



Intergovernmental Committee on Drugs
National Drug Strategy 2004–2009
2007–2008 Annual Report to the Ministerial
Council on Drug Strategy

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Intergovernmental Committee on Drugs
National Drug Strategy 2004–2009
2007–2008 Annual Report to the Ministerial
Council on Drug Strategy

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Dear Ministers

On behalf of the Intergovernmental Committee on Drugs, I am pleased to present for your information, the IGCD National Drug Strategy 2004–2009 Annual Report July 2007–June 2008.

This report demonstrates the extent to which the National Drug Strategy supports a range of local activities within the context of a comprehensive, innovative and balanced national policy approach.

I would like to thank all contributors for providing comprehensive information on activities undertaken by health, law enforcement, and education in each jurisdiction to reduce the detrimental effects of licit and illicit drug use nationally.

Yours sincerely



Frank Hansen APM
Chair
Intergovernmental Committee on Drugs

27 October 2009

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P r e f a c e

Purpose of this Report

This is the ninth annual report on progress of Australian, state and territory governments under the *National Drug Strategy 2004–2009* (NDS). The Intergovernmental Committee on Drugs (IGCD) is required to provide the Ministerial Council on Drug Strategy (MCDS) with an annual monitoring report on the implementation of the NDS.

The report provides an overview of the activities undertaken by all jurisdictions over the period 1 July 2007 to 30 June 2008. The report presents a broad national view of the key drug-related issues affecting Australia with a particular focus on the interventions undertaken by government agencies to reduce the supply, demand and harms associated with drug use across sectors.

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

Report Structure

The IGCD 2007–08 Annual Report is presented in seven parts that includes:

- IGCD Executive review
- an overview of the NDS, including its mission and objectives
- key trends and issues that have emerged during the reporting period
- key themes of prevention, treatment, comorbidity, drugs and crime and drug use in pregnancy
- the work undertaken by the IGCD
- jurisdictional achievements against the eight NDS Priorities
- a reference section, comprising a list of acronyms and further details on the key resources used to inform the report.

Readers

This report was distributed to the MCDS in November 2009. 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 from National Mail and Marketing on

(02) 6269 1000 or via the NDS website
<http://www.nationaldrugstrategy.gov.au>.

Contact Information

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Cancer Council, Victoria

National Centre for Education and Training in Addiction

National Drug and Alcohol Research Centre

National Drug Law Enforcement Research Fund

National Drug Research Institute

Northern Territory Health Services

Northern Territory Police

NSW Health

NSW Police

Queensland Health

Queensland Police

South Australia Department of Health

South Australia Police

Tasmanian Department of Health & Human Services

Tasmanian Police

Victorian Department of Human Services

Victorian Police

Western Australia Health

Western Australia Police

1. Executive Summary

Background

The Intergovernmental Committee on Drugs (IGCD) is required to provide a report of activities undertaken by jurisdictions to the Ministerial Council on Drugs (MCDS) annually.

The report illustrates the substantial achievements against the priority areas of the *National Drug Strategy 2004–2009* (NDS) during the reporting period of July 2007 to June 2008.

Key Trends

The prevalence of tobacco smoking has continued to decline within the reporting period. Australia is viewed as an international leader due to the comprehensive approach to tobacco control and the restrictions on smoking which are amongst the most stringent in the world.

Alcohol continued to be a significant contributor to public disorder, violence and crime and Australians sought treatment for alcohol abuse more frequently than for any other licit or illicit drug. Illicit drugs continue to have significant health, economic and social costs for individuals, families and the community as a whole.

Achievements of the Committee

The IGCD continued to tighten the focus on prevention at both national and jurisdictional levels by establishing or continuing a number of time-limited, topic-specific working groups. There were eight active working groups during the reporting period that addressed drug, alcohol and tobacco issues.

Highlights from the 2007–08 period include:

- launch of National Cannabis Prevention and Information Centre
- completion of the National Amphetamine-Type Stimulants Strategy
- implementation of the National Binge Drinking Strategy
- continuation of the Monitoring of Alcohol Advertising Committee
- continuation of the National Indigenous Alcohol and Drug Train the Trainer Program
- national expansion of Hospitality First Responder Training

- development of Australian Alcohol Aetiological Fractions for Emergency Department Presentations
- development of the National Police Training Program
- re-establishment of the Illicit Drug and Alcohol Monitoring Group
- MCDS report to COAG on an options paper to reduce binge drinking
- significant progression with work on Fetal Alcohol Spectrum Disorder.

Jurisdictional Achievements

Commitment across all jurisdictions has contributed to significant achievements during the reporting period to build and maintain partnerships across Australia and internationally.

A range of initiatives to reduce drug use and related harms were progressed for individuals and communities. The Australian Government funded the National Binge Drinking Strategy, from which a range of community-level initiatives were implemented to confront the culture of binge drinking.

To improve the treatment outcomes for individuals with mental health disorders and substance abuse issues, funding was provided to undertake a range of service improvements to enhance coordination across mental health services and drug treatment services.

Law enforcement officials are educating police and community groups and initiated greater controls on precursor chemicals through initiatives to identify risks and manage substance abuse. A number of jurisdictions also introduced new or amended legislation to combat the misuse and supply of drugs.

At the jurisdictional level, numerous community-based projects were implemented, primarily to reduce crime, violence and anti-social behaviour associated with drug and alcohol use.

The Australian Government continued its core funding to three National Research Centres to continue research into a variety of drug-related issues. The National Drug Law Enforcement Research Fund also received funding for ongoing research to prevent and reduce the harmful effects of licit and illicit drug use in Australian society.

Continued support was provided to the Council of Australian Governments, Illicit Drug Diversion Initiative to support measures to increase accessibility relating to Needle and Syringe Programs.

Indigenous-specific initiatives were progressed through the National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2009.

Conclusion

The report illustrates that the IGCD continued to operate in a coordinated and integrated manner, working across all levels of governments, the non-government sector and other relevant sectors in providing strategic direction for a range of initiatives, consistent with the National Drug Strategy 2004–2009.

2 . Overview

2.1 The National Drug Strategy 2004–2009 (NDS)

The National Drug Strategy 2004–2009 (NDS) provides a framework for a coordinated and integrated approach to drug issues in the Australian community. The Ministerial Council on Drug Strategy (MCDS) has responsibility for the implementation of the NDS. The NDS is complemented, supported and integrated with a range of national, state and territory government and non-government strategies, plans and initiatives.

The mission of the NDS is *'to improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in Australian society'* (MCDS, 2004a, p. 1).

The challenge for all levels of government, the community and non-government organisations (NGOs) is to work together on these objectives 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.

2.2 Priority Areas

Eight priorities were identified by the MCDS as specific areas for future action within the NDS including:

1. prevention
2. reduction of supply
3. reduction of drug use and related harms
4. improved access to quality treatment
5. development of the workforce, organisations and systems
6. strengthened partnerships
7. implementation of the National Drug Strategy
Aboriginal and Torres Strait Islander People's
Complementary Action Plan 2003–2009
8. identification and response to emerging trends.

2.3 Advisory Structures to the NDS

The advisory structure to the NDS consists of:

- the MCDS – the peak policy and decision-making body for licit and illicit drug strategy in Australia and comprises Australian Government, state and territory ministers responsible for health and law enforcement, and the Australian Government Minister responsible for education
- the IGCD – the principal advisory body to the MCDS. It is responsible for implementing national drug policies and programs in accordance with the NDS and 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
- time-limited MCDS and IGCD Working Groups which provide advice to the MCDS and the IGCD on specific issues.

Secretariat support to the MCDS and the IGCD is provided through the Secretariat and Coordination Unit located within the Drug Strategy Branch of the Australian Government Department of Health and Ageing (DoHA).

National Drug Strategy Relationship

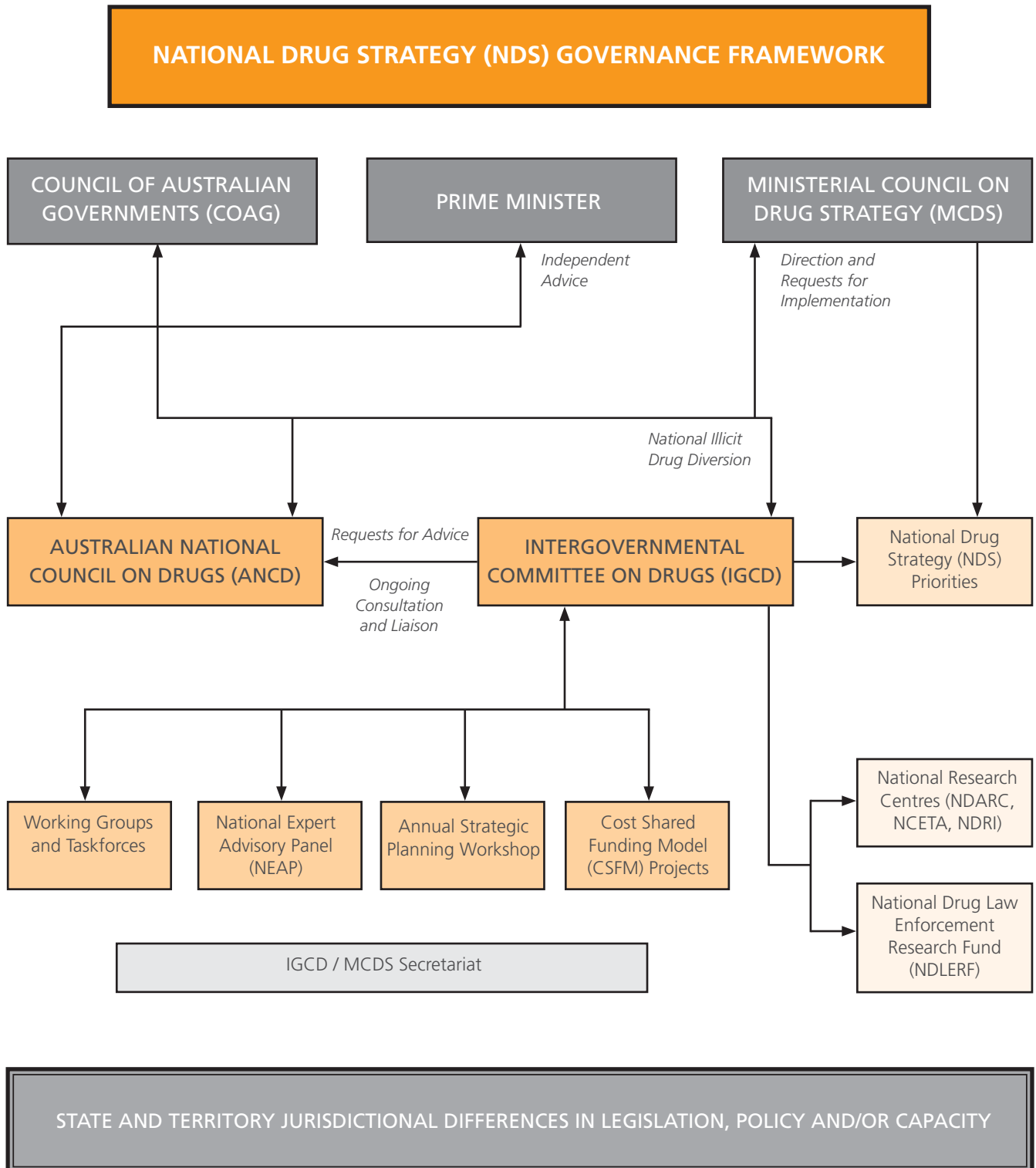


Figure 1 – The advisory structures supporting the NDS and their relationships.

3 . Key Trends

The 2007 National Drug Strategy Household Survey (NDSHS) was conducted between July and November 2007. This was the ninth survey in a series which commenced in 1985, and was the fourth to be managed by the Australian Institute of Health and Welfare (AIHW). Almost 25,000 Australians aged twelve years or older participated in the survey, in which they were asked about their knowledge of and attitudes towards drugs, their drug consumption histories, and related behaviours.

To gauge and monitor national licit and illicit drug abuse trends and key themes, the IGCD utilises a number of data series, including the National Drug Strategy Household Survey (NDSHS), the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS) and the National Opioid Pharmacotherapy Statistics Annual data (NOPSAD) collection.

To ensure that a broad picture of current licit and illicit drug abuse in Australia is depicted, this section provides a snapshot of information available in 2007–2008. A list of data sources used to compile this section is outlined in Appendix A.

3.1 Licit Drugs

3.1.1 Tobacco

Tobacco smoking contributes to more drug-related hospitalisations and deaths than alcohol and illicit drug use combined. It is a major risk factor for coronary heart disease, stroke, peripheral vascular disease, cancer and a variety of other diseases and conditions. It is estimated that the net annual social cost of tobacco use to the Australian community is \$31.5 billion (Collins & Lapsley, 2008). As a result, the Australian Government has implemented a range of strategies to discourage people from taking up smoking and to encourage those people who already smoke to stop.

Australia continues to make inroads into smoking prevalence and is an international leader in tobacco control. Australia's restrictions on smoking are amongst the strongest in the world and are part of a comprehensive approach to tobacco control. From 1995 to 2007, the proportion of people smoking daily in Australia has fallen from 23.8 per cent to 16.6 per cent (AIHW, 2008). Over the last decade the number of daily smokers in Australia has fallen by more than half a million.

During 2007–2008, Australian, state and territory governments continued to provide progress reports on the implementation of the National Tobacco Strategy 2004–2009 (MCDS, 2004b).

A new system of graphic health warnings for tobacco product packaging took full effect from 1 March 2006. In November 2007, Elliott and Shanahan Research were commissioned to conduct an evaluation of the effectiveness of the graphic health warnings on tobacco product packaging. The evaluation will provide valuable information on their effectiveness, their impact on smoking behaviour, attitudes, knowledge and intentions and will guide future direction for health warnings on tobacco product packaging.

Australia continues to be an active Party to the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). Australia is involved in a number of working groups established by the WHO FCTC Conference of the Parties (COP) to develop protocols and guidelines that aim to assist Parties, particularly those in developing countries, or countries with economies in transition, to meet their obligations under the FCTC. In particular Australia is the Lead Key Facilitator for the development of guidelines relating to Article 11 'Packaging and labelling of tobacco products'. As part of this responsibility, Australia developed the background paper for discussion at the first Working Group meeting held in Manila during November 2007. Australia is also a partner for the development of guidelines relating to Article 13 'Tobacco advertising, promotion and sponsorship' and Articles 9 and 10 'Product regulation' and 'Regulation of tobacco product disclosures'.

Australia has also participated in two meetings of the Intergovernmental Negotiating Body (INB), established by the COP, to draft and negotiate a protocol on illicit trade in tobacco products. The first meeting of the INB was held on 11–16 February 2008 and the second meeting is scheduled to be held on 20–25 October 2008.

2007 National Drug Strategy Household Survey (NDSHS)

The 2007 NDSHS was conducted between July and November 2007. This was the ninth survey in a series which commenced in 1985, and was the fourth to be managed by the Australian Institute of Health and Welfare. Almost

25,000 Australians aged twelve years or older participated in the survey, in which they were asked about their knowledge of and attitudes towards drugs, their drug consumption histories, and related behaviours.

The key findings of the survey reveal:

- Nearly half (44.6 per cent) of Australians aged fourteen years or older had smoked 100 or more cigarettes or the equivalent amount of tobacco at some time in their lives, but less than one in five (19.4 per cent) had smoked in the last twelve months. The proportion of the population aged fourteen years or older who smoked daily declined by nearly one percentage point between 2004 and 2007, from 17.4 per cent to 16.6 per cent. However, the average age at which smokers took up tobacco remained stable at a little less than sixteen years (AIHW, 2008).
- Tobacco was thought to be associated with a drug 'problem' by 2.6 per cent of Australians aged fourteen years or older and 14.3 per cent approved the regular use of tobacco by adults; a further 22.5 per cent neither approved or disapproved. Tobacco was the second most accessible drug: one in every two Australians aged fourteen years or older (49.2 per cent) was offered or had the opportunity to use tobacco in the last twelve months (AIHW, 2008).
- Daily smokers were more likely than other recent smokers or non-smokers to report high or very high levels of psychological distress (AIHW, 2008).

Smoking and Pregnancy Budget Measure

Smoking during pregnancy has been shown to be strongly associated with poor perinatal outcomes such as low birth weight, preterm birth, small-for-gestational age babies and perinatal death (Laws, Grayson & Sullivan, 2006).

As part of the smoking and pregnancy initiative, in 2007 the Department of Health & Ageing funded the National Smoke-Free Pregnancy Project to help women stop smoking during and after pregnancy. The project was designed to establish effective, sustainable and realistic tobacco interventions for pregnant women who smoke, by training midwives in public birthing services throughout Australia in brief intervention techniques. The brief intervention is based on the internationally recognised 5As (Ask, Advise, Assess,

Assist/arrange, Ask Again) framework for brief intervention and includes education about the availability of the Quitline services and faxed referrals to these services to support behaviour change. The Smoke-Free Pregnancy Assessment and Intervention Form (SFA&IF) is used to prompt and record the smoking and pregnancy brief intervention with the pregnant woman and her partner. The SFA&IF is then incorporated into the woman's medical records.¹

3.1.2 Alcohol

Nine out of every ten Australians aged fourteen years or older (89.9 per cent) had tried alcohol at some time in their lives and 82.9 per cent had consumed alcohol in the twelve months preceding the 2007 survey. The proportion of the population drinking daily fell significantly (from 8.9 per cent to 8.1 per cent) between 2004 and 2007 whereas the average age at which people had their first full serve of alcohol (17 years of age) remained stable. The proportion of teenagers drinking at least weekly was around 22 per cent (AIHW 2008).

One in eight people (12.1 per cent) admitted to driving a motor vehicle and one in seventeen (5.7 per cent) admitted to verbally abusing someone while under the influence of alcohol. One-quarter (25.4 per cent) of Australians aged fourteen years or older had been verbally abused and 4.5 per cent had been physically abused by someone under the influence of alcohol (AIHW 2008).

Alcohol was thought to be associated with a drug 'problem' by one in ten Australians (10.5 per cent) aged fourteen years or older, whereas 45.2 per cent approved (and a further 33.8 per cent did not oppose) the regular use of alcohol by adults. Alcohol was the most accessible drug: nine in ten Australians aged fourteen years or older (89.3 per cent) were offered or had the opportunity to use alcohol in the last twelve months (AIHW 2008).

High-risk and risky drinkers were more likely than low-risk drinkers or abstainers to experience high or very high levels of psychological distress.

The IGCD developed the National Alcohol Strategy 2006–2009 (NAS) as part of the ongoing Australia-wide response aimed at reducing the harmful consequences of alcohol use

¹ The Smoke-Free Pregnancy Assessment and Intervention Form is used as part of the National Smoke-Free Pregnancy Project as a record of the brief intervention.

for individuals, families and communities, and is one of the key elements of the NDS. The NAS identifies the following four priority areas:

- intoxication
- public safety and amenity
- health impacts
- cultural place and availability.

In May 2007, the MCDS endorsed five priority areas for focused activity under the NAS:

- increasing community awareness and understanding of the extent and impacts of intoxication
- improving the enforcement of liquor licensing regulations
- supporting whole-of-community initiatives to reduce alcohol-related health problems
- monitoring and review of alcohol promotions
- developing and implement social marketing campaigns to reduce alcohol-related harms.

In May 2006 the MCDS accepted the draft report, 'National Policy and Liquor Regulation', from the IGCD Working Group on National Competition Policy (NCP). In 2008 the Working Group agreed to undertake a feasibility study to consider and report on the feasibility of:

- collating, analysing and interpreting liquor licensing legislation and related issues from all jurisdictions; and to review this legislation in order to examine the impact of the NCP
- introducing restrictions to limit the number of alcohol retailers
- developing a model of alcohol-related harms and/or consumption rates
- evaluating the changes in the nature and extent of alcohol-related harm with the NCP.

The NCP working Group is due to report to the IGCD in September 2009.

At the request of the IGCD, the IGCD Working Party on Fetal Alcohol Spectrum Disorder (FASD) was established in January 2006 to:

- advise on developments in Australia and overseas in regard to FASD

- identify best practice approaches to reduce the incidence of FASD, particularly in Indigenous communities.

A key focus of the Working Group's activities during 2007–2008 has been providing input into the review of the NHMRC Australian Alcohol Guidelines. The Working Group has also progressed the draft FASD monograph.

The IGCD approved the Cost Shared Funding Model Project proposal to develop the Australian Alcohol Aetiological Fractions for Emergency Department Presentations. The project was endorsed by the MCDS in May 2008.

The use of aetiological fractions (AFs) entails the application of a numerical 'fraction' to official records of hospitalisations or deaths in order to quantify the number of alcohol-related deaths and episodes requiring medical intervention. Development of these AFs will support:

- demonstrating and quantifying the contribution of alcohol to the overall burden of harm being managed by emergency services and within emergency departments
- improving resource allocation by health authorities. Better understanding of the drivers of activity will support rational resource allocation and funding bids to support activities that prevent and reduce alcohol-related harm which is the cause of presentations to emergency departments
- establishing the high risk times of the day and week and the contribution of high risk events
- identifying relative hot spots within jurisdictions and regions
- monitoring trends in alcohol-related harms
- more informed liquor licensing decisions regarding current levels of alcohol-attributable burden when reviewing new and existing liquor licenses
- the evaluation of interventions, aimed at decreasing alcohol-related problems, by police, liquor licensing authorities and health.

In 2007–2008 the Working Group on the Secondary Supply of Alcohol continued to develop a document based on reviews of legislation and available literature relating to the secondary supply of alcohol to minors. The project is funded under the MCDS cost shared funding model. The

project objectives are to examine how legislation varies across jurisdictions in regard to adult (in particular, parental) supply of alcohol to minors, in order to determine whether it is possible to take a nationally consistent approach to addressing the issue.

The IGCD Monitoring of Alcohol Advertising Committee (MAAC) continued to monitor alcohol advertising and the self-regulatory system for alcohol advertising. The MAAC work program for 1 January 2008 to 30 June 2008 included ongoing monitoring of alcohol advertisements and complaint adjudications. The MAAC commissioned a research report on industry expenditure on advertising in the mainstream media and the exposure of young people to alcohol advertising on television. The report will be provided to the MCDS. The work of the MAAC supports the MCDS in its deliberations about alcohol advertising.

At its meeting on 26 March 2008, the Council of Australian Governments (COAG) agreed to ask the MCDS to develop options to reduce binge drinking. Options for consideration include:

- curbing the secondary supply of alcohol to teenagers
- responsible service of alcohol
- tightened operating hours for licensed venues
- standardising the alcohol content of ready-to-drink alcohol beverages.

COAG also asked the Australia and New Zealand Food Regulation Ministerial Council to request Food Standards Australia New Zealand to consider mandatory health warnings on packaged alcohol.

At the MCDS meeting of 23 May 2008 all jurisdictions agreed on the urgency of the need to tackle alcohol abuse, and on the need for a national approach aimed at reducing the incidence of alcohol-related violence and the impact of alcohol abuse on individuals, the community, and the health system. It was agreed that this national approach would build on the significant work already being done by all governments, and the contribution of police commissioners.

A key outcome was the agreement to assess late night lock-outs for licensed premises based on analysis across the nation of existing and trial lockouts to recommend a preferred framework. This framework will be used to more effectively target police resources to binge drinking hot spots.

Ministers agreed to develop a report to the COAG which will focus on:

- a national policy framework for responsible service of alcohol
- a preferred regulatory model to address secondary supply of alcohol to minors
- options for reducing alcohol content in products including those aimed at young people
- possible standards and controls for alcohol advertising targeting young people
- advice regarding the impact of health warnings on drinking behaviours.

As part of the process, an Alcohol Forum was led by ministers in June 2008, and involved government health and law enforcement officers.

The MCDS will provide its report to the COAG in 2009.

Australian Secondary Students' Alcohol and Drug (ASSAD) Survey

Since 1999, the Australian Secondary Students' Alcohol and Drug (ASSAD) Survey reported that the percentage of respondents to the question on no lifetime drinking has risen. The proportion reporting no drinking in the past week has also risen in the twelve to fifteen year old age group. Results from the youngest age group in the National Drug Strategy Household Survey (NDSHS) exhibit the same trend.

Table 1: Percentage of respondents reporting no lifetime alcohol consumption, 1999 2005

Age and sex	1999	2002	2005
Males 12 15 (ASSAD)	12	12	17
Females 12 15 (ASSAD)	15	16	19
Males 16 17 (ASSAD)	15	16	15
Females 16 17 (ASSAD)	16	16	16

White, V., & Hayman, J. (2006) *Australian Secondary School Students' use of over-the-counter and Illicit Substances in 2005* Canberra, Drug Strategy Branch, Australian Government Department of Health and Ageing.

Table 2: Percentage of respondents classified as current drinkers drinking above the 2001 NH&MRC recommended limits per day, 1999 2005

Age and sex	1999	2002	2005
Males 12 15 (ASSAD)	14	16	20
Females 12 15 (ASSAD)	17	21	23
Males 16 17 (ASSAD)	43	41	43
Females 16 17 (ASSAD)	41	42	42

White, V., & Hayman, J. (2006) *Australian Secondary School Students' use of over-the-counter and Illicit Substances in 2005* Canberra, Drug Strategy Branch, Australian Government Department of Health and Ageing.

3.2 Illicit Drugs

Illicit drugs include illegal drugs (e.g. cannabis, heroin and ecstasy), prescription medicines (e.g. painkillers and tranquillisers) when used for non-medical purposes and other substances used inappropriately (e.g. glue and petrol as inhalants). The cost of illicit drug abuse to Australian society was estimated to be \$8.2 billion in 2004–2005 (Collins & Lapsley, 2008).

According to the NDSHS 2004, the use of any illicit drugs in the previous twelve months was 15.3 per cent of the population aged fourteen years and over. The 12 15 years age group were less likely to use any illicit drug compared with those in all other age groups between 16 and 39 years. The most common illicit drug used was marijuana/cannabis, with one in three persons having used it at least once in their lifetime and 11.3 per cent using it in the previous twelve months (AIHW, 2005a).

According to the *2004–05 Illicit Drug Data Report* (ACC, 2006):

- More than 13.6 tonnes of illicit drugs were seized by Australian law enforcement officials in more than 54,000 seizures, while more than 77,300 people were arrested for drug offences.
- Almost two in every five Australians (38.1 per cent), aged fourteen years or older, had used an illicit drug at some time in their lives and more than one in seven (13.4 per cent) had used illicit drugs in the previous twelve months.

- The most commonly-reported illicit drug used in the previous twelve months was marijuana/cannabis (9.1 per cent of people aged fourteen years or older), followed by ecstasy (3.5 per cent), painkillers/analgesics used for non-medical purposes (2.5 per cent) and meth/amphetamine (which includes 'ice') (2.3 per cent).

Between 2004 and 2007, there was a significant fall in the proportion of the population aged fourteen years or older who had used an illicit drug in the past 12 months, from 15.3 per cent to 13.4 per cent. Recent marijuana/cannabis use, in particular, had dropped significantly between 2004 and 2007, from 11.3 per cent to 9.1 per cent. Recent use also declined for meth/amphetamine but increased for cocaine (ACC, 2006).

The average age at which new users first tried illicit drugs remained close to 19 years of age.

The most accessible illicit drugs were marijuana/cannabis and painkillers/analgesics 17.1 per cent and 15.4 per cent of the population respectively were offered or had the opportunity to use these drugs for non-medical purposes, in the previous 12 months (ACC, 2006).

Driving a motor vehicle while under the influence of illicit drugs was reported by 2.9 per cent of Australians aged fourteen years or older. One in nine persons (11.0 per cent) was verbally abused and one in fifty (2.0 per cent) was physically abused by someone affected by illicit drugs (ACC, 2006).

Not quite nine in every ten Australians aged fourteen years or older (85.2 per cent) primarily associated an illicit drug with a drug 'problem', which was largely unchanged between 2004 and 2007. By contrast, the proportion of those who associated meth/amphetamine with a problem trebled between 2004 and 2007 from 5.5 per cent to 16.4 per cent. Together, the perception of marijuana/cannabis and heroin as 'problem' drugs declined by a similar amount. The proportion of Australians approving the regular use of illicit drugs was generally low. However, more than one in five either approved or 'neither approved nor disapproved' (6.6 per cent and 16.6 per cent respectively) the regular use of marijuana/cannabis by adults. Similar proportions approved (10.4 per cent) or 'neither approved nor disapproved' (13.3 per cent) the illicit use of painkillers/analgesics (ACC, 2006).

Of Australians aged eighteen years or older, more than one in five persons (20.2 per cent) who used an illicit drug in the previous month reported high or very high levels of psychological distress; more than twice the proportion (8.7 per cent) of those who had not used an illicit drug in the same period (ACC, 2006).

The National Psychostimulants Initiative

The National Psychostimulants Initiative (NPI) provides \$11.3 million in funding until 2011 2012 to undertake research to develop the drug and alcohol workforce, disseminate evidence-based information to help reduce the impact of psychostimulant drugs in Australia, and educate young Australians about the risks and harms associated with psychostimulant drug use, including ice.

A range of activities have been undertaken under the NPI, including:

- identification and dissemination of good practice models and approaches for the treatment of psychostimulant use
- exploring effective treatments for these drugs
- strengthening the capacity of the frontline workers to deal with people using psychostimulants.

3.2.1 Cannabis

After alcohol and tobacco, cannabis is the most frequently used psychoactive drug in Australia. One in three (5.8 million) Australians aged fourteen years and older has used cannabis in their lifetime (AIHW, 2008).

