

<p>Intergovernmental Committee on Drugs National Drug Strategic Framework Annual Report 2002 to the Ministerial Council on Drug Strategy</p>
<p>August 2003</p>

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Preface

This is the fourth annual report on State, Territory and Commonwealth progress under the *National Drug Strategic Framework* (the *Framework*, *NDSF*). It was produced by the Monitoring and Evaluation Coordination Committee (MECC) of the Intergovernmental Committee on Drugs (IGCD).

The IGCD consists of senior officers representing health and law enforcement in each jurisdiction, appointed by their respective Ministers, and people with expertise in identified priority areas, including representatives of the Australian Customs Service (ACS), the Ministerial Council on Aboriginal and Torres Strait Islander Affairs, and the Department of Education, Science and Training (DEST).

The IGCD provides policy advice to Ministers on the full range of drug-related matters and is responsible for implementing the *National Drug Strategic Framework* endorsed by the Ministerial Council on Drug Strategy (MCDS) in November 1998, and National Drug Strategy (NDS) policies and programs as directed by the MCDS.

This report provides an overview of activities undertaken across jurisdictions to meet the aims of the *Framework*. It gives a broad national view of the key drug related issues affecting Australia in 2002 and of the various interventions undertaken by agencies of the NDS to reduce the supply of and demand for drugs, and the harm resulting from 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.

While this Annual Report is not specifically an evaluation document, it will inform evaluations of the *Framework*.

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Ministerial Council on Drug Strategy

Dear Ministers

On behalf of the Intergovernmental Committee on Drugs, I am pleased to present for your information, the 2002 Annual Report of the National Drug Strategic Framework.

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

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

Yours sincerely



Keith Evans
Chair

July 2003

Table of contents

1. EXECUTIVE SUMMARY	1
2. INTRODUCTION	5
THE NATIONAL DRUG STRATEGY AND THE NATIONAL DRUG STRATEGIC FRAMEWORK	5
ADVISORY STRUCTURES FOR THE NATIONAL DRUG STRATEGIC FRAMEWORK	5
STRUCTURE OF THIS REPORT	7
3. KEY TRENDS & ISSUES	9
1. INTRODUCTION – THE SOCIAL COSTS OF DRUG ABUSE	9
2. KEY TRENDS	9
Illicit drugs	10
Licit drugs – tobacco and alcohol	13
3. ISSUES	14
Drugs and crime	14
Treatment	16
Prevention	21
4. ACHIEVEMENTS	23
COMMONWEALTH	23
NEW SOUTH WALES	27
VICTORIA	29
QUEENSLAND	31
SOUTH AUSTRALIA	34
WESTERN AUSTRALIA	37
TASMANIA	40
NORTHERN TERRITORY	43
AUSTRALIAN CAPITAL TERRITORY	44
5. NATIONAL DRUG STRATEGY ADVISORY STRUCTURES	47
INTERGOVERNMENTAL COMMITTEE ON DRUGS	47
NATIONAL EXPERT ADVISORY COMMITTEES, CONSULTATIVE AND OTHER BODIES	49
National Advisory Committee on Alcohol (NEACA)	49
National Expert Advisory Committee on Tobacco (NEACT)	50
The National Expert Advisory Committee on Illicit Drugs (NEACID)	52
National Advisory Committee on School Drug Education (NACSDE)	53
The Methadone and Other Treatment Subcommittee (MOTS)	53
National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples (NDSRGATSIP)	53
Monitoring and Evaluation Coordination Committee (MECC)	54
National Drug Strategy Local Government Sub-Committee (NDSLGS)	54
Australian Pharmaceutical Advisory Council (APAC)	
Sub-Committee on Intentional Misuse of Pharmaceuticals (IMP)	56
The National Drug Law Enforcement Research Fund (NDLERF)	56
APPENDIX A PERFORMANCE INFORMATION	59
APPENDIX B KEY DATA SOURCES FOR THE NATIONAL DRUG STRATEGIC FRAMEWORK	67
APPENDIX C LIST OF ACRONYMS	71

List of figures:

Figure 1:	The committee structures supporting the National Strategic Drug Framework and their relationships	6
Figure 2:	Number of opioid overdose deaths among those aged 15-44 years Australia, 1996-2001	10
Figure 3:	Percent testing positive to opiates by site by quarter, adults	11
Figure 4:	Total national clandestine drug laboratories detections, 1996-97 to 2001-02	13
Figure 5:	Proportion of treatment episodes – Principal drug by age, 2001-02	17
Figure 6:	Proportion of treatment episodes – Main treatment by principal drug, Australia, 2001-02	18
Figure 7:	National pharmacotherapy statistics, clients in treatment, public and private, 1997-2002	19

List of tables:

Table 1:	Users of tobacco, alcohol and illicit drugs in the past 12 months– Proportion of population 14 years and over	10
Table 2:	Importation and street level purity of heroin (Percentage pure heroin by weight)	11
Table 3:	Number of drug seizures (by all Australian law enforcement agencies) and amount seized in kilograms	12
Table 4:	Proportion of the population committing crime under the influence of drugs, persons aged 14 years and over, Australia	15
Table 5:	Users of tobacco, alcohol and illicit drugs in the past 12 months, proportion of population 14 years and over	61
Table 6:	Drugs thought to either directly or indirectly cause the most deaths in Australia, persons aged 14 years and over	61
Table 7:	Per capita alcohol consumption, persons aged 15 years and over, Australia	62
Table 8:	Age of first use of tobacco, alcohol and illicit drugs	62
Table 9:	Importation and street level purity of heroin	62
Table 10:	Number of drug seizures and amount seized in kilograms	63
Table 11:	Total national clandestine drug laboratory detections, 1996-97 to 2000-01	63
Table 12:	Proportion of the population committing crime under the influence of drugs, persons aged 14 years and over, Australia	63
Table 13:	Proportion of the population committing crime to obtain drugs, persons aged 14 years and over, Australia	64
Table 14:	Mortality and morbidity	64
Table 15:	Rate of accidental opioid overdose deaths per million population aged 15-44 years, Australia	65
Table 16:	Road fatalities with a BAC of 0.05gm/100ml or greater	65
Table 17:	Proportion of attendees at needle and syringe programs with HIV and HCV	65
Table 18:	Number of clients treated for drug use on census day 1992, 1995, 2001	65
Table 19:	Methadone treatment enrolments	65

1 Executive summary

In 2002, the National Drug Strategy (NDS) maintained its commitment to the prevention and reduction of illicit drug use through diversion programs, successes in the disruption of supply of illicit drugs and a range of initiatives to enhance treatment and intervention responses to illicit drug use. Tobacco and alcohol also continued to be a focus of the strategy with major new initiatives in these areas. Highlights of the year included increased efforts to address drug misuse among indigenous communities and an increased focus on prevention activities.

Transnational and multi-jurisdictional crime initiatives featured prominently in 2002 and will have significant implications for Australia's response to illicit drug trafficking and related criminal activities. Law enforcement agencies continued to effectively disrupt the supply of illicit drugs. The domestic manufacture of amphetamine-type substances (ATS) was an important issue for police, with the number of clandestine laboratories discovered in Queensland almost doubling in the year, with New South Wales also recording high detections. There appears to be a shift towards use of small-scale, mobile laboratories, posing particular challenges to police.

The heroin shortage in Australia continued throughout 2002, resulting in higher prices and lower quality heroin. While there is evidence of some increase, heroin availability has not returned to the levels seen prior to December 2000. Cocaine use appeared to decrease in New South Wales (NSW), including among injecting drug users and remained relatively uncommon in other jurisdictions. There were also indications that the use of methamphetamine has stabilised or decreased in most jurisdictions.

Revised estimates and projections on the hepatitis C epidemic released during the year show an apparent increase in infection in Australia. This disease continues to be a key challenge for Australia. Evidence published in the results of the *Return on investment in needle and syringe programs in Australia study* shows that needle and syringe programs effectively prevent transmission of hepatitis C, validating the implementation of such programs across the country.

All States and Territories have signed funding agreements under the Council of Australian Governments' Illicit Drug Diversion Initiative, commenced in 1999. This year, the progressive roll-out of the Initiative continued, with jurisdictions reporting high compliance rates and low re-apprehension rates. In October, the report *An Evaluation of Council of Australian Governments' Initiatives on Illicit Drugs* was completed and in December the Prime Minister announced funding of \$215m over four years for a second phase of the Initiative from July 2003.

The IGCD is pleased to report an increased emphasis on prevention activities, reflecting a growing belief among stakeholders that even better results may be possible in preventing or delaying onset of drug use as well as in protecting against risk and harm. To this end,

a range of activities was undertaken in 2002, at national and State and Territory levels. For example, New South Wales Community Drug Information Strategy initiatives included the Drug Smart Z Card for young people, enhanced access to drug information at libraries, a booklet for parents of high school students, a newsletter and exhibition. Victoria implemented a suite of activities ranging from a Community Drug Education Campaign to a new *Prison Drug Strategy*. South Australia Police launched its Illicit Drug Strategy *Preventing Drug Use – Reducing Crime*, and Western Australia implemented youth programs focused on prevention through community development and capacity building. Tasmania Police worked closely with the Department of Education to develop a new policy *Management of Drug Issues and Drug Education in Tasmanian Government Schools and Colleges*, and the ACT Policing Crime Prevention Unit delivered information to schools and community groups. On a national level, material was developed to support forthcoming consultations on the Prevention Agenda. The expansion of Commonwealth law enforcement's capacity to deal with transnational and multi-jurisdictional crime was a key strategy contributing to preventing drug use.

The IGCD recognises the continuing burden of harm caused by licit drug use, and in 2002 a range of preventative activity was directed at tobacco and alcohol misuse. *National Tobacco Campaign* activity included a television media buy for the World No Tobacco Day period, with several commercials running from 22 May to 7 June. This activity was supported by national publicity and State and Territory *Quit* campaign activity.

In Queensland a new television commercial for the *Poison* campaign was screened Statewide and supporting resources were developed for schools. A raft of legislative reforms was commenced, accompanied by an awareness campaign. South Australia implemented school based smoking cessation programs and launched the *Don't Get Smashed* campaign targeting excessive alcohol use among people aged 15 to 34 years of age. Western Australia also developed a new *Young Adults Smoking Campaign* and undertook a comprehensive legislative review on the issue of exposure to environmental tobacco smoke (ETS) and passive smoking. Responsible serving was promoted through facilitating development of policies and activities, training and support of alcohol accords. Development of the Tasmanian *National Tobacco Strategy* was progressed, and relevant legislation was reviewed. New South Wales used a performance event, *Smoking Don't be a Sucker*, to reach year 7 students.

The Commonwealth launched the second booster phase of the *National Alcohol Campaign*, targeting young people. The National Health and Medical Research Council (NHMRC) *Australian Alcohol Guidelines* communication materials were developed for launch in early 2003. This work will be complemented by the review of the effectiveness of the current self-regulatory system for alcohol advertising commenced by the IGCD National Committee for Review of Alcohol Advertising (NCRAA) established in 2002.

Significant activity was undertaken in school drug education including:

- conduct of *Local School-Community Drug Summits* in schools across Australia;
- development of key national multi-media resources for schools;
- assisting schools to develop policies, practices and classroom programs which create safe and supportive school environments; and
- workshops to increase teacher confidence and competence in delivering school drug education.

There was a strong focus on reducing drug use and harm among Indigenous people, with extensive consultations undertaken for development of a draft *National Drug Strategy Complementary Action Plan for Aboriginal and Torres Strait Islander Peoples*, which will be submitted to the MCDS for consideration and endorsement in August 2003. Tenders were called for a \$1m Commonwealth package of measures to address tobacco use in Indigenous communities. The national *Rethinking Drinking* alcohol education resource was adapted for use in Indigenous school communities. In Queensland, the pilot phase and process evaluation for the *SmokeCheck* Indigenous Tobacco Brief Intervention Program was completed and the resource was provided to New South Wales, South Australia and the Northern Territory. A trial of alcohol sales restrictions and complementary community support measures were established in Alice Springs, and community patrols were expanded in other areas. South Australia's *Operation Pitulu Wintama* resulted in a number of strategies for working with the local Indigenous communities to address substance abuse issues.

A major project of national significance implemented by the IGCD under its cost shared model, was the evaluation of the *National Drug Strategic Framework 1998-99 to 2003-04*. This project will inform development of the next phase of the *Framework* to take place over 2003-04, with a revised *Framework* to be considered by Ministers in mid 2004.

2 Introduction

The National Drug Strategy and the National Drug Strategic Framework

The NDS, a cooperative venture between Commonwealth, State and Territory governments and the non-government sector, has been recognised as one of the most progressive and respected of its kind in the world.

The *National Drug Strategic Framework* (the *Framework*) provides a shared vision and a structure for cooperative action. The mission explicated by the *Framework* is to improve health and 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 objectives and priority areas of the *Framework* guide agencies in working to realise this mission. National Drug Action Plans have been developed under the *Framework* as bases for coordinated action.

All the component bodies of the *Framework* undertake a range of activities each year that is too large to report upon in this document. In particular, States and Territories implement extensive law enforcement, health and education programs and activities that address local requirements. This report focuses on those activities that are of a more national nature, while recognising that local activities do contribute significantly to overall progress towards meeting the aims of the *Framework*.

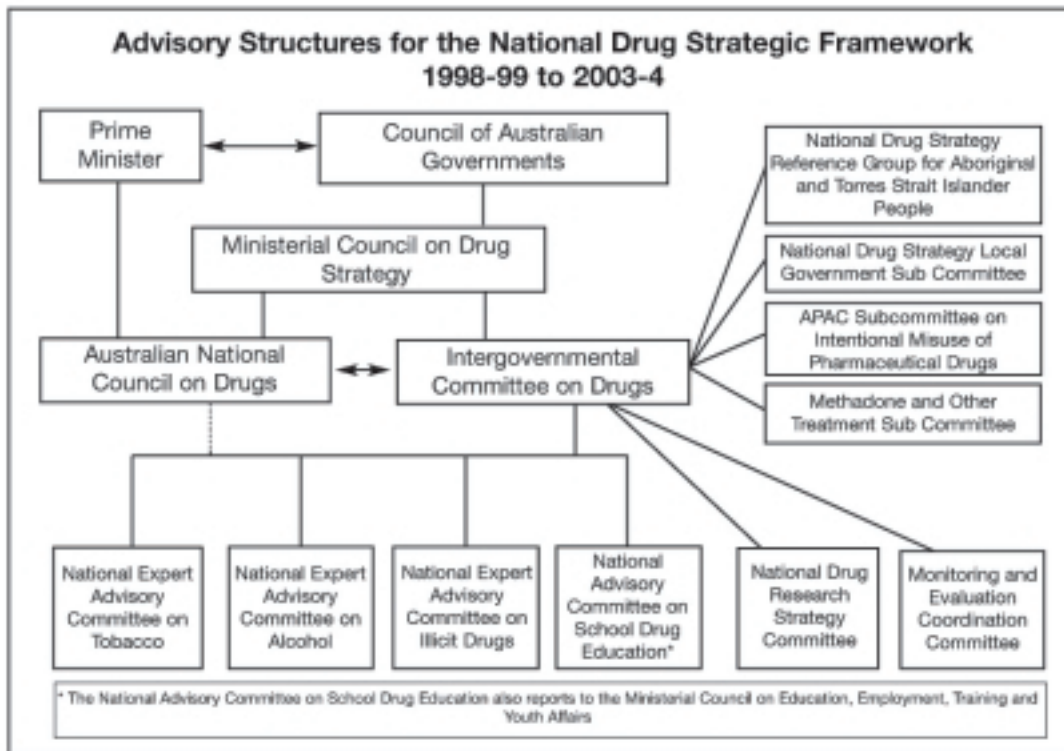
Advisory structures for the National Drug Strategic Framework

The complexity of both drug issues and Australia's political system has resulted in an intricate advisory structure. The current committee structures supporting the *Framework* and their relationships are illustrated in Figure 1. In summary, they consist of:

- the Ministerial Council on Drug Strategy (MCDS), the peak policy and decision-making body in relation to licit and illicit drugs in Australia;
- the Intergovernmental Committee on Drugs (IGCD), the key executive body responsible for providing policy advice to Ministers and implementing national drug policies and programs, as directed by the MCDS;
- the Australian National Council on Drugs (ANCD), responsible for ensuring that the expert voice of non-government organisations working in the drug field reaches all levels of government and influences policy development;
- four National Expert Advisory Committees (NEACs) responsible to the MCDS for the development of National Drug Action Plans under the NDSF, namely, National Expert Advisory Committees on Tobacco, Alcohol, Illicit Drugs and School Drug Education;
- the National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples (NDSRGATSIP) responsible to the MCDS; and

- five committees and sub-committees that provide advice to the IGCD and links with other national strategies, namely the Monitoring and Evaluation Coordination Committee (MECC), National Drug Strategy Local Government Sub-committee, Australian Pharmaceutical Advisory Council Sub-committee on the Intentional Misuse of Pharmaceutical Drugs, National Drug Research Strategy Committee and the Methadone and Other Treatment Sub-committee.

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



Primary support for this committee structure is provided by the National Drug Strategy Unit that has responsibility, at the Commonwealth level, for activities under the *Framework*. The *Framework* provides overall strategic direction for a range of nationally agreed directions and priorities for addressing illicit drug use, tobacco and alcohol related harm. For example, the following strategies and activities were operational in 2002.

- The National Supply Reduction Strategy for Illicit Drugs.
- The National Action Plan on Illicit Drugs.
- The National Heroin Overdose Strategy.
- The National Alcohol Strategy.
- The National School Drug Education Strategy.
- The National Drug Prevention Agenda.
- The National Alcohol Campaign.
- The National Tobacco Campaign.
- The National Illicit Drugs Campaign.

Structure of this report

This year's Annual Report once again provides information on activities undertaken by jurisdictions and advisory bodies of the *Framework* against the *Framework's* 12 objectives, which are listed below.

Objectives of the Framework

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

To reduce repetition of the objectives within this document, they are grouped under three "themes" as outlined below.

1. To prevent the uptake of harmful drug use
 - To reduce the supply and use of illicit drugs in the community.
 - To increase community understanding of drug-related harm.
 - To increase access to a greater range of high quality prevention and treatment services.
2. To reduce the harmful effects of licit and illicit drugs
 - To reduce the risks to the community of criminal offences and other drug-related crime, violence and anti-social behaviour.
 - To reduce the level of risk behaviour associated with drug use.
 - To increase access to a greater range of high quality prevention and treatment services.
 - To reduce the personal and social disruption, loss of quality of life, loss of productivity and other economic costs associated with the harmful use of drugs.

3. To develop Australia's infrastructure, responsiveness and capacity to reduce and prevent harmful drug use
 - Strengthen existing partnerships and build new partnerships at local, national and international levels.
 - Develop and strengthen links with other related strategies.
 - To promote evidence-based practice through research and professional education and training.
 - To develop mechanisms for the cooperative development, transfer and use of research among interested parties.

Contributors to this report used the three themes to provide a range of information descriptive of their overall activities for the year.

3 Key trends and issues

1. Introduction – the social costs of drug abuse

In 2002, a significant report was released on the costs of drug abuse in Australia. Based primarily on 1998-99 data the National Drug Strategy Monograph No. 49 *Counting the cost: estimates of the social costs of drug abuse in Australia in 1998-99* shows that:

- tobacco accounts for \$21b in costs (60 per cent of the total costs of all drugs);
- alcohol accounts for \$7.5b in costs (22 per cent of the total costs of all drugs); and
- illicit drugs account for \$6b in costs (17 per cent of total costs of all drugs).

Of the total health care costs resulting from drug abuse a high proportion (80 per cent) are attributable to tobacco. Alcohol-attributable health costs represent 16 per cent of the total and illicit drug costs four per cent.

Reductions in productive capacity resulting from drug abuse total a net cost of \$7.9b. Tobacco accounted for by far the largest share (64.3 per cent or \$5.1b). Alcohol represented 22.5 per cent (\$1.8b) and illicit drugs 13.1 per cent (\$1.0b).

