supportive school environment, community partnerships, and incident management. Schools are encouraged to involve local community members such as chaplains, service providers and parents in the development and implementation of their drug strategies. Over four hundred, of approximately six hundred, schools have a strategy in place. All schools will have a strategy by the end of 2005. Non government schools are now also participating in the strategy.

## Tasmania

The Tasmania Government has continued to identify, target, investigate and prosecute individuals engaging in illegal drug activities. Effort has focused on disrupting drug markets and networks, improving public amenity, reducing re-offending, and supporting treatment and health agencies to reduce the harm caused by, and to, drug users and the general community.

A cross-sectoral *National School Drug Education Project* over the past four and a half years has continued to engage families and the wider community in discussion of drug issues. Through community forums, collaborative policy development processes, and family-focussed workshops in school communities, this activity has challenged attitudes and knowledge on a range of fronts, always including information on the major causes of drug-related deaths in Australia.

Tasmania Police have continued supporting the *National School Drug Education Project* with a key component remaining a Memorandum of Understanding (MOU) with the Department of Education for managing drug-related incidents. Also adopted by the Catholic Education Office and the Association of Independent Schools, the MOU enables police officers within each police district to provide an advisory service on AOD issues and to review protocols to deal with drugs in schools.

Existing prevention orientated activities including the *Police in Schools* program in colleges, *Adopt-a-Cop* in primary schools, Police Citizens and Youth Club activities and *Blue-light Discos*, were augmented by *Project Currawong*, an early-intervention and prevention strategy directed at young people most at risk of becoming serious, or more serious, offenders.

A wide range of specialist community support services were provided by the state's alcohol and drug service, and the non government sector through service agreements and MOUs with Tasmania Police and Public Safety, the Department of Education, and the Office of the Commissioner of Licensing. State-wide services provided assessments, withdrawal management, smoking cessation programs, the pharmacotherapy program (methadone and buprenorphine), education and health promotion, counselling, treatment and rehabilitation.

Smoke-free areas provisions of the *Public Health Act 1997* were reviewed and the State Cabinet tabled a Bill in parliament in December 2003 (debated in late August 2004). The Bill requires all bars, gaming areas and cabarets to be smoke-free from 1 January 2006. It also requires 50 per cent of outdoor dining areas to be smoke-free.

The illegal sale of cigarettes to children was reduced from 48 to five per cent non-compliance over a 12-month period. A proactive enforcement approach by tobacco control officers resulted in 20 retailers being prosecuted during the last 12 months. A *Tobacco Coalition* of government, non government and private providers was established to provide advice on the planning, policy and services delivered for tobacco in Tasmania.

## Australian Capital Territory

Australian Capital Territory (ACT) Government continues to target those who manufacture, supply and distribute illicit drugs. Over the reporting period, police have identified and targeted organised groups involved in the growth of cannabis for illegal distribution. This has resulted in several large seizures of hydroponically grown cannabis in houses set up specifically for cultivation.

Changes in the *Criminal Code 2002* and the *Drugs of Dependence Act 1989* will enable police to more effectively prosecute offenders who actively participate in organised cultivation of cannabis. This should impact on reducing the numbers of people participating in these offences by enforcing more effective penalties commensurate with the offence. Moves are also underway to exclude the hydroponic cultivation of cannabis from the current *Simple Cannabis Offence Notice* scheme.

*Operation Skeet*, which targeted the increasing manufacture, distribution and use of MDMA, has moved to an educational phase designed to alert the community to the risks associated with the purchase and use of MDMA and related drugs. This campaign has been particularly important in highlighting the fact that MDMA tablets may contain other substances that potentially pose additional health risks to consumers.

There is a growing misconception among the public that as the possession of a small amount of cannabis has been decriminalised it is now legal in the ACT. A series of posters and other educational information was produced in conjunction with the Diversion Services Branch of the *ACT Community Care Alcohol and Drug Program* aimed at educating cannabis users on the law in the ACT.

*Directions@College* is an ACT Government College based program. The program provides a drop-in service for young people and other members of the school community (including parents) and provides information, support, education and referral for alcohol and other drug issues. Staff of *Directions@College* attend college staff and student meetings, forums, Alcohol and Drug Summits, health fairs, and workshops and planning days, and work in close collaboration with students, staff, parents and other key stakeholders within and outside the school community.

The ACT Department of Education and Training has provided professional development and support for government schools to implement the resources provided as part of the National Schools Drug Education Strategy 2004. These resources include Resilience Education and Drug Information, Cannabis and Consequences, Rethinking Drinking, and Monographs of Innovation. In addition the Department has provided funding for schools to implement school and community based health and drug initiatives. The Department works collaboratively with the Catholic Education Office and the Association of Independent Schools. Drug education in government schools reflects the strong partnerships formed between ACT Health, Australian Federal Police, communities and local businesses.

Teachers from 18 secondary schools and colleges have been trained in *School Health and Alcohol Harm Reduction Project*. This is a Western Australia project aimed at reducing alcohol related harm to high school students.

## Northern Territory

Complementary community support measures in Alice Springs continued to be supported by a range of government and non government agencies.

Community drug and alcohol education activities for young people in remote communities were conducted. These included the use of innovative web-based technologies to deliver alcohol and drug information and messages.

In order to increase community understanding of drug-related harm and the use of illicit drugs in the community, a School Based Policing Scheme has continued to address drug education and assist education staff to address drug use issues within the school environment.

The Northern Territory (NT) Government continued to target activity against dealers to reduce the supply of illicit drugs. This included a *National Night Patrol Project* and report, which is now finalised.

The NT Government also substantially enhanced their role in contributing to liquor licensing on a regional basis throughout the NT.

# Reducing the harmful effects of licit and illicit drugs

## Australian Government

The Australian Federal Police (AFP) Drug Harm Index measures the overall economic value to the Australian community of the harm avoided by domestic and overseas seizures of illicit drugs by the AFP and partner law enforcement agencies. The Index represents the dollar value which would have ensued had the drugs seized reached the community, and is a broad indicator of the contribution of the Australian Government drug law enforcement to the wellbeing of the Australian community. It is estimated that in 2002–03, the value of social harms avoided was \$466 million.

The Australian Government Department of Health and Ageing has undertaken a number of steps to reduce the harms arising from tobacco use. Outcomes of the government's review of health warnings on tobacco packaging and the introduction of new hard hitting graphic health warnings for cigarettes and most other tobacco products were released in June 2004. Drawing on images from the *National Tobacco Campaign* and other sources, these will provide smokers with an immediate health promotion message every time they reach for a cigarette. The review of health warnings was undertaken by the Treasury and the Department of Health and Ageing with advice from the Australian Competition and Consumer Commission. The new health warnings will include the *Quitline* number as an encouragement to stop smoking. They reflect the findings of research that the old warnings had 'worn out' and were no longer providing effective information against the harms caused by smoking.