Cannabis use among Aboriginal and Torres Strait Islander peoples is greater than among the general population. Research suggests that cannabis use has increased strikingly in recent years among Aboriginal and Torres Strait Islander peoples living in remote communities.

The IGCD has developed the National Cannabis Strategy 2006–2009 (MCDS, 2006a) to focus on the health, psychological, legal and public health issues associated with cannabis use. The National Cannabis Strategy (NCS) was informed by existing knowledge and research, and a comprehensive national consultation process.

The NCS identifies the following four priority areas:

- community understanding of cannabis
- preventing the use of cannabis
- preventing problems associated with cannabis
- responding to problems associated with cannabis.

The NCS includes a set of responses under each priority area, which encompass strategies for supply, demand and harm reduction.

The MCDS asked the IGCD to report annually on progress under the NCS against the following national reporting areas:

- providing information on the harms associated with cannabis use
- reducing the availability of cannabis in Australia
- developing and promoting the use of strategies for prevention of cannabis problems among those individuals who are likely to make the transition from occasional to heavy cannabis use
- recognising and building on the success of the Illicit Drug Diversion Initiative, as a means to link suitable offenders to health services, provide early intervention to reduce use, and prevent the adverse life impacts associated with having a criminal record for minor cannabis offences
- developing capacity in the health sector to address cannabis problems.

3.2.2 Amphetamine-Type Stimulants

The term amphetamine-type stimulants (ATS) refer to a group of psychostimulant drugs that are related to the parent compound amphetamine. This includes amphetamine sulphate ('speed'), amphetamine hydrochloride, methamphetamines ('meth,' 'crystal meth,' 'ice,' and 'base') and phenethylamines. Phenethylamines include methylenedioxyamphetamine (MDMA), commonly referred to as 'ecstasy', and methylenedioxyamphetamine (MDA) which are discussed in more depth in Section 3.2.3.

After cannabis, ATS are the second most commonly used illicit drugs in Australia (Darke, Kay & Topp, 2002). The 2004 NDSHS reports 9.1 per cent of the general population aged 14 years or older had tried methamphetamine and 3.2 per cent had used the drug in the previous twelve months. Lifetime use of ecstasy was lower, reported by 7.5 per cent

of the population, while recent use was comparable to methamphetamine, at 3.4 per cent. These figures translate to approximately 1.5 million Australians having used methamphetamine at some time in their life and 1.2 million Australians having used ecstasy at some time in their life (AIHW, 2005a).

Problems with the use of ATS are reflected in the total number of hospital bed-days for amphetamine-induced psychosis, which rose from 5679 in 1999–2000 to 8068 in 2003–2004 (Degenhardt et al., 2007). In 2004–2005 there were almost 15,000 recorded drug treatment episodes for amphetamine or methamphetamine (AIHW, 2006). Among those aged 15 to 54 years, there was a total of 75 ‘drug induced’ deaths in 2004 for which methamphetamine was mentioned (Degenhardt et al., 2006). This represents an increase from fifty methamphetamine-related deaths in 2003, a rate increase from 4.4 per to 6.6 per million persons.

The Australian Institute of Criminology (AIC) has confirmed that increased demand and use of ATS has been identified as a particular concern and challenge for law enforcement (AIC, 2005). The production and use of ATS pose significant health risks to users, illicit manufacturers, the general community and first responders attending clandestine laboratories. Further information on clandestine laboratories is provided in Section 4.4.1.

On 23 May 2008, MCDS endorsed the National Amphetamine-Type Stimulant Strategy 2008–2011 for public release (MCDS, 2008).

3.2.3 Ecstasy and Related Drugs

Phenethylamines include methylenedioxymethamphetamine (MDMA), commonly referred to as ‘ecstasy’, and methylenedioxyamphetamine (MDA).

Ecstasy is the street term for a number of stimulants or synthetic drugs that are similar in structure to methylenedioxyamphetamine (MDA). This includes drugs that are routinely used recreationally as part of a particular youth culture centred on dance parties, raves, nightclubs, pubs and music festivals. Other drugs within this category include methamphetamine, cocaine, lysergic acid diethylamide (LSD), ketamine and gamma-hydroxy butyrate (GHB). GHB is also known by a range of street terms including fantasy, grievous bodily harm and liquid ecstasy.

Demand for MDMA in Australia continues to increase and is not restricted to the dance party scene. The majority of MDMA available in Australia is imported; however, recent seizures of clandestine drug laboratories indicate locally produced MDMA is available and production is increasing.

Efforts to produce MDMA in Australia are likely to increase. While there are a number of alternative MDMA precursors and manufacturing methods available, law enforcement officials have worked to successfully put in place greater controls on precursor chemicals, in addition to focusing effort on regulating machinery/apparatus used during ecstasy manufacture, such as pill presses.

Customs detections of MDMA have increased significantly in the past decade both in terms of weight and number of detections. In 2006 2007 Customs made 113 detections, with a total weight of 812 kg.

The Ecstasy and Related Drugs Reporting System (formerly the Party Drug Initiative) which monitors the price, purity and availability of ecstasy (MDMA) and other related drugs such as methamphetamine, cocaine, GHB, LSD, MDA and ketamine, was funded in 2007–2008 by the National Psychostimulants Initiative. Use and harms trends are examined to identify emerging trends in illicit drugs. The NDSHS 2007 collection (AIHW, 2008) found that:

- The median age of first use of ecstasy was 18 years.
- Of the 741 people surveyed, poly-drug use was common among ecstasy users with 81 per cent using alcohol, 61 per cent tobacco, 46 per cent cannabis and 28 per cent speed.
- Lifetime use of related drugs that had decreased over the survey period were: base from 53 per cent in 2004 to 45 per cent in 2007; ice from 63 per cent in 2003 to 54 per cent in 2007; and LSD from 65 per cent in 2003 to 61 per cent in 2007.
- Lifetime use of related drugs that had a slight decrease over the survey period were: ketamine from 40 per cent in 2003 to 39 per cent in 2007; and GHB from 22 per cent in 2003 to 20 per cent in 2007.
- Lifetime use of related drugs that had increased over the survey period were: cocaine from 54 per cent in 2003 to 66 per cent in 2007; and cannabis from 95 per cent in 2003 to 98 per cent in 2007.

3.2.4 Opioids

Opioid is a term that refers to both natural and synthetic substances with an opium-like action. Examples of opioids include heroin, morphine, codeine, pethidine, methadone and oxycodone.

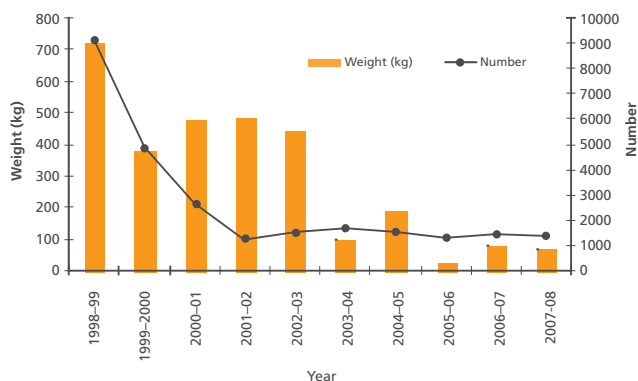
According to the 2007 National Drug Strategy Household Survey, heroin use has remained stable since 2001 and is considerably lower than a decade ago. Use of other opiates/opioids for non-medical purposes has also decreased (AIHW, 2008).

While most heroin use is irregular, one in three users will become dependent. While the proportion of the population using heroin is quite small, they remain significant contributors to the overall pattern of drug-related harm; for example, injecting drug use problems and acquisitive crime. Heroin dependence can be a chronic, relapsing condition. Long-term follow up of those entering treatment shows that approximately 14 per cent of individuals remain abstinent in the first year following a treatment episode (Darke et al., 2007).

The major public health risk associated with drug use relates to injections, as sharing of injecting equipment and associated paraphernalia is a major risk factor for the spread of blood-borne viruses. The reported human immunodeficiency virus (HIV) infection rate among injecting drug users at Needle and Syringe Programs in Australia is less than 2 per cent, which is among the lowest of any country. Hepatitis C, however, is present amongst nearly two-thirds of injecting drug users (National Centre in HIV Epidemiology and Clinical Research, 2009). Injection of opioids also carries the risk of overdose, especially if combined with other drugs that depress the central nervous system, such as alcohol and benzodiazepines.

In 2007–08, the number and weight of national heroin seizures were considerably lower than those reported earlier in the decade (see Table 3). Heroin and other opioid related arrests also decreased substantially over this period (ACC, 2009).

Table 3: National heroin seizures, by weight and number, 1998–99 to 2007–08



Source: Australian Crime Commission, 2007–08 Illicit Drug Data Report.

Preliminary findings from the 2008 Illicit Drug Reporting System (IDRS): Patterns of drug use among regular injecting drug users

The Illicit Drug Reporting System is a national illicit drug monitoring system coordinated by the National Drug and Alcohol Research Centre. The system is designed to detect emerging trends in heroin, methamphetamine, cocaine and cannabis markets. Drug trends are cited by jurisdiction although they primarily represent trends in the capital city of each jurisdiction from which new drug trends typically emerge.

Patterns of use in the last six months are reported among a sentinel population of injecting drug users (IDU) in the capital city of every state and territory. Data were collected in June 2008.

Table 4: Proportion of national IDU sample (n=909) that reported use in the six months preceding interview and the median number of days they had used, 2008

Drug Class	Used last 6 mths (%)	No. days used last 6 mths*
Heroin	60	49
Morphine	50	24
Oxycodone	30	6
Other opiates^	14	12
Speed powder	48	10
Base/point/wax	22	6
Ice/shabu/crystal	49	12
Cocaine	20	6
Cannabis	77	180
Benzodiazepines	65	70

Source: IDRS interviews, 2008. [NDARC unpublished data].

*among those who had used. ^ e.g. Panadeine Forte/Mersyndol/codeine, pethidine, opium. Does not include methadone or buprenorphine

Table 5: Drug use patterns among IDU by jurisdiction, 2008

	Na-tional N=909	NSW N=151	ACT N=101	VIC N=150	TAS N=100	SA N=100	WA N=100	NT N=103	QLD N=104
Mean age first injection (yrs)	19	20	19	18	19	21	19	21	19
First drug injected (%)									
Heroin	40	54	46	48	7	34	38	34	43
Amphetamine	48	37	46	46	54	55	51	51	48
Morphine	6	0	4	1	22	5	5	15	2
Cocaine	2	5	1	1	0	1	1	0	2
Methadone	1	1	1	0	8	0	0	1	0

Source: IDRS IDU interviews, 2008. [NDARC unpublished data].

Table 6: Number of accidental opioid deaths by jurisdiction among those aged 15 to 54, 2006

Jurisdiction	2006
Australia	269
NSW	114
VIC	80
QLD	13
SA	17
WA	29
TAS	10
NT	np*
ACT	np*

Source: Roxburgh, A. and Burns, L. (in press), Drug-induced deaths in Australia, 2006. Sydney: National Drug and Alcohol Research Centre.

*np means that the data in these jurisdictions were not published in order to protect confidentiality

National Opioid Pharmacotherapy Statistics Annual Data

The National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection provides national data on clients being treated with medication (pharmacotherapy) for their dependence on opioid drugs such as heroin. It also provides statistics on those prescribing the medication. The data are based on a 'snapshot' period – usually a day – in June.

Highlights from the 2007 NOPSAD collection (AIHW, in press) include:

- At 30 June 2007, there were about 39,000 clients dependent on opioid drugs. Of those clients, around 25,000 (64 per cent) were male.
- More than seven in ten (72 per cent) clients were receiving methadone and the remainder received buprenorphine or buprenorphine/naloxone.

- There were 1,295 registered prescribers.
- More than six in ten (64 per cent) clients received treatment from a private prescriber.
- There were 2,173 pharmacotherapy dosing-point sites.
- Most (87 per cent) dosing-point sites were located in pharmacies.

3.2.5 Inhalants and Volatile Substances

Inhalant abuse, also known as 'sniffing' or 'chroming', is the inhaling of fumes given off by a range of solvents which causes intoxication. These solvents include substances such as paint, glue, butane gas, aerosol sprays, and petrol.

According to the NDSHS 2004, the average age at which Australians used inhalants for the first time was 18.6 years. During the reporting period the most prevalent inhalant abuse occurred within the 20–29 year old age group with 13,800 users in a one month period. 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 at short notice. The majority of use is considered to be short-term and experimental, which declines with age. Chronic use over a period of years has been identified, however, in some Aboriginal and Torres Strait Islander communities.

In May 2006, the MCDS endorsed the release of the final report of the National Inhalant Abuse Taskforce (NIAT, 2006). The report contains a National Framework for Addressing Inhalant Abuse in Australia which provides a structure for a coordinated, holistic national response to inhalant abuse and is supported by a number of specific recommendations.

In addition, the IGCD established the National Inhalant Abuse Coordination Group (NIACG) to progress the recommendations outlined by the NIAT. The NIACG has

agreed to progress elements of four of the priority areas: treatment guidelines, product modification, data collection and the establishment of a clearinghouse.

In 2006–2007, Victoria Health, as lead agency, received funding through the MCDS CSFM, to develop a National Inhalant Abuse Clearinghouse to increase access to and availability of a wide range of information and resources on inhalant abuse across Australia.

3.2.6 Performance and Image Enhancing Drugs

Performance and image enhancing drugs (PIEDs) are a range of substances, including anabolic-androgenic steroids.

In 2003 the MCDS established a Working Group to address the use of PIEDs not related to elite sporting performance. In 2004 the NDSHS indicated that the use of steroids is most prevalent in the twenty years and older age group (AIHW, 2005a). The 2004–2005 Illicit Drug Data Report (IDDR) showed that there were 1051 detections of anabolic agents and selected hormones in 2004–2005; this was a 13 per cent decrease from 2003–2004 and a 17 per cent decrease from 2002–2003. The majority of detections were for steroids (ACC, 2006).

The Working Group presented ten recommendations to the MCDS in 2004. The Australian Government provided funding to three of the Working Group's ten recommendations:

1. The development of resources for people who use PIEDs. Fact sheets and a booklet were produced in September 2005. The resources provide basic information about specific PIEDs, the perceived positive benefits, the harms associated with their use, history of use and how the drugs are used.
2. A pilot study on the rapid assessment model for PIEDs to document the range of substances used, cycle length and frequency, and users' experiences of a range of physical and psychological harms. This project was completed in late 2005 and was produced as NDARC Technical Report No. 239 (Larance et al., 2005).
3. A qualitative field study for PIEDs users to explore the motivations, behaviours, risks and physical and psychological harms associated with the use of PIEDs. The project finished in June 2007, and the final report was provided to the IGCD in September 2007 for consideration, and to the MCDS in November 2007 for endorsement.

4 . Key Themes

4.1 Prevention

4.1.1 Amphetamine-Type Stimulants

In Australia, the main illicit amphetamine-type stimulants used are methamphetamines (speed, base and ice) and ecstasy.

The 2007 National Drug Strategy Household Survey shows that recent use of methamphetamine has decreased by 28 per cent between 2004 and 2007 (3.2 per cent to 2.3 per cent), while ecstasy use in the past 12 months has increased in women aged 14–19 years (4.7 per cent in 2004 to 6.0 per cent in 2007) and aged 30–39 years (2.3 per cent in 2004 and 3.2 per cent in 2007) (AIHW, 2008).

In May 2008 the Ministerial Council on Drug Strategy endorsed the National Amphetamine-Type Stimulant (ATS) Strategy 2008–2011 (the ATS Strategy), which has been developed within the existing legislative framework and focuses on prevention, supply reduction and treatment in a partnership framework (MCDS, 2008).

The overall goal of the ATS Strategy is to guide all levels of government in Australia to work collaboratively to reduce the availability and demand for illicit amphetamine-type stimulants and prevent use and harms across the Australian community. In doing so, it seeks to reflect the National Drug Strategy: Australia's Integrated Framework 2004–2009. The ATS Strategy highlights priority areas for coordinated action to raise awareness of the issues associated with amphetamine-type stimulants by:

- preventing use and supply
- providing support to users, their families and the community
- enhancing the capacity of the workforce in various support and treatment services to respond to the effects of amphetamine-type stimulants on users and the associated harms.

The ATS Strategy was developed following an extensive review of the literature and research, and through consultations undertaken in every jurisdiction of Australia in capital cities and regional areas between March and June 2007.

4.2 Treatment

4.2.1 Alcohol and Other Drug Treatment Services

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS) was implemented to monitor and evaluate key objectives of the National Drug Strategy and provide national, state and territory data about publicly funded alcohol and other drug treatment services, their clients, drugs of concern and types of treatment received.

The information provided by the AODTS-NMDS continues to be important in guiding alcohol and other drug (AOD) policy and planning. The most common treatment types provided within AOD treatment services nationally in 2006–2007 were:

- counselling (39 per cent)
- withdrawal management including detoxification (17 per cent)
- assessment only (15 per cent) (AIHW, in press - a).

According to the AODTS-NMDS, there were 147,325 closed treatment episodes in 2006–2007, which represents a reduction in the number of agencies (31) and episodes (4,037) when compared with data provided in 2005–2006². A number of system issues occurred in NSW which contributed to this decline (AIHW, in press - a).

Alcohol and cannabis were the most common principal drugs of concern to clients, including those who identified themselves as Aboriginal and Torres Strait Islander People(s).

4.2.2 Pharmacotherapy Maintenance Programs

In Australia, pharmacotherapy maintenance programs have been available for opioid dependent people since 1985. The *National Pharmacotherapy Policy for People Dependent on Opioids* (Commonwealth of Australia, 2007) recognised that methadone is the most common pharmacotherapy used in Australia for opioid-dependence and that it is recognised nationally and internationally as an effective method for treatment of opioid dependence.

² A closed treatment episode refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency.

A number of other pharmacotherapies have been approved in Australia for use in the treatment of opioid dependence over recent years. These include:

- Subutex® (buprenorphine hydrochloride) – opioid dependence including maintenance and detoxification
- Suboxone® (buprenorphine hydrochloride and naloxone hydrochloride) – the treatment of opioid dependence within a framework of medical, social, and psychological treatment
- ReVia® (naltrexone hydrochloride) – for use as adjunctive therapy in the maintenance of formerly opioid-dependent patients who have ceased the use of opioids such as heroin and morphine.

The original National Pharmacotherapy Policy (2004) was revised in 2005 by an IGCD established Working Group to review the national pharmacotherapy policy and clinical guidelines and procedures for methadone, buprenorphine and naltrexone. The MCDS endorsed the revised *National Clinical Guidelines for Buprenorphine (and Suboxone) in the Treatment of Opioid Dependence* in May 2006. The clinical guidelines for methadone and naltrexone remain current.

4.3 Comorbidity

There is a growing recognition of the prevalence of people experiencing co-occurring substance abuse and mental health disorders (often referred to as comorbidity). Comorbidity is common and is often associated with poor treatment outcomes, severe cause of illness and high service utilisation. This presents a range of challenges in relation to the identification, prevention and management of people with this illness.

The Australian Government administers two funding sources to improve the treatment outcomes of people with substance abuse and mental health disorders:

- the Improved Services for People with Drug and Alcohol Problems and Mental Illness (Improved Services initiative) and
- the National Comorbidity Initiative (NCI).

The Improved Services initiative provides \$20 million annually and aims to build the capacity of non-government drug and alcohol treatment services to effectively address and treat coinciding mental illness and substance abuse problems. It

comprises the Commonwealth's component of the Council of Australian Governments' (COAG) National Action Plan on Mental Health 2006–2011 (COAG, 2006).

The Improved Services initiative comprises two key components that include:

- Grants of up to \$500,000 are available over three years to individual non-government AOD treatment services to undertake a range of service improvement activities to build their organisation's capacity to respond to comorbid clients. A first tranche of grants were announced in September 2007 providing \$29.9 million to eighty-seven services, which commenced from 1 January 2008.
- To support the capacity-building grants at the local level, funding is provided to state-based peak support agencies through the Cross Sectoral Support and Strategic Partnership (CSSSP) project. The CSSSP project aims to enhance partnerships between the non-government AOD peak bodies, state and territory mental health and AOD services, primary care and community support services.

The NCI aims to improve coordination across mental health services and drug treatment services, develop best practice guidelines for service delivery and increase professional education and training.

Implementation of the NCI focuses on the following areas of activity:

- raising awareness of comorbidity and promoting examples of good practice resources/models
- providing support to clinicians and other health workers to improve treatment outcomes
- facilitating resources and information for consumers.

Under the NCI, a range of projects commenced, including an evaluation of service delivery models for comorbidity treatment in AOD and mental health service sectors which aims to determine good practice and to increase understanding of the impact that service structure has on comorbidity treatment.

In February 2008 the IGCD agreed that the Commonwealth would lead the establishment of a National Comorbidity Collaboration (NCC) working in partnership with senior Commonwealth and state and territory AOD and

mental health officials. This partnership will assist the Commonwealth and the states and territories to focus on comorbidity issues and identify opportunities for shared priorities and interests in a whole of government way.

4.4 Drugs and Crime

Recent research evidences, both in Australia and internationally, indicate that a significant proportion of individuals apprehended for a range of criminal offences are frequent users of illicit drugs. Whether use is a causal factor for crime continues to be debated (AIC, 2004).

The AIC manages two projects: the Drug Use Monitoring in Australia project, which identifies drug use by recently arrested people; and the Drug Use Careers of Offenders project, which examines drug use and criminal histories of prisoners. These two projects provide data for the AIHW report *Statistics on drug use in Australia, 2006*, Chapter 9 – Crime and Law Enforcement. According to this report, cannabis is the most common illicit drug for which people are arrested in Australia, accounting for 71 per cent of arrests relating to illicit drugs in 2004–2005. The overall number of consumer and provider arrests for illicit drugs fell from 85,046 in 1996–1997 to 77,333 in 2004–2005.

4.4.1 Clandestine Drug Laboratories

The number of clandestine drug laboratories detected in Australia has continued to increase over the past decade (ACC, 2006). In 1996–97, there were 58 clandestine laboratories detected by 2004–05. This figure had increased by 556 per cent to 381 clandestine laboratory seizures. The majority of these laboratories have been producing ATS, although some, particularly in Queensland, are being used for the production of both amphetamines and MDMA.

The above trend may be explained in part by the apparent increase in domestic demand for ATS, but also by the behaviour of illicit drug manufacturers. For example, Queensland continues to have large clandestine laboratory detection figures (almost half of all national detections); however, the majority constitute small 'boxlabs' – small, highly mobile laboratories which can be easily packed away into a box or suitcase for transportation or storage, minimising the risk of detection (ACC, 2006).

The IGCD has continued to support the National Strategy to Prevent the Diversion of Precursor Chemicals into Illicit Drug Manufacture. This strategy is a comprehensive approach to improving information sharing and enhancing intelligence on the diversion of precursor chemicals between pharmacists, industry, Customs, police, intelligence officers and policy analysts. The strategy has funded capacity-building work by government agencies and is also driving policy work on combating precursor diversion.

4.4.2 Diversion

Continued support was provided by the Australian Government of the Illicit Drug Diversion Initiative (IDDI) in 2007–2008. IDDI is a COAG initiative aimed at diverting non-violent drug offenders away from the criminal justice system and into appropriate assessment, education and treatment services. The IDDI funds both police- and court-based programs in every state and territory. The Australian Government has provided more than \$340 million to state and territory governments for the delivery of court- and police-based IDDI programs in two phases to 2007–2008. In September 2007 a further \$165 million was provided by the Australian Government for a third phase of the initiative until 2010–11, bringing the total commitment for this initiative to over \$500 million.

4.5 Drug Use by Pregnant and Breastfeeding Women

The adverse effects on fetal development of alcohol and other drugs such as tobacco, psychostimulants and opioids are well known. Women who are pregnant or who may become pregnant are therefore a high priority for interventions to reduce drug use. However, there is only limited information to guide clinicians in the care of these women and infants.

Rates of alcohol consumption in women binge drinking in teens, and unplanned pregnancies, are increasing in Australia. Alcohol use in pregnancy adversely affects the unborn child, causing a range of defects including Fetal Alcohol Syndrome, alcohol-related birth defects, and alcohol-related neurodevelopmental disorder. These fall under the umbrella term 'Fetal Alcohol Spectrum Disorders' (FASD).

FASD, even when undiagnosed, brings a heavy cost burden to society, through health, education, justice and housing needs. Investing to reduce the incidence of FASD is considered to be a highly effective public health strategy.

In September 2005, the IGCD formed the FASD Working Party, to provide advice on developments in Australia and overseas to address the problem of FASD and to identify best practice approaches to reducing the incidence of FASD, particularly amongst Indigenous communities. The Working Group has undertaken an audit of all current activities being undertaken by the Australian Government and other groups and each state and territory in relation to FASD.

The Working Party's final report was presented to the MCDS in December 2006. The MCDS agreed to continue the Working Party to enable the group to provide input into the review of the Alcohol Guidelines in 2007.

The Fetal Alcohol Spectrum Disorder workshop is to be held in Adelaide on 19 & 20 August 2008. The main focus of the workshop was to determine 'where to from here' in the area of FASD. A report was prepared by the Department of Health and Ageing, which contributed to the funding of the workshop.

The IGCD commissioned a monograph 'Fetal Alcohol Spectrum Disorder in Australia: an update'. The monograph examines the current status of research, policy and practice regarding alcohol use in pregnancy in Australia, particularly in relation to FASD. The monograph will be tabled with the IGCD in February 2009.

5. Achievements of the Committee

The IGCD met four times during the reporting period (two meetings and two workshops). The committee furthered work under a number of key strategies and initiatives in the 2007–2008 period including:

- implementation of the National Binge Drinking Strategy
- launch of the National Cannabis Strategy 2006–2009
- continuation of the Monitoring of Alcohol Advertising Committee
- development of National Clandestine Laboratory Guidelines
- establishment of a National Comorbidity Collaboration.

In addition to these achievements, the IGCD continued to work in collaboration with the ANCD on a range of multi-disciplinary projects.

5.1 Working Groups of the IGCD

During 2007–2008, the IGCD continued to make progress on priority areas of work by establishing a number of time-limited, topic-specific Working Groups. Membership of the Working Groups consisted of IGCD members, relevant experts and ANCD representatives. The Working Groups are an effective mechanism to allow the IGCD to focus on issues needing immediate attention, and for priority and emerging issues to be addressed in a timely manner.

During the reporting period, the following eight Working Groups were active:

- *Evaluation and Monitoring of the National Drug Strategy 2004–09* – established to monitor and evaluate the following four components of the NDS:
 1. policy framework
 2. program outcomes
 3. advisory structures
 4. identification and monitoring of actual and potential issues and trends.
- *Fetal Alcohol Spectrum Disorder Working Party* – provide advice on developments in Australia and overseas to address the problem of FASD, and to identify best practice approaches to reduce the incidence of FASD, particularly in Aboriginal and Torres Strait Islander communities.

- *Harms from Alcohol and Other Drug Use* – established to develop a paper documenting the broad range of social harms arising from alcohol and other drug use.
- *Monitoring of Alcohol Advertising Committee* – continues to monitor alcohol advertising and the self-regulatory system for alcohol advertising.
- *National Clandestine Laboratory Database User Advisory Group* – working to finalise the concept of operations for the database, address any identified data sharing restrictions, and define implementation risks and resource costs.
- *National Competition Policy Taskforce* – established to explore the relationship between the National Competition Policy and liquor licensing arrangements across jurisdictions.
- *Secondary Supply of Alcohol Working Group* – established to collate, analyse and interpret the legal issues concerning parental/guardian supply of alcohol to underage drinkers and alcohol in general from all jurisdictions to establish whether it is possible to take a nationally consistent approach.
- *Tobacco Advertising and Sales over the Internet* – established to provide a progress report on Australian, state and territory government mechanisms to ban tobacco sales over the internet.

5.2 MCDS Cost Shared Funding Model

The Ministerial Council on Drug Strategy Cost Shared Funding Model (MCDS 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 and New Zealand, participates in the MCDS CSFM, contributing a proportion of funding based upon the latest Australian Bureau of Statistics population figures.

In 2007–2008 the following new projects were endorsed and funded through the MCDS CSFM:

- *Hospitality First Responder Training (HFRT) National Expansion*. The project aims to expand the availability of the training program across all jurisdictions to assist staff of licensed hospitality venues to appropriately manage the first response to drug and alcohol-related medical emergencies including collapse, accidents and assaults. South Australia Health is the lead agency for this project.

- *Development of Australian Alcohol Aetiologic Fractions for Emergency Department Presentations.* The project aims to develop reliable estimates (aetiological fraction) of alcohol-attributed illness and injury presentations to emergency departments. The lead agency for this project is Western Australia Health.
- *National Police Training Program. Risk Identification and Management of Substance Abuse.* The project seeks to examine the capacity of police to detect and respond to substance-related risk in order to minimise its impact on police, the community and the individual offender. The project aims to identify the needs of the police, and any gaps that may exist in ensuring that police are equipped appropriately and effectively to respond to potential risks posed by substance affected individuals. New South Wales Police are the lead agency for this project.
- *IGCD 2006–07 Annual Report to MCDS.* The project provides 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. The IGCD Executive and Secretariat have carriage of this project.