Alcohol-attributable road accidents cost an estimated \$3.4b in 1998-99, of which 56 per cent are tangible¹ costs. Illicit drug-attributable road accidents cost \$532m, of which 80 per cent are tangible costs. It is estimated that smoking-attributable fires cost \$81m.

Alcohol-attributable crime cost \$1.7b in 1998-99 while crime attributable to consumption of illicit drugs cost \$3.0b. Crime attributable jointly to both these types of drugs cost a further \$1.2b. The increase in social costs of illicit drugs from 1992 figures was largely attributed to the inclusion of the drug attributable costs of crime.

2. Key trends

The 2001 Annual Report included the results from the *National Drug Strategy Household Survey* (NDSHS). This remains the best estimate for drug use in the general population. As Table 1 shows, key findings were that 82 per cent of the population had used alcohol in the past 12 months, 23 per cent had used tobacco and 17 per cent illicit drugs.

To provide a more up to date picture on trends, the rest of this section provides an overview of information available in 2002, based on a range of data sources.

¹ The definition of tangible abuse cost used in this study refers to the extra resources which would have been available if there had been no past or present abuse.

**Table 1: Users of tobacco, alcohol and illicit drugs in the past 12 months
Proportion of population 14 years and over**

	1991	1995	2001
Tobacco ^(a)	29.5	27.2	23.2
Alcohol	81.6	78.3	82.4
Illicit Drugs ^(b)			
– All	15.3	17.0	16.9
– Heroin	0.4	0.4	0.2
– Cocaine	0.7	1.0	1.3
– Ecstasy	1.1	0.9	2.9
– Cannabis	13.7	13.1	12.9

(a) Current smoker: includes daily and occasional smokers.

(b) Components do not sum to the total as respondents may report use of more than one substance.

Sources: National Campaign Against Drug Abuse Household Survey 1991; National Drug Strategy Household Survey 1995, 2001.

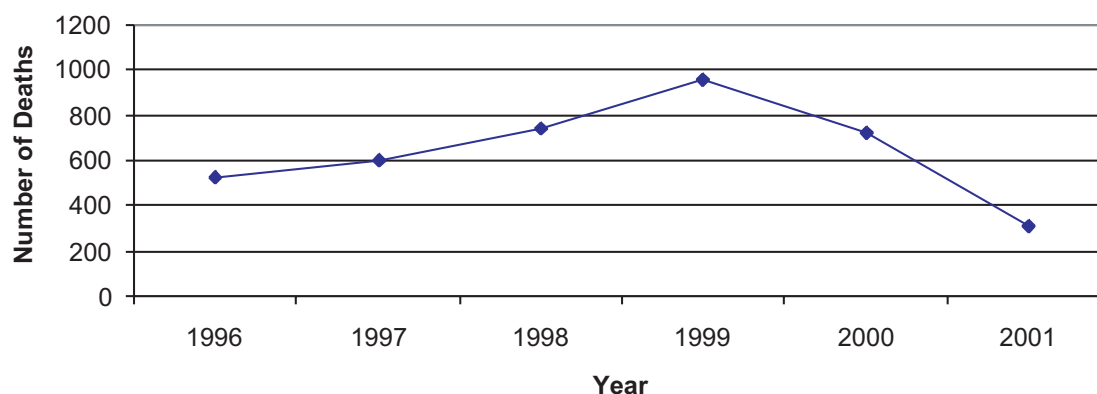
Illicit drugs

Heroin

The Australian heroin shortage that commenced in December 2000 continued throughout 2002 resulting in higher prices and lower purity heroin. There is evidence that heroin availability increased in 2002, particularly in some areas, but has not returned to the quantities seen prior to the shortage.

The indications reported in 2001 that opioid overdose deaths were decreasing proved to be correct, with opioid overdose deaths among those aged 15-44 years declining from 725 in 2000 to 306 in 2001, the lowest number in ten years.

Figure 2: Number of opioid overdose deaths among those aged 15-44 years Australia, 1996-2001



Source: Australian Bureau of Statistics 2001 data on accidental opioid overdose deaths, published by the National Drug and Alcohol Research Centre, 2002.

The price of a gram of heroin decreased in all jurisdictions except South Australia, whereas the prices for a cap² of heroin remained stable. Heroin remained cheapest in New South Wales and most expensive in the Northern Territory. The purity and number of heroin seizures analysed has decreased.

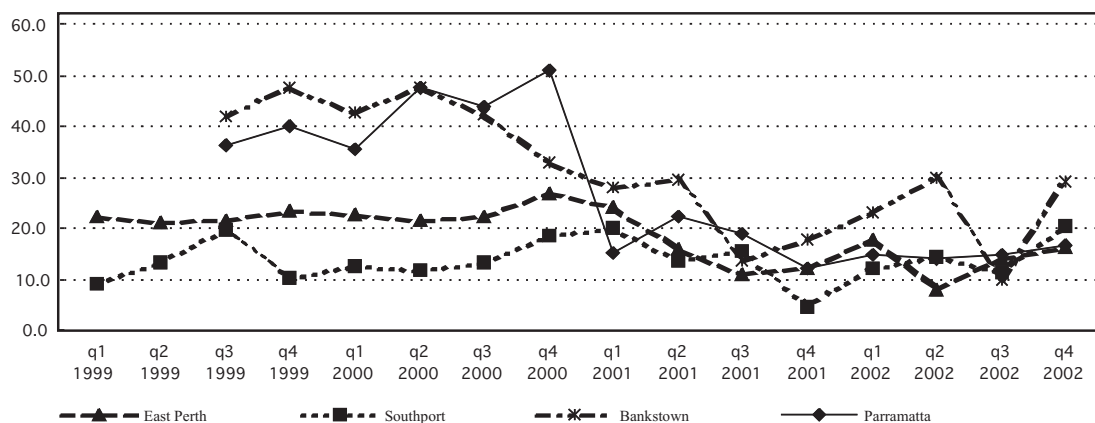
Results from the Drug Use Monitoring in Australia (DUMA) project show that the proportion of police detainees testing positive to opiates in 2002 increased slightly from levels seen in 2001. However, the figures have not risen to levels equivalent to pre-shortage.

Table 2: Importation and street level purity of heroin (Percentage pure heroin by weight)

	1997/98 %	2000/01 %	2001/02 %
1. Import purity	74.7	71.3	69.7
2. Street level range	49.0–68.0	31.0–51.8	15.0–21.5
3. Street level midpoint	58.5	41.4	18.25

Sources: Import purity data provided by the Australian Federal Police based on seizures of 1 kilogram or more and excluding ACT. Street level purity based on State/Territory medians for seizures of 2g or less reported in the Australian Illicit Drug Report 1997/98, 2000/01, 2001/02

Figure 3: Per cent testing positive to opiates by site by quarter, adults



Source: Australian Institute of Criminology, Duma Collection 1999 - 2002 [Computer File].

Psychostimulants

The most prominent illicit psychostimulant drug type used in Australia is amphetamine-type stimulants (ATS).³ Australian demand for, and availability of, ATS continues to rise among certain populations, consistent with the global trend. The most common form of ATS in Australia is methamphetamine, which is predominantly domestically produced except in its more potent forms (such as crystalline methamphetamine or ice). The primary source for the more potent forms of methamphetamine is Asia.

The 2002 Illicit Drug Reporting System (IDRS) findings reported that the frequency of methamphetamine use decreased from 2001 in all jurisdictions except New South Wales,

2 1/4 to 1/5 gram weight, variable in purity.

3 Police may use the terminology amphetamine-type substances.

Victoria and Tasmania, where it remained stable. New South Wales police data shows methamphetamine use has increased across New South Wales since the late 1990s with detections reaching peak levels during 2001 when there was a reduced supply of heroin. Currently, detections in that State are two to three times greater than those recorded in 1995-1996 and ATS is the most commonly detected drug following cannabis.

The results of the 2002 collection of the IDRS also showed the following results among injecting drug users (IDU):

- all forms of methamphetamine remained cheapest in South Australia. Crystal methamphetamine was more difficult to obtain in some jurisdictions;
- methamphetamine powder and base were considered to be easy to obtain and the availability stable;
- frequency of cocaine use decreased in prevalence and frequency among IDU in New South Wales, and in other jurisdictions it remained relatively uncommon and infrequent; and
- there was an association in New South Wales between increased heroin supply and decreased cocaine use. The purity of cocaine seizures analysed has remained stable.

During 2002, DUMA results indicated that amphetamine use among police detainees remained fairly stable across sites, with a slight increase in the percentage testing positive in Brisbane and a slight decrease in the percentage testing positive in East Perth. DUMA also revealed a decrease in per cent testing positive to cocaine in the Sydney sites of Bankstown and Parramatta. Consistent with previous years, little or no cocaine was detected in the other sites. Cocaine use, according to the 2002 IDRS, decreased in prevalence and frequency amongst intravenous drug users in New South Wales, and in other jurisdictions remained relatively uncommon.

Cocaine used in Australia is sourced from South America. Criminal enterprises are actively using the Pacific region in their attempts to transit large cocaine shipments destined for Australia. Brazil and East Asia are also emerging as transit routes for cocaine shipments to Australia.

Domestically manufactured methamphetamine is often marketed as MDMA (ecstasy) in Australia, as pure MDMA is more difficult to obtain with supply heavily reliant on imported product. Very little MDMA is manufactured in Australia. The Netherlands remains the world's principal source of MDMA but the drug is also made in substantial quantities elsewhere in Europe and in Columbia. There is some concern that production of MDMA has taken root in parts of Asia in recent years, and that Asia-based manufacturers will see Australia as an attractive market.

Table 3: Number of drug seizures (by all Australian law enforcement agencies) and amount seized in kilograms

	1997/98		2001/00		2001/02	
	No	Amount	No	Amount	No	Amount
Heroin	6,915	299	2,717	481	1,256	484
Cocaine	36	103	467	503	593	1,065
Amphetamines	4,551	182	6,309	802	6,471	1,838
Cannabis	12,824	15,997	34,333	4,564	38,746	9,801

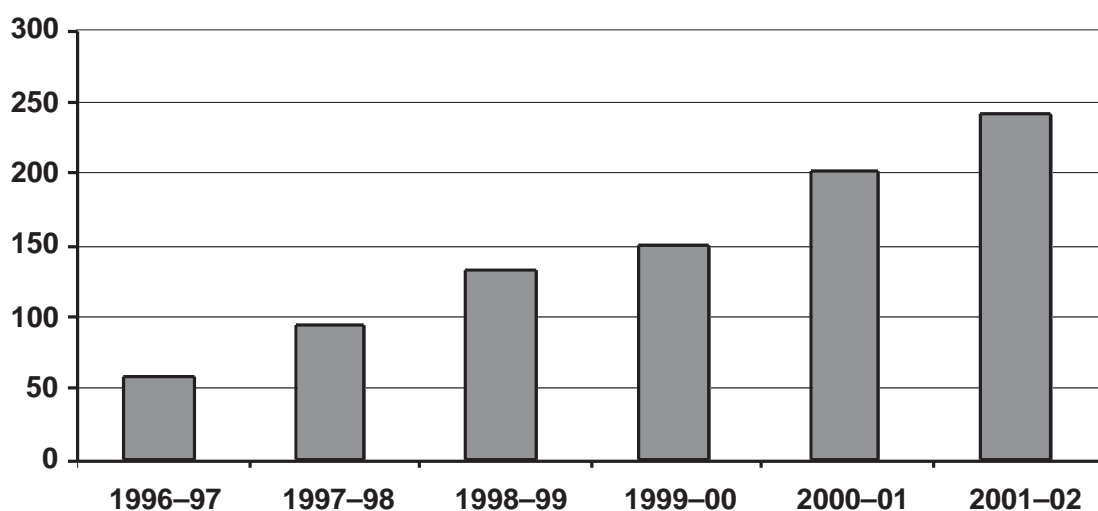
Source: Australian Illicit Drug Report 1997/98, 2000/01, 2001/02

The above data and ACS detections of MDMA and ATS suggest a trend, similar to that with heroin, towards more numerous attempts to import smaller amounts of these substances. The number of ACS detections of MDMA in 2002 was greater than previous years – 322 compared with 225 in 2001 and 108 in 2000, but the weight of detections was reduced (171kg versus 534kg in 2001 and 250kg in 2000). Detections of ATS, excluding crystal methamphetamine, have followed a similar pattern: 249 seizures versus 81 in 2001 and 31 in 2000, with the weight of detections totalling 16.6kg in 2002, 262kg in 2001 and 6kg in 2000.

The *Australian Illicit Drug Report 2001-02* reported that clandestine domestic production of amphetamine-type stimulants continued to be the major source of supply to the Australian market during 2001-02. A number of jurisdictions reported a continuing swing towards small-scale, mobile laboratories.

During 2001-02, 240 clandestine laboratories were located in Australia. Figure 4 shows the steadily increasing number discovered each year. The number of laboratories discovered in Queensland almost doubled in the reporting period (138). New South Wales recorded the next highest number (32).

Figure 4: Total national clandestine drug laboratories detections, 1996-97 to 2001-02



Source: Australian Illicit Drug Report 2001-02

Licit drugs – tobacco and alcohol

In 1998-99 tobacco accounted for \$21b in social costs, or 60 per cent of the total costs of all drugs. The costs associated with involuntary smoking (ie. smoking attributable conditions suffered by persons 15 years and younger – low birth weight, SIDS) are included in this estimate. While tobacco accounted for over 64 per cent (and \$5.1b) in net production costs, almost half of the tangible costs (over \$3.5b) were avoidable.

Detailed findings from the *2001 National Drug Strategy Household Survey* were released in 2002, identifying tobacco smoking patterns among 'at risk' populations. These findings show that not only does prevalence of smoking increase with socioeconomic disadvantage, the average number of cigarettes smoked per week also increases with disadvantage. People whose main language spoken at home was a language other than English had a

lower prevalence of smoking and smoked less cigarettes per week, compared with those whose main language spoken at home was English.

When comparing employment status, students smoked the lowest average number of cigarettes per week and people retired/on a pension/or doing home duties smoked the highest. A higher proportion of Indigenous Australians smoked compared with non-Indigenous Australians, and the average number of cigarettes smoked per week was also higher. The prevalence of smokers and the average number of cigarettes smoked per week were slightly higher in rural/remote areas compared with urban areas.

It was estimated in 1998-99 that 4,286 deaths were attributed to alcohol and 7,162 lives were saved as a result of the protective effects, of which the majority occurred at the ages of 60 years and older. The greatest mortality burden from alcohol was related to cancer, alcoholism and alcoholic liver cirrhosis and road injuries.

In 1998-99 alcohol accounted for \$7.5b in social costs, or 22 per cent of the total costs of all drugs. Alcohol accounted for 22 per cent (and \$1.8b) of net production costs⁴ and almost half of the tangible costs (\$2.5b) were avoidable.

3. Issues

Drugs and crime

Transnational and multi-jurisdictional crime initiatives featured prominently in 2002 and will have significant implications for Australia's response to illicit drug trafficking and related criminal activities.

National Leaders Summit outcomes

In April 2002, the Prime Minister and State and Territory leaders agreed that a new jurisdictional framework was needed to meet the new challenges of combating terrorism and multi-jurisdictional crime. They noted that international and organised criminal groups did not respect state or national borders, and their activities could result in major harm to all Australians.

The key outcome was the establishment of an Australian Crime Commission (ACC) to bring a strong intelligence focus to the investigation of serious national criminal activity, including drug trafficking.

In 2002, the Commonwealth Government made legislative and administrative arrangements for the establishment of the new ACC. The ACC commenced operation on 1 January 2003, bringing together the National Crime Authority, the Australian Bureau of Criminal Intelligence and the Office of Strategic Crime Assessments. The States and Territories are in the process of enacting supporting legislation.

In addition to the ACC's wide-ranging in-house capability, it is also able to call on the skills and resources of State and Territory police forces and on Commonwealth agencies such

⁴ Drug abuse causes a loss of national productive capacity in the paid work force as a result of drug-attributable death and sickness. Losses are also experienced in the unpaid workforce, that is in the household sector, from the same causes. Against these losses should be set the savings in national resources which would have been consumed had the drug-attributable deaths not occurred. Net production losses represent the gross reduction in productive capacity less these consumption savings.

as the Australian Federal Police (AFP), ACS, the Australian Securities and Investments Commission and the Australian Security Intelligence Organisation. All of these agencies are represented on the Board of the ACC, resulting in more effective resource allocation and priority setting.

The establishment of the ACC will enhance Australia's ability to combat sophisticated national and transnational crime including the production and trafficking of drugs and related activities (such as money laundering and weapons trafficking).

Leaders at the *Summit* also agreed on improved arrangements for responding to multi-jurisdictional crime. These included a number of measures to improve the effectiveness of law enforcement operations between jurisdictions as well as legislative enhancements (including model serious drug offences and reform of money laundering legislation). Further measures to control the illegal importation of illicit drugs and firearms were agreed to be undertaken as a matter of priority. Model serious drug legislation, developed by the Model Criminal Code Officers Committee, will be progressed in 2003.

Drug-related crime

The National Household Survey includes data on self reported offending while under the influence of drugs. Table 4 shows a reduction in the proportion of the population committing various crimes under the influence of drugs between 1998 and 2001, particularly driving a motor vehicle.

Table 4: Proportion of the population committing crime under the influence of drugs, persons aged 14 years and over, Australia

	Alcohol		Illicit drugs	
	1998	2001	1998	2001
Drove a motor vehicle	17.5	12.8	6.1	3.9
Operate hazardous machinery	0.8	0.6	0.7	0.5
Verbally abused someone	9.4	6.3	1.8	1.0
Physically abused someone	2.0	1.2	0.5	0.3
Caused damage to property	2.7	1.8	0.8	0.3
Stole property	1.0	0.6	0.4	0.3
Created a public disturbance or nuisance	4.5	2.9	1.0	0.5

Sources: National Drug Strategy Household Survey 1998, 2001.

Key findings from the 2002 DUMA report concerning the relationship between offending and drug use were:

- 60 per cent of adult males arrested for a property offence tested positive to an illicit drug, excluding cannabis;
- 40 per cent of adult males arrested for a violent offence tested positive to an illicit drug, excluding cannabis;
- Over half reported that they had been arrested on a prior occasion in the past 12 months;
- 22 per cent reported that they had been served time in prison during the past 12 months; and
- 45 per cent of detainees who self-reported using an illicit drug in the past 12 months reported accessing drug or alcohol treatment at some stage in their lives. Methadone maintenance was the most commonly accessed treatment.

Drink spiking

A drug related crime of particular concern in 2002 was drink spiking, which occurs when drugs such as alcohol and sedatives are added to drinks and consumed by an unsuspecting person who is then an easy target for crimes such as assault, robbery and sexual assault. Drugs such as gamma-hydroxybutyrate (GHB), zopicolone, diltromethorpine and prometazine have been reported. It is believed many drink spiking incidents go unreported due to a lack of evidence or a reticence by victims to report to police

Anecdotal evidence and the limited data available suggest that the reported incidence of drink spiking is increasing. The Gold Coast Sexual Assault Clinic reported in April 2002 that 8 to 18 cases were being reported a month. Similarly, the Centre Against Sexual Assault in Victoria received 82 reports of spiked drinks in the four months to May 2002. The Western Australia Police Service also report a rise in reports of drink spiking: 163 reported in 2002 compared with two in 1997.

In 2002, campaigns in Victoria, Western Australia, the Australian Capital Territory and Queensland sought to raise awareness of the risk of drink spiking. Research also commenced in Queensland and Western Australia. In recognition of widespread concern about the increased prevalence of drink spiking across Australia, the National Drink Spiking Project was agreed to in 2002 as part of the IGCD Work Program.

