

National Action Plan on Illicit Drugs 2001 to 2002-03

The National Action Plan on Illicit Drugs, adopted by all jurisdictions through the Ministerial Council on Drug Strategy, provides nationally agreed directions for addressing illicit drug issues until the year 2003. It is one of four action plans developed under the National Drug Strategic Framework 1998-99 to 2002-03. The other plans deal with tobacco, alcohol, and school-based drug education.

This Action Plan is not intended to be prescriptive or to detail specific implementation strategies or time lines. It specifies key strategy areas for preventing the uptake of illicit drug use, and reducing the harms associated with use. It provides examples of strategies to address each of these priorities, and lists performance measures that will be used to gauge illicit drug trends over the life of the Plan.

The Plan offers a nationally consistent focus for determining resource priorities under the National Drug Strategic Framework, but is flexible for each jurisdiction to pursue strategies appropriate to its circumstances. It also provides a framework within which a complementary National Drug Strategic Plan for Aboriginal and Torres Strait Islander substance misuse will be developed.

Key strategy areas

Seven key strategy areas have been identified for this National Action Plan on Illicit Drugs.

The first four are content areas:

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.

The final three are critical areas of investment to sustain the strategies throughout the life of the Plan:

5. Workforce development.
6. Research.
7. Monitoring illicit drug trends.

The key strategy areas are not mutually exclusive, and actions and strategies listed in one area may affect other strategies.

This fold-out is a summary of the National Action Plan on Illicit Drugs. Companion documents to the summary fold-out are the unabridged version of the National Action Plan on Illicit Drugs and a detailed background paper that sets out the relevant epidemiology and other supportive research.

Demand reduction

Through reduction of demand and promotion of opportunities, settings, and values that promote resilience and reduce the uptake and use of drugs and the risks of drug use, we aim to:

- Prevent and/or delay the uptake of illicit drug use.
- Increase community understanding of drug-related harm, and increase community capacity to participate in informed debate about drugs and drug policy options.
- Promote accessible positive alternatives to drug use that are acceptable, attractive and meaningful to those most at risk of drug use, and those from socially, educationally and culturally diverse backgrounds.
- Foster a community supportive of the family and positive parenting.
- Promote school and community environments safe from drug use and related harm.

Objectives

Actions to achieve these outcomes might include:

- Enhance retention in the educational process, and engage students who are involved with illicit and unsanctioned drugs at school, including use of alternative education settings.
- Provision and promotion of information about successful partnership approaches to dealing with drug-related harm in local settings.
- Briefings for government, community and industry leaders about the antecedents of illicit drug use and how their sector can contribute to the reduction of harm.
- Social marketing campaigns for agenda setting and dissemination of information.
- Provision of accurate and accessible information about drug use and drug-related harm to families and communities.
- School education authorities actively supporting school communities to implement comprehensive school drug education policies through up-to-date advice on the optimal use of available resources.
- Skills training and job creation opportunities for young people.
- Cooperative consultation with the media to improve the evidence base of reporting on drug issues, incidents and policies, and development of partnerships with youth-oriented media and sports administrators to promote positive role models for youth.
- Provision of support and resources for families and parents at-risk - for example, accessible child care, parenting support, and early intervention programs.
- Provision of supported accommodation and targeted health services for homeless and at-risk young people.

Examples of actions

Supply reduction

Objectives

Through interventions to reduce availability and supply, we aim to:

- Stabilise and ultimately reduce street-level dealing in drugs.
- Effectively disrupt illicit drug production, supply and distribution networks at local, national, and international levels.

Examples of actions

Actions to achieve these outcomes might include:

- Support for Australia's active involvement with law enforcement authorities in source and transit countries.
- If requested, assistance for source and transit countries in institutional strengthening and capacity building to address drug related-harm.
- An enhanced leadership role in international drug issues as a component of Australian foreign policy.
- A national commitment to joint operations and enhanced intelligence sharing.
- Active participation by law enforcement agencies in partnership with the community and other sectors of government involved in harm reduction.
- Application of technology across all areas of drug law enforcement.
- Identified best practice methodologies for use by law enforcement agency investigators.
- A national offence for transporting illicit drugs and precursor chemicals across State/Territory boundaries, with practical powers of search and seizure.
- Comprehensive confiscation-of-assets legislation.
- Trial and evaluate strategies to target organised criminal groups, regardless of commodity, for their impact on drug availability and harm.
- Concentration of law enforcement efforts on production and distribution networks.
- Disruption of the illicit drug market at all levels.

