

**Intergovernmental Committee on Drugs
National Drug Strategy 2004–2009**

Annual Report July 2004–June 2005
to the Ministerial Council on Drug Strategy

2 0 0 6

This document was presented to the Ministerial Council on Drug Strategy in December 2006.

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

© Commonwealth of Australia 2006

ISBN: 1 74186 076 8

Online ISBN: 1 74186 077 6

Paper-based publications

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without prior written permission from the Commonwealth. Requests and inquiries concerning reproduction and rights should be addressed to the Commonwealth Copyright Administration, Attorney-General's Department, Robert Garran Offices, National Circuit, Barton ACT 2600 or posted at <http://www.ag.gov.au/cca>

Internet sites

This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation. Apart from any use as permitted under the *Copyright Act 1968*, all other rights are reserved. Requests and inquiries concerning reproduction and rights should be addressed to Commonwealth Copyright Administration, Attorney-General's Department, Robert Garran Offices, National Circuit, Barton ACT 2600 or posted at <http://www.ag.gov.au/cca>

Australian Government Department of Health and Ageing

Publications approval number: 3913

Preface

Purpose of this report

This is the sixth annual report on Australian, state and territory governments' progress 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.

This report provides an overview of the activities undertaken over the period 1 July 2004 to 30 June 2005.

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

The data provided in the Annual 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.

The Annual Report is not intended to be an evaluation document, however it is likely to provide useful information to those undertaking evaluations of the NDS.

Report structure

The IGCD 2004–05 Annual Report is presented in seven parts.

- highlights in 2004–05;
- an IGCD Executive review;
- an overview of the NDS, including its mission and objectives;
- a report on the key trends and issues that have emerged during the reporting period, informed by trends in the main data collections and issues raised by experts in the drug and alcohol sector;
- a report outlining the work undertaken by the IGCD;
- a report on the activities undertaken by jurisdictions against the eight NDS Priorities; and
- a reference section, comprising a list of acronyms and further details on the key resources used to inform the report.

Readers

This report was presented to the MCDS in December 2006. 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 National Drug Strategy website <<http://www.nationaldrugstrategy.gov.au>>.

Contact information

For further information about the IGCD Annual Report to the MCDS, please contact the Secretariat:

Drug Strategy Branch
Australian Government Department of Health and Ageing
MDP 27
GPO Box 9848
CANBERRA ACT 2601

Telephone:
(02) 6289 7470

Facsimile:
(02) 6289 7837

Email:
igcd@health.gov.au

Website:
<http://www.nationaldrugstrategy.gov.au>

2004–05 IGCD highlights under the National Drug Strategy 2004–2009

During 2004–2005, the IGCD provided overall strategic direction for a range of initiatives, consistent with the NDS. Highlights from this period include:

- implementation of the *National Tobacco Strategy 2004–2009*;
- development of an early draft of the National Alcohol Strategy 2006–2009;
- development of an early draft of the National Cannabis Strategy 2006–2009;
- significant progression of work under the National Committee on the Review of Alcohol Advertising;
- major developments by the National Inhalant Abuse Taskforce on inhalant abuse at a national level;
- initiation of a review of current *Quitline* services;
- considerable involvement in the National Drugs Campaign, and
- developments against the MCDS priority areas for the *Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003–2009*.

INTERGOVERNMENTAL COMMITTEE ON DRUGS

IGCD Secretariat
Secretariat and Coordination Unit
Australian Government Department of
Health and Ageing
igcd@health.gov.au

GPO Box 9848, MDP: 27
CANBERRA CITY ACT 2601
Phone: (02) 6289 4475
Facsimile: (02) 6289 7837

Ministerial Council on Drug Strategy

Dear Ministers

On behalf of the Intergovernmental Committee on Drugs, I am pleased to present for your information, the 2004–05 Annual Report on the *National Drug Strategy 2004–2009* (NDS).

The information provided by health, law enforcement, and education jurisdictions across Australia is illustrative of the comprehensive and diverse activities undertaken to reduce the harmful effects of licit and illicit drug use nationally.

This report shows the extent to which the NDS supports a range of local activities while maintaining a broad national policy approach. The national response to the complexity of drug issues continues to be comprehensive, innovative and balanced.

Yours sincerely



Keith Evans
Chair
Intergovernmental Committee on Drugs

August 2006

Table of contents

PREFACE	III
Purpose of this report	iii
Report structure	iii
Readers	iv
Contact information	iv
2004–05 IGCD Highlights	v
Letter from IGCD Chair	vii
1. EXECUTIVE SUMMARY	1
2. OVERVIEW	5
2.1 The <i>National Drug Strategy 2004–2009</i>	5
2.2 Priority Areas	5
2.3 Advisory Structures	6
3. KEY TRENDS	7
3.1 Licit Drugs	7
3.1.1 Tobacco	7
3.1.2 Alcohol	8
3.2 Illicit Drugs	8
3.2.1 Cannabis	8
3.2.2 Psychostimulants	9
3.2.3 MDMA	9
3.2.4 Gamma Hydroxybutyrate and Ketamine	9
3.2.5 Opioids	10
3.2.6 Inhalants and Volatile Substances	11
3.2.7 Performance and Image Enhancing Drugs	13

4. KEY THEMES	15
4.1 Prevention	15
4.2 Treatment	15
4.2.1 Alcohol and Other Drug treatment services	15
4.2.2 Pharmacotherapy maintenance programs	16
4.3 Comorbidity	16
4.4 Hepatitis C	16
4.5 Drugs and Crime	17
4.5.1 Clandestine Drug Laboratories	17
4.5.2 Diversion	18
4.5.3 Drink Spiking	18
5. ACHIEVEMENTS OF THE COMMITTEE	19
5.1 Working Groups of IGCD	20
5.2 Cost Shared Funding Model (MCDS-CSFM) Projects	21
5.3 Review of the effectiveness of funding under the MCDS-CSFM	23
5.4 Joint work of the IGCD and the ANCD	23
5.5 Research	23
5.5.1 National Drug and Alcohol Research Centre (NDARC)	23
5.5.2 National Drug Research Institute (NDRI)	24
5.5.3 National Drug Law Enforcement Research Fund (NDLERF)	24
5.5.4 National Centre on Education and Training in Addiction (NCETA)	25
6. JURISDICTIONAL ACHIEVEMENTS	27
6.1 Prevention	27
6.2 Reduction of supply	34
6.3 Reduction of drug use and related harms	40
6.4 Improved access to quality treatment	47
6.5 Development of the workforce, organisations and systems	52
6.6 Strengthened partnerships	56
6.7 Implementation of the <i>National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003–2009</i>	61
6.7 Identification and response to emerging trends	68
7. KEY PRIORITIES FOR 2005–2006	73

APPENDICES	75
Appendix A—Key Data Sources	75
National Drug Strategy Household Survey (NDSHS)	75
National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD)	75
Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS)	76
Appendix B—References	77
Appendix C—List of Acronyms	78

LIST OF FIGURES

Figure 1	
The advisory structure supporting the NDS and their relationships	6
Figure 2	
Australian wide heroin seizures by weight and number, 1996–97 to 2003–04 (Australian Crime Commission)	12

1. Executive summary

Considerable progress against the priority areas of the *National Drug Strategy 2004–2009* (NDS) was achieved during the reporting period 1 July 2004 to 30 June 2005.

Under the priority area of prevention, a considerable body of work was progressed both at the national and jurisdictional level. At the national level, developmental work began on National Alcohol and Cannabis Strategies, the *Community Partnerships Initiative* funded 89 community-based projects and the National Drug Strategy Monograph *The prevention of substance use, risk and harm in Australia: a review of the evidence* was released. At the jurisdictional level, numerous community-based projects were implemented, primarily aimed at preventing and reducing harm experienced by children and young people. Examples of these include the New South Wales *Cannabis Information Campaign*, Victoria's community-based prevention work through the Premier's Drug Prevention Council and in the Australia Capital Territory a campaign entitled *Party Safely, Party Smart*.

Under the priority area of supply reduction, the interaction and cooperation between health and law enforcement continued to successfully reduce the availability of drugs within Australia. At the national level, a number of initiatives such as the *National Strategy to Prevent the Diversion of Precursor Chemicals into Illicit Drug Manufacture* and various research projects of the National Drug Law Enforcement Research Centre (NDLERF) were progressed. There was also continued success at the border with a number of significant seizures of precursors and amphetamine-type stimulant (ATS) drugs, including Australia's second largest seizure of MDMA (ecstasy). Successful law enforcement activities continued within the states and territories with a number of record seizures across all drug types. In particular, numerous clandestine drug laboratories were detected and shut down. Intelligence-led policing and liaison and cooperation across policing jurisdictions, both at a state and territory and Australian Government level, continued to be a major factor in disrupting the supply of illicit drugs into and within Australia.

A range of reduction initiatives aimed at individuals and communities were initiated and progressed at the national and jurisdictional level to reduce drug use and related harms during the reporting period. At the national level the National Psychostimulants and the National Comorbidity Initiative were funded by the Australian Government. In addition, the Illicit Drug Reporting System and the Drug Use Monitoring in Australia were provided with ongoing funding. A new system of health warnings was introduced (to come into effect on 1 March 2006) under the *Trade Practices Act 1974* requiring all manufactured and imported tobacco product packaging to include new graphic health warnings. Jurisdictions continued to progress harm reduction activities which included the various Drug Diversion programs operating locally within each jurisdiction under the *Illicit Drug Diversion Initiative*, the *Alcohol Linkage Program* in New South Wales, Victoria's work on the world's first roadside saliva drug testing program and South Australia's *Court Assessment and Referral Drug Assessment Scheme*.

The availability of quality treatment services for licit and illicit drug users remains integral to the NDS and was reflected in the investment at both a national and jurisdictional level. The impact at the national level is demonstrated by the continued commitment of more than \$65 million to the *Non-Government Organisation Treatment Grants Programme*. Activities at a jurisdictional level included increased availability of treatment places, specialised *Cannabis Treatment Clinics* in New South Wales, a pilot of the first Victorian Drug Court and implementation of the Western Australian *Alcohol and Other Drug Sector Quality Framework*.

The IGCD continued promoting a multifaceted approach to capacity building within the alcohol and other drugs workforce, through progressing a range of national and locally based initiatives. Nationally, the Australian Government continued its commitment to funding the National Centre for Education and Training in Addiction (NCETA), which produced a range of research projects and associated resources aimed at addressing workforce-related needs in the drug and alcohol sector. Jurisdictions also produced a variety of workforce-oriented resources and innovative training courses across a range of alcohol and other drugs workers, including general practitioners, nurses, needle and syringe program workers, treatment services workers, police and emergency service workers. Initiatives in this area included the Queensland Alcohol and Drug Research and Education Centre's Needle and Syringe Program Train the Trainer course and the Northern Territory's pilot Certificate III in Alcohol and Drugs for Indigenous workers.

The commitment across all jurisdictions to build and maintain partnerships across Australia and internationally has contributed to various achievements during the reporting period. At the national level, Australia was successful in gaining re-election to the Commission on Narcotic Drugs, the National Drug Research Centres of Excellence and the NDLERF continued to produce quality outcomes for a range of stakeholders and *Drug Action Week* was again held to showcase effective programs within the Sector. States and territories strengthened relations with a broad range of stakeholders through initiatives such as Victoria's *Bridging the Gap Program*, New South Wales *Drug Action Team* and Tasmania's *Tasmania Together* program. Relationships across sectors such as mental health, education, emergency services, housing, indigenous services, treatment services and the non-government sector continued to be enhanced and strengthened.

The National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003–2009, which was endorsed by the MCDS in August 2003, remained a focus of the NDS. Nationally, the priority areas of Indigenous data collection, Indigenous alcohol management, a national smoking cessation program and policing responses in Indigenous communities were identified and progressed. Activities at a jurisdictional level included the Croc Festival, cultural training programs for community police officers, the development of various culturally specific Indigenous resources for drug and alcohol workers and petrol sniffing projects.

In terms of drug trends within the reporting period, the prevalence of tobacco smoking continued to decline, a trend which has contributed to Australia being considered an international leader in tobacco control. 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. According to available data, illicit drugs are used by 15.3 per cent of the population aged over 14 years and continue to be responsible for considerable health, economic and social costs to individuals, families and the community as a whole.

During the next reporting period, the IGCD will continue to progress established strategies and priorities with effort concentrated across the three pillars of harm minimisation—supply reduction, harm reduction and demand reduction. The IGCD will also continue to operate in a coordinated and integrated manner, working across governments, the non-government sector and other relevant sectors.

2. Overview

2.1 The *National Drug Strategy 2004–2009*

The *National Drug Strategy 2004–2009* (NDS) provides a framework for a coordinated and integrated approach to drug issues in the Australian community. The 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'.

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:

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 2003–2009* (CAP)
8. Identification and response to emerging trends.

2.3 Advisory Structures to the NDS

The advisory structure consists of:

- The MCDS—which is 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—which is the key executive body responsible for providing policy advice to Ministers and implementing national drug policies and programs, as directed by the MCDS.
- The Australian National Council on Drugs (ANCD)—which has responsibility 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 specific working group, which provide advice to the MCDS and the IGCD on specific issues.

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

National Drug Strategy Relationship Diagram

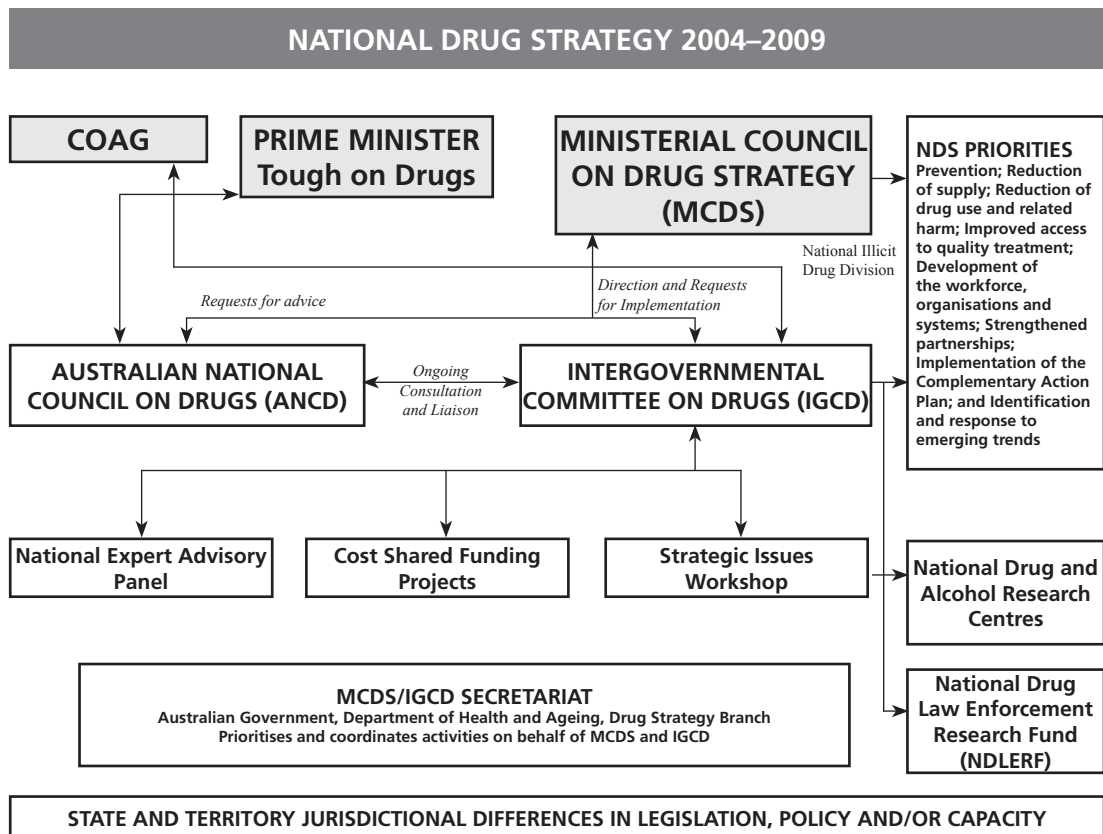


Figure 1: The advisory structure supporting the NDS and their relationships.

3. Key Trends

According to the Australian Institute of Health and Welfare (AIHW) *Australia's Health 2004* report, in 2000–01 expenditure on public health activities relating to the prevention of hazardous and harmful drug use in Australia was approximately \$146.2 million.

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).

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 2004–05. A list of data sources used to compile this section is outlined in Appendix A.

3.1 Licit Drugs

3.1.1 Tobacco

The overall prevalence of tobacco smoking in Australia is in decline, a trend which contributes to Australia being considered an international leader in tobacco control. Australians have decreased their daily tobacco use to 17.4 per cent in 2004 compared to 19.5 per cent in 2001 (NDSHS, AIHW 2004). This is among the lowest of any country in the world.

Even though these results are positive, tobacco remains the single largest preventable cause of disease and premature death in Australia and kills over 19,000 Australians each year. It is estimated to cost the Australian community approximately \$21 billion in social costs per year.

In 2004–05, tobacco advertising and sales over the internet became a concern nationally. Internet sites began selling cigarettes to the Australian public at greatly discounted prices. Although sites comply with current legislation, this type of exposure promotes the uptake and continuation of smoking and the use of tobacco products.

The *National Tobacco Strategy 2004–2009* (NTS) provides detailed evidence that advertising, promotion of smoking and easy access to products, such as occurs through websites, are powerful influences on the increased use of tobacco products, particularly by children and young people.

A working group has been established by the IGCD (Tobacco Advertising and Sales over the Internet) to investigate this issue and provide advice to the MCDS on Australian and state and territory government mechanisms to control tobacco sales over the internet.

3.1.2 Alcohol

According to *A Guide to Australian Alcohol Data 2004*, alcohol is second only to tobacco as a preventable cause of death and hospitalisation in Australia. Alcohol is a significant contributor to public disorder and violence and crime. People seek treatment for alcohol abuse more frequently than for any other licit or illicit drug.

Reducing the level of alcohol abuse is a shared responsibility between the Australian and state and territory governments. The majority of Australians drink at low risk levels for most of the time (as defined by the Australian Alcohol Guidelines). However, risky or high risk drinking levels for both the short and long term is estimated to cause about 3,000 deaths per annum and is responsible for almost 5 per cent (gross harm) of the total disease burden in Australia. Alcohol abuse generates \$7.6 billion in social cost to the community per annum.

The IGCD has worked in collaboration with the alcohol industry to try to reduce risky drinking in Australia. The result is an industry initiative to develop an industry-wide national approach to the labelling of alcoholic beverages with standard drink information. This will assist the community to have a better understanding of safe drinking levels, and will increase the effectiveness of Australian health promotion efforts to effectively promote the Australian Alcohol Guidelines which recommend safe drinking levels.

The IGCD has also commenced development of a National Alcohol Strategy 2006–2009 that builds on the former National Alcohol Strategy: A Plan for Action 2001–2003/04. The Strategy will be one of the key elements of the NDS. It is part of the ongoing Australia-wide response aimed at reducing the harmful consequences of alcohol use for individuals, families and communities.

3.2 Illicit Drugs

Illicit drugs include illegal drugs (such as marijuana/cannabis), pharmaceutical drugs (such as pain-killers, tranquillisers) when used for non-medical purposes (strictly illicit behaviour), and other substances used inappropriately (such as inhalants).

Illicit drugs are used by 15.3 per cent of the population aged over 14 years, according to the 2004 NDSHS, and are responsible for considerable health, economic and social cost to individuals, families and the community.

The IGCD has supported the work of the National Drug Campaign, which aims to reduce the proportion of young Australians using illicit drugs. The focus of the campaign is educational in nature and is particularly aimed at the target group of young people. The National Drug Campaign was launched in the first half of 2005, and involved national television advertisements.