Work was also progressed on the following ongoing MCDS CSFM projects:

2002–03 Projects

- *National Alcohol and other Drug Workforce Development Strategy.* The project aimed to define the workforce involved in responding to alcohol and other drug (AOD) problems, identify workforce development (WFD) needs, conduct a national audit and gap analysis of WFD projects to inform strategic direction, identify existing infrastructure that can be used to enhance WFD and develop a national strategy on WFD. The report was accepted by the IGCD in February 2005. It was agreed that the report be referred to the National Centre for Education and Training in Addiction to promote implementation of the recommendations. The lead agency for this project was the Western Australia Drug and Alcohol Office.

2003–04 Projects

- *Building Illicit Drugs Forensic Capacity across Australia.* The project aimed to identify what was needed to build forensic capacity across Australia, as it related to the analysis of illicit drugs and their precursor chemicals. Further, the project aimed to identify the basis needed for improved cross-jurisdictional illicit drugs forensic information-sharing. A successful tenderer has been identified and was engaged in mid 2006. The Attorney General's Department is the lead agency for this project.
- *Exploration of Frameworks to Control Nicotine in Australia.* The project aims to review the issues associated with current regulation of tobacco, 'tobacco-like' and nicotine products in Australia, and the options for regulation of these products in the future. The final report was noted by the MCDS in May 2007. The Department of Human Services, Victoria is the lead agency for this project.
- *National Local Government Drug Electronic Network and Local Government Subcommittee Website.* The project aimed to build the capacity of the National Local Government Drug Electronic Network membership through development of a website enabling the various tiers of government, private sector, the community, and other non-government organisations to work together when responding to alcohol and other drug-related issues. It was anticipated that the functional website and marketing/promotional strategy would be presented to the IGCD and the MCDS in late 2007. The Brisbane City Council is managing this project through Queensland Health.

2004–05 Projects

- *Indigenous Alcohol and other Drug National Train the Trainer Pilot Program.* The project aimed to develop a National Indigenous Alcohol and other Drug Train the Trainer Program utilising culturally secure resources. The project has been completed and all participating jurisdictions have begun the implementation phase. The MCDS endorsed the final report in December 2007. The lead agency for this project was the Drug and Alcohol Office, Western Australia Health.

- *Intentional Misuse of Pharmaceutical Drugs Prevention Initiative*. The project will research the nature and extent of pharmaceutical drug misuse, and the adverse consequences of this misuse, in patients presenting for treatment at drug and alcohol treatment agencies. Turning Point Alcohol and Drug Centre, in partnership with the University of Tasmania and the Queensland Health Centre for Drug and Alcohol Studies, were engaged to conduct the research. The Department of Human Services, Victoria is the lead agency for this project.
- *Reducing Inappropriate Use and Diversion of Prescription Opioids*. The project aimed to provide intensive multidisciplinary training to general practitioners aimed to minimise psychological dependence on, and diversion of, prescription opioid drugs. Opioid Prescribing Guidelines for Chronic Pain were completed and provided to the IGCD and MCDS in 2008. Drug and Alcohol Services South Australia is the lead agency for this project.

2005–06 Projects

- *IGCD 2004–05 Annual Report to MCDS*. This provided 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. The Annual Report was presented to the MCDS in December 2006. The IGCD Executive and Secretariat had carriage of this project.
- *Monitoring and Evaluation of the National Drug Strategy 2004–09*. The project aimed to determine the extent of the NDS's achievements in relation to its intended aim and improve the way the NDS operates. The successful tenderer is scheduled to present the project overview and methodology to the IGCD in July 2007. The lead agency for this project is the Australian Government Department of Health and Ageing.
- *Monitoring the Introduction of Suboxone in Australia*. The project aimed to report on the effectiveness, risks and benefits of the introduction of Suboxone, including documenting policy differences across jurisdictions and uptake of the drug. The project will also develop National Guidelines and a training program for medical practitioners prescribing the drug for unsupervised administration. The lead agency for this project is New South Wales Health.

- *Secondary Supply of Alcohol*. This aims to report on how liquor licensing legislation varies across jurisdictions with regard to the issues surrounding parents supplying alcohol to their teenagers and to provide an evidence base for a legal and health resource on alcohol for parents. The legislative review was completed in April 2007, and the literature review and survey of existing programs addressing secondary supply have commenced. The lead agency for this project is the Australian Government Department of Health and Ageing.

2006–07 Projects

- *Drugs and Crime Education for Police*. The project aimed to conduct a needs analysis consisting of an audit of existing tertiary alcohol and other drug courses that could be suitable for police, conducting an audit of existing policing/criminology courses that could include components on drug harm minimisation, and investigate the demand amongst police officers to engage in tertiary study on drug harm minimisation. The procurement process for this project has been completed. The lead agency for this project is Western Australian Police
- *Monitoring of Alcohol Advertising Committee*. The project aimed to monitor the self-regulatory system for alcohol advertising to ensure the alcohol beverage industry continues to comply with all the recommendations of the National Committee for the Review of Alcohol Advertising (NCRAA) report. A work program has been developed which includes ongoing monitoring of alcohol advertisements and complaint adjudications and implementation of the NCRAA recommendations. The Department of Human Services, Victoria is the lead agency for this project.
- *National Inhalant Abuse Clearinghouse*. The project involves the establishment of a national inhalant abuse resource and research library and the design, development and maintenance of an inhalant abuse specific website. A request for tender was developed in consultation with the National Inhalant Abuse Coordinating Group, and a selective tender process has now been completed. The lead agency for this project is the Department of Human Services Victoria.

- *Responses to Dr Shopping, Prescription Fraud and other Diversion.* The project aimed to assess the effectiveness of current interventions and explores the potential for new or enhanced law enforcement initiatives to control diversion of pharmaceutical drugs to the illicit market. The establishment of an advisory group and liaison with potential workshop facilitators have taken place. The lead agency for this project is Western Australian Police.

5.3 Joint Work of the IGCD and the ANCD

The Australian National Council on Drugs (ANCD) continued to work in its role as the government's principal advisory body on alcohol and other drug issues. The ANCD provides governments with quality, independent, evidence-based advice on a range of AOD issues. The ANCD remains convinced of the importance of ensuring these groups are well informed and that their views are taken into account in the policy development cycle.

Throughout the reporting period, the ANCD's Asia-Pacific Drug Issues Committee continued to provide the Australian Government with advice on the best ways to maximise Australia's response to, leadership and impact on the Asia-Pacific regional illicit drug issues. The work of the National Indigenous Drug and Alcohol Committee also continued to provide high quality and culturally appropriate advice to government on a range of alcohol and other drug issues impacting on Indigenous communities.

Over the past twelve months the ANCD maintained networks with key stakeholders within the advisory structures for the National Drug Strategy, such as the IGCD and the MCDS. Further, the ANCD continued to consult with other key stakeholders in the AOD field both nationally and internationally. By working collaboratively with key stakeholders on a number of projects, the ANCD has built excellent working relationships.

The ANCD recommends those interested in furthering their knowledge about the ANCD to visit their website at www.ancd.org.au

5.4 Research

The Australian Government continued its core funding to the three National Research Centres for research into a variety of drug-related issues and to the National Drug Law Enforcement Research Fund (NDLERF) for research focused on drug law enforcement.

5.4.1 National Drug and Alcohol Research Centre

The National Drug and Alcohol Research Centre (NDARC) is based at the University of New South Wales in Sydney and has a solid national and international reputation for excellence in research and data collection in the AOD field. The centre aims to conduct high quality research and related activities that increase the effectiveness of the Australian and international treatment and other intervention responses to AOD-related harm.

NDARC has continued to make a national and international impact in 2007–2008 with the successful completion of major research projects and the publication of over 120 journal articles, technical reports, monographs and books. Dissemination remains a priority, with staff continuing to present their findings both nationally and internationally with more than sixty conference presentations and more than ninety seminars, workshops and invited lectures.

NDARC's drug monitoring projects, the Illicit Drug Reporting System and the Ecstasy and Related Drugs Reporting System which track drug trends across Australia, as well as the National Illicit Drug Indicators Project, continue to provide valuable information to a range of audiences.

Some of the research projects completed during the reporting period include the following:

- Illicit drug use in Australia: Epidemiology, use patterns and associated harms.
- An examination of cannabis potency and contamination in Australia.
- An exploratory study examining factors associated with inhalant use and cessation amongst urban young people.
- The Pfizer Health Report: Australian attitudes towards cannabis.
- A qualitative field study of users of performance and image enhancing drugs.
- Trends in drug use and driving among nightclub attendees.
- Development of materials on ecstasy and related drugs (ERDs) for primary health care practitioners.
- Revise and redesign of the 'Drinking decisions: Young people and drinking' booklet

- Climate Schools: Alcohol Module – development and evaluation of a universal computer driven school-based prevention program for problems with alcohol misuse and related harms.
- Access All Areas – DVD resource for in and out of treatment drug users.
- Priority areas in illicit drug policy: perspectives of policy makers.
- Where do policy makers go to source research evidence?
- The impact of Portugal’s decriminalisation of drugs (NDARC Drug Policy Modelling Project team with Beckley Foundation).
- Models of policy making to inform the use of evidence.
- A bibliography of prison-based drug treatment.

5.4.2 National Drug Research Institute

The National Drug Research Institute (NDRI) conducts research that contributes to the formation of effective policy and practice in Australia in relation to the prevention and reduction of harmful alcohol and other drug use and its consequences.

NDRI is a University Tier 1 Research Centre based at Curtin University of Technology in Perth. The Institute works in partnership and collaboration with a broad range of agencies and research centres locally, nationally and internationally, and is a World Health Organization Collaborating Centre for the Prevention of Alcohol and Drug Abuse.

During the reporting period, NDRI successfully underwent a five-yearly formal review as part of its funding agreement with the Department of Health and Ageing. The review was an opportunity to demonstrate the quality and impact of the Institute’s outputs in the context of the aims of the National Drug Strategy, and the positive experience allowed NDRI to identify how it can build on its strengths and respond to new challenges in the next funding cycle.

The Institute’s Indigenous Australian Research Team celebrated its fifteenth year of operation with substantial growth in operations and output. The Department of Health and Ageing supported the appointment of Associate Professor Ted Wilkes, who brings critical Indigenous expertise into NDRI, enhancing Indigenous capacity-building activities. Significant funding from the department also allowed the Institute to support five programs that aim to build

the capacity of organisations to respond to the needs of Indigenous people affected by alcohol use.

The first Indigenous National Alcohol Indicators Project Bulletin was launched, quantifying the huge impact that alcohol has on Indigenous health and wellbeing. A subsequent report, *Restrictions on the Sale and Supply of Alcohol* (Chikritzhs et al., 2007) examined the evidence on alcohol restrictions, determining how effective different restrictions were and what factors made them more likely to work. Both of these reports received substantial media coverage and have informed various strategies that have recently been adopted to reduce alcohol-related harm among Indigenous Australians.

Other highlights during the reporting period included:

- NDRI, in partnership with the Australian Institute of Criminology, developed a draft national amphetamine-type stimulant (ATS) strategy that aims to substantially inform Australia’s prevention, law enforcement and treatment response to ATS.
- An ethnographic project for the Victorian Premier’s Drug Prevention Council explores the social and cultural contexts of ecstasy and related drug use in Victoria.
- NDRI was part of the consortium, with NDARC as the lead agency, that was awarded the bid for the National Cannabis Prevention and Information Centre. NDRI will be one of the key collaborating partners.
- The appointment of Associate Professor Tony Butler has expanded NDRI’s drug and alcohol research expertise into the prisons and corrections area.
- The appointment of Professor Sherry Saggars, to head a new research program – Social contexts of substance misuse – specifically aims at addressing health and wellbeing issues in diverse populations.
- Several Indigenous research team members being invited to Brazil to attend and present at the First International Conference on Indigenous Mental Health, and to advise the Brazilian Ministry of Health on substance misuse interventions.
- Associate Professor Richard Midford guest edited *Drug and Alcohol Review* for a special issue on drug prevention for students; and *Substance Use & Misuse* for a special issue on proceedings of the sixth Kettil Bruun Society Symposium on Community Action Research.

5.4.3 National Centre for Education and Training on Addiction

Throughout 2007/08, the National Centre for Education and Training on Addiction (NCETA) undertook an ambitious and significant program of work relative to its size and funding. Ongoing core research promotes and evaluates the impact of workforce development principles and practices on the AOD workforce. Research surrounding contemporary community concerns culminated in the delivery of two widely publicised and well received reports:

- *Young people and alcohol: the role of cultural influences*
- *Drug testing in schools: evidence, impacts and alternatives.*

Both reports were released in March 2008 and both reports received substantial media coverage and community interest.

NCETA staff gave 82 presentations at national and international conferences, and disseminated 1016 resource materials, published seven national reports and thirteen peer-reviewed publications. In addition, NCETA ran a successful AOD workforce development forum in conjunction with the South Australian Network of Drug and Alcohol Services. The theme of the forum was 'creating a healthy work culture' and was attended by staff working in non-government AOD organisations. The forum also provided a conduit for NCETA to publicise the Alcohol and Other Drugs and Mental Health Co-morbidity Professional Development Scholarships Program that it was administering on behalf of the Australian Government Department of Health and Ageing.

Major research programs and resource development activities undertaken by NCETA in the reporting period are listed below:

- *Assessing the impact, implications, viability and effectiveness of drug detection and screening measures in Australian schools.* The program resulted in the release of the Australian National Council on Drugs (ANCD) Research Paper No. 16: Roche, A.M., Pidd, K., Bywood, P., Duraisingam, V., Steenson, T., Freeman, T. & Nicholas, R. (2008) Drug testing in schools: evidence, impacts and alternatives.
- *Examining the cultural drivers of drinking among young Australians aged 14–24 years.* The first stage of the project, comprising a comprehensive literature review,

resulted in the publication: Roche, A.M., Bywood, P.T., Borlagdan, J., Lunnay, B., Freeman, T., Lawton, L., Tovell, A. & Nicholas, R. (2007). Young people and alcohol: The role of cultural influences. National Centre for Education and Training on Addiction, Adelaide.

- *Indigenous AOD Workers' Wellbeing, Stress and Burnout Project.* The program involved a literature review; a call for written submissions; an online survey; and the conduct of face-to-face/telephone interviews and focus group sessions.
- *Co-morbidity Training Scholarships.* Two rounds of training scholarships for alcohol and other drugs and mental health skills development were held and a total of seventy-six scholarships awarded up to June 2008. A comprehensive database of accredited and non-accredited training courses focusing on alcohol and other drugs, mental health and co-morbidity were developed. A review of co-morbidity training was undertaken.
- *Mapping the profile of the South Australian Non-Government Organisations AOD Workforce.* A forum titled Creating a Healthy Work Culture was conducted jointly by NCETA and the South Australian Network of Drug and Alcohol Services, in February 2008, for staff working in Non-Government Organisations.
- *Secondary Analysis of 2004 National Drug Strategy Household Survey Data.* A detailed secondary analysis examining alcohol consumption patterns within the Australian workforce was completed in early 2008.
- *Analysis of training needs for police officers.* A survey, developed in consultation with Western Australia Police, was undertaken to assess training needs.
- *A Compendium of Alcohol and Other Drug Related Resources for Law Enforcement in Australia.* NCETA, in collaboration with the National Drug Law Enforcement Research Fund (NDLERF), developed a compendium of research for police and other law enforcement officers working in a variety of settings, student law enforcement officers, policy makers, researchers and others with an interest in this area.
- *Workforce Development Website.* NCETA received funding from the Alcohol and Education Rehabilitation Foundation Ltd to develop a Workforce Development specific website for the Alcohol and Other Drug Sector.

- *Dissemination and Implementation Strategies Project: Identification and Evaluation of Effective Dissemination and Implementation Strategies for the Alcohol and Other Drug Field.* The first part of a three part series was completed that comprised a systematic literature review on the effectiveness of dissemination and implementation strategies. The full set of these reports and a CD-Rom are due for completion by the end of 2008.

5.4.4 National Drug Law Enforcement Research Fund

The National Drug Law Enforcement Research Fund (NDLERF) was established by the MCDS on 10 June 1999 and commenced operations in August 1999. NDLERF supports the implementation of the NDS by:

- creating research which leads to quality evidence-based practice in drug law enforcement
- facilitating experimentation and innovation
- enhancing strategic alliances and linkages between law enforcement personnel, human service providers, and research agencies.

During 2007–2008, NDLERF launched the following project monographs and reports:

- Monograph 21 – *Benzodiazepine and pharmaceutical opioid misuse and their relationship to crime – An examination of illicit prescription drug markets in Melbourne, Hobart and Darwin.*
- Monograph 22 – *Benzodiazepine and pharmaceutical opioid misuse and their relationship to crime – Tasmanian Report.*
- Monograph 23 – *Benzodiazepine and pharmaceutical opioid misuse and their relationship to crime – Victorian Report.*
- Monograph 24 – *Benzodiazepine and pharmaceutical opioid misuse and their relationship to crime – Northern Territory Report.*
- Monograph 25 – *Estimating the short-term cost of police time spent dealing with alcohol-related crime in New South Wales.*

- Monograph 26 – *Making sense of partnerships. A study of police and housing department collaboration for tackling drug and related problems on public housing estates.*
- Monograph 27 – *Containing ecstasy: analytical tools for profiling an illegal drug market.*
- Monograph 28 – *Predicting alcohol-related harms from licensed outlet density: A feasibility study.*
- NDLERF report – *Policing responses to substance misuse in rural and remote Indigenous communities.*
- Discussion paper – *The impact of social networks and not-for-profit illicit drug dealing on illicit drug markets in Australia.*
- Discussion paper – *Understanding and responding to alcohol-related social harms in Australia. Options for policing.*

6. Jurisdictional Achievements against the NDS Priorities

The NDS encompasses a balanced approach of supply, demand and harm reduction initiatives. The Australian and state and territory governments work collaboratively to uphold the objectives of the NDS. These governments ensure that the scope of work undertaken best serves the eight priorities of the NDS, to improve health, social and economic outcomes for the Australian community.

To meet the objectives of the NDS, this chapter demonstrates a variety of higher level jurisdictional initiatives undertaken during the 12-month reporting period in accordance with the following eight priorities:

1. prevention
2. reduction of supply
3. reduction of drug use and related harms
4. improved access to quality treatment
5. development of the workforce, organisations and systems
6. strengthened partnerships
7. implementation of the National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003–2006 (MCDS 2006b)
8. identification and response to emerging issues.

6.1 Prevention

Prevention refers to measures that prevent or delay the onset of drug use as well as measures that protect against risk and prevent and reduce harm associated with drug supply and use. The NDS will:

- identify effective prevention approaches, techniques and interventions
- promote and implement these approaches by focusing on:
 - preventing the uptake of illicit drugs
 - delaying and preventing the uptake of licit drugs
 - reducing harm associated with drug use
- undertake evaluations of funded prevention programs.

The following sections outline jurisdictional activities in preventing harms associated with drug use.

Australian Government

The Australian Government continued to support the Council of Australian Governments (COAG) Illicit Drug Diversion Initiative (IDDI) Supporting Measures Relating to Needle and Syringe Programs (COAG, 2008–09).

This initiative comprises two streams and aims to:

- increase education, counselling and referral services provided through community-based programs
- diversify Needle and Syringe Programs (i.e. by increasing the accessibility through pharmacies and other outlets and provide information and training support).

The main objectives of this initiative are to reduce the rate of hepatitis C and HIV transmission and reduce the incidence of drug-related harm to injecting drug users and the community in general. In 2007–2008, the Department of Health and Ageing provided more than \$9.4 million in funding to each state and territory government for Supporting Measures for Needle and Syringe Programs.

In March 2008 the Prime Minister announced the National Binge Drinking Strategy

(Rudd, K. 2008). This will complement the National Alcohol Strategy 2006–2009 (MCDS, 2006) and is designed to address the high incidence of risky drinking among young people, including those less than eighteen years old. The National Binge Drinking Strategy provides \$53.5 million over four years for a range of initiatives and includes:

- \$14.4 million to invest in community-level initiatives to confront the culture of binge drinking, particularly in sporting organisations
- \$19.1 million to intervene earlier to assist young people and ensure that they assume personal responsibility for their binge drinking
- \$20 million to fund advertising that confronts young people with the costs and consequences of binge drinking.

Community-level initiatives involve a variety of activities in community organisations:

- The Good Sports program will help sporting clubs to manage alcohol service responsibly and reduce alcohol-related problems such as binge and underage drinking.

- The Club Champions program will support clubs in changing the culture of binge drinking among players by educating high-profile elite players about their responsibilities as community role models, and encouraging them to act as ambassadors for responsible drinking behaviours among sports fans. This program is being developed in partnership with six major sporting organisations: the Australian Football League, the Australian Rugby League, Football Federation Australia, Netball Australia, Cricket Australia and the Australian Rugby Union. The Club Champions program will be underpinned by a National Alcohol Code of Conduct, which will outline principles in relation to the responsible service and consumption of alcohol and responsibilities for both organisations and individuals.
- In addition, funding will be made available to various other community organisations to implement programs which address alcohol-related issues among young people aged twelve to twenty-four years old.

The early intervention program contains an education component in which an underage person who is involved in an alcohol-related incident may be given the option to attend an alcohol education program in the company of a parent or guardian.

A series of advertisements and an associated website will be developed for a social marketing campaign designed to confront young people with the costs and consequences of binge drinking.

In April 2008, the Australian Government announced a change to alcohol excise rates so that all spirit-based drinks, whether pre-mixed or unmixed, will pay the same rate of excise. The decision to increase the excise on ready-to-drink beverages (RTDs) was based on the concern that the ready availability of low-cost RTDs was exposing young people (aged 12 to 17 years) to a high risk of alcohol-related harm. In taking this action, the government considered the potential of these beverages to encourage both the early uptake of habitual alcohol use and consumption at harmful levels. It also considered the results of research studies that have shown that higher alcohol prices lead to a reduction in demand, particularly for young people (Loxley et al., 2004).

The 2008 clearance data from the Australian Taxation Office show that the excise change helped to reduce the demand for RTDs. There were 54 per cent fewer sales of RTDs in

June compared with April and 7 per cent more sales of full strength spirits, resulting in an overall decrease of

23 per cent. The fall in sales shown in clearance data is also shown in alcohol industry data from

AC Nielsen research. The data show that, while bottled spirit and beer sales rose, they did not offset the drop in RTD sales, with total liquor sales falling by three million standard drinks a week after the tax rise.

New South Wales

Forty School Liaison Police positions have been operational state-wide since January 2007. The School Liaison Police attend high schools in New South Wales providing information and advice in a number of areas, including the law relating to drugs and alcohol, as a crime prevention measure with the aim of reducing crime, violence and anti-social behaviour. Eighty Youth Liaison Officers continue to provide input into both primary and secondary schools.

In May 2008, the NSW Department of Education and Training introduced a new classroom resource, *Message in a Bottle*, for all public primary schools to teach Year 3–6 students about the dangers of alcohol. It included a manual to provide teachers with accurate and up-to-date information about alcohol and teaching and learning activities, including advice on how to distribute information to families about the risks associated with drinking, such as Fetal Alcohol Syndrome. To date, twenty professional learning workshops have provided training for 466 teachers to support implementation.

The NSW Department of Education and Training continued the End of Year Celebration strategy with the development of the magazine, *Next: Life after school*, and development of an associated website. An information guide, *Alcohol: Celebrations and Supply, Information for Parents*, was available as part of the strategy to help parents of secondary school students in hosting parties and end of year celebrations.

Drug and alcohol prevention initiatives continued to target young people with over \$1.5 million committed for a cannabis education program for secondary and senior primary school students with over 1700 teachers and 399 school counsellors trained in using new materials.

The NSW Department of Education and Training commenced the first phase of a four-year early intervention project

focusing on secondary school students with drug use problems. The program developed strategies to support students who have drug use problems with tobacco, alcohol and/or illicit drugs. The NSW Government committed \$2,204,500 to the project.

In 2007, NSW Health and the Cancer Institute NSW continued support for the Rock Eisteddfod Challenge, a secondary school dance, design and drama spectacular combining arts and education within a drug-free environment.

In 2007 the pilot program, 'Be part of it, not out of it', was conducted as part of the Responsible Drinking Education Campaign. The successful pilot program was extended into a state-wide campaign in 2008 to be launched in 2009. The campaign was jointly funded by a range of government agencies and business groups represented by DrinkWise Australia Ltd. The primary target audience was young people 16–20 years of age.

The NSW Health Club Drugs Education Campaign was initially launched in 2006 to warn young people 18–25 years of age who socialise at nightclubs, dance parties and music festivals about the dangers associated with the use of substances such as ecstasy and methamphetamines. The campaign was rerun with updated information between October 2007 and April 2008. The campaign consisted of a series of posters and advertisements, appearing in free music press, in washrooms of licensed premises, in university newspapers, online, in TAFE and university student diaries and as street posters.

'Indent' is a government-funded program which provides grants to young people less than eighteen years of age to run drug- and alcohol-free music events. In 2007–2008, 104 entertainment events were supported. There were thirty-five groups funded through partnership grants in 2007 and forty-four groups in 2008.

Play Now/Act Now, a film, graphic design and writing competition for 16–25 year olds, was held for the seventh time in 2007–2008. This health education initiative aims to educate young people about harm minimisation when using alcohol and other drugs.

In 2007–2008, NSW Health conducted a one-off Risky Drinking Fund of \$475,000 to enable Community Drug Action Teams to conduct projects and activities

that contribute to reducing risky drinking in their local communities. Grants of up to \$10,000 were available for Community Drug Action Team-run projects.

NSW Maritime relaunched the Go Easy on the Drink campaign for the 2007–2008 boating season, involving a direct mailout of information to over 400,000 recreational boating licensees state-wide. The campaign was reinforced by targeted advertising and through corporate displays at a number of boat shows.

For the 2007–2008 boating season, NSW Maritime launched the campaign, 'You're the Skipper, You're Responsible', to promote responsible behaviour on NSW navigable waters. The campaign logo was used on all appropriate promotional brochures, 'giveaway' peaked caps and other merchandise. The campaign was also promoted through corporate displays at a number of boat shows and through direct mail to all registered recreational and commercial vessel owners.

In October 2007, the Cancer Institute NSW launched a new version of the iconic 1980s 'Sponge' quit-smoking television commercial, which tobacco companies tried to ban almost twenty-five years ago. At its peak, the Sponge remake achieved 93 per cent recognition among smokers and recent quitters. The campaign has now been made available for use interstate and internationally.

The 'Smoking. Don't be a sucker' program was delivered to approximately 3000 students from forty schools in target areas across NSW in 2007–2008. This partnership program between New South Wales Health, New South Wales Department of Education and Training, the AFL (NSW/ACT) and the Sydney Swans was targeted towards Year 7 students and integrated non-smoking messages into a physical activity program.

Victoria

In December 2007 the Minister for Mental Health announced the establishment of the Victorian Drug and Alcohol Prevention Council (VDAPC). The VDAPC is a new body that has been formed to provide expert advice to government on alcohol and drug prevention issues. It succeeds the Premier's Drug Prevention Council, which concluded its term towards the end of the 2006–2007 year. The VDAPC Chair is Professor Jon Currie, Director of Addiction Medicine & Mental Health at St Vincent's Hospital, and membership has been drawn from across a range of fields including:

both social and alcohol research, child and family issues, culturally and linguistically diverse communities, sport, drug court magistrate, Victoria Police, communications, health promotion, and Indigenous community representation. The VDAPC met for the first time in March 2008 and subsequently came together for planning workshops to develop a work plan for its full term to June 2010.

The Victorian Government has implemented a number of prevention initiatives specific to 'ice', including:

- A community awareness and prevention campaign ('Ice: It's a dirty drug') was undertaken between November 2007 and March 2008. The campaign raised awareness of the key ingredients of crystal methamphetamine, justifying and reinforcing negative perceptions of the drug.
- A brochure, 'What parents should know about ICE', was developed and distributed through schools in November 2007 to parents of all Victorian students completing years 10, 11 and 12. This brochure was translated and printed in ten languages.
- Training programs for alcohol and drug workers in the use of *Clinical Guidelines for the Treatment of Methamphetamine Addiction*, and training for staff and volunteers of the Family Drug Helpline and the Drug Information Line on the latest up-to-date information about ice, were delivered in 2007–2008.

On 1 July 2007, following an extensive communications campaign, the Victorian Government extended the existing smoke-free laws to all enclosed licensed premises. The evaluation of the communications campaign found that 89 per cent of the general public and 99 per cent of licensed premises were aware of the impending smoking ban, and 74 per cent of the general public and 59 per cent of licensed premises supported the ban. Thirty-nine per cent of smokers reported a likelihood to smoke less as a result of the new laws and, of those, 51 per cent indicated that they were likely to quit altogether. Local councils undertook a number of visits to licensed premises in the first six months of the law under the funding arrangement with the Victorian Government and reported a compliance rate with the new laws of 99 per cent.