Treatment

Objectives

Through providing treatment, we aim to:

- Increase capacity to provide the full range of evidence-based treatment options for illicit drug users.
- Increase capacity to provide support to the families of drug users and to include them in treatment where appropriate.
- Provide an integrated treatment system able to provide continuity of care across relapse episodes, and across the criminal justice and the health sectors.
- Maintain an illicit-drug treatment system with strong links to mainstream health and welfare systems.
- Increase capacity in the treatment system to undertake systematic needs analysis, including the capacity to respond to emerging drug problems and institute new services.
- Provide a comprehensive, relevant treatment system that is culturally appropriate and integrated with other services (including mental health), and attracts and retains drug users early in the course of harmful use.

Examples of actions

Actions to achieve these outcomes might include:

- Maintain support for proven opioid treatments, including detoxification, inpatient, outpatient and pharmacotherapy treatment.
- Increased attractive and accessible treatment options, including appropriate aftercare and relapse prevention, and the expansion of diversion programs.
- Promoting the use of diversion with the police and judiciary, and ensuring they are well briefed on the nature of drug dependence and extent of treatment options.
- Trials of innovative methods to treat: opiate dependence, including pharmaco-therapies; people with cannabis problems; people who use psychostimulants, including pharmacotherapies; and people with complex problems of polydrug use.
- Development of best-practice guidelines for established and emerging treatment modalities.
- Expanded treatment programs in correctional systems, including transition and post-release programs.
- Development of capacity among primary health-care practitioners in high-use areas and their training and support bodies to develop and deliver effective primary care for users at all stages of their drug-using careers.
- Policies, procedures, and training to build capacity in the drug treatment and mental health systems to support users with comorbid mental health and drug-use problems.
- Implementation of a treatment outcome study to assess treatment effectiveness for the range of target groups in representative locations and settings in Australia.
- Dissemination of the results of research on the efficacy of treatment to funders, purchasers, providers and clients of services.
- Education and support for the community to understand what can be expected of treatment and the range of available treatment options.
- Ensure consumer participation at policy, planning, resource allocation, implementation, quality assurance and evaluation levels.
- Implement quality assurance and accreditation mechanisms for all parts of the treatment system.
- Develop guidelines for general practitioners, midwives, obstetricians and others involved in the care of pregnant drug dependent women.
- Development and implementation of policies and practices to build capacity in the treatment system to provide appropriate services to people from culturally and linguistically diverse backgrounds.
- Promotion of family-sensitive practice by treatment providers.

Reducing drug-related harm

In reducing drug-related harm, we aim to:

- Reduce the harm for individuals who use drugs, their families, and the community, in particular:
 - decreased drug-related overdose deaths, illnesses and injuries;
 - a decrease in the spread of infectious diseases through injecting drug use (IDU) and unsafe sexual practices as a result of intoxication;
 - decreased suicides and attempted suicides associated with illicit drug use; and
 - a decrease in the incidence of drug-related crime.
- Improve community amenity in areas of high public drug use, drug-related crime and disruption.
- Give law enforcement an increased capacity to contribute to the reduction of harm caused by illicit drugs.

Objectives

Actions to achieve these outcomes might include:

- Appropriately supported and adequately resourced needle and syringe programs.
- Development of methods to encourage safe disposal of used injecting equipment.
- Needle and syringe clean-up services.
- Modifying the structure of existing offences of self-administration and paraphernalia offences with a view to minimising harm.
- Diversion alternatives for simple cannabis possession offences.
- Further development of alternatives to court appearances for first time and minor offenders (cautioning and diversion).
- Trials of a range of treatment methodologies that may increase attractiveness of and retention in treatment. This may include trials of pharmacotherapies.
- Accords between law enforcement, health and welfare services and other sectors at the local level.
- Place-management strategies to improve community safety and amenity.
- Support and encourage policing strategies that focus drug law enforcement on reducing harm caused by illicit drug use, particularly at the local level, by encouraging people to enter treatment.
- Implement peer-education strategies about safer practices, and about the reduction of disruptive or illegal behaviour around treatment and needle and syringe program (NSP) facilities for IDUs.
- Implement policies and programs that support police, ambulance, youth workers, families, users and community members in management of suspected overdose.
- Implement harm-reduction programs in prisons and post release programs.
- An approach to drug users that facilitates diversion from the criminal justice system to treatment and rehabilitation.
- Investigation of opportunities for joint projects and initiatives between key suicide prevention programs and illicit drug prevention and treatment services and programs.
- Wide dissemination of information to opioid users and their family and friends on the signs and symptoms of overdose and actions to take if an overdose occurs.
- Develop, implement and evaluate intervention strategies and follow-up support programs for people who overdose.
- Encourage all stakeholders to undertake training in basic first aid that would assist in an overdose situation.