3.2.1 Cannabis

After alcohol and tobacco, cannabis is the most frequently used psychoactive drug in Australia. One in three (5.5 million) Australians aged 14 years and older had used cannabis in their lifetime (NDSHS, 2004).

Since November 2004, the IGCD has been developing a National Cannabis Strategy 2006–2009 to focus on the health, psychological, legal and public health issues associated with cannabis use. The Strategy will be the first of its kind in Australia and will require a whole of government approach across health and law enforcement.

A Project Management Group comprising experts from the government, non-government, health and research sectors across a range of disciplines including research, mental health, law enforcement and treatment are guiding the development of the Strategy. The Group will develop the Strategy within the existing legislative framework, with cannabis law reform and the medicinal use of cannabis outside the scope of the project. The Strategy will be developed using existing research findings, written submissions and nation-wide consultations. Considerable work was progressed on the Strategy during this period with anticipated consideration of the draft Strategy by the MCDS in May 2006.

3.2.2 Psychostimulants

The use and availability of psychostimulants, in particular amphetamine sulphate ('speed') and methamphetamines ('meth', 'crystal meth', 'ice' and 'base') is increasing throughout Australia, with amphetamines being the most frequently used illicit drug after cannabis (AIHW, 2002; Welfare, Darke, Kay & Topp, 2002). Population studies estimate that more than half a million Australians had used an illicit stimulant during 2004 (AIHW, 2004).

In 2002–03, Queensland Health, as lead agency, received funding through the MCDS Cost Shared Funding Model (MCDS-CSFM), to undertake a national project with the aim of supporting frontline workers who have to face either amphetamine-affected behaviour or evidence of clandestine amphetamine laboratories.

The final resource will be aimed at five specific target groups of frontline workers, which are:

- police;
- customs;
- ambulance officers;
- health care workers; and
- corrections staff.

The aim of the resources is to provide information and guidelines for workers in these groups on how to deal with immediate amphetamine type stimulant behaviours.

A draft of the resources was provided to the MCDS in February 2005 for consideration and was well received. It is anticipated that a final draft will be provided to the MCDS for endorsement in December 2005.

3.2.3 MDMA

Ecstasy is the street term for a number of stimulants or synthetic drugs that are similar to methylenedioxyamphetamine (MDMA). 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-hydroxybutyrate (GHB).

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 has worked to successfully put in place greater controls on precursor chemicals, in addition to focusing effort on regulation of equipment used during manufacture, such as pill presses.

The IGCD has supported the development of the *National Psychostimulants Initiative*, which is managed by the Australian Government. The Initiative has been running since 2003–04 and in the 2004–05 Federal Budget it was allocated an additional \$3.1 million. Work being undertaken under the Initiative is across three broad themes:

- identifying good practice models for treatment;
- providing training and support for GPs and health workers; and
- providing information for at-risk youth and families.

Throughout the reporting period, the IGCD has supported 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 for 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.

At their February 2005 meeting, the IGCD noted that for the continued success of the Strategy national support was required, particularly for a National Clandestine Laboratory and Precursor Chemicals Database. It is envisaged that this database will store and integrate information on seized clandestine drug laboratories and precursor chemicals from all police and forensic agencies in each state and territory.

Another component of clandestine laboratory work progressed by the IGCD through the Toxic By-Products of Clandestine Drug Laboratories Working Group has been the development of Guidelines for the response to clandestine drug laboratories. The final draft of the Guidelines is expected to be presented to the IGCD in 2005–06.

3.2.4 Gamma Hydroxybutyrate (GHB)

The main reason for the considerable media attention around GHB has been the number of anecdotal and case reports of GHB overdose. GHB is a drug with a steep dose response curve, which means that the difference between a 'desired' dose and one that renders the user unconscious is very small. In recreational settings, the additional factors of inconsistent potency, variable individual response to GHB, environmental conditions and polydrug use may increase risks of GHB overdose despite the best intentions of users to reduce these risks. In one Australian study, approximately half (53 per cent) of a sample of GHB users had overdosed at some time (overdosing was defined as losing consciousness and being unable to be woken).

It is noted that GHB is not a separately recorded drug type in ICD-10 (the classification system used in coding discharges in Australian hospitals). As a result there is no national data available on GHB overdose or those presenting to hospital. Emergency Departments (EDs) in Sydney and Adelaide collect their own data on the number of presenting cases of GHB overdose.

As a component of the *National Psychostimulants Initiative*, the MCDS gave consideration to the use of drug testing kits. In May 2005, the MCDS agreed not to endorse the development or use of drug testing kits for personal use at the point of consumption, in light of the lack of evidence that the kits will lead to any net reduction in the harm caused by drugs. In 2005–06, an IGCD Working Group will consider ways to make better use of existing law enforcement and health databases for consideration by the MCDS.

3.2.5 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.

Previous patterns of use indicated that heroin use had been steadily increasing since the 1980s, but over the last two years had decreased. Most heroin use is irregular, however one in three users will become dependent. Heroin dependence can be a chronic, relapsing condition. Long term follow up of those entering treatment shows approximately 10 per cent will become and remain abstinent in the first year following a treatment episode.

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

The major public health risk in illicit drug use relates to injections:

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

Independent researchers and Australian Federal Police (AFP) analysts suggest that Australia's heroin shortage between 2001 and 2003 was affected by the disruption of importation syndicates by the AFP and its law enforcement partners, particularly due to the expansion of the AFP's International Network. Likewise, the United Nations Drug Control Program Global Illicit Drug Trends 2002 and the 2004 National Drug and Alcohol Research Centre (NDARC) report on *Causes, Course and Consequences of the Heroin Shortage in Australia* support the assessment that the heroin shortage was probably caused by changes in the heroin supply to Australia related to Australian drug law enforcement.

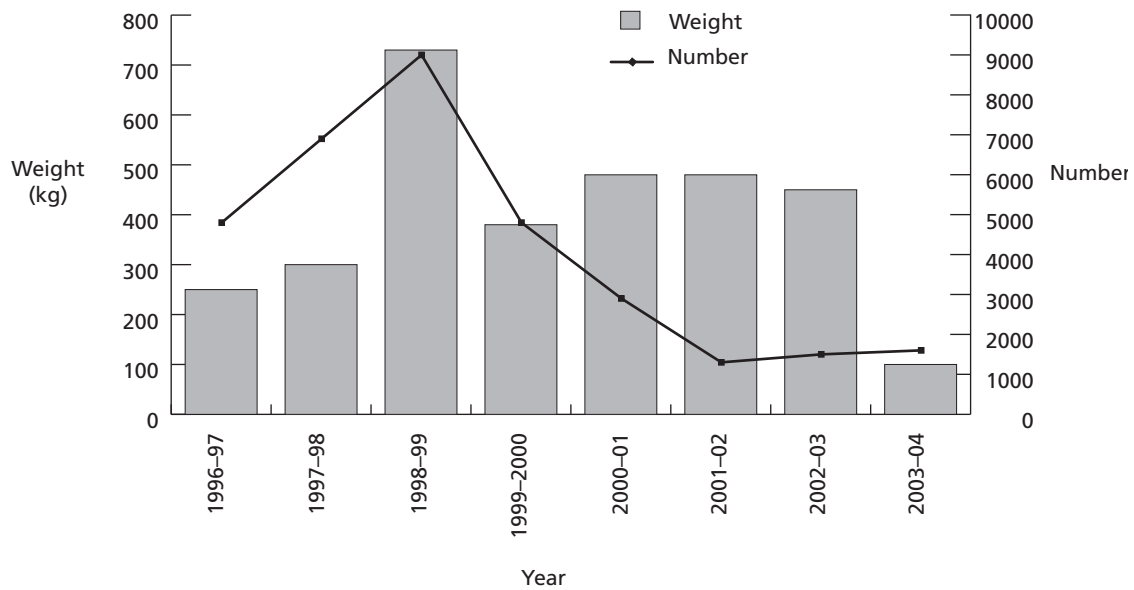


Figure 2: Australia wide heroin seizures by weight and number, 1996-97 to 2003-04 (Australian Crime Commission (ACC)).

3.2.6 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. However, chronic use over a period of years has been identified in some Indigenous communities.

In 2004-05, the IGCD established the National Inhalant Abuse Taskforce (NIAT). The Taskforce considers issues on inhalant abuse at a national level and identifies gaps in current work practices. The NIAT has considered issues such as effective information resources, data collection, supply and product issues, legislation, broad based prevention activity and treatment options. The NIAT is due to deliver its final report, including the results of two inhalants modification projects, to the MCDS in November 2005.

3.2.7 Performance and Image Enhancing Drugs

Performance and Image Enhancing Drugs (PIEDs) are a range of substances, including anabolic-androgenic steroids.

The 2004 NDSHS indicated that the use of steroids is most prevalent in the 20 years and older age group. In Australia there were 71 steroid related arrests in 1996–97, peaking at 113 arrests in 2002–03 and 99 arrests in 2003–04.

The IGCD has established a time-limited working group addressing the use of PIEDs not related to elite sporting performance. The Working Group will explore the motivations, behaviours, risks and physical and psychological harms associated with the use of PIEDs. The outcomes from the Working Group are expected to be presented to the IGCD in September 2006.

4. Key Themes

4.1 Prevention

During 2004–05, the IGCD established the Prevention Toolkit and Prevention Pathways Working Groups. The Prevention Toolkit Working Group was established to review the available techniques/interventions to assist young people to successfully negotiate the transition points identified in the Pathways to Prevention model. The Prevention Toolkit Working Group was also asked to consider and develop strategies to raise awareness of toolkit and intervention points for practitioners that could be implemented in a coordinated way across jurisdictions.

The Prevention Pathways Working Group was established to develop an approach that identifies key points at which young people are at risk of drug uptake or misuse and redirect to them alternative pathways. It is anticipated that the final report from the Pathways Working Group will be provided to the IGCD in September 2005. The report recommendations will lead into the development of an approach that identifies key points at which young people are at risk of drug uptake or misuse and offer alternative pathways.

4.2 Treatment

4.2.1 Alcohol and other drug treatment services

According to the AIHW (2005), there were 136,896 closed treatment episodes in 2003–04, an increase from 130,930 episodes reported in 2002–03 (closed treatment episode refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency).

The most common treatment types provided within alcohol and other drug (AOD) treatment services nationally in 2003–04 were: counselling (38 per cent), withdrawal management including detoxification (18 per cent) and assessment only (15 per cent).

Alcohol was the most common principal drug of concern to clients, including those who identified themselves as Aboriginal and Torres Strait Islander peoples.

In 2000–01, the IGCD established an Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) Working Group to improve coordination, collection, quality improvement and reporting of data. The information the AODTS NMDS provides will be important in guiding AOD policy and planning.

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, 2004) recognised that methadone is currently 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. Buprenorphine has also been used as a maintenance treatment for opioid dependence in Australia since 2000.

The *National Pharmacotherapy Policy* (2004) was prepared by the IGCD Subcommittee on Methadone and Other Treatments, to provide a broad policy context and a framework for state and territory policies and guidelines that are concerned with the treatment of heroin dependence. These opioid pharmacotherapy treatment programs facilitate access to treatment and promote the principle of harm reduction and education of users.

4.3 Comorbidity

There is a growing recognition of the prevalence of people suffering from comorbid mental health disorders and substance use disorders. This presents significant challenges with respect to the identification, prevention and management of people with comorbid mental health and substance use disorders. People suffering comorbid conditions are known to move frequently between mental health and drug and alcohol services, which are generally poorly integrated.

The *National Comorbidity Initiative* aims to improve service coordination and treatment outcomes for people with comorbid mental health and substance use disorders. One priority under this Initiative is to improve data systems and collection methods within the mental health and alcohol and other drug sectors to manage comorbidity more effectively. In June 2005, the AIHW produced the *National Comorbidity Initiative: A review of data collections relating to people with coexisting substance use and mental health disorders*.

4.4 Hepatitis C

There were an estimated 242,000 people with Hepatitis C in Australia by the end of 2003, with 16,000 new infections projected to be occurring annually. People who inject drugs are at greatest risk of contracting Hepatitis C. Approximately 80 per cent of current infections and 90 per cent of new infections are estimated to be due to injecting drug use practices (*National Hepatitis C Strategy, 2005–2008*).

Hepatitis C continued to be reported at high levels in 2003 among attendees using Needle and Syringe Programs (NSPs), with prevalence rates of 57 per cent for males and 61 per cent for females. Hepatitis C prevalence among male and female attendees aged less than 20 years increased 28 per cent in 1999 to 39 per cent in 2001 before declining slightly to 32 per cent in 2003 (*National Hepatitis C Strategy, 2005–2008*).

The Australian and state and territory governments continue to support activities aimed at reducing the spread of Hepatitis C, through initiatives such as NSPs.

The *National Hepatitis C Strategy 2005–2008* is to be launched in July 2005. The new Strategy will guide Australia's future response to Hepatitis C and aim to forge better relationships between other related strategies such as the NDS.

4.5 Drugs and Crime

There is research both in Australia and internationally which indicates that a significant proportion of those apprehended for a range of criminal offences are frequent illicit drug users. Whether use is a causal factor for crime continues to be debated (Australian Institute of Criminology [AIC], 2004).

The AIC manages two projects—the Drug Use Monitoring in Australia (DUMA) project identifies drug use of people recently arrested and the Drug Use Careers of Offenders (DUCO) project examines drug use and criminal histories of prisoners. These two projects provide data for the AIHW report *Statistics on drug use in Australia, 2004, Chapter 10—Crime and Law Enforcement*. According to this report, cannabis is the most common illicit drug for which people are arrested in Australia, accounting for 72 per cent of arrests relating to illicit drugs in 2003–04.

The overall number of consumer and provider arrests for illicit drugs fell from 85,000 in 1996–97 to 74,000 in 2001–02, but have since increased, reaching 79,000 in 2003–04.

While these figures indicate that some offending is directly linked to illicit drug use, it does not necessarily make drug use a predictor of criminal activity. The DUCO study found significant differences in the sequence of drug use in offending careers between genders. Males who used illicit drugs during their lifetimes were more likely to have committed offences prior to drug use, whereas women were almost equally as likely to have commenced either first.

In 2004–05 the Attorney General's Department (AGD) commissioned *The Relationship Between Drugs and Crime* report. This report recommends the use of early intervention strategies and risk-based policy approaches. This approach reaffirms the focus of the IGCD on prevention under the NDS.

4.5.1 Clandestine Drug Laboratories

The number of clandestine drug laboratories detected in Australia has continued to increase over the past decade. In 1996–97, 58 clandestine laboratories were 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 amphetamine-type stimulants (ATS), although some, particularly in Queensland, are being used for the production of both amphetamines and MDMA. This 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, *Illicit Drug Data Report 2004–05*, p.18).

The IGCD has facilitated the establishment of a National Clandestine Laboratory Database User Advisory Group, which is assisting the AGD to evaluate the costs and benefits of, and impediments to, the operation of a database to store and integrate information from all Australian police and forensic agencies about seized clandestine laboratories. The database is being funded under the Australian Government's Precursor Strategy, and will assist police to better target their drug investigations by enabling the production of improved strategic intelligence. The User Advisory Group is developing a business case and intergovernmental agreement for the operation of the database. Led by AGD, the User Advisory Group is comprised of representatives from State and Territory police and forensics, Customs, the ACC, National Institute of Forensic Science, CrimTrac, AFP, AFP Forensics and the DoHA.

4.5.2 Diversion

The *Council of Australian Governments (COAG) Illicit Drug Diversion Initiative (IDDI)* continues to be successful in enabling people apprehended by police for minor drug offences to be diverted from the criminal justice system into assessment and then education or treatment. It is estimated that 90,000 people have been diverted for illicit drug offences since 2000.

4.5.3 Drink Spiking

Reports from various sources suggest that drink spiking is on the rise in our community. The increasing popularity of odourless, tasteless and colourless drugs has resulted in escalating reports in the number of young people affected by this phenomenon. Recent research has also indicated that the addition of unrequested alcohol is the most common form of drink spiking.

A MCDS-CSFM project has been investigating the issue since 2003–04 with the aim to identify the nature and extent of drink spiking in Australia. The project will investigate communication and educational initiatives to prevent and respond to drink spiking. Following the outcomes of this project, further work will focus on improving awareness and practices of key organisations in the community that come into contact with those at risk of drink spiking. Stage One of this project is expected to be presented to the IGCD in late 2005.

5. Achievements of the Committee

The IGCD formally met three times during the reporting period (two meetings and one workshop). The committee established, progressed and completed a number of key strategies and initiatives in the 2004–05 period including:

- release of the *National Tobacco Strategy 2004–2009* (NTS) which was endorsed by the MCDS in November 2004. The NTS builds on existing tobacco control efforts and achievements by the Australian state and territory governments, and is further enhanced by research into effective international tobacco control strategies;
- development of a draft National Alcohol Strategy 2006–2009;
- development of a draft National Cannabis Strategy 2006–2009;
- provision of support for the development of a National Corrections Drug Strategy;
- progress on the development of a NDS Companion Document, which will provide the contemporary evidence base to provide the latest data on drug prevalence and trends for the NDS;
- a review of current *Quitline* services, including an estimation of the proposed impact to *Quitline* services of the introduction of graphic health warnings on tobacco products;
- progress on a review of the NDS Data Collection, to improve information available to IGCD;
- approval of a MCDS-CSFM project proposal for evaluating and monitoring progress of the NDS;
- approval of a MCDS-CSFM funded Indigenous Alcohol & Other Drug National Train the Trainer Pilot project;
- establishment of an IGCD Fetal Alcohol Spectrum Disorder (FASD) Working Group to provide advice on developments in Australian and overseas to address the problem of FASD and identify best practice approaches to reduce the incidence of FASD, particularly in Indigenous communities;
- expansion of the IDDI in NSW to include alcohol-related offences; and
- completion of the January 2003 to June 2004 IGCD Annual Report to MCDS.

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

5.1 Working Groups of IGCD

During 2004–05, 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 allow priorities and emerging issues to be addressed in a timely manner.

Active Working Groups during the reporting period and their purpose are listed below:

- *National Consistency on the Point-of-Sale of Tobacco Products*—explore the possibility of achieving national consistency on the point-of-sale of tobacco products.
- *Tobacco Advertising and Sales over the Internet*—provide a progress report on Australian, state and territory government mechanisms to ban tobacco sales over the internet.
- *National Competition Policy Taskforce*—explore the relationship between the National Competition Policy and liquor licensing arrangements across jurisdictions.
- *Efficacy of Drug Testing Part 1*—review the discussion paper by the former National Expert Advisory Committee on Illicit Drugs on the social, health and legal issues of drug testing kits.
- *Efficacy of Drug Testing Part 2*—consider ways to make better use of existing law enforcement and health databases.
- *Anti-smoking Advertisements in Cinemas Part 1*—analyse the evidence regarding the effectiveness of anti-smoking advertisements in cinemas and to analyse the legal, operational and funding issues of advancing the proposal.
- *Anti-smoking Advertisements in Cinemas Part 2*—develop and cost a research program to determine the types of messages and styles of advertisements required.
- *Review of National Pharmacotherapy and Clinical Guidelines*—review national pharmacotherapy policy, review clinical guidelines and procedures for methadone, buprenorphine and naltrexone, and consider future management of the national bank of assessment instruments.
- *NDS Companion Document*—develop a supplementary document to the NDS that provides a compilation of key drug statistics.
- *Scheduling of Controlled Substances*—develop a model schedule of controlled drugs, plants and precursors and relevant quantities, promoting consistency across jurisdictions in the scheduling of controlled substances.
- *National Drug Strategy Data Analysis*—Identify the information needed to drive the NDS, assess these needs, conduct an analysis of existing information sources against these needs, and provide appropriate recommendations.
- *Development of the National Cannabis Strategy 2006–2009*—develop a national cannabis strategy to consider the health, psychological, legal and public health issues associated with cannabis.
- *Development of the National Alcohol Strategy 2006–2009*—develop a new national alcohol strategy, following finalisation of the previous strategy in June 2004.