Additionally, in June 2004, new smoking cessation guidelines for general practice were sent to 23,000 General Practitioners across Australia. The guidelines and supporting materials are evidence-based, informed by the experience of other countries and are consistent with both interventions already used for behavioural risk factors and other cessation programs. The approach is concise and interactive, emphasising a whole-of-practice approach, and includes many existing resources. The guidelines reflect evidence that even brief intervention by a medical practitioner increases the chance that a person will stop smoking. They also encourage referrals from the GP to the *Quitline* through a call-back sheet. The Department will consider an evaluation strategy to identify the long-term effects of the guidelines.

A further *World No Tobacco Day* (May 31) phase of the *National Tobacco Campaign* was undertaken from 16 May to 6 June 2004. Graphic television commercials showing the damage smoking causes to smokers' lungs, eyes, brains and arteries were screened nationally. The cost of the media buy was

approximately \$1.6 million. Evaluations of the Campaign to date have shown that it continues to be effective in raising awareness and motivating smokers to quit.

Guidelines for the treatment of alcohol problems were released in June 2003 followed by the release of a suite of summary booklets for drug and alcohol workers, GPs, hospital staff, drinkers and young people. The National Drug and Alcohol Research Centre was funded to disseminate this information through 98 workshops which were attended by 2000 GPs and allied health workers. Several thousand copies of the printed material have been distributed.

To reduce the harmful effects caused by illicit drugs, the Australian Government has allocated:

- more than \$65 million (over four years from 2002-03 to 2005-06) to the *Non Government Organisation Treatment Grants Programme*. The second funding round for this program was completed in April 2004 resulting in 177 organisations across Australia receiving ongoing or new funding to provide a range of treatment services.
- \$5 million for the *National Psychostimulants Initiative*. The initiative aims to address problems associated with the increased availability and use of psychostimulants in Australia. A range of projects is currently being implemented.
- \$9.7 million to the *National Comorbidity Initiative*. The initiative aims to improve coordination across psychiatric/mental health services and drug treatment services, develop best practice guidelines for service delivery, and increase professional education and training. A range of projects is currently being implemented.

The Australian Government also provides funding for the collection of information relating to alcohol and other drug treatment services to better inform policy and practices aimed at reducing the harmful effects caused by licit and illicit drugs:

- The continuation of the *Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS)* seeks to provide nationally consistent data from drug and alcohol treatment services. This information provides valuable information upon which policy makers and service providers are better informed about the utilisation of treatment services.
- Coordination of an informal collection called the National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD). This basic data provides jurisdictions and researchers with additional information relating to drug treatment services not currently included in the AODTS-NMDS to assist in informing policy and planning within the broader alcohol and other drug treatment sector.

## New South Wales

Measures to reduce risks to the community of criminal offences and other drug-related crime, violence and antisocial behaviour continued. These included the launch of the New South Wales (NSW) *Sober Driver Program* for repeat drink-driving offenders, continuation of the *Drug Diversion Program* including expansion of the Magistrates Early Referral into Treatment program to 50 courts in NSW. A new facility was opened for women offenders with mental health and drug and alcohol problems at the Long Bay Correctional Complex. The prisoner post-release drug treatment management scheme was expanded to cover the Northern Rivers and New England areas. The passage of the *Compulsory Drug Treatment Correctional Centre Act 2004* will enable courts to send entrenched drug offenders to a correctional facility focused on drug treatment and rehabilitation. A trial of saliva drug testing technology for prison and community based offenders is now also being conducted as an alternative to urinalysis.

Resources and programs have been developed and delivered to secondary school students to help reduce the level of risk behaviour associated with drug use. These have included the continuation of the Gateways program, the expansion of the *Ted Noffs Drug Counselling in Schools Program*, continuation of the *Getting it together* program and the *Cannabis: Know the risks!* teaching resource. Resources distributed to secondary school students have included, *Marijuana: Information for students*, *End of Year Celebration kits*, *Survive, Stay Alive packs*, and a *HELP* card listing emergency phone numbers. A new resource for parents, *Alcohol: Celebrations and Supply*, and the *Safer Celebrations Event Guide*, an online resource outlining the legal and safety requirements which must be addressed when planning an event where alcohol will be provided were developed. A new round of INDENT Partnership grants was also undertaken to enable young people in NSW to create their own alcohol-free and drug-free entertainment.

Improvements in treatment services has been achieved through the commencement in Parramatta of the first of four cannabis clinics to help cannabis users quit the drug, and the piloting of a case management project, *Parents Under Pressure*, targeting parents on methadone. The Mid-North Coast Drug Treatment Service has been expanded to provide multi-purpose drug and alcohol services. Further initiatives include the expansion of the Pharmacotherapy Accreditation Course to enable online access and to include methadone, buprenorphine and naltrexone and the *In Reach* program to improve the transition of pharmacotherapy treatment from the corrections to the community setting. The NSW policy for the use of buprenorphine in the treatment of opioid dependence has also been implemented.

Further measures to reduce harm include the expansion of drug and alcohol testing across all modes of public transport in NSW and the *Country Road Safety Summit* and subsequent drink and drug driving recommendations. Mandatory responsible service of alcohol training was introduced and the *Controlled Drinking by Correspondence Program* was launched to reduce problem drinking across NSW. The Alcohol and Drug Information Service and Family Drug Support telephone counselling services also provided information, advice and referral for callers regarding drug use. The *Families and Carers Training Project* provided information and education materials for families, friends and carers of drug users. For Aboriginal communities, the *Aboriginal Families and Carers Training Project* and the *Aboriginal Family Drug Information Kit* were developed to provide culturally appropriate information and education materials for Aboriginal communities about drugs.

## Victoria

Access to alcohol and drug treatments in Victoria has continued to improve. Between 1998–99 and 2003–04 there was a 29 per cent increase in the number of clients accessing drug treatment services from 20,487 to 26,331. These clients were able to access the system more quickly, with a 74 per cent reduction in waiting times since June 2000. The number of clients participating in pharmacotherapy programs has also increased significantly, from 8,110 in January 2003 to 9,665 in April 2004, an increase of 19.2 per cent.

The Victorian Parliament Drugs and Crime Prevention Committee released its report on the *Inquiry into Amphetamine and 'Party Drug' Use in Victoria* in May 2004. The inquiry examined the use of these drugs and explored the need for specific policy and program responses. The report includes 89 recommendations in the areas of policing, law enforcement, supply control, education, training, information provision, harm minimisation, ongoing research, data collection, and funding, to which a whole of government response is underway.

The Victorian Government has recurrently funded the *Homeless and Drug Dependency Trial*. This initiative is in direct response to the growing number of homeless people presenting at crisis supported accommodation services with problematic drug dependency issues. An evaluation demonstrated that the trial effectively engaged homeless people with drug problems and that these high-needs clients require a long-term response if they are to build pathways out of homelessness and drug misuse. The program has been expanded to include long-term primary case-management treatment options and mental health clinicians to treat the client group. The initiative provides intensive case management support for up to 100 people at any one time for periods of between three and 12 months.

The Victorian Government has recently developed Voluntary Guidelines to provide free or low cost drinking water in licensed premises. This is in response to community concerns that a lack of available free or low-cost water in some licensed premises was impacting on the health and welfare of patrons. The guidelines were completed in consultation with Liquor Licensing Victoria, Victoria Police, the Nightclub Owners Association, the Australian Hotels Association and Restaurant and Catering Victoria. The Guidelines are applicable to venues that hold a permanent licence or apply for a temporary liquor licence.

