

## 2.

## The Strategic Framework

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### 2.1 The priority areas of the National Amphetamine-Type Stimulant Strategy

In developing priority areas it is important to support responses across sectors (e.g., education; health; law enforcement), thus highlighting the importance of multifaceted and coordinated cross-sector responses.

The following five priority areas have been determined as the focus of activity for the National Amphetamine-Type Stimulant Strategy 2008-2011:

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|-----------------|--|
| Priority Area 1 | Community awareness and understanding of amphetamine-type stimulant use and related problems     |
| Priority Area 2 | The supply of amphetamine-type stimulants  |
| Priority Area 3 | The use of amphetamine-type stimulants   |
| Priority Area 4 | Problems associated with amphetamine-type stimulant use  |
| Priority Area 5 | Organisational and system capacity to prevent and respond to amphetamine-type stimulant problems |

These priority areas for action embrace the need for diverse responses, such as broad-based and targeted information provision, supply reduction strategies, strategies that aim to prevent use, strategies that aim to reduce harms associated with ATS use, including for consumers, families and community members, and treatment responses. The Strategy is aimed at the broad community; at-risk groups (such as young people, people with mental health problems, Aboriginal and Torres Strait Islander people); contexts that increase the risk of ATS use and related problems; parents; families; all ATS users; and those with significant problems associated with ATS use. In broad terms, the Strategy is based on recognition of the need to:

- Gather accurate information on patterns of ATS use and related problems;
- Inform the community about patterns of ATS use and related problems and raise awareness of the risks of ATS production and use;
- Prevent and reduce ATS production and supply;
- Prevent and reduce use across the community;
- Reduce risks and harms associated with ATS use, including those faced by individual consumers, families (e.g., parents and children of ATS users), service providers (e.g., law enforcement staff; general health staff; drug specialist staff), and the broad community;
- Reduce the individual and community level problems associated with ATS manufacture and distribution; and,
- Help engage and retain those affected by ATS use in effective treatment.

The priority areas and related activities are linked to the National Drug Strategy as indicated in Table 2 opposite.

**Table 2: Relationship between National Drug Strategy and National Amphetamine-Type**

## Stimulant Strategy

National Drug Strategy Priority Areas	National Amphetamine-Type Stimulants Strategy Priority Areas
Prevention	<p>Priority Area 1: Community awareness and understanding of amphetamine-type stimulant use and related problems</p> <p>Priority Area 2: The supply of amphetamine-type stimulants</p> <p>Priority Area 3: The use of amphetamine-type stimulants</p> <p>Priority Area 5: Organisational and system capacity to prevent and respond to amphetamine-type stimulant problems</p>
Reduction of supply	<p>Priority Area 2: The supply of amphetamine-type stimulants</p>
Reduction of drug use and related harms	<p>Priority Area 1: Community awareness and understanding of amphetamine-type stimulant use and related problems</p> <p>Priority Area 2: The supply of amphetamine-type stimulants</p> <p>Priority Area 3: The use of amphetamine-type stimulants</p> <p>Priority Area 4: Problems associated with amphetamine-type stimulant use</p> <p>Priority Area 5: Organisational and system capacity to prevent and respond to amphetamine-type stimulant problems</p>
Improved access to quality Treatment	<p>Priority Area 4: Problems associated with amphetamine-type stimulant use</p> <p>Priority Area 5: Organisational and system capacity to prevent and respond to amphetamine-type stimulant problems</p>
Development of the workforce, organisations and systems	<p>Priority Area 5: Organisational and system capacity to prevent and respond to amphetamine-type stimulant problems</p>
Strengthened partnerships	<p>Priority Area 5: Organisational and system capacity to prevent and respond to amphetamine-type stimulant problems</p> <p>Further addressed in additional section, 'Coordinated response/partnerships'</p>
Implementation of the National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2006	<p>The Plan is supported by the National Amphetamine-Type Stimulant Strategy Responses targeting Aboriginal and Torres Strait Islander peoples are included within each Priority Area across the Strategy</p>
Identification and response to emerging trends	<p>Priority Area 1: Community awareness and understanding of amphetamine-type stimulant use and related problems</p> <p>Priority Area 5: Organisational and system capacity to prevent and respond to amphetamine-type stimulant problems</p> <p>Further addressed in additional sections, 'Building the evidence base' and 'Monitoring and evaluation'</p>

## 2.2 The Strategy Aim and Objectives

### Aim

Reduce the availability and demand for illicit amphetamine-type stimulants and prevent use and harms across the Australian community.

### Objectives

- Increase the Australian community's knowledge about amphetamine-type stimulants and

- raise awareness of the problems associated with their production and use;
- Prevent the supply of illicit amphetamine-type stimulants;
  - Prevent the use of illicit amphetamine-type stimulants;
  - Prevent and respond to amphetamine-type stimulant-related physical and mental health problems as well as social, familial and financial problems for individuals and the community; and
  - Enhance the capacity of organisations and the broad system to respond effectively to people affected by amphetamine-type stimulants.

### **2.3 How are the Priority Areas structured?**

Within each priority area, a set of actions are recommended attending to approaches to reduce supply, reduce demand, prevent use and reduce problems associated with ATS use. These include those that are specific to ATS use and more general strategies that are relevant to all drug problems, but are important to include in any effective response to ATS related problems. For example, controlling the supply of precursor chemicals used in the production of methamphetamine is an ATS-specific response, whereas improving integration between drug specialist and mental health services is relevant in responding to a range of drug problems, but also very important in responding to mental health problems that arise as a consequence of ATS use.

In developing the actions for each priority area, the following guiding principles were applied:

1. Be guided by the best available evidence or information;
2. Where there was an identified gap, support the development of evidence;
3. Develop community-wide and targeted responses;
4. Link to or enhance existing policies, plans and strategies; and
5. Ensure coordinated responses across jurisdictions and across sectors (e.g., law enforcement, primary health care, mental health, drug specialist services) that are capable of being responsive to local needs and contexts.

It will be important to involve Aboriginal and Torres Strait Islander people in the development and implementation of programs that are tailored to meet their needs. National and local negotiation with key stakeholders will allow the design of initiatives that enable adaptation for use in diverse regions and communities.

As indicated, there are areas where the research evidence is lacking, and therefore the Strategy includes a focus on building the evidence base to inform policy and interventions. Effective responses to ATS problems are likely to be multifaceted, involving and having relevance for a range of organisations (e.g., in law enforcement; justice; education; child welfare; health) and it will be important for implementation of the Strategy to be based on a coordinated approach across the various sectors. To monitor and evaluate the impact of the strategy, including identifying any unintended consequences, a performance framework should be developed.