- *FASD*—provide advice on developments in Australia and overseas to address the problem of FASD and to identify best practice approaches to reduce the incident of FASD, particularly in Indigenous communities.
- *Sale of Alcohol to Minors*—identify an optimum mix of interventions that can be implemented by governments, community and industry to reduce alcohol-related harm in young people, including mechanisms to inform parents on the need to monitor alcohol consumption levels by their adolescents.

5.2 Cost Shared Funding Model (MCDS-CSFM) Projects

The MCDS-CSFM was adopted to fund projects of national significance in the drug and alcohol field. Projects are funded on a cost-shared basis between the Australian Government and all states and territories, with a fixed contribution set by the New Zealand Government. Contributions from states and territories are calculated on a per capita basis using the latest Australian Bureau of Statistics population figures.

In 2004–05 the following new projects were endorsed and funded through the MCDS-CSFM:

- The *Indigenous Alcohol and other Drug National Train the Trainer Pilot Program* which aims to develop a national indigenous alcohol and other drug train the trainer program utilising current and developing where necessary new culturally secure resources. The lead agency for this project is the Department of Health, Western Australia.
- *Reducing Inappropriate Use and Diversion of Prescription Opioids* project which aims to minimise psychological dependence and diversion of licit drugs, through intensive multidisciplinary training for interested general practitioners (GPs). Suitable Opioid Prescribing Guidelines relevant to GPs will be developed and promulgated as a part of this project. The Department of Health, South Australia is the lead agency for this project.
- *National Intentional Misuse of Pharmaceuticals Prevention Initiative* project will research the misuse of pharmaceutical drugs and consequent harm to clients presenting to agencies for drug and alcohol treatment, and the problems arising in treatment as a result of this misuse. The lead agency for this project is the Victorian Department of Human Services (DHS).
- *Continuation of the existing National Committee for the Review of Alcohol Advertising* project was approved to monitor the self-regulatory system for alcohol advertising and work with industry to address a number of on-going issues in relation to alcohol advertising. The Victorian DHS is the lead agency for this project.

Major work was also progressed on the following ongoing MCDS-CSFM projects.

2002–03 Projects

The *National Alcohol and other Drug Workforce Development Strategy* project aims to define the workforce involved in responding to alcohol and other drug problems, identify workforce development needs, conduct a national audit and gap analysis of workforce development projects to inform strategic direction, identify existing infrastructure that can be used to enhance workforce development and develop a national strategy on workforce

development. This Report was accepted by IGCD in February 2005 with jurisdictions agreeing to consider the implications of the report for their own operations. The lead agency for this project is the Drug and Alcohol Office, Western Australia Health.

The *National Project on Drink Spiking* aims to estimate the extent of drink spiking and associated criminal victimisation; document current legislative and procedural arrangements that relate to drink spiking; and identify communication and educational initiatives. Stage One produced an AIC Report—*National Project on Drink Spiking: Investigating the nature and extent of drink spiking in Australia* was accepted by the MCDS at its November 2004 meeting. Stage Two will be the development of information resources to improve awareness and practices of the police, hospital emergency staff and liquor industry staff. Posters and information cards are expected to be distributed in mid 2006. The AGD is the lead agency for this project.

The *Development of the Information and Resources on Psychostimulants for Frontline Workers* project aims to produce resource materials to provide information and guidelines for five specific target groups of frontline workers on how to deal with immediate ATS behaviours. A draft of these Resources was provided to the MCDS in January 2005 for comment. Endorsement of the final products will be sought late in 2005. Queensland Health is the lead agency for this project.

The *National Guidelines for the Management of Drug Dependency during Pregnancy, Delivery and the Early Development Years of the Newborn* (formerly the *National Guidelines for the Management of Drug Dependent Women and their Neonates*) project aims to develop a set of comprehensive nationally agreed Guidelines for the management of problematic drug and alcohol use during pregnancy, birth and the early years of the child. This project is nearing completion and draft Guidelines are due to be provided to the IGCD for approval and the MCDS for endorsement in late 2005. The lead agency for this project is NSW Health.

The *Exploration of Frameworks to Control Nicotine in Australia* project aims to develop a report outlining 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 research report along with work undertaken by the Victorian DHS has been incorporated into a final report and provided to the project's Technical Committee for consideration. It is anticipated that the final report will be provided to the IGCD for approval and MCDS for endorsement in mid 2006. Victoria Health is the lead agency for this project.

The *National Local Government Drug Electronic Network and Local Government Subcommittee Website* is being developed to build the capacity of the National Local Government Drug Electronic Network membership through development of the Local Government Alcohol and Drug Info Net—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. This project is now in Phase Two which is to develop the web based network, with expected completion in mid-2006. The Brisbane City Council is managing this project through Queensland Health.

The *Building Illicit Drugs Forensic Capacity across Australia* project will identify what is needed to build forensic capacity across Australia, as it relates to the analysis of illicit drugs and their precursor chemicals. Also, to identify the basis needed for improved cross-jurisdictional illicit drugs forensic information sharing. A tenderer is currently being sought with the project to commence in mid-2006. The AGD is the lead agency for this project.

5.3 Review of the effectiveness of funding under the MCDS-CSFM

One of the requirements of the MCDS adopting the MCDS-CSFM in July 2002 was to limit the funding for three years, subject to evaluation and accountability. At its November 2004 meeting, the MCDS endorsed a MCDS-CSFM project proposal to review the effectiveness of funding under the MCDS-CSFM.

In March 2005, an independent evaluation of the MCDS-CSFM was undertaken by Siggins Miller Consultants. At the May 2005 meeting, the MCDS noted the Executive Summary of the Evaluation Report and agreed that the MCDS-CSFM continue with strategic and operational improvements to the areas of identifying and developing project proposals, assessing and endorsing projects, governance and administration and reporting and accountability. The IGCD will continue to work on the implementation of these strategic and operational improvements, and continue to refine the Operational Guidelines of the MCDS-CSFM as appropriate.

5.4 Joint work of the IGCD and the ANCD

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

5.5 Research

The DoHA 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.

5.5.1 National Drug and Alcohol Research Centre (NDARC)

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 drug and alcohol area. The Centre aims 'to conduct high quality research and related activities that increases the effectiveness of the Australian and international treatment and other intervention responses to alcohol and other drug related harm'.

NDARC has continued to make a national and international impact in 2004–05 with the successful completion of major research projects and publication of over 200 journal articles, technical reports and books. Centre staff gave over 150 presentations both nationally and internationally. Dissemination remains a centre priority. Some key research and projects included:

- Illicit Drug Reporting System (IDRS)—tracking drug trends across Australia.
- Methamphetamine Treatment Cohort Study—a longitudinal treatment study of 300 meth-dependant users entering treatment.

- A major review of methamphetamine use and markets in Australia.
- Estimating the number of dependent methamphetamine users.
- A major report documenting and examining Australia’s heroin drought.
- Testing new treatments for alcohol dependence and cannabis dependence.
- A major review and book on drug-related deaths.

5.5.2 National Drug Research Institute (NDRI)

NDRI is part of the Curtin University in Perth and is recognised internationally as a centre of excellence with a particular focus on the prevention of harmful drug use.

Throughout the reporting period the NDRI has continued to progress a wide variety of projects under their eight key priorities. A snapshot of this work is:

- The National Alcohol Indicators Project—by using key data sets, track trends in alcohol consumption and related harms from 1992.
- The policing implications of petrol sniffing and other inhalant misuse in Aboriginal and Torres Strait Islander peoples’ communities.
- Improving understanding of psychostimulant-related harms in Australia: An integrated ethno-epidemiology approach.
- The Kalgoorlie Alcohol Action Project: A case study of community mobilisation to prevent alcohol related harm.
- An evaluation of the Cannabis Infringement Notice Scheme in Western Australia.

5.5.3 National Drug Law Enforcement Research Fund (NDLERF)

Since 1999, the NDLERF has facilitated research, evaluations and reviews of drug law enforcement as it relates to licit and illicit drug markets. NDLERF also assesses the impact that policies and practices of the law enforcement sector and other stakeholders have on drug harm reduction outcomes.

Under its four funding streams—Board-initiated research; applicant-initiated research; research fellowships and Aboriginal and Torres Strait Islander peoples’ research fellowships—the NDLERF has funded projects that make an important contribution to achieving the objectives of the NDS. For example, the NDLERF funds research that aims to build an evidence-base for strategies that look at:

- preventing the uptake of harmful drug use;
- reducing the harmful effects of licit and illicit drugs; and
- developing Australia’s infrastructure, responsiveness and capacity to reduce and prevent harmful drug use.

During 2004–05, the NDLERF finalised and launched several project monographs, which included:

- the methamphetamine situation in Australia: A review of routine data sources;
- the role of police in preventing and minimising illicit drug use and its harms;
- the causes, course and consequences of the heroin shortage in Australia;
- the course and consequences of the heroin shortage in NSW;
- the course and consequences of the heroin shortage in South Australia;
- the course and consequences of the heroin shortage in Victoria; and
- the Governance of Illicit Synthetic Drugs.

In June 2005, the NDLERF Board agreed to review the strategic directions and research priorities of the Fund. This review is expected to be completed in late 2005.

5.5.4 National Centre on Education and Training in Addiction (NCETA)

Located within Flinders University in Adelaide, the NCETA contributes nationally to the development of a skilled, sustainable workforce and the capacity of diverse organisations to manage issues related to AOD.

During 2004–05, the NCETA forged ahead with a broad program of work in the area of workforce development and professional practice change. Research programs and resource development activities undertaken by the NCETA in the reporting period have included:

- a National Survey of AOD workers' views on factors that impact on recruitment, reward and retention in the field;
- a secondary analysis of alcohol in the workplace based on data in the 2001 National Household Survey, in collaboration with the Research Centre for Injury Studies;
- the launch of the *Resource Kit for GP Trainers on Illicit Drugs Issues* and the handbook for Health Professionals;
- the launch of the *Clinical Supervision Resource Kit for the Alcohol and other Drugs Field*; and
- an evaluation of South Australian Police Drug Diversion Training Programs.

6. Jurisdictional Achievements

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, while ensuring that the scope of work undertaken at each level of government best serves the eight priorities of the NDS to improve health, social and economic outcomes for the Australian community.

To meet with the objectives of the NDS under each of the eight priorities, this chapter demonstrates a variety of higher level jurisdictional initiatives undertaken during the 12-month reporting period. The eight NDS priorities are outlined below:

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 *Complementary Action Plan*
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 by focusing on:
 - preventing the uptake of illicit drugs,
 - delaying and preventing the uptake of licit drugs, and
 - reducing harm associated with drug use; and
- undertake evaluations of funded prevention programs.

Australian Government

With the release in June 2004 of the National Drug Strategy Monograph *The prevention of substance use, risk and harm in Australia: a review of the evidence*, it has become apparent, through the strong demand for the Monograph and its companion summary both nationally and internationally, that the government and non-government drug and alcohol sectors are keen to look at better ways to approach the prevention priority of the NDS.

During 2004–05, the Australian Government provided funding to assist a wide range of organisations under its Community Partnerships Initiative. Over 89 community-based organisations received funding for projects which aim to prevent and reduce illicit drug use by young people through peer education programs, educational programs for young people and their families, alternative activities such as holiday camps and workshops, and dissemination of information.

New South Wales

New South Wales has continued its commitment to the prevention of drug use in its jurisdiction with the roll out in mid 2004 of the third phase of their Cannabis Information Campaign to raise teenager awareness of the social and health effects of cannabis. An independent evaluation found a related significant increase in teenager perceptions that cannabis has negative health effects and causes significant social problems.

Under this campaign, new cannabis education resources were provided for senior primary and secondary school students including the *Marijuana: Information for Students* pamphlet and *Frequently asked questions: alcohol, cannabis, amphetamine, ecstasy*—(a booklet distributed to Year 12 students in the *End of Year Celebration Kits*).

Forty-two workshops for secondary teachers from 349 schools were conducted on a Year 7–10 teaching resource titled *Cannabis: Know the risks!* Primary school teachers were also trained to implement *Primary Prevention*—a drug education resource for senior primary school students.

To help primary and secondary school teachers provide culturally specific drug education, a CD-ROM, *Drug Education in culturally diverse classrooms: alcohol and tobacco*, was developed with training through 41 workshops attended by teachers from 423 schools.

Twelve *Getting It Together Scheme* services across NSW provided case management and brokered services to young people aged 12–18 who are at risk of drug and alcohol abuse and who are unable or unwilling to access conventional youth services. About 2,000 young people received these services over the year.

In 2004, the *Play Now Act Now Youth Alcohol Film* competition ran for its third year, with a DVD of the successful films launched in March 2005. This initiative now includes mentoring and technical workshops for hard to reach young people.

On 18 May 2005, the NSW Government's *Photo Card Act 2005* was passed to enable new photo identification cards for people who do not drive but need identification as evidence of age for accessing alcohol, gambling and tobacco products. These cards will provide a greater assurance to public and private services that their patrons are not underage.

The *Correctional Centre Release Treatment Scheme* continued to operate in the Wellington/Dubbo, Redfern/Waterloo and Blacktown areas to link released inmates with a

history of repeat incarceration and drug abuse to ongoing treatment, housing, education and other services. As at June 2005, there have been 235 participants with 57 per cent being Aboriginal.

In April 2005, the NSW Cancer Institute launched the *Excuses* campaign with the tagline 'quitting smoking is hard, not quitting is harder'. The evaluation found a high level of recognition with calls to the *Quitline* increasing significantly during the campaign which ran from 10 April to 20 June 2005.

Victoria

During 2004–05, Victoria has continued its work on drug prevention with the Community Drug Prevention being a priority area of work for the Victorian Premier's Drug Prevention Council (PDPC). This priority area involves working in partnership with communities to embed drug prevention in programs addressing similar risk and protective factors and leveraging change at a population level. To achieve this, the PDPC contributes to building the capacity of communities to identify and address local drug prevention challenges, using local skills and knowledge. Some of the key PDPC initiatives in 2004–05 include:

- working with local government to host a public forum on alcohol with a view to promoting awareness among stakeholder networks of the nature and extent of alcohol use in the community and effective community-based initiatives to respond to these trends;
- working with the Australian Drug Foundation (ADF) to increase access to alcohol and drug information and resources for Indigenous communities and Culturally and Linguistically Diverse communities through the development of unique websites and resources via the DrugInfo Clearinghouse;
- funding a range of strategies in response to community concerns about the risky behaviour of young people celebrating the end of their schooling during Schoolies Week. These strategies include information provision, media, radio advertising, coordinating a joint Premiers' statement and local events funding; and
- commissioning the 2004 Victorian Youth Alcohol and Drug Survey and research into the social and cultural context of ecstasy and related drugs.

Connectus is another major initiative of the PDPC, which connects young people with education, training or employment in their local area. The young people are aged between 16–20 years and at risk of disengaging from their community.

The 12-month program aims to support young people, through group work and one-on-one support, to challenge behaviours, stimulate thinking, set personal goals and work towards achieving their employment, education and training aspirations in an environment that is interactive, experimental and fun. The combination of training and support are 'protective' interventions that support the young people to re-think how they act, what they do and don't do and to re-engage with life and a sense of hope. These interventions are important strategies for effectively working with and supporting young people to avoid risk-taking behaviours such as alcohol and drug use.

In 2004, *Connectus* piloted four programs across Victoria—two in Hume, one in Melton and one Casey. The four programs supported disengaged young people aged 16–20 years into a range of employment, education and training pathways. Of the participants, 58 per

cent were placed into jobs and 21 per cent returned or commenced education or training in an area of their choice. The remaining young people were linked with local agencies and youth programs to ensure their individual needs were being met.

Queensland

Queensland continued to provide information on drug and alcohol issues to the community via police who are trained in the Drug and Alcohol Community Education Resource. Conducted *Drink Rite* events in licensed premises, where patrons are shown: the effects of drinking different strength alcohol on their breath alcohol concentration; what constitutes a standard drink; and how to monitor alcohol consumption. *Drink Rite* promotes an anti-drink driving message and is conducted with the support of the alcohol industry and licensees.

In 2004–05, the implementation of the Young Women and Alcohol Campaign resulted in a 12 per cent reduction in short-term risk and high risk consumption of alcohol among women aged 18–22 years, which in fact represents a 22 per cent reduction within the cohort of those who identified as risky drinkers.

Increased focus on improving skills and knowledge of parents to provide a more positive environment for their children was provided through the state-wide roll-out of three parenting programs: Parents, Kids and Drugs; Parents as Motivators for Change (both target parents of 12–24 year old children); and Parents Under Pressure (targets parents of 0–6 year old children).

Western Australia (WA)

A range of prevention initiatives continue to be implemented by WA during the 2004–05 period, including but not limited to:

- planning of phase two of the state-wide *Enough is Enough* media-based alcohol education program was completed. The program aims to reduce the acceptability of the harms associated with drunkenness and create safer drinking environments;
- development and implementation of a new amphetamine education strategy to improve responses to people experiencing amphetamine-related problems;
- development and state-wide implementation of the *Drug Aware* Youth Drug Driving Education Project; and
- a discussion paper developed for government outlining strategies needed to address the growing problems associated with school leavers' week.

The Health (Smoking in Enclosed Public Places) Regulations 2003 were amended to limit smoking in one room only of all licensed premises effective from 1 November 2005. The Health (Smoking in Enclosed Public Places) Regulations 2004 were also gazetted and will come into effect on 31 July 2006, banning smoking in all enclosed public places (except the International Room at Burswood Casino). In addition, legislation to replace the *Tobacco Control Act 1990* was drafted.

The *Tobacco Products Control Bill 2005* was introduced into the WA Parliament on 29 June 2005. The Bill amalgamates legislation dealing with smoking in enclosed public places and general tobacco control matters and includes the introduction of a licensing scheme

for all sellers of tobacco products, provides modern enforcement powers supported by substantial fines linked to loss of right to sell tobacco products for sellers, bans tobacco advertising and promotion generally, places restrictions on point of sale availability of tobacco products and generally limits the size of tobacco displays to 1m². The Bill also introduces controls on the purchase and delivery of tobacco products over the internet as a mechanism to reduce the availability of tobacco products to minors.

South Australia (SA)

South Australia Police (SAPOL) continued to operate under the broad framework of its *Illicit Drug Strategy (IDS): Preventing Drug Use-Reducing Crime* during 2004–05. The Strategy has a major focus on prevention and early intervention, intelligence analysis, investigation and detection, incident management, workforce development, and research and evaluation.

During 2004–05, development of the *Whole School Drug Strategy* commenced. All 640 South Australian government schools participating in the Strategy's development, which aims to address the school environment, curriculum, partnerships, policies and procedures. Supported by the Department of Education and Children's Services, Drug Strategy Team, staff, students, parents and community members develop action plans relevant to their local context. This includes strategies for raising awareness about drug issues, and the review and continuous improvement of their approaches in response to emerging issues and trends through a range of ongoing and new initiatives. The Strategy should be finalised by the end of 2005.

The *South Australian Drugs Strategy 2005–10* was released by the SA Minister for Health and is a key component of the SA Government's response to drug misuse in SA and the government's commitment to social inclusion. It provides direction for action and identifies strategies for preventing drug misuse and harm. The Strategy has adopted a strong evidence-based approach that complements the NDS. It recognises that a broad range of social, economic, environmental and personal factors combine to influence the health and social wellbeing of individuals and communities.