An important element of the *Victorian Prison Drug Strategy*, launched in March 2002, is the provision of AOD treatment for prisoners. In 2004, Corrections Victoria introduced a new AOD treatment framework of differential treatment, based on assessment of substance use and risk of re-offending. As such, prisoners assessed as low risk of re-offending and having a low to moderate substance dependency receive interventions geared towards substance use education, harm reduction and enhancing motivation to seek further treatment. Prisoners assessed as having significant criminogenic and substance dependency needs receive intensive programs that target substance use in relation to offending.

A component of the *Victorian Government Drug Initiative* and the *Victorian Prison Drug Strategy* is the Bridging the Gap Program. This program, established in 2001, improves the transitional experience for prisoners exiting prison and returning to the community. In 2003 the program was evaluated by the University of Melbourne and found the majority of participants were engaged in community-based AOD treatment after release. Due to positive evaluations the program has been re-tendered for a further two-year period.

## Queensland

The Queensland Government implemented a *Passive Smoking Awareness Campaign*, targeting households with children 0–6 years of age, encouraging families to go outside to smoke and to not smoke in the car. The 30 second *Car and Home, Smoke-free Zone* television commercial, developed by NSW, evaluated positively. The commercial screened in Queensland for a total of 14 weeks; the proportion of smoke-free households increased by 22.4 per cent and the proportion of smoke-free cars increased by 10.1 per cent.

The Queensland Government implemented the pilot *Illicit Drugs Court Diversion Program* for minor illicit drug possession offences in Brisbane, which resulted in 835 diversions during its twelve-month pilot phase. The police diversion program continued to maintain the state-wide network of assessment, education, and treatment service providers for clients for minor cannabis offences, as part of the *COAG Illicit Drug Diversion Initiative*. As at 30 June 2004, a total of 19,887 people

had been diverted under this program. The state-funded *Drug Court Pilot Program* in south-east and north Queensland continued implementation and achieved 835 graduations since its commencement in June 2000.

In October 2003, amendments to the *Police Powers and Responsibilities Act 2000* were introduced to provide additional powers to police to ensure the safety of people using volatile substances and the general community. These amendments began on 1 July 2004 and include the power for police officers to search a person and anything in the person's possession if they reasonably suspect or find a person in possession of a potentially harmful thing the person has, is, or is about to inhale or ingest. If the person cannot provide a reasonable explanation for their possession, the officer can take the potentially harmful thing from the person. The new legislation also includes the opportunity to trial, in a number of locations throughout Queensland, powers for police to take a person affected by the inhalation or ingestion of a potentially harmful thing to a place of safety to recover safely.

A new section has also been inserted into the *Vagrants, Gaming and Other Offences Act 1931*, and commenced on 1 April 2004. The section prohibits the sale or supply of a potentially harmful thing if the seller knows or believes, on reasonable grounds, that the customer intends to ingest or inhale it or intends to sell or supply it to another person for inhalation or ingestion.

The *DrinkSmart\* Program* has been expanded to become the *Healthier Universities Program* and includes smoking, nutrition, alcohol, physical activity, injury and mental health. This new approach will build program capacity and integrity. Potentially the program reaches more than 150,000 students on 12 campuses at eight universities.

The Government also undertook to enhance the Liquor Act with a view to reducing harm in entertainment precincts, particularly the Central Business District of Brisbane. The Government is committed to a further review of the Liquor Act in 2005 and to strengthen harm reduction approaches.

## Western Australia

In March 2004, the *Cannabis Control Act 2003* (of prohibition with civil penalties) was proclaimed in WA to prevent drug use problems and divert users into treatment. A *Cannabis Education Program* was implemented to inform the community. The *Cannabis Infringement Notice* (CIN) scheme was introduced giving police the discretion to charge offenders or issue a CIN for those who possess amounts deemed for personal use. A CIN requires either paying a fine or attending a Cannabis Education Session. WA police implemented a state-wide training program.

The *Enough is Enough* media-based alcohol education program raises awareness about the problems associated with drunkenness and uses a comprehensive range of community-based strategies to create safer drinking environments. A *Peer Support Network Project* to educate users about the harms associated with drug use and available treatment and support services was also implemented. Communities were also supported to implement strategies to reduce harms associated with school leavers' celebrations.

The *Night Venues and Entertainment Events Project*, a collaborative initiative between agencies and key industry representatives, has implemented a state-wide targeted drug policy with support strategies to assist night-venue and event managers to prevent and reduce drug-related harm.

The roll-out of *All Drug Diversion* commenced across WA from 1 January 2004. The WA Police Service implemented a comprehensive training package which was delivered to all sworn staff.

Western Australia supports the *National Drug Strategy Aboriginal and Torres Strait Islander Complementary Action Plan 2003–06* through the establishment of a working party to develop a WA Implementation Plan. An Aboriginal Consultation Forum was held, with collated information providing critical direction in the development of the implementation plan.

Delivery of *Needle and Syringe Program (NSP)* training and education events is ongoing. This included convening the fifth state NSP Coordinators' workshop, and a blood-borne virus (BBV) awareness workshop for Aboriginal Health Workers to reduce harms and the prevalence of BBV amongst injecting drug users. This training was funded through Council of Australian Governments (COAG) *Illicit Drug Diversion Package—Supporting Measures Relating to Needle and Syringe Programs*.

*Quit* implemented a range of initiatives including the development of an interactive website <<http://www.quitwa.com>> to assist people wishing to give up smoking and for people who would like to help someone to quit. Successful phases of the *Quit Campaign* and the *Quit Young Adults Campaign* generated a two-fold increase in calls to the Quitline telephone support service. Community based strategies targeting at risk populations and building the capacity of health professionals to support smoking cessation activities continued. *Quit* progressed the Amendment of Part IXB of the *Health Act 1911* and the Health (Smoking in Enclosed Public Places) Regulations 1999 to further restrict smoking in enclosed public places. The Department of Health is finalising new tobacco control legislation.

## South Australia

The South Australian (SA) Government, as part of its response to the SA Drugs Summit 2002, has funded a 12-month trial to monitor the effectiveness of placing nurses in the Adelaide City Watch House. This is in response to the concern that people in police custody are at increased risk of self-harm, drug and alcohol withdrawal and deterioration of medical conditions. The primary aim of this initiative is to assess and manage people in short term police custody that experience a range of problems including co-existing AOD and mental health problems, and physical health issues and associated risks. For people experiencing problems, nursing care is provided and detention is managed in such a way that minimises risk of harm to themselves or the staff. This includes referral to relevant health and counselling services on their release.

*Operation Mantle* continues to identify and target street-level drug traffickers with an emphasis on reducing the supply and demand for illicit drugs and in particular, heroin, amphetamines and other designer drugs. It also has a major role in promoting harm minimisation and encouraging habitual illicit drug users to seek assessment and treatment. *Operation Mantle* teams were involved in activities around the Adelaide Central Business District and in the outer northern and southern suburbs with an increasing focus on amphetamine related matters.