Treatment

A milestone was reached with publication of the report *Alcohol and other drug treatment services in Australia 2000-01: First report on the National Minimum Data Set*, outlining findings of the first year of collection of the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS). The report presents information relating to treatment agencies and clients including, number of client registrations, source of referral, principle drug of concern, injecting drug use and demographic information. Development and establishment of the data set was a major achievement reached through collaborative effort from all States and Territories and the Commonwealth.

The AODTS-NMDS has great potential to assist service providers and policy makers in identifying trends and demand for particular treatment type. For instance, it identifies the principal drug of concern for particular client groups, such as those being referred from a hospital or police or court diversion. Combined with analysis of other data sources such as hospital admission rates and diversion data, projections could be made about likely demand, assisting in ensuring the best allocation of resources to meet client needs.

The following information is from preliminary findings of the 2001-02 period, being the most current data available. Note that for the 2001-02 period most jurisdictions collected episode of care treatment data, a substantial change from the previous year that was client registration based.

Alcohol and other drug treatment services

In 2001-02 in Australia, preliminary figures indicate there were an estimated 99,600 clients of agencies of alcohol and other drug treatment services. Clients may undertake one or more episodes of treatment and in 2001-02 there were approximately 122,000 treatment episodes.

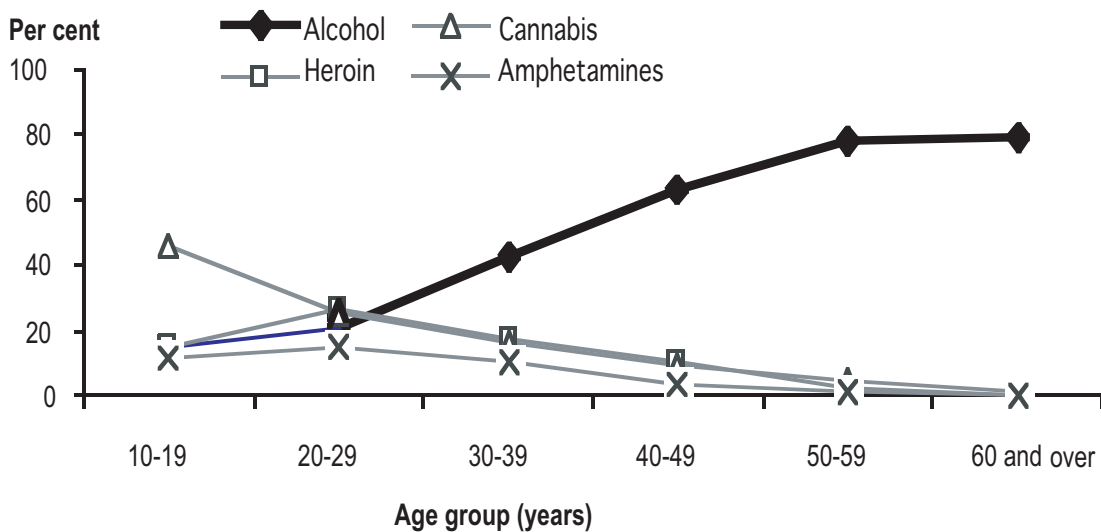
Principal drug treatment

In 2001-02, alcohol was the most common drug for which treatment was provided (37 per cent of all treatment episodes), followed by treatment for cannabis use (21 per cent), heroin use (18 per cent) and amphetamine use (11 per cent). The finding that the proportion of episodes attributed to cannabis use exceeds the proportion attributed to opiate use is in contrast to previous data which indicated that there was a greater proportion of clients receiving treatment for opiates than for cannabis.

This shift should be interpreted with caution due to the number of potential influencing factors. For example: for 2001-02 data, Queensland provided police diversion data only which comprised reports on cannabis alone; the collection has moved from a client registration based system to an episode of care based system; and the collection has moved from counting 'open' episodes (for clients currently receiving treatment) to 'closed' episodes (for clients who have completed treatment). Each of these changes may be impacting upon the shift seen in principal drug of concern. In addition there may also be a real change in the treatment being provided in some or all jurisdictions. Further analyses of these data will be conducted prior to publication of finalised information later this year.

The type of drug for which treatment was sought varied by age, as is shown in Figure 5 below.

Figure 5: Proportion of treatment episodes – Principal drug by age, 2001-02



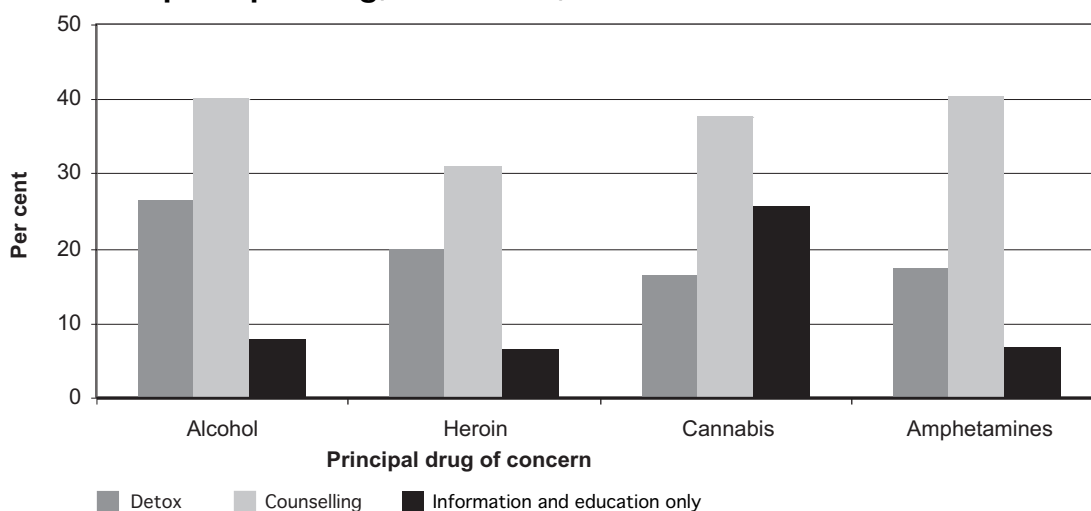
Note: All records were excluded where clients were seeking treatment for the drug use of others. For 2001-02, data from SA are based on client registrations, therefore each client has one treatment episode only, where other jurisdictions may have more than one treatment episode per client. Data from QLD comprise police diversion clients only who all reported a principal drug of cannabis (18 per cent of episodes where principal drug is cannabis and 4 per cent of all treatment episodes). Source: Preliminary data (subject to revision) from AIHW Alcohol and other drug treatment services in Australia 2001-02 (forthcoming).

The proportion of treatment episodes for alcohol use increased with age whereas those for cannabis use declined with age. For example, 15 per cent of all treatment episodes for clients aged 10-19 years were for alcohol use and 46 per cent for cannabis use, however 80 per cent of all treatment episodes for clients aged 60 years or more were for alcohol use and only 1 per cent for cannabis use. For heroin or amphetamine use proportions seeking treatment peaked in the 20–29 age group and declined thereafter.

Main treatment type

Counselling was the most common type of main treatment (37 per cent of all treatment episodes), followed by withdrawal management (detoxification) (20 per cent), assessment only (15 per cent) and information and education only (10 per cent). Main treatment varied by principal drug, although counselling was still the most common form of treatment for alcohol, heroin, cannabis and amphetamines use. Excluding assessment only, after counselling the next most common form of treatment for alcohol use, heroin use and amphetamines use was withdrawal management (24 per cent, 20 per cent and 16 per cent respectively). For cannabis use, it was information and education only (23 per cent). The AODTS-NMDS does not yet include pharmacotherapy maintenance treatment where that is the only form of treatment. However this information is collected through a separate process, and is provided later in this chapter.

Figure 6: Proportion of treatment episodes – Main treatment by principal drug, Australia^(a), 2001-02



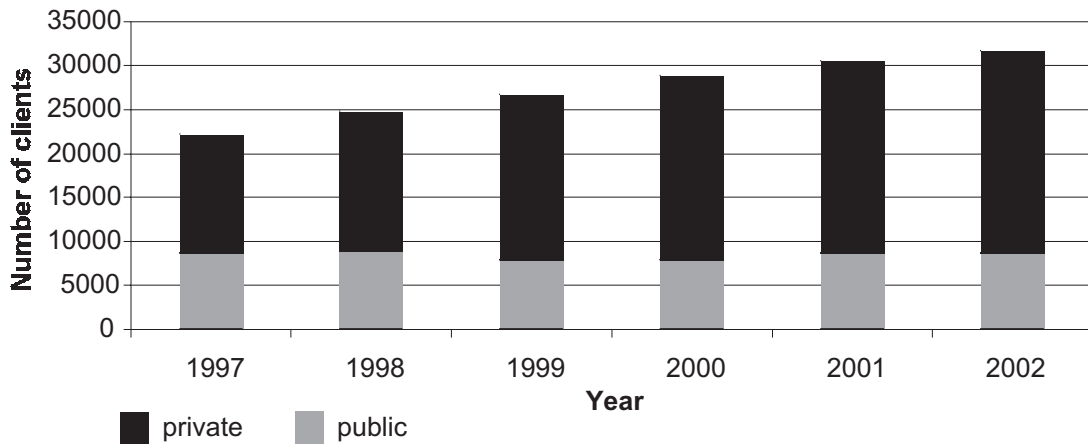
(a) Excludes SA, as SA did not collect main treatment type in 2001-02. All records were excluded where clients were seeking treatment for the drug use of others. Data from QLD comprise police diversion clients only who all reported a principal drug of cannabis (18 per cent of episodes where principal drug is cannabis and 4 per cent of all treatment episodes).

Source: Preliminary data (subject to revision) from AIHW Alcohol and other drug treatment services in Australia 2001-02 (forthcoming).

Pharmacotherapy maintenance programs

The number of clients registered for methadone and buprenorphine maintenance programs increased from 22,196 in 1997 to 34,210 in 2002. Most prescriptions are provided by private prescribers, with the majority of dosing conducted at pharmacies.

Figure 7: National pharmacotherapy statistics, clients in treatment, public and private, 1997-2002



Methadone treatment programs facilitate access to treatment and promote the principle of harm reduction and education of users. Data on the clients participating in methadone maintenance and buprenorphine programs are routinely collected by the State and Territory Health Departments and provided each year to the Commonwealth Department of Health and Ageing (CDHA).

Hepatitis C

The Hepatitis C Virus Projections Working Group of the Australian National Council on AIDS, Hepatitis C and Related Diseases released the report *Estimates and Projections of the Hepatitis C Epidemic in Australia 2002* in October 2002. The report updates and refines the 1998 estimates and projections of hepatitis C in Australia over the period 1997-2001. The previous Hepatitis C Virus Projections Working Group report estimated that around 190,000 people were living with hepatitis C antibodies in 1997. Hepatitis C incidence in 1997 was estimated to be 11,000 new infections.

The revised estimates indicate that in 2001 there were around 210,000 people living with hepatitis C antibodies in Australia. The estimated incidence of new infections was 16,000. It is projected that between 320,000 and 840,000 people will be living with hepatitis C in 2020 depending on future patterns of injecting drug use.

Understanding of the hepatitis C epidemic has improved in the last decade due to research and improved surveillance. Treatment options for people with hepatitis C, such as combination therapy with interferon and ribavirin, have also improved. Targeted education and prevention programs have been a key response to hepatitis C.

Notwithstanding the apparent increase in hepatitis C infection in Australia, there is evidence that Needle and Syringe Programs (NSPs) have an important role to play in preventing the transmission of bloodborne viruses. Published in 2002, a study on the return on investment

in needle and syringe programs⁵ in Australia updates and expands a previous one that investigated the cost effectiveness of needle and syringe programs in relation to Human Immunodeficiency Virus (HIV)/AIDS. Findings from the study indicate that:

- by the year 2000, approximately 25,000 HIV infections were prevented with approximately 4,500 HIV related deaths prevented by 2010; and
- by the year 2000, approximately 21,000 hepatitis C infections were prevented with approximately 90 hepatitis C related deaths prevented by 2010 and approximately 650 fewer people living with cirrhosis; and net savings to Government from its investment in NSPs over the lifetime of cases of HIV and hepatitis C avoided is approximately \$7,665 million.

Indigenous people and drug use

Work continued on development of the *National Drug Strategy: Draft Aboriginal and Torres Strait Islander Peoples Complementary Action Plan*, in recognition that use of alcohol, tobacco and other drugs and substances is both the cause and effect of much suffering in Aboriginal and Torres Strait Islander communities. Alienation and despair arising from dispossession and dislocation contribute to the use of substances in an attempt to relieve symptoms. Substance abuse does serious harm to physical health. It is, however, possibly more harmful to the social health of individuals and the fabric of communities. Acts of alcohol-related violence, over-representation in the criminal justice system, and other forms of societal breakdown are manifestations of the pain, anger and grief experienced by Aboriginal and Torres Strait Islander people arising from colonisation.

The *Aboriginal and Torres Strait Islander Peoples Complementary Action Plan* will address particular issues facing Aboriginal and Torres Strait Islander peoples in the use of licit and illicit drugs. The Action Plan will be based on the premise that government, non-government and Aboriginal community controlled organisations must work together to address the social, economic, environmental and physical health inequalities experienced by Aboriginal and Torres Strait Islander peoples.

During the year, consultants undertook a comprehensive review of jurisdictional, national and international strategies. A two-phase consultation process was commenced. The first phase involved targeted workshops with service providers and the community, with four such workshops held in October in Alice Springs (remote and isolated focus), Brisbane (rural and regional focus), Melbourne (inner urban and metropolitan focus) and Sydney (inner urban and metropolitan focus). The second stage of consultations involved written submissions from identified stakeholders and workshop participants. The need for further consultations with remote and isolated communities was identified and additional consultations took place in November and early December with remote and isolated communities in Western Australia, the Northern Territory and Northern Queensland. A further workshop was conducted in the Torres Strait where it became apparent that a separate strategy was required due to the unique circumstances present in the Torres Strait. This was subsequently developed.

The *Complementary Action Plan* will be refined based on feedback received from the second stage consultation. The IGCD looks forward to submitting the final plan to the MCDS for endorsement on 1 August 2003.

⁵ Return on investment in needle and syringe programs in Australia, Commonwealth Department of Health and Ageing, Australia 2002

Prevention

The year has seen increasing emphasis being placed on building the capacity of the *Framework* to provide health promotion and prevention initiatives. This reflects the recognition that preventing and delaying onset of drug use is a significant factor in reducing total drug harm.

The data from the NDSHS show that between 1995 and 2001, age of initiation of drug use was generally stable and the proportion of the population who had used drugs other than tobacco in the last 12 months remained stable (while the proportion of the population that had used tobacco in the last 12 months decreased). The challenge therefore is to build our capacity to delay and prevent onset of drug use, building on the success in the tobacco area and increasing success in relation to alcohol and other drugs.

To this end, a range of initiatives commenced in 2002, at national, State and Territory levels. At the national level, highlights included the development of a draft world class monograph on best practice in the prevention of substance use problems, and a national policy consultation document on a Prevention Agenda for the *Framework*. The National School Drug Education Strategy (NSDES) continued in 2002, with evidence of its success in educational program provision and building supportive environments to prevent drugs in schools. The expansion of Commonwealth law enforcement's capacity to deal with transnational and multi-jurisdictional crime in 2002 was also a key strategy to create environments that contribute to preventing drug use. States and Territories also increased their focus on prevention and health promotion activities. The next step for the prevention agenda is to foster a coordinated approach that can both strengthen the effectiveness of the range of initiatives being undertaken at Commonwealth, State and Territory levels, and identify and address gaps in activity and focus.

4 Achievements

This section is illustrative of the scope of activities implemented by Commonwealth, State and Territory governments, advisory bodies to and committees of the *Framework*. As outlined in the Introduction, the report provides information on progress towards meeting the objectives of the *Framework*, which this year are presented under three themes. Contributors to the report addressed the themes in providing highlights of their activities during the year.

Commonwealth

To prevent the uptake of harmful drug use

Commonwealth law enforcement agencies continued to effectively disrupt the supply of illicit drugs. Over 1800kg of illicit drugs and significant quantities of illegal tobacco were seized and several drug distribution networks were disrupted. Examples include:

- ACS and AFP's seizure of 378kg of heroin detected in sea cargo, Australia's second largest heroin seizure;
- a series of large illegal tobacco importation seizures, such as the detection of 3.8 million illegally smuggled cigarettes concealed behind a cover-load of radio headphones at the new Melbourne container x-ray facility. Beyond protecting the community from unregulated tobacco products, this represents around \$800,000 in avoided duty;
- the October 2002 arrest of members of a major amphetamines syndicate by the National Crime Authority, assisted by the New South Wales Police and the AFP;
- the August seizure of 54kg of MDMA (Ecstasy) from sea cargo in Melbourne, the largest ever ecstasy seizure in Victoria; and
- increased border detections of precursors, including major seizures of illicit ephedrine, such as 22kg hidden in a furniture shipment from Indonesia.

The value of AFP/ACS seizures is illustrated by the AFP Drug Harm index, which showed that domestic and international drug seizures where the AFP played a significant role prevented over \$800m of harm to the community.

While some very large seizures of illicit drugs were made, a general shift toward smaller, more frequent border detections by air passengers was noted, which partly reflects greater effectiveness of border protection capabilities and cooperative international anti-drug activities in deterring large scale drug traffickers targeting Australia.

The capacity of Commonwealth law enforcement agencies to deal with transnational and multi-jurisdictional crime was substantially increased. Border detection capacity was

enhanced with the opening of the first of four new world-class ACS container x-ray facilities. The Melbourne facility, funded under the *Tough on Drugs* program, commenced operations in late 2002, featuring a very high powered x-ray, and additional technologies such as pallet x-rays and ion-scans. New container x-ray facilities will be operational in Sydney, Brisbane and Fremantle in 2003.

Significant investment was made in the AFP's capacity to prevent the supply and distribution of illicit drugs as part of transnational crime including:

- \$47m for an additional 16 places to expand the Overseas Liaison Network;
- \$47m to double the AFP's strike team capacity to respond to high level criminal threats; and
- \$21.4m to expand Project Axiom, the AFP's undercover policing program.

Further funding of \$4.7m over four years was provided to expand the *National Heroin Signature Program* to include profiling of cocaine and amphetamine-type substances. This will enhance the tracking of drug sources and movements, identify trends and assist in better focusing police resources to prevent and deter importation efforts.

Materials were developed to introduce the NHMRC *Australian Alcohol Guidelines* and the standard drink concept. The second booster phase of the *National Alcohol Campaign* coincided with mid year and post secondary school holidays, focussing on young people's drinking and associated information and support for parents. Activities included advertising on national television, in cinemas, youth, parent and Indigenous magazines, press for non-English speaking individuals in 16 languages and production of pocket sized youth cards. A new partnership with the Australian music industry extended the *National Alcohol Campaign* messages to young people, especially young teenage boys, by using three Australian bands to endorse the messages. Seven *Croc Festivals* were held, attracting nearly 10,000 students from more than 200 schools and additional funding of \$1.2m over four years for the *Croc Festivals* was announced.

National Tobacco Campaign activity for the year included a television media buy for the World No Tobacco Day (31 May 2002) period. The four 'health effects' commercials illustrating the damage smoking causes to a smoker's eyes, lungs, arteries and brain, and the *Quitline* commercials, ran from 22 May to 7 June 2002 and were supported by State and Territory activities.

In June the report *Cigarette Smoking Among Women in Australia* was launched. In response to the May launch of the report *Tobacco: Time For Action*, prepared by the National Aboriginal Community Controlled Health Organisation, a \$1m package of targeted measures to address tobacco use was announced, and tenders were called for in December.

Progress was made on the review of health warnings on tobacco products, including market testing of up to 16 new Australian health warnings to gauge consumer reaction to a range of new options for health warnings including graphics and associated explanatory messages.

Eighteen new projects under the *Community Partnerships Initiative* were announced, bringing the total number of national projects to 135 and the investment to \$10.5m. The final evaluation report of the first and second funding rounds of the *Initiative* was completed.