The Ministerial Reference Group on Tobacco has developed the *SA Tobacco Control Strategy 2005–2010* to guide the direction of State tobacco control initiatives. The Strategy is based on best practice tobacco control, the seven pillars of which are: social determinants of health, smoke-free legislation, regulation, enforcement, knowledge about health effects, mass media quit promotions, cessation support and relapse prevention and research, monitoring and evaluation. The Strategy focuses on reducing smoking rates among three high prevalence groups: Aboriginal people, young people and those living with a mental illness.

The *Tobacco Products Regulation Act 1997* was amended in 2004 to include bans on smoking in all enclosed workplaces and public areas (except licensed hospitality venues) effective from 6 December 2004, and the phasing-in of further restrictions on smoking in bars, pubs, gaming areas and the Skycity casino until a total ban comes into effect in these venues from the end of October 2007.

Other amendments, which came into effect during this reporting phase include:

- bans on the sale of toy cigarettes;
- making employers vicariously liable for illegal sales of tobacco products to children;

- introducing expiation fees (fines) for sales of tobacco products to children;
- requiring each tobacco outlet to display their tobacco merchant's licence certificate adjacent to the point-of-sale;
- requiring vendors to ask for proof of identification;
- removing exemptions on smoke-free dining;
- introducing bans on mobile display units such as tobacco trays, where staff approach customers and offer tobacco for sale; and
- prohibiting advertising at point-of-sale.

The SA Minister for Health launched the *Good Sports Accreditation Program* in SA in October 2004. This community-based sports development initiative has been developed to assist sporting clubs to provide healthy environments for their community through responsible management of alcohol, smoke-free venues and challenging the existing culture around excessive alcohol consumption. The program uses a three stage accreditation program. By the end of June 2005, 97 clubs in 29 council districts and 27 sporting facilities were registered in SA.

Tasmania

Throughout 2004–05, both Tasmania's Health and Police Departments have continued to support the *National Schools Drug Education Program* (NSDEP) with key components being the Memorandum of Understanding (MoU) that both Departments have with the Australian Government Department of Education, Science and Training (DEST). These initiatives include the Catholic Education Office and the Association of Independent Schools. NSDEP activities are supplemented by the injection of funds from the Tasmanian Department of Health and Human Services (DHHS) and the provision of services by an alcohol and drug sector NGOs.

In conjunction with other partners, Tasmania Police (TASPOL) has implemented a diversionary program called *U-turn*, for young people aged between 15 and 20 who have been involved in, or who are at risk of becoming involved in, motor vehicle theft. Many of the young people have multiple risk factors, including drug and alcohol use, and in addition the core 10-week automotive car maintenance and bodywork course, case management includes supported accommodation and alcohol and drug services.

TASPOL has also led the development of *Interagency Support Panels* to provide integrated and coordinated support services for young people at risk, and the development of Project Currawong, which is a wilderness therapy course providing personal and social development opportunities for young people at risk.

The *Population Health Sub-division* of the DHHS has established a population based and evidence informed approach to the primary prevention of alcohol-related harm. An *Alcohol Expert Steering Committee* has been established utilising a public health/population based model consistent with the direction of the Public Health Partnership agreement, the NDS and the Departmental Policy Framework on the Prevention and Management of Chronic Disease.

The *Tasmanian Suicide Prevention Steering Committee* provides guidance and support to suicide prevention activity across the state. This supports the LIFE Framework's policy of whole of government, whole of community responsibility for suicide prevention across

the promotion, prevention, early intervention and post-intervention continuum. Research suggests that preventative strategies targeting families, schools and communities have the potential to reduce the prevalence of risk factors such as harmful drug use and diagnosed mental illnesses such as depression.

Northern Territory (NT)

The NT Department of Health and Community Services (DHCS) fund community development staff in all regions of the NT who provide and develop local resources and strategies. The Remote Area Alcohol and Other Substance Strategy operates in Central Australia and provides a small grant program. These grants fund diversion activities, education, training and one-off equipment purchases.

In support of the prevention agenda, the Barunga Arts and Cultural Festival and the Merrepin Arts Festival received sponsorship funding to conduct alcohol free events. These events were developed to deliver a strong message to the NT community that alcohol is not needed to have a 'good time'.

In July 2004 the Alcohol and Other Drugs Program implemented a promotion of the Alcohol and Drug Information Services (ADIS). This campaign provided information through posters, information cards and print media to young people and their carers about the ADIS line and how to access it. This information was also disseminated to GPs and alcohol and other agencies.

Australian Capital Territory (ACT)

In June 2005, the ACT Government allocated over \$100,000 to peer-based alcohol and drug education projects in the ACT. The nine projects funded involved students from 16 schools across ACT government, non-government and independent sectors. The projects aimed to prevent and reduce harm experienced by children and young people. The projects were funded in the first year of a three-year initiative aimed at strengthening peer-based education programs across the ACT.

The peer-based initiative was complemented by ongoing professional development and support provided to government, Catholic and independent schools by the ACT Department of Education and Training as part of the National Schools Drug Education Strategy 2004. Directions ACT, a non-government alcohol and drug service also continued to provide a drop-in program for young people and other members of the school community across ACT college campuses, offering information, support, education and referral for alcohol and other drug issues in 2004–2005.

Launched in February 2005, in conjunction with the Young Women's Christian Association of Canberra, the AFP and ACT Policing was the *Stay Safe* DVD. This DVD provides a contemporary, professional education tool for use in the community. Although the DVD is primarily aimed at the youth demographic, it does contain invaluable information for all members of the community.

Encompassed in the DVD are a variety of community issues, such as drink spiking, personal safety when at home alone, school bullying, family violence and alcohol and drug abuse. All ACT high schools, higher education facilities and a number of community groups will be offered the DVD as a resource.

In 2004–05, the ACT initiated an education campaign called *Party Safely, Party Smart* Campaign. Its aim is to raise awareness that sexual assault, theft and other criminal behaviour can more readily occur when people are under the influence of alcohol or drugs, when judgement or responses are impaired. The campaign is accompanied by 'party smart' packs which contain information on how to plan a safe party, avoid drug rape and consume alcohol at a safe drinking level. Students attending Canberra universities will receive a pack at the beginning of each year.

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 in concert with demand and harm reduction strategies developed by engaging law enforcement, health and other regulatory agencies. Action will be 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; and
- examine mechanisms to ensure that all relevant stakeholders participate in implementing law enforcement strategies in all jurisdictions.

Australian Government

A strong element contributing to the success of Australia's drug policy and programs to date has been the cooperation between law enforcement and health sectors. The DoHA liaises with law enforcement partners both informally and formally, through committees such as the *National Working Group to Prevent the Diversion of Chemicals to Illicit Drug Manufacture* (the National Precursor Working Group) and the NDLERF.

Financial support for the NDLERF is provided through the DoHA, which is represented on the NDLERF Board of Management. Similarly, a range of research projects are conducted through the three National Research Centres, NDARC, NCETA and NDRI that evaluate strategies and/or support supply reduction aims.

The Australian Government continues its commitment internationally to drug control. In relation to tobacco the Australian Government formally ratified the World Health Organization's (WHO's) Framework Convention on Tobacco Control (FCTC) on 27 October 2004, becoming the 34th Contracting Party to the convention. The FCTC entered into force on 27 February 2005 making the provisions of the treaty legally binding for the first 40 Contracting Parties to the Convention.

In 2004–05, the Australian Government spent over \$400,000 on a number of important initiatives under the *National Strategy to Prevent the Diversion of Precursor Chemicals into Illicit Drug Manufacture* (National Precursor Strategy) including:

- a scoping study and evaluation of options for a national clandestine laboratory database;
- a report on future enhancements to the National Industrial Chemicals Notification and Assessment Scheme Database to improve the monitoring of licit movements of some key precursor chemicals in Australia;
- sponsoring the 2004 National Chemical Diversion Congress, hosted by Victoria Police;
- sponsoring the 2005 Outlaw Motorcycle Gang Conference, hosted by Western Australia Police (WAPOL);
- seeking awareness-raising proposals to target industry and occupations that may come into contact with clandestine drug laboratories and to alert the general public to the dangers associated with illicit drug manufacture;
- support for three meetings of the Precursor Working Group in Canberra in August 2004, February and May 2005; and
- forensic chemists training, including the delivery of the first Novice Clandestine Drug Laboratory Chemists Course, and the attendance of a senior clandestine drug chemist to the 2004 International Conference of the Clandestine Laboratories Investigating Chemists Association.

Under the auspices of the National Precursor Strategy, the Australian Government is developing a National Clandestine Laboratory Database (NCLD). Information collected by Australian police and forensic agencies about seized clandestine laboratories will be stored and integrated in the NCLD. This innovative tool will assist police to better target their drug investigations by enabling the production of improved strategic intelligence.

There has been continued success at the border, particularly with the detection of precursors and ATS drugs.

Customs made 469 cannabis, 442 cocaine, 193 heroin and 169 MDMA detections during 2004–05. While the number of detections of MDMA was comparatively lower in 2004–05, the total weight of these detections increased significantly to over two tonnes.

Customs also intercepted attempts to illegally import cigarettes and tobacco into Australia, with 121.2 tonnes of tobacco and 41.8 million cigarettes seized. This included the seizure of twelve separate shipments of undeclared cigarettes and tobacco in Sydney and Melbourne, totalling 48.95 tonnes of tobacco and 17 million cigarettes.

The AFP illicit drug supply reduction activities are aimed at preventing illicit drugs from crossing Australia's borders and dismantling organised criminal groups responsible for illicit drug trafficking. These activities are enabled by the liaison role on the International Network and regional capacity building instigated by the Law Enforcement Cooperation Program.

Examples of significant seizures at the border during the reporting period are:

- a joint Customs/AFP operation which led to the detection in Melbourne in April 2005 of more than one tonne of MDMA in a shipping container. This was one of the world's largest seizures of MDMA and resulted in the arrest of four men;
- Australia's second largest seizure of MDMA in Melbourne, with an air cargo screener detecting 818 kilograms of MDMA in the shell on an industrial baker's oven; and
- approximately two tonnes of MDMA precursors in a sea cargo consignment from China. This operation involved co-operation between Customs, the AFP, the ACC, Victoria Police and NSW Police.

New South Wales

In 2004, NSW Police had significant drug law enforcement successes including the seizure of more than 5.7 tonnes of cannabis and 50,000 cannabis plants, 380 kilograms of MDMA, 24 kilograms of amphetamines and 5 kilograms of heroin and the closure of 61 drug houses, 53 clandestine drug laboratories and 77 hydroponic cannabis houses. Under the *Crimes Legislation Further Amendment Act 2000* there were 26 precursor possession charges in the first half of 2005.

NSW Police and NSW Health worked with the pharmaceutical industry to encourage retail pharmacies to help prevent suspect purchases of the cold and flu medication pseudoephedrine for the manufacture of methamphetamines.

In June 2005, the NSW Government introduced the *Drug Misuse and Trafficking Amendment Bill* to crack down on the illegal possession, manufacture and supply of drugs as well as provide for tighter restrictions on the sale and storage of precursors, a prohibition on the display, sale and supply of 'ice' pipes and harsher penalties for drug crimes that involve a child.

Since 1 March 2005, it has been mandatory in NSW for all liquor licensees, staff and security personnel working in licensed venues to undertake Responsible Service of Alcohol training.

In 2004–05, compliance monitoring activities to ensure retailers do not sell tobacco products to under 18 year olds indicated an 84 per cent compliance. There were also 26 successful prosecutions for breaches under NSW tobacco laws.

Victoria

Major supply reduction initiatives undertaken by the Victoria Police during 2004–05 have included Victoria Police disruption of the manufacture of illicit drugs by investigating and dismantling 31 clandestine drug laboratories which were producing ATS.

In two separate investigations Victoria Police in conjunction with other law enforcement jurisdictions seized a total of 13,000 pseudoephedrine based tablets. These supply reduction initiatives disrupted two separate Queensland based organised crime syndicates.

Continuing this trend, Victoria Police, as part of a multi-jurisdictional investigation also seized 150 litres of ketamine and disrupted an organised crime syndicate across two states.

Queensland

During 2004–05, the Queensland Police Service (QPS) have initiated key supply reduction strategies aimed at reducing the availability and supply of drugs through a reduction in street-level dealing and disruption of drug networks. This entails targeting known sources of illicit drugs manufacture and supply; sharing of intelligence between key Australian Government, state and territory agencies; illicit market scans and the confiscation of the proceeds of criminal activity. Under these strategies, 210 clandestine drug laboratories were seized in 2004–05.

Queensland Health enhanced their *Drugs of Dependence Unit Patient Enquiry Service* to provide information on a 24-hour, seven-days-a-week basis. This service provides confidential information to treating medical practitioners about their patient's treatment with controlled drugs. Providing access to this continual service will allow treating medical practitioners to check the prescribing history of patients who present to medical practices and EDs requesting opioid drugs outside of regular business hours.

Enforcement of Queensland's *Tobacco and Other Smoking Products Act 1998*, sales to minor's provisions, including four successful prosecutions of retailers and employees for commercial supply, and four successful prosecutions of adults for non-commercial supply.

Western Australia

In WA, there were amendments to the *Misuse of Drugs Act 1981* and the *Misuse of Drugs Regulations 1982* to regulate the supply of precursor chemicals and apparatus. The amendments give legislative backing to the previously voluntary code of conduct to prevent and minimise the risk of legitimate industrial chemicals and apparatus being diverted for the illegal manufacture of illicit drugs. The legislation, effective on 1 January 2005, was supported by the education and training of chemical industry staff.

Liquor licence applications were monitored in relation to alcohol-related harm and/or ill-health. In the 11 month period from July 2004 to May 2005, 291 liquor licence applications were investigated and resulted in 31 interventions being lodged by the Executive Director, Public Health, WA. Of the 31 interventions, 14 fully opposed the application, four partially opposed the application and 13 requested conditions on the licence. In support of the liquor licensing legislation, WAPOL delivered training to front line officers to better equip them to enforce liquor laws. In 2004–05, 353 officers completed the program.

South Australia

In SA, the *Avatar MCG Section, Drug and Organised Crime Investigation Branch* continued to focus on the illegal activities of motorcycle gangs by identifying, seizing and disrupting the production, trafficking and distribution of illicit drugs. Throughout 2004–05, a significant amount of illicit drugs, drug related equipment, cash and property to the value of approximately \$1.6 million was seized as part of this ongoing police operation.

Operation Counteract is a targeted policing response aimed at disrupting armed robberies and illicit drug use. It adopts a flexible problem solving approach that utilises resources from metropolitan police Local Service Areas into a coordinated centrally based Task Force. During the year it resulted in a number of apprehensions and charges being laid.

The *Chemical Diversion Desk* works in partnership with Australian and state and territory governments and industry representatives to identify the movement of raw materials and glassware that can be used in clandestine drug laboratories. In addition, staff from the Chemical Diversion Desk provided ongoing training and advice to SAPOL staff and community stakeholders on the dangers of clandestine drug laboratories. During the reporting period a total of 23 clandestine drug laboratories were safely dismantled.

SAPOL conducted a number of policing operations during the year which impacted on the illicit drug market in SA. An example of this was *Operation Culture* which was initiated by SAPOL as a joint operation with NSW Police. The Operation targeted a group of people from SA who were involved in the large scale cultivation of cannabis. Approximately 30 people were arrested in both states with large amounts of money and 3.2 tonnes of cannabis being seized.

Following amendments to the *Tobacco Products Regulation Act 1997*, responsibility for licensing of retailers of tobacco products and enforcement were transferred to the SA Department of Health. Since then, compliance operations have uncovered breaches of the Act by hoteliers, retailers and smokers resulting in a number of expiation fees being imposed. Through monitoring compliance with licence requirements and covert operations, there will be greater control over restricting the supply of tobacco products to young people.

Tasmania

Tasmania Police continued to target those who manufacture, supply and distribute illicit drugs, in addition to participating in joint operations with Customs and other state and territory police to investigate and prosecute offenders. During 2004–05, 496 people were charged with serious drug offences compared to 471 in the previous year.

In December 2004, under the *Tasmanian Tobacco Action Plan*, Tasmania introduced the requirement for tobacco retailers to display a colour, A4-size graphic health warning of an ulcerating mouth cancer. This resulted in 61 retailers choosing to remove tobacco product displays out of sight rather than display the notice wherever tobacco products are sold. The extension of smoke-free legislation in nightclubs, cabarets and gaming areas took effect from 1 January 2005. Ban on smoking in all pubs and clubs will take effect from 1 January 2006. More active enforcement of legislation prohibiting the sale of tobacco products to children resulted in 10 successful prosecutions of retailers during 2004–05 including a record highest penalty of \$2,000. Extensive media coverage has acted as a further deterrent to retailers.

The *Prescribed Opioids Project* is being undertaken in response to a number of issues around the diversion of narcotic analgesics. Tasmania has consistently reported a low rate of heroin and cocaine use relative to other states and territories, but has experienced a higher relative prescribing rate for most pharmaceutical opioids and, consequently, commensurate levels of diversion of these substances. This project is being undertaken to identify impacting structural and other issues and to make recommendations for strategies to minimise the harms experienced in Tasmania from the use and diversion of prescribed opioids. A number of strategies are being considered and developed with implementation processes commenced through the *Prescribed Opioid Steering Committee/Working Party* established to support the work.

Northern Territory

In February 2005, the *Poisons and Dangerous Drugs Act* was amended to minimise the diversion of prescription medication to the illicit market and improve patient safety. Other strategies to support the amendments included the establishment of the Clinical Advisory Committee, which provides support and a supervisory role for prescribers in the NT, and educational sessions for GPs pharmacists and other stakeholders.

The DHCS has taken a stronger role in advising Racing, Gaming and Licensing on health related issues for licensing. Specific policy changes have been made in relation to the availability of alcohol to school functions.

Australian Capital Territory

In August 2004, the ACT Legislative Assembly enacted the *Criminal Code (Serious Drug Offences) Amendment Act 2004*. This was just one stage in a process that began in September 2001 to progressively reform the criminal law of the ACT.

One of the more significant improvements the Act makes to the drug laws in the ACT is the inclusion of offences with respect to precursors. The problem has become particularly acute over recent years and accordingly the Act includes a range of offences to deal with those who manufacture, sell or possess 'controlled precursors' to manufacture controlled drugs.

New offences have also been introduced for the protection of children, which include offences of procuring a child to traffic in drugs and supplying drugs to a child for the child to sell.

The Act addresses not only the introduction of the Serious Drug Offence component of the *Criminal Code 2002*, but amendments to the *Drugs of Dependence Act 1989*.

The *Drugs of Dependence Act 1989* has been amended to reduce the number of cannabis plants which can be dealt with by way of a Simple Cannabis Offence Notice (SCON) from five to two and excludes all hydroponically or artificially cultivated cannabis plants from the scheme.

The decision was made to exclude hydroponically or artificially grown cannabis plants from the SCON scheme, as the trend towards hydroponic methods of cannabis cultivation indicates that the quantities of cannabis now able to be produced, and the potential potency of the cannabis, are no longer in line with the original intentions of the scheme. The SCON Scheme allows for a person to possess up to 25 grams of dried cannabis or two cannabis plants for personal use only.

ACT Policing continues to pursue targeted strategies to investigate those who manufacture, supply and distribute illicit drugs in the ACT. Several investigations into organised crime and their involvement in serious drug offences in the ACT are detailed below.