Examples of actions

Workforce development

Through workforce development, we aim to:

- Further develop the capacity to attract and retain an effective workforce in health, welfare, education and law enforcement sectors:
 - a generalist health and welfare workforce with increased capacity to identify drug problems and related harm and apply evidence-based interventions;
 - a health, education, and law enforcement workforce educated in the principles that support the reduction of harm caused by illicit drug use;
 - highly skilled law enforcement investigators who can be deployed flexibly; and
 - a skilled and supported health promotion workforce familiar with evidence-based health promotion and the antecedents of drug use.
- Increase capacity to attract and retain a highly skilled and specialist drug and alcohol workforce in the wider health system.

Objectives

Actions to achieve these outcomes might include:

- Development of a national treatment workforce development strategy that: investigates agreed mechanisms for accrediting training providers; provides mutual recognition of qualifications across jurisdictions; articulates drug and alcohol courses with mainstream health and/or welfare education and training; and recommends remuneration and career path opportunities.
- Training for health, education, welfare, and corrections personnel in drug law enforcement strategies and potential partnerships across sectors.
- A module on reducing the harm caused by illicit drugs for use in drug law enforcement recruitment and health and welfare curricula.
- Initiatives to enhance the supply of teachers, youth and other workers who are skilled in evidence-based health promotion and community capacity building in school and out-of-school settings.
- Encouraging establishment of PhD and other higher degree scholarship schemes to promote high-quality research and build Australia's research and evaluation workforce.
- Establishing and encouraging joint training programs for law enforcement agency investigators, and secondments between jurisdictions and agencies.
- Training for police on the nature and extent of drug treatment options and the evidence of their effectiveness.
- Research to explore the barriers and incentives to professional involvement in the treatment, prevention and minimisation of drug-related harm.

Examples of actions

Research

Through research, we aim to:

- Increase evidence-based practice in health, education, welfare and law enforcement.
- Increase instances of integrated and collaborative illicit drug research and development among health, law enforcement, education, welfare, corrections and juvenile justice sectors.
- Sharper focus on research priorities.
- Increase participation in international law enforcement and health research projects.
- Maintain and enhance support for policies, programs and interventions that use the best available research evidence.

Objectives

Actions to achieve these outcomes might include:

- Determining a systematic process for identifying illicit drug research gaps and priorities.
- Developing priorities for illicit drug research resources, including research workforce.
- Ensuring a suitable balance between commissioned and investigator-determined research.
- Establish mechanisms for cooperative development, transfer and use of research among those involved in the National Drug Strategy.
- Conduct research to better understand the demand/supply environment at local and national levels.
- Each jurisdiction to cooperate with the heroin analysis and signature program.
- Assessment of the appropriateness of the information systems used to disseminate research findings to those involved with the National Drug Strategy and the wider community, and development of ways to improve the information systems and the dissemination of findings.
- Implement and maintain local-level data collections that assist in developing locally responsive interventions to illicit drug use.
- Develop an illicit drugs research workforce development strategy.

Examples of actions

Monitoring illicit drug trends

Through performance measurement, we will monitor implementation of the Plan annually:

These performance measures:

- are part of an existing data collection;
- are collected regularly and are likely to continue to be collected during the life of the National Drug Strategy;
- are collected nationally; and
- relate to the four content areas identified as key strategy areas in the Action Plan.

Performance measure	Data source	Frequency of data collection
1. Age of first use of any illicit drug	National Drug Strategy (NDS) survey	3 years
2. Prevalence of use of any illicit drug in the previous 12 months: – in the general population – by young people < 25 years	NDS survey NDS survey / School survey	3 years 3 years
3. Perception that it is OK to use illicit drugs regularly (at least monthly)	NDS survey	3 years
4. Purity of illicit drugs	Australian Bureau of Criminal Intelligence law enforcement data	1 year
5. Price of illicit drugs	Illicit Drug Reporting System self-report survey	1 year
6. Number of community-based episodes of care	National Minimum data set – AOD Treatment	1 year
7. Number of people diverted to treatment from the police	Minimum data set – diversion	1 year
8. Participation in treatment by Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds	Minimum data set – AOD Treatment	1 year
9. Number of people receiving methadone treatment at midyear census	Commonwealth Department of Health and Aged Care	1 year
10. Number of fatal overdoses	Australian Bureau of Statistics/Coronial Data Register	1 year
11. Incidence of HIV diagnoses attributable to injecting drug use	National Centre in HIV Epidemiology & Clinical Research	1 year
12. Incidence of HCV diagnoses attributable to injecting drug use	National Centre in HIV Epidemiology & Clinical Research	1 year
13. Illicit drug use among arrestees	Drug Use Monitoring in Australia	1 year