Progress was made on the development of a *National Drug Strategy Prevention Agenda*, with commencement of a monograph and a national policy consultation document, in anticipation of national consultations in early 2003.

Effective measures to address drug education and management of drug related incidents in schools were progressed through the enhancement of State and Territory school drug education strategies, the conduct of nationally strategic research projects, development of a suite of education resources and the conduct of *Local School-Community Drug Summits*.

The review of the National School Drug Education Strategy (NSDES) is due for completion in April 2003. Preliminary findings indicate that in 2002 the NSDES was successful in strengthening the provision of educational programs and supportive environments that contribute to its goal of 'no illicit drugs in schools'. The review also indicates that activities have provided a sound foundation for development of further strategies that support prevention and early intervention in school drug education.

Commonwealth contracts with each State and Territory for school drug education activities in government and non-government schools systems under the NSDES have continued to enhance school drug education programs. Contracts are due for completion in 2003.

A comprehensive range of (teaching/learning) classroom based and teacher professional development resources were developed in 2002 that will promote evidence-based practice in school drug education when disseminated during 2003. These included:

- final development stages of the *School Drug Education Information Project* (REDI – Resilience Education and Drug Information) – an integrated set of multi-media based products including an internet site, video and CD-ROM resources for upper primary, lower secondary and upper secondary students and professional development resources for school staff;
- updating the *Candidly Cannabis Kit* (the new resource is entitled *Cannabis and Consequences*); and
- adaptation of the *Rethinking Drinking* alcohol education resource for use in Indigenous school communities.

Supporting research and development activities took place to further complement Commonwealth developed resources. This included completion of innovation and good practice research in school drug education and further trialing of the *School Drug Education Performance Management Framework*. In response to the *Review of the Principles for Drug Education in Schools* the Department of Education, Science and Training convened an editing sub-committee to consider the original principles and the report of the review. This committee will assist and advise the development process to achieve a nationally accepted revised set of principles for drug education in schools.

The *Local School-Community Drug Summits* are collaborative cross-sectoral activities bringing school staff, parents and key community members together to encourage stronger, broader and more integrated community engagement and support in addressing illicit and unsanctioned drug use by young people. State and Territory education jurisdictions reported that the momentum for holding *Summits* increased, with an increased number of *Summits* being held in 2002 and further planned. Overall, the majority of *Summit* attendees felt they had a better understanding of issues faced by young people with respect to drugs, and teachers felt more confident of being able to work with the school community in helping address these issues.

To reduce the harmful effects of licit and illicit drugs

The *Non Government Organisation Treatment Grants Program* provides funding to non-government organisations to establish and operate new treatment services, or expand and upgrade existing services, for illicit drug users. To date, 140 services have been funded across Australia to a total of \$58.6m. In May 2001, \$65.1m was allocated for the continuation of the program and a process for allocating this funding was announced in December.

Psychostimulant initiatives funded included a revision of the NDS Monograph *Models of intervention and care for psychostimulant users* and an evaluation of cognitive-behavioural therapy in the treatment of regular amphetamine users.

Several projects were progressed under the *Training Frontline Workers Initiative*, including the update of a handbook for medical practitioners and other health care workers on alcohol and other drug problems. An education and training package for pharmacists and pharmacy workers on illicit drug issues and needle and syringe programs was completed.

A psychostimulants forum identified nine core areas of information for planning psychostimulant treatment outcome studies. Agreement was reached on the best measures to assess some of these areas, including demographics, drug use, drug dependence and psychiatric functioning and a summary was provided to the IGCD Psychostimulants Working Group for consideration.

To address issues around coexisting mental health and substance use disorders, the NDS monograph *Diagnostic screening instruments for alcohol and other drug use and other psychiatric disorders* (1997) was updated. A study including a comprehensive international and national literature review on best practice for identifying, managing and treating people with comorbid disorders in primary care settings was undertaken. A scoping exercise on current practice in the management of clients with comorbid mental health and substance use disorders in tertiary care settings was completed.

To develop Australia's infrastructure, responsiveness and capacity to reduce and prevent harmful drug use

Australia continued to play a lead role in the formal negotiations on the Framework Convention on Tobacco Control (FCTC), which continued in 2002, with the Intergovernmental Negotiating Body meeting in Geneva in March and October. Australia, representing the Western Pacific Region, is one of six vice-chairs, which along with the Chair, form the FCTC Bureau. The role of the Bureau is to assist World Health Organization (WHO) member States to manage the negotiating process.

The AFP's Transnational Crime Coordination Centre (TCCC) was opened in December 2002. It is the focal point within the AFP for national and international coordination of transnational crime investigations. The Centre collaborates with the AFP's national and overseas law enforcement counterparts in the prevention, identification, and dismantling of all forms of transnational crime.

The TCCC incorporates an intelligence function to assist in coordinating the AFP's response to transnational crimes. The centre is structured to bring together investigations on five key crime types including terrorism, illicit drug trafficking, people smuggling, hi-tech crime and the proceeds of crime/money laundering financial investigations. The intelligence functions fall into three areas: collection and liaison, intelligence product and targeting teams. The centre will allow the AFP to study the global law enforcement environment

and identify the links between criminal investigations being conducted into a diverse range of criminal activities, across a number of borders.

New South Wales

During 2002 the New South Wales Government continued to roll out the four year \$176m Drug Summit program 1999/2000 – 2002/2003, and has subsequently announced a further \$223m four year program. Key developments in 2002 are outlined below.

To prevent the uptake of harmful drug use

Key New South Wales Community Drug Information Strategy initiatives included: *Drug Smart* – a Z-card for young people; enhanced access to drug information at local libraries under the Di@YLL program; a special *Family Matters* booklet for all parents of high school students; a Community Drug Action Newsletter; and a Community Drug Action Exhibition at Parliament House show-casing community resources and activities.

Key law enforcement initiatives to reduce the supply and use of illicit drugs included continuation of the \$18m *Cabramatta Anti-Drug Strategy*, which resulted in reduced drug overdoses, drug related deaths and drug crime, and the *Redfern Waterloo Partnership Project*, a \$7m initiative over three years to tackle crime, drugs and social problems. The Drug Diversion Program continued to help drug offenders stop their drug use and divert them from the criminal justice system and into treatment and supervision. New Police Illicit Drug Law Enforcement Performance Indicators were developed. Important legislative reforms helping in the fight against drugs included:

- *Police Powers (Drug Detection Dogs) Act 2001*;
- *Disorderly Houses (Commercial Supply of Prohibited Drugs) Act 2002*;
- *Drug Misuse and Trafficking Amendment (Dangerous Exhibits) Act 2002*; and
- *Crimes (Sentencing Procedure) Amendment (Standard Minimum Sentencing) Act 2002*.

A new specialist New South Wales Police Drug Squad was established under the State Crime Command and a new Illicit Drug Monitoring Group provides warnings of emerging drug trends.

Expansion of prevention and early intervention services continued including:

- ongoing *Families First* program funding to support to families with children 0-8 years (more than \$117.5m over four years);
- the New South Wales Health *One Stop Shop* pilot project, a drug prevention program for rural youth in Armidale, Greater Murray and Cessnock;
- over 60 innovative, local Community Drug Action Team grant projects;
- a new multifaceted *Community Solutions* package for Nimbin;
- *Play Now Act Now* project, – a youth alcohol campaign which informs university students about the risks of alcohol consumption; and
- the New South Wales Tertiary Students Drug and Alcohol Survey to collect data on alcohol and drug use patterns and to enable better targeted drug prevention.

Tobacco prevention initiatives included two performance events. Firstly, *Smoking Don't be a Sucker* – a joint initiative of the AFL (New South Wales, ACT) Commission, New South Wales Health and the Sydney Swans, aimed at year 7 students. Secondly, the Rock

Eisteddfod Challenge, encouraging school students to develop skills to help make decisions to lead smoke free lives.

To reduce the harmful effects of licit and illicit drugs

Harm reduction measures included implementation of a *Heroin Overdose Prevention Education* (HOPE) program, delivered by the Australian Red Cross, to provide important education and information to families and carers of drug users. Funding support of \$1.3m was provided to the *Better Futures Regional Strategy, part of the Better Futures: An Action Framework for Vulnerable Young People aged 9 – 18 years in New South Wales*. A Drug Driving Taskforce, chaired by the Motor Accidents Authority, was convened to examine ways to prevent drug driving.

Key initiatives included a new *Cannabis Youth Campaign* to address cannabis use by making young people, in metropolitan, regional and rural New South Wales, aware of its health and social consequences. The *Getting It Together Scheme*, an intensive case management project, operated in twelve locations, targeting alienated young people. *Crossroads*, a new mandatory 25 hour course for years 11 and 12 students, was introduced into 391 government schools to increase students' resilience to drugs. The *Gateways* program was also implemented, targeting 12 to 17 year olds in high schools at risk of early school leaving and drug use. In addition, compulsory provision of free or reasonably priced drinking water at or near liquor service points is now a condition of liquor licences under new regulations.

Initiatives to reduce harmful impacts of drug related crime on the community included new prisoner post-release treatment programs in Wellington, Redfern/Waterloo and Blacktown linking former inmates with services to help them remain drug-free. A new program was provided at Bolwara House, Emu Plains Correctional Centre, for pre-release female inmates with alcohol and drug problems and a high rate of recidivism, to encourage skills to prevent relapses and develop substance abuse free lifestyles. The *Crime Stoppers* campaign was continued, and Police *Operations Vikings* included the use of drug and firearms detection dogs.

Key harm reduction initiatives in treatment included the introduction and expansion of buprenorphine as an alternative drug treatment option, recruitment of new pharmacies to dispense methadone and buprenorphine, and enhancement of the Pharmacotherapy Accreditation Course. The *Parents Under Pressure*, a case management project targeting parents on methadone, was piloted across four Area Health Services. The *Northern Rivers Women's Referral and Access Program* and the *Mothers Using Methadone and/or Other Substances* program worked to link women with appropriate services. The Brief Treatment Outcomes Measure (BTOM) was introduced to track drug usage and patient outcomes from treatment. The home and outpatient detoxification treatment programs continued to be expanded and two new drug detoxification and treatment centres were established at Nepean and Wyong Hospitals.

To develop Australia's infrastructure, responsiveness and capacity to reduce and prevent harmful drug use

Key partnership initiatives in 2002 included continued expansion of the numbers of Community Drug Action Teams. A Commonwealth/State Agreement was reached to locate a major new x-ray facility at Port Botany, between Sydney Ports Corporation and the ACS. The *General Practitioner (GP) Drug and Alcohol Support Project*, a collaborative

project between the New South Wales Division of General Practice and Area Health Drug and Alcohol Services, was implemented.

Links between drug and alcohol initiatives were established and strengthened by formation of an Advisory Committee on Best Practice Service Delivery for People with Mental Health and Substance Use Disorders, and by the development of a *Multicultural Welfare Agency Training Scheme* to increase recognition of and early intervention for people with drug and alcohol needs. Work was undertaken on a draft *Aboriginal and Torres Strait Islander Substance Misuse Plan*, and draft *Interagency Guidelines for the Detection and Management of Drug Misuse* were developed.

Key training initiatives included:

- a *Families and Carers* training project to assist families and carers of drug users;
- a *Cross-Training Scheme* in five rural locations in New South Wales to target and assist generalist agencies and workers who are not part of specialist drug and alcohol services;
- a *Youth Services Training Scheme* project to enhance capacity of frontline youth workers to manage drug and alcohol problems;
- a work-based *Non Government Organisation Drug and Alcohol Treatment Agencies Training Scheme* project for treatment managers;
- a booklet entitled *Drug Education in a Culturally Diverse Society*, for all schools and school counsellors;
- two primary school teaching kits, *Out of Reach!* and *Doctor Gemma*, that focus on medications and safe storage; and
- *Smokescreen*, a prevention resource for upper primary and lower secondary students, and *Sniffing: The Dangers of Solvent Use by Young People* for school staff.

Victoria

To prevent the uptake of harmful drug use

Victorian initiatives have resulted in an increased focus on prevention, particularly, preventing the uptake of harmful drug use. Prevention accounted for 11.7 per cent of the total Victorian Department of Human Services' drugs budget in 2002. Some of the outcomes of this investment are detailed below.

Through the *Community Drug Education Campaign*, the Victorian Government Drug Initiative (VGDI) achieved an increase in knowledge and awareness of young people regarding drugs and drug related harms. The campaign, through the establishment of a telephone helpline and an information website, disseminated information to 4,570 callers and 8,000 visitors to the website. Almost a third of the total 4,570 callers were referred to treatment and support services. Sixty per cent of calls were made by drug users themselves. Of these, 63 per cent were by young male cannabis users, a group who traditionally have been reluctant to receive help.

Temazepam, a prescription drug, is available in a tablet or capsule form and the contents of capsules can be misused by injecting drug users. In September 2001, Victoria initiated the national *Temazepam Prevention Campaign*, which contributed to a nationwide authority restriction on the prescribing of temazepam capsules as of 1 May 2002. The campaign has been very successful in reducing temazepam misuse.

The number of Pharmaceutical Benefit Scheme (PBS) temazepam capsule prescriptions Australia-wide has decreased by 97.6 per cent since the PBS change in May, from 119,696 in April 2002 to 2,827 in January 2003.

Increased services and new directions in prevention were introduced. The Premier's Drug Prevention Council established the DrugInfo Clearinghouse in June. The Clearinghouse is the first drug prevention information service of its kind in Australia and serves as a central source of drug prevention information, research and resources for workers in drug prevention fields and the broader community in Victoria. A new central telephone assistance line, *DirectLine* 1 800 888 236, was established.

To enhance parent and community confidence to respond to drug issues, the Victorian Government implemented family specific initiatives. Links between families, self-help groups and drug treatment services were strengthened. Twenty-five family self-help support groups were established and assistance and support was provided to over 3,000 callers to the Family Drug Helpline.

The new *Victorian Prison Drug Strategy* was launched in March. It aims to improve ways to keep drugs out of prisons, reduce drug use by prisoners, and prevent or minimise the health problems and harms caused by drug activity.

The number of Victorian prisoners testing positive to drug use has more than halved in the past four years: rates have dropped from 6.3 per cent in 1997-98 to 3.1 per cent in 2001-02. The number of urine tests taken is also expected to double from 26,000 to over 50,000 tests a year.

To reduce the harmful effects of licit and illicit drugs

The Victorian Government has forged partnerships with local government and the community to tackle drugs at community level through the funding of local drug strategies. These partnerships, in both prevention and treatment, have resulted in a reduction in drug related harm for individuals, families and communities.

The Victorian Government established five Primary Health Services in areas of high drug use to enhance the health and welfare of drug users. Mobile Drug Safety Workers provided outreach, crisis counselling and health promotion to over 5,000 contacts resulting in a reduction in the numbers of overdoses, linking people to treatment and improved health outcomes overall. Eleven *Safe Needle Disposal Strategy Schemes* were implemented to improve the amenity and safety of public spaces in local government areas.

To increase knowledge of the harms of injecting drugs, workshops about overdose were delivered to 350 high-risk injecting drug users.

Significant steps were taken to enhance and expand Victoria's drug treatment and rehabilitation system, resulting in improved access to services for youth and the general community, increased bed numbers and increased access to pharmacotherapies.

Between 1998-99 and 2001-02 there was a 27 per cent increase in the number of clients accessing the drug treatment services from 20,487 to 25,998. These clients are able to access the system more quickly, with a 72 per cent reduction in waiting times since 1999-00.

Victoria initiated services that recognised that youth needed separate and different drug treatment services and service types from those available to adults and established a

range of youth specific services. As a result, since 1998-99 there was a 28 per cent increase in the number of courses of treatment for youth (12-21 years) from 9,097 in 1998-99 to 11, 664 in 2001-02.

Bed numbers have almost doubled from 481 in 1998-99 to 820 in July 2002. This figure comprises an additional 77 residential rehabilitation, 16 withdrawal and 172 supported accommodation beds as well as increased staffing levels for these services.

The VGDI has improved access to pharmacotherapies for people who are heroin (opioid) dependent. In the 12-month period from January 2002, the number of clients accessing pharmacotherapy treatment increased 16.5 per cent from 6,960 clients in January 2002 to 8,110 clients on 2 January 2003.

The *Bridging the Gap Program* funds five pilot pre and post-release programs providing transitional support for offenders with significant substance abuse problems, to ease their reintegration process and reduce their risk of re-offending and relapsing into drug abuse. The program is the first of its kind in Victoria, developed in response to an identified service gap. It recognises that in order to successfully engage people in drug treatment, their life circumstances needed to be stabilised through appropriate accommodation, and a range of other post release supports.

The program provides intensive support to participants by assisting them to address their needs in the areas of supporting access to drug and alcohol treatment, accommodation, health, education, legal assistance, training and employment, family reconciliation and child care and custody issues.

To develop Australia's infrastructure, responsiveness and capacity to reduce and prevent harmful drug use

The Victorian Government, in consultation with the Retail Traders' Association and through the establishment of a consultative committee comprising representatives from the retail sector, initiated a *Responsible Retailers Campaign* to assist retailers to sell solvents responsibly in July 2002 and developed a retailers kit. The basis of the kit is a voluntary code to prevent the sale of solvents to young people who are likely to abuse. This initiative was highly successful and over 3,000 kits were distributed statewide.

Queensland

To prevent the uptake of harmful drug use

Provision of information on drug and alcohol issues to the community continued via police trained in the *Drug and Alcohol Community Education Resource*.

The *Drink Rite Program* was conducted at participating licensed venues where patrons are educated about the effects of alcohol, the benefits of drinking low alcohol beverages, the constitution of a standard drink, and how to monitor alcohol consumption.

A new television commercial for the *Poison* youth smoking prevention campaign was launched and screened statewide. The television commercial is an expansion of the *Poison* cinema campaign, which also screened statewide during 2002. A health promoting schools resource targeting late primary and early secondary schools was developed to support the *Poison* campaign.

The National Drug Strategy Law Enforcement Funding Committee funded an intersectoral marine safety alcohol and boating project in the Torres Strait. In consultation with the community, educational resources to alert Torres Strait Islanders to the dangers of boating and alcohol were developed.

Implementation of the *Queensland Tobacco Action Plan 2000/01 to 2003/04* continued, including the commencement of legislative reforms on 31 May, addressing tobacco sales to minors, vending machine restrictions, tobacco advertising bans and reducing exposure to passive smoking. A statewide awareness campaign to support the introduction of the legislation was also carried out.

The statewide network of assessment, education and treatment service providers for clients diverted under the *Police Diversion Program* for cannabis, as part of the *Council of Australian Governments (COAG) Illicit Drug Diversion Initiatives* was maintained. As at 31 December 2002, 9,049 people had been diverted under this program, with a compliance rate of over 80 per cent. Implementation of the state-funded *Drug Court* pilot program in South-East Queensland continued and the program was rolled out to North Queensland, including the establishment of new residential treatment and outpatient services. A court diversion pilot program for minor possession offences for all illicit drugs is to commence in Brisbane in early 2003.

The Queensland Police Service continued to target the production, manufacture, distribution and supply of illicit drugs. For example, 161 clandestine laboratories were seized in 2002, up 47 from the previous year.

The intersectoral Queensland Amphetamine Strategy Committee continued as an adjunct to the Chemical Diversion Desk, to enhance the early detection of precursor chemical movement. As a complementary strategy, a *Recidivist Identification Program* was established to identify and target amphetamine manufacturers and suppliers. The Queensland Police Service also participated in a number of national supply reduction initiatives, such as the National Working Group on the Diversion of Chemical Precursors, to complement State level activity.

To reduce the harmful effects of licit and illicit drugs

The Queensland Police Service aims to conduct roadside breath tests to the equivalent of one test for every licensed driver in Queensland. In 2002 the Service conducted a total of 2,758,598 breath tests of which one per cent were positive. The Queensland Drug Driving Prevention Working Group continued to implement the recommendations of the Parliamentary Travelsafe Committee Inquiry on Drug Driving.