- Detectives from the Crime Targeting Team continued their investigations into suppliers of cannabis in the ACT and carefully planned the execution of 34 warrants and seized 1030 kilograms of cannabis plant matter (potential street value of \$1.22 million) and 30 kilograms of dried cannabis (potential street value of \$750,000). During the operation, charges were laid against 20 offenders and criminal assets (total estimated value \$643,700) and three illegal firearms were seized.

- The resolution of operation FACER in March 2005 was five warrants executed, three persons arrested, four persons summonsed to appear before court and 3.3 kilograms of cannabis head seized (potential street value of \$60,000). Police also seized a large amount of cash, restrained under Proceeds of Crime legislation.
- Approximately 2.5 kilograms of opium and a further 37 grams of opium were seized by members of ACT Policing following the fortnight long BARDY operation.

In 2004–05, the ACT passed legislation to prohibit the sale of smoking products from vending machines beginning 1 September 2006. The ACT also announced a prohibition on the sale of fruit-flavoured cigarettes in May 2005. During this time public health officers conducted surveillance activities of tobacco retail outlets in the ACT as part of a broader initiative to improve the enforcement of ACT laws that prohibit the sale of tobacco products to minors.

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; and
- develop local level programs that improve public amenity and reduce drug use and drug-related fear.

Australian Government

As part of the effort to understand rates of drug use and related harms, monitoring systems and specific projects have been commissioned. The DoHA has contracted the NDARC to provide estimates of the number of heroin and methamphetamine users. Monitoring projects such as the IDRS and DUMA projects provide quarterly data on a range of indicators, such as drug price, purity, availability, and risky behaviours, including injecting and crime.

In the 2003–04 Federal Budget, \$2 million over two years was allocated under the National Illicit Drug Strategy to the *National Psychostimulants Initiative*. The Initiative aims to address problems associated with the increased availability and use of psychostimulants in Australia. An additional \$3.1 million was allocated in the 2004–05 Budget bringing the total for this Initiative to \$5.1 million.

The Initiative focuses on the following priority areas:

- to identify and disseminate good practice models and approaches for the treatment of psychostimulant use;
- to provide support and training to GPs and other health workers to improve treatment outcomes for psychostimulant users; and
- to provide information for at-risk youth and families.

The Australian Government allocated \$9.7 million over five years, from 2003–04 to 2007–08, to the *National Comorbidity Initiative*. The Initiative aims to improve coordination across psychiatric/mental health services and drug treatment services, to develop best practice guidelines for service delivery, and to increase professional education and training. A number of projects have progressed under the initiative including:

- a qualitative research project to identify barriers and incentives to treatment for illicit drug users with comorbidity and complex vulnerabilities
- a multi-site trial of a mental health screening tool and integrated intervention within four alcohol and other drug treatment services across three jurisdictions (including a regional service)
- the production of an information brochure aimed at youth about alcohol, drugs and mental health.

In August 2004, a new system of health warnings was introduced through amendments to the Trade Practices (Consumer Product Information Standard) (Tobacco) Regulations 1994 under the *Trade Practices Act 1974*. The Regulations, which took effect from 1 March 2006, require all manufactured and imported tobacco product packaging to include the new graphic health warnings.

The Australian Government is seeking to create a national approach to responding to clandestine laboratories. Guidelines are being drafted with the aim of ensuring clandestine laboratories are remediated to a uniform standard across Australia. The AGD is investigating the current state of remediation in Australia, with a view to achieving a nationally consistent approach to the issue. A Report is expected to be presented to the IGCD in late 2006.

New South Wales

The NSW Drug Diversion Program continued to grow through 2004–05.

- 1,418 offenders entered the Magistrates Early Referral into Treatment (MERIT) Program with 858 graduated and expansion of the program to 53 local courts state-wide.
- 137 offenders entered the Adult Drug Court program with 20 graduates and over 40 others whose significant progress on the program resulted in a final non-custodial sentence.
- 41 young offenders entered the Youth Drug and Alcohol Court program which expanded to eastern and central Sydney in July 2004.
- A new Rural Alcohol Diversion Pilot Program, based on MERIT, for adult offenders with alcohol-related offences commenced in the Orange Local Court in December 2004 and Bathurst Local Court in April 2005. To the end of 2004–05, 20 offenders had entered the pilot program.

- 3,117 cautions were issued under the *Adult Cannabis Cautioning Scheme*.
- 372 young offenders were provided with drug and alcohol counselling through the network of Regional Alcohol and Drug Counsellors which is in 12 rural centres.
- 76 young offenders entered the Youth Residential Rehabilitation Units in Coffs Harbour and Dubbo.

The *Ted Noffs Drug Counselling in Schools* program continued to help students with AOD problems. At June 2005, the service was operating in 11 metropolitan schools in NSW and recommenced in six Central Coast schools in semester two of 2005.

Marijuana matters: a cannabis intervention program continued in government high schools to help students having problems related to their cannabis use, with 399 counsellors and 276 teachers trained to date to provide the program.

The *Alcohol Linking Program* was rolled-out state-wide to reduce alcohol-related crime by police working with licensed premises to improve responsible alcohol service practices. This program has already reduced related crime by 13 per cent in parts of NSW. In 2005 the program was awarded the National Drug and Alcohol Award for Excellence in Law Enforcement.

Following a NSW Government request, on 8 September 2004 the Court of Criminal Appeal released sentencing guidelines for drink driving by offenders with high Prescribed Concentration of Alcohol. The Judicial Commission has reported an increase in severity of sentences for these offences and a threefold increase in use of full-time imprisonment.

In March 2005, the NSW Government's *Marine Safety Amendment (Random Breath Testing) Act 2005* was passed to allow for random breath testing on NSW waterways, which commenced on 13 May 2005.

The NSW Premier announced, in October 2004, the introduction of legislation to ban smoking in licensed venues by mid-2007. This legislation was passed in December 2004 and comprises several phases in the lead up to a total ban on smoking in indoor licensed venues by 2 July 2007.

To develop new ways to better support domestic violence victims in the criminal justice system, in October 2004 the NSW Government announced the \$1 million trial of a new *Domestic Violence Court Intervention Model*. The first of these trials commenced in Wagga Wagga in April 2005.

Victoria

Responding to an increase in the use of events-based drugs, in particular GHB overdose, in 2004 the DHS developed a targeted GHB prevention and education initiative in consultation with key stakeholders. The campaign included the publication of *A Code of Practice for Running Safer Dance Parties*, which was designed to assist organisers of festivals and dance events to plan, manage and run events safely and meet legal requirements, government standards and safety obligations. A GHB Resource Kit was also developed in early 2005 to assist owners and operators of clubs and late night venues identify and prevent GHB use and overdose. The Kit, which includes a suite of three posters that reinforce the theme 'Using GHB is never safe', has been widely distributed within the club and party scene throughout Victoria.

Drug driving is a major cause of road deaths in Victoria, with 31 per cent of drivers killed on Victorian roads in 2003 testing positive to drugs other than alcohol. Victoria Police began the world's first roadside saliva testing program, designed to detect drivers travelling under the influence of illicit drugs, in December 2004. The 12-month pilot initiative aims to significantly improve driver behaviour and safety on Victoria roads and involves random testing across the state. Roadside saliva testing only detects drugs which are not legally prescribed in Australia including tetrahydrocannabinol (the active component in cannabis) and methamphetamines (speed). The tests do not detect prescription drugs and over-the-counter medications such as cold and flu tablets. Roadside saliva testing is a random operation and is conducted in the same way as random breath testing for drink driving. Tests are undertaken using a saliva sample and take around five minutes.

The *Victorian Prison Drug Strategy* focuses on:

- stopping drugs entering prisons;
- reducing the demand for drugs in prisons;
- providing drug treatment programs for prisoners; and
- reducing the harm caused by the use of drugs and alcohol, particularly the risk of overdose and the transmission of BBVs.

Since the introduction of the *Victorian Prison Drug Strategy* in 2002, more stringent barrier security measures have led to:

- increased prison visitor searches;
- double the number of drug detection dogs;
- increased prison searches; and
- tighter perimeter security.

In 2004–05, a total of 1,290 items of contraband were seized as a result of visitor and prisoner searches. This compares to 1,243 items in 2003–04.

In February 2005, Victoria convened a Working Group of senior representatives from Corrective Services, the IGCD and the ANCD to consider the recommendations of the ANCD Report: *Supply, Demand and Harm Reduction Strategies in Australian Prisons: Implementation, Cost and Evaluation*. The Working Group recommended the development of a National Corrections Drug Strategy to complement the NDS, with a view to developing a comprehensive approach to the management of drug use and related harms in correctional settings. The Queensland Corrective Services Department is now progressing the development of a draft Strategy.

Queensland

Amendments to Queensland's tobacco legislation were passed in late 2004 banning smoking at patrolled beaches, children's playgrounds, entrances to non-residential buildings, and at major sporting stadia. These were implemented on 1 January 2005. Commencing 31 December 2005, the display of tobacco products at retail outlets will also be severely restricted.

The smoking ban for indoor areas of liquor licensed premises is being implemented in three phases, and by 1 July 2006 smoking will be banned in 100 per cent indoor areas of liquor licensed premises. From 1 July 2006, outdoor areas where food or drink is provided as part of a business will also be no smoking. The smoking ban for outdoor food or drink areas means that all *al fresco* dining, footpath coffee shops, and outdoor tables provided by take-away shops will be no-smoking *al fresco* zones.

Queensland continued implementation of the *COAG IDDI* by finalising the pilot Illicit Drugs Court Diversion Program for minor illicit drug possession offences, which resulted in 2,070 diversions during 27 months of operation in Brisbane (1,045 in the reporting period), and continuing the Police Diversion Program for minor cannabis offences, which has resulted in 28,265 diversions since its commencement in June 2001 (8,377 in the reporting period). Training was conducted for a state-wide network of service providers and court staff for the rollout of the Illicit Drugs Court Diversion Program from 1 July 2005. Implementation of the State-funded Drug Court Pilot Program in South-East and North Queensland continued, and has achieved 150 graduations since its commencement in June 2000.

The *Liquor Act 1992* was amended to impose a 3am lock-out in Brisbane and a state-wide ban on external advertising of drink prices and promotions for on-premises consumption. This is the first of a number of amendments to support the implementation of the Government's 17-point *Brisbane City Safety Action Plan*.

RaveSafe, a harm reduction program delivered in licensed venues to people who choose to use MDMA and ATS, was expanded to cover the Sunshine Coast, Brisbane and the Gold Coast.

Western Australia

In 2004–05, the state drug strategy *WA Drug and Alcohol Strategy 2005–09* was drafted. The plan is consistent with the NDS and is supported by key action plans that provide evidence-based and comprehensive approaches to addressing problems relating to alcohol and other drug use in WA. These plans are: the draft *WA Alcohol Plan 2005–2009*, the draft *Strong Spirit Strong Mind: WA Aboriginal Alcohol and Other Drugs Plan 2005–2009*, and the draft *WA Volatile Substance Use Plan 2005–2009*. Preparatory work commenced on the development of a new *WA Tobacco Action Plan 2006–2010*, using the NTS 2005–2009 as a reference tool.

The total number of needles and syringes distributed in 2004–05 was 3,787,935, an increase of eight per cent since the last financial year. Pharmacy retail decreased by nearly 100,000 and now accounts for 41 per cent of the total, compared with 70 per cent recorded ten years ago in 1994–95. Distribution from exchange programs based in non-government organisations accounts for 50 per cent and health services distribute the remaining 9 per cent. These figures are in line with trends in other states and territories and indicate an increasing reliance on public health funds for the provision of preventative injecting equipment.

South Australia

SAPOL's *Operation Mantle* continues to promote the principle of harm minimisation by encouraging habitual illicit drug users to seek assessment and treatment. It achieves this by identifying and targeting street-level drug traffickers with a focus on supply reduction and demand reduction strategies. The major groups of drugs that *Operation Mantle*

focuses on include cannabis, heroin, amphetamines and other designer drugs. During the year, a review was conducted of the *Operation Mantle* processes and these have now been implemented.

In order to reduce the harm caused by drink driving, recent legislative changes have enabled police to conduct mobile random breath tests in addition to static random breath testing. Further legislative changes have provided for the introduction of unrestricted random breath testing powers.

The *SA Police Drug Diversion Initiative* came into operation on 3 September 2001. The Initiative has been the subject of a long-term evaluation being conducted by the Office of Crime Statistics and Research. An interim report was submitted in January 2003 and short reports have been prepared on an ongoing basis. These have enabled the initiative to be refined over time. The final evaluation report will be submitted in late 2005.

The Drug and Alcohol Services SA (DASSA) conducted a trial *Outreach Clean Needle Program*. The aim was to increase access to sterile injecting equipment and primary health care amongst homeless and Indigenous people who inject drugs in the inner city area. Innovative strategies resulted in the successful value-adding of existing outreach programs to the target groups. A clean needle program worker was embedded with Nunkuwarrin Yunti's '*No Pulgi*' program (meaning 'No Home' in the Ngarrindjeri language) and this, together with other successful elements, were important in establishing better access to services for the target groups.

In June 2004, SA introduced the *Court Assessment and Referral Drug Scheme (CARDS)* as a pilot in the Adelaide Magistrates Court. CARDS is jointly funded by the Australian Government via the IDDI and the State Government. During 2004–05, the pilot has been rolled out to three other Magistrates Courts. The Scheme enables generalist Magistrates Courts to refer drug dependent defendants into a brief treatment intervention. The Scheme is successfully improving access to drug treatment by the offending population, thereby addressing the nexus between drugs and crime.

An evaluation report on the *South Australian Drug Court*, released by the Office of Crime Statistics and Research in December 2004, has added to the growing body of Australian evidence on the efficacy of drug courts. The evaluation found that program completers had significantly reduced their criminal activity and those that did continue to offend, did so at less serious levels. For example, amongst the program completers the largest offending category post program was driving offences. The report is available at <<http://www.ocsar.sa.gov.au>> The Drug Court is continuing to improve its practices to more effectively address drug use and criminal behaviour amongst serious level offenders.

Tasmania

Tasmania has responded to drug use and drug-related harms and the priority areas of the NDS by developing a new *Tasmanian Drug Strategy 2005–2009 (TDS)*. The Strategy outlines three strategic initiatives for immediate action; namely an Alcohol Action Plan, a Tasmanian Tobacco Action Plan, and plans to tackle illicit drugs with a focus on psycho-stimulant use (including MDMA), by development of a Psychostimulant Action Plan. Implementation and coordination of the Strategy by government agencies and the non-government sector is to be overseen by an Interagency Committee.

The *Tasmanian Comorbidity Framework and Implementation Plan* has been developed in recognition of the importance of collaborative and complementary service delivery by service providers in both Alcohol and Drug Services and Mental Health Services. This includes coordinating effort across a broad spectrum of interventions including prevention and promotion, intersectoral effort between government and non-government, as well as the continuum of primary, secondary and tertiary interventions provided by the DHHS. This represents joint effort in Tasmania under the auspices of the NDS and the National Mental Health Strategy.

The Tasmanian IDDI resulted in 1,330 individuals being diverted by police for minor drug offences from the judicial system. First time cannabis offenders received a cannabis caution whilst repeat cannabis offenders and users of other illicit drugs were diverted into counselling and treatment services. The State Reference Group for the IDDI has supported the development of a court based diversion program model for Tasmania to enable an enhanced capacity to respond to individuals with more entrenched and problematic illicit drug use.

The DHHS, through the *Alcohol and Drug Service*, continues to support and provide funding to non-government organisations in the delivery of *Places of Safety* for safe sobering up and referral to treatment services.

Northern Territory

To reduce the supply of harmful drugs and their impact on the NT community the *Volatile Substance Abuse Prevention Act* (VSAPA) was introduced in May 2005. The VSAPA includes five main areas:

- powers to search and seize volatile substances;
- powers to apprehend;
- court-mandated treatment for people with problematic volatile substance abuse;
- stronger provisions as they relate to illegal supply; and
- new provisions to develop community laws relating to supply.

In line with the changes to the VSAPA, three Top End communities were funded to develop intensive two-week workshops which focused on the education of volatile substance abuse prevention and management.

Australian Capital Territory

In December 2004, the ACT commenced a 12-month pilot of a sobering up facility. The facility aims to provide a safe place for intoxicated people to sober up and receive support and assistance.

A trial of four syringe vending machines based at community health centres across the ACT commenced in February 2005. The syringe vending machines provide 24-hour access to sterile injecting equipment in major population centres in the ACT. The syringe vending machines complement an extensive NSP in the ACT that operates from over 40 outlets, including 30 pharmacies.

In February 2005, the ACT amended the *Smoking (Prohibition in Enclosed Public Places) Act 2003* to include a change to the meaning of 'enclosed' so as to provide for a clearer and more comprehensive definition. As of 1 December 2006, all enclosed public spaces in the ACT will be non-smoking.

The ACT has a range of diversion strategies to provide a graded response to illicit drug offences and demonstrate a partnership approach between health, police and non-government agencies.

Opportunities for diversion exist at community, pre-court, pre-sentencing and post-sentencing stages and include:

- SCON;
- ACT Policing Early Intervention and Diversion Program;
- Court Alcohol and Drug Assessment Scheme; and
- Treatment Referral Program under the *Drugs of Dependence Act 1989*.

The *ACT Policing Early Intervention and Diversion Program* concentrates on the diversion of minor drug offenders prior to involvement in the judicial system through referral to a variety of education and treatment options. The ACT model involves police referral to the Assessment and Coordination Team (the Team), within the Alcohol and Drug Program, ACT Health. The Team assesses offenders and recommends appropriate diversions to education and treatment services. The assessment stage is managed within the health system, with no involvement from ACT Policing.

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 general practitioners, 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; and
- improve knowledge of the effectiveness of culturally secure treatment for specific groups.

Australian Government

The overall aim of increasing the number of drug users who enter into treatment is assisted by research to identify potential issues with treatment usage. Projects include the NDARC's work to determine the level of health service utilisation by regular methamphetamine users, and the Australian Intravenous and Illicit Drug Users' League project to help identify treatment issues for current and potential clients of drug treatment services.

In its commitment to treatment programs, the DoHA sponsored the Alcohol and other Drugs Council of Australia (ADCA) to again run *Drug Action Week* in June 2005. The week is designed to highlight the work being done in the drug and alcohol sector and to draw attention to good practice. As a national week, a key goal of *Drug Action Week* is to support the notion that drug treatment works, and is an effective and efficient investment.

The *Non-Government Organisation Treatment Grants Program* (NGOTGP) provides funding to strengthen the capacity of NGOs to achieve improved service outcomes. The Australian Government provided more than \$65 million over four years (2002–03 to 2005–06) to the NGOTGP in two major funding rounds. The second funding round was conducted in two stages. Stage One was for ongoing services and Stage Two for new services, resulting in 177 organisations across Australia receiving ongoing or new funding to provide a wide range of treatment services. Funding for these services will be extended to 2007–08.

New South Wales

Since the 1999 Drug Summit was held, approximately 3,622 new methadone maintenance treatment (MMT) places have been made available in NSW. As at 30 June 2005, there were approximately 16,500 clients receiving treatment on the Opioid Treatment Program. By 30 March 2005, there were also 935 residential beds and 207 detoxification beds.

To assist drug users access treatment services, four specialist Cannabis Treatment Clinics were established for dependent users. By June 2005, 482 patients had been treated at the Parramatta clinic, including 115 young people, while over 170 people were referred to the new Central Coast clinic which opened in October 2004.

Other treatment services were opened in the reporting period with the New Medicated Detoxification Facilities established at Port Kembla Hospital in December 2004, and Belmont Hospital near Newcastle in February 2005.

The first of seven new *Opioid Substitution Treatment to Abstinence Rehabilitation Beds* were launched in April 2005 at Redfern to be operated by We Help Ourselves.