The South Australian *Police Drug Diversion Initiative* came into operation on 3 September 2001. This initiative has enabled people apprehended by police for minor drug offences to be diverted from the criminal justice system into assessment and then education or treatment. Over the reporting period, 798 individuals have been diverted for 1,985 divertible offences. The majority of persons diverted have been 10–17 years of age. Approximately 83.2 per cent of persons diverted have complied with the requirements of the diversion. Of persons diverted, 10.5 per cent have been re-apprehended for subsequent simple drug possession offences.

Three heroin overdose projects were identified and funded by the South Australian government as part of its response to the 2002 Drug Summit. These projects aim to prevent and reduce the risk of heroin overdose for young people, Vietnamese drug users and Aboriginal drug users. A focus of the youth heroin overdose project was to gain a greater understanding of the factors that contribute to increased risk of heroin overdose and other harm among young drug users and develop interventions to prevent or reduce the risk. The Vietnamese and Aboriginal heroin overdose projects involved working in partnerships with these communities in order to identify needs and develop culturally appropriate interventions.

In 2003 the Drug and Alcohol Services Council established the Alcohol Management Reference Group to develop effective, collaborative responses to alcohol related harm. Preventative strategies have been identified as an area for collaborative action for these agencies. In 2003 a campaign targeting young people's consumption of 'ready to drink' products was developed in partnership with the reference group. This campaign focused on point of sale marketing strategies within retail liquor outlets in the metropolitan area.

South Australia is currently undertaking an innovative research program to examine methamphetamine psychosis. The scope of the research explores not only the disorder's symptomatology and consequences, but also its prevalence and current clinical management.

## Tasmania

The *National Illicit Drug Diversion Initiative* has resulted in a significant number of individuals being diverted from the judicial system into treatment. First time offenders found for possession and/or use of cannabis have been provided cautions. Second and third time offenders, and those found with substances other than cannabis, have been referred to approved service providers for brief intervention, assessment and treatment services.

Negotiations to extend the *Illicit Drug Diversion Initiative* to 2007 were progressed by Tasmania with the Australian Government. It is hoped that existing capacity to provide early intervention for low-level users will be complemented by introduction of court-based diversion that can target offenders with more entrenched drug use problems, and who are also committing other offences.

Access to specialist alcohol and drug services in outreach areas has been addressed through the provision of specialist consultancy services to rural areas and at Community Health Centres; and through visits to Clarke, King and Flinders Islands by social and other community workers.

During the reporting period, 91 *Needle Availability Program* outlets operated across Tasmania. Outlets included pharmacy based services, predominantly offering pre-packed fitpacks for a fee to clients, and government and non government organisations. Non government organisation partnerships included the Tasmanian Council on AIDS, Hepatitis and Related Diseases, the Pharmacy Guild, the Link Youth Health Service, the Corner Youth Health Service in the North, Burnie Youth Drug and Alcohol Service, Anglicare and the Salvation Army. An increased interest and commitment propelled the program towards the development of the *Continual Quality Improvement Framework*, release of the *Tasmanian Drug Trends 2003—Findings from the IDRS report* (University of Tasmania) and disposal projects (including the first community sharps disposal

unit in the State). Return rates of used syringes improved significantly and the sharing of injecting equipment has remained very low.

The Drug Education Network implemented the *Good Sports Program* in partnership with the Australian Drug Foundation (Victoria) as a pilot to extend the Good Sports Accreditation Program within Tasmania. This assists sporting clubs that serve or sell alcohol to manage alcohol responsibly with involvement and support from a number of government and community agencies, including the Commissioner for Licensing, Sport and Recreation, Alcohol and Drug Services, Tasmania Police, local councils as well as Football Tasmania and Cricket Tasmania.

## Australian Capital Territory

The *ACT Policing Diversion Program* has continued to provide a graded response to illicit drug offences and demonstrate a partnership approach between health, police and non government agencies. The program identifies opportunities for diversion at community, pre-court, pre-sentencing or post sentencing stages and includes the *Simple Cannabis Offence Notice Scheme*, *ACT Policing Early Intervention and Diversion Program*, *Court Alcohol and Drug Assessment Scheme*, and Treatment Assessment Program under the *Drugs of Dependence Act 1989*. The *ACT Policing Early Intervention and Diversion Program* concentrates on the diversion of minor drug offenders prior to involvement in the judicial system through referral to a variety of education and treatment options.

ACT Policing conducted *Operation CitySafe* to provide a high visibility, high impact police presence around the city, ensure Liquor Act compliance by licensed premises within the Central Business District (CBD) and proactively target road and public safety. The project involved substantially increasing the number of uniformed police performing beat duties in the CBD on Friday and Saturday evenings and during daylight hours Monday to Wednesday. *Operation CitySafe* resulted in a substantial decrease in reported disturbances during hours of darkness and a noticeable reduction in known criminals frequenting the CBD during daylight hours.

During the course of *Operation CitySafe*, a high number of persons driving in the area of the CBD whilst intoxicated were identified. This behaviour was then targeted as a priority utilising members from Traffic Operations. Targeted breath testing was undertaken in and around the CBD car parks. During some periods the detection rate was as high as one driver in two returning a positive result. This activity will continue into 2004–05. In addition, Traffic Operations target high profile community events. Police vehicles are parked at key entry points, pamphlets are distributed and the public address systems are used to inform patrons that police will be targeting the area.

Following preliminary consideration of the draft Alcohol, Tobacco and other Drug Strategy the Government identified a number of high priority actions to support. These include:

- *School drug education* to prevent and reduce drug use, delay uptake of drugs and develop resilience in young people
- *Case management* to ensure the complex needs of people with AOD problems are addressed by a range of services and sectors that work collaboratively for the best outcome for the client
- *Tobacco compliance program* to target the illegal supply of tobacco to minors
- *Workforce Development Strategy* to ensure long-term development of the AOD sector
- 12 month trial of *vending machines* to provide 24-hour access to sterile injecting equipment
- *Sobering up shelter* to provide a safe environment for intoxicated persons to sober up
- Alcohol and drug *Youth Detoxification Support Service* to improve Aboriginal and Torres Strait Islander young people's access to detoxification services.

## Northern Territory

A number of initiatives were funded to reduce the harmful effects of licit and illicit drugs in the NT. These included:

- \$120,000 to extend Sobering Up Shelter opening hours in four regional centres
- \$965,000 to support new community patrols, warden schemes and return-to-country initiatives and to expand existing patrols and treatment services in regional centres, rural and remote communities
- \$50,000 to support the 2004 Barunga Cultural and Sports Festival as an alcohol free event.

Funding was also provided to small scale localised strategies in remote communities to provide respite to volatile substance users and communities.

Support to enhance services and expand the range of options for withdrawal services has continued with four additional pharmacies becoming involved in the pharmacotherapy program to supervise the dispensing of buprenorphine and methadone in the community.

NT Police provided a substantial submission to the NT Alcohol Framework Review, which included greater emphasis on the harm minimisation principles, standardised licence conditions and licence categories and enforcement of the NT Liquor Act.