Queensland

Implementation of social marketing campaigns, to prevent and reduce alcohol, tobacco and other drug use and related harms, include:

- Phase Four of the Young Women and Alcohol Campaign began to encourage and support young Queensland women aged 18 to 22 years to reduce their harmful alcohol consumption. The campaign message 'The Power of Saying No to a Drink' was promoted through cinema, television, outdoor, convenience and on-line advertising from December 2007 to June 2008. Campaign evaluation revealed 69 per cent of the target market (an estimated 90,000 young women) reported taking action to reduce their risky drinking. Since campaign launch in 2004, there has been a significant increase in low-risk drinking levels for short-term harm from 40 per cent (pre-2004) to 66 per cent (July 2008); conversely, a significant decrease in proportion of young women drinking at high-risk levels in the short-term, from 36 per cent (pre-2004) to 15 per cent (July 2008).
- The Quit Campaign was designed to encourage and support smoking cessation. The 'Echo Excuses' campaign from May to August 2007 encouraged smokers (18–39 years) to quit by tackling smokers' self-exempting beliefs about the health consequences of smoking, and their excuses for delaying quitting. The campaign featured, for the first time in Queensland, an SMS response option by texting a 'keyword' from the advertising to 13QUIT. All respondents received via mail a copy of the *Quit Because You Can* booklet, as well as a letter that encouraged calling the Quitline for additional support. Campaign evaluation was positive. The 'Which Disease?' campaign from January to April 2008 built on previous graphic health warning advertisements and highlighted to smokers that you can't choose which smoking-related disease you will actually get if you continue to smoke, but it is likely you will get one of them. The campaign was supported by Quitline television advertisements (15 seconds) to promote calling the Quitline, and includes an SMS response option.

Improvement in prevention responses to alcohol, tobacco and substance misuse occurred through funding for additional prevention and health promotion positions and

service enhancements under the \$151 million Queensland Strategy for Chronic Disease 2005–2015 and \$68.8 million Indigenous Health package. The alcohol and drug funding allocation supports the roll-out of thirty-five new prevention positions over four years, with most enhancements for the non-government sector. Five of these positions were established in 2007–2008.

The Queensland Police Service Drug and Alcohol Community Information Resource is currently being updated to improve access to information for police officers responding to community requests. This includes the introduction of a CD-Rom based resource, 'Out in the Community', especially designed for School Based Police Officers who can not easily access DACIR and the Queensland Police Service intranet.

The Queensland Police Service Drink Rite program was relaunched in Brisbane in March 2008. Drink Rite events are conducted on licensed premises where patrons are educated on the effect of alcohol consumption on their breath alcohol concentration; standard drinks; how to monitor alcohol consumption; and the Australian Alcohol Guidelines.

The Queensland Police Service continues to manage the Party Safe initiative across the state. The Party Safe website has information for guests, parents and the host of the party with safety information about managing intoxicated guests and gatecrashers and promoting the responsible consumption of alcohol.

Western Australia

A range of prevention initiatives continue to be implemented by the Drug and Alcohol Office. Achievements include:

- state-wide deliveries of Responsible Service of Alcohol (RSA) training for 4466 bar staff in Western Australia.
- monitored and assisted with 276 liquor licence applications lodged (July 07 to April 08), with investigation of 185 resulting in sixteen interventions lodged by the Executive Director, Public Health
- rebranded and relaunched the Enough is Enough alcohol education program with a new focus, Rethink Drink. The campaign seeks to change culture and attitudes in relation to alcohol consumption
- conducted three phases of the Drug Aware Amphetamine Education campaign

- implemented a targeted alcohol and other drug prevention initiative in the Fitzroy Valley (Kimberley) in partnership with Nindilingarri Cultural Health including take away alcohol restrictions in Fitzroy Crossing
- continued implementation of National School Drug Education Strategy initiatives through the School Drug Education and Road Aware program
- implemented the Night Venues and Entertainment Event Project to create safer bars and entertainment environments
- updated and distributed the Volatile Substance Use CD-Rom and retailer kit.

The Department of Health undertook implementation and compliance activities in relation to the *Tobacco Products Control Act 2006*, which includes provisions dealing with smoking in enclosed public spaces, licensing sellers of tobacco products, controls on the purchase and delivery of tobacco products purchased by indirect means such as the internet, restriction on tobacco displays and bans on tobacco advertising and promotion.

The Department of Health disseminated the Western Australia Tobacco Action Plan 2007–2011 across the state. The plan provides a framework for implementing, monitoring and evaluating key recommendations of the National Tobacco Strategy 2004–2009.

South Australia

The South Australian Drug Strategy 2005–2010 continues to be implemented. It provides direction for action and identifies strategies for preventing drug misuse and harm.

Drug and Alcohol Services South Australia continued to work with the Department of Education and Children's Services in 2007–2008 to implement their Learner Well-Being Framework and Whole School Drug Strategy across South Australia.

The draft South Australian Alcohol Action Plan 2009–12 was developed in 2007–2008 with consultation across the government sector. An interagency Working Group developed the plan and will ensure its smooth implementation and evaluation. A range of strategies proposed in the draft plan will be incorporated within the existing work functions of South Australian Government agencies, while others reflect the collaborative work

occurring at the national level through both the Council of Australian Governments and the Ministerial Council on Drug Strategy. The National Drug Research Institute has been contracted to identify existing and new key performance indicators and data collections for the draft plan as benchmarks. It is anticipated that the draft South Australian Alcohol Action Plan 2009–12 will be released for consultation in early 2009.

Alcohol-related harm within sporting clubs was also targeted in 2007–2008, with the Good Sports program continuing to grow. This community-based sport development initiative has been developed to assist sporting clubs to provide healthy environments for their members and local community through responsible management of alcohol. More than 280 clubs were involved in the Good Sports program in South Australia by the end of 2007–2008.

The South Australian Tobacco Control Strategy 2005–2010 continues to guide the direction of tobacco control initiatives in this state. The strategy is now undergoing a mid term evaluation to guide the direction of the next two years. The target to reduce smoking prevalence rates amongst South Australians aged 15–29 years by ten percentage points in ten years is on track.

Tasmania

Tasmania Police has continued to target drivers to positively influence behaviour and deter Tasmanians from driving whilst affected by alcohol and/or drugs. Throughout the state, Tasmania Police has conducted high-profile random breath test and random drug test operations, as well as targeted breath and oral fluid drug tests. In 2007–08, 679,632 random breath tests were conducted and 4865 persons were apprehended for drink driving offences, an increase of 9.9 per cent on the previous year. In 2007–2008, a review of the *Misuse of Drugs Act 2001* was conducted to ensure the adequacy of this legislation in regulating the availability of 'ice' pipes, and other devices used in connection with the administration of a controlled drug.

In April 2008, the Minister for Health and Human Services announced the development of the Tasmanian Alcohol Action Plan as a whole of government framework taking into account the National Alcohol Strategy, including specific strategies to address alcohol consumption and binge drinking particularly among young people. The plan is being

developed under the auspice and guidance of the Inter Agency Working Group on Drugs on behalf of government. The strategic policy framework for the plan includes the National Drug Strategy 2004–2009, the National Alcohol Strategy 2006–2009, the National Binge Drinking Strategy and the work of the National Preventative Health Taskforce in developing the National Preventative Health Strategy of which alcohol-related harm is one component. The plan is expected to be completed early 2009.

The Department of Health and Human Services together with other key government agencies and community and professional organisations has developed the *Population Alcohol Strategies: Primary and Secondary Prevention of Alcohol Related Harms – Summary of Future Directions Report (2008)*. This identifies and endorses population-level goals and strategies around alcohol use in Tasmania. A number of the higher level goals are included in the draft Tasmanian Alcohol Action Plan 2009–2014 under consideration and other strategies will be incorporated within the implementation plans of the Alcohol Action Plan.

The Tasmanian Hepatitis C Education and Support Program 2007–2008 was initiated between the Department of Health and Human Services and the Tasmanian Council on Aids, Hepatitis and Related Diseases (TasCAHRD) and the Link Youth Health Service (the Link). Activities included: implementation of Hepatitis C Awareness Week 2007 (October) and Hepatitis C Awareness Week 2008; public community forums; two harm-reduction education and information forums conducted with the Women's Prison; promotion and training of Viral Hepatitis Training Workshops with Aboriginal health services, bi-cultural workers, primary care services staff, oral health staff, and health staff on King Island; development of the 'Vein-Like' series of resources; availability of Treatment Fact Sheets on the TasCAHRD website; and stakeholder and client satisfaction surveys conducted through TasCAHRD.

A Key Risk Group Project 2007–2008 was initiated under the Tasmanian Hepatitis C Education and Prevention Initiative. This included activities targeted at culturally and linguistically diverse (CALD) groups and youth. Priority areas were:

- improving access to education and information about hepatitis C specifically targeting injecting drug users, Aboriginal and Torres Strait Islanders, custodial settings, people from CALD backgrounds and young people

- improving access to hepatitis C prevention strategies particularly in key target groups. Activities included: securing arrangements for a Tasmanian tour by the Ilbijerri Theatre Company of their play, *Chopped Liver*; a three day training program with bi-cultural health workers involving thirteen workers from a range of African countries; and training of fifteen CALD young people as facilitators to delivery education sessions to young people in their communities.

Eight small grants of up to \$1000 each were distributed to communities and organisations for innovative educational programs or events to increase the knowledge and awareness of blood-borne viruses in people aged 12–24 years. These projects predominately targeted young people living in rural communities from the Huon Valley, North East and North West regions of Tasmania and young people from CALD backgrounds living in Hobart.

In November 2007, the Tasmanian Government passed legislation to strengthen measures under the *Public Health Act 1997* to protect children from tobacco. Amendments included a ban on smoking in cars where children are present from 1 January 2008, a ban on the sale of fruit and confectionery flavoured cigarettes and reductions in the display of tobacco products in retail outlets to one square metre from 19 June 2008 and complete removal by 1 February 2011.

Northern Territory

Tobacco use remains the leading cause of chronic disease and preventable death in the Northern Territory. The Department of Health and Families will lead the implementation of amendments to strengthen the Tobacco Control Act and introduce comprehensive smoke-free policies, including support for smoking cessation across all departmental services and facilities.

Northern Territory Government agencies have worked with local industry representatives to provide advice and support in their development of a campaign to raise awareness of the health risks of drinking to intoxication and associated risks including drink spiking and sexual assault.

The Northern Territory's Drink Driver Education Program has been evaluated and recommendations have been provided to the Northern Territory Road Safety Taskforce. The Drink Driver Education Program is a mandatory course for all offenders

who lose their license due to a drink-driving offence and precludes them from being re-licensed until the course has been successfully completed.

The National Cannabis Prevention and Information Centre based at the University of New South Wales delivered a series of free interactive workshops in the Northern Territory in 2008 to provide workers with the latest evidence-based information and interventions on cannabis use.

Review of the *Volatile Substance Abuse Prevention Act 2005* was completed during 2007–2008 and recommendations have been provided for consideration.

Australian Capital Territory

Although the priority for law enforcement is to reduce the supply of illicit drugs to the Australian community, our focus is very much on prevention and partnerships with colleagues nationally and internationally.

The onset of globalisation has resulted in the easier and more seamless movement of people, money, goods and services than ever before. This has increased the amount of legitimate trade and passenger movements across Australia's borders, therefore providing greater opportunities for illicit goods and movements to be concealed.

The Australian Federal Police supply-reduction strategies focus on the interdiction of shipments of illicit drugs before they cross Australia's borders, and the dismantling of transnational illicit drug trafficking syndicates.

6.2 Reduction of Supply

Supply reduction initiatives primarily aim to prevent and reduce the availability of drugs. Partnerships can assist activities that aim to reduce drug supply. The NDS recognises that optimum results are achieved by demand and harm reduction strategies developed by engaging law enforcement, health and other regulatory agencies. Action is taken to:

- disrupt the manufacture and supply of illicit drugs
- enhance efforts to control the inappropriate supply and diversion of pharmaceutical drugs and precursor chemicals
- dismantle organised crime

- implement effective legislation and regulatory regimes, and education programs for key justice and health professionals
- implement effective legislation and regulation of alcohol, tobacco and other substances to reduce associated harms to the community
- examine mechanisms to ensure that all relevant stakeholders participate in implementing law enforcement strategies in all jurisdictions.

Australian Government

The Australian Federal Police undertakes a broad range of activities to tackle importation, trafficking and production of illicit drugs, including:

- strategic positioning of AFP International Network overseas liaison officers, including the creation of two additional posts in Laos and China to specifically address ATS issues impacting on Australia
- effective bilateral liaison and exchange of intelligence
- ongoing communication and cooperation with overseas agencies to combat trans-national illicit drug trafficking, as embodied in memoranda of understanding
- fully functional specialist ATS response teams which can be rapidly deployed to assist with domestic and regional ATS operations and clandestine laboratory detections
- initiatives sponsored by the AFP Law Enforcement Cooperation Program aimed at enhancing regional agencies' trans-national supply reduction capacities.

The AFP collaborates closely with local, national and international agencies in these activities. Significant successes during 2007–2008 period include:

- In July 2007, a joint investigation by the AFP and Columbian authorities spanning six countries resulted in the arrest of three men in Melbourne and the seizure of almost twelve kilograms of cocaine world-wide.
- In July 2007, a joint AFP and Customs operation resulted in the seizure in Sydney of sixteen kilograms of crystal methamphetamine (ice) and the arrest of a Hong Kong citizen and a Canadian national.
- In July 2007, a joint AFP and Customs investigation resulted in the seizure of 35 kilograms of cocaine concealed in flower pots from Mexico, and the arrest of six men.

- In August 2007, following a joint Customs and AFP operation, four men were charged and forty kilograms of MDMA powder (ecstasy) seized. The MDMA had an estimated street value of up to \$20 million.
- In October 2007, a man was charged with attempting to import two kilograms of pseudoephedrine following a joint AFP and Customs investigation. The two kilograms of pure pseudoephedrine could have been converted into street-ready methamphetamine worth approximately \$2.5 million.
- In December 2007, the AFP was part of a multi-agency international crime taskforce. An international drug smuggling syndicate, operating in six countries, was dismantled in a major global operation. The Australian arm of the investigation led to the seizure of 28.6 kilograms of crystal methamphetamine and 23 kilograms of ecstasy tablets imported into Australia by the Canadian-based syndicate. Three Australians were arrested and charged.
- In December 2007, a joint Customs and AFP operation resulted in one arrest and the seizure of more than 100 kilograms of ephedrine packed inside sample bags of coffee. The amount of precursor could potentially have made ninety kilograms of ice with a potential street value of more than \$35 million.
- In January 2008, a Lithuanian national was arrested for importing approximately 28 kilograms of amphetamines. The amphetamines had a potential street value of \$2.2 million.
- In February 2008, a Malaysian woman was arrested for attempting to smuggle four kilograms of heroin into Australia. The heroin has a potential street value of \$1.2 million.
- In March 2008, following a multi-agency operation, three people were arrested for importing 250 kilograms of cocaine. This was the second largest seizure of cocaine to be made in New South Wales.
- In March 2008, following an operation which included members of the AFP, Customs, the NSW Police Force and NSW Crime Commission, 28 kilograms of heroin was seized. Four men were arrested for the importation which had a potential street value of \$8.4 million.

- In May 2008, following a joint agency taskforce, an organised crime syndicate was prevented from setting up a \$4.7 million drug lab operation in Perth after an investigation into the importation of 45 kilograms of powdered MDMA (ecstasy). The joint operation involving the AFP, Western Australia Police, the Australian Crime Commission and Customs prevented the manufacture and supply of more than 150,000 ecstasy tablets. This was the largest MDMA seizure recorded in Western Australia.
- In June 2008, AFP and Customs prevented more than 300 kilograms of illegal drugs entering Australia. The operation resulted in the seizure of 124 kilograms of cocaine, 66 kilograms of methylamphetamines and 121 kilograms of MDMA. The estimated street value of the drugs is \$78 million.
- In June 2008, following a joint AFP and Customs operation, a total of 45 kilograms of pseudoephedrine was seized, which may have been used in the manufacture of approximately \$15.7 million of the drug ice.

New South Wales

The NSW Government has introduced over twenty new pieces of legislation to reduce supply of drugs, including:

- introduction of the *Drug Misuse and Trafficking Amendment (Hydroponic Cultivation) Act 2006* to target the commercial production of hydroponic cannabis with 303 hydroponic cannabis houses dismantled in 2007–2008, eight-three charges laid for the new offence of cultivating indoor crops, and eleven charges laid for exposing a child to indoor cannabis cultivation
- amendments to the *Drug Misuse and Trafficking Act Regulation 2006* to:
 - strengthen requirements for the sale and storage of chemical precursors and apparatus used for the manufacture of prohibited drugs
 - increase regulation-making power with respect to the recording of 'end user' information of those involved in the sale/supply of precursors
 - give police the power to inspect records associated with the sale/supply of such chemicals and equipment

- amendments to the *Drug Misuse and Trafficking Act 1985* to create new offences targeting the possession of prescribed quantities of prohibited drug precursors (to commence on 12 December 2008). These amendments include:
 - strengthening of the existing offence of possessing a precursor for use in the manufacture or production of a prohibited drug, to include additional applicable precursors and certain apparatus with 41 precursor possession charges laid by NSW Police in 2007–2008
 - creation of a standard non-parole period (of ten years imprisonment) for offences involving the cultivation, supply and possession of large commercial quantities of prohibited plants (to complement the standard non-parole periods already applying to offences involving prohibited drugs)
 - creation of offences under the *Crimes Act 1900* concerning participation in criminal groups
 - the *Police Powers (Drug Premises) Act 2001* which gives police greater powers to shut down drug houses with 70 drug premises closed or dismantled and 108 individuals charged with drug premises offences in 2007–2008
 - amendments to the *Law Enforcement (Powers and Responsibilities) Act 2002*, relating to:
 - entering and searching of premises and disabling of alarms and surveillance devices
 - new powers for police to order the removal or modification of unnecessary fortifications.

In 2007–2008, NSW Police seized a total of:

- 520,004 cannabis plants
- 1,596 kilograms of cannabis
- 68 kilograms of methylamphetamine
- 93.5 kilograms of MDMA
- 5.6 kilograms of cocaine
- 1.9 kilograms of heroin.

In addition, fifty-one clandestine drug laboratories were dismantled.

The NSW Police Chemical Drugs Intelligence Unit continued its analysis of licit and illicit substances to enable police to track drugs from manufacture to consumption and identify criminal networks and manufacturing and distribution patterns.

NSW Police and the Pharmacy Guild continued their partnership to encourage retail pharmacies to identify and report suspect purchases of cold and flu medication. NSW Police was involved in pharmacy education, and fostered local partnerships and initiatives with pharmacies and industry groups to detect 'pseudo runners' and identify drug laboratories used to manufacture methamphetamine. One such initiative was Project Stop, which commenced operation in NSW in January 2007, to assist in detecting illegitimate purchases of pseudoephedrine products.

As part of the New South Wales Government commitment to reducing alcohol-related crime, NSW Police established the Alcohol and Licensing Enforcement Command (ALEC) in July 2008. The focus of the ALEC is to work with the community and partner agencies to reduce alcohol-related crime and anti-social behaviour. ALEC is developing strategies to improve licensing enforcement at licensed premises by targeting identified hotspots in relation to the Responsible Service of Alcohol.

The New South Wales Government's strategy for addressing drug and alcohol problems among offenders and related re-offending continued to involve stopping drugs entering correctional centres. There was significant expansion of drug treatment for offenders, both in custody and under supervision in the community, and expansion of post-release support to facilitate reintegration and rehabilitation of offenders with severe alcohol and drug problems.

Forty drug dog detector teams assist with the detection of illicit drugs in correctional settings. In 2007–2008, there were over 7790 searches of inmates, 4964 searches of cells, 20,167 searches of visitors, 532 searches of vehicles, 2649 searches of other areas and 31 searches of staff. The drug dog detector teams also assist in the detection of illicit drugs in juvenile justice centres. There were 1233 visitor searches and 2066 room searches in juvenile justice centres for the 2007–2008 financial year.

NSW Health administers three pieces of tobacco-related legislation related to the prohibition of tobacco sales to minors, prohibition on tobacco advertising and promotion, and bans on smoking in enclosed public places. Compliance activities are routinely carried out to monitor compliance with tobacco-related legislation under the Public Health Act 1991.

The total ban on smoking in enclosed public places was extended to licensed venues on 2 July 2007 under the *Smoke-free Environment Act 2000*. A coordinated activity was carried out towards the end of 2007 involving random inspections of pubs and clubs to ensure compliance with the smoke-free legislation.

Victoria

The Victoria Police Illicit Drug Strategy 2007–2011 continues to shape Victoria Police's organisational commitment to reducing the harms illicit drugs cause the community. The strategy is being implemented over a four year period with the first year focusing on the development of key intelligence and performance tools. A major component of the strategy is the development of a harm index and drug attribution model. These innovations are close to being finalised and will be supported by a series of Practice Guides that are being developed concurrently. The Practice Guides will form a repository of examples of operational best practice responses to crime that research shows evolves from drug-related harm. The first Practice Guides will be on residential burglary, theft from motor cars, and theft (shop steal).

The Drugs, Poisons and Controlled Substances (Amendment) Act 2006 created additional offences for possession of precursor chemicals and tablet presses without authorisation or a lawful excuse. The amendments came into effect during 2007. During 2007–2008, there were five charges for possessing a tablet press without a lawful excuse and fifty-five charges for possessing a precursor chemical of not less than a prescribed quantity without a lawful excuse. Other related activity during 2007–2008 includes 61 charges for possessing equipment to manufacture drugs of dependence, four charges for possessing documents to manufacture drug of dependence, and fifteen charges for possession of material to manufacture drugs of dependence.

Victoria Police continues to disrupt the manufacture of illicit drugs by investigating and dismantling clandestine drug laboratories that were producing amphetamine-type stimulants (ATS). Seventy-six clandestine laboratories were detected during the reporting period, a small increase on the previous year (up from 72). These figures indicate that the clandestine laboratory continues to be an area of concern. Most clandestine laboratories are situated in rental properties and hotel rooms. Victoria Police continues to enhance awareness in the hotel industry via an awareness program that has been developed in conjunction with the Australian Hotels Association.

The Victoria Police Drug Desk continues regular liaison between its investigators and stakeholders within the pharmaceutical industry to enhance awareness relating to industry measures and guidelines relating to security. A number of incidents have occurred to highlight this issue. As a result of Operation SCARAB, a stockpile of pseudoephedrine tablets and capsules, vials of steroids and various precursor chemicals were located at a residential address with the occupant subsequently being charged with relevant drug offences. This person was an employee of a medical and pharmaceutical waste company. Drug Desk investigators were appraised of the security and accountability processes in place within the company and were able to review and advise on the current security measures being undertaken by the company and to offer recommendations concerning security within the chemical waste industry. A further incident also highlighted breaches of security whilst transporting chemicals for destruction between the points of pick-up and the place of destruction. Investigators have made a number of recommendations regarding requirements for the carriage of medical waste, including an audit system and greater use of tamper-proof storage drums.

As a result of an investigation regarding an active clandestine laboratory, a quantity of pharmaceuticals was located that indicated a pharmacy was diverting pseudoephedrine into the manufacture of illicit drugs. Intelligence holdings further indicated that this pharmacy was also dispensing Schedule 11 drugs of dependence (prescription medication) without prescription for monetary gain. A targeted investigation against this registered pharmacist by investigators from the Drug Desk resulted in the pharmacist being charged with five counts of Trafficking a Drug of Dependence. He is believed to be the first pharmacist to be charged on this trafficking charge in Victoria.

In June 2008, the Department of Justice released a discussion paper proposing a new regulatory regime for the sale and storage of precursor chemicals in Victoria. The paper outlined a proposal for an end-user reporting system to strengthen controls over the supply and storage of chemicals and scientific equipment that are commonly used in industry, but can be diverted to the manufacture of illicit drugs such as methamphetamines. The proposal aims to build on legislation introduced by the Victorian Government in 2007 to prohibit

the possession, without lawful excuse, of tablet presses and prescribed precursor chemicals over prescribed amounts. The proposed regime would require amendments to the *Drugs, Poisons and Controlled Substances Act 1981*, and draws on systems in other jurisdictions and on elements of the *National Code of Practice for Supply Diversion into Illicit Drug Manufacture*. The discussion paper sought comment from industry and other stakeholders to assist further consideration of the proposal by the Victorian Government.

Queensland

The Queensland Police Service continues to proactively cultivate strong working partnerships with industry in an effort to reduce the incidence of bulk thefts of pseudoephedrine, other pharmaceutical drugs and scientific equipment diverted to the illicit market.

National roll-out of the Queensland Police Service 'Project Stop' program continues to reduce the availability of pseudoephedrine to the illicit market through the diversion of cold and flu medications from pharmacies. This program has contributed to the reduction of clandestine laboratory seizures within Queensland during the reporting period. There were 121 clandestine laboratories seized in the state during 2007–2008.

Amendments to the *Drugs Misuse Act 1986* and *Drugs Misuse Regulation 1987* pertaining to chemical precursors, scientific equipment and pill presses were proclaimed on 1 June 2008. The Queensland Police Service State Drug Investigation Unit with the assistance of NDLERF funding produced an industry awareness brochure which was distributed to nearly 300 companies involved in the manufacture, sale, supply or use of the chemicals and apparatus.

Covert surveillance operations of tobacco retail outlets in major regional centres across the state were undertaken by the specialist Queensland Health Tobacco Sales to Minors Enforcement Squad. There were nineteen successful prosecutions of retailers and employees (commercial supply) and adults (non-commercial supply) during 2007–2008.

The Queensland Office of Liquor, Gaming and Racing conducted major compliance operations for 'Schoolies' in locations including the Gold Coast, Sunshine Coast, Cairns, Rockhampton, and Airlie Beach, focusing on underage drinking and the supply of liquor to underage persons.

During Schoolies 2007, liquor compliance officers checked 1152 licensed premises, 1109 patron identification cards and 195 security provider licences.

Western Australia

During the reporting period, Western Australia Police worked with the Department of Racing, Gaming and Liquor to assist remote Indigenous communities to develop responses to alcohol-related crime and anti-social behaviour by restricting the supply of take-away alcohol.

A Licensing Enforcement Division was established to support district operations targeted at crime and anti-social behaviour in and around licensed premises and large public entertainment events state-wide. The division also supports the building of a centre of excellence in relation to the policing of all regulated industries with a particular focus upon alcohol and illicit drugs.

In conjunction with the Office of Crime Prevention, Western Australia Police created an Alcohol Data Analyst position to promote improved data linking in relation to alcohol-related crime.

Western Australia Police contributed to the review of the *Cannabis Control Act 2003* and worked with the Drug and Alcohol Office and other agencies to plan for implementation of the state government's response to the review.

Work was completed in conjunction with other IGCD jurisdictions to coordinate cost-shared funding model projects relating to prescription drug diversion to illicit markets and harm-minimisation education for police. This would include:

- completion of stage one of the prescription drug diversion project in late 2007 following consultation with stakeholders in Melbourne. IGCD subsequently approved a further stage of this project to develop a business case for a national prescription drug strategy for consideration in 2009
- the harm-minimisation education project will present survey findings regarding the interest by police officers to tertiary education regarding alcohol and drugs.

Western Australia Police promoted, monitored and strengthened Police Diversion programs including the Cannabis Infringement Notices Scheme by conducting state-wide training in diversion guidelines for frontline officers, and by streamlining paperwork associated with referrals to Police Diversion.

Western Australia Police enhanced the Crime Stoppers Program by enabling the community to report alcohol-related crime.

During 2007–2008, policing of liquor licensing was strengthened by:

- initiating proceedings with the Liquor Commission of Western Australia, which imposed new and stronger security conditions upon the license for a large public entertainment event
- utilising new powers available under the *Liquor Control Act 1988* to declare Australia Day a special event providing police with additional seizure and disposal powers in relation to alcohol. These powers proved very effective during Leavers Week 2007
- working with the Department of Racing, Gaming and Liquor to design and implement a campaign to promote the 'Sly Groggin' Line, which aims to address illegal alcohol sales in remote communities and to reform regulations to close licensed premises in circumstances where there is a Yellow Cyclone Alert.

South Australia

Amendments were made to the *Controlled Substances (Prohibited Substances) Regulations 2000* (now called the Controlled Substances (General) Regulations 2000) to bring serious drug offences provisions into operation on 3 December 2007. These amendments were based on the 'National Model Schedules' for Controlled Drugs, Controlled Precursors and Controlled Plants.

The *Tobacco Products Regulation Act 1997* was amended in 2007 to ban the display of fruit-flavoured cigarettes. Other restrictions implemented included:

- banning smoking in cars where children aged under the age of 16 years are present
- limiting the size and layout of displays of tobacco products
- increasing the number of expiable offences (on-the-spot fines).

The tobacco merchant's licence fee was increased from approximately \$13 to \$215 per annum (with CPI indexation) in order to cover administrative costs associated with the tobacco retail licensing function.

Tasmania

During the reporting period, Tasmania Police worked to reduce the availability of drugs within the community. Under the Illicit Drug Diversion Initiative, uniform officers continued to target and divert, when appropriate, low-level illicit drug offenders into the health system. The Drug Investigation Services focused their resources on targeting more serious drug offenders, working with other police jurisdictions and the Australian Customs Service to reduce the supply of illicit drugs, and licit drugs being used illicitly.

In 2007–2008, Tasmania Police apprehended 488 serious drug offenders and recorded an increase in the number of illicit drug seizures, compared to 2006–2007. Tasmania Police worked in partnership with the Pharmacy Guild and the Australian Government Attorney-General's Department as part of the national roll-out of Project Stop.

Tasmania Police increased regulation of the supply of alcohol to minors and intoxicated persons. In May 2008, amendments to the *Liquor Licensing Act 1990* provided police, licensees and their staff, and crowd controllers with the power to seize fraudulent identification documentation used by young people to obtain alcohol, or enter licensed premises. Additionally, under the enactment of the *Liquor Licensing (Infringement Notices) Regulations 2008*, penalties have been substantially increased for offences involving the illegal supply of alcohol by people working in licensed premises.