NSW continued its support for the *Oasis Drug Intervention Project* which works with young people in the inner city who need help because of a drug-related issue. In 2004–05, there were 905 outreach visits to 73 different services, 2386 client interventions and referrals to detoxification, rehabilitation, accommodation, medical, welfare services and psychiatric treatment.

Victoria

In 2004–05, the Victorian Government improved access to treatment for high needs groups in the following ways.

- Improved access to treatment for rural and regional areas by opening drug and alcohol withdrawal facilities in Bendigo, Warrnambool, Geelong and Ballarat, a new residential rehabilitation service for young adults at Kilmore and a new combined hospital, withdrawal and rehabilitation service in Gippsland.
- Ongoing funding has been provided for the Homelessness and Drug Dependency Initiative providing accommodation and drug treatment to homeless people.
- Established the Acquired Brain Injury (ABI) program to provide support to people with drug and alcohol problems who also have a brain injury or cognitive impairment, helping them to get treatment and providing training to alcohol and drug workers in ABI issues.
- Developed and provided ongoing funding for the Dual Diagnosis Service, offering state-wide support and treatment for people who have mental health and drug and alcohol problems.
- Improved access to treatment for culturally and linguistically diverse communities through a new website that provides details of treatment options and information.

The Victorian Government is committed to providing improved access to treatment programs and services in the criminal justice system.

In December 2004, the Magistrates' Court of Victoria combined the *Court Referral and Evaluation for Drug Intervention and Treatment* (CREDIT) Program and the Bail Support Program. The merger allows the provision of a wider service designed to enhance the likelihood of a defendant being granted bail and successfully completing their bail period, by linking them into appropriate accommodation and providing supervision and early access to treatment.

The pilot of the first Victorian Drug Court was completed in June 2005. A series of evaluations found that the Drug Court is a successful, cost-effective alternative to prison for hardened drug offenders. Recurrent funding for the operation of the Drug Court for the next four years has been announced.

Queensland

In 2004–05, the establishment of the senior position of Clinical Director in Queensland Health will provide strategic leadership and direction of clinical alcohol and drug services throughout South-East Queensland. The role will also initiate the development of clinical links and outreach services with provincial and rural centres.

Implementation of the state-wide *Dual Diagnosis Strategic Plan* to guide investment, treatment and care for people with the co-occurrence of substance use and mental health disorders. The Plan promotes use of an integrated care approach and outlines seven key objectives and respective strategies that are widely considered to be essential for the establishment and sustained delivery of effective responses for people with a dual diagnosis by health services. Key achievements for 2004–05 include staff enhancements, three demonstration projects to establish services in selected areas of high prevalence, and a rural-regional multi-site initiative.

Western Australia

Implementation of the *WA Alcohol and Other Drug Sector Quality Framework* commenced. The Framework provides a collaborative model of consumer-focused continuous quality improvement, designed to assist the development of consistent service safety and quality and promote better outcomes for consumers. In addition, the government clinical service, *Next Step Drug and Alcohol Services*, participated in a developmental review by the Institute for Healthy Communities Australia Ltd. The review assessed the extent to which service has achieved the Quality Improvement Council of Australia's core standards relating to alcohol, tobacco and other drugs in preparation for the accreditation process.

A range of programs and initiatives have been implemented that increase access through the development of partnerships with key stakeholders and the establishment of referral pathways. These include, but are not limited to:

- the expansion of a range of diversion programs;
- partnerships with hospitals, community pharmacies and Prison Health Services to ensure a coordinated state-wide system for pharmacotherapy dispensing;
- development of clear and functional working agreements between clinical and mental health services; and
- training sessions with the criminal justice services for the development of clinical pathways between the services.

The *Alcohol and Drug Information Service*, *Parent Drug Information Service* and *QUIT* continue to provide information, counselling, and referrals in response to 22,000 calls, and use of the service in rural and remote areas has increased to 18 per cent. Through the Alcohol Education and Rehabilitation Foundation, a grant was received for the development, implementation and evaluation of a call back telephone service for general practitioner patients on alcohol pharmacotherapies.

In relation to opioid pharmacotherapy services, 5,278 calls were responded to during 2004–05, 1,465 applications were processed for an authority to prescribe a pharmacotherapy for an opioid-dependent person, and 8,014 calls for advice and 554 calls for interstate, intrastate or overseas transfer assistance were responded to. Support was maintained to the prison pharmacotherapy program, with responses to 646 calls during this period and 280 applications processed for an authority to prescribe a pharmacotherapy for an opioid-dependent person.

South Australia

During 2004–05 SAPOL continued to work in collaboration with the DASSA on the *Arrest Referral Program* at the Adelaide City Watch House. Under this initiative, nurses employed by DASSA provide health assessments to offenders who are detained in the Adelaide City Watch House and who have exhibited alcohol, drug and/or mental health problems. The nurses also provide a referral service to ensure that people who are experiencing health problems are connected to an appropriate health service.

Following a successful 12-month trial and evaluation, the arrest referral project (ARP) has been granted ongoing funding to continue the its service at the City Watch House.

In late 2004, the SA Government announced a series of initiatives aimed at addressing *Public Intoxication Act* issues in and around the Adelaide Central Business District, including the decision to continue to fund the ARP.

A *Nicotine Replacement Trial* for low income smokers has commenced. The trial is being run by Quit SA and the Tobacco Control Research and Evaluation Unit. The smoke-free hospitals and smoke-free pregnancy projects are also contributing to improved health outcomes for patients, pregnant women smokers and their children.

The *Australian Treatment Outcomes Study (ATOS)* was a 12-month study of entrants to treatment for heroin dependence. The study was conducted in NSW, VIC and SA. The ATOS was co-ordinated by the NDARC and was undertaken in SA by researchers of the Clinical Policy and Research Division of the DASSA. The SA project examined the treatment outcomes for 100 heroin-dependent individuals over a 12-month period in three main types of treatment-maintenance pharmacotherapy, detoxification and residential rehabilitation. At 12 months post-entry to treatment for heroin-dependence, the SA ATOS sample showed positive outcomes for drug use, risk behaviours, mental health and criminal activity. There were substantial decreases in heroin use, as well as use of other opioids, benzodiazepines, alcohol and cannabis.

The *Prison Opioid Substitution Treatment Program* continues to deliver a reduction in illicit opioid use and injecting in custody and the transmission of BBVs in prisons. Opioid-related overdose following release has been reduced from eight in 2000 to two in 2003 and improved occupational health, safety and welfare for all staff in prisons with assaults being reduced by a third over the past four years. Health and social functioning of prisoners has improved as has the level of retention in treatment following release which has been maintained at 70 per cent of participants remaining on community programs for three months. The total number of prisoners dosed daily in June 2005 was 250. With the addition of Mt Gambier Prison, it is anticipated that this could increase a further 10 to 15 prisoners per day. Transfers into community-based programs after release has been steady at approximately 30 per month. A new database system for data collection is being developed to assist with analysis of the program.

Tasmania

To provide better, more consistent treatment services to the Tasmanian community, the DHHS has commissioned the relocation and collocation of the *Alcohol and Drug Service Southern Tasmania Withdrawal Management Unit and Pharmacotherapy Program*. The new unit will provide a state-of-the-art facility for state-wide services and enable expansion of these programs and development of models of care based on contemporary best practice.

In line with the NDS, a number of NGOs provide a range of treatment interventions. These provide a range of services including assessments, withdrawal management, smoking cessation, pharmacotherapy program, education and health promotion, counselling, treatment and residential rehabilitation.

During the reporting period, the DHHS adopted *The Agency Collaboration Strategy* as a mechanism to ensure the provision of comprehensive and collaborative practices and to enhance service delivery for individuals with multiple and complex including alcohol and drug and comorbidity.

Northern Territory

A *Profile of Services and Interventions* for all NT Government-funded treatment services and programs was completed in 2004–05. It is the first step in a process of ongoing consultation with service providers to identify gaps, priorities and service developments across the NT.

A report on NT hospital-based alcohol and other drug interventions was been completed during the reporting period, with recommendations and options to increase the number and effectiveness of brief interventions in the hospital setting.

In May 2005, the tender for tobacco services was awarded to *Quitline* and provides for a 24-hour telephone counselling service, advice and referral to help people quit smoking.

VSAPA has been allocated \$2 million in 2004–05 to support new treatment places, expand outstations programs, assessment and case management for licit and illicit drug users in the NT community.

The construction of a Special Care Centre in Nhulunbuy is complete and a public tender process to operate the facility is currently underway. The services provided will significantly extend AOD services in the region and provide a base for redeveloped community patrol services.

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; and
- improve the capacity of community-controlled and mainstream organisations to provide quality services to Indigenous communities.

Australian Government

In keeping with this NDS priority, the Australian Government approach to workforce, organisations and systems takes into account systemic and other factors which impact on the ability of the diverse workforce to function effectively.

Over the past year, the NCETA has developed a number of resources focused on supporting the workforce including a *Clinical Supervision Kit* as a tool to both increase awareness of the importance of clinical supervision and provide real assistance to implement the strategy in the workplace.

In addition to the Kit, other initiatives have been developed and disseminated, each based on solid evidence and promoted to appropriate audiences. NCETA's *Workforce Development: Theories Into Practice Strategies* is a resource kit that provides straightforward and practical guidance, tools and resources to support workforce development activities for the drug and alcohol workforce.

During the reporting period, the NCETA also developed a number of research projects and associated resources aimed at preventing workforce related problems in the drug and alcohol sector. Drug and alcohol workers often work with complex clients and in difficult conditions, leading to stress and high staff turnover. The NCETA's products include a handbook aimed at preventing stress and burnout amongst drug and alcohol workers, and a clinical supervision resource to assist managers to better support workers.

Australia has a unique resource in the NCETA. Very few countries have a research centre of excellence focused on this area, and requests for permission to reproduce the resources produced by the NCETA have been received from some Asian countries.

As noted under the supply reduction section, the *National Strategy to Prevent the Diversion of Precursor Chemicals into Illicit Drug Manufacture* is funding Customs precursor training which seeks to enhance the ability of frontline Customs officers to detect and handle illicit importations of precursor chemicals.

New South Wales

To provide advice and strategic leadership to the NSW Government on drug and alcohol workforce development, the NSW Drug and Alcohol Workforce Development Council was established in 2004–05.

NSW provided a plethora of innovative training courses to workers in the drug and alcohol field. In the reporting period funding was provided by DEST to establish:

- short drug and alcohol training courses for workers in non-government agencies workforce training. By the end of 2005, over 345 people received the training;
- customised short courses in rural and regional colleges of TAFE for frontline community workers with clients with alcohol and other drug issues. Since 1999, 2557 people have been trained; and
- projects in seven TAFEs to strengthen the capacity of staff to respond to drug and alcohol issues on campus.

Funding was also allocated to TAFE NSW to provide drug and alcohol workforce skills gap training and recognition of prior learning and skills for mature-aged workers mainly in small non-government agencies. As a result, 387 workers from 60 agencies received training. Induction and foundation programs for Aboriginal drug and alcohol workers were also provided with the Aboriginal Health and Medical Research Council (AHMRC).

Short courses in alcohol and other drugs for *Supported Accommodation Assistance Program* services were provided by the NSW Department of Community Services across metropolitan and regional NSW.

Frontline Worker Training enabled the NDARC to train 280 GPs and other front line health workers in effective encouragement of people using cannabis to undertake treatment.

As part of the Aboriginal and Torres Strait Islander Tobacco Brief Intervention, NSW Health has developed *Smokecheck*—a training and education resource to support health workers working with Aboriginal communities to deliver best practice smoking cessation services.

Victoria

Workforce development in Victorian drug treatment services has had three main strands:

- the *Workforce Recognition Project* gave AOD workers the opportunity to gain recognition for their skills through nationally accredited qualifications;
- professional development programs have included first aid; management training; cognitive behavioural therapy; managing suicidal and self-harming behaviours; brief interventions; clinical supervision; forensic workforce training; AOD training for generalist health and welfare workforces; postgraduate study assistance; and ABI training; and
- Koori training initiatives have included in-service training scholarships in AOD studies; Certificate IV in Community Services (AOD); an induction kit; and orientation to drug diversion initiatives.

A quality accreditation process for agencies has continued from previous years.

Queensland

Police training to respond to drug and alcohol related harms continued in Queensland throughout 2004–05. The training was implemented into recruit forums; training for responding to VSM incidents; and training on addressing alcohol-related harm in and around licensed premises.

In June 2005, a two-day training workshop was held in Brisbane to orientate new and existing service providers to the Queensland IDDI (QIDDI) Phase 2, in particular the Police and Illicit Drugs Court Diversion Programs. Approximately 130 clinicians attended. Training included administrative procedures, legislative requirements, delivery of standardised assessment and brief intervention sessions, and motivational interviewing techniques. In addition to this training a two day clinical workshop series was delivered state-wide to 150 QIDDI clinicians and generalist Alcohol, Tobacco and Other Drug Services (ATODS) staff.

Fourteen people completed the Queensland Alcohol and Drug Research and Education Centre NSP Train the Trainer course. 340 people were trained and authorised to provide needle and syringe services. 82 persons attended Brief Intervention training workshops conducted throughout regional and rural Queensland. Since the implementation of the Queensland NSP authorisation and training program in 1999 2,223 persons have completed NSP training.

Western Australia

The Australian Professional Society for Alcohol and other Drugs National Conference was held in Fremantle, WA, in November 2004. The conference was attended by 562 delegates. The overall theme for the conference was *Beyond the Drug*, which involved exploring the individual, political, social and other contexts critical to effective prevention and treatment. The conference attracted a significant number of national and international presenters from a variety of disciplines.

Training and education events for NSPs continued the aim to equip NSP workers with skills and knowledge to assist reducing harms and transmission of BBVs. A total of 175 health workers have been trained since its inception in 2000. A new training model for supporting Indigenous health workers on BBV prevention is currently being developed. All NSP training is funded through the COAG's Illicit Drug Diversion Package—Supporting Measures Relating to NSP.

South Australia

SAPOL is currently conducting a number of reviews to further develop and refine its approach to alcohol and other drug issues. Included in these reviews are the IDS and its over-arching approach to addressing alcohol and other drug use. The IDS review is being conducted within the context of ensuring that contemporary alcohol and other drug issues are addressed in the revised strategy. Another area that SAPOL are reviewing is the provision of alcohol and other drugs training across all the levels of the organisation in order to improve its capacity to address these issues in a more comprehensive manner.

Developed by SAPOL is a concept analysis for an *Alcohol Incident Reporting* system that is based on a model that has been successfully implemented in NSW and which is currently being introduced in New Zealand. The purpose of the system will be to provide SAPOL and its partner agencies with relevant data on alcohol related crime and disorder problems. A feasibility study on the proposed system was completed during the year.

Iatrogenic drug dependence is a significant contributor to the burden on the health system, both in terms of workforce and hospitalisations. Access to Pain Clinics is limited, with waiting periods exceeding a year in some cases, and so management of chronic pain in the community is often attempted without access to consistent prescribing guidelines.

The SA Department of Health has been developing a training standard and modules in partnership with industry groups and the SA Ambulance Service. The training aims to increase opportunities for effective risk management and emergency medical responses to drug and alcohol issues within licensed venues. To date, the working group has:

- developed the training module;
- pilot tested the training with licensees, staff, peak industry groups and registered training providers;
- obtained endorsement for the development of the training and its curriculum from the Licensed Clubs Association of SA;
- gained the support of the Liquor and Gambling Commissioner; and
- obtained Crown Solicitor advice on duty of care requirements for licensees as they pertain to this training.

In 2004–05, a questionnaire and brief intervention, the WHO *Alcohol, Smoking and Substance Involvement Screening Test* (ASSIST), was developed to respond to the overwhelming burden of disease placed on primary health care by substance use. Over 300 people attended training workshops on delivering the ASSIST, including workers from primary health care, specialist drug and alcohol treatment agencies, schools, community agencies and prisons. Metropolitan and country workshops were held in response to the high demand.

Tasmania

In 2004–05, the DHHS *Alcohol and Drug Service Strategic Plan 2005–2009* was endorsed and articulates workforce development and capacity building as major priorities.

Tasmania Police appointed a Drug Diversion Coordinator which provides a dedicated resource to developing and delivering training packages to police officers in all districts and to trainees at the Tasmania Police Academy. Whilst the focus of this additional training has been on police procedures to divert minor drug offenders under the IDDI, the content has also increased police knowledge about harm minimisation and working with other sectors.

Northern Territory

The *Frontline Training Program* in NT continues to provide accredited alcohol and other drug training to frontline workers. Brief interventions training was delivered to a diverse range of workers in contact with people who may have substance related issues.

In April 2005, four AOD staff completed the *Quit Educator* training. This training has enabled *Quit* groups to be offered in workplaces. Three workplace *Quit* groups and one community *Quit* group have been successfully facilitated and evaluated in the Top End. The trained educators are now focusing on Phase Two of the *Quit* training to become accredited train the trainers. It is anticipated that in late 2005 *Quit* training will be introduced to remote communities and NGOs.

The NT has agreed to be involved in delivering the pilot Certificate III Alcohol and Drugs to Indigenous workers. Students are currently being invited to enrol for commencement in 2006.

Additional training positions have been recruited to the AOD Program making a total of five staff across the NT.

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 alcohol and other drug issues; and
- cooperate with business, government and relevant medical to manage the community impacts of drug use.

Australian Government

Under this NDS priority, vertical partnerships (between the three levels of government) as well as horizontal relationships (between different states, sectors and portfolio areas) assist in the development of strategies that have relevance and that can be implemented in a range of settings.

Collaborative relationships within the NDS are maintained through the IGCD, which provides a forum for senior officers representing health and law enforcement agencies in each Australian jurisdiction and in New Zealand, as well as representatives of the DEST and the Ministerial Council on Aboriginal and Torres Strait Islander Affairs. In addition, joint meetings between the IGCD and ANCD Executives bring together the views of the government and non-government sectors.

The National Drug Research Centres of excellence work collaboratively with other research bodies to create partnerships in the pursuit of national data and evidence. Through NDARC, national data on specific aspects of the drug market and drug use are collected and analysed by each state and territory.

Partnerships are also prominent in the ADCA's *Drug Action Week*, which highlights effective programs within the sector. Activities are held in each state and territory and represent endeavours by community drug action teams, work by local police, health workers and educationalists to promote drug and alcohol initiatives.

The Australian Government continues to work to strengthen existing partnerships in the international drugs arena to reduce the demand for and supply of drugs. Key international partners include the United Nations Office on Drugs and Crime and the International Narcotics Control Board.

Australia was successful in gaining re-election to the Commission on Narcotic Drugs (CND) in 2005. Australia is acknowledged as a key player within the CND and is increasingly being canvassed to lead work on particular issues. The Australian Delegation proposed three resolutions to the 48th Session of the Commission, which was held in March 2005. The resolutions, addressing women and drug use, research and workforce issues, were ultimately endorsed by member states.

New South Wales

Under the Australian Government/NSW IDDI, NSW Government agencies commenced work with the *Network of Alcohol and other Drug Agencies* to increase the participation of the non-government sector in the NSW Diversion Program, including the MERIT Program.

The NSW Government worked closely with liquor industry groups to develop local solutions to alcohol-related problems. Liquor Accords bring together local licensees, police, businesses and community leaders to develop local solutions for alcohol related problems. By June 2005 there were over 100 Liquor Accords established across NSW.

Community Drug Action Teams (CDATs) are local groups that involve partnerships between the Government and community to address drug issues. During 2004–05, in response to the NSW Alcohol Summit, the 75 CDATs operating in NSW took on a more active role in tackling alcohol misuse in their communities. This was in addition to their ongoing work on illicit drug issues.