## **Developing Australia's infrastructure, responsiveness and capacity to reduce and prevent harmful drug use**

### **Australian Government**

Investment to build the capacity of Australian Government law enforcement agencies to reduce the supply of illicit drugs has continued. This works at three levels: internationally, in cooperation with overseas law enforcement agencies; at the border, through a combination of sophisticated drug-detection technology and an intelligence-based risk-management approach; and within Australia, through effective cooperation with law enforcement agencies in state and territory jurisdictions.

Australian Government law enforcement agencies are promoting the development of bilateral agreements to formalise cooperative international relationships that facilitate information exchange and cooperative trans-national investigations. Customs has established a Memorandum of Understanding (MOU) with the Customs Services of a number of regional countries (including Thailand and Indonesia), that allows for the transfer of information and intelligence related to border security issues such as drug trafficking. Customs officers in overseas posts also continue to liaise with international law enforcement agencies to gather intelligence related to drug importation.

The AFP has signed MOUs with law enforcement agencies in Columbia (July 2003), the United States of America (July 2003), Indonesia (June 2002), Thailand (June 2003) and the Philippines (July 2003) to combat transnational crime and develop police cooperation. The AFP also maintains an extensive international network of 64 officers located in 26 countries.

Effective drug policies require cooperation with a range of key stakeholders. The *Frontline Program* is a cooperative program between Customs and industry groups involved in international trade and transport and draws on the knowledge and expertise of industry to help prevent illegal activity.

The National Working Group on the Diversion of Chemical Precursors was established in September 2002 to identify, inhibit and disrupt the diversion of precursor chemicals into illicit drug manufacture. The working group has led to increased cooperation between experts from health, industry (including the pharmaceutical industry), and law enforcement in this area and collaboration with the Model Criminal Code Officers Committee to develop offences in relation to endangering children in illicit drug making laboratories.

Australia has been a strong supporter of the Framework Convention on Tobacco Control (FCTC), which represents the first occasion on which the World Health Organization (WHO) has used its powers to develop a multilateral international treaty on a public health issue. The FCTC text was adopted by the World Health Assembly in May 2003 and signed by Australia in December 2003. The Parliamentary Joint Standing Committee on Treaties has reported in favour of Australia ratifying the Convention and Australia ratified the Convention on 27 October 2004. The FCTC provides a global framework for the adoption of such policies as advertising bans, health warnings on tobacco products and actions to reduce exposure to second-hand smoke, which have been successful in Australia. These will help to reduce the global burden of non-communicable disease. The FCTC also encourages the international exchange of scientific and policy information, and the development of international standards on such matters as tobacco product content and emissions.

The Australian Government Department of Health and Ageing funds three National Drug Research Centres, namely the National Drug Research Institute (NDRI), the National Drug and Alcohol Research Centre (NDARC) and the National Centre on Education and Training on Addiction (NCETA). The Drug Strategy benefits from the core research programs of these centres.

For example, NDARC made a significant contribution to workforce development by producing the first ever national guidelines in Australia aimed at clinicians who treat people with alcohol dependence and abuse problems. As a result of the overwhelming popularity of these guidelines, they have been broadcast on the rural health television network.

NDRI has fostered consistent and systematic monitoring and evaluation of state and national alcohol policies by establishing a national set of indicators as part of the National Alcohol Indicators Project (NAIP) which tracks and reports alcohol-related harm in Australia. These were reported in NDRI's 2003 publication *Australian Alcohol Indicators: patterns of alcohol use and related harms for Australian States and Territories 1990–2001*.

NCETA has developed the capacity of diverse organisations to manage issues related to alcohol and other drugs by providing leadership, raising awareness and understanding, and identifying and promoting best practice for workforce development in the alcohol and other drugs field. NCETA reviewed alcohol and other drug training to produce a database and report and published a primer on Peer Education titled *Peer Education: from evidence to practice*. It also organised a three-day summer school on inequalities and addiction in February 2004, providing access to a number of international speakers and a comprehensive set of readings on the topic.

Through its representation on the National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples, MCATSIA has contributed to the development of the *National Drug Strategy Aboriginal and Torres Strait Islander Complementary Action Plan 2003–06*.

## New South Wales

NSW has continued to strengthen existing partnerships and build new partnerships to reduce drug-related harm. Key initiatives included:

- the *North Coast Rural Integrated Care Trial* for drug dependent women
- 80 Community Drug Action Teams to provide a forum for local communities to be involved in drug action
- School Community Drug Summits in almost 700 schools to address community concerns about drug issues.

Key research and training initiatives to promote evidence-based practice have included:

- NSW Tertiary Students Drug and Alcohol survey to collect data on alcohol and drug use patterns
- *Addressing the Use of Drugs in Prison* data program to provide a drug-related profile of inmates in NSW correctional centres
- A CD ROM professional development resource, *Drug education in culturally diverse classrooms* and training and development workshops for teachers to support implementation of the resource
- Training and development workshops for school counsellors and welfare teachers to support implementation of *Marijuana Matters*
- Training and development workshops for teachers to support implementation of *Cannabis: Know the risks*.

## Victoria

To respond to the issues of inhalant abuse in the community, the Victorian Parliament enacted the *Drugs Poisons and Controlled Substances (Volatile Substances) Act 2003* during the autumn 2003 sittings. The Act provides a legal framework for police to search and seize volatile substances used for inhalation and to have limited powers of detention of persons less than 18 years old suspected of having inhaled a volatile substance. The legislation became operational on 1 July 2004. The new law has a 'sunset' clause, which will provide an opportunity to review the implementation of the legislation after two years of operation. The new legislation allows for an integrated police and health response. A Protocol between Victoria Police and relevant agencies has been developed to support the use of the legislation.

Another significant initiative is the training of Melbourne metropolitan general practice registrars to prescribe methadone and buprenorphine for opioid dependent persons. The training is being provided by the Joint University Centre for Education and Training in General Practice. This initiative introduces registrars to drug dependence issues and their treatment during their training. When these doctors finish their registrar training they will be able to treat opioid dependent persons without requiring the further training that the general practitioners undergo at present. Sixty registrars will be trained, which will increase the pool of prescribers to allow expansion of the numbers of patients being treated with pharmacotherapies in future years.

The expansion of the *Opioid Substitution Therapy Program (OSTP)* in Victorian Prisons was implemented in June 2003. As a result of the program expansion:

- one hundred additional methadone and buprenorphine maintenance places were created across the prison system increasing OSTP services from six to nine prison locations
- an Induction Program was introduced providing high risk prisoners with an opportunity to commence methadone treatment while in prison
- the OSTP Clinical and Operational Policy and Procedures were developed to reduce the risk of diversion of pharmacotherapy treatment among prisoners and to provide consistent and quality care within Victorian prisons.

During the reporting period, 858 prisoners accessed the OSTP in Victorian prisons with 62 per cent prescribed methadone and 38 per cent prescribed buprenorphine. In addition 64 prisoners commenced methadone treatment while in prison.

The *Koori Alcohol and Drug Plan for 2003–04*, which represents the initial phase of a broader Koori Alcohol and Drug Strategy, has been developed in consultation with the Koori Drug Strategy Advisory Committee, comprised of representatives from peak Aboriginal community organisations and government agencies. It identifies a number of priority areas including services for youth, workforce development, family building and programs targeting specific substances, particularly in relation to alcohol and tobacco. A number of initiatives have been undertaken including planning and consultation towards establishing a Koori youth residential rehabilitation facility, development of an Inhalant Resource Kit, and a range of workforce training and development initiatives.