A statewide project addressing volatile substance use was undertaken. Workshops were conducted across the State on addressing volatile substance misuse in local community settings to explore best practice models and skill development in community based action. The Queensland Drug Coordinating Committee Volatile Substance Misuse Steering Group, which includes representatives from key government departments, is developing a Cabinet Submission on a whole of government response to volatile substance misuse.

The pilot phase and process evaluation for the *SmokeCheck* Indigenous Tobacco Brief Intervention Program was completed. This program provides training, on-going support and culturally effective resources to primary health care workers with Indigenous clients. The program encourages health care workers to assess client smoking status at every

opportunity, assist clients in thinking about their smoking, and support those interested in quitting. *SmokeCheck* was provided to New South Wales, South Australia and the Northern Territory for adaptation and implementation to meet the needs of local Indigenous communities.

An agreement was made between the Queensland Police Service and Liquor Licensing division to develop an *Operational Protocol* which will set out working arrangements for the enforcement and administration of the *Liquor Act 1992*, intelligence sharing, training, and coordination and consultation. A guide for police for making comments on new and existing licence applications was developed.

To develop Australia's infrastructure, responsiveness and capacity to reduce and prevent harmful drug use

A Prescription Fraud and Drug Abuse Working Party was established with stakeholders from industry, pharmacy groups, the Health Insurance Commission, and the Australian Medical Association, to develop strategies to enhance information flow to assist in the detection of prescription fraud offenders.

The Cape York Justice Study was completed and the government response, *Meeting Challenges, Making Choices*, was released in April. The report details the whole of government response to alcohol misuse in Aboriginal and Torres Strait Islander communities and flags changes to legislation and procedures in the management of alcohol in those communities.

A draft whole-of-government *Queensland Illicit Drug Action Plan* was developed for finalisation in early 2003. Informed by a statewide consultation process, this plan outlines the Queensland Government's initiatives for addressing illicit drugs and reflects the structure and key strategy areas of the *National Action Plan on Illicit Drugs 2001 to 2002-03*.

A statewide, whole-of-government strategy to respond to the issue of drink spiking was commenced. The strategy will include training for police officers, conduct of patron awareness and staff information campaigns in licensed venues, development of action guidelines for teachers and the school community, development of training resources to be used by non-government agencies responding to victims of drink spiking, development of guidelines to support general practitioners and emergency department medical practitioners, and development of a kit for community groups to use in addressing this issue.

A project was commenced to research and develop quality practice guidelines and a training resource for the management of drug affected individuals. A project to develop an educational training package for police in responding to volatile substance use was also established.

The first stage of the response to the *Report on Enhanced Communication and Capacity Building Strategies for Non-Government Organisations in Queensland's Drug and Alcohol Services* was implemented. This focused on increasing the Non Government Organisation (NGO) sector's ability to communicate within and across the alcohol and drug sector and improve access to professional information through funding to enhance information technology capacity.

Implementation of the collection of the National Minimum Data Set- Alcohol and Other Drug Treatment Services (NMDS-AODTS) commenced in Queensland Health Alcohol, Tobacco and Other Drug Services.

South Australia

To prevent the uptake of harmful drug use

During the year South Australia Police launched its Illicit Drug Strategy: *Preventing Drug Use – Reducing Crime*. The strategy identifies the following priority areas: prevention and early intervention; intelligence analysis; investigation and detection, incident management; workforce development; and research and evaluation. It is consistent with the principles, policies and priorities of the State and national frameworks.

Ongoing police operations include *Operation Avatar*, which focuses on the illegal activities of outlaw motor cycle gangs and in particular in identifying, seizing and disrupting the production, trafficking and distribution of illicit drugs. During the year *Operation Avatar* was successful in disrupting a number of illicit drug related activities that were undertaken by various outlaw motor cycle gangs. *Operation Counteract IV* targets armed robberies and illicit drug use. It was responsible for a number of apprehensions of people involved in armed robberies and the recovery of stolen goods.

The concept of Drug Action Teams is based on an understanding that local stakeholders are likely to have an intimate knowledge of local drug issues and are considered to be the best people to identify and solve those problems. During the year Drug Action Teams provided support to the *South Australian Drugs Summit* by conducting pre-Summit community fora throughout South Australia.

The Department of Education and Children's Services is implementing a whole of government *Drug Strategy* across all government schools aimed at addressing the risk and protective factors associated with drug use. Each school is required to develop and implement its own whole of school drug strategy within a common framework that includes a focus on: curriculum; a supportive school environment; community partnerships and incident management. Over three hundred of approximately six hundred schools have a strategy in place. All schools will have a strategy by the end of 2005. Schools are encouraged to involve local community members such as chaplains, service providers and parents in the development and implementation of their drug strategies and to conduct local community summits to build local interest and support for their work.

The *Illicit Drugs and Licensed Premises* project was launched in South Australia. The Drug and Alcohol Services Council (DASC) in partnership with the Office of the Liquor and Gambling Commissioner, Australian Hotels Association (South Australian Branch), Clubs SA and South Australia Police devised the project. The project aim is to reduce the harms associated with illicit drug use in and around licensed premises by improving the capability of licensees to address illicit drug use issues. An information kit was developed which included patron education resources, strategies that licensees can undertake to reduce the prevalence of, and harms associated with, drug use, answers to commonly asked questions and a checklist of individual signs and symptoms of drug use. A successful pilot of the project was followed by the distribution of 1,000 kits to liquor licensees in December.

To reduce the harmful effects of licit and illicit drugs

Operation Mantle continued to identify and target street-level drug traffickers with an emphasis on reducing the supply and demand for illicit drugs and in particular, heroin, amphetamines and other designer drugs. It also has major role in promoting harm minimisation and encouraging habitual illicit drug users to seek assessment and treatment.

Operation Mantle teams were involved in activities around the Adelaide Central Business District and in the outer northern and southern suburbs.

Operation Pitulu Wintama: South Australia Police recognises that the Aboriginal Communities on the Anangu Pitjantjatjara Lands are confronted with numerous social disadvantages that are compounded by the high incidence of violent crime. Further, illicit drug use is a major factor in family violence and assaults. *Operation Pitulu Wintama* was conducted in early 2002 to disrupt the cycle of offending associated with substance abuse (especially petrol sniffing), violence and property damage on the Anangu Pitjantjatjara Lands. As a result of that Operation a number of strategies are being implemented including an increased police presence. In addition, an advisory committee was formed by the Drug Action Team sergeant who is responsible for the area to work with the local communities to develop strategies aimed at addressing a range of substance abuse issues.

The *Police Drug Diversion Initiative* (PDDI) provides for people apprehended for minor drug offences to be diverted from the criminal justice system into education, assessment and treatment. The South Australian PDDI came into operation on 3 September 2001. This education, assessment and treatment program, builds on South Australia's existing diversion options and reflects international evidence of good practice in enabling police to provide educational material or arrange speedy access to assessment and treatment through a variety of alternative service options.

Up until 30 June 2002, 1,058 individuals were diverted for 1,127 offences. The majority of persons diverted were aged 10 to 18 years, for cannabis related offences. Approximately 93 per cent of persons diverted have complied with the requirements of the diversion, with only six per cent of those diverted being re-apprehended for subsequent offences.

In South Australia a number of specific system initiatives were developed to assist schools to implement their drug strategies and to intervene in and prevent drug-related harm including:

- release of a new professional learning program, *Keeping Connected*, for student support staff on how to assist and work with students experiencing drug-related issues in their lives; and
- school based smoking cessation programs – specifically trialing and implementing new programs in 2003.

The South Australian Government launched the *Don't Get Smashed* campaign during the 2002 Christmas period. The object of this campaign is to decrease the harms associated with excessive alcohol use in and around licensed premises through targeted social marketing strategies aimed at people aged 15 to 34 years. The campaign focussed upon outdoor media within the Adelaide CBD, due to the high numbers of young people frequenting the city over the Christmas period. *Don't Get Smashed* was conducted by the DASC, in partnership with the South Australia Police and the South Australian Department of Human Services. The campaign was first run over Christmas 2000 with excellent results.

South Australia is engaging in an innovative research program that is examining methamphetamine psychosis. The research is being conducted by the DASC and was originally part of a multi-site WHO research project. This year, the scope of this research was broadened to explore not only the disorder's symptomatology and consequences, but also its prevalence and current clinical management in South Australia. The psychiatric,

physical and social impacts of methamphetamine psychosis, combined with its considerable prevalence (approximately 14 cases per month are treated in public hospitals in the South Australia metropolitan area), and the chronic, high level (mostly dependent) methamphetamine use which typically precedes it have highlighted the need for research into the clinical management of the disorder.

To develop Australia's infrastructure, responsiveness and capacity to reduce and prevent harmful drug use

South Australia Police is collaborating with the South Australian Attorney-General's Department and the Australian Institute of Criminology on the national DUMA program. In South Australia, the program is being conducted at the Adelaide City Watchhouse and the Elizabeth Police Station Cells. A multi-agency data management group was formed in South Australia to ensure that the DUMA data is being utilised throughout the Justice Portfolio and other Government agencies at both the operational and policy levels. Within South Australia Police the DUMA data is being used to provide timely intelligence to personnel throughout the organisation on the relationship between drugs and violent and property crime and to monitor patterns of drug use.

South Australia adopts a collaborative whole-of-government approach to addressing drug and alcohol related issues. As part of this approach a series of structures were implemented and these include an Inter-Ministerial Committee on Drugs, a Chief Executives Coordinating Committee on Drugs and a Senior Officers Working Group on Drugs.

The *South Australian Drugs Summit*, a key initiative of the South Australian Government's Social Inclusion Strategy, was held in June. The *Summit* focused on illicit drug use, and particularly on the increasing use of amphetamine-type drugs among young people and Aboriginal people. The *Summit* was attended by a broad cross section of community representatives. Working Groups met throughout the five day *Summit* and drafted and endorsed 51 recommendations. Prior to the *Summit*, 24 community consultations were held across the State and a call for public submissions was issued.

The final recommendations incorporate a strong focus on early intervention and building individual, family and community resilience. The Government responded to the *Summit* recommendations outlining initiatives for immediate response. Further detailed action plans are being developed across government, and funding was provided to support a broad range of programs, which will further address illicit drug use in this State.

South Australia's DASC is a Cochrane Collaborating Centre on Drugs and Alcohol. The Council's Evidence-Based Practice Unit continued to address best practice in the management of intoxication and withdrawal. During the year the four Cochrane reviews relating to the management of opioid withdrawal were updated, with all three updated reviews now published in the Cochrane Library and it is anticipated that the fourth review will be published early in 2003. The findings of this work have informed the development of national guidelines on the use of buprenorphine, methadone and naltrexone in the treatment of opioid dependence and have attracted international interest.

Western Australia

To prevent the uptake of harmful drug use

Prevention is fundamental to Western Australia's 'Putting People First' approach to drugs and alcohol, and as such is one of the three priority areas for action of the *Western Australia Drug and Alcohol Strategy*. Consequently a key achievement for 2002 was the development of a *Model for Drug and Alcohol Prevention and Early Intervention*. The model provides an opportunity to ensure that a diverse, appropriate and integrated range of effective prevention and early childhood intervention programs and activities are implemented on both a statewide and local level. It also offers the opportunity for better integration and expansion of prevention activities within the prevention-treatment continuum and across agencies and service providers.

A comprehensive public review of Part IXB of the *Health Act 1911* and the *Health (Smoking in Enclosed Public Places) Regulations 1999* was undertaken, as required under the present legislation. This process confirmed Western Australia's position as a leader on, and ongoing commitment to the issue of public exposure to environmental tobacco smoke (ETS) and passive smoking. The recommendations of the review will be tabled in Parliament in 2003.

Western Australia developed a new *Young Adults Smoking Campaign*, including qualitative and quantitative research relevant to this target group (18 to 24 year olds). The campaign focussed on the issue of social smoking and aimed to raise awareness of the ease with which social smokers could become addicted smokers. Evaluation of the first phase suggests that the campaign's messages were understood and well received by the target group.

The Western Australia Police Service continue to police the area of illicit drugs and their concentration on the demand and supply reduction issues at the lower level has resulted in a less visible "street scene" as opposed to that in other parts of Australia. Diversion under the COAG initiative continued in Western Australia, with 964 persons participating in the *Cannabis Cautioning* scheme, and the pilot of *All Drug Diversion* for the financial year 2001-02.

A continued emphasis on prevention through community development and capacity building saw up to 300 young people across Western Australia participate in youth community development strategies. These strategies included youth leadership and training in drug free event management and support, and enabled development and implementation of programs targeting youth needs within local communities.

To reduce the harmful effects of licit and illicit drugs

To date, Western Australia has not had a dedicated youth detoxification facility, which was recognised by the *Western Australia Community Drug Summit* as a major gap both in terms of the range of services available and the means by which young people can be engaged into treatment. The Drug and Alcohol Office allocated recurrent funding of \$750,000 per annum to commence the new service.

This new service will have a low threshold of entry, a flexible program, visiting medical staff and will be able to accommodate all drug problems, particularly amphetamine related problems, identified as a significant area of need. The centre will provide detoxification and respite services for drug users and their families, friends and or significant others, and

will have strong referral links to treatment services. The Drug and Alcohol Office awarded the tender for the Youth Detoxification and Respite Centre to Mission Australia.

Expansion of an existing home-based withdrawal service provided through St John of God, has enabled provision of a metropolitan wide service through a network of community nurses based at Community Drug Service Teams. In 2002 the service was funded \$300,000 with \$150,000 contributed by the service provider, St John of God. The Drug and Alcohol Office will increase funding to \$450,000 per annum from 2003 onwards.

The Drug and Alcohol Office, in collaboration with the Sexual Health Program and Regional Health Services designed and implemented a workforce development needle and syringe program, funded by COAG. The program, *Reducing the Harm: Training Staff in Needle and Syringe Provision*, included a range of strategies to encourage effective service delivery, such as resources, training, peer support networks, assessment, action planning, feedback of work practice change following program participation and mentoring. The program is available to front line health service workers in regional areas across the State. To date, there have been three separate, accredited training events in which 76 regional workers participated.

The Western Australia Police Service *Drink Spiking Awareness Project* initiated a comprehensive range of strategies to target the victims of drink spiking and the perpetrators as well as liquor industry staff. The project ran from March to June 2002 and again from November 2002 to April 2003.

The Western Australian Drink Spiking Investigation Project is a partnership between the Western Australia Police Service, the Emergency Department of Sir Charles Gairdner Hospital and the Pathcentre. The project aims to improve hospital protocols in regard to drink spiking; conduct vigorous toxicology screening; and search for evidence to confirm allegations of drink spiking.

The Western Australia Police Service conducted the National Workshop on Preventing Alcohol Related Harm in Perth on 9-10 May 2002 (in conjunction with the 2nd Australasian Conference on Drugs Strategy). The Workshop was funded by the National Drug Law Enforcement Research Fund (NDLERF) and aimed to develop innovative approaches to preventing alcohol related harm, incorporating these into a model of good practice.

The *Criminal Property Confiscation Act* continued to be effective in the pursuit of individuals looking to profit from the sale and supply of illicit drugs. In the financial year, the Western Australia Police Service was instrumental in the seizing of over \$14m in assets, with the total at over \$29m since inception of the legislation.

A key focus in 2002 was reducing the harmful effects of alcohol through supporting and facilitating agencies and groups to develop policies and activities that promote responsible service and consumption of alcohol in both licensed and private venues. Key activities included support of alcohol accords, and targeted training. In addition, the health objectives of the Western Australia Liquor Licensing legislation were used to influence licensing decisions at both an individual and community level.

To develop Australia's infrastructure, responsiveness and capacity to reduce and prevent harmful drug use

Identified by the *Western Australia Community Drug Summit 2001*, and outlined in the *Western Australian Drug and Alcohol Strategy 2002-05*, Aboriginal people with drug and alcohol issues is a key priority area. In light of this, the Drug and Alcohol Office have recruited three full time Aboriginal staff, including a policy adviser, to develop and run the *Specialist Alcohol and Drug Education Project* for Aboriginal people.

The project was developed and implemented in 2002, providing specialist and culturally secure practice development initiatives for Aboriginal people. The project aims to build and sustain the capacity of the Indigenous and non-Indigenous workforce to respond more effectively to alcohol and other drug related problems as they affect Aboriginal people. The combined investment for the first phase of the project totals \$1.1 m, which was funded through partnerships between the Drug and Alcohol Office, Sexual Health and the Commonwealth Department of Employment.

Phase one of the project included recruitment of five Aboriginal workers for sexual health traineeships located in the Perth Metropolitan area, with alcohol and drug traineeships for Aboriginal workers available to applicants/applicant organisations throughout the State early in 2003.

The *Western Australia Drug and Alcohol Strategy 2002-2005*, released in 2002, provides direction for the combined efforts of the community, government, and non-government organisations in addressing drug and alcohol issues. The *Strategy* is a whole of government strategy with endorsement by the Cabinet Standing Committee for Social Policy. It is underpinned by the philosophy of 'Putting People First', which means drug related problems are treated primarily as social and health issues. A fundamental component of the *Strategy* and the approach is to target resources and response to localised need.

Area drug and alcohol planning was undertaken by the Drug and Alcohol Office to assist and support government and non-government agencies to develop local strategies for improving alcohol and drug programs and services to benefit clients and the community. Over a period of five months, approximately 900 individuals across 10 health regions of Western Australia were consulted from a wide range of government and non-government agencies and community organisations. The information from this consultation process will be the basis from which *Area Drug and Alcohol Action Plans* are developed, with a clear emphasis on better integration and coordination across government agencies in partnership with non-government agencies and the community.

The *Action Plans* will also incorporate strategies identified by the major government agencies that provide services to people with alcohol and drug problems as well as capacity building initiatives facilitated and supported through the Drug and Alcohol Office. Implementation at a regional level will be negotiated with key stakeholders once the *Area Drug and Alcohol Plans* are finalised and endorsed. Ongoing review and evaluation will be part of the cycle of planning which will enable continuous improvement of alcohol and drug programs and services to people in Western Australia.

The *General Practice Support Program* was established to develop and sustain the capacity and expertise of GPs in the prevention and management of drug and alcohol related problems. The program will establish comprehensive statewide practice development, including education, support and liaison services for GPs. It is linked to the Clinical Advisory

Service, and collaborates with the Drug and Alcohol Clinics, Community Drug Service Teams, key GP organisations such as the Western Australia Division of General Practice, home based withdrawal services and the tertiary education sector.

The *GP Support Program* is based on evidence that early intervention for drug and alcohol problems at the primary care level can be highly cost-effective and can result in an overall reduction in morbidity and mortality, loss of economic productivity and social disruption. The program was allocated \$210,000 per annum. An accredited training package on responding to alcohol and drug issues for all GP registrars will be completed and available by 2003.

Tasmania

To prevent the uptake of harmful drug use

In Tasmanian schools there is an increasing awareness of the psycho-social and environmental antecedents of problematic drug use among young people. The capacity of schools to respond to this awareness is being developed under the auspices of the NSDES by a range of mechanisms including an increased emphasis on the building and maintenance of supportive school environments, where:

- young people learn a variety of life skills (communication, relationship skills, coping strategies, assertiveness, conflict resolution, etc.);
- policy and procedures are in place to ensure that drug-related incidents are handled respectfully and sensitively as a health and educational issue in a harm minimisation model;
- families and the wider community are engaged in debate and decision-making in relation to drug issues and young people; and
- resilience variables are consciously developed to maximise young people's capacity to make strong, healthy decisions in relation to all life matters, particularly risk-taking behaviours with common causal pathways.

Tasmania Police also supports the *National School Drug Education Project* and was actively involved in the development of the Department of Education's new drug policy: *Management of Drug Issues and Drug Education in Tasmanian Government Schools and Colleges*. A key component was the development of a Memorandum of Understanding between the two parties for managing drug-related incidents. New protocols are more comprehensive and provide a greater level of protection to young people and school communities, which have also been adopted by the Catholic Education Office for use in Catholic schools and colleges, and by the Association of Independent Schools.

