A SETTING FOR AUSTRALIAN DRUG DIVERSION PROGRAMMES — THE AUSTRALIAN DRUG STRATEGIC FRAMEWORK

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I. INTRODUCTION

Australia, an island, similar to Japan, is the sixth largest country in the world and has a total area of 7,710,000 square km with approximately 19.6 million people. This equates to approximately the same size as the 48 mainland states of the United States of America and 50 per cent larger than Europe, however it has the lowest population density in the world – only two people per square kilometre. Canberra, where I am based, is the capital of Australia, and is situated on the eastern side of Australia in the Australian Capital Territory.

A. Australian System of Government

Australia is a democratic Commonwealth constitutional monarchy with a federal system of government. By 1900 there were six self governing Australian colonies. In February 1901 the six colonies became the six states of the Commonwealth and joined together to form the new nation of Australia.

The Commonwealth Constitution gave certain powers to the new Commonwealth of Australia but the states maintained separate sovereignty, retaining responsibility for all other areas of activity not ceded to the Commonwealth. The two territory governments, the Australian Capital Territory (ACT) and the Northern Territory (NT), were created by legislation of the Commonwealth Parliament; the Northern Territory in 1978 and ACT in 1988.

The Australian Commonwealth and each of the states/territories have their own written constitutions which, together with conventions, traditions and common and statute law, established a democratic system of government. The Constitution defines the boundaries of law-making powers between the Commonwealth and the States/Territories.

Australia has three tiers of government, namely the Commonwealth, State and local. Each of these tiers have different priorities and responsibilities, although some of the powers given to the Commonwealth Parliament by the Constitution are exercised in conjunction with the States/Territories.

B. Commonwealth

Australia's constitution provides for the separation of powers between the legislature, executive and judiciary. Three bodies were established by the Constitution to carry out these powers:

- the Parliament (the legislative power to make laws);
- the Commonwealth Executive (i.e., the Commonwealth Government executes authority to administer laws and carry out the business of government); and
- the Judiciary (the judicial power exercised by the courts).

The Commonwealth Parliament makes laws for all Australians and has responsibility for things such as foreign policy, customs, defence, goods and services tax, social services, migration, trade and currency.

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C. State/Territory

State/Territory government responsibilities include health, law and order including corrections, education, emergency services, public transport and state/territory wide distribution of water, gas and electricity.

State governments raise revenue through indirect taxes (e.g. banking and gambling taxes) and by charging for services (e.g. public transport) but they also receive Commonwealth funding to carry out their responsibilities.

D. Local

Local government regions are known as councils, shires, boroughs or municipalities and every State/Territory has such a system. Each region is administered by a council or group which makes decisions on local, town or city matters. They provide services and amenities such as garbage collection and disposal, building regulations, community health services, maintenance of parks and gardens, libraries, roads and drains and footpaths. Each local government authority levies rates on property owners within its region and receives Commonwealth and State grants.

It is important to outline the three tiers of Government in Australia because each one makes a contribution and has a role in addressing the misuse of illicit and licit drugs. For example:

- the Commonwealth Government is responsible for providing leadership in Australia's response to addressing drug misuse and this is illustrated through the development of the National Drug Strategic Framework that will be discussed in this lecture. The Commonwealth also plays an important role in international drug issues;

- State and Territory Governments are responsible for the delivery of police, health and education services to address drug misuse; and

- Local Governments respond to the needs of local communities by developing community safety initiatives, public place management strategies and supporting accords between police and health services.

II. HISTORY OF ILLICIT DRUGS IN AUSTRALIA

Harmful drug use has many social, health and economic impacts on Australian society.

For example:

- Nearly one in five deaths in 1997 was drug related (including licit and illicit drugs).[1]

- The economic costs associated with harmful drug use, including prevention, treatment, loss of productivity in the workplace, property crime, theft, accidents and law enforcement activities, amount to billions of dollars in Australia annually;

- A relatively large proportion of the funds spent on dealing with harmful drug use are spent on law enforcement, the courts and correctional systems; and

- In addition to the economic and health costs of harmful drug use are the intangible social costs, such as damage to family and other relationships.

The development of policies governing drug use in Australia has been an evolutionary process.