## Queensland

The *Amphetamines in Queensland Research Project*, an innovative cross-sector collaboration involving the Crime and Misconduct Commission, was completed. Forty-three peer interviewers, supported by health professionals, administered structured questionnaires to a diverse sample comprising 690 amphetamine users from throughout Queensland. Data were collected about users' patterns of drug consumption, social identity, criminal involvement, physical and mental health, amphetamine dependence, contact with health services and testing for blood borne viruses. Peer education and referral information was provided to this large group of users. The peer interviewers and supervisors gave extremely positive feedback about the immediate benefits of the project. The final project report was released in January 2004 and specific research papers are being produced. In addition, this research has provided impetus for the production of a major new education and intervention resource.

Two whole-of-government action plans were developed under the National Drug Strategic Framework. These were *Protecting the Future—Reducing Illicit Drug Use and Harm: Queensland illicit drug action plan 2003–04 to 2006–07*, launched by the Premier in November 2003 and *Finding the balance: Queensland alcohol action plan 2003–04 to 2006–07*, published in June 2004. Informed by extensive consultation processes, these plans outline the Queensland Government's initiatives for addressing illicit drug use and alcohol misuse.

A new *Alcohol, Tobacco and Other Drug Services Information System* for use in Queensland's alcohol and drug sector commenced development. The information system aims to integrate the range of core activities undertaken at typical alcohol and drug services in a single application, rather than concentrate solely on the data requirements of specific program areas (for example, the National Minimum Data Set, opioid treatment, and diversion programs). This new state-of-the-art information system will meet the existing clinical needs of government alcohol and drug services and will be offered to non-government organisations during the second phase of implementation. The new application will facilitate collection of a comprehensive state-wide data set, including the National Minimum Data Set: Alcohol and Other Drug Treatment Services (NMDS:AODTS).

As part of the whole of government response to volatile substance misuse, the Queensland Ambulance Service and the Queensland Police Service have developed a *Joint Immediate Response Protocol for Volatile Substance Misuse*. The protocol will assist both police and ambulance officers in providing a coordinated response to the misuse of volatile substances and to minimise the harmful effects that may be associated with this behaviour. The protocol will define the powers and responsibilities of the police and ambulance services, role delineation and actions to improve the coordination of services to address volatile substance misuse.

The National Drug Strategy Law Enforcement Funding Committee funded the development of two training resources for police, *Managing Psychostimulant Users and Clandestine Drug Laboratory Safety Awareness—Information for first response Officers* to enhance police capacity to respond safely to these incidents.

## Western Australia

A number of government and community processes identified the need for improved access to alcohol and other drug services and the development of shared care to avoid duplication and fragmentation of services. In response, the Drug and Alcohol Office (DAO), in partnership with key stakeholders, developed the model for Drug and Alcohol Centres. This approach aims to enhance partnerships within the alcohol and other drug sector, particularly between government and not-for-profit services, mental health services and GPs. Drug and Alcohol Centres have been established in the East, South and North Metropolitan Area Health Services. They employ medical and allied health staff and operate in tandem with the community-based alcohol and other drug services, providing an integrated service throughout the metropolitan area.

Improving responses to AOD related problems for Indigenous people continues to be a priority for the Western Australian Government and the AOD sector. A workforce development approach has been adopted to enhance Indigenous and non-Indigenous expertise, increasing the sector's capacity to develop, deliver and manage culturally secure AOD initiatives and programs in metropolitan, rural and remote communities. A key has been the development of the *Indigenous Alcohol and Other Drug Training Program, CHC30802 Certificate III in Community Services Work (Alcohol and Other Drugs)* by the Aboriginal Health Program. The content is culturally secure and uses evidence-based practice for AOD as it relates to working with Indigenous people and communities.

The Drug and Alcohol Office completed two national projects that will support workforce development in WA and other jurisdictions. It was the lead agency in a national workforce development project conducted by the IGCD to develop a national strategy on workforce development. The second project sponsored by the Australian Government Department of Education, Science and Training allowed the Drug and Alcohol Office to develop the *In Touch Program* to ensure effective management of drug-related problems in schools Australia wide.

A comprehensive framework for State wide drug and alcohol activity resulted in the development of Agency Drug and Alcohol Action Plans for the period 2003–05, detailing the activities and directions of 10 key government agencies in responding to AOD related issues. Forming an integral part of the framework and for the first time in WA, a reporting process has been developed across government to monitor and measure AOD related activity. This includes the development of, and reporting against, a set of whole of government performance indicators.

A *Quality Framework* for not-for-profit treatment and support services for the AOD sector was completed in 2003–04. The product includes a set of five performance expectations and support material, which encapsulates evidence-based and sector-defined best practice. The framework will also include a Complementary Aboriginal Quality Framework and Minimum Service Requirements for the WA Diversion Program.

A continuing priority of the WA police is the implementation of recommendations of the Gordon Inquiry, which focused on the actions of government agencies in relation to family violence and child abuse in Aboriginal Communities. These recommendations are consistent with the *National Drug Strategy Complementary Action Plan for Aboriginal and Torres Strait Islander People 2003–2006*. The major initiatives for the WA Police Service include the development of policy, workforce, a *Sly Grog Hotline* and strategic partnerships.

The government and WA Police have made significant progress towards establishing remote policing services in nine locations over a three-year period. This is at an initial capital cost of \$10 million and subsequent operating costs of \$3 million annually. Each multifunction police facility will enable multi agency use, housing the Department for Community Development and the Department of Justice in conjunction with other agencies and the local community. The first facility located in Kintore became operational in December 2003. Construction is underway in the remote communities of Warburton, Kalumburu, Docker River, and Balgo, which will result in a permanent police presence in these locations and will also ensure that all Aboriginal communities are within a 200 kilometre radius of police and government services.

## South Australia

South Australia (SA) Police is collaborating with the SA Attorney-General's Department and the Australian Institute of Criminology on the Drug Use Monitoring in Australia (DUMA) program as part of the national DUMA program. In SA, the program is being conducted at the Adelaide City Watch-house and the Elizabeth Police Station Cells. The Office of Crime Statistics produces quarterly reports summarising the SA DUMA data. These reports are disseminated throughout SA Police, the Attorney-General's Department and the Department of Health. They are also publicly available on the Office of Crime Statistics and Research website. Within SA Police the DUMA data are used to provide timely intelligence to personnel throughout the organisation on the relationship between drugs and violent and property crime and to monitor patterns of drug use.