In the period 1 July 2007 to 30 June 2008 there were thirty-five tobacco sales controlled-purchase operations conducted. These operations are conducted by the Department of Health and Human Services to test retailer compliance with the prohibition on the sale of cigarettes to children. The operations resulted in two retailers being prosecuted.

In 2007–2008, Project Stop was introduced in partnership between the Pharmacy Guild, Tasmania Police, the Department of Health & Human Services Pharmaceutical Services Branch and community pharmacies to prevent the inappropriate sales of pseudoephedrine and alert police to 'shoppers'.

In 2007–2008 the Department of Health and Human Services Pharmaceutical Services Branch undertook increased education on prescribing strategies to reduce the diversion of, and morbidity and mortality associated with, prescribed

opioids and benzodiazepines (e.g. changes to Alprazolam prescribing).

The Department of Health and Human Services Pharmaceutical Services Branch in conjunction with the Alcohol and Drug Service maintains an expert prescribing advisory and education service. The service is supported by evidence-based and monitoring system information to address substances which have a public health impact beyond the therapeutic reason why or to whom the drug is prescribed. Included are education and training with local general practitioners and pharmacists to better monitor and reduce the supply and diversion of pharmaceutical drugs through inappropriate prescribing, and through alternatives to pharmacological management and access to a range of biopsychosocial interventions.

Northern Territory

In 2008 an electronic photograph identification system (photo ID) was implemented in all license stores and public hotel takeaway outlets in a number of regional towns. The photo ID system enables licensees to quickly and easily determine if someone buying alcohol is subject to prohibition or restricted alcohol conditions imposed by the court system.

A Liquor Permit system to buy, possess and drink takeaway alcohol within the East Arnhem Region, including the township of Nhulunbuy, has proven successful. The system contains a number of restrictions, including a ban on drinking in many public places within Nhulunbuy and the East Arnhem area. The declaration of the General Restricted Area was a result of an application by the local East Arnhem Harmony group and is one of a number of initiatives proposed to address alcohol-related issues within the region.

Northern Territory Police have continued to enhance two major strategies specifically targeting the availability of cannabis in the community, in particular rural and remote Indigenous communities. The Remote Area Drug Strategy targets Indigenous communities across the Top End, whilst the Substance Abuse Intelligence Desk operates in Central Australia and is a cross-border collaborative effort between the Northern Territory, Western Australia and South Australia. Both strategies, coupled with the use of drug dogs in both the Top End and Central Australia, are aimed at reducing the availability of cannabis in the community.

6.3 Reduction of Drug Use and Related Harms

Approaches that aim to reduce drug use and the harmful impacts of drug use under the NDS include those that are targeted towards individuals and communities. Seeking to reduce drug-related harms acknowledges that drug use involves risks. Action will be taken to:

- continue to use public education campaigns and responsible media reporting, informed by current issues and emerging trends, to increase the public's understanding of drug-related harms and effective interventions
- work with key service providers to support and encourage practices that reduce drug use and drug-related harms
- evaluate current programs aimed at reducing drug-related harms
- develop a comprehensive approach to the management of drug use and related harms in correctional settings
- develop local-level programs that improve public amenity and reduce drug use and drug-related fear.

Australian Government

Throughout 2007–2008, a range of activities were finalised through the National Psychostimulants Initiative. These include:

- a pilot study to evaluate the effectiveness of psychostimulant treatment within the community and the impact that mental health disorders have on treatment outcomes. This study forms part of a larger project funded by the National Health and Medical Research Council, which is due for completion in 2009
- research into a potential pharmacotherapy (Modafinil), for methamphetamine and cocaine dependence
- a study into peer-led intervention on 'serotonin syndrome' and the importance of hydration. This project was conducted at dance events in Sydney, Adelaide and Amsterdam throughout 2007.

In response to an Australian Labor Party election commitment made in April 2007, to 'Tailor existing national education programs on illicit drug use – targeting young people and ice', the Australian Government, through the Department

of Health and Ageing, will provide funding from 2008–12 into Illicit Drug Use – Targeting Young Methamphetamine Users. This measure will undertake further public education campaigns aimed at providing young Australians with up-to-date information about methamphetamines: speed, base and ice. It is anticipated that stage one of this measure will be launched in early 2009.

National Amphetamine-Type Stimulant Strategy 2008–2011

The Australian Government led the development of Australia's first National Amphetamine-Type Stimulant Strategy 2008–2011 (MCDS, 2008). The ATS Strategy has been developed within the existing legislative framework and focuses on prevention, supply reduction and treatment in a partnership framework, and follows the model used for the National Alcohol and Cannabis Strategies. The ATS Strategy was endorsed by the MCDS on 23 May 2008.

The overall goal of the ATS Strategy is to guide all levels of government in Australia to work collaboratively to reduce the availability and demand for illicit amphetamine-type stimulants and prevent use and harms across the Australian community. In doing so, it seeks to reflect the *National Drug Strategy: Australia's Integrated Framework 2004–2009* (MCDS, 2004a).

The ATS Strategy is a plan for action developed through collaboration between Australian and state and territory governments, non-government organisations and the broader community. It outlines priority areas for coordinated action to raise awareness of this issue associated with amphetamine-type stimulants; prevent use and supply; provide support to users, their families and the community; and enhances the capacity of the workforce in various support and treatment services to respond to the effects of amphetamine-type stimulants on users and the associated harms.

The ATS Strategy has been developed following an extensive review of the literature and research to date, and through consultations undertaken in every jurisdiction of Australia in capital cities and regional areas between March and June 2007. It is anticipated that the ATS Strategy will be disseminated in September 2008.

National Cannabis Prevention and Information Centre

The Australian Government officially launched the National Cannabis Prevention and Information Centre (NCPIC) on 29 April 2008, to reduce the use of cannabis in Australia by providing the community with evidence-based information on cannabis and related harms and by supporting services delivering treatment to those with cannabis problems. Since its establishment the NCPIC has begun a range of activities, such as regular E-Zines (an email-based magazine) and a Bulletin series on the latest cannabis research, and national free training on the delivery of motivational and brief interventions for cannabis-related problems. The NCPIC website www.ncpic.org.au contains cannabis information for the community, users, their families and the various workforces involved in the delivery of cannabis-related interventions. The National Cannabis Information and Helpline has been in operation since 14 January 2008. It is operated by Lifeline, a consortium member of the NCPIC. The aim of the helpline is to provide a national free call telephone service to the general community on all issues relating to cannabis – 1800 30 40 50. Trained telephone counsellors provide callers with evidence-based information on cannabis as well as targeted advice and brief intervention for cannabis users, their families and concerned others.

New South Wales

After an extensive public consultation process, the *Liquor Act 2007* was passed in December 2007 to introduce significant reforms to the liquor regulatory framework in NSW focusing on the impact that licensed venues have on the local and broader community. The laws reduce complexity and costs for stakeholders while providing increased flexibility for licensees, more choices for patrons, and greater protection for local communities from alcohol-related harm. The range of alcohol harm-reduction measures include:

- a new Community Impact Statement for new liquor licenses and applications to extend trading hours, with a requirement for greater public consultation in licensing decisions
- a self-exclusion scheme for people with alcohol problems to enable them to ban themselves from licensed premises

- provisions to declare 'restricted areas', with greater controls on the sale and supply of alcohol, in areas suffering from chronic alcohol abuse problems
- a new process for Liquor Accords to ban troublemakers from multiple venues and new offences to deal with drunk and unruly patrons
- increased penalties for underage drinking and intoxication offences
- expanded powers to ban irresponsible liquor products and promotions, as well as require responsible consumption of alcohol messages on promotions that involve substantial liquor discounts
- a specific definition of 'intoxication' to assist licensees to comply with Responsible Service of Alcohol requirements
- the ability to declare lock-outs or curfews to reduce alcohol-related anti-social behaviour by reducing patron migration between licensed venues in problem areas
- provisions for the Director of Liquor and Gaming to determine noise and disturbance complaints from residents and local councils
- provisions for the Casino, Liquor and Gaming Control Authority to order the closure of licensed premises where it is in the public interest to do so
- a new regulation establishing an offence to sell high-alcohol-based food essences (greater than 35 per cent ethanol by volume) to minors.

In December 2007 the *Law Enforcement (Powers and Responsibilities) Act 2002* was amended to protect community safety and prevent or diffuse large-scale public disorder through police powers including liquor restrictions and responses to alcohol-fuelled violence.

Draft liquor promotion guidelines were developed by the NSW Department of Arts, Sport and Recreation for public consultation. The guidelines describe the circumstances under which a licensee may be restricted or prohibited from undertaking or being involved in activities or promotions involving the sale or supply of liquor. The guidelines will be finalised and released in the next reporting period.

A review of mandatory signs in licensed venues was finalised in 2007–2008. Following the review and as part of the implementation of the new liquor laws, signage for use in licensed venues was redesigned to focus on underage

drinking laws and utilise international style symbols to convey information messages in a standardised fashion.

On behalf of all Australian liquor regulatory bodies, the NSW Department of Arts, Sport and Recreation published an updated version of the *Australian ID Checking Guide* in June 2007 for use by bar and door staff. It provides information on accepted forms of identification from around Australia, a description of the various features of each card and tips on checking a young person's identification. The purpose of the guide is to reduce underage drinking by assisting licensees and their staff to identify minors and prevent them gaining access to licensed premises. Following independent research into the effectiveness of identification checks undertaken in June and July 2007, the department worked with identified venues to implement better practices to reduce the risk of selling alcohol to minors.

The NSW Department of Arts, Sport and Recreation established the Alcohol Response Taskforce initiative in March 2007. The taskforce aims to reduce assaults and other alcohol-related crime in licensed venues through enforcement and education activities in partnership with NSW Police, and liquor accords particularly in areas with high levels of alcohol-related assaults and street crime.

NSW Police finalised the *NSW Police Force Guidelines: The management of people affected by methylamphetamine and other stimulants*. The guidelines provide information on managing situations involving people affected by methylamphetamine in key areas, such as communication, medical emergencies and operational safety.

New Police 'move-on' powers targeting intoxicated groups came into force on 21 December 2007. The new powers allow police to issue directions to groups of three or more intoxicated people in public places who are likely to cause injury to others or damage to property, or who otherwise pose a risk to public safety.

The Adult Drug Court continued to reduce drug dependency, promote re-integration of drug offenders into the community, and reduce the need for drug offenders to resort to criminal activity to support their drug addiction. As at 30 June 2008, a total of 1612 offenders have participated in the program since inception in 1999, undergoing rigorous individual programs of at least twelve months.

The Magistrates Early Referral into Treatment Program (MERIT) continued to enhance the range of diversion programs operating in NSW and made them more accessible to eligible offenders. In 2007–08, MERIT was available in 61 local courts across the state. 1774 offenders entered the program between July 2007 and June 2008, with 1143 completing all program requirements. Since inception, 10,194 people have entered and 6177 people have completed the program.

The Rural Alcohol Diversion program based on the MERIT program continued for adult defendants appearing in Orange and Bathurst Local Courts charged with alcohol-related offences. In 2007–2008 there were 131 referrals to the program, with 81 accepted and 51 participants completing all program requirements.

The Youth Drug and Alcohol Court continued to divert young offenders with serious drug and alcohol problems away from the criminal justice system and into treatment and rehabilitation. In 2007–2008, 139 young offenders were referred to the program with 55 acceptances. Since inception in 2000, 114 young offenders have successfully graduated from the program and nearly 700 young offenders have participated.

In 2007–2008, NSW Police issued 3403 cautions under the Cannabis Cautioning Scheme, which targets adults found with minor amounts of cannabis. There are mandatory education sessions for those receiving second cautions.

The Ted Noffs Alcohol and Other Drugs Counselling in Schools Program aim to help students with drug and alcohol problems and ensure that they remain at school. This service was provided to eighteen schools in the Sydney metropolitan area and the Central Coast. To September 2008, over 1400 students had been helped by Ted Noffs Foundation counsellors.

Young offenders with drug and alcohol issues were provided with interventions and counselling through the network of Regional Alcohol and Drug Counsellors, which is in seventeen rural locations. Young offenders were provided with drug and alcohol treatment services in the dedicated Residential Rehabilitation Units in Coffs Harbour and Dubbo run by the Ted Noffs Foundation. In 2007–2008, 420 young offenders received counselling and 86 young offenders entered a residential rehabilitation unit.

The Department of Juvenile Justice developed Dthina Yuwali (Tracking Footprints) – a new Aboriginal-specific staged alcohol and other drugs program based on the relationship between substance use and pathways to offending. The program pilots demonstrated a high level of participation and completion rates.

The NSW Department of Juvenile Justice introduced the Intensive Supervision Program, a multi-systemic based program targeting young offenders, which became operational in May 2008, in one metropolitan and one regional location. The program offered a new approach to the rehabilitation of young offenders involving families and communities in an intensive community-based intervention.

In the 2007–2008 financial year, 6652 random breath tests were conducted under *The Marine Safety Amendment (Random Breath Testing) Act 2005* which allows for the random breath testing of boat users.

The Sober Driver Program continued to target repeat drink driving offenders who may be referred to the program as part of their sentence or by their supervising Probation and Parole Officer. Since 2002, 4872 offenders have successfully completed the program.

Random roadside drug testing for MDMA, cannabis and methylamphetamine commenced in NSW in January 2007. In the 2007–2008 financial year, 12,037 random roadside drug tests were conducted with most positive tests being for methylamphetamine. The positive test rate for random roadside drug testing for the 2007–08 financial year was 1 in every 41 tests, compared with the alcohol breath tests, which was 1 in every 144.

The NSW Department of Corrective Services continued to implement evidence-based drug treatment programs for offenders in custody and in the community. The SMART Recovery Program was available in all correctional centres in NSW. The Criminal Conduct and Substance Abuse Treatment Program, an intensive program for high-risk offenders with serious alcohol and drug problems, was available at five correctional centres.

In December 2007, the NSW Department of Corrective Services launched a new program for offenders in correctional centres. 'The Impact of Dependence' is a readiness program which focuses on pre-contemplators and aims to increase the importance to participants of

changing their drug use and offending behaviour. Between January and June 2008, 276 offenders completed the program. During 2007–2008, Alcohol and Other Drugs staff in correctional centres facilitated 23,168 sessions of group programs addressing alcohol and drug use for 4128 individual offenders.

The Drug and Alcohol Addictions Program and Relapse Prevention Program continued to be delivered in Community Offender Services state-wide. During 2007–2008, thirty-three programs were delivered and 420 offenders completed the program.

In 2007–2008 Corrective Services AOD staff provided over 46,000 occasions of service to offenders in custody, including: screening or assessment of over 12,600 offenders; preparation of over 4600 reports for classification, case management, program review, court and parole purposes; 5000 contacts with community services for referral; over 12,500 one-to-one counselling sessions; case management of over 9600 offenders; and assisting 1850 offenders with preparation for release.

On 5 December 2007, the NSW Parliament passed amendments to the *Public Health Act 1991* to prohibit the sale of tobacco products by mobile vendors and from mobile or temporary premises. These amendments commenced operation on 1 January 2008. Furthermore, amendments were made to the *Public Health Act 1991* to permit the minister to prohibit the sale of fruit or confectionery flavoured tobacco products if satisfied that they might encourage a minor to smoke. The Minister's Order was published in the NSW Government Gazette on 21 December 2007 and came into effect on 18 January 2008.

In April 2008 the Premier of NSW released *Protecting Children from Tobacco: A NSW Government Discussion Paper on the Next Steps to Reduce Tobacco-Related Harm* (NSW Health, 2008). The Discussion Paper contained a number of reforms focusing on protecting children and young people by minimising the number of young people who take up smoking and from exposure to environmental tobacco smoke. Some of the reforms included banning shop counter displays of cigarettes, implementing a licensing scheme for tobacco retailers and removing tobacco products from shopper loyalty programs. A comprehensive community consultation process resulted in over 11,900 submissions received and a public forum was also held at Parliament House.

A Smoke Free Mental Health Taskforce was established to consult with over forty-eight agencies and organisations on the draft guideline to assist Area Health Services that have taken local decisions to implement Phase Four of the NSW Health Smoke Free Workplace Policy. This policy progresses smoke-free environments in mental health settings. The guideline includes best practice guidance for implementing smoke-free workplaces in in-patient mental health settings, including recommendations for clinicians and supporting resources.

Victoria

Injecting equipment was distributed through 165 Needle and Syringe Program (NSP) outlets in 2007–2008, representing 11.5 per cent more than the 148 outlets active in 2006–2007 and 20.4 per cent more than the 137 active in 2002–2003. From 2006–07 to 2007–08, demand for syringes at NSP outlets increased by 8.2 per cent, from 8.0 to 8.7 million syringes. Since 2002–2003, demand has risen by 30.2 per cent. These data are consistent with increasing NSP coverage and access to sterile injecting equipment.

A twelve month pilot project commenced in November 2007 to extend the Salvation Army's Health Information Exchange Primary NSP in St Kilda to 24-hour operation. The exchange is Victoria's busiest NSP, located in an area with high levels of street-based sex worker activity continuing through the night. To date, the Health Information Exchange 24-hour pilot has demonstrated around-the-clock demand for NSP services in St Kilda, with 20 per cent of contacts occurring after hours, between 11 pm and 9 am, when the service is accessed more frequently by younger women. Occasions of condom distribution have increased (53.4 per cent), as have occasions of education and information provision in relation to safe sex (406.8 per cent) and health (121.1 per cent).

The Victoria Police random drug testing program tests drivers for the presence of three illicit drugs: cannabis, speed (methamphetamine) and ecstasy (MDMA). Vic Roads and the Transport Accident Commission in partnership with Victoria Police conducted a community awareness campaign aimed at informing the community about the drug testing regime and associated penalties. Of the 407 positive results (obtained from over 28,800 tests), the following drugs were involved: methamphetamine – 55 per cent, MDMA – 6 per cent, and cannabis (THC) – 7.6 per cent; with poly-drug results

being: methamphetamine and MDMA – 10.8 per cent, methamphetamine & cannabis (THC) – 14 per cent, MDMA & cannabis (THC) 1 per cent, and all three drugs – 4.6 per cent.

Corrections Victoria has commissioned research into acquired brain injury (ABI) for sentenced male and female prisoners entering the Victorian Correctional System. It aims to provide prevalence data and evaluate the efficacy and veracity of the process to identify prisoners with an acquired brain injury. The project will be finalised in late 2008.

Queensland

The Queensland Illicit Drug Diversion Initiative consists of the Police Drug Diversion Program, Illicit Drugs Court Diversion Program, and the Queensland Magistrate's Early Referral into Treatment (QMERIT) Program. The QMERIT Program is a pre-sentence diversion program targeting offenders at an early stage in the criminal justice process. It aims to encourage offenders with a history of drug or drug-related offending to undertake a treatment program for their illicit drug problems while they are on court bail. In 2007–2008 QMERIT has continued as a pilot program at Redcliffe and Maroochydore Magistrates Court Districts.

There were over 7300 police drug diversions offered during 2007–2008. Of the diversions offered, there was an 81 per cent compliance rate and 17 per cent non-compliance with direction. Approximately 1 per cent of the original offers were cancelled (this may have been due to previous diversions or withdrawal of acceptance of the offer).

As part of the Addressing Volatile Substance Misuse Initiative, an extended service delivery model was established. The model, developed at the local level in 2007, commenced in the seven declared localities from 1 January 2008. The extended service delivery model focuses more on prevention and early intervention. It includes supervision of rest and recovery for intoxicated young people, as well as case management, short and long term individual and family support, outreach services, brokerage and diversionary activities for young people who are at risk of or using volatile substances.

Western Australia

For the twelve months from 1 January 2007 to 31 December 2007, 4,231,901 needles and syringes were distributed in Western Australia of which 54.8 per cent were distributed through needle and syringe exchange programs; 9.3 per cent through hospitals, community health centres and other health services; and the remaining 35.9 per cent through retail in pharmacies. A review of the Western Australian Needle and Syringe Program indicated that services were meeting consumers' needs. In all, 89 service providers, 112 consumers and eight other stakeholders provided input into the review.

Western Australia completed the expansion of the Indigenous Diversion Program to the Pilbara and Wheatbelt regions, and the expansion of the Supervised Treatment Intervention Regime to the metropolitan region.

South Australia

During 2007–2008, 1692 individuals were diverted under the Police Drug Diversion Initiative (PDDI) for 1960 simple drug possession offences.

South Australia also operates a Drug Court Program at the Adelaide Magistrates Court, servicing the Adelaide Metropolitan area. Since April 2008, Drug and Alcohol Services South Australia has coordinated the introduction of a Specialist Treatment Team to provide an intensive, manualised program for Drug Court Program participants through the 'Walk the Talk' program.

The Court Assessment and Referral Drug Scheme (CARDS) targets the 'lower end' offenders who are appearing in the Magistrates Courts and enables the Magistrate to refer a defendant during their bail or bond into a brief drug treatment intervention. Completion rates for males increased from 67.7 per cent (2006–2007) to 84.2 per cent (2007–2008) and for females from 45.7 per cent (2006–2007) to 66 per cent (2007–2008).

The results of evaluations of both PDDI and CARDS conducted by the SA Office for Crime Statistics and Research are available on their website <http://www.ocsar.sa.gov.au>.

Tasmania

Tasmania Police employed a number of strategies to reduce drug use and drug-related harm. In November 2007, amendments to the *Police Offences Act 1935* provided Tasmania Police with the power to prohibit the consumption of alcohol in prescribed public places during prescribed days and times, and to prohibit persons from 'spiking' another person's drink. In December 2007, amendments to the *Road Safety (Alcohol and Drugs) Act 1970* provided police with the power to issue Excessive Drink Driving Notices and to immediately disqualify drivers exceeding a breath alcohol reading of 0.15, or who re-offend. Tasmania Police have supported marketing campaigns in relation to drink and drug driving issues. Tasmania Police Public Order Response Teams and Licensing Units continue to provide a highly visible, frontline policing approach to address a range of alcohol-related issues, including crime and antisocial behaviours, use of alcohol by underage persons and compliance with liquor licensing requirements.

In April 2008, the Launceston General Hospital conducted joint education sessions with the Drug Education Network to provide information on fetal alcohol syndrome and spectrum disorder, and to provide maternity care providers with practical skills and tools to address the issue with women in pregnancy. The hospital is also working with the Drug Education Network to develop a 'toolkit' for midwives, GPs and obstetricians to assist them in helping women to manage drug and alcohol issues in pregnancy.

Additional funding was provided to the Tasmanian alcohol, tobacco and other drugs sector peak body, the Alcohol, Tobacco and Other Drugs Council, to undertake specific activities to increase public awareness of alcohol, tobacco and other drugs related issues. This requires the dissemination of targeted information on alcohol, tobacco and other drugs related issues, including population health approaches, evidence-based practices and strategic policy directions to the ATOD sector, aligned service sectors and to the broader community. A review of Smoking Cessation Interventions was completed in 2007–2008. The consultant's report and Department of Health and Human Services recommendations included:

- the appointment of state-wide and regional hospital-based cessation coordinators to promote brief interventions by health professionals

- increased media campaigns to prompt more quit attempts
- additional resources for the Quitline to ensure it can cope with increased demand
- the inclusion of pharmacies in the delivery of community-based cessation services. In May 2008, the Tasmanian Government announced an allocation of \$2.7 million over four years to implement the recommendations, including for a state-wide Smoking Cessation Coordinator.

The Department of Health and Human Services new primary Needle and Syringe Program (NSP) located on Hobart's Eastern Shore is sited in the Department's Clarence Community Health Centre. Approval was received to install three NSP vending machines as part of a trial that will be located in Devonport, Launceston and Hobart. These will be rolled out in 2008–2009. NSP Compliance Practice Standards have been adopted in all primary and secondary NSPs.

In 2008, the Department of Health and Human Services Pharmaceutical Services Branch commenced a project for the development of a comprehensive IT-based practitioner communication and information system. The system will provide practitioner support following implementation of real-time date reporting of dispensed opioids and other related substances, to commence in 2009.

Northern Territory

The Department of Justice is currently leading a review of the NT Liquor Act and the Alcohol Court Act in partnership with the Department of Health and Families, Northern Territory Police and other stakeholders.

Tobacco use remains the leading cause of chronic disease and preventative death in the Northern Territory. The Department of Health and Families will lead the implementation of amendments to strengthen the Tobacco Control Act and introduce comprehensive smoke-free policies, including support for smoking cessation across all departmental services and facilities.

A smoke-free policy and implementation plan is being developed for the Department of Health and Families. The policy will cover all hospitals, health centres, clinics and their grounds. There will be a strong focus on providing smoking cessation support for staff and patients/clients as well as guidance on the distribution of Nicotine Replacement Therapy.

The first twelve-month phase of the National Smoke-Free Pregnancy Project has been completed. Activities included developing resources and brief intervention training for midwives in the hospital setting.

The Top End Tobacco Project and Tobacco Monitoring Project was a joint project between the Department of Health and Families, the Menzies School of Health Research, and the National Heart Foundation. The project was completed and the evaluation report is currently being finalised by the Menzies School of Health Research.

The Quitline service has been reviewed and new territory-specific branding has been developed to market Quit NT, with work continuing on the development of a Quit NT website to aid in the distribution of information and promotion of available services. Twenty-seven tobacco cessation programs and twelve Quit courses were delivered during 2007–2008.

Data obtained through the *Northern Territory Alcohol Consumption and Related Attitudes: Household Survey* is providing a clearer understanding of the consumption patterns and attitudes towards alcohol use. The survey examined the prevalence of drinking, drinking frequency, beverage choices, levels of consumption and associated risks for short- and long-term harms, consequences of drinking, place of purchase, place of consumption and attitudes towards alcohol use.

Northern Territory Police, in collaboration with the Australian Government, are currently working on three projects with other stakeholders to:

1. develop an alcohol and pornography multimedia DVD, specific to the measures included in the *Northern Territory National Emergency Response Act 2007* (NTNER Act) and the *Classification (Publications, Films and Computer Games) Act 1995*
2. carry out research on alcohol consumption patterns in a small number of communities, that will inform future monitoring of licensed premises
3. identify policies, procedures and opportunities for supporting closer collaboration between NT Police and Licensed Inspectors in monitoring licensed premises within the prescribed areas of the NTNER Act.

The Northern Territory Government provides funding and support to many urban, regional and remote 'alcohol-free'

festivals including the Garma Festival ³, Barunga Festival, National Aboriginal and Islander Day Observance Committee (NAIDOC) ⁴ events and community open days.

Commencement of the Nguui Community Project, designed to gather information about the amount and types of alcohol sold as well as alcohol-related harm from various sources (e.g. Licensing & Regulation, health centres, police, family and children’s services, alcohol treatment services, etc.) and assessing the impacts since changes to the community’s license conditions, came into effect. Information will then be presented in ways that are suitable for the local committee, for the licensing commission and for people in the community, such as the local women’s centre, schools and sports clubs.

³ Regarded as one of Australia’s most significant Indigenous festivals, the Garma Festival attracts around 20 clan groups from northeast Arnhem Land, as well as representatives from clan groups and neighbouring Indigenous peoples throughout Arnhem Land, the Northern Territory and Australia.

⁴ NAIDOC celebrations are held around Australia in July to celebrate the history, culture and achievements of Aboriginal and Torres Strait Islander people.

The Alcohol and Other Drugs Services actively participate in the Illicit Drug Diversion Initiative through the provisions of assessment, counselling, treatment, referral and education.

Australian Capital Territory

The most recently available accidental opioid death figures (2005) as reported by the National Drug and Alcohol Research Centre suggest that these efforts have, along with substantial health and treatment initiatives, delivered a sustained reduction in harm (Degenhardt & Roxburg, 2007).

Table 7: Number of accidental deaths due to opioids among those aged 15–54 years by jurisdiction, 1988–2005.

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	MISSING STATE	AUST
1988	204	99	16	12	18	0	0	2	-	351
1989	158	99	19	8	18	1	2	2	-	307
1990	196	79	8	19	14	5	0	0	-	321
1991	146	64	9	13	13	3	0	2	-	250
1992	182	79	18	30	22	0	1	4	-	336
1993	188	86	23	41	24	5	2	5	-	374
1994	209	97	37	32	38	4	5	3	-	425
1995	273	140	42	38	70	6	0	13	-	582
1996	260	145	32	32	64	5	2	17	-	557
1997	333	203	36	52	76	2	2	9	-	713
1998	452	243	64	53	78	10	13	14	-	927
1999	481	376	79	64	92	5	8	11	-	1116
2000	349	323	124	50	72	8	2	10	-	938
2001	177	73	58	18	35	8	5	12	-	386
2002	158	93	40	21	28	9	6	8	1	364
2003	143	129	32	14	16	4	2	17	-	357
2004	144	126	34	25	19	6	1	2	-	357
2005	133	104	42	37	36	14	np*	np*	-	374

Missing State relates to deaths where state was not known.

Source: Degenhardt & Roxburgh, 2007.

*np means that the data in these jurisdictions was not published in order to protect confidentiality.

6.4 Improved Access to Quality Treatment

The availability of treatment services for users of both licit and illicit drugs remains integral to the NDS. While preventing uptake of harmful drug use is vital, it is also essential to provide treatment services for people who experience drug-related problems or are drug-dependent. Action will be taken to:

- minimise barriers to treatment
- support effective treatment interventions and promising new treatment options
- build strong partnerships between drug treatment services and mental health services to enhance responses to co-existing drug and mental health problems
- increase the involvement of primary care such as GPs, specialists and hospitals, in early intervention, relapse prevention and shared care
- improve access to treatment programs and services (including diversion programs) in the criminal justice system
- improve knowledge of the effectiveness of culturally secure treatment for specific groups.