In Australia, a history of illicit drugs shows that prior to Federation in 1901, opium and cocaine were as widely available as alcohol and tobacco, although they were usually consumed in patent medicines.[2] At the turn of the 20th century various states introduced legislation to ban opium use.

[1] *Single & Rohl 1997*

Throughout the 1960s and 1970s state/territory legislation enacted to deter illicit drug use was toughened, and followed a prohibition theme. By the early 1980s, HIV/AIDS and other blood borne viruses were gaining in prevalence. Although HIV was initially viewed as a disease largely relevant to the homosexual population it was quickly established that HIV transmission is effected through injecting drug users sharing needles and syringes and it was clear that the previous prohibition policies were not effective.

A change of Australia's Government in 1983 created the opportunity for a re-evaluation of drug policy. In 1985, the then Prime Minister committed the Commonwealth Government to establishing drug use as a priority area of concern. At this stage drug issues were considered to be the responsibility of Health, rather than a law and order issue. As mentioned previously, both health and law and order services fall within State/Territory Government responsibilities.

In order to establish a National approach to drug issues that included State and Commonwealth representation and responsibility, a Conference was convened in 1985 between all of the State Premiers and the Prime Minister to discuss the drug problem. This meeting resulted in the creation of the National Campaign Against Drug Abuse (NCADA) which the Commonwealth and all State/Territory governments agreed to fund for three years.

The Commonwealth Government contributed 50% of the funding to NCADA programmes and the remainder consisted of State/Territory contributions. The cost-sharing arrangements were a major incentive for the states to combine and to reach compromises that would provide for the development of a uniform policy agenda across the country. Activities of a national nature, such as mass media campaigns were funded by the Commonwealth Government alone.

NCADA policies were determined by the Ministerial Council on Drug Strategy, which recognised that a coordinated response to Australia's drug issues required both health and law enforcement agencies to work together cooperatively.

III. MINISTERIAL COUNCIL ON DRUG STRATEGY

The Ministerial Council on Drug Strategy (MCDS) brings together Commonwealth, State and Territory Ministers responsible for health and law enforcement to collectively determine national policies and programmes to reduce the harm caused by drugs.

The Ministerial Council on Drug Strategy is the peak policy and decision-making body in relation to both licit and illicit drugs in Australia and is one of the key elements of Australia's National Drug Strategy. The Council ensures that Australia has a nationally coordinated and integrated approach to reducing the harm arising from the use of drugs. The Council's collaborative approach has been designed to achieve national consistency in policy principles, programme development and service delivery.

Between 1985 and 1991 under the NCADA, a range of national guidelines were developed and endorsed by the Ministerial Council on Drug Strategy including national health policy statements on tobacco, alcohol and illicit drugs. Regular independent evaluations identified certain groups as requiring special attention, and the initial campaign identified women, Aboriginal and Torres Strait Islander Peoples, young people, and prisoners as priority groups.

In the initial years of the National Campaign Against Drug Abuse, programmes and decisions were mainly based on health issues. NCADA underwent a variety of evaluations with the second evaluation of the campaign in 1991 concluding that there was a greater need for cooperation between the health and law enforcement sectors. The campaign was henceforth to be called the National Drug Strategy.

[2] *Crime & the Australian Justice System in Australia: 2000 and Beyond* Chp. 5 Drug Trends and Policies, T. Makkai

The National Drug Strategy reaffirmed both its commitment to harm minimisation and the fact that alcohol and tobacco were responsible for most drug-related deaths and the costs associated with drug abuse.

Three key policy goals were laid out in the strategic plan:

- To minimise the level of illness, disease, injury and premature death associated with the use of alcohol, tobacco, pharmaceutical and illicit drugs.

- To minimise the level and impact of criminal drug offences and other drug-related crime, violence and antisocial behaviour within the community.

- To minimise the level of personal and social disruption, loss of quality of life, loss of productivity and other economic costs associated with the inappropriate use of alcohol and other drugs.

The National Drug Strategy called on each of the states and territories to develop 3-5 Year Strategic Plans with Annual Action Plans that would reflect local priorities and activities within the overall national policy.

IV. NATIONAL DRUG STRATEGIC FRAMEWORK

The National Drug Strategy has evolved over time as Australia has learnt more about drug issues.