During the year the SA Government continued to respond to recommendations from the 2002 Drugs Summit. The programs that have been implemented as part of that response continue to have a strong focus on early intervention and building individual, family and community resilience. They include:

- enhancement of the *Chemical Diversion Desk* to undertake strategic analyses of the amphetamine market that can be used to initiate investigations into illegal amphetamine production and distribution
- building of greater links and partnerships between police and Aboriginal communities by conducting an *Indigenous Drug Action Team* trial assessing the effectiveness of Community Constables working with Drug Action Team Coordinators and by encouraging Aboriginal communities to develop and participate in alcohol and other drug-related crime reduction strategies
- development of the *South Australian Drugs Strategy 2005–10*. The strategy is a key component of the government's response to drug misuse in SA and the government's commitment to social inclusion. It provides direction for action and identifies strategies for preventing drug misuse and harm. The Strategy has adopted a strong evidence-based approach that complements the new National Drug Strategy. It recognises that a broad range of social, economic, environmental and personal factors combine to influence the health and social wellbeing of individuals and communities
- production of the *Aboriginal Health—Everybody's Business: a South Australian substance misuse strategy for Aboriginal and Torres Strait Islander people 2004–09* through cross sector partnerships between the SA Health and Justice departments, Australian Government Department of Health and Ageing, the Drug and Alcohol Council of SA, the Aboriginal Health Council of SA, the Aboriginal Drug and Alcohol Council of SA and the Aboriginal and Torres Strait Islander Commission

- establishment of the *Young people and Amphetamines* project to enhance access to health services for young users of amphetamines to reduce harm arising from use of these drugs
- development of an overarching comorbidity policy to develop a programmatic response to the needs of individuals with coexisting mental health and drug and alcohol issues
- establishment of an Alcohol and Other Drugs Non Government Organisations Peak Body in SA, now known as the South Australian Network of Drug and Alcohol Services (SANDAS). A further one-off grant has been provided to SANDAS to assist in the running of a forum to discuss intervention options or strategies for working with amphetamine users.

The World Health Organisation (WHO) Collaborating Centre for Research in the Treatment of Drug and Alcohol Problems was established in 2003 by the Drug and Alcohol Services Council in partnership with the University of Adelaide as a WHO key coordinating centre for research and training in the Asia Pacific region. The Centre also supports the Cochrane Collaborative Review Group on Drugs and Alcohol.

## Tasmania

*Tasmania Together* continued to provide a long-term framework for both government and non government sectors to undertake action aimed at making Tasmania a more socially, economically and environmentally sustainable state. With priority benchmarks (clustered around ten key areas) that also address social determinants of health and linkages with local government *Partnership Agreements and Stronger Community Partnerships*, Tasmania increasingly sought to embed through 2003 a more integrated cross-sectoral model of health advancement, crime prevention and drug prevention.

In Tasmanian schools and their communities there was increasing awareness of the psychosocial and other environmental antecedents of problematic drug use among young people with the capacity of schools to respond to this awareness being further developed under the auspices of the *National School Drug Education Strategy*.

## Australian Capital Territory

The *ACT Government Drug Strategy* outlines broad directions and provides a basis for coordinated action by drawing together initiatives from health, education, law enforcement, community safety and the environment. ACT Policing meet regularly with the Territory Reference Group. The Territory Reference Group is charged with monitoring the progress of the diversion program in the ACT against the requirements of the *National Drug Strategic Plan*, the *ACT Drug Strategy* and the *COAG Illicit Drug Diversion Initiative*.

The Territory Reference Group also assists in ensuring a consistent whole-of-government approach to diversion services in the ACT by bringing together representatives from health policy and service delivery, education, policing and justice as well as the Australian Government Department of Health and Ageing and the Australian National Council on Drugs.

ACT Policing, through the Indigenous Community Liaison Officer Team, has developed several initiatives to support the Aboriginal and Torres Strait Islander Complementary Action Plan. They include:

- the *Buurraay Club*, targeting at-risk Aboriginal and Torres Strait Islander children attending ACT primary schools, to provide early intervention programs to reduce the risk of children involved in criminal activity
- the *Dhanyana Yerra Program*, targeting children displaying anti-social behaviour or behaviour which is bordering on criminal activity. A collaborative approach involving the ACT Indigenous Education Unit, ASCRA and RECLink aims to assist these children find assistance and support and strengthen their ties with police
- the *Mirrung Youth Network*, targeting at risk Aboriginal and Torres Strait Islander teenagers to establish ties within the Aboriginal and Torres Strait Islander community by providing education about existing programs, preventing crime, diverting individuals from the criminal justice system, recruiting indigenous workers, establishing a youth contact register and reducing their fear of police.

The *Drug Taskforce* continued to develop and make recommendations to government about minimising the harms associated with substance misuse and provided directions for the next ACT Drug Strategy. The Taskforce, comprising representatives from government, academia, the alcohol and other drug service sector, the medical profession, youth, women, consumer and carer representatives and indigenous representatives presented a draft Alcohol, Tobacco and other Drug Strategy to the ACT Government for consideration in December 2003. The Strategy has been approved and is expected to be released in August 2004 and the implementation of the priority action areas is currently underway.

## Northern Territory

A range of Northern Territory (NT) government and non government organisations continued work on joint initiatives to develop capacity and reduce and prevent harmful drug use. Initiatives included:

- dual diagnosis training by the NSW Institute of Psychiatry for AOD workforce in Alice Springs and Darwin
- development and delivery of accredited pharmacotherapy training for general practitioners to qualify as prescribers by the Top End Division of General Practice which received \$63,000 for this project
- expansion of the NT *Pre Court Illicit Drug Diversion Program* (increased training and introduction of the program in rural and remote areas of the NT).

Initiatives to develop responsive, cooperative and evidence-based activity included:

- the introduction of online drug seizure reporting
- the development of intelligence led policing procedures to include current human source management principles for the increased detection of clandestine laboratories
- the development of intelligence led interventions and prevention strategies directed at the identification and prosecution of those involved in the manufacture and distribution of ATS in the NT.

Two remote communities in the East Arnhem region received \$110,000 to establish new community patrols to assist in reducing the incidence of antisocial behaviour.

## **Appendix A. Key data sources**

There are a number of different data collections supported by a range of agencies, many directly supported through the National Drug Strategy. These collections provide a composite of behaviours, activities and outcomes related to drug use and its control across Australia. This appendix provides brief information on each of the key data sources used to inform this report.

### **Illicit Drug Data Report (IDDR)**

Australian Crime Commission

<[www.crimecommission.gov.au/html/pg\\_publications.html](http://www.crimecommission.gov.au/html/pg_publications.html)>

The Illicit Drug Data Report (IDDR) is the sixth in a series originally titled the Australian Illicit Drug Report. This report delivers information on law enforcement activity from the 2002–03 financial year. It is intended principally to inform police and law enforcement policy makers. Data are collected from police, customs, correctional services, forensic science laboratories, Directors of Public Prosecutions, drug and alcohol research institutes, and drug and alcohol treatment agencies at state and territory level. Data are collated to give national information on trends in illicit drug use in Australia.

Annual reports provide information on arrests by consumer/provider, sex, type of drug, age, seizures by number and quantity, customs detections, trends in trafficking methods, developments in countries where illicit drugs are cultivated and produced, detections of use and trafficking in prisons, and purity and prices by state/territory.

### **National Drug Strategy Household Survey (NDSHS)**

Australian Institute of Health and Welfare (1998-2001) <[www.aihw.gov.au](http://www.aihw.gov.au)>

The purpose of this collection is to monitor the public's experience of and attitude toward drug use.