Victoria

The DHS Drugs Policy and Services Branch 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 2004–05 conferences were held on the following topics:

- dual diagnosis;
- therapeutic interventions in a community setting; and
- treatment of problematic alcohol use.

A key priority for the Victorian PDPC is to work in partnership to build the capacity of communities to identify and address local drug prevention challenges, using local skills and knowledge. During 2004–05, the PDPC:

- worked with the Koori community to develop information and resources for Indigenous health workers to address the incidence of FASD in Indigenous communities;
- worked with key community agencies to deliver alcohol and drug prevention training to local health and community building practitioners, professionals and service providers at locations across Victoria; and
- commenced development of a drug prevention toolkit to assist communities to self-assess the extent to which drug prevention is embedded in local activities and provide guidelines on how to address gaps, using promising practice as examples.

Bridging the Gap provides intensive transitional support to high-risk offenders by providing links with drug and alcohol treatment, housing support, training, employment, health and legal assistance. The program provides \$1.77 million per year to five community agencies to case-manage a minimum of 390 prisoners pre- and post-release annually.

Queensland

The QPS has been working closely with a wide range of government and non-government organisations to develop a whole of government response to VSM incidents. This included the development of the *Joint Ambulance Police VSM Immediate Response Protocol*.

In five locations throughout Queensland, the QPS has been trialling additional powers to respond to VSM incidents. These trial detention powers allow police to ensure the safety of people using volatile substances by taking them to a place of safety to recover. Police have also been working with retailers to address supply issues for a wide range of volatile substances.

Queensland Health's *Young Males and Rural Males* campaigns are being developed as an integrated evidence based set of interventions that will heavily rely on partnerships across government and non-government sectors. For example, a key component of the program, still in negotiation, will be the *Good Sports* program, involving the Government's Liquor Licensing Division, Department of Local Government Planning, Sport and Recreation and the ADF.

Queensland's *DrinkSmart* University program was expanded and re-branded *Healthier Universities* to now address smoking, nutrition, alcohol and physical activity, mental health and injury. This has resulted in additional partnerships at the campus and state levels across these focus areas including a key partnership with Queensland Transport.

Partnerships with industry and health groups were strengthened to support the introduction of new tobacco legislation. Associations representing the hospitality industry (hotels, clubs, restaurants and casinos) and tobacco retail industry, trade unions, and health groups worked closely with Queensland Health to develop effective industry communication materials, patron information and regulatory signage.

Western Australia

A Senior Officers Group, whose membership is made up of representatives from key human and social service state government departments, continues to develop and coordinate comprehensive, across government approaches to address issues relating to alcohol and other drug use in WA. This is achieved through the development and implementation of agency drug and alcohol action plans to guide activities.

Currently WAPOL is in the process of reviewing and streamlining existing and planned partnerships and MoUs with key stakeholders such as the WA Department of Justice and the WA Department of Health to facilitate the formation of strategic partnerships and information sharing. WAPOL also remains actively involved in the Cross Border Justice Project, collaborating with relevant human service agencies in the NT, SA and WA to provide a coordinated response to common issues in the Central Lands region (Ngaanyatjarra, Pitjantjatjarra and Yankunytjajara).

A partnership agreement for the funding of alcohol and other services in WA between the Drug and Alcohol Office, the Office of Aboriginal Health and the Office for Aboriginal and Torres Strait Islander Health (OATSIH) was signed and commenced implementation in 2004. The partnership aims to improve outcomes for Aboriginal people affected by alcohol and other drug issues through improved coordination in the planning and funding of services.

South Australia

During 2004–05 SAPOL was provided with an independent evaluation of the *Drug Action Team* (DAT) program. The outcomes of the evaluation are being used by SAPOL to review the role and function of the DATs. The review will be used to strengthen the partnerships that SAPOL has with the agencies, community groups and individuals that participate in the DAT program.

A collaborative partnership between TAFE SA and the SA Department of Health, aims to increase the TAFE sector's capacity to prevent and respond to alcohol and other drug related harm. The project, which commenced in February 2005 and is due for completion in 2006, works with TAFE SA to develop:

- an alcohol and other drug policy framework for TAFE SA staff and students;
- an alcohol and other drug education and training program for TAFE SA staff for the prevention and reduction of alcohol and drug related harm amongst TAFE SA students;

- alcohol and other drug resources for student services staff;
- guidelines and standards of practice for preventing and reducing alcohol and other drug related harm amongst TAFE SA students;
- alcohol and other drug information resources for TAFE SA staff and students; and
- improved referral pathways for TAFE SA students to DASSA services.

To date, the project has undertaken a consultation process with the TAFE Executive, the Education Services and Programs Manager, Student Services, Department of Further Education, Employment, Science and Technology and TAFE SA Student Services staff. As a result, an Alcohol and other Drugs Working Group has been formed and a draft student policy document has been developed for the consideration of the TAFE Executive. The SA Department of Health is now developing an implementation strategy with TAFE SA.

Tasmania

State Government commitment to strengthening partnerships with the non-government sector is represented through its support of the Tasmanian Alcohol, Tobacco and Other Drugs Council (ATDC), being the peak body for the alcohol and other drugs sector in Tasmania.

The Local Government Association of Tasmania and the ATDC have been represented on the Interagency Committee that developed the new TDS.

A wide range of specialist community support services are provided by the DHHS *Alcohol and Drug Service*, and the non-government sector through service agreements. These provide a range of services including assessments, withdrawal management, smoking cessation, pharmacotherapy program, education and health promotion, counselling, treatment and residential rehabilitation.

The DHHS has in place an MoU with:

- the Department of Education to provide supplementary services under the National Schools Drug Education Program. The Commissioner of Licensing supports the Responsible Service of Alcohol and the Department of Police and Public Safety supports interagency coordination of a range of activities under the NDS and the TDS. The Department also supports the work of the Road Safety Taskforce; and
- the Tasmanian General Practice Divisions, the Southern Tasmanian Division of General Practice Inc, GP North, North West Tasmanian Division of General Practice Collaborating for Improved Health Outcomes.

Tasmania Together continues to provide the long term framework for government, non-government and communities to undertake action to make Tasmania a more socially, economically and environmentally sustainable state. The priority benchmarks also address social determinants and provide the linkages with the local government *Partnerships Agreements and Stronger Community Partnerships*. This is recognised throughout the new TDS.

Northern Territory

The *Profile of Services and Interventions Project* has strengthened partnerships with NGOs and other key stakeholders.

In May 2005, a jointly funded Australian Government and NT *Illicit Drug Diversion* forum was held. The forum provided an opportunity to share information about the NT *Illicit Drug Diversion Program* between the AOD service providers, magistrates, the NT CREDIT Program and the NT Police, in addition to reviewing and further developing the Diversion program.

The Alcohol and Other Drug Program and Mental Health Services have been working to develop improved service options for people with co existing disorders. The process has been initiated to develop shared assessment protocols in Darwin, the delivery of accredited dual diagnosis training, the Ntaria pilot project in Central Australia and improved referral and clinical support.

The NT AOD Program continued to support the Katherine Substance Misuse Action Group throughout 2004–05.

Australian Capital Territory

The *ACT Alcohol, Tobacco and other Drug Strategy 2004–2008* was publicly released in August 2004. This strategy outlines a series of actions aimed at reducing the harm associated with the misuse of alcohol, tobacco and other drugs in the ACT community over the next four years.

An Implementation and Evaluation Group has been established to oversee the implementation of the Strategy. The membership of the evaluation group is broad and involves both government and non-government organisations including representation from ACT Policing, drug and alcohol agencies and community groups representing the interests of consumers, women, people from multicultural backgrounds and Aboriginal and Torres Strait Islander people.

6.7 Implementation of the *National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003–2009*

The Complementary Action Plan (CAP) provides a national direction to appropriately deal with the specific alcohol, tobacco, illicit drugs and other substance issues that concern Aboriginal and Torres Strait Islander people. Action will be taken to implement the key actions areas identified in the CAP, with particular priority afforded to:

- building community capacity to address current and future issues in the use of alcohol, tobacco and other drugs;
- actively promoting whole-of-government and community approach in implementing the key action areas;
- improving access to the appropriate range of health and wellbeing services that play a role in addressing alcohol, tobacco and other drugs issues; and
- recognising the role of holistic approaches from prevention through to treatment and continuing care that is locally available and accessible.

Australian Government

The CAP was developed through public consultation with Aboriginal and Torres Strait Islander people, under the direction of the National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander people. The CAP complements the issues raised in national plans developed under the NDS, which address alcohol, tobacco and illicit drugs.

To progress work under the CAP, the IGCD identified key priorities for implementation. A subsequent process of consultation involving states and territories and non-government organisations was completed and a report was provided at the May 2004 MCDS meeting. The following national priority areas were then determined by MCDS:

- Indigenous Data Collection;
- Indigenous Alcohol Management Program;
- National Smoking Cessation Program; and
- Policing responses in Indigenous Communities.

The DoHA has taken the lead co-ordinating role in the first three identified priorities, with the NDLERF taking the lead on the final priority.

The Australian Government has funded numerous projects to develop, improve, and implement services for Aboriginal and Torres Strait Islander people which support the implementation of the Complementary Action Plan.

New South Wales

In 2004, the Aboriginal Drug and Alcohol Network (ADAN) was established to provide professional development opportunities for Aboriginal drug and alcohol workers. A second annual meeting of ADAN was held in Port Macquarie on May 2005.

To enhance communication between ADAN, the NSW AHMRC and its member organisations, a website was developed and launched by the NSW Minister for Health in May 2005. This website can be found at <<http://www.ahmrc.org.au>>

In 2005, Circle Sentencing, an alternate sentencing court for adult Aboriginal offenders was expanded to Bourke, Lismore, Armidale, Kempsey and Western Sydney.

To assist health workers working with aboriginal communities on tobacco issues, NSW Health has developed *Smokecheck*, a brief intervention training and education package. Training of staff in the use of this resource has commenced.

Victoria

The DHS Victoria Drugs Policy and Services programs that target Koori people are delivered in partnership with Koori organisations and other community representatives and are informed by extensive community consultation. The Koori Alcohol and Drug Strategy Advisory Committee is comprised of representatives from key Aboriginal organisations and relevant government departments and has guided drug policy, most significantly the *Victorian Koori Alcohol and Drug Plan 2003–04* which included the development and implementation of a number of projects and programs for the past three years. Drugs Policy and Services continues to fund resource centres and approximately 20 Koori Community

Alcohol and Drug Workers who provide counselling, prevention and support to community members. Koori workers now have access to a website providing drug treatment resources and fact sheets. A new Koori Healing Service for young people has been tendered.

Queensland

State-wide programs to address tobacco smoking for Indigenous people have continued to be implemented in Queensland. 300 health professionals, including Indigenous health workers, nurses and community health workers, have been trained in the *SmokeCheck Tobacco Brief Intervention Program*. 54 Indigenous sporting and cultural events involved in the *Event Support Program* for the promotion of culturally effective smoke-free messages. Evaluation of the *Event Support Program* showed up to 80 per cent recall of the program's smoke-free messages by event participants and spectators.

The Far Northern Police Region Cross-Cultural Unit continues to deliver training to 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. In responding to VSM incidents and preparing a whole-of-government response to the issue, the QPS has considered the principles and strategies outlined in the CAP.

A full-time high-level position at the Queensland Alcohol and Drug Research and Training Centre at the University of Queensland was established, to assist training and education for addressing Indigenous substance misuse.

The Croc Festival was again conducted in Far North Queensland with 1,056 students from 27 schools participating in the event, supported by 86 supervisors (teachers and other youth workers), and with an estimated audience of 7,000 people attending the event.

Queensland maintained its strong commitment to reducing alcohol consumption and related harm in Indigenous communities and in particular the 19 *Meeting Challenges, Making Choices* (MCMC) communities. Regulations were introduced to support the operation of Alcohol Management Plans (AMPs) in 18 of the MCMC communities and the government undertook to review the implementation of AMPs commencing with five of these communities.

Western Australia

WA has developed the draft *Strong Spirit Strong Mind WA Aboriginal Alcohol and Other Drugs Plan 2005–2009*, which responds to the CAP and is soundly reflective of the circumstances effecting Aboriginal people in WA. The plan has been developed by the partnerships with state health (OAH) and OATSIH and in collaboration with community organisations. The state-wide plan is the first of its kind in WA and aims to present an informed framework that adds benefit to the way parties seek to collaborate and work upon issues relating to Aboriginal use of alcohol and other drugs. It recognises the importance of developing capacity within communities to better plan, develop and implement strategies that promote comprehensive, holistic approaches and has been received credibly across the government and community sectors. The Plan includes strategies relating to prevention and early intervention, supply and control, support and treatment, and harm reduction.

WAPOL remains committed to the *Gordon Response Initiatives*, commissioning a new Multi-Functional Police Facility (MFPPF) in Balgo (Wirrimanu) which will be implemented

in September 2005. The MFPPs will act as permanent bases for whole-of-government service delivery to remote Aboriginal communities. Other locations identified for the establishment of MFPPs include Warburton, Warakurna, Kalumburu and Bidjidanga. The establishment of these facilities, as well as the acquisition of two new police aircraft, will further enhance service delivery to remote Aboriginal communities and facilitate the implementation of the NDS.

South Australia

As part of its strategy to address petrol sniffing and associated problems on the Anangu Pitjantjatjara (AP) Lands in the Far North of SA, SAPOL now provides a more visible policing presence. This includes the creation of additional positions and infrastructure to support the work of community constables who are already located on the AP Lands. It is intended that the total establishment of permanent police personnel will include eight police officers and 10 community constables.

In addition, the SA Government has amended the *Public Intoxication Act* (the Act) to include petrol as a substance within the definitions of the Act. These amendments provide for the apprehension of people who possess or use petrol for the purposes of inhalation. The operation of the Act is not, however, restricted to the AP Lands.

DASSA developed an *Action Plan for Developing Respectful Service Responses to Aboriginal People and Communities*. This followed on from staff training which focused on barriers that prevent Aboriginal people accessing services. Through the workshops, staff identified strategies that would improve DASSA's service response to Aboriginal people, resulting in recommendations for the organisation. These recommendations have formed the basis for an action plan, which is currently being implemented.

A working group chaired by the SA Department of Health and Aboriginal Health Council of South Australia has been developing strategies in partnership with the Aboriginal Legal Rights Movement and Equal Opportunity Commission to prevent discriminatory practices directed towards Aboriginal people in licensed venues. To date, the Working Group has hosted a focus group with specific licensees who have positive or negative activities occurring within their venues and is developing strategies to convey effective strategies to licensees, their staff and Aboriginal patrons.

Tasmania

Tasmania has developed a *Tasmanian Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan*, which supports the CAP. In addition, the *Tasmanian Health and Wellbeing Plan* has been endorsed to work in partnership with Aboriginal communities to reduce inequalities and promote the health and wellbeing of Aboriginal people in Tasmania. The Plan will also assist the DHHS to be responsive and culturally appropriate to the particular needs and circumstances of Aboriginal people.

TASPOL has an *Aboriginal Action Plan* in place, and cross-cultural training and understanding is regularly delivered by members of the Tasmanian Aboriginal community to police at the Tasmania Police Academy. A State Aboriginal Liaison Coordinator and four District Aboriginal Liaison Officers with assistants have been appointed and they have responsibility for liaison and advisory matters between Tasmania Police and the Aboriginal community.

Northern Territory

Development of programs and a service system to support the introduction of the VSAPA has been undertaken. Targeted community development activities that assist communities to address substance misuse have occurred in urban, rural and remote areas.

The monitoring and support of the *Kava Management Plans* continues to be explored by the NT Department of Health.

Australian Capital Territory

In 2004–05, the ACT Government implemented two major initiatives to improve access for Aboriginal and Torres Strait Islander people to alcohol and drug services. These initiatives aim to improve access for Aboriginal and Torres Strait Islander people to the range of alcohol and drug services, programs and interventions.

Two new youth detoxification support worker positions were established, one at Winnunga Nimmityjah Aboriginal Health Service and the other at Gugan Gulwan Youth Aboriginal Corporation. The positions were created to provide support to young people up to the age of 25 years. The positions aim to improve access to mainstream detoxification services and to increase the completion rates of those admitted.

Two new dual diagnosis outreach support worker positions were also funded, one at Winnunga Nimmityjah Aboriginal Health Service and the other at Gugan Gulwan Youth Aboriginal Corporation. The positions were created to offer support to Aboriginal and Torres Strait Islander people who experience difficulties with both mental health and drug and alcohol related issues. The outreach workers aim to improve and enhance the links for clients between both Aboriginal and mainstream health services.

In 2004–05, the ACT Cancer Council was awarded Healthpact funding to implement a smoking cessation program that targeted people from Aboriginal and Torres Strait Islander communities, as well as groups from a low socio-economic background and disadvantaged people at risk of poor health outcomes.

Since 1998, the AFP has employed Aboriginal Community Liaison Officers (the Officers), recognising the importance of this role in coordinating and monitoring Aboriginal and Torres Strait Islander community activities within the ACT.

The Officers have provided assistance and advice regarding bullying and violence in schools, early intervention for youth at risk, family violence and early childhood development. These Officers have also acted as a mentor to Aboriginal youth at risk and have sought to develop bonds with them through activities at the Police Citizens Youth Centre, visits to Quamby Youth Detention Centre, schools and through organised outings and camps.

In the area of drug and alcohol abuse, another service provided by the Officers is liaison with the Gugan Gulwan Youth Aboriginal Corporation and the Winnunga Nimmityjah Aboriginal Health Service to ensure that Aboriginal youth at risk are provided with appropriate advice and assistance.

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 Indigenous 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; and
- undertake an annual strategic directions workshop.

Australian Government

A hallmark of the Australian approach to alcohol and other drugs has been to place priority on gathering solid information on which to base policy and program decisions, as well as to evaluate progress.

Research, data and specialist advice is afforded a significant amount of resources and attention under the NDS. Australia boasts three national centres of research excellence, a national research fund focused on drug law enforcement issues, a number of other research organisations located in each state and territory and a number of other organisations that are equipped and experience in drug research and/or data collection. This provides an enviable capacity to investigate national drug use trends, market surveillance, population estimates; and to inform prevention, treatment, enforcement, and harm reduction measures.

The 2004 NDSHS was released during the reporting period and a number of national reports have complemented this report to increase our understanding of emerging drug use and supply trends. Reports are disseminated widely and, through its national workshop held annually, the IGCD is able to identify new priorities for the year ahead.

In addition to these formal research efforts, informal consultation forums are held by the ANCD four times a year in various cities in Australia. These consultations provide an avenue for frontline workers to express to policy advisers what they are experiencing, and as such often emerging problems can be identified through this forum.

Early in 2005, the DoHA commissioned Eureka Strategic Research to undertake an analytical literature review and qualitative-based research on youth smoking behaviours and attitudes. The researchers were asked to look at basic behavioural research to assist in better understanding the processes of tobacco uptake, addiction and cessation among young people. The results of the research can be used by all governments to assist in the development of improved policy frameworks for appropriate youth interventions in tobacco control strategies.

The Australian Government continues to provide funding for, and play an active role in, the collection of information for the AODTS NMDS, with the AIHW maintaining a coordinating role over the dataset. The DoHA also funds information gathering for the National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection.

New South Wales

A new system of *Alerts* to ensure prompt responses to emerging trends in psychostimulant drug use was introduced by NSW Health in 2004–05. These *Alerts*, issued by NSW Health, provide information to Area Health Services and Hospital ED staff.