In 1997, a further evaluation of the National Drug Strategy was undertaken. This evaluation involved extensive consultation with the community, industry, government and non-government sectors and resulted in the development of the current National Drug Strategic Framework (1998-99 to 2002-2003) which was endorsed by the Ministerial Council on Drug Strategy in November 1998.

The National Drug Strategic Framework is the advisory structure governing the National Drug Strategy and provides:

- A coordinated, integrated approach;
- A partnership approach;
- A balanced approach;
- Evidence-based practice; and
- Social justice.

The Framework presents a shared vision and a basis for cooperation and coordinated action to reduce the harm caused by drugs in Australia over a five year period until the year 2003.

A. Harm Minimisation – a Key Principle

Harm minimisation has been the key principle underpinning Australia's National Drug Strategy since 1985. This approach was reaffirmed in the 1997 evaluation of the National Drug Strategy as one of the key features contributing to its success.

Harm minimisation refers to policies and programmes aimed at reducing drug-related harm, by improving health, social and economic outcomes for both the community and the individual, and encompasses three basic but integrated approaches including:

- Supply-reduction strategies designed to disrupt the production and supply of illicit drugs;

- Demand-reduction strategies designed to prevent the uptake of harmful drug use, including abstinence-oriented strategies to reduce drug use;

- Harm-reduction strategies designed to reduce drug-related harm for particular individuals and communities.

Harm minimisation focuses on both licit and illicit drugs and acknowledges the poly drug use of individuals. It includes preventing anticipated harm as well as reducing actual harm. Harm minimisation is a comprehensive approach to dealing with drug-related harm, involving a balance between supply-reduction, demand-reduction and harm-reduction strategies.

A comprehensive harm-minimisation approach has to take into account three interacting components:

- the individuals and communities involved;
- the individual's social, cultural, physical and economic environment; and
- the drug itself.

As Australia has a variety of localised drug markets, as opposed to one market, harm minimisation approaches will vary according to population group, time, locality and the changing market environment.

Governments have a responsibility to develop and implement public health and law-enforcement measures designed to reduce the harm that illegal risk behaviours such as injecting drug use can cause, both to individuals and to the community. Harm reduction strategies specifically target the individual using drugs and promote initiatives that benefit the wider community.

A key issue for police, the judiciary and prison authorities is that in attempting to prevent one harm they inadvertently cause another greater harm. For example, by jailing injecting drug users it may restrict access to drugs (and that is arguable), but it will certainly expose the convicted person to unsafe injecting practices and blood borne viruses such as HIV/AIDS and Hepatitis.

B. Three Key Strategies

1. Supply Reduction

Supply-reduction strategies aim to disrupt both the supply of illicit drugs entering Australia and the production and distribution of illicit drugs within Australia.

On a national level the Australian Customs Service and the Australian Federal Police are key agencies in implementing strategies, that are aimed at disrupting drug trafficking operation offshore, apprehending drug traffickers and seizing illicit drugs. Improved technology, together with cooperation and joint operations with international law enforcement agencies have resulted in substantial increases in illicit drug seizures at the Australian border over the last three years.

Funding through the National Illicit Drug Strategy has provided additional resources to these agencies for supply-reduction initiatives such as the Asia/Pacific Group on Money Laundering Secretariat which is a regional initiative in which Australia has taken a leading role. Membership includes South Korea, India, Thailand and the Philippines. The Group is concentrating on implementation of anti-money laundering strategies in member jurisdictions, the provision of practical assistance such as training and technical assistance and the exchange of information to combat money-laundering methodologies. It brings together representatives from legal, financial and law enforcement authorities in member jurisdictions.

Within each Australian State and Territory police services are the lead agencies in the implementation of strategies that increase seizures of drugs and disrupt local drug markets. Police services have played an instrumental role in increasing seizures of illicit drugs over the last three years, particularly the detection and dismantling of clandestine drug laboratories, and the identification and apprehension of illicit drug suppliers.

Supply reduction strategies also apply to limits on access to and availability of licit drugs such as tobacco and alcohol. In Australia there is legislation regulating the sale of alcohol and tobacco to people under the age of 18 years.

2. Demand Reduction

Demand reduction is a broad term used for a range of policies and programmes which seek a reduction of desire, and of preparedness to obtain and use illegal drugs. Demand for drugs may be reduced through prevention and education programmes to dissuade users or potential users from experimenting with illegal drugs and/or continuing to use them.