Police officers within each Police District provided an advisory service on issues including alcohol, other drugs and the review of protocols to deal with drugs in schools and local summits. Other activities including the *Police in Schools* project in two local colleges, the *Adopt-a-Cop* project in primary schools, Police Citizens and Youth Club activities and *Blue-light Discos* have promoted prevention and early intervention to enhance protective factors and reduce risk factors for young Tasmanians.

To reduce the harmful effects of licit and illicit drugs

An information sheet based on the NHMRC *Australian Alcohol Guidelines* was released to service providers and health professionals. This material was circulated in the alcohol, drug, medical, community health and human service sectors and aimed to support individual contacts, health promotion and community education. It was also installed on the agency website, with a link to the full document on the NHMRC website.

The Alcohol and Drug Service and the Ashley Youth Detention Centre initiated significant collaborative effort in 2002. This work incorporated cross-sector planning, service orientation, staff training and development and the provision of dedicated service delivery arrangements. This recognises the level of harmful substance use by residents and the opportunity detention presents to enable all parties to address issues of concern.

The Tasmanian National Tobacco Strategy Implementation Planning Committee is finalising the *Tasmanian Tobacco Action Plan – 2003 and Beyond*. This will better integrate planning and related activities, complementing work being done across the sector. Plans include the creation of a Tobacco Coalition in 2003, within the Department of Health and Human Services. The Tasmania Government also reviewed the *Public Health Amendment (Smoke Free Areas) Act 2001* for consideration in early to mid 2003.

Amendments to the *Police Offences Act 1935* have had a positive impact on community safety, by enhancing the capacity of police officers to deal with inappropriate street behaviours, particularly those relating to public disorder and alcohol and drug offences. For instance, police now have the authority to direct individuals to disperse from public places for a period of four hours. Tasmania Police also continued to identify, target, investigate and prosecute individuals engaging in illegal drug activities. Efforts were focussed on disrupting drug markets and networks, improving public amenity, reducing re-offending and supporting treatment and health agencies to reduce the harm caused by and to drug users as well as to the general community.

Tasmania Police's partnership approach to liquor licensing and road safety involves close coordination with other stakeholders, including the Liquor Licensing Commission, Australian Hotels Association, Road Safety Taskforce and Motor Accidents Insurance Board. Regular visits were made to licensed premises to demonstrate use of breathalysers, ensure compliance with licensing conditions and to deter under-age or excessive drinking. Targeted road safety operations focused on drug impairment were also conducted to reinforce compliance with blood alcohol limits and disseminate material designed to promote safe drinking.

To develop Australia's infrastructure, responsiveness and capacity to reduce and prevent harmful drug use

The *Tasmania Drug Strategic Plan* was launched in February 2002, drawing together the non-government and government sectors to develop, implement and monitor this plan and strategically respond to issues associated with usage and substance dependence. The cross-sectoral Service Delivery Coordinating Committee forum coordinates this work and in late 2002 initiated a process to confirm feedback from providers and agencies on achievements to date. This process will also be used to identify areas that require further attention and strategies that need to be put in place to address these gaps.

Another example of collaboration involves joint projects involving the Alcohol and Drug Service, the Pharmacy Guild of Tasmania and the Tasmanian Divisions of General Practice. This collaboration included co-sponsorship of education events that attract Continuing Practice Development points; appointment of a part time project manager to recruit and support pharmacotherapy pharmacies; and development of a Memorandum of Understanding with the Divisions of General Practice, aiming to better address in the alcohol and drug sector issues associated with comorbidity, pharmacotherapy and the prescribing of narcotics.

Comorbidity planning was a major priority, incorporating sponsorship of practical initiatives and work to develop a statewide response, via the development of a *Tasmanian Comorbidity Framework*. A discussion paper was prepared for widespread consultation. This work aims to better integrate and extend efforts associated with comorbidity across the non-government, private and government sectors, and links with work being undertaken under the *National Comorbidity Project*.

The Tasmanian Government is increasingly giving emphasis to partnerships, agreements and strategies to clarify and formalise relationships and promote collaborative efforts. One such example is *Tasmania Together*, a 20-year social, environmental and economic plan and sets a range of visions, goals and benchmarks for Tasmania. Particular emphasis was given to building community capacity and enhancing the health and wellbeing of Tasmanians, including the need to address usage of tobacco and prescription medications.

The State Government has also been progressively implementing partnership agreements with its 29 Local Government Authorities. These agreements are being implemented with interested councils to build collaborative relations, enhance responsiveness and ensure local responses to local issues. Implementation focused on work with four councils, increasing capacity to respond to substance issues, create needle disposal points and address concerns about substance use, comorbidity and young people.

Tasmania Police developed the *Streetsafe* initiative that focuses on community safety, prevention, health promotion and law enforcement, and links the *Tasmania Drug Strategic Plan* with *Tasmania Together* outcomes and the partnership agreement between the Government and Hobart City Council. *Streetsafe* sought to reduce the problems arising from under-age drinking; reduce public drunkenness; prevent alcohol related violence; reduce alcohol and other drug related harm and crime, including the use of ATS; improve the safety and security of public spaces; address illicit drug use in licensed premises; and reduce the incidence of meningococcal and other communicable diseases. Three different health promotion resources (discouraging amphetamine use, promoting safer partying strategies by young people and discouraging tobacco smoking) were developed in partnership with non-government agencies. Placement of these resources was supported by law enforcement, community development and health promotion activities undertaken by police and the wider sector. In Launceston, *Streetsafe* included a successful hoteliers' forum that attracted the key players in the hotel and entertainment industry. It resulted in action associated with *The Crowd Controllers Act*; *The Liquor and Accommodation Act*; *The Patron Safety Code of Conduct*; training needs for crowd controllers; and dance party protocols.

The *Misuse of Drugs Act 2001* commenced on 1 June 2002 to promote harm minimisation by making a distinction between conduct intended to derive unlawful profit from involvement in manufacture, cultivation and distribution of controlled drugs or prohibited substances and that involved in the consumption of small quantities of illegal drugs.

People engaged in the latter are generally diverted by police to health services for counselling and/or treatment under the *Tasmanian Illicit Drug Diversion Initiative*. Amendments were also made to the *Police Offences Act 1935* to decriminalise public drunkenness and Tasmania Police worked with the Alcohol and Drug Service to identify appropriate 'places of safety' throughout the State and have them suitably gazetted.

Northern Territory

To prevent the uptake of harmful drug use

A trial of alcohol sales restrictions and complementary community support measures were established in Alice Springs. A range of government and non-government agencies were involved in the implementation of these measures, and community patrols were expanded in other areas.

Targeted activity was undertaken by police against dealers to reduce the supply of illicit drugs. Specifically tailored drug education resource materials were developed to provide an appropriate message for Indigenous communities across a wide range of rural and remote settings in the Northern Territory.

To reduce the harmful effects of licit and illicit drugs

Following the recommendations of the Northern Territory Taskforce on Illicit Drugs, an expanded range of pharmacotherapies were made available to enhance maintenance and treatment services and to include an expanded range of options for withdrawal services.

The *Tobacco Control Act 2002* was enacted to protect people from exposure to ETS, discourage people from smoking and support people trying to quit. Most enclosed public areas will become smokefree and restrictions on tobacco retailing will be introduced.

Community education across the Northern Territory provided continuing support for community initiatives to address issues of petrol sniffing. Support was also provided for small scale, localised strategies to provide respite to sniffers and communities.

The Northern Territory *Pre-Court Illicit Drug Diversion Project* was implemented.

To develop Australia's infrastructure, responsiveness and capacity to reduce and prevent harmful drug use

A range of government and non-government organisations continued work on joint initiatives in relation to itinerant people. These initiatives include strategies aimed at provision of appropriate accommodation, improving accessibility of services and modifying high levels of anti-social behaviours.

The Northern Territory participated in the Central Australian Cross Border Reference Group on Volatile Substance Use.

Australian Capital Territory

To prevent the uptake of harmful drug use

Directions@College is an Australian Capital Territory Government College based program. The program provides a drop in service for young people and other members of the school community (including parents) with the aim of enabling those accessing the service to seek information, support, education and referral for alcohol and other drug issues. This program was initially a pilot program but has since been expanded to provide weekly programs to eight Australian Capital Territory college campuses. *Directions@College* staff attend college staff and student meetings, forums, alcohol and drug summits, health fairs, workshops and planning days, working in close collaboration with students, staff, parents and other key stakeholders within an and outside the school community.

The *Local School-Community Drug Summits* are one of the Commonwealth funded *Tough on Drugs in Schools* measures to bring together school staff, parents and key community members to strengthen community engagement in addressing drug related student well being. In the Australian Capital Territory (ACT), they are a joint initiative of the Department of Education, Youth and Family Services, the Association of Independent Schools of the ACT Inc. and the Catholic Education Office.

During 2001-02 school health committees and school clusters applied for funding to implement local school community drug education summits, based on the health promoting schools framework. This has strongly enhanced and supported schools to encourage parent and community participation in school drug education.

The summits bring teachers, students, parents, carers and health-related community organisations together. They can involve speakers, workshops, conversation groups, displays of information and services, student performances, resource development (eg. a directory of health services), and community celebrations.

Teachers from ten of the schools that piloted drug summits in 2001 have developed a resource manual *Australian Capital Territory (ACT) School-Community Drug Summits*. Their experience and ideas are summarised to assist other schools to develop and implement drug summits that are appropriate and sustainable within local school communities. This resource will be published early in 2003.

The Australian Capital Territory Policing Drug Team and Pro-Active Targeting Teams continued to target those who manufacture, distribute and supply illicit drugs in the Australian Capital Territory, often in cooperation with other jurisdictions and organisations.

ACT Policing Crime Prevention continued to deliver information to schools and community groups through the *Making the Difference Drug Education Package*. ACT Policing appointed a full time *Operation Skeet* coordinator to increase community education with regard to ATS use and drink spiking.

ACT Policing maintains the position of an Illicit Drug Diversion Officer to facilitate the COAG *Illicit Drug Diversion Initiative*, thus increasing the number of drug offenders diverted to education and/or treatment.

To reduce the harmful effects of licit and illicit drugs

ACT Policing works cooperatively with government and non-government organisations to effectively target drug related crime and its effects. Australian Capital Territory Policing contributes to and utilises the Illicit Drug Reporting System to achieve this goal.

The *Operation Skeet* Coordinator works cooperatively with Australian Capital Territory and other organisations to minimise the risks of drink spiking and ATS use.

The Australian Capital Territory Policing Drug Team and Pro-Active Targeting Teams received information sessions from the Illicit Drug Diversion Officer and the Alcohol and Drug Program Diversion Services Manager with regard to Illicit Drug Diversion and successfully diverted a number of offenders.

The *Ted Noffs Foundation Adolescent Drug Withdrawal Unit* commenced operation in January 2002. It was established to assist young people experiencing difficulties with their alcohol and/or drug use and provides a supportive and supervised environment in which to withdraw. The unit is co-located with the Program for Adolescent Life Management (PALM) on an acreage site in the Australian Capital Territory. PALM is program for young people aged 14-18 years who are assessed as requiring a longer-term residential environment to address their drug related issues.

The Australian Capital Territory currently has three diversion programs operating at the pre-court, pre-sentencing, and post-sentencing stages of the judicial process. The programs target people who use illicit drugs early in their involvement with the criminal justice system and provide them with the opportunity to be diverted to assessment and treatment.

The programs are:

- Police Early Diversion – a pre-court diversion strategy;
- Court Alcohol and Drug Assessment Service – a pre-sentencing diversion option available in the Australian Capital Territory Magistrate's and Children's Courts; and
- Treatment Referral Program – a sentencing option for those before the Magistrate's or Supreme Courts. The client must meet the criteria outlined Part IX of *The Drugs of Dependence Act (1989)*, which include committing the crime in order to get drugs, or to get money to buy drugs, or while under the influence of drugs.

Two additional agencies were approved as service providers – the Oasis Bridge Program and Winnunga Nimmytjah – taking the number of approved service providers in the Australian Capital Territory to ten.

The Australian Capital Territory Division of General Practice developed a general practice-based health service providing education, support and community linkages for GPs' caring for opiate dependent people in the ACT. *The Opiate Program* (TOP) is based on a primary health care model, as a basis for the management of both illicit and licit opiate dependency in general practice. This model uses a bio/psycho/social framework, adapted to the individual needs of each patient. It consists of two elements: TOP mainstream, which is available to all general practices in the ACT; and TOP Winnunga, a service specifically designed to meet the needs of Aboriginal opiate users and their families. TOP Winnunga is located at the Winnunga-Nimmytjah Aboriginal Health Service.

TOP mainstream commenced in February and has already demonstrated its feasibility in terms of engaging both licit and illicit opiate dependent patients in general practice. TOP

successfully incorporates the Australian Capital Territory Health Action Plan strategic areas of focus related to expanding primary care; dealing with problematic drug use; working with Aboriginal and Torres Strait Islanders; and improving the health of Aboriginal detainees. The TOP service, within its holistic framework, also addresses the promotion of healthy living and improving mental health for those with opioid dependence.

Community Care Alcohol and Drug Program's *Family Skills Project* aims to improve support for Australian Capital Territory families with a substance-using child and to involve the family in treatment planning. The project does this by providing family and individual counselling, working in partnership with the alcohol and other drug sector to provide professional advice and education, supporting family drug support groups and telephone volunteers, co-ordinating intensive workshops for parents, and helping to facilitate *Keeping Families Connected* (a comorbidity initiative of Carers ACT).

To develop Australia's infrastructure, responsiveness and capacity to reduce and prevent harmful drug use

The Drug Task Force was established in August to develop and make recommendations to Government about minimising the harms associated with substance misuse and provide directions for the next *Australian Capital Territory Drug Strategy*. Membership comprises representation from government, academia, the alcohol and other drug service sector, the medical profession, youth, women, consumer and carer representatives and Indigenous representatives. This cross-sectoral representation ensures that the recommendations made to Government consider and reflect the needs and opinions of the entire community.

ACT Policing continued to develop and strengthen partnerships with Australian Capital Territory Health and the Department of Education, Youth and Family Services through the Territory Reference Group on Diversion, Australian Capital Territory Alcohol & Other Drugs Taskforce and the Health Promoting Schools Network. Australian Capital Territory Policing provides input into the National Working Group on Diversion of Pre-Cursor Chemicals, and liaises with the local Indigenous community on drug education and prevention issues both in the Australian Capital Territory and in External Territories. Australian Capital Territory Policing provides input into projects funded by the National Drug Law Enforcement Research Fund, and contributes project information to a national database for proactive alcohol and other drug policing strategies.

5 National Drug Strategy Advisory Structures

Intergovernmental Committee on Drugs

The IGCD met four times in 2002, with achievements including the establishment of the following four new projects funded in accordance with the MCDS Cost Shared Funding Model:

- Psychostimulants Information and Resources for Frontline Workers;
- National Drink Spiking Project;
- National Alcohol and Other Drugs Workforce Strategy; and
- Evaluation of the *National Drug Strategic Framework* 1998-1999 to 2003-2004.

Queensland Health is the lead agency for the development of information and resources on psychostimulants for frontline workers. In December, at the request of the IGCD Executive, preparations were commenced to tender the project to contract an external provider.

The Commonwealth Attorney General's Department is the lead agency for the prevention of the drink spiking project which will enhance jurisdictional drug and alcohol policy in this area. Conduct of the project across jurisdictions will make it possible to obtain comparative information regarding the effectiveness of various initiatives. The IGCD noted that Queensland, Western Australia and the Australian Capital Territory have all commenced strategies aimed at responding to the issue of drink spiking.

The Health Department of Western Australia is managing the National Alcohol and Other Drug Workforce Development Project, which commenced on schedule at the end of December. This project will:

- define the workforce (AOD specific and other frontline workers) involved in responding to alcohol and other drug problems;
- identify workforce development needs;
- conduct a national audit and gap analysis of workforce development projects across various sectors to inform strategic direction
- identify existing infrastructure that can be used to enhance workforce development; and
- develop a national strategy on workforce development.

The evaluation of the *Framework* is being administered by the CDHA. The MECC of the IGCD and a Steering Committee are overseeing the project. An open tender process occurred in October, and the project commenced in December with the contracting of

SuccessWorks Pty Ltd to undertake an extensive program of national consultations, research and analysis. The outcomes of the evaluation project will be an assessment of the effectiveness of the *Framework* since 1998, and will inform the development of the next phase of the *Framework*.

It is anticipated that the other three Cost Shared Funding Model projects will be completed by July 2004. The IGCD has proposed a round of new Cost Shared Funding Model projects to the MCDS for funding consideration in the 2003-04 financial year.

Progress was made on the development of a draft National Drug Strategy *Complementary Action Plan for Aboriginal and Torres Strait Islander Peoples*. The *Complementary Action Plan* will set a national direction for reducing the harm associated with the use of alcohol, tobacco and other drugs among Aboriginal and Torres Strait Islander communities. The *Complementary Action Plan* will be submitted to the MCDS for consideration and endorsement in August 2003.

At the MCDS meeting on 18 July, the Hon John Thwaites MP, Victorian Minister for Health presented a paper on alcohol advertising and young people. MCDS asked the IGCD to review the effectiveness of the current self-regulatory system for alcohol advertising with particular attention to:

- the capacity of the industry to self regulate;
- the effectiveness of the complaints mechanisms;
- opportunistic marketing of alcohol to under 18s;
- the degree to which Internet advertising of alcohol complies with the requirements of the Code; and
- the impact of alcohol advertising on young Indigenous people

A working group was established, convened by the chair of IGCD, Mr Keith Evans to conduct the review. A draft report is currently being prepared for the consideration of IGCD in April 2003. The alcohol beverage industry has been consulted in the preparation of this report.

The IGCD Advisory Structures, including the National Expert Advisory Committees, Reference Groups and Subcommittees continued their strategic work in the fields of prevention, harm reduction, education and campaign implementation.

The IGCD continued to work with the ANCD, which was represented on reference groups including those for the evaluation of the National Drug Strategic Framework 1998/1999 to 2003/2004; the Illicit Drug Diversion Initiative; the National Illicit Drugs Campaign; the National Drug Strategy Prevention Agenda; the Community Partnerships Initiative; the School Drug Education Strategy; the Training of Frontline Workers Initiative; and pharmacy and needle and syringe program initiatives.

Two Joint Executive meetings of the IGCD and the ANCD were held to consider progress of their respective workplans. The Joint Executive considered the following items in detail:

- *National Diversion Workshops* which were commissioned by the ANCD;
- the review of current advisory structures on drug and alcohol issues;
- the evaluation of the *National Drug Strategic Framework 1998/1999 to 2003/2004*;
- the development of the forthcoming iteration of the *Framework*;
- the ANCD *National Drug Treatment Capacity Mapping Project*;

- workforce development issues including a *National Survey of the Terms and Conditions of the Alcohol and Other Drugs Workforce* to be undertaken by the ANCD;
- communications activities and the development of promotional materials for the NHMRC *Australian Alcohol Guidelines*;
- development of the *Complementary Strategy* to address substance misuse among Aboriginal and Torres Strait Islander Peoples by the IGCD; and
- IGCD's *Cost Shared Funding Model* projects.

National Expert Advisory Committees, Consultative and Other Bodies

National Advisory Committee on Alcohol (NEACA)

The *Framework* and the *National Alcohol Strategy Plan for Action 2001 to 2003-04* key strategy areas inform the Committee's Terms of Reference. NEACA priority activity areas for 2002 were further informed by a *National Alcohol Strategy* priority setting workshop held in March.

To prevent the uptake of harmful drug use

NEACA members served on a reference group providing regular advice on the implementation of the NHMRC *Australian Alcohol Guidelines*. The reference group oversaw development of a range of promotional materials.