Both the NSW Government's Expert Advisory Group on Drugs and the Alcohol and Illicit Drug Monitoring Group continued to meet to provide ongoing strategic advice to the NSW Government on drug and alcohol issues as well as information on emerging drug trends in the community.

In mid-2004, the NSW Government launched its new alcohol website <www.alcoholinfo.nsw.gov.au> to provide access to information about emerging trends as well as issues. In 2004–05, there were 278,300 hits to the website. The NSW Government drug website <www.druginfo.nsw.gov.au> had 390,963 hits for the same period.

Released in early 2005, a NSW Health commissioned report on the social costs of smoking in NSW found that:

- based on 2001–02 figures a 5 per cent reduction in smoking prevalence over five years would result in a saving of \$2,366 million; and
- approximately 45 per cent of smoking could be reduced if more stringent public policies were implemented.

Victoria

The ADF Centre for Youth Drug Studies was funded by the Victorian DHS, to conduct research on Patterns and Cultures of GHB Use in Melbourne. The research, which was completed in May 2005, explored the incidence and prevalence of GHB use among young people in Melbourne, and examined their knowledge of and attitudes to GHB. The research findings continue to inform GHB and other events-based drug education and initiatives.

Victoria Police has adopted a partnership approach in relation to trend identification and is involved in the exchange of information for environmental scanning. Victoria Police contributes to national forums and working parties including:

- Chemical Diversion Congress;
- Clandestine Investigating Chemists Conference; and
- Senior Forensic Drug Specialist Group.

Queensland

Queensland has developed and implemented a new Alcohol, Tobacco and Other Drug Services Information System (ATODS-IS) for use in Queensland's alcohol and drug sector. The new application facilitates collection of a comprehensive state-wide data set, including the AODTS-NMDS. Technical training was delivered to approx 260 ATODS staff from around the state in over 40 small-group training sessions. Clinical training was also delivered to 200 ATODS clinical staff in 10 workshops. Clinical training included interpretation of data standards, use of the clinical database, and production of reports. The application is now in use in all Queensland Health ATOD services.

The QPS developed a *Clandestine Laboratory Awareness Package* for the chemical and pharmaceutical industry, hotel/motel industry, and other relevant community groups.

The Queensland Police Service continues to support initiatives aimed at minimising the harms associated with alcohol related incidents in and around licensed premises. Two significant projects conducted during 2004–05 were the City Safe project, and the *Alcohol and Drug Incident Management Study*, which identified the risks, harms and costs associated with inappropriate consumption, and recommended strategies to address those harms.

The Amphetamines in Queensland research project, a collaboration between Queensland Health and the Crime and Misconduct Commission, investigated amphetamine user behaviour across the state. 45 peer researchers interviewed 690 respondents recruited in 17 urban and rural locations across the state. The survey identified information regarding drug use, general health, mental health, amphetamine availability, selling amphetamines, drug-crime nexus, injecting practices, BBV knowledge and patterns of health service access.

There have been three major initiatives to address the emerging issue of volatile substance misuse among young people. Changes to the *Police Powers and Responsibilities Act* enable police to take a young person suspected of misusing volatile substances to a designated place of safety, or into the care of a responsible adult or parent, or to hospital if medical attention is required. The new powers were trialled at five locations Cairns, Townsville, Mount Isa, Inner Brisbane and Logan. The second initiative was the creation of designated 'Places of Safety' in these trial locations. The third was changes to the *Summary Offences Act* to make it an offence for retailers to sell products to people who they suspect might use them for inhaling. In addition, Queensland Health developed a screening and brief intervention tool for frontline youth and alcohol and drug workers which delivered to 185 participants across the five trial sites.

Western Australia

A major research project was completed that examined saliva-based drug testing in collaboration with Next Step Drug and Alcohol Services, the School of Medicine and Pharmacology at University of Western Australia (UWA), PathCentre WA, Cozart United Kingdom Pty Ltd and Microgenics Australia Pty Ltd. An outcome from this research has been the commencement of a significant collaboration with the National Addiction Centre, Kings College, United Kingdom. Also, a double-blind, randomised placebo-controlled trial of the effectiveness of mirtazapine in the treatment of methamphetamine withdrawal was commenced. It is a collaborative project involving Next Step Drug and Alcohol Services, the School of Medicine and Pharmacology at the UWA and the Langton Centre, NSW.

A number of strategies implemented in response to emerging issues. These include, but are not limited to, funding for childcare and interpreter services and treatment responses to amphetamines and cannabis.

WAPOL supports the exchange of data and information where appropriate to relevant health and academic stakeholders to gain greater insight and identify new directions in the policing of licit and illicit drugs. For instance, WAPOL formed a partnership with the ED of a major Perth hospital to gather accurate forensic evidence to investigate anecdotal reports of drink spiking. It is anticipated that a report will be provided to the IGCD in September 2005 for consideration.

South Australia

SAPOL continues to work with the SA AGD and the AIC in the conduct of DUMA to provide timely information on the relationship between drugs, violent crime and property crime which is used to inform policy and operational responses to these issues.

The *Designer Drug Early Warning System* is a clinical toxicology database and monitoring process for drugs of abuse in patients presenting to the Royal Adelaide Hospital (RAH) ED. It is a collaborative project between DASSA and the RAH. A six-month pilot study commenced in August 2004, and funding has since been secured until June 2006.

The primary objective of the project is to enhance the evidence available to guide health and law enforcement activities in reducing harm arising from psychostimulant and other recreational drug use. In particular, the initiative will enable the development and implementation of timely prevention and intervention strategies in line with the changing picture of substance misuse.

To date over 1,000 patients attending the RAH ED have been enrolled into the study. Two drug alerts have recently been issued to health and law enforcement professionals around the state; one reported on increasing LSD prevalence amongst patients; the other reported on increasing numbers patients suffering heroin overdose presenting to the RAH ED.

In July 2005, the WHO Collaborating Centre (WHOCC) provided basic training to 20 treatment centre staff to provide advice, training and continuing technical support to establish a MMT program for injecting drug users living with HIV/AIDS in Vietnam.

The effectiveness of substitution therapy (such as methadone substitution treatment) for opioid dependence in developed nations has been well established. The WHOCC is investigating the effectiveness of opioid substitution therapy and HIV/AIDS prevention in a number of transitional and developing countries. This project will involve the cross-cultural comparison of data obtained from these countries, with Australian findings.

The 2002 SA Drugs Summit identified community demand for services focused on treating the use of amphetamines among young people. In order to establish evidence based best practice the DASSA is conducting four treatment trials for users of amphetamines.

The project aims to enhance access to health services for young users of amphetamines to reduce drug harm arising from use of these drugs. Research will be undertaken to develop, trial and implement effective treatment strategies suitable for application both in specialist and primary health care settings, as well as develop innovative models of primary and specialist care.

In 2004–05, DASSA published a research monograph that provides an overview and analysis of research evidence on the effectiveness of different pharmacotherapies for relapse prevention in alcohol dependence. The aim of this work was to provide very concise information on effectiveness, but also to convey the quality and strength of the research evidence underlying the information. This monograph (no.17) is a component of work by DASSA to develop an approach to help disseminate research evidence in a form that can be referred to quickly to help inform treatment decisions.

DASSA and NDARC, in conjunction with Streetwize Communications commenced work on a DoHA funded project exploring the topic of PIEDs. DASSA is the lead agency on the project which explores the motivations, behaviours, risks and physical and psychological harms associated with the use of PIEDs. The study is being conducted in three parts over the next 18 months.

DASSA has also been involved in planning and undertaking research into methamphetamine-induced psychosis since 1999 in recognition of the growing population of methamphetamine users and their associated health issues. Research during 2004–05 included the following two projects:

- The SA Department of Health provided funds to conduct a trial of *acute care interventions for the medical management of methamphetamine psychosis* to address this significant public health issue. The study involves an examination of approaches to the acute medical management of persons experiencing methamphetamine-induced psychosis who present to emergency medicine and psychiatric facilities. Researchers are investigating the prevalence of this condition, the medical management of patients and staff perceptions and issues with treating patients at one major South Australian metropolitan hospital, the RAH. The study will inform the development of guidelines for the medical management of methamphetamine-induced psychosis.
- The *Assertive Community Care* trial represents a continuation in the DASSA research program into methamphetamine psychosis. The results of an earlier WHO multi-site project highlighted the significant problems of relapse, readmission and psychiatric morbidity associated with methamphetamine psychosis patients. As with the acute management of methamphetamine psychosis patients, a lack of standardised care was identified. Funding has been provided from DoHA. Data collection for the study is currently ongoing and a final report is due in January 2006

Tasmania

Tasmania continues to support the work of the IDRS and the Events-based Drug Initiative both of which provide periodic reports monitoring jurisdictional illicit drug trends.

The Tasmanian Government responded to the growing problem of drug driving by passing an amendment to the *Road Safety (Alcohol and Drugs) Act 1970* to provide for the offence of driving a motor vehicle while an illicit drug is present in his or her blood. A police officer may require any person who is driving a motor vehicle on a public street to undergo an oral fluid test. In addition, the legislation was expanded to also enable blood testing of drivers involved in a crash in which a person is injured.

Tasmania Police Drug Investigation Services instigated an ongoing project, in conjunction with Pharmaceutical Services Branch (DHHS), to educate and alert pharmacists and their staff about the diversion of pseudoephedrine (PSE) based medication into the illicit

manufacturing of methylamphetamine. Strengthened handling, storage and dispensing practices relating to PSE have also been incorporated into the Pharmaceutical Code of Practice and regular inspections are conducted.

Additionally, via recommendations flowing from the National Precursor Working Group, the National Drugs and Poisons Scheduling Committee has agreed to re-schedule PSE to Schedule 4 and some preparations of PSE to Schedule 3. State legislation has also been enhanced to combat the PSE diversion problem.

The IDDI State Reference Group supported two research projects—*Residential Rehabilitation for Women with Drug Issues and Their Accompanying Children. Developing a Best Practice Model in Tasmania* and *The learning tree: An evidence-based model of a residential service for youth aged 12–18 with drug issues*.

The DHHS, in review of Service Agreements with funded NGOs, has implemented an account management approach and commenced a project to develop and implement evaluation tools based on existing activities, with a view to assisting to identify service delivery gaps and trends.

The DHHS has also provided support and additional funding to the *Australian Student's Alcohol and Drugs Survey 2005* and negotiated additional questions relating specifically to the NIAT and tobacco use amongst indigenous adolescents.

Through the State IDDI, comprehensive data reports of both Police diversions and Health treatment outcomes are generated. These are reported quarterly and data elements were reviewed and agreed upon by both Departments.

Through the Alcohol and Drug Services, the DHHS is undertaking an *Alcohol and Drug Service Information Management Planning Study*. The project will establish both system and business requirements to provide the foundation for the implementation of a new information system that will encompass full clinical information system capability. Alcohol and drug sector non-government organisations and other stakeholders are a key component of the consultation.

The work of the *Alcohol Expert Steering Committee* is epidemiologically based and will encompass monitoring and surveillance of risk factors and regular analysis of trends around the use of alcohol in Tasmania. Establishment of structural determinants of alcohol use for Tasmania; determination of appropriate Public Health legislative, policy and strategy responses; and identification of the best buys in relation to cost effective population based strategies to the reduction of harm from alcohol are being undertaken. The first of a series of Epidemiology Fact Sheets *Tasmanian Alcohol Trends 2005* has been produced which examines a number of alcohol related indicators for Tasmania.

Australian Capital Territory

The total number of drug offences reported or becoming known in the Territory provides some indication of the prevalence of illicit drug activity. Increases in drug offences can, however, be more indicative of changes in police enforcement activities in this area rather than real changes in the prevalence of illegal activity. ACT Policing records the number of reported ambulance attendances at drug overdose incidents involving heroin. Analysis of trends in this area has revealed that heroin-related overdoses will generally rise with increases in the supply and purity of heroin in the ACT and provides an indicator of the success of police activities in disrupting heroin supply.

The number of seizures of MDMA and amphetamines has remained fairly stable since the last reporting period, although of concern to police is the significant increase of 59 per cent in the quantity of MDMA seized.

There was a significant increase in the amount of cocaine seized during the reporting period (an increase from 4.55 grams to 589.01 grams) which was mainly due to Operation Erlang, an import of 580.1 grams of cocaine into the ACT in July 2004.

ACT Policing were able to enact on previous trends and in 2004–05 achieved:

- a 58 per cent decrease in the number of reported overdoses from the previous reporting period with only 106 incidents being recorded;
- a decrease of 48 per cent in the number of heroin seizures from the previous year with a significant drop from 268.02 grams to only 84.40 grams of heroin being seized (68.5 per cent decrease);
- a decrease in the number of drug offences reported or becoming known to police; and
- a 12 per cent decrease in the number of cannabis seizures with a 33 per cent decrease in the quantity seized during the reporting period which may be attributed to the introduction of new legislation which came into effect in March 2005.

7. Key Priorities for 2005–2006

Whilst the IGCD will continue to progress established strategies and priorities under the NDS in 2005–2006 effort will be concentrated on:

- consultation and development of a National Alcohol Strategy 2006–2009 for Minister's consideration;
- consultation and development of a National Cannabis Strategy 2006–2009 for Minister's consideration;
- development of a National Framework to Address Inhalant Abuse for Minister's consideration;
- progression of issues pertaining to FASD within Australia;
- further work on the self regulatory system for the monitoring of alcohol advertising; and
- progression of work on the National Competition Policy, with respect to the principles of alcohol harm minimisation.

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 Government Department of Health and Ageing
<<http://www.health.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 2003–04
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 alcohol and other drug 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 alcohol and other drug treatment sector.

The AODTS-NMDS collection for 2003–04 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

References

Australian Crime Commission (2004). *Illicit Drug Data Report 2003–04: Heroin*. Canberra: Australian Institute of Criminology.

Australian Government Australian Institute of Criminology (2004). *Illicit Drugs and Alcohol: Links between illicit drug use and crime*. <<http://www.aic.gov.au/research/drugs/crime/>>

Australian Institute of Health and Welfare (2004). *A Guide to Australian Alcohol Data 2004*. AIHW Cat No. PHE 52, Canberra, AIHW.

Australian Institute of Health and Welfare (2005), *National Comorbidity Initiative: A review of data collections relating to people with coexisting substance use and mental health disorders*.

Australian Institute of Health and Welfare (2002). *2004 National Drug Strategy Household Survey: detailed findings*. AIHW cat. no. PHE 66. Drug Statistics Series No. 16. Canberra: AIHW.

Australian Institute of Health and Welfare (2005). *National Opioid Pharmacotherapy Statistics Annual Data—2004 NOPSAD statistical report*.

Australian Institute of Health and Welfare (2005). *Statistics on drug use in Australia 2004*. AIHW Cat No. PHE 62 Drug Statistics Series No. 15, Canberra AIHW.

Australian Institute of Health and Welfare (2004). *Australia's Health 2004*. AIHW Cat No. AUS44, Canberra, AIHW.

Department of Health and Ageing (2005). *National Hepatitis C Strategy 2005–2008*.

National Drug and Alcohol Research Centre (2005). *Party Drugs Initiative*. Sydney

Darke S, Kaye S, & Topp L (2002) *NSW Drug Trends 2001: Findings from the Illicit Drug Reporting System (IDRS), Technical Report No. 125*, National Drug and Alcohol Research Centre, Sydney

APPENDIX C

List of acronyms

ABI	Acquired Brain Injury
ACC	Australian Crime Commission (Australian Government)
ADAN	Aboriginal Drug and Alcohol Network
ADCA	Alcohol and Other Drugs Council of Australia
ADF	Australian Drug Foundation
ADIS	Alcohol and Drug Information Services
AFP	Australian Federal Police (Australian Government)
AGD	(Australian Government) Attorney-General's Department
AHMRC	Aboriginal Health and Medical Research Council
AIC	Australian Institute of Criminology (Australian Government)
AIDS	Acquired Immune Deficiency Syndrome
AIHW	Australian Institute of Health and Welfare
AMP	Alcohol Management Plans
ANCD	Australian National Council on Drugs
AOD	alcohol and other drugs
AODTS NMDS	Alcohol and other Drug Treatment Services National Minimum Data Set
AP	Anangu Pitjantjatjara
ARP	Arrest Referral Program
ASSIST	Alcohol, Smoking and Substance Involvement Screening Test
ATDC	Alcohol, Tobacco and Other Drugs Council
ATODS	Alcohol, Tobacco and Other Drug Services
ATODS-IS	Alcohol, Tobacco and Other Drug Services Information System
ATOS	Australian Treatment Outcomes Study
ATS	amphetamine-type stimulants
BBV	blood-borne viruses
CARDS	Court Assessment and Referral Drug Scheme
CDATS	Community Drug Action Team
CND	Commission on Narcotic Drugs (United Nations)

Complementary Action Plan	<i>National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003–2009</i>
COAG	Council of Australian Governments
CREDIT	Court Referral and Evaluation for Drug Intervention and Treatment
Customs	Australian Customs Service (Australian Government)
DASSA	Drug and Alcohol Services South Australia
DAT	Drug Action Team
DEST	Department of Education, Science and Training (Australian Government)
DHCS	Department of Health and Community Services (Northern Territory)
DHHS	Department of Health and Human Services (Tasmania)
DHS	Department of Human Services (Victoria)
DoHA	Department of Health and Ageing (Australian Government)
DUCO	Drug Use Careers of Offenders
DUMA	Drug Use Monitoring in Australia
ED	emergency department
FASD	Fetal Alcohol Spectrum Disorder
FCTC	Framework Convention on Tobacco Control (WHO)
GHB	gamma hydroxybutyrate
GP	general practitioner
HIV	human immunodeficiency virus
ICD-10	International Classification of Diseases Version 10
IDDI	Illicit Drug Diversion Initiative
IDRS	Illicit Drug Report System
IDS	Illicit Drug Strategy
IGCD	Intergovernmental Committee on Drugs
LSD	lysergic acid diethylamide
MCDS	Ministerial Council on Drug Strategy
MCDS-CSFM	Ministerial Council on Drug Strategy Cost Shared Funding Model
MDMA	3,4-methylenedioxyamphetamine (ecstasy)
MCMC	Meeting Challenges, Making Choices
MERIT	Magistrates Early Referral into Treatment
MFPF	Multi-Functional Police Facility
MMT	Methadone Maintenance Treatment
MoU	Memorandum of Understanding
NCETA	National Centre for Education and Training in Addiction

NCLD	National Clandestine Laboratory Database
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NDRI	National Drug Research Institute
NDS	<i>National Drug Strategy 2004–2009</i>
NDSHS	National Drug Strategy Household Survey
NGO	Non-Government Organisation
NGOTGP	Non-Government Organisation Treatment Grants Program
NIAT	National Inhalant Abuse Taskforce
NOPSAD	National Opioid Pharmacotherapy Statistic Annual Data
NSDEP	National School Drug Education Program
NSP	Needle and Syringe Program
NTS	National Tobacco Strategy
OATSIH	Office of Aboriginal and Torres Strait Islander Health
PDPC	Premier’s Drug Prevention Council (Victorian)
PIEDs	Performance and Image Enhancing Drugs
PSE	pseudoephedrine
QPS	Queensland Police Service
RAH	Royal Adelaide Hospital
SAPOL	South Australia Police
SCON	Simple Cannabis Offence Notice
TAFE	Tertiary and Further Education
TASPOL	Tasmanian Police
TDS	Tasmanian Drug Strategy 2005–2009
UN	United Nations
UWA	University of Western Australia
VSAPA	Volatile Substance Abuse (Northern Territory) Prevention Act
VSM	Volatile Substance Misuse
WAPOL	Western Australia Police
WHO	World Health Organization
WHOCC	World Health Organization Collaborating Centre