Australian Government Health

The Australian Government supports increased access to treatment programs and services through a number of programs.

Non-Government Organisation Treatment Grants Program

As part of the 2007–2008 Budget, the Commonwealth Government committed additional funding of \$79.5 million to expand the Non-Government Organisation Treatment Grants Program over the next four years to better support families and youth. Under round three of the grants program the government will provide \$134.4 million to fund 197 non-government treatment services nationwide. Contracts under round three are due to expire on 30 June 2011. This funding will expand and enhance professional treatment, counselling, detoxification and rehabilitation services available to the community. The funding will strengthen the capacity of non-government organisations to achieve improved services

outcomes and to increase the number of treatment places available for alcohol and other drug users.

The Amphetamine Type Stimulants Grants Program

The Amphetamine Type Stimulants (ATS) Grants Program is a one-off grants round designed to attract more ATS users into treatment by increasing the capacity of service providers to cater for and treat ATS users. The 2007–2008 Budget committed \$22.2 million over two years and seventy-one ATS grants were awarded.

Illicit Drug Diversion Initiative

The Australian Government continued to support the Illicit Drug Diversion Initiative (IDDI) in 2007–2008. IDDI is a Council of Australian Governments initiative aimed at diverting non-violent drug offenders away from the criminal justice system and into appropriate assessment, education and treatment services. The initiative funds both police and court-based programs in every state and territory. The Australian Government has provided more than \$340 million to state and territory governments for the delivery of court and police-based IDDI programs in two phases to 2007–2008. The Australian Government has continued to support IDDI and in September 2007 a further \$165 million was announced for a third phase of the initiative until 2010–2011, bringing the total commitment for this initiative to over \$500 million.

Improved services for people with drug and alcohol problems and mental illness – Capacity Building Grants

On 28 September 2007, funding totalling \$29.9 million was announced as part of the first tranche of funding under the capacity-building grants component of the Improved Services initiative. A total of eighty-seven non-government drug and alcohol treatment services across Australia will benefit from this funding, which commenced from 1 January 2008. This funding is aimed at improving the capacity of drug and alcohol treatment services to better identify and manage people with drug and alcohol problems and mental illness.

Cross Sectoral Support and Strategic Partnership project

The Cross Sectoral Support and Strategic Partnership project will complement the capacity- building grants program and involves funding state-based support organisations to assist services to build partnerships with the wider health sector, identify workforce development and training opportunities and to undertake service improvement activities. These organisations have initially been provided twelve months funding from January 2008.

Consumer and Carer Involvement in Comorbidity Treatment Planning

Under the National Comorbidity Initiative a consumer and carer involvement in comorbidity treatment planning kit was disseminated nationally.

New South Wales

As at the beginning of 2007–2008, existing drug and alcohol treatment infrastructure in new South Wales included 990 residential beds, 207 detoxification beds and fourteen Opioid Substitution Treatment to Abstinence Rehabilitation beds.

The New South Wales Government established six specialist cannabis clinics for dependent users and young people with the first four operating at Parramatta, Sutherland, the Central Coast and Orange. Two more clinics have been funded under the Third Drug Budget. The fifth opened in the North Coast in May 2008 and it is anticipated that the sixth will open early in 2009 in the Hunter/New England area.

Two Stimulant Treatment Program Clinics continued operation at Sydney's St Vincent's Hospital and the Royal Newcastle Centre, providing treatment for stimulant users, primarily methamphetamine users. To 30 June 2008, 373 clients had been assessed and 314 had entered into treatment. An evaluation demonstrated that the program is successful in attracting and retaining people who need treatment for both drug and alcohol problems as well as mental health problems, but are often reluctant to present at mainstream drug and alcohol services.

The NSW Third Drug Budget will provide \$1.5 million per annum from 2007–2008 to 2010–2011 to fund drug and alcohol consultation liaison pilot projects in Sydney South West Area Health Service, John Hunter Hospital and Children's Hospital Westmead. Drug and alcohol consultation

liaison is an initiative designed to increase early detection and interventions for patients presenting in emergency departments with drug or alcohol and/or dual diagnosis problems; to increase referrals to specialist drug and alcohol treatment; to reduce repeat readmissions to emergency departments; and to improve the capacity for generalist hospital staff to manage patients with drug and alcohol problems.

The Nepean Drug and Alcohol Service continued to provide health and welfare support to young people between 12 to 20 years who have a substance abuse problem. In the six months from January to June 2008, the service provided 376 episodes of care, mostly for counselling and case management (80 per cent of episodes). There were also sixty-one cases of inpatient detoxification.

The Getting It Together Scheme (GITS) supports vulnerable young people who are not accessing conventional services. Twelve GITS services provided case management and support to more than 2360 young people during the year. Services are located in Broken Hill, Cabramatta, Campbelltown, Crows Nest, Darlinghurst, Kings Cross, Mt Druitt, Newcastle, Nowra, Penrith, Waterloo and Wollongong. Three new GITS services are being established in the Toomelah/Boggabilla, Lismore and Central Coast areas in 2008–2009. Biannual forums for the Getting It Together services were introduced providing an opportunity for these services, the Department of Community Services and other partners to exchange information and ideas.

Specialised Drugs in Pregnancy Services continued to operate at a number of hospitals and at Drug and Alcohol Services across the state with additional services now established in Tweed Heads, Grafton, Coffs Harbour and Port Macquarie. The Drugs in Pregnancy Services provide case management and co-ordinate services for pregnant clients engaging specialist service providers as appropriate.

The Pharmacy Incentive Scheme is managed through the Pharmacy Guild of Australia (NSW) to encourage pharmacists to provide dosing services to stable patients on the NSW Opioid Treatment Program. At June 30 2008, 558 pharmacies (7538 patients) were dispensing medication for opioid dependence, representing an increase of 54 per cent more patients being dosed at pharmacies since the scheme's inception in 1999.

The NSW Quitline service offers a proactive call-back service. Over the 2007–08 period there were 35,469 calls to the Quitline service.

In April 2008, Justice Health implemented the Community Integration Team program targeting young people who have an emerging or serious mental illness and/or problematic drug and alcohol use or dependence leaving custody. The aim of this program is to coordinate care of the young person prior to and during the critical post-release period and ensuring continuation of care by linking them with appropriate services.

The Compulsory Drug Treatment Correctional Centre provides a new approach to drug treatment and rehabilitation of repeat drug-related offenders. After the first (incarceration) stage, offenders can become eligible to progress to stage two, when they can leave the centre to participate in employment, training and approved programs, and stage three when they may move to community custody arrangements, similar to home detention. The program includes support from agencies in the community such as Centrelink, NSW Housing, NSW Health and WISE Employment. By July 2008, seventy-one offenders had commenced the program and the first ten participants had been paroled, indicating successful completion of the program.

The Correctional Centre Release Treatment Scheme has successfully linked released inmates with a history of repeat incarceration and drug abuse to ongoing treatment, housing, education and other services. The scheme, which helps released inmates stay off drugs and not turn to crime, now operates in Wellington/Dubbo, Redfern/Waterloo, Blacktown, Hunter and the Mid-North Coast. As at June 2008, 1154 individuals had been helped after release from custody.

Victoria

During 2007–2008 the Mental Health and Drugs Division of the Department of Human Services has been working towards achieving the five service development outcomes of the Dual Diagnosis Key Directions and Priorities 2007–2010 policy document. Each outcome requires services to take action at the local level to ensure an effective response to dual diagnosis is core business within both the Alcohol and Other Drug sector and the Mental Health sector. Through 2007–2008, partnerships between the two sectors have been strengthened through the state-wide Dual Diagnosis

Education and Training Unit. The unit has developed a state-wide dual diagnosis education and training strategy including identification of specific dual diagnosis training needs and approaches related to aged, young and Indigenous cohorts. Dual Diagnosis clinical treatment guidelines have been developed to assist AOD clinicians in the development of the most effective responses to the various treatment needs of people with co-occurring disorders and training is provided to both sectors on assessment and screening tools. Dual diagnosis training has now been systematically incorporated into mainstream and training activities within the Vocational Education and Training sector as well as in undergraduate and postgraduate education.

Corrections Victoria commissioned an assessment of drug and alcohol treatment needs in Victorian prisons and community correctional services. The need assessment focused on the alcohol and other drug (AOD) treatment needs of Victoria's prisoners and offenders supervised in the community, to identify:

- who is in treatment, where they are in treatment and their characteristics
- what works amongst those in treatment and what are the unmet needs
- where the system is failing to engage and retain people
- hidden populations and their risk profiles
- enablers and blockers to treatment pathways
- relationship between treatment engagement and harm profiles.

Corrections Victoria commissioned a review of best practice approaches as part of the Indigenous Therapeutic Programs Project that is focusing on the availability and provision of treatment for substance use and violence for Victorian Indigenous offenders. The project addressed three phases: (i) reviewing best practices in relation to providing therapeutic intervention to Indigenous populations, (ii) reviewing programs currently available and (iii) providing recommendations regarding the provision and delivery of programs. These recommendations are to become available in 2008–2009.

Queensland

The implementation of Ice-Breaker Strategy treatment initiatives in Queensland included:

- three-year pilot study of alcohol and drug early interventions at two hospital emergency departments
- new amphetamine-type substances protocols for emergency departments
- expansion of Alcohol and Drug Adolescent Withdrawal Service outreach service
- new training position in Addiction Medicine
- service scoping study to assess current provision, gaps and need.

Continued funding and support for the Queensland Network of Alcohol and Drug Agencies was provided to enhance cross-sector collaboration and build the non-government organisations of the Alcohol and Drug sector. Funding for non-government treatment increased from approximately \$12.5 million in 2006–2007 to \$15.8 million in 2007–2008.

Improvements in early intervention and clinical responses to alcohol, tobacco and substance misuse were achieved through securing funding for additional clinical worker positions and service enhancements under the \$151 million Queensland Strategy for Chronic Disease

2005–2015 and \$68.8 million Indigenous Health package. The alcohol and drug funding allocation supports the roll-out of sixty new clinical worker positions over four years, with most enhancements for the non-government sector. Fourteen of these positions were established in 2007–2008.

New clinical guidelines and procedures for the Queensland Opioid Treatment Program have been developed to assist authorised private medical practitioners, public opioid treatment programs and participating pharmacists with improved service delivery.

The new Queensland Health \$1.5 million Quitline service went live on 1 November 2007. It is a dedicated high-technology call centre with clinical staff who undertake nicotine clinical assessment, and who provide information on quit strategies and products and relapse prevention.

Western Australia

The Drug and Alcohol Office of Western Australia improved access to quality treatment through the establishment of:

- integrated Community Drug Services in the southeast, northeast, central and northern metropolitan areas which combined Next Step and Community Drug Service Teams to provide a comprehensive service
- a four bed Aboriginal Withdrawal Unit at Next Step
- an integrated youth treatment service in partnership with Next Step and Mission Australia's youth services
- six new residential rehabilitation beds for Aboriginal clients in the south metropolitan area in partnership between Palmerston Association and the Aboriginal Alcohol and Drug Service
- seventeen new adult residential treatment beds at Cyrenian House and Palmerston Farm
- nursing and counselling positions within the alcohol and drug sector and hospital emergency departments to enhance services for amphetamine users.
- The Drug and Alcohol Office launched the second edition of the manual *WA Clinical policies and procedures for the use of methadone and buprenorphine in the treatment of opioid dependence*, and
- continued to implement the WA Alcohol and Other Drug Sector Quality Framework across all Drug and Alcohol Office funded agencies to provide a collaborative model of consumer-focused continuous quality improvement.

The Alcohol and Drug Information Service, Parent Drug Information Service and Quitline responded to 18,546 calls of which 1127 requests were from general practitioners.

South Australia

The Australian Government has provided funding to support the construction of a substance misuse facility and associated staff housing on the Anangu Pitjantjatjara Yankunytjatjara Lands in South Australia. The services comprise a residential facility that begun operations in June 2008 and a mobile outreach program which commenced in 2006.

Drug and Alcohol Services South Australia has continued to inform evidence-based practice through the release of results from the Australian Treatment Outcomes Study of

government and non-government treatment services. The results from this study highlight the effectiveness of drug treatment programs in improving health and well-being, reducing anti-social behaviour, and reducing mental health symptoms.

In 2007–2008, the South Australian Government began planning three Substance Misuse Day Care Centres at Port Augusta, Ceduna and Coober Pedy. This has occurred through funding from the Council of Australian Governments.

The residential program of the Drug and Alcohol Services South Australia, The Woolshed, is a therapeutic community for men and women aged sixteen years and over with significant alcohol and/or other drug-related problems. Planning for a new halfway house for transition and after-care purposes (as an addition to the existing two halfway houses) occurred in 2007–2008.

Tasmania

Tasmania Police, through the Illicit Drug Diversion Initiative, Early Intervention and Youth Action Units, and the Intra-Agency Support Teams, has continued to support improved access for drug offenders to counselling and treatment services, to address alcohol and other drug issues.

Headspace Northern Tasmania is well underway. This project is a collaboration of youth-specific service providers in the north of Tasmania (both government and community sector services) with General Practice North. Headspace has a specific focus on substance abuse, mental health and youth health issues; it has both formal partnership agreements in place (in the form of memorandums of understanding), together with local working processes, policies and procedures.

Inter-Agency Support Teams in Tasmania bring together relevant state and local government service providers to support children, young people and their families regarding a range of issues, including drug use. Tasmania Police has led the development of these teams that operate on a state-wide basis.

A review of the alcohol, tobacco and other drugs sector was undertaken in 2007–2008. A Future Directions Plan is expected to be completed early in 2008–2009 and will provide a strategic focus for the alcohol, tobacco and other drugs service sector in Tasmania for the next five years. This

plan identifies the areas where the Tasmanian Government will make significant investment in service delivery to ensure a quality and sustainable system designed to support people who have a substance abuse issue in the safest and most effective manner. An additional investment of \$17.1 million over four years commencing in 2008–2009 was also announced.

Additional funding was provided to Quit Tasmania to provide two additional major public campaigns to increase promotion of Quit and Smokefree messages. Funding for an additional Quitline Advisor was also provided to ensure the Quitline can respond to increased demand.

Northern Territory

The Illicit Drug Diversion Initiative in the Northern Territory links offenders to treatment services. Early intervention of cannabis use, and the potential to have their conviction expiated by participating in treatment, reduces the adverse life impacts associated with a criminal record and provides information and support for offenders.

Specialised alcohol and other drug clinical services are being delivered and supported by the Department of Health and Families in Darwin and Alice Springs. Working in partnership with other specialists and treatment services in the field, they provide the Opiate Pharmacotherapy Program assisted withdrawal that includes pharmacotherapy assistance, general counselling and case management within a harm reduction framework.

Clinical Practice Guidelines to support the *Volatile Substance Abuse Prevention Act 2005* are being developed to ensure competency in risk identification and risk management of people under a treatment order process. An alternate way of providing timely treatment for persons at high risk of harm from petrol sniffing via a tribunal process is also being investigated. Residential treatment services for clients using volatile substances are provided by organisations in Central Australia and Darwin. Service agencies include:

- Drug and Alcohol Services in Alice Springs, for adults
- Bushmob in Alice Springs for children and youths
- Council for Aboriginal Alcohol Program Services Inc. in Darwin for adults and children
- Mt Theo Outstation in Central Australia for youths
- Ilpurla Outstation in Central Australia for youths.

6.5 Development of the Workforce, Organisations and Systems

It has become increasingly evident that, although education is a necessary part of a Workforce Development strategy, it is not sufficient to facilitate and sustain the workforce. The NDS recognises that a multifaceted approach to develop the workforce is required, which should address the range of factors that impact on the ability of the diverse workforce to function with maximum effectiveness. Action will be taken to:

- develop a framework for the national strategy that will prepare the workforce for future challenges, raise their professional status and improve their capacity to adopt more effective innovations
- undertake analysis of effective dissemination strategies, the role of education and training, and the barriers to research uptake and ways of overcoming them
- improve the capacity of community-controlled and mainstream organisations to provide quality services to Aboriginal and Torres Strait Islander communities.

Australian Government

In 2007–2008 the Department of Health and Ageing (DoHA) successfully conducted the national training program, 'From Go to Whoa', for the drug and alcohol workforce about treatment and management of psychostimulant users. The DoHA also developed two national guidelines for AOD workers, one for challenging behaviours associated with psychostimulant use and one for AOD frontline workers for the treatment of methamphetamine use. These guidelines are currently being finalised.

Stage two of the Indigenous National Alcohol and other Drug National Workforce Development Program involved the roll-out of the Train the Trainer concept across seven jurisdictions (WA, the NT, Qld, SA, the ACT, Tas and NSW) and the establishment of two training programs within the participating jurisdictions, with the exception of Tasmania which involved the establishment of one training program. Completion of Stage Two training qualifies participants to attain a Certificate III in Community Services Work (Alcohol and Other Drugs) as an entry-level qualification for Indigenous alcohol and other drug work.

National Comorbidity Initiative

The Australian Government has initiated a number of programs under the National Comorbidity Initiative which aim to improve coordination across mental health services and drug treatment services, develop best practice guidelines for service delivery and increase professional education and training.

Three activities undertaken in 2007–08 aim to develop the workforce, particularly regarding assessment and management of clients presenting with co-existing mental health disorders. The 'Can Do' project aims to build the skills of general practitioners to recognise and manage patients presenting with comorbidity, as well as strengthen links between GPs and other relevant health professionals. In 2007, ninety 'Can Do' networking workshops were held with over 1600 participants. There were 250 GPs who participated in 'Can Do' clinical education training. The Comorbidity Professional Development Scholarships Program offered two rounds of grants for people working in AOD or mental health fields. There were forty-one successful applicants who were offered grants to enhance their skills. The Australian Psychological Society has been funded to manage the placement of postgraduate psychology students into semester-long supervised training in AOD services. This project aims to build clinical expertise in detecting comorbid drug and alcohol issues, and increase the likelihood of psychologists entering the AOD field. In the first semester of 2008 the first round of eleven students completed their placements. Psycheck, a self directed CD-Rom learning module, was developed to assist in the identification of comorbid mental illness amongst clients of AOD services.

New South Wales

The NSW Drug and Alcohol Workforce Development Council produced the document *Key Government Agency Planned Initiatives for Drug and Alcohol Workforce Development in NSW – 2007 to 2011*, based on plans produced by nine key agencies. In March 2008 the council received its first reports on progress in drug and alcohol workforce development which showed that government agencies are implementing a range of effective initiatives which include: interactive and web-based information packages for agency workforces; expert consultancy services during workplace meetings; and guidelines with support resources for staff.

The council continued to distribute a set of three promotional pamphlets to encourage recruitment into the drug and alcohol field of work. The pamphlets target young people in universities, current professionals and mature aged people to consider a career in the field. In 2008 the recruitment pamphlet for mature aged people was translated into three languages – Chinese, Vietnamese and Arabic – for distribution amongst ethnic minority communities through key peak bodies.

From 2007–2008, 520 approved training providers of apprenticeships and traineeships in NSW will be required to provide drug and alcohol awareness information and training to their employees and training participants.

In 2007–08, two TAFE NSW Health Promotion Grants projects for drug and alcohol issues on campus were completed in Northern Sydney, New England and Western Institutes (Stage One). Stage Two of these projects is planned for 2008–2009 as well as one at Western Sydney Institute (Open Training and Education Network). Two further promotion projects at the Northern Sydney and Western Institutes have also been approved (Stage Two) for 2008–2009. An evaluation of the projects will be conducted in 2010.

In 2007–08, TAFE NSW produced three staff development resources to assist institute staff to respond to drug and alcohol issues on campus. The resources support face-to-face delivery, a video to trigger learning and a self paced on-line resource.

Since 2000, the NSW Department of Education and Training has allocated grants to all ten TAFE NSW Institutes to build their capacity to respond to alcohol and other drug issues on campus and to deliver customised short courses for frontline community workers with clients with alcohol and other drug issues. Over 3100 people have enrolled in these drug and alcohol courses.

TAFE NSW developed a *Statement of Attainment in Drugs and Alcohol and Mental Health (Non-Clinical Work)*, which has been available for delivery since 2007. The Graduate Certificate in Alcohol and Other Drugs and Mental Health Practice, accredited in 2006, was piloted in 2008 in two institutes.

In 2007–08, the NSW Department of Community Services established a Drug and Alcohol Expertise Unit to give specialist support to all levels of the community services

network. The unit provides training, resources, assessment tools and advice to support frontline workers in assessing and managing risk where parental drug and/or alcohol use impacts upon the health and safety of children. During the year, 774 individual consultations were provided to caseworkers.

Two drug and alcohol family assessment guides were trialled in seven sites across NSW. The guides help caseworkers identify risk and case management strategies for children with parents or carers with serious and persistent drug and/or alcohol use. Between November 2007 and March 2008, 136 caseworkers and casework managers attended training in how to use the guides.

In 2007–2008, the NSW Department of Community Services provided training to frontline workers on the impact of drug use in pregnancy and the possible implications for newborn babies. Fifty-one workshops on Drug Use in Pregnancy and Neonatal Abstinence Syndrome were delivered to over 900 workers. In addition, a further twelve customised workshops were run in various locations across the state to address the needs of specific Community Service Centres on topics such as pharmacology, methamphetamine and parental substance misuse and the impacts on children.

The NSW Department of Community Services and NSW Health released the *Information Sharing Protocol (Opiate Treatment) – Methadone or Buprenorphine* in July 2007. The protocol assists caseworkers to obtain information about whether parents or carers are participating in an opioid treatment program. It formalises and streamlines processes to obtain information from NSW Health to aid in assessments where drug issues are affecting the safety, welfare and well-being of a child. Tools and resources to assist caseworkers to access information via the protocol are available on the Department of Community Services DrugNet intranet site.

The NSW Department of Community Services provided a range of workforce development initiatives that included drug and alcohol topics. In 2007–2008, thirty Caseworker Development Courses were run, each including a module on drugs and alcohol and one on dual diagnosis. Monthly research to practice seminars were held with leading experts on a broad range of child welfare topics including seminars on 'Parental substance misuse: implications for child welfare practice' and 'Assessing parents' capacity for change'.

Revised Drug and Alcohol Guidelines for generalist nurses in NSW, working in all areas of the health system, were released in January 2008. The guidelines, entitled *Nursing and Midwifery Clinical Guidelines – Identifying and Responding to Drug & Alcohol Issues*, were issued in hard copy and on the internet.

The improved assessment and care of co-morbid mental health and substance abusing clients is increasingly important to both Mental Health and Drug and Alcohol Services. Additional resource support provided by NSW Health, included:

- Hunter New England Area Health Service and the University of Newcastle developed a training CD-Rom, *Psychiatry and Substance Use*, relevant to both Mental Health and Drug and Alcohol workers. The CD-Rom is a self-learning educational training tool for both Mental Health clinicians and Drug and Alcohol co-ordinators working with co-morbid clients that was distributed to both Mental Health and Drug and Alcohol services to assist in local in-service training.
- In collaboration with the Network of Alcohol and Drug Agencies, a contemporary and contextualised mental health reference resource was produced for alcohol and other drug clinical workers in Area Health Service settings.

The NSW Department of Corrective Services completed the development of a training package on Communicable Diseases and Harm Reduction for all new staff of the department as part of their Integrated Induction Training. Further, the department completely revised and expanded the Communicable Diseases training module for Correctional Officer Primary Training. These modules aim to ensure that staff have the knowledge, skills and attitudes necessary to assist in prevention of blood-borne virus infections and other communicable diseases in the correctional environment.

In 2007–2008 the *Dual Diagnosis Support Kit* was reprinted in response to demand, with 28,000 individual components of the kit distributed. The kit is a valuable resource for working with families where a parent/carer has both a mental illness and drug and alcohol issues.

In 2007–2008, 9784 police officers were trained in the Magistrates early Referral into Treatment Mandatory Continuing Police Education Scheme package.

NSW Police developed Drug Diversion Field Referral Kits and supporting resources designed to encourage and enhance the uptake of diversion initiatives, for distribution to police in early 2009.

The SmokeCheck project provided training for Aboriginal health workers and other health workers who work with Aboriginal communities in NSW in the delivery of evidence-based best practice brief intervention for smoking cessation. The program was launched in August 2007 and fifty-three workshops have been conducted in eight Area Health Services with a total of 429 participants.

Victoria

A number of training programs have been developed as part of the Working Better with Families initiative:

- The Behaviour Exchange Systems Training program is the approach used by the AOD clinicians delivering the Parent Support Program. The PSP provides short-term therapeutic group programs for families of substance users and strategies for better communication between parents and their adolescent children aged fourteen to twenty-two years. BEST Plus is the updated BEST program. Twelve clinicians from four agencies attended a two-day training program in the revised BEST Plus program in April 2008. As part of the program, clinicians also receive eight hours supervision and the use of a manual.
- The Parents Under Pressure (PUP) program is an innovative approach to assessment and intervention to enhance family functioning in high-risk families. Twenty AOD clinicians from nine AOD agencies attended an information session about the PUP program in May 2008. A pilot program using this approach will be implemented in 2008–2009.
- The Bouverie Centre, Latrobe University, has been funded in May 2008 to further develop the skills of the AOD workforce across Victoria to better respond to families affected by substance misuse. This project will be implemented in 2008–2009.

The Corrections Victoria Community Correctional Services Alcohol and Drug Strategy was finalised in 2008. The strategy has been developed to address the specific needs of offenders supervised in the community, and complements the Victorian Prison Drug Strategy (VPDS). It provides a platform for addressing the issue of reducing harm caused by illicit and licit drug use and drug-related crime and the violence and anti-social behaviour of offenders with drug and alcohol issues, who are subject to community supervision. The strategy identifies four key goals: harm reduction; demand reduction; providing effective treatment opportunities; and an integrated and coordinated response.

The Identified Drug User (IDU) Program currently operating in Victorian prisons was introduced in 2002 as part of the revised VPDS. The IDU Program was updated in 2002 in response to a number of key developments that significantly

influenced the manner in which both the government and the community responded to the issue of drugs. The evaluation of the VPDS conducted in 2006–2007 outlined a number of recommendations in relation to the IDU Program. As a result, the program was reviewed to streamline pathways and processes to increase participation of prisoners in the incentive-based programs. The review also included staff training and prisoner education on the revised processes.

Queensland

The Queensland Police Service (QPS) continues to train police to respond to drug and alcohol-related harms through input into recruitment forums; training for responding to volatile substance misuse incidents; training on addressing alcohol-related harm in and around licensed premises; and the Mental Health Intervention Project which provides training incorporating the management of persons with substance-induced psychosis.

The liquor enforcement and pro-active strategies project involves the Queensland Police Service systematically identifying and gathering intelligence on licensed premises hotspots (where assaults and other disturbances occur) and establishing enforcement or preventative strategies to reduce alcohol-related incidents. During the period of review, a trial was conducted in relation to the capture of alcohol-related data in select police districts and this trial will be implemented state-wide in late 2008. A liquor enforcement and pro-active strategies network has been established within the Queensland Police Service.

Development and implementation of system enhancements for the Alcohol, Tobacco and Other Drug Information Services (ATODS-IS) has been undertaken to improve clinical assessment, support tools and reporting.

Implementation of professional development training opportunities for alcohol, tobacco and other drug prevention workers including a state-wide ATOD Prevention Workshop was held in November 2007.

Western Australia

The Western Australian Drug and Alcohol Strategy 2005–09 and supporting action plans including the WA Alcohol Plan 2005–2009; the Strong Spirit Strong Mind: WA Aboriginal Alcohol and Other Drugs Plan 2005–2009; and the WA

Volatile Substance Use Plan 2005–2009 continue to be implemented across the state. Implementation of the 2007 WA Illicit Amphetamine Summit – Government Action Plan also commenced and significant progress has been made against a number of the recommendations.

The Drug and Alcohol Office WA developed and delivered a range of workforce development initiatives including:

- roll-out of the National Psycheck Project across the metropolitan and regional areas of WA with 165 people participating in training
- delivery of the 16th WA Drug and Alcohol Symposium, 'Working out what works'
- development of an alcohol and tobacco training manual for Brief Intervention Co-ordinators across the seven WA Country Health Service regions
- development of the DROPPED DVD, a resource for health, welfare and peer support groups in responding to amphetamine and heroin intoxication and overdose
- community pharmacotherapy support for general practitioners and pharmacists through programs, training, forums and the clinical advisory service
- delivery of training for the Department of Corrective Services and the Department of Child Protection workers.

Ongoing delivery of Needle and Syringe Program training and education events equip workers with skills and knowledge to reduce harms and transmission of blood-borne viruses. A total of 245 health workers have been trained since the inception of the annual state-wide training course in 2000 and numerous others have received professional development through more localised brief education and training sessions.

South Australia

Drug and Alcohol Services South Australia, in partnership with the Flinders Medical Centre, conducted a calendar of short intensive courses for nurses, midwives, doctors, allied health professionals and Aboriginal health worker students from across South Australia.

Drug and Alcohol Services South Australia conducted workshops on the Alcohol Treatment Guidelines for Indigenous Australians, in metropolitan and rural South Australia.

The Community Services and Health Industry Skills Council commenced a comprehensive review of the Community Services Training Package in July 2006, including the Vocational Educational Learning Level 'Alcohol and other Drugs Work' qualifications. Drug and Alcohol Services South Australia was represented in the review process, including representation on the Alcohol and Other Drugs Working Group. The training package has been submitted to the National Quality Council for endorsement.