National surveys were conducted in 1985, 1988, 1991, 1993, 1995, 1998, 2001 and 2004. A supplementary sample of urban Aboriginal and Torres Strait Islander Peoples was also included in 1994. Over 25,000 respondents participated in the 2001 collection providing information via personal interview, drop and collect questionnaire and telephone interview on a wide variety of drug related issues including alcohol and other drug related attitudes, awareness, knowledge and behaviours. For each drug, respondents were asked about their age of first use, place of use, where the drug was obtained, prevalence of use among friends, days lost from work or education because of drug use and health problems experienced. The results of the 2004 NDSHS will be available in 2005.

## **National Pharmacotherapy Statistics Annual Data**

Australian Government Department of Health and Ageing <[www.health.gov.au](http://www.health.gov.au)>

From 1986, states and territories have provided annual local data to the Department of Health and Ageing by financial year. It is collated and provided to the members of the Methadone and Other Treatment Subcommittee in November. Statistics are collected for both methadone and buprenorphine.

Information is collected on the number of clients registered with public and private prescribers and correctional institutions in each state or territory; and the number of clients collecting doses at pharmacies, public clinics, private clinics, correctional facilities or other facilities in each state or territory.

## **Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS)**

Australian Institute of Health and Welfare <[www.aihw.gov.au](http://www.aihw.gov.au)>

The purpose of this collection is to provide nationally consistent data from drug and alcohol treatment service providers. The 2000–01 financial year was the first (and pilot) year of collection. Client data are collected when they are initially registered with the service provider. Financial year data are forwarded annually to all state and territory health authorities who then forward it to the Australian Institute of Health and Welfare (AIHW) for collation and publication. Client names are not collected. However, each client is assigned a unique person identifier within a treatment agency, allowing non-identifiable unit record data to be collated.

Information is collected on geographic location, type of service provider, establishment identifier, client type, sex, date of birth, country of birth, Indigenous status, preferred language, commencement date, source of referral, principal drug of concern, method of use, other drugs of concern, and injecting drug use.

## Appendix B. References

- Australian Crime Commission (ACC) (2004). *Illicit Drug Data Report 2003–04 Key Findings*. Canberra: Australian Institute of Criminology (AIC).
- Australian Institute of Health and Welfare (AIHW) (2002). *2001 National Drug Strategy Household Survey: detailed findings*. AIHW cat. no. PHE 41. Drug Statistics Series No. 11. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) (2004). *Alcohol and other drug treatment services in Australia 2002-03: report on the national minimum data set*. AIHW cat. no. HSE 33. Drug Treatment Series 3. Canberra: AIHW
- Cancer Council NSW 'Increasing smoking in films, not in touch with reality' Media Release 30 October 2001.
- Chikritzhs, T, Catalano, P, Stockwell, T, Donath, S, Hgo, H, Young, D and Matthews, S (2003). *Australian Alcohol Indicators: patterns of alcohol use and harms for Australian States and Territories 1990-2001*, Perth: National Drug Research Institute and Turning Point Alcohol and Drug Centre Inc.
- Degenhardt, L, Roxburgh, A, and Black, E (2004). *2003 Australian Bureau of Statistics data on accidental opioid induced deaths*. Sydney: National Drug and Alcohol Research Centre.
- Department of Health and Ageing (DoHA) (2003). *Alcohol and Young People (up to 18 years), Factsheet Category 1*, Available <http://www.health.gov.au/pubhith/publicat/document/alcfs10.pdf> (February 2004)
- SuccessWorks Pty Ltd (2003). *Evaluation of the National Drug Strategic Framework 1998–99 to 2003–04*. Canberra: Australian Government Department of Health and Ageing.
- The Cancer Council (2002). *Smoking and Tobacco Resources: reeling them in—smoking in film*. Available <http://www.cancercouncil.com.au/editorial.asp?pageid=717>
- The Cancer Council (2003). *Fight Smoking in Movies: What do these films have in common?* Available <http://www.cancercouncil.com.au/editorial.asp?pageid=1070&fromsearch=yes>
- The National Drug Research Institute (NDRI) and the Centre for Adolescent Health (2004). *The prevention of substance use, risk and harm in Australia: a review of the evidence*. Canberra: Australian Government Department of Health and Aging.
- World Health Organization (WHO) (2002). *Smoking Statistics – Factsheet*.



## Appendix C. List of acronyms

<b>ACC</b>	Australian Crime Commission
<b>AFP</b>	Australian Federal Police
<b>AIDS</b>	acquired immune deficiency syndrome
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>AOD</b>	alcohol and other drugs
<b>AODTS NMDS</b>	Alcohol and Other Drug Treatment Services National Minimum Data Set
<b>ANCD</b>	Australian National Council on Drugs
<b>APAC</b>	Australian Pharmaceutical Advisory Council
<b>ATS</b>	amphetamine-type substances
<b>BBV</b>	blood-borne virus
<b>CIN</b>	cannabis infringement notice
<b>COAG</b>	Council of Australian Governments
<b>CSFM</b>	(MCDS) cost-shared funding model
<b>DHEA</b>	dehydroepiandrosterone
<b>DoHA</b>	(Australian Government) Department of Health and Ageing
<b>DUCO</b>	Drug Use Careers of Offenders
<b>DUMA</b>	Drug Use Monitoring in Australia
<b>FCTC</b>	Framework Convention on Tobacco Control
<b>GHB</b>	gamma hydroxybutrate
<b>HCV</b>	hepatitis C virus
<b>HIV</b>	human immunodeficiency virus
<b>IDRS</b>	Illicit Drug Reporting System
<b>IGCD</b>	Intergovernmental Committee on Drugs
<b>IMP</b>	intentional misuse of pharmaceutical drugs (APAC sub-committee on)
<b>MCATSIA</b>	Ministerial Council on Aboriginal and Torres Strait Islander Affairs
<b>MCDS</b>	Ministerial Council on Drugs
<b>MDMA</b>	methylenedioxymethamphetamine ('ecstasy')
<b>MECC</b>	Monitoring and Evaluation Coordination Committee
<b>MOU</b>	Memorandum of Understanding
<b>NACSDE</b>	National Advisory Council on School Drug Education
<b>NCRAA</b>	National Committee for the Review of Alcohol Advertising

<b>NCETA</b>	National Centre for Education and Training in Addiction
<b>NDARC</b>	National Drug and Alcohol Research Centre
<b>NDLERF</b>	National Drug Law Enforcement Research Fund
<b>NDRI</b>	National Drug Research Institute
<b>NDS</b>	National Drug Strategy
<b>NDSHS</b>	National Drug Strategy Household Survey
<b>NEAC</b>	National Expert Advisory Committee
<b>NEACA</b>	National Expert Advisory Committee on Alcohol
<b>NEACID</b>	National Expert Advisory Committee on Illicit Drugs
<b>NEACT</b>	National Expert Advisory Committee on Tobacco
<b>NSDES</b>	National School Drug Education Strategy
<b>OSTP</b>	Opioid Substitution Therapy Program
<b>PIED</b>	performance and image-enhancing drug
<b>WHO</b>	World Health Organization