In conjunction with the ANCD, NEACA planned and hosted the *National Fetal Alcohol Syndrome Workshop* in May, bringing together academics, health care providers, clinicians and consumers to examine a range of issues regarding fetal alcohol syndrome in Australia. In preparation for the workshop NEACA finalised a review of the scientific literature on fetal alcohol spectrum disorders. The paper *Fetal Alcohol Syndrome – A Literature Review* was subsequently published as an occasional paper under the *National Alcohol Strategy* in August. Prior to this review, there had been no comprehensive review of fetal alcohol syndrome incorporating the Australian context.

NEACA continued to provide advice on the development of the *National Alcohol Indicators Project* by the National Drug Research Institute (NDRI), which released the report *Trends in alcohol-related violence in Australia, 1991/92 – 1999/00*.

To reduce the harmful effects of licit and illicit drugs

In December, NEACA gave preliminary advice to the Hon Trish Worth MP on the marketing and promotion of alcohol to minors, particularly ready to drink alcoholic product promotion. Further advice is imminent in early 2003.

NEACA assisted the IGCD and the NCRAA in its review of the effectiveness of the current self-regulatory system for alcohol advertising. First given the task of examining opportunistic marketing of alcohol to under 18s, including young Indigenous people, NEACA was asked in December to focus research on product placement and advertising in and around places where young people congregate. The task completion date is early 2003, although ongoing advice and assistance by NEACA to NCRAA is expected.

To develop Australia's infrastructure, responsiveness and capacity to reduce and prevent harmful drug use

A joint meeting of the NEACA and the NDSRGATSIP was held in November. NEACA undertook to work on a proposal to extend the *National Alcohol Indicators Project* to develop indicators of alcohol-related harm amongst Indigenous people and seek input from the Reference Group. The two committees agreed to collaborate on a proposal for submission to the Alcohol Education and Rehabilitation Foundation in regard to a range of issues related to the 'grog economy', including price elasticity of alcohol and sly grogging. NEACA undertook to compile information, articles, case studies and resources regarding the effects of alcohol on Aboriginal and Torres Strait Islander families and coping strategies.

Consultations regarding the National Drug Strategy Aboriginal and Torres Strait Islander Peoples' *Complementary Action Plan* were attended by NEACA members and the project officer.

NEACA commenced dialogue with NEACT in regard to joint work in the area of young women and smoking and binge/risky drinking.

NEACA provided advice to the MECC on the evaluation of the NDSF, focussing on the extent and nature of harm reduction; the efficiency, transparency and accountability of current processes and structures; and an evaluation of the extent to which recommended actions from the Action Plans and collaborative efforts were implemented.

NEACA members are represented on the Joint Advisory Group Smoking Nutrition Alcohol and Physical Activity (SNAP) Implementation Working Group and contributed to the work of the group to involve general practice in addressing alcohol as a behavioural risk factor.

National Expert Advisory Committee on Tobacco (NEACT)

The NEACT continued to oversight the development of the *National Tobacco Strategy* and the Committee strengthens the place of tobacco in public health agendas generally. While the *National Tobacco Strategy* has provided an excellent framework, it is now due for review and NEACT will be turning its attention in that direction. However, no matter how good the framework, NEACT wishes to emphasise the importance of increased investment in the problem at all levels of government. The release of the VicHealth Centre for Tobacco Control publication *Tobacco Control – A blue chip investment in public health* has made a compelling case for the many health, social and economic benefits that would flow from such an investment and continues to urge jurisdictions to seriously consider its recommendations.

NEACT and its members have utilised a number of opportunities to contribute to increased awareness of the tobacco problem, such as a meeting with the Hon Trish Worth MP, the Parliamentary Secretary to the Minister for Health and Ageing, on national tobacco control priorities; a meeting between the NEACT and the Pharmaceutical Benefits Advisory Committee Chairs to start discussion around the relationship between public health and pharmaceutical funding; and the Chair's testimony before the House of Representatives Substance Abuse Committee.

To prevent the uptake of harmful drug use

In June, NEACT conducted a workshop to review issues and opportunities to reduce tobacco harm from exposure in utero and the early years of life. Several guest speakers presented papers at the workshop including:

- Ms Lisa Trotter: A case study in the introduction of smoking cessation intervention during pregnancy: The Victorian Three Centre Consensus Guidelines on Antenatal Care 2001);
- Ms Victoria Toulkidis: What is the National Investment for the First Three Years of Life (NIFTY) and what are the implications of its objectives and related activities for tobacco harm reduction?; and
- Ms Liane McDermott: What does the *Cigarette Smoking Among Women in Australia* report tell us about problems and opportunities for reducing smoking in young women and ETS exposure in their children?

The report *Cigarette Smoking Among Women in Australia* was launched in June. It confirmed that smoking during pregnancy increases risks for the woman and the baby. However, pregnancy or the desire to become pregnant is a powerful motivational factor for women to give up smoking. If a woman's partner also stops smoking, the woman will find it easier to stop and not relapse after the baby is born. Peer smoking behaviour, as well as family smoking behaviour, is strongly associated with current smoking, adoption of smoking, and not quitting among Australian women.

In response to the National Aboriginal Community Controlled Health Organisation report entitled *Tobacco: Time for Action*, NEACT provided advice to the Commonwealth which informed the development of measures, for which tenders were called in December, to address tobacco use in Indigenous communities. This package, worth \$1m, includes:

- establishment of an Aboriginal and Torres Strait Islander tobacco control Centre of Excellence and Clearinghouse, supporting the collection and dissemination of information and the promotion and uptake of best practice in Indigenous tobacco control;
- development of strategies aimed specifically at Aboriginal and Torres Strait Islander health workers to address the high smoking prevalence rate among this group and develop the group's capacity to assist the community with smoking interventions; and
- development of culturally appropriate tobacco control resources.

NEACT continued to give high priority to the ongoing development of the *National Tobacco Campaign*, by providing advice on future directions and seeking regular updates from the Social Marketing Unit in the CDHA. Members attended a *Quit* Coordinators meeting in September, to discuss the progress on the *Campaign*.

The development of best practice guidelines in smoking cessation is a priority task under the *National Tobacco Strategy* key strategy area of promoting cessation. It is based on sound evidence about the potential benefits of even brief intervention by general practitioners and other health professionals in achieving smoking cessation. NEACT provided advice to the CDHA on how to progress the development of clinical guidelines, including identification of barriers to implementation, and ways to overcome them.

The Chair of NEACT – Professor David Hill, is a member of both the Tobacco Prohibition Act Advisory Group and the Health Warnings Advisory Group. Professor Hill provided

expert advice relating to both these reviews, and the Committee closely monitored their progress.

To develop Australia's infrastructure, responsiveness and capacity to reduce and prevent harmful drug use

As auspicing body for the 2003 *National Tobacco Control Conference*, the NEACT invited applications from four prospective States to host the 2003 conference. A NEACT working group was formed to evaluate the tender proposals and the working group recommended the Cancer Council of Victoria be invited to host the conference. NEACT is represented on the conference organising committee. It was also agreed that Quit Western Australia would host the 2005 conference.

The National Expert Advisory Committee on Illicit Drugs (NEACID)

The NEACID supports efforts to address the seven key strategy areas identified in the *National Action Plan on Illicit Drugs*:

1. demand reduction: promotion of opportunities, settings, and values that promote resilience and reduce the uptake and use of drugs and the risks of drug use;
2. supply reduction: interventions to reduce availability and supply;
3. treatment;
4. harm reduction;
5. workforce development;
6. research; and
7. monitoring illicit drug trends.

To reduce the harmful effects of licit and illicit drugs

NEACID met on three occasions and undertook the following key activities:

- finalised *Learning Objectives and Assessment Procedures for Training and Accreditation of Prescribers of Pharmacotherapies for Opioid Dependence*, which was endorsed by IGCD in November;
- finalised the *Clinical Guidelines and Procedures for the use of Methadone in the Maintenance of Opioid Dependence* and the *Clinical Guidelines and Procedures for the use of Naltrexone in the Maintenance of Opioid Dependence*. Both documents were sent to the IGCD for endorsement in December 2002;
- commenced work on development of guidelines for the management of opioid withdrawal and guidelines for the management of opioid dependence;
- developed papers: *The relationship between amphetamines and violence*, submitted to the IGCD in January 2002, *Issues emerging from the Illicit Drug Reporting System 2001*, submitted to the IGCD in May, and *Naltrexone and Depression*, presented to the IGCD in May;
- established a working group of NEACID members to examine ways of better utilising existing sources of data on illicit drugs;
- conducted a national survey of forensic laboratories on the methods and policies for sampling, testing and reporting on the constituents, potency and purity of drugs;
- provided input to the evaluation of the *Framework*;

- considered the Victorian Government's report on Volatile Substance Abuse, *The harm reduction needs of aboriginal people who inject drugs*, (the National Drug Research Institute in Western Australia), and *Investigating the impact of injecting drug use in indigenous communities in metropolitan Adelaide*, (the Aboriginal Drug and Alcohol Council in South Australia).

The Chair and members of NEACID participated in other activities such as:

- membership of the Steering Committee for the dissemination of the results of the *National Evaluation of Pharmacotherapies for Opioid Dependence*;
- membership of the Australian National Council on Drugs;
- membership of the Australian Pharmaceutical Advisory Committee's Subcommittee on the Intentional Misuse of Pharmaceuticals;
- membership of the Methadone and Other Treatment Subcommittee; and
- involvement in the *National Action Plan on Illicit Drugs and National Heroin Overdose Strategy* priority setting workshop in April.

National Advisory Committee on School Drug Education (NACSDE)

The NACSDE met on three occasions and in particular:

- progressed the development of a nationally accepted revised set of *Principles for Drug Education in Schools*;
- progressed further consideration of appropriate performance indicators for school drug education based on MECC work on performance indicators;
- provided oversight to the evaluation of the NSDES and the COAG *Tough on Drugs in Schools* measures, due for completion in April 2003; and
- monitored the emerging issue of psychostimulants in relation to school drug education.

The Methadone and Other Treatment Subcommittee (MOTS)

The Subcommittee developed the *National Pharmacotherapy Policy for People Dependent on Opioids* to final draft form. It contributed to and revised the following National Evaluation of Pharmacotherapies for Opioid Dependence (NEPOD) Dissemination Resources to final draft form:

- *Treatment For Opioid Dependence (A Guide for Users)*
- *Treatment For Opioid Dependence (A Guide for Families/Carers)*
- *Treatment For Opioid Dependence (A Guide for Frontline Workers)*

National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples (NDSRGATSIP)

To develop Australia's infrastructure, responsiveness and capacity to reduce and prevent harmful drug use

The NDSRGATSIP has continued important work on the development of a *Complementary Action Plan* to address substance misuse amongst Aboriginal and Torres Strait Islander peoples. In addition to a comprehensive review of jurisdictional, national and international

literature and strategies, a two-phase national consultation process was developed to ensure that stakeholders from urban, regional, remote and rural areas in all States and Territories are involved in the development of the *Complementary Action Plan*.

During the first phase of the consultation process four targeted workshops, involving service providers and members of the community, were held in the following locations:

- Alice Springs – remote and isolated focus;
- Brisbane – rural and regional focus;
- Melbourne – inner urban and metropolitan focus; and
- Sydney – inner urban and metropolitan focus.

In November and December an additional workshop was held on Thursday Island and consultations were undertaken with communities in Cairns, Bidjidanga, Pandanus Park, Mowanjum, Warmun, Broome, Kununurra, Wyndham, Darwin, Maningrida, and Yirrkala.

The second phase of the consultation process, which involves seeking written submissions on the draft *Complementary Action Plan*, is currently taking place. The Plan will be refined based on feedback received from this process and the final document will be submitted to the MCDS for their consideration and endorsement. Once endorsed by the MCDS, the *Complementary Action Plan* will provide a platform for collaborative action to address substance misuse among Aboriginal and Torres Strait Islander peoples.

Monitoring and Evaluation Coordination Committee (MECC)

On behalf of the IGCD, the MECC oversaw the establishment of the evaluation of the *Framework* for the period 1998-99 to 2003-04. An open tender process was implemented, with SuccessWorks Pty Ltd commencing the project in December.

The MECC developed the *IGCD National Drug Strategic Framework 2001 Annual Report to the MCDS* for its meeting in July.

The MECC developed broad national performance indicators for the *Framework*, which were approved by the IGCD and are used in this report.

National Drug Strategy Local Government Sub-Committee (NDSLGS)

The terms of reference of this Sub-Committee are to:

- provide a reference point and high level advice and expertise to the National Expert Advisory Committees on priorities and strategies to address drug issues relevant to local government authorities;
- contribute a local government perspective to the development of national drug action plans under the *Framework*;
- identify emerging issues related to the harmful use of drugs within local government authorities; and
- provide advice and direction to ensure the development and application of strategies that are responsive to the issues experienced across the full range of local government authorities.
- monitor and report on local government participation initiatives under the national drug strategy action plans.

The following is a list of key activities and outcomes for the year.

- The Chair wrote to Chairs of all national expert advisory committees raising awareness of the work of the NDSLGS and encouraging collaboration.
- The Chair wrote to Chair of NDSRGATSIP seeking advice on protocols for engaging Indigenous community local governments through a national local government network and for the purpose of alcohol harm minimisation best and good practice.
- Strong advocacy to IGCD for effective engagement with local government sector during the review of the *Framework*.
- Successful advocacy for additional local government sector representation on NDSLGS.
- Regular exchange of information and developments between NDSLGS and the Council of Capital City Lord Mayors.
- Operational support from the Australian Local Government Association and National Office of Local Government in provision of local government mailing lists and ANCD through provision of prizes for October/November 2002 National Local Government Drug Electronic Network (NLGDN) Member Challenge.
- Continued distribution of a monthly E-mail member newsletter providing updates on NDSLGS activities, key press releases from government, non-government and research agencies, a channel for member-to member information requests, and distribution of 'show-and-tell' examples of local government initiatives.
- NLGDN continued to be an excellent networking and consultation tool utilised at a national, State/Territory, region and local level.
- Significant member growth was achieved increasing from 165 (22 per cent) to 231 (31 per cent) of the 726 Australian local governments during the October/November Member Challenge.
- NDSLGS website development and significant NLGDN functional enhancements were identified as an NDSLGS Action Plan strategy. An unsuccessful submission was lodged with the Alcohol Education & Rehabilitation Foundation in July to fund development and operation over a 5-year period. An alternate funding strategy is currently being developed.
- A Best Practice Reference Group was established in May to undertake local government and drug-related best practice research and to ensure its distribution.
- Commonwealth funding was procured for national research into local government alcohol-related harm minimisation initiatives and to prepare a report including best practice principles and examples of good and best practice. Turning Point was appointed in August to undertake the research and report development. All Australian local governments were approached as part of the research.
- A Local Community Drug Action Plans Working Group was formed in October to develop resources to increase the level and quality of involvement by local government in Local Community Drug Action Plans.

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

To reduce the harmful effects of licit and illicit drugs

IMP considered the evidence on the misuse of temazepam gelcaps and recommended that the availability of these capsules under the PBS be restricted and that a national education campaign on the issue be developed. Following consideration by the Pharmaceutical Benefits Advisory Committee and Ministerial approval, temazepam capsules now require (from 1 May 2002) prior approval from the Health Insurance Commission (via an authority prescription) to be available as a PBS benefit.

The PBS change encourages medical practitioners to prescribe the tablet dosage form of temazepam, which remains an unrestricted PBS benefit, complementing existing local initiatives such as the Victorian *Injecting Temazepam: The Facts* campaign. The PBS authority mechanism also ensures that those who have a genuine need for the capsules are still able to obtain them as subsidised medicines.

Preliminary data on the impact of the introduction of authority prescriptions showed a significant reduction in the prescribing of the capsules. IMP continues to monitor the use of temazepam capsules both via PBS and private prescription supply.

IMP also discussed the diversion of pseudoephedrine for illicit purposes. The Chair of IMP is a member of a working group convened by the Minister for Justice and Customs to promote a national response.

The National Drug Law Enforcement Research Fund (NDLERF)

The NDLERF was established in 1999 by the MCDS. The CDHA funds NDLERF as part of its commitment to the National Drug Strategy. Since its inception, NDLERF has played a major role in enhancing the contribution of the law enforcement sector to achieving the outcomes sought by the *Framework*. NDLERF represents a unique pool of funds to which the law enforcement community and other researchers can apply to conduct research and other projects that enhance Australia's drug law enforcement capacity at strategic and operational levels.

NDLERF has established four funding streams including applicant-initiated projects, Board-initiated projects, Research Fellowships, and the Aboriginal and Torres Strait Islander Peoples Researcher Fellowship Scheme.

To prevent the uptake of harmful drug use

NDLERF addresses this theme by promoting research that enhances the capacity of the law enforcement sector to reduce the supply of these substances to the community. Projects funded by NDLERF that address this theme include the following.

Project	Aims
A study of the mechanics of cross-border trafficking of heroin	To enhance the understanding of the nature and mechanics of Australian cross-border heroin importation and distribution. To describe the heroin importing environment within Australia and overseas in terms of the impacts of law enforcement, motivations and precipitants for traffickers, the social and business networks involved and the involvement of cheating, violence and intimidation in the trade.
Issues concerning the reintegration of undercover police officers	To identify key social, psychological, organisational and environmental factors impacting on reintegration of undercover operatives most of whom are involved in drug law enforcement. To obtain information from key stakeholders, develop recommendations for police and produce reference material for police use.

To reduce the harmful effects of licit and illicit drugs

NDLERF has funded a range of projects that will enhance the capacity of the drug law enforcement sector to reduce the harmful effects of licit and illicit drugs.

Project	Aims
Policing practices, crime and health facilities for illicit drug users	To describe the actual and perceived impact (if any) that health facilities for injecting drug users have on the extent and nature of crime and public disturbance in local communities. To develop models of best practice for policing those communities.
The role of police in preventing and minimising illicit drug use and its harms	To document the role of police in: preventing and minimising the impact of drug overdoses; encouraging entry into treatment; demand reduction; and reducing the risks associated with illicit drug use generally.
The development of a monograph on best practice in the policing of licensed premises	To document the existing state of knowledge concerning best practice in the policing of licensed premises from the national and international literature.
Evaluation of the efficacy of the Standardised Field Sobriety Test (SFST)	To ascertain the impact on drivers of low levels of alcohol combined with cannabis, and to enhance the understanding of the police about the SFST as a tool for measuring impairment.
A national workshop on preventing alcohol related harm in Australia	To provide an opportunity for Australian police to share existing and develop new strategies for addressing alcohol related harm in Australia. To draw on the expertise of prominent Australians who do not have any connection with this issue so as to develop innovative approaches to preventing alcohol related harm.

Project	Aims
Illicit drug use and driving	To determine the extent of intoxicated driving among drug dependent illicit drug users and to examine their accident and driving records and risk perceptions. To determine the factors that are associated with intoxicated driving and to assist in the development of strategies to address them.
The extent and nature of drug driving	To provide empirical data on drug driving and associated risk factors amongst a sample of police detainees using the DUMA data.

To develop Australia's infrastructure, responsiveness and capacity to reduce and prevent harmful drug use

NDLERF specifically encourages and gives priority to applications that involve intersectoral collaboration and the majority of NDLERF projects involve collaboration between personnel from different sectors. In this way, the fund cultivates the development of partnerships between the law enforcement sector, the health sector and the research community.

This not only has the effect of enhancing these partnerships, but also enhances the research capabilities of those involved in drug law enforcement. NDLERF is also a major mechanism through which law enforcement and other sectors are able to develop evidence-based approaches to responding to drug problems in Australia. Projects funded by NDLERF that address this theme are listed below.