In 2007–2008, Drug and Alcohol Services South Australia continued to work with both the Drug and Alcohol Office Western Australia and the Aboriginal Drug and Alcohol Council South Australia in the delivery of the 'Strong Spirit Strong Mind' National Indigenous Alcohol and Other Drug Worker Training Program. This is a nationally recognised training program (CHC30802 Certificate III Community Services Work) and its purpose is to equip frontline Aboriginal drug and alcohol workers with the skills to work effectively and in a culturally secure manner in Aboriginal communities.

The Hepatitis C and Other Injecting Harms Education and Prevention Project continued in 2007–2008. The project aims to maintain and expand the skill base of new and existing Clean Needle Program workers, increase the capacity of services to engage injecting drug users effectively, and provide referrals to health and welfare services as appropriate.

In 2007–2008, Drug and Alcohol Services South Australia continued to implement a program for increasing the capacity of lifestyle coordinators and advisors employed by the Australian Better Health Initiative Lifestyle and Risk Factor program to respond to substance misuse issues. (This program is now known as the Do It For Life program.) The program covers information about tobacco, alcohol and other drug issues, use of the screening tool Alcohol, Smoking & Substance Involvement Screening Test, how to use brief intervention and motivational interviewing techniques for substance use problems and appropriate referral pathways.

During 2007–2008, Drug and Alcohol Services South Australia continued to develop a Youth Participation Framework to encourage increased involvement and consultation with young people in the decision-making processes.

Drug and Alcohol Services South Australia continued its participation in the Prevocational General Practice Placements Program managed by the Royal Australian College of General Practitioners. Drug and Alcohol Services South Australia support of the program is contributing to an increase in the number of young doctors trained in drug and alcohol treatment services.

Tasmania

Tasmania Police actively increased the capacity of officers to respond to alcohol and other drug issues. In the reporting period, Tasmania Police provided IDDI training sessions to new recruits and officers participating in the Frontline Supervisor's courses. Drug Policy Services also developed an on-line educational resource to enhance this training. Tasmania Police has increased the training for officers in relation to referral and treatment services for drug and alcohol health issues, and dealing with people affected by drug and alcohol influenced mental health disorders. Specific training courses were conducted for Drug Investigation Services officers.

Two inter-related projects around Professional Development and Clinical Supervision were supported and initiated in Tasmania by the Alcohol Tobacco and Other Drugs Council through the State Reference Group of the Illicit Drug Diversion Initiative. The primary objective of the Professional Development Project is to assist funded non-government organisations to implement and evaluate a professional development program to accredited IDDI service providers. The primary objective of the Clinical Supervision Project is to assist organisations to implement and evaluate a structured and systematic clinical supervision program for IDDI service providers.

Under the Key Risk Group Project 2007–08 of the Tasmanian Hepatitis C Education and Prevention Initiative, the Centre for Culture, Ethnicity and Health was contracted to travel to Tasmania to provide a workshop for a range of staff including women's health workers, nurses, English as a second language teachers, youth workers, clinicians, social workers, sexual health workers and family planning staff. The workshop provided an overview of the various perceptions, beliefs and barriers that exist in the Arabic speaking and African communities in relation to sexual health issues, particularly HIV, hepatitis C and sexually transmissible infections. Twenty-three people attended the workshop.

Northern Territory

The Northern Territory has incorporated Psycheck into its clinical practice to improve screening and brief intervention for high prevalence mental health disorders in alcohol and other drug services.

Four sites have been selected to have a remote alcohol and other drugs worker linked to primary health care services. These positions are funded through the Australian Government.

Clinical care in alcohol and other drugs services for high-risk young people is being improved through a range of professional development activities and the development and dissemination of practice and operational guidelines.

Alcohol and other drug standards will continue to be progressed as part of an overall Northern Territory AOD Service System Reform process. Audits of all treatment services are planned for completion during 2008.

The Northern Territory has supported the development of the Nurse Practitioner Scheme, particularly to AOD specialisation, including the provision of professional development activities.

In Central Australia there has been a key focus on building and supporting remote staff through the Remote Area Nurses pathways and professional development programs. To date, twenty-one remote area nurses have completed the training and ten community residents have been supported to undertake accredited AOD training.

The Alcohol and Other Drug Workforce Development Program (AODWDP) has been established to improve the functioning of the Northern Territory AOD workforce including the creation of remote systems and environments that are conducive to workforce development. It also focuses on methods to improve individual professional performance, knowledge, skill and attitudes. The program has supported two-thirds of the Northern Territory's AOD workforce. It is considered one of the leading training programs across the Northern Territory and provides training and assessment in line with contemporary best practice AOD methods.

During 2007–2008, student records confirm that the AODWDP supported a wide range of students from various backgrounds including:

- 1382 full-time students
- 303 students specifically trained in Brief Intervention
- 622 students trained in specialist clinical training

- 476 students from rural and remote regions
- 43 per cent of students were Indigenous
- 60 per cent of students were from non-government organisations.

The AODWDP offers training, tutoring, mentoring and assessment through a number of certified qualifications, whilst providing a pathway through specialist AOD workforce training in Certificate II, III, IV and Diploma (practical to tertiary). Nationally Accredited Quality Assurance Principles and Practices underpin the program.

Northern Territory Police conducted a series of workforce development seminars (including a national one in Alice Springs) in all regional centres on policing and working in rural and remote communities, illicit drug use and volatile substance misuse issues.

Work is ongoing within the Northern Territory Police to develop mechanisms to extract and use alcohol-related data to address liquor licensing issues and alcohol-related incidents.

Australian Capital Territory

The AFP continues to actively pursue opportunities to strengthen the capabilities of its regional and broader international partners through a program of capacity building, principally through the AFP's Law Enforcement Cooperation Program (LECP).

During 2007–08, the AFP continued to provide financial support, equipment, training and mentoring assistance that enhanced international partner agencies' intelligence, investigative and forensic capabilities. This included:

- the ongoing delivery of police and serious crime management, intelligence, surveillance, and financial investigations development programs to members from international agencies
- funding the attendance of overseas law enforcement officers at various Australian and international training programs
- a joint project with the United Nations International Drug Control Program focusing on the suppression of illicit manufacturing and trafficking of amphetamine-type stimulants to the south-east provinces of the People's Republic of China
- a joint project with the United Nations Office of Drugs and Crime to continue establishing computer-based training centres in the Pacific
- the Australian Federal Police and the United Nations Office of Drugs and Crime are also developing a computer-based training package on Basic Intelligence for installation on the United Nations Office of Drugs and Crime global network of Computer Based Training Centres.

6.6 Strengthened Partnerships

A partnership approach has been one of the hallmarks of the NDS. The development of effective working relationships between the three tiers of government and affected communities, community-based organisations, business and industry, the medical profession and research institutions both nationally and internationally continues to be a key feature of the NDS. Action will be taken to:

- use the range of advice available from both the government and non-government sectors
- support the continuation of successful partnerships established with health, law enforcement, education, non-government sector, research sector and affected communities
- build on current regional and global relationships with an emphasis on promoting Australia's role in knowledge transfer and cooperation
- engage actively with local government to develop responses to local AOD issues
- cooperate with business, government and relevant media to manage the community impacts of drug use.

Australian Government

In 2008, an agreement was reached to establish a National Comorbidity Collaboration to strengthen partnerships between Commonwealth, state and territory AOD and mental health officials.

New South Wales

The NSW Government continued to support partnerships of volunteer community representatives and local agencies known as Community Drug Action Teams which respond to community concerns of drug and alcohol misuse by developing dedicated projects and resources. Nearly eighty

Community Drug Action Teams were active across NSW, involving over 1000 people on a regular basis.

The NSW Health 2007–08 Grants Program funded 141 Community Drug Action Team Projects. The majority of the approved projects focused on alcohol, such as 'Secondary Supply', 'Sales to Minors' and 'Binge Drinking'. The funding scheme aimed to raise awareness of the personal and social impacts associated with risky drinking; improve communities' knowledge of what constitutes risky drinking practices; and promote healthy lifestyle activities as an alternative to risky drinking behaviours.

In early 2008, NSW Health, in partnership with the Alcohol Education and Rehabilitation Foundation, established a Community Alcohol Education Project. The project aimed to strengthen existing Community Drug Action Team infrastructure to deliver information on alcohol issues to NSW communities and support community action activities to reduce the impact of alcohol misuse. Consultations took place with regional Community Drug Action Team project officers and a draft toolkit was developed.

Safe Start meetings were used in most area health services to coordinate an effective multi-agency response to drug use in pregnancy. This was the primary mechanism for working with pregnant substance using women in areas where there were no specialist teams. Consultation liaison services were also used to provide assessment and referral for pregnant women with substance use problems.

The Alcohol Related Crime Information Exchange Project was implemented to consolidate relevant alcohol-related crime information from NSW Police, the NSW Office of Liquor, Gaming and Racing and the NSW Office of State Revenue, onto a central repository. This was used in targeting hot spots and by the NSW Bureau of Crime Statistics and Research in crime reporting. Phase One of the Alcohol Related Crime Information Exchange commenced in December 2007, initially using only NSW Police data, with access limited to police licensing and intelligence officers. This phase enabled the dissemination of alcohol-related crime data prior to the Christmas and New Year periods, to more effectively direct the tasking and deployment of officers. Phase Two of the system (mid 2008) progressively brought the Office of Liquor, Gaming and Racing and State Debt Recovery Office and their data online. Implementation has also involved training of NSW Police and Office of Liquor, Gaming and Racing staff.

The Crime Prevention Partnerships Non-Domestic Violence Assault Reduction strategy involved establishment of cross-agency teams to identify the causes of non-domestic violence assaults, including alcohol-fuelled assaults, and development of local strategies to address them. The program operated in six Police Local Area Commands within NSW and in October 2007 plans were announced to expand to a further ten locations.

The Anti-Social Behaviour Pilot Project was a parallel initiative of the Premier's Crime Prevention Partnerships Strategy. The pilot project aims to reduce non-domestic violence related assaults and problematic behaviour by enabling cross-agency case management of young people up to the age of twenty-five years. The pilot program was operational in seven NSW Police local area commands, and NSW Health worked with Area Health Services to establish processes to ensure that appropriate drug and alcohol and mental health interventions were provided.

Over 140 Liquor Accords operated across NSW. Liquor Accords help communities minimise alcohol-related antisocial behaviour by developing local solutions for alcohol-related problems and promoting the responsible service and consumption of alcohol. The accords are voluntary, community-based partnerships, involving licensees, local councils, police, government agencies, businesses and community groups. A range of patron education campaigns and patron transport schemes successfully operated around the state as a result of the accords.

Liquor Accords and Community Drug Action Teams have commenced collaboration on alcohol issues in local communities. For example, the Walgett Accord worked with the local Community Drug Action Team to produce a responsible drinking poster. Inverell Community Drug Action Team also worked with the local accord to produce an alcohol-related domestic violence resource launched in February 2008.

A new email service for Liquor Accord participants was introduced during 2007–08 to enhance understanding and help share ideas more effectively. The free electronic newsletter delivered information about Liquor Accords such as useful resources, funding sources and best practice examples with over thirty editions of *e-Accords Weekly* distributed to accord subscribers.

The NSW Department of Arts, Sport and Recreation provided \$200,000 over three years

(2006–2007/2008–2009) to the Australian Drug Foundation to support its Good Sports Program in NSW. The program assists sporting clubs to implement policies and management practices for the responsible consumption of alcohol. There are now 546 Good Sports clubs in NSW of which 180 are accredited under this initiative.

The NSW Department of Arts, Sport and Recreation, through the Sydney Academy of Sport and Recreation and the Regional Academies of Sport, conducted thirty-one Drugs in Sport workshops throughout the state for elite and pre-elite athletes. The workshops are also provided to sporting organisations and schools on request.

Achievements in tobacco control in NSW have resulted from strengthened partnerships with the Cancer Institute NSW, the Cancer Council NSW, the National Heart Foundation of Australia, Action on Smoking and Health Australia (ASH Australia), NSW Area Health Services, professional health associations, community-based agencies, drug and alcohol services, multicultural services, other NSW government departments, universities, and consumer and media organisations. The state-wide NSW Tobacco Control Network represents these stakeholders and provided consultation and expert advice on tobacco issues. The Tobacco Control Network met once during 2007–08.

Victoria

The Department of Human Services Mental Health and Drugs Division organises three Alcohol and Drug Service Providers Conferences each year. These conferences provide agencies with the opportunity to access practical and up to date information and research on current AOD issues and to network and share information with other service providers. Between 250 and 300 participants attend each conference. In 2007–08, conferences were held on the following topics:

- capacity building in the AOD sector, with a focus on new approaches to training, supervision and working with Indigenous communities
- innovation – innovative partnership approaches in the management of multiple-needs client presentations
- managing complexity – the benefits to clients of having strong collaborative partnerships with other specialist service providers.

Co-chaired by the Department of Human Services, the Injecting Drug Harm Reduction Network is comprised of representatives from harm reduction and treatment services, researchers and policy makers. The network aims to:

- share knowledge and expertise on injecting and illicit drug use, harms, practices, behaviours, statistics, treatment service approaches, emerging trends and initiatives
- ensure consistency of approach to injecting and illicit drug-related issues and practices across all organisations represented
- limit duplication and ensure that injecting and illicit drug-related initiatives in Victoria are coordinated
- provide feedback that will inform policy direction and treatment practices to government on injecting and illicit drug-related practices and trends.

Queensland

The Queensland Police Service continues to work closely with a wide range of government and non-government organisations to implement a whole of government response to volatile substance misuse incidents. This includes police in declared areas of the state having additional police powers to respond to VSM incidents. The seven declared localities currently are Cairns, Townsville, Mt Isa, Rockhampton, Caboolture, Logan and inner Brisbane. An approved process for other areas to apply for these additional powers is being formulated through an interdepartmental committee and Cabinet.

The Queensland Police Service continues to maintain partnerships with law enforcement and other government agencies through the Queensland Amphetamine Strategy Committee.

The Queensland Police Service in partnership with the Queensland Branch of the Pharmacy Guild of Australia and Guild Insurance has developed an information package for pharmacies titled 'Pseudoephedrine-Related Break and Enter – 10 Practical Tips to Reduce Your Risks'. This information package was developed and distributed state-wide, in response to an increase in the number of break and enter offences on pharmacies targeting pseudoephedrine. In addition the Queensland Police Service State Drug Investigation Unit provides crime prevention awareness to pharmacists and regional police to complement this risk minimisation package.

Implementation of local initiatives across the state to raise awareness and understanding of harmful alcohol consumption and alcohol-related harms in collaboration with other government departments and industry included: Local Industry Action Groups and Liquor Accords; Safer Venues Program which focuses on improved community safety at licensed premises; and Young Women and Alcohol programs to raise awareness of harmful alcohol consumption amongst young women.

Western Australia

The Drug and Alcohol Office continued to coordinate across government approaches to address alcohol and other drug use through the Western Australia Drug and Alcohol Strategy Senior Officers Group, comprising representatives from fourteen state government departments. Key achievements were:

- commenced development of the WA Drug and Alcohol Strategy 2009–2013.
- implemented memoranda of understanding between mental health and alcohol and drug services to establish processes for service coordination, clinical pathways and shared case management and worked to build the capacity of workers across both sectors to respond effectively to comorbidity.
- developed a policy framework across government addressing the impact of parental drug use on pregnancy, newborns and infants.

A partnership agreement between the Drug and Alcohol Office, the state Office of Aboriginal Health and the Australian Government Office of Aboriginal and Torres Strait Islander Health continues to coordinate agency action and funding for Aboriginal alcohol and drug issues.

Formal linkages between Drug and Alcohol Office and the Department for Child Protection at a state level were developed to bridge referral processes, protocols and improve service coordination and case management between alcohol and drug treatment services and child protection offices at the local level.

Through the Child and Adolescent Health Network, Drug and Alcohol Office is working to develop a Foetal Alcohol Syndrome Model of Care.

South Australia

The Hospitality First Responders Training course was developed in 2005–2006 by Drug and Alcohol Services South Australia in partnership with the SA Ambulance Service and South Australia Police. The course is designed to assist staff and management of hotels, clubs and other licensed venues to appropriately manage the first response to a medical emergency. In 2008, the national expansion of the project commenced through funding received by Drug and Alcohol Services South Australia from the Inter-Governmental Committee on Drugs Cost-Shared Funding Model.

In 2007–2008, Drug and Alcohol Services South Australia developed a number of models of shared care with mental health services, for clients with co-occurring mental health and substance use problems. These included:

- establishing a comorbidity specialist Registered Nurse position to liaise with emergency department services, primary health care settings and mental health services
- establishing a partnership with Child and Adolescent Mental Health Services directed toward the professional development of staff of both organisations in responding to clients under the age of sixteen, with, or at risk of, mental health and substance use problems
- supporting the professional development of Drug and Alcohol Specialist Support Workers, employed by Mental Health Services. This model emphasises building the knowledge, skills, and confidence of mental health staff in recognising and responding to substance use problems among their clients.

Tasmania

Tasmania Police continued to develop and strengthen partnerships with state and local government, non-government, community and industry sectors in relation to alcohol and other drug issues. Tasmania Police continued to lead the Inter-Agency Support Teams (IASTs) to provide a coordinated, multi-agency approach in supporting young people who have offended, or are 'at risk' of offending, and their families. A primary focus of the teams is to identify and respond to problematic and harmful drug and alcohol use. Under IDDI, Tasmania Police works closely with the health sector to facilitate access for minor drug offenders to drug counselling and treatment service. A partnership between licensees, police, local council and the community

and business sectors has enabled the development of the Burnie Liquor Accord. This initiative commenced in 2007–08 and supports inter-sectoral communication and support concerning a range of alcohol and public safety issues.

Referral pathways and collaborative practice between Child and Family Services (C&F) and the Alcohol and Drug Service are currently being developed. The commencement of this was through a half day workshop in May 2008 to outline legal requirements, frameworks, guidelines and issues with which the different services work. Initial outcomes of this workshop were the identification of future training needs of staff and in the longer term the establishment of practice protocols between the two services to address substance misuse issues and increase the capacity of Child and Family Services to respond to families and individuals.

Additional funding was provided to the Tasmanian alcohol, tobacco and other drugs sector peak body, the Alcohol, Tobacco and Other Drugs Council, specifically to appoint a Policy and Research Officer to undertake a number of partnership activities. These activities included developing a research agenda; developing models of best practice; and developing a framework to support and enhance collaborative partnerships and inter-sectoral working relationships between alcohol, tobacco and other drugs non-governmental organisations, the Alcohol and Drug Service and other government and non-government service providers working in aligned service areas (e.g. Mental Health Services; Child, Youth and Families, Youth Justice; and general practitioners).

The Regional Alcohol and Drug Service group has been formed in more remote North West Tasmania, facilitated by the Department of Health and Human Services, Alcohol & Drug Service. This group has an emphasis on professional support and development and on coordinated collaborative practice for the North West area of Tasmania.

The Tobacco Coalition continued to hold quarterly meetings during 2007–2008 to discuss issues relating to the implementation of the Tasmanian Tobacco Action Plan 2006–2010. Tobacco Coalition members were also consulted in relation to the Review of Smoking Cessation Interventions in Tasmania.

Northern Territory

There was development of a collaborative, cross-agency approach between Licensing & Regulation, NT Police and the Department of Health and Families to identify issues and concerns relating to applications for new licensed premises and special liquor licenses (generally for one-off events). This collaborative approach aims to improve responsible service of alcohol practices and consequently minimise alcohol-related harm and anti-social behaviour.

Australian Capital Territory

Strong international law enforcement cooperation and partnerships play a critical role in addressing transnational organised crime. The AFP's International Network continues to expand and positioning of posts is regularly reviewed to ensure Australian law enforcement maintains a strategic advantage over transnational organised crime groups involved in trafficking of illicit drugs. A large proportion of the AFP's most significant drug investigations draw on information provided through the International Network which, as at 30 June 2008, comprised eighty-seven officers in thirty-four posts deployed in twenty-eight countries.

The AFP continues to promote the development of bilateral agreements to formalise cooperative international relationships to facilitate the free flow of information and cooperative transnational investigations. The AFP currently has a Memoranda of Understanding which facilitates cooperation on transnational crime issues with Vietnam, China, Japan, Korea, Cambodia, Thailand and the United States.

6.7 Implementation of the Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2009

The Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2009 (MCDS, 2006) provides a national direction to appropriately deal with specific alcohol, tobacco, illicit drugs and other substance issues that concern Aboriginal and Torres Strait Islander peoples. Key result areas identified in the plan are:

- enhance capacity of individuals, families and communities to address current and future issues in the use of alcohol, tobacco and other drugs and promote their own health and wellbeing

- whole-of-government effort in collaboration with NGOs to implement, evaluate and improve comprehensive approaches to reduce drug-related harm
- substantially improved access to the appropriate range of health and wellbeing services that play a role in addressing alcohol, tobacco and other drug issues
- a range of holistic approaches from prevention through to treatment and continuing care that is locally available and accessible
- workforce initiatives to enhance the capacity of community-controlled and mainstream organisations to provide quality services
- increased ownership and sustainable partnerships of research, monitoring, evaluation and dissemination of information.

Australian Government

The Australian Government, through the Department of Health and Ageing, funds projects through three Indigenous-specific initiatives. Funding is allocated to projects that address the strategic health and social priorities identified in the National Drug Strategy Aboriginal and Torres Strait Islander peoples Complementary Action Plan 2003-2009 (CAP) and priority areas endorsed by the MCDS. Projects enhance capacity of Aboriginal and Torres Strait Islander individuals and communities to address current and future issues relating to alcohol and other drugs, as well as workforce initiatives to strengthen Aboriginal and Torres Strait Islander community-controlled and mainstream organisations to provide quality services.

Indigenous Tobacco Control Initiative

At the Indigenous Health Equality Summit on 20 March 2008 the Prime Minister, the Minister for Health and Ageing and the Minister for Indigenous Affairs announced in a joint media release that it was investing \$14.5 million over four years to tackle the high rates of smoking in the Indigenous population. The initiative will comprise three key elements:

- supporting research into Indigenous tobacco control. In partnership with research organisations such as the Cooperative Research Centre for Aboriginal Health, this initiative will help build the evidence base around what works in helping Indigenous people to quit smoking

- trialling a range of innovative community interventions, including targeted, culturally appropriate communication activities
- offering smoking cessation training to staff working in Indigenous health.

Funding for the initiative comes from the reprioritisation of existing programmes and will be sourced from the:

- National Youth (Tobacco) Campaign: \$10.5 million
- Capacity Building in Indigenous Communities Program: \$3 million
- National Tobacco Strategy: \$1 million.

The first year of funding under the initiative (\$1.5 million in 2008–09) will be directed into Indigenous-specific tobacco cessation projects.

Capacity Building in Indigenous Communities

In 2005–06, the department received funding of \$7.1 million over four years through the budget measure 'Addressing Indigenous Needs – National Illicit Drug Strategy – Capacity Building in Indigenous Communities' to assist Aboriginal and Torres Strait Islander communities to deal with problems related to drug and alcohol misuse. In 2007–08 approximately \$2.5 million funded projects under this initiative such as:

- Clarence Valley Aboriginal Community Capacity Building project
- Coonamble Family Wellbeing project
- Safety Anytime project
- Strong Together project
- Barambah Community Support project
- Substance Misuse Community Resilience project.

Indigenous Communities Initiative

The 2007–08 Budget provided new funding of \$14.6 million, over four years, to continue funding to assist Indigenous communities to provide 'front-line' service delivery; improve health outcomes through education programs; and make substantial gains in national Indigenous workforce development and development of quality evidence-based and culturally-secure resources around substance misuse for Indigenous Australians. This initiative complements other initiatives by Australian, state and territory governments that

address different aspects of this complex problem (across health and welfare, law enforcement, training, education and employment). In 2007–08, over \$3.7 million was expended on projects including the:

- AOD Strategic Intervention project with Northern Territory Indigenous communities
- Indigenous National Alcohol and other Drug Workforce Development Program
- Pilbara Aboriginal Drug and Alcohol Program
- Mt Theo/Yuendumu Substance Misuse Program
- Yarrenyty Arltere (Larapinta Valley) Learning Centre
- Indigenous Risk Impact Screen and Brief Intervention Statewide Implementation project.

OATSIH Aboriginal and Torres Strait Islander Substance Use Program

OATSIH provides recurrent funding to a variety of Indigenous-specific substance use treatment and rehabilitation services across Australia. In 2007–2008 the OATSIH Substance Use Program provided \$26.682 million to support ninety-three Aboriginal and Torres Strait Islander health organisations across Australia. This includes forty-six stand alone Aboriginal and Torres Strait Islander substance use services, forty-six Aboriginal and Torres Strait Islander primary health care services, and one peak body for drug and alcohol services.

Council of Australian Governments' Drug and Alcohol Measure (2006)

In July 2006 the Australian Government committed up to \$49.3 million over four years (2006–07 to 2009–10) to substance use treatment and rehabilitation services in regional and remote Indigenous communities to help address issues of violence and child abuse in some communities.

Projects funded across the Northern Territory, Western Australia, South Australia, Queensland and New South Wales reflect a comprehensive mix of service models including: the development of new services and service types; the establishment of safe places to sober up; the establishment of multidisciplinary teams with skills in drug and alcohol and associated issues, and the development of services to support individuals following treatment and during their return to the community. Existing services are also being enhanced to increase service capacity.

This measure is ongoing with approximately \$14.8 million per annum allocated from 2010–11.

Closing the Gap – Indigenous Drug and Alcohol Services Measure (2007)

In December 2007 the Australian Government announced a further \$50 million over four years (funding to commence 2008–09) towards substance use treatment and rehabilitation services, particularly in remote areas.

Implementation is underway in New South Wales, Queensland and Victoria, with other jurisdictions scheduled to commence projects in 2009–10.

This measure is ongoing with approximately \$12 million per annum allocated from 2012–13.

Northern Territory Emergency Response – Improving Child and Family Health Measure (Drug and Alcohol Component)

Funding of \$11.4 million for 2007–08 was allocated for the Drug and Alcohol component of the Northern Territory Emergency Response (NTER) – Improving Child and Family Health Measure. A range of measures were implemented under the response to enhance the capacity of acute, primary health care and substance use services to respond to new alcohol legislation introduced under the NTER.

This included the provision of dedicated hospital beds for detoxification, engagement of Alcohol and other Drug (AOD) outreach workers in selected primary health care and substance use services, engagement of an AOD Clinical Director to provide professional leadership to the new workforce, funding to increase capacity of selected residential rehabilitation services, and provision of a range of community education and workforce training initiatives.

New South Wales

There are approximately seventy Aboriginal Drug and Alcohol workers based in NSW Aboriginal Community Controlled Health Services and in the Drug and Alcohol Non-Government sector. Five annual symposiums conducted by the Aboriginal Drug and Alcohol Network have been held since 2003 which allow these workers to share information and developments in drug and alcohol treatment care and management. The symposiums are an opportunity to expose them to professional development opportunities as well as to showcase their work to their peers.

Three original pamphlets designed to encourage recruitment into the drug and alcohol field of work were customised into two pamphlets for the Aboriginal community for distribution through the NSW Aboriginal Health and Medical Research Council.

New Certificates II, III and IV in Aboriginal/Torres Strait Primary Health Care, with alcohol and drugs, mental health work and dual diagnosis content, were available through TAFE NSW. The New England Institute delivered the Certificate II, Illawarra and Western Institutes delivered the Certificate III, and the North Coast and Western Institutes delivered the Certificate IV qualifications. Twenty-five students completed the Certificate IV in June 2008.

NSW Health established an Aboriginal Drug and Alcohol Traineeship Program to allow non-qualified Aboriginal workers to enter the drug and alcohol workforce. Workers receive on-the-job training in Area Health Services while studying for a degree course in health care with a focus on drug and alcohol. The Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) with a focus on an Aboriginal Dual Diagnosis course was finalised by the Australian Health & Medical Research Council in 2008 and accredited by the NSW Vocational Education and Training Board. The course was the first of its kind in Australia specifically focused on dual diagnosis and Aboriginal populations.

In 2008, NSW Health in consultation with the Aboriginal Health and Medical Research Council and the Aboriginal Drug and Alcohol Network developed a treatment plan to address the specific needs of the Aboriginal community – Aboriginal Drug and Alcohol Prevention and Treatment Plan.

The Aboriginal Health and Medical Research Council received funding to develop a 'best practice' model to engage and retain Aboriginal defendants in the Magistrates Early Referral into Treatment program.

The NSW Government has allocated \$679,500 over four years (2007–2008/2010–2011) to the Department of Education and Training to develop drug education programs for Aboriginal students with a particular focus on cannabis.

A number of resources were developed in 2007 as part of the NSW Health Amphetamines, Ecstasy and Cocaine: Prevention and Treatment Plan, including information and education resources on the risk of gamma hydroxybutyrate

(GHB) overdose and for injecting methamphetamine users. Further resources for psychostimulant users and their families have also been developed including specific adaptations for Aboriginal families and people from culturally and linguistically diverse backgrounds.

The NSW Government, with funding from the Commonwealth, and in partnership with Aboriginal communities, has completed Stage One of the Aboriginal Families and Carers Training Project – No Shame, No Blame! – which investigated the information and support needs of families and carers of Aboriginal people with drug or alcohol issues. The second stage involves development of information resources based on the findings of the research. The Aboriginal Families and Carers Training is delivered in appropriate cultural environments and aims to equip Aboriginal families and carers with information about drug and alcohol issues, treatment options and self care skills.

The Heroin Overdose Prevention Strategy funding enabled the Australian Red Cross NSW to work with families of drug-dependent people to help them recognise and treat overdose symptoms. Between 2002 and 2007 over 2800 people received cardio pulmonary resuscitation accreditation. In 2007, the program expanded to a wider range of drugs as well as alcohol, and to Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities.

In 2008, NSW Health completed a state-wide review into the health services available in NSW for women who use drugs and/or alcohol while pregnant. The review explored the availability of antenatal and postnatal services; access and entry points to treatment services assessment and referral pathways; and continuity of care. The review specifically investigated Aboriginal women's access to services and pathways to care.

Circle Sentencing, an alternate sentencing court for adult Aboriginal offenders, operated in Nowra, Dubbo, Walgett, Brewarrina, Bourke, Lismore, Armidale, Mt Druitt and Kempsey. Local Aboriginal people continued to be involved in the process of sentencing offenders and to be empowered to address criminal behaviour within their communities.

The policy on selection of participants for the Adult Drug Court was amended in 2006 to increase the availability of programs for Aboriginal offenders. In 2007, 13 per cent of the 169 Adult Drug Court participants identified as Aboriginal or Torres Strait Islander.

Victoria

The Department of Human Services (DHS) programs that target Koori people are delivered in partnership with Koori organisations and other community representatives and are informed by extensive community consultation. DHS continues to fund Koori Alcohol and Drug Resource Centres and Koori Alcohol and Drug Workers who provide AOD assessment, refer to AOD treatment agencies, undertake a range of prevention activities and provide support to clients and family members.

A number of workforce training initiatives were funded in 2007–08 specifically for Koori workers, including:

- Mapping the skills of the Koori AOD workforce: Swinburne University of Technology in collaboration with the Victorian Aboriginal Community Services Organisation and Moreland Hall conducted a survey of skills and qualifications of the Koori AOD workforce including the Koori Drug Diversion workers. This project started in March 2008 and is near completion.
- Delivery of Certificate IV in Alcohol and Other Drugs Work to the Koori AOD workforce: Youth Substance Abuse Service is delivering a training program in Certificate IV in Alcohol and Other Drugs Work tailored specifically for the Koori Alcohol and Other Drugs workforce in Victoria, including the Koori Drug Diversion workers. This training program uses a residential model and has a mentoring component targeting twenty participants.
- Development and delivery of an Orientation Manual and DVD for Koori AOD workers with information about roles, responsibilities and expectations of the Koori AOD workforce, and AOD treatment services available in Victoria.
- Delivery of a Dual Diagnosis training program specifically on screening, assessment and interventions for clients with co-occurring mental health and AOD issues.
- The production of a set of resources detailing exemplary practice in a number of Indigenous AOD work areas. The resources are designed to facilitate effective 'in service' training, mentoring and professional development for AOD workers within Aboriginal organisations and to be incorporated by Registered

Training Organisations, TAFEs and universities in their accredited education programs to improve the standard of workforce development in the Indigenous AOD field.

Queensland

The Queensland Government Alcohol Reform initiative for nineteen Indigenous communities was announced in early 2008. Building on the first round of alcohol reforms which were implemented between 2002 and 2007, the new changes will ensure that there is no drinking in public places; all roads are included in alcohol restricted areas; home brew is banned in communities with a zero carriage limit; and that private residences may be declared dry. There will also be enhanced enforcement capabilities to address sly grogging. To support this new alcohol regime, support services will be provided, including rehabilitation, treatment and counselling programs and diversionary services. The reform package is currently being implemented.

The Queensland Government announced its commitment to work with the Australian Government and local councils to begin the Welfare Reform Trial in four Cape communities – Aurukun, Hopevale, Coen and Mossman Gorge. This trial focuses on ending the dysfunction experienced by families in these communities through intensive income management support, more detoxification and rehabilitation services, improved educational opportunities and better health services.

The Queensland Indigenous Alcohol Diversion Program commenced in July 2007. The pilot program is located in Cairns (Yarrabah), Townsville (Palm Island) and Rockhampton (Woorabinda). As at 6 June 2008, 228 offenders have been referred to the program, sixty-four are currently participating in the program at various stages and ten have successfully graduated the twenty-week program.

The Queensland Police service continues to deliver training to Indigenous community police officers throughout the Torres Strait and Cape York area on basic by-law understanding, protocols and procedures to address alcohol- and drug-related incidents in communities.

The Queensland Police service and James Cook University (Cairns Campus) partnership project 'Weed It Out' has been designed to reduce the harms associated with cannabis abuse in Indigenous communities in Cape York and the Torres Straits.

In 2007–08, eleven new Indigenous-specific alcohol, tobacco and other drug prevention and clinical positions were established. The positions are part of the roll-out for Indigenous Health and Chronic Disease enhancements.

The Queensland Health SmokeCheck program continues to operate state-wide, with 210 Indigenous Health Workers trained during 2007–08. Since 2005 more than 600 health workers have been trained in SmokeCheck. The program is proven to increase health worker self-efficacy, confidence and skills in conducting brief interventions to assist their Indigenous patients and clients to critically think about their smoking, move towards being ready to quit, cut down the number of cigarettes they smoke, and quit smoking altogether.

More than ninety community events received small grants and smoke-free promotional resources from the Indigenous Event Support Program during 2007–08. Community sporting and cultural events were supported by the program in Hopevale, Yarrabah, Bamaga, Torres Strait, Northern Peninsula Area, Thursday Island, Badu Island, Lockhart River, Coen, Kowanyama, Normanton, Pormpuraaw, Wujal Wujal, Cairns, Atherton, Mount Isa, and across Central and Southern Queensland.

Western Australia

- Continued implementation of the Strong Spirit Strong Mind: Western Australian Aboriginal Alcohol and Other Drugs Plan 2005–2009
- undertook a scoping project to identify barriers and enablers to providing Needle and Syringe Program and other harm-reduction services for Aboriginal people who inject drugs and make recommendations as to strategies to address barriers and capitalise on enablers
- developed a Reconciliation Action Plan for the Drug and Alcohol Office
- in partnership with the Department of Health's Sexual Health Program, identified barriers and enablers to the provision of blood-borne virus education for Aboriginal people. Recommendation included improved consultation with Aboriginal community leaders regarding the need to develop effective responses to injecting drug use and BBV transmission in the community and further research into the social, cultural, environmental and structural contexts in which injecting practices occur

- doubled the number of intakes of Aboriginal alcohol and drug workers into the nationally recognised program CHC30802 Certificate III in Community Services Work within Western Australia, as well as supporting four partner jurisdictions to provide this program nationally. There were in total ninety-nine participants nationally including thirty-six from Western Australia who took part
- produced new resources to support workers within the sector including the Strong Spirit Strong Mind Counselling and Story Telling Cards
- provided dedicated beds and culturally secure programs for Aboriginal people in the inpatient withdrawal unit and residential programs
- expanded the Indigenous Diversion Program through the provision of additional Aboriginal-specific positions within the metropolitan and regional areas. These positions are building the cultural security of mainstream services and encouraging participation in treatment by Aboriginal West Australians.

South Australia

Drug and Alcohol Services South Australia's 'Aboriginal Substance Misuse Connection Program' was established. The service provides assertive outreach with integrated assessment and case work for clients who have complex needs and require accommodation assistance. It focuses on those who are homeless and have complex needs and provides assertive outreach with integrated assessment and case work.

A two year pilot program at Drug and Alcohol Services South Australia, called the Wiltanendi program, continued to provide a systematic and specific response to assist Aboriginal and Torres Strait Islander families and communities who are concerned about young people with alcohol and other drug problems.

A weekly radio program established by Drug and Alcohol Services South Australia called *Corka Yarnin* continued in 2007–2008. The community radio program aims to provide information about issues important to health and well-being, such as alcohol, tobacco and other drug use, as well as employment and education issues in an entertainment format.

Drug and Alcohol Services South Australia funds a range of programs that aim to reduce tobacco smoking prevalence among Aboriginal people in South Australia. In 2007–2008, arrangements were made for an appointment of a state-wide Aboriginal Tobacco Coordinator at the Aboriginal Health Council of South Australia.

In 2007–2008, Drug and Alcohol Services South Australia partnered with both the Aboriginal Drug and Alcohol Council South Australia and state-wide Aboriginal Community Health organisations in co-ordinating the annual state-wide Aboriginal Men’s Health Camp. The camp is a drug and alcohol free event and allows Aboriginal men from all over the state to determine the issues which are relevant to them and how they can work together in addressing these issues.

Tasmania

The Department of Police and Emergency Management has reviewed and redrafted the Tasmania Police Aboriginal Strategic Plan in line with the National Drug Strategy Aboriginal and Torres Strait Islander People’s Complementary Action Plan 2003–2009. The Strategic Plan will be finalised in 2008–09 and will continue to guide Tasmania Police’s response to alcohol and other drug issues involving the Tasmanian Aboriginal community.

In 2007, the Department of Health and Human Services created and commenced the recruitment of the position of Aboriginal Policy and Liaison Officer with the Alcohol and Drug Service. The position will be jointly responsible for the review of the Tasmanian response to the Aboriginal and Torres Strait Islander Complementary Action Plan 2003–2009. The position is expected to be filled in August/September 2008.

Northern Territory

Tobacco cessation, education and enforcement programs have been implemented in six remote communities across the Top End and Central Australia. A brief intervention flip-chart has also been developed to tackle the excessively high levels of smoking in Indigenous communities.

The Top End Tobacco Project and Tobacco Monitoring Project – a joint project between the Department of Health and Families, Menzies School of Health Research (MSHR), and the National Heart Foundation – was completed. The evaluation report is currently being finalised by the MSHR.

Community Support Officers have provided education, prevention and intervention strategies (including brief interventions), promotion and education in the new Indigenous Alcohol Treatment Guidelines. Trainers also provide accredited training in Certificate II, III, IV and Diploma level, providing an AOD education pathway that delivers clinical in-services to governmental and non-governmental organisations on the National Drinking Guidelines and the effects and impacts of alcohol consumption.

6.8 Identification and Response to Emerging Trends

Research, data and specialist advice is a high priority and are essential elements of the infrastructure of the NDS. They inform our understanding of licit and illicit drugs issues and the tailoring of policies and programs. Action will be taken to:

- implement robust, flexible and responsive advisory structures to allow direct access to specialist research and advice from people in the alcohol, other drugs and related sectors, on which policy decisions can be made in response to emerging issues and trends
- undertake regular environmental scanning through the advisory structures and other mechanisms to ensure that pro-active and responsive attention is given to emerging trends
- develop appropriate processes to implement research, monitoring, evaluation and dissemination practices appropriate to Aboriginal and Torres Strait Islander communities and programs
- efficiently exchange data and information between health, law enforcement and other stakeholders
- continue to seek opportunities to improve data collections
- evaluate the impact of existing activities and determine consequential impacts on patterns of drug supply, use and associated harm
- support research that might inform the next generation of responses to emerging drug issues
- facilitate the provision of relevant research advice
- undertake an annual strategic directions workshop.

Australian Government

In 2007–08, two main research activities and a national data collection were finalised under the National Psychostimulants Initiative (NPI). These were:

- research into the patterns of use and harms associated with methamphetamine use (the results of this study are expected to inform the development of the Federal Budget measure Illicit Drugs Use – Targeting Young Methamphetamine Users)
- research into psychostimulant mortality, coronary disease and other serious health effects. The findings from this study were released as a National Drug and Alcohol Research Centre Technical Report No. 286
- the Ecstasy and Related Drugs Reporting System, which is a national data collection which monitors the price, purity and availability of ecstasy (MDMA) and other related drugs such as methamphetamine, cocaine, GHB, LSD, MDA and ketamine throughout Australia.

Under the National Comorbidity Initiative two National Drug Strategy Monographs were disseminated in 2007–2008: *Barriers and Incentives to Treatment for Illicit Drug Users with Mental Health Comorbidities and Complex Vulnerabilities* (Holt et al., 2007) provides a qualitative analysis of barriers and incentives to treatment for people who use illicit drugs and who are living with mental health problems and other complex vulnerabilities, from the perspective of both service users and providers. The focus of the study was on service users with high prevalence of mental health problems, particularly anxiety and depression. This monograph built on the NDS Monograph 53 – *Barriers and Incentives to Treatment for Illicit Drug Users* (Treloar et al., 2004).

Cannabis and Mental Health: Put into Context (McLaren et al., 2008) provides a comprehensive analysis and review of existing data and expert opinion of the link between cannabis use and mental health issues.

New South Wales

The government's Expert Advisory Group on Drugs and Alcohol continued to meet in 2008 and provide strategic advice to the government on drug and alcohol issues including the government's ongoing NSW Drug Summit Program and its program responding to the recommendations of the 2003 Summit on Alcohol Abuse.

The Illicit Drug and Alcohol Monitoring Group was reconstituted to provide advice to the NSW Government and to report on illicit drug and alcohol trends at the local, national and international level. The group operates as a quarterly forum for the identification and discussion of illicit drug and alcohol trends based on data and information from NSW Police, NSW Health, Office of Liquor, Gaming and Racing, NSW Bureau of Crime Statistics and Research, Department of Premier and Cabinet, Department of Corrective Services and Justice Health. The group has been expanded to include a focus on alcohol in response to emerging issues.

A system of alerts continued to be used to ensure that there are prompt health sector responses to emerging trends in drug use. These 'alerts' are issued by NSW Health and inform Area Health Services and hospital emergency department staff of new and emerging trends in illicit drugs.

Victoria

In late 2007, Premier Brumby declared that alcohol is the biggest social issue facing Victoria and one of the biggest threats to young Victorians. A Ministerial Taskforce, convened by the Minister for Mental Health, the Hon. Lisa Neville MP, led the development of a comprehensive whole-of-government strategy to reduce alcohol-related harm. This document, *Restoring the Balance: Victoria's Alcohol Action Plan 2008–2013*, was launched by the Premier on 2 May 2008. Its objectives are to reduce risky drinking by Victorians, and to reduce the consequences of risky drinking on health, productivity and public safety. The plan is supported by new spending of \$37.2 million over the next four years to tackle the impact of alcohol abuse on the areas of health, community education and enhanced enforcement.

A \$17.6 million Liquor Licensing Compliance Directorate has been established in the Department of Justice to significantly strengthen enforcement of liquor licensing laws across Victoria.

Key features of the Victorian Alcohol Action Plan (VAAP) include:

- \$9.4 million for the Quality Care for Alcohol Problems Project to help general practitioners and primary health teams by providing support for specialists trained in treating addiction and alcohol-related problems

- \$4.3 million for an awareness campaign to encourage a safe and sensible approach to alcohol use
- higher definition standards for security cameras at late-night venues to allow police to better track offenders
- \$4.7 million for early intervention and prevention initiatives to encourage problem drinkers to seek help or change their drinking habits, which includes an online and telephone screening service for people to determine the risk of their alcohol problems
- \$1.2 million for a Safe Streets research project led by Victoria Police into the triggers of street crime
- a review of how maximum patron numbers in licensed venues are set.

These and other VAAP projects implemented over the next four years will protect the Victorian community from the harms of excessive alcohol consumption, while also raising awareness about the impact of alcohol and encouraging appropriate drinking behaviours.

The Victorian Parliament Drugs and Crime Prevention Committee was requested to inquire into, consider and report to parliament on the matter of the misuse/abuse of benzodiazepines and other forms of pharmaceutical drugs in Victoria. The inquiry focused on prescription drugs under the broad headings of benzodiazepines and narcotic analgesics (opioids). The final report of the inquiry was tabled in parliament on 6 December 2007. The report contains thirty recommendations covering education, research, prescribing and packaging practices, and treatment and management approaches. The Victorian Government response to the inquiry was tabled in parliament on 29 May 2008.

The Victorian Amphetamine-Type Stimulant and Related Drugs Strategy, due to be released in late 2008, will outline the Victorian Government's comprehensive response to the use of these drugs in Victoria. The broad goal of the strategy is to prevent and reduce the supply, use and demand for ATS and related drugs and to minimise the harms associated with the use of these drugs in the Victorian community.

Queensland

The Queensland Police Service and the Australian Federal Police co-hosted the 4th Australasian Drug Strategy Conference in October 2007. The conference provided a forum to enable representatives from law enforcement, government agencies, academics and community groups to share information and develop strategies with the aim

of reducing the negative effects of alcohol and other drug use within our communities. The conference incorporated a Commissioners panel, in excess of fifteen plenary sessions and 100 concurrent sessions covering a range of topics including supply reduction, demand reduction, harm reduction, research, alcohol, Indigenous issues, licensed premises, drug driving, rural and remote communities, youth issues and drugs in sport.

Western Australia

The Drug and Alcohol Office, Western Australia works in collaboration with a range of agencies in WA to monitor changes in heroin availability and associated harms. This 'early warning' system provides timely trend data to key stakeholders on a range of indicators such as numbers in treatment for heroin dependence, ambulance attendances, drug seizures, heroin-related calls to the Alcohol and Drug Information Service and anecdotal reports from treatment services including the emergency departments of the major metropolitan hospitals.

Key research initiatives included:

- Evaluation of the Young People's Opportunity Program found that it continues to be a successful collaborative inter-agency approach to diversionary treatment.
- There was evaluation of the usefulness and adoption of the WA Clinical Guidelines for the Management of Acute Amphetamine Related programs and the National Drug Strategy (NDS) Guidelines for the Management of Psycho Stimulant Toxicity for Police Services, Emergency Departments and Ambulance Services.
- There was a review of the Cannabis Infringement Notice scheme as stipulated in Section 26 of the *Cannabis Control Act 2003*.
- In collaboration with the Telethon Institute of Child Health Research, the University of WA, Curtin University of Technology, the Paediatric Surveillance Centre and Kalunga, a program of research on women's knowledge and attitudes towards alcohol use in pregnancy and diagnosis and management of Fetal Alcohol Spectrum Disorders was conducted.
- There was establishment of the WA component of the Australian Secondary Schools Alcohol and Drug Survey including coordination of school recruitment and data collection for the study.

South Australia

In 2007–2008, Drug and Alcohol Services South Australia completed a five-year research project that developed, trialled and implemented enhanced treatment strategies for the treatment of amphetamine abuse among young people. A final report was submitted to the South Australian Social Inclusion Board in December 2007. This research resulted in the implementation of effective new treatment approaches and the training of government and non-government health workers in these approaches.

Drug and Alcohol Services South Australia continued to be consulted by Family Health International to provide advice, training and continuing technical support to establish a methadone maintenance treatment program for injecting drug users living with HIV/AIDS in Vietnam.

In 2005, Drug and Alcohol Services South Australia and the National Drug and Alcohol Research Centre were awarded a contract by the Department of Health and Ageing to examine the motivations, behaviours, risks and physical and psychological harms associated with the use of performance and image enhancing drugs. A research monograph titled *Qualitative Field Study for Users of Performance and Image Enhancing Drugs* was released in 2007–2008.

Drug and Alcohol Services South Australia is the WHO coordinating centre for a multi-site international study that has carried out outcome and process evaluations of the efficacy of maintenance treatment for opioid dependence and related HIV/hepatitis C treatment and prevention in a number of developing and transitional economies in Asia (China, Indonesia, and Thailand) and Eastern Europe (Lithuania, Ukraine, the Czech Republic, and Iran), and also in Australia. In 2007–2008, work continued on the publication of a standardised program evaluation manual which will be disseminated through WHO Centre networks.

Tasmania

Tasmania Police remains committed to identifying emerging alcohol and other drug trends, and working in collaboration with government agencies and the community to provide appropriate responses. In 2007–2008, this collaborative approach has assisted in the enactment of a number of legislative amendments to better regulate the supply of alcohol in Tasmania. Tasmania Police commenced planning of an Alcohol Forum to be conducted in July 2008, involving

stakeholders from across government and the Tasmanian community, including liquor industry representatives. In December 2007, the Tasmanian Psychostimulants Action Plan 2007–2009 was released, under the Tasmanian Drug Strategy 2005–2009. This document was informed by the development of the National Amphetamine-Type Stimulant Strategy 2008–2011. Tasmania Police's association with the Tasmanian Institute for Law Enforcement Studies (TILES) assists in increasing knowledge of current drug- and alcohol-related research, and in identifying future research opportunities.

In 2007–08, the Department of Health and Human Services Alcohol and Drug Service commenced a review to scope the needs of the Tasmanian Aboriginal community in response to alcohol, tobacco and other drugs use issues. The review commenced in April 2008 and will be completed in September 2008. The review will also assist to inform the Tasmanian response to the Complementary Action Plan.

Northern Territory

The Northern Territory Government has introduced the Alcohol Management Plans as a way for individual communities and regional centres to determine and manage issues relating to the supply, demand and harms associated with alcohol consumption at a local level. Changes to liquor supply plans are only made after consideration, consultation and hearings (as required)

The Australian Government's Northern Territory Emergency Response (NTER) directly affected the availability and the service response to alcohol locally. Northern Territory Government agencies provided strategic advice on potential impacts and were involved in service delivery to support the alcohol measures in the NTER through the following:

- Two hospital beds were funded in both Katherine and Tennant Creek to provide for medically managed withdrawal from alcohol. These beds were supported by additional clinical staff on site.
- The provision of clinical expertise in withdrawal management and the development of supporting clinical protocols were undertaken in all regional centres.
- A Clinical Director was employed to support a range of professional development activities to the alcohol and other drug workforce established through the NTER.

- Advice was given on the roll-out of additional Australian Government services and positions to support alcohol and other drug treatment and rehabilitation.
- Support was given to the monitoring and evaluation of services provided by the alcohol and other drug workforce, funded under the NTER.

Australian Capital Territory

In November 1997, the Australian Government provided funding to establish a National Heroin Signature Program. In 2002, further funding enabled expansion of the program to include ATS and cocaine, and the program was renamed the Australian Illicit Drug Intelligence Program (AIDIP). Australian border seizures of heroin are currently profiled through the AIDIP, which is operated by the AFP in collaboration with the National Measurement Institute.

The program is designed to provide enhanced support for operations through the physical and chemical analyses of illicit drugs. Strategically, the analytical results are used to identify regions of origin, manufacturing trends or spread within a drug market.

For a specific investigation, comparisons can be conducted within and between seizures to identify different batches in a single shipment or potentially demonstrate links between individuals and/or networks that do business in illicit drugs.

This information assists in targeting resources available to law enforcement, as well as further developing understanding of the illicit drug trade and local markets.

Successful sharing of scientific illicit drug profiling data between agencies relies upon the use of compatible forensic profiling techniques. In developing AIDIP methods, it was therefore important that existing drug profiling programs around the world were considered and where appropriate adapted for AIDIP use, rather than establishing completely new methods. This approach also enabled faster program development and operational deployment of the method.

The AFP continues in its efforts to obtain reference samples of illicit drugs from known production regions, as well as major seizures made by law enforcement agencies in the Asia region and beyond. The AFP is also actively pursuing opportunities to build profiling capacity in domestic forensic drug laboratories, which would enable comparison of street-level seizures of illicit drugs with those made at the border.

Appendix A.

Key Data Sources

There are a number of different data collections supported by a range of agencies, many directly supported through the NDS. 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.

2004 National Drug Strategy Household Survey – Detailed Findings (NDSHS)

Australian Institute of Health and Welfare

<http://www.aihw.gov.au>

This report was built on the design of the 2001 survey, making it the most comprehensive survey concerning licit and illicit drug use ever undertaken in Australia. Almost 30,000 people aged 12 years and older provided information on their drug use patterns, attitudes and behaviours.

The methodology of the 2004 survey differed slightly from that of previous surveys. The drop-and-collect method and the computer-assisted telephone interview method were used to collect information from respondents.

National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD)

Australian Institute of Health and Welfare

<http://www.aihw.gov.au>

From 1986, states and territories have provided annual local data to DoHA each financial year. The data are collated and provided to the members of the Methadone and Other Treatment Subcommittee in November.

In early 2005, the AIHW was commissioned by DoHA to undertake the collection, management, analysis and reporting of the 2004 NOPSAD collection. The AIHW also undertook to progress data development activities to improve the comparability of the NOPSAD collection, including the development of national collection materials to support and underpin the collection.

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 and private clinics, correctional facilities or other facilities in each state or territory.

Alcohol and Other Drug Treatment Services in Australia 2005–06: report on the National Minimum Data Set (AODTS-NMDS)

Australian Institute of Health and Welfare

<http://www.aihw.gov.au>

This data collection was implemented to help monitor and evaluate key objectives of the NDS and to help plan, manage and improve the quality of AOD treatment services. The data presented in this report, in conjunction with other information sources, can be used to inform issues of access to treatment services and more generally to inform debate, policy decisions and planning processes that occur within the AOD treatment sector.

The AODTS-NMDS collection for 2005–06 consists of de-identified unit record data for treatment agencies and closed treatment episodes. 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.

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Appendix C. Legislation

New South Wales

Crimes Act 1900

Drug Misuse and Trafficking Regulation 2006

Drug Misuse and Trafficking Act 1985

Drug Misuse and Trafficking Amendment (Hydroponic Cultivation) Act 2006

Law Enforcement (Powers and Responsibilities) Act 2002

Liquor Act 2007

Marine Safety Amendment (Random Breath Testing) Act 2005

Police Powers (Drug Premises) Act 2001

Public Health Act 1991

Smoke-free Environment Act 2000

Northern Territory

Alcohol Court Act 2006

Classification (Publications, Films and Computer Games) Act 1995

Liquor Act

Northern Territory National Emergency Response Act 2007

Tobacco Control Act

Volatile Substance Abuse Prevention Act 2005

South Australia

Controlled Substances (General) Regulations 2000 – formerly Controlled Substances (Prohibited Substances) Regulations 2000

Tobacco Products Regulation Act 1997

Queensland

Drugs Misuse Act 1986

Drugs Misuse Regulation 1987

Tasmania

Road Safety (Alcohol and Drugs) Act 1970

Liquor Licensing Act 1990

Liquor Licensing (Infringement Notices) Regulations 2008

Misuse of Drugs Act 2001

Police Offences ACT 1935

Public Health Act 1997

Victoria

Drugs, Poisons and Controlled Substances (Amendment) Act 1981

Western Australia

Cannabis Control Act 2003

Liquor Control Act 1988

Tobacco Products Control 2006

Appendix D.

List of Acronyms

ACT	Australian Capital Territory	IGCD	Intergovernmental Committee on Drugs
AFP	(Australian Government) Australian Federal Police	ISS	Information Sharing System
AIC	Australian Institute of Criminology	LEAPS	Liquor Enforcement and Pro-Active Strategies
AIDIP	Australian Illicit Drug Intelligence Program	LECP	Law Enforcement Cooperation Program
AIDS	acquired immune deficiency syndrome	LSD	lysergic acid diethylamide
AIHW	Australian Institute of Health and Welfare	MAAC	Monitoring Alcohol Advertising Committee
ANCD	Australian National Council on Drugs	MCDS	Ministerial Council on Drug Strategy
AOD	alcohol and other drugs	MCDS	Ministerial Council on Drug Strategy Cost
AODTS	Alcohol and other Drug Treatment Services	CSFM	Shared Funding Model
NMDS	National Minimum Data Set	MDA	methylenedioxyamphetamine
ATS	amphetamine-type stimulants	MDMA	methylenedioxymethamphetamine (ecstasy)
BBV	blood-borne virus	MERIT	Magistrates Early Referral into Treatment
CALD	culturally and linguistically diverse	NAS	National Alcohol Strategy 2006–2009
CAP	National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2009	NCETA	National Centre for Education and Training in Addiction
CARDS	Court Assessment and Referral Drug Scheme	NCRAA	National Committee for the Review of Alcohol Advertising
COAG	Council of Australian Governments	NCS	National Cannabis Strategy 2006–2009
Customs	(Australian Government) Australian Customs Service	NDARC	National Drug and Alcohol Research Centre
DAO	Drug and Alcohol Office, Western Australia Health	NDLERF	National Drug Law Enforcement Research Fund
DHS	Department of Human Services (Victoria)	NDRI	National Drug Research Institute
DoHA	(Australian Government) Department of Health and Ageing	NDS	National Drug Strategy 2004–2009
FASD	Fetal Alcohol Spectrum Disorder	NDSHS	National Drug Strategy Household Survey
GHB	gamma hydroxybutyrate	NGO	non-government organisation
GITS	Getting It Together Scheme	NGOTGP	Non-Government Organisation Treatment Grants Program
HIV	human immunodeficiency virus	NIACG	National Inhalant Abuse Coordination Group
ICD-10	International Classification of Diseases Version 10	NIAT	National Inhalant Abuse Taskforce
IDDI	Illicit Drug Diversion Initiative	NPI	National Psychostimulants Initiative
IDDR	Illicit Drug Data Report	NSP	Needle and Syringe Program
IDRS	Illicit Drug Reporting System	NSW	NSW
IDU	injecting drug user	NT	Northern Territory
		NTS	National Tobacco Strategy 2004–2009

OATSIH	(Australian Government) Office of Aboriginal and Torres Strait Islander Health
PDDI	Police Drug Diversion Initiative
PIEDs	performance and image enhancing drugs
PSE	pseudoephedrine
PUP	Parent Support Program
QMERIT	Queensland Magistrates Early Referral into Treatment
QPS	Queensland Police Service
RTD	ready to drink
SA	South Australia
SMART	Self-Management and Recovery Training (program)
TAFE	Technical and Further Education
VPDS	Victorian Prison Drug Strategy
VSM	volatile substance misuse
WA	Western Australia
WFD	workforce development
WHO	World Health Organization