Prevention programmes such as school-based drug education and Police and Court diversion programmes are designed to reduce the desire and use of illegal drugs. Treatment programmes that are largely focused on drug substitution therapies, such as methadone, naltrexone and buprenorphine are also examples of demand reduction strategies that are aimed at facilitating abstinence.

3. Harm Reduction

Harm-reduction strategies are designed to reduce the impact of drug-related harm for particular individuals and communities. Levels of drug use among individuals and communities can vary greatly – from no use at all to consumption at harmful levels.

The following are two examples of harm reduction strategies that have been implemented in Australia to minimise the harm that may be caused to injecting drug users:

- Needle and Syringe programmes have been established and are designed to reduce the harm of the spread of blood borne viruses such as HIV and Hepatitis by providing injecting drug users with sterilised needles and injecting equipment. Police have policies in place to ensue that needle and syringe programmes can operate openly without fear of police harassment of staff or clients attending the service to pick up needles.

- Australia's HIV/AIDS epidemic is now about 16 years old, and its cost has been high: approximately 5700 Australians have died and a further 16 700 are living with chronic HIV infection (National Centre in HIV Epidemiology and Clinical Research 1999). Our response to the virus has been characterised by a partnership, involving governments, affected communities, researchers, educators and health care professionals. The success of this partnership-based response is recognised worldwide.

Australia's prompt and rational actions have placed it at the forefront of best-practice population health responses to HIV/AIDS in the world, and the mobilisation of affected communities has been central to the effectiveness of our response. This is demonstrated by the relatively low members of HIV/AIDS related deaths and morbidity over the life of the pandemic in comparison to world wide figures for 1998.

Australia's experience of HIV/AIDS does, however, need to be viewed in the context of a global pandemic.

- By the end of 1998 there were 33.4 million people living with HIV/AIDS – a 10% increase on the 1997 figure;

- In 1998 there were 5.8 million new infections – that translates to 16000 new infections a day, or 11 every minute;

- In 1998 some 2.5 million people died from HIV/AIDS-related illnesses; and

- In 1998 at least 2.7 million people aged 15 to 21 years became infected with the virus, which since its first emergence has infected over 4 million infants and children under the age of 15 years (UNAIDS-WHO 1998).[3]

[3] *National HIV/AIDS Strategy 1999-2000 to 2003-2004*

Police do not attend non fatal drug overdoses except when called to assist ambulance staff, in order to encourage users or family members and friends of drug users to call for assistance when drug overdoses occur.

For any drug issue there may be a variety of strategies that can be introduced to reduce the harm for particular population groups such as targeted media campaigns, development programmes for professionals, distribution of information products, community development projects, peer education, skills building, and employment programmes. These programmes are often based in settings such as youth centres, prisons, places of employment, gyms and liquor outlets.

C. Priority Areas

The National Drug Strategic Framework and the complementary Tough on Drugs initiative have identified 8 priority areas that require appropriate responses to address the misuse of drugs in the Australian community.

It is in this context that you will again see that the Diversion initiative was developed and implemented in response to the need to address particular priority areas.

1. Increasing the Community's Understanding of Drug-related Harm was identified as a priority because of the confusion in the wider community about drug-related harm.

Health education campaigns such as the National Illicit Drugs 'Tough on Drugs' Parents' Campaign, have been used to increase the public's understanding of drug-related harm and the wider impacts of drug use on individuals, families and communities.

The education campaigns are also designed to increase the community's understanding and acceptance of, the broad range of prevention, treatment and harm-reduction programmes and services and of evidence-based approaches to new treatment options.

Similar health education campaigns have been used to increase the public's understanding of licit drugs, such as tobacco and alcohol. Extensive and targeted mass media campaigns and interventions adopted by general practitioners have seen tobacco usage at its lowest levels, at less than 1 in 5 Australians over the age of 14 years.[4]

2. Building Partnerships is recognised as a hallmark of the success of Australia's National Drug Strategy to date. It was a priority therefore to build on the successful partnerships that had been developed between the three tiers of Government and health and law-enforcement agencies by enhancing partnerships with other sectors of government, community-based organisations and industry bodies.

Cooperation between and within a wide range of sectors of Australian society is required to effectively address the misuse of drugs. This is being achieved by:