Project	Aims
Determination of levels of THC and variations in the physical appearance of cannabis	To expand the knowledge base concerning the characteristics and THC purity levels of cannabis in Australia. To develop a botanical classification system for cannabis and determine if variations in breeds and/or differences in cultivation, result in physical variations including differences in THC content.
Illicit Drug Reporting System (Illicit Drug Users Survey)	To expand the Illicit Drug Users Survey component of the IDRS to all jurisdictions.
IDRS expansion (ATS)	To include an amphetamine type stimulant component in the IDRS in New South Wales and Queensland.
Causes, effects, and implications of the heroin shortage in New South Wales, South Australia and Victoria	To determine what factors led to the heroin drought and to ascertain the timing and constancy of the drought. To determine the impact of the drought on price, ease of availability, distribution practices and purity of heroin. To determine the drought's effect on the nature and extent of offences reported and on the work of other emergency workers, on overdoses and on treatment seeking.
Impacts of changes to cannabis legislation in Western Australia	To document the situation prior to the introduction of new legislation relating to the possession and use of cannabis in Western Australia.

APPENDIX A

Performance Information

In 2002, the MECC developed the following broad, national performance indicators for the *Framework*. The indicators have been allocated to the three themes of prevention, harm reduction and capacity building, described in more detail in the Introduction to this report.

Information provided in this section should be viewed as indicative and should not be used as a conclusive evaluation tool as inconsistencies between data sets and collection intervals allow for a range of interpretations. Several of the collections used to measure the performance indicators in this section of the report are in the early stages of implementation, and future refinements of these collections will allow more reliable inferences to be drawn. In addition, the performance information included is based on the latest available data. As data are not available to measure all aspects of performance on an annual basis, there will be some overlap of information between reporting periods.

A. Performance indicators

1. Prevent the uptake of harmful drug use

Indicator	Data Source
Impact: Drug Use	
<i>Drug Use</i>	NDS Household Survey, Australian School Students Alcohol and Drugs Survey, ABS
<ul style="list-style-type: none">● Proportion of population using licit and illicit drugs in past 12 months● Community perception of what drugs cause most deaths● Per capita alcohol consumption	
<i>New Users</i>	NDS Household Surveys
<ul style="list-style-type: none">● Proportion of new users of licit and illicit drugs● Age of first use of any drugs● Age of first injection of illicit drugs	
Output	
<i>Availability</i>	Australian Bureau of Criminal Intelligence (ABCI), ACS, AFP
<ul style="list-style-type: none">● Price and purity of imported and "street" heroin	
Output: Law enforcement	
<ul style="list-style-type: none">● Number of drugs seizures (by type)● Amount of drug seized (by type)● Number of clandestine labs detected	ABCI, ACS, AFP

2. Reduce the harmful effects of licit and illicit drugs

Indicator	Data Source
<p>Impact: Crime</p> <p><i>Crime committed whilst under influence of drug use</i></p> <ul style="list-style-type: none"> ● Proportion of self reported property crime, interpersonal violence and other crimes committed whilst under the influence of licit and illicit drugs <p><i>Crime committed to support drug use</i></p> <ul style="list-style-type: none"> ● Proportion of users of licit and illicit drugs committing crime to support their drug use 	<p>NDS Household Survey</p>
<p>Impact: Mortality and morbidity</p> <p><i>Mortality</i></p> <ul style="list-style-type: none"> ● Rates of death attributable to use of licit and illicit drugs ● Number of fatal overdoses ● Proportion of fatal road crashes attributable to the use of alcohol and illicit drugs <p><i>Morbidity</i></p> <ul style="list-style-type: none"> ● Rates of hospital admissions attributable to use of licit and illicit drugs ● The incidence of illicit drug use-related HIV and hepatitis C 	<p>Australian Institute of Health and Welfare (AIHW), National Coroners Information System</p> <p>Australian Transport Safety Bureau and Worksafe</p> <p>Hospital admission data base – AIHW Survey of NSPs – NCHECR</p>
<p>Output: Treatment</p> <ul style="list-style-type: none"> ● Number of treatment episodes for alcohol and other drug use/abuse ● Number of individuals in drug substitution treatment 	<p>Clients of Treatment Service Agencies survey, NMDS-AODTS</p>

3. Develop Australia's infrastructure, responsiveness and capacity to reduce and prevent harmful drug use

The indicators for this area are primarily qualitative in nature and progress made towards these objectives should be assessed primarily through jurisdictional reports, such as those provided for the Annual Report, and reviews such as the regular evaluations of the Framework.

B. Performance information

The following performance information has been developed using the latest available data.

1. To prevent the uptake of harmful drug use

Impact: Drug Use

Proportion of population using licit and illicit drugs in past 12 months

Table 5: Users of tobacco, alcohol and illicit drugs in the past 12 months – Proportion of population 14 years and over

Refer to Page 10 - Table 1

Community perception of what drugs cause most deaths

Table 6: Drugs thought to either directly or indirectly cause the most deaths in Australia, persons aged 14 years and over

	1993	1995	2001
Tobacco	32	38	41.1
Alcohol	43	34	22.3
Illicit Drugs			
— Heroin	17	16	22.7
— Cocaine	4	4	7.1
— Amphetamines	2	4	2.8
— Cannabis	1	1	1.5

Sources: National Campaign Against Drug Abuse Household Survey 1991;
National Drug Strategy Household Survey 1995, 2001.

Per capita alcohol consumption

Table 7: Per capita alcohol consumption, persons aged 15 years and over, Australia

	1990-91	1995-96	1999-00
Litres pure alcohol	10.9	9.6	9.8

Source: OECD Health Data 2002.

New Users

Proportion of new users of licit and illicit drugs

Not available.

Table 8: Age of first use of tobacco, alcohol and illicit drugs

	1991	1995	2001
Tobacco	n.a.	15.6	15.5
Alcohol	n.a.	17.3	17.1
Illicit Drugs			
— Heroin	n.a.	20.6	20.7
— Cocaine	n.a.	21.1	22.6
— Ecstasy	n.a.	22.7	21.9
— Cannabis	n.a.	19.1	18.5
Injection of illicit drug	n.a.	n.a.	20.2

Sources: National Drug Strategy Household Survey 1995, 2001.

Output: Availability

Price and purity of imported and "street" heroin.

Table 9: Importation and street level purity of heroin

	1997/98	2000/01	2001/02
1. Import purity	74.7	71.3	69.7
2. Street level range	49.0–68.0	31.0–51.8	15.0–21.5
3. Street level midpoint	58.5	41.4	18.25

Sources: Import purity data provided by the Australian Federal Police based on seizures of 1 kilogram or more and excluding ACT. Street level purity based on State/Territory medians for seizures of 2 grams or less reported in the Australian Illicit Drug Report 1997-98, 2000-01, 2001-02

Output: Law enforcement

Number/amount of drug seizures (by type)

Table 10: Number of drugs seizures (by all Australian law enforcement agencies) and amount seized in kilograms

Refer to Page 12 -Table 3

Number of clandestine drug laboratories detected

Table 11: Total national clandestine drug laboratory detections, 1996-97 to 2000-01

	1997-98	1998-99	1999-00	2000-01	2001-02
Detections	95	131	150	201	240

Sources: Australian Illicit Drug Report 1997-98, 2000-01, 2001-02

2. Reduce the harmful effects of licit and illicit drugs

Impact: Crime

Proportion of self reported property crime, interpersonal violence and other crimes committed whilst under the influence of licit and illicit drugs

Table 12: Proportion of the population committing crime under the influence of drugs, persons aged 14 years and over, Australia

	Alcohol		Illicit drugs	
	1998	2001	1998	2001
Drove a motor vehicle	17.5	12.8	6.1	3.9
Operate hazardous machinery	0.8	0.6	0.7	0.5
Verbally abused someone	9.4	6.3	1.8	1.0
Physically abused someone	2.0	1.2	0.5	0.3
Caused damage to property	2.7	1.8	0.8	0.3
Stole property	1.0	0.6	0.4	0.3
Created a public disturbance or nuisance	4.5	2.9	1.0	0.5

Sources: National Drug Strategy Household Survey 1998, 2001.

Crime committed to support drug use

Proportion of users of licit and illicit drugs committing crime to support their drug use

Table 13: Proportion of the population committing crime to obtain drugs, persons aged 14 years and over, Australia

Activity	Tobacco	Alcohol	Illicit drugs
Stole it	0.2	0.2	0.2
Traded stolen goods	–	–	0.1
Traded sex	–	0.1	0.2
Swapped drugs	0.1	0.1	0.4
Recut previous deal	–	0.1	0.3
Forged scripts	n.a.	n.a.	0.1
Grew own	–	n.a.	1.0

Sources: National Drug Strategy Household Survey 2001.

Impact: Mortality and morbidity

Mortality

Rates of death attributable use of licit and illicit drugs
 Number of fatal overdoses
 Proportion of fatal road crashes attributed to the use of alcohol and illicit drugs

Morbidity

Rates of hospital admissions attributable to use of licit and illicit drugs
 The incidence of illicit drug use-related HIV and hepatitis C

Table 14: Mortality and morbidity, 1997/98

	Deaths	Hospital episodes
Tobacco	19,019	142,525
Alcohol	–2,371	43,032
Illicit Drugs	1,023	14,471
Total	17,671	200,028

Source: Statistics on drug use in Australia, 2002, Australian Institute of Health and Welfare.

Note: The negative figure for alcohol related deaths in 1998 indicates a net protective effect of alcohol consumption. While 2,524 deaths were directly attributed to alcohol consumption, 4,895 deaths were averted due to alcohol's protective health effect equating to 2,371 net deaths averted in 1998.

Table 15: Rate of accidental opioid overdose deaths per million population aged 15-44 years, Australia

	1995	1996	1997	1998	1999	2000	2001
Deaths	67.0	62.9	71.5	87.1	112.5	84.8	35.9

Source: Degenhardt, L (2001). Opioid Overdose Deaths in Australia.

Table 16: Road fatalities with a BAC of 0.05gm/100ml or greater

	Drivers/riders	Pedestrians
1998	208	109
1999 – 2002	Not available	Not available

Source: Australian Transport Safety Bureau: Monograph Series No. 5.

Table 17: Proportion of attendees at needle and syringe programs with HIV and HCV

	HIV	HCV
1998	0.8	49
1999	1.4	50
2000	0.9	53
2001	0.9	58

Source: National Centre in HIV Epidemiology and Clinical Research: Annual Surveillance Report 2002.

Output: Treatment

Number of treatment episodes for alcohol and other drug use/abuse

Table 18: Number of clients treated for drug use on census day 1992, 1995, 2001

	1992	1995	2001*
Clients	5,730	5,212	5,304

Source: Clients of Treatment Service Agencies.

* Between 1995 and 2001 there has been a shift in the type of treatment being provided to clients from residential services to non-residential services. As clients being treated in residential services are more likely to be counted in a Census, than clients in non-residential services, the actual number of clients being treated is higher than indicated by the 2001 figure.

Number of individuals in drug substitution treatment

Table 19: Methadone treatment enrolments

	1995	2001
Public sector	–	8,249
Private sector	–	22,419
Prison program	–	1,911
Total	16,906	31,995

Source: Statistics on drug use in Australia, 2002, Australian Institute of Health and Welfare.

Key data sources for the National Drug Strategic Framework

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

Australian Illicit Drug Report (AIDR)

Australian Bureau of Criminal Intelligence

(http://www.crimecommission.gov.au/html/pg_publications.html)

This report provides an overview of the illicit drug market in Australia, intended principally to inform police and law enforcement policy makers. Data are collected from police, customs, correctional services and forensic science laboratories, Directors of Public Prosecutions, drug and alcohol research institutes, and drug and alcohol treatment agencies at State and Territory level. Data are collated to give national information on trends in illicit drug use in Australia.

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

Australian School Students Alcohol and Drugs (ASSAD) Survey

Anti-Cancer Council of Victoria (<http://www.accv.org.au>)

This Survey is conducted by the Anti-Cancer Council of Victoria and is funded by a range of stakeholders including; State and Territory Cancer Councils, State and Territory Health Departments, Education Departments and the Commonwealth Department of Health and Ageing.

The survey collects information on alcohol and tobacco use among secondary school students (years 7 to 12). The most recent survey (1999 data collection) collected information from over 23,000 secondary school students across Australia. Data were collected using a stratified random sampling technique. Data have been collected from secondary students since 1984 but until 1996 covered only tobacco and alcohol, the 1996 survey was the first to include illicit drug data. Data on over the counter substances were also collected for the first time in 1996.

Clients Of Treatment Service Agencies (COTSA)

National Drug and Alcohol Research Centre
(<http://ndarc.med.unsw.edu.au/ndarc.nsf>)

The purpose of this collection is to monitor the changes in characteristics of people using drug and alcohol treatment services.

A one-day census of clients (both users and friends/relatives of users) is taken of all drug and alcohol treatment agencies across Australia. Agencies are asked to complete a survey form giving some details about each client seen that day. Data are not collected on methadone dosing. The census has been conducted in 1990, 1992, 1995 and 2001. The 2001 data set comprises data for 5,304 clients from 458 agencies. Data are collected on service provided, principal drug problem, drugs injected during the past 12 months, age, sex, country of birth, language spoken at home, employment status, usual residential postcode. In future years, clients of drug and alcohol treatment services will be reported through the National Minimum Data Set for Alcohol and Other Drug Treatment Services.

Drug Use Monitoring in Australia (DUMA)

Australian Institute of Criminology (<http://www.aic.gov.au>)

The purpose of the collection is to measure recent drug use among people detained by police. Police detainees at four designated sites in three jurisdictions (Southport, Queensland; East Perth, Western Australia; Bankstown and Parramatta, New South Wales) are recruited to answer questionnaires and give urine samples, aimed at gathering information on drug use and crime.

Quarterly data are available relating to offender characteristics such as sex and age of detainees, previous arrest/prison history, education status, type of housing, source of income, mental illness and gambling behaviour, drug use and offence information. The collection commenced in 1999.

Illicit Drug Reporting System (IDRS)

National Drug and Alcohol Research Centre
(<http://ndarc.med.unsw.edu.au/ndarc.nsf>)

The purpose of this collection is to monitor emergent trends in drug use and markets in all Australian States and Territories. Annual data are collected separately in each jurisdiction and are coordinated nationally by NDARC.

There are three components to the IDRS used for supplementary data and convergent validation. Personal interviews with injecting drug users and party drug users, telephone interviews with key informants, and analysis of existing drug-related indicator data.

Commencing in 1996, the collection covers issues such as drug of choice, route of administration, type and number of illicit drug users, intensity of illicit drug use, drug-related problems, manufacture and distribution of drugs, price and purity, and reactions to government strategies.

Pharmacotherapy client statistics

Commonwealth Department of Health and Ageing (<http://www.health.gov.au>)

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

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

National Drug Strategy Household Survey (NDSHS)

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

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

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

National Hospital Morbidity Database

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

This information is collected for the purposes of health monitoring and health service use analysis. Data are collected from the separation records of almost all hospitals across Australia, both private and public, and are reported on by financial year.

Information collected includes: establishment data (State or Territory of hospital, sector, urban density); demographic data of the patient (sex, date of birth, age, country of birth, Indigenous status); administrative data; length of stay data; and clinical and related data (principal diagnosis, procedures, diagnosis related group, external cause of injury and poisoning).

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

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

The purpose of this collection is to provide nationally consistent data from drug and alcohol treatment service providers. The 2000-01 financial year was the first (and pilot) year of collection. Client data are collected when they are initially registered with the service provider. Financial year data are forwarded annually to all State and Territory

health authorities who then forward it to the AIHW for collation and publication. Client names are not collected. However, each client is assigned a unique person identifier within a treatment agency, allowing non-identifiable unit record data to be collated.

Information is collected on geographic location, type of service provider, establishment identifier, person 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. Additional data items have been included for 2001-02.

National Mortality Database

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

The purpose of this collection is to monitor the cause of all deaths in Australia.

The data source is a collection of the unit record files from the ABS Causes of Death collection, updated annually. It contains information about the cause of all deaths registered within each State and Territory. Information has been available annually since 1964.

Data elements collected include date of death, cause of death (ICD), certification, post-mortem flag, sex, age, State of registration, usual State and SLA of residence, year of registration, occupation, birthplace, duration of Australian residence, marital status, date of marriage, age at marriage, duration of marriage, number of children. From 1980, information on Indigenous status, place of marriage, registration district, and registration number have also been collected.

Other complementary data sources for information:

- Australian Drug Information Network
- Australian Needle and Syringe Program (NSP) Survey
- Bettering the Evaluation and Care for Health
- Causes of Death collection
- Developmental Research for the National Illicit Drugs Campaign
- Kids Help Line Statistics
- Inquiry into Substance Abuse in Australian Communities
- National AIDS Registry
- National Coroners Information System
- National HIV Database
- National Homicide Monitoring Program
- National Police Custody Survey
- National Prisoner Census
- National Survey of Mental Health and Wellbeing of Adults
- Social Science Data Archives
- Statistics on drug use in Australia 2000
- The quantification of drug-caused mortality and morbidity in Australia, 1998
- The social costs of drug abuse in Australia in 1988 and 1992

APPENDIX C

List of acronyms

ABCI	Australian Bureau of Criminal Intelligence
AIC	Australian Institute of Criminology
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACS	Australian Customs Service
ACT	Australian Capital Territory
ADCA	Alcohol and other Drugs Council of Australia
AFP	Australian Federal Police
AIC	Australian Institute of Criminology
AIDR	Australian Illicit Drug Report
AIHW	Australian Institute of Health and Welfare
AIDR	Australian Illicit Drug Report
ANCD	Australian National Council on Drugs
AODTS-NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
APAC	Australian Pharmaceutical Advisory Council
ASSAD	Australian School Students Alcohol and Drugs Survey
ATS	Amphetamine Type Stimulants
BTOM	Brief Treatment Outcomes Measure
CDHA	Commonwealth Department of Health and Ageing
COAG	Council of Australian Governments
COTSA	Clients of Treatment Service Agencies
DASC	Drug and Alcohol Services Council
DEST	(Commonwealth) Department of Education, Science and Training
DHA	(Commonwealth) Department of Health and Ageing
DUMA	Drug Use Monitoring in Australia
ETS	Environmental Tobacco Smoke
FCTC	Framework Convention on Tobacco Control
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HIV	Human Immunodeficiency Virus
ICD	Cause of Death
IDRS	Illicit Drug Reporting System
IDU	Injecting Drug Users

IGCD	Intergovernmental Committee on Drugs
IMP	(Australian Pharmaceutical Advisory Council Sub-Committee on) Intentional Misuse of Pharmaceutical Drugs
MCDS	Ministerial Council on Drug Strategy
MDMA	Methylenedioxymethamphetamine (ecstasy)
MECC	Monitoring and Evaluation Coordination Committee
MOTS	Methadone and Other Treatment Subcommittee
NACSDE	National Advisory Committee on School Drug Education
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NCRAA	National Committee for Review of Alcohol Advertising
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NDRI	National Drug Research Institute
NDRSC	National Drug Research Strategy Committee
NDS	National Drug Strategy
NDSF	National Drug Strategic Framework
NDSHS	National Drug Strategy Household Survey
NDSRGATSIP	National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples
NDSLGC	National Drug Strategy Local Government Sub-Committee
NEACA	National Expert Advisory Committee on Alcohol
NEACID	National Expert Advisory Committee on Illicit Drugs
NEACT	National Expert Advisory Committee on Tobacco
NEPOD	National Evaluation of Pharmacotherapies for Opioid Dependence
NGO	Non-Government Organisation
NHMRC	National Health and Medical Research Council
NLGDEN	National Local Government Drug Electronic Network
NMDS-AODTS	National Minimum Data Set for Alcohol and Other Drug Treatment Services
NSDES	National School Drug Education Strategy
NSP	Needle and Syringe Program
PPDI	Police Drug Diversion Initiative
PBS	Pharmaceutical Benefits Schedule
SFST	Standardised Field Sobriety Test
TCCC	Transnational Crime Coordination Centre
TOP	The Opiate Program
VGDI	Victorian Government Drug Initiative
WHO	World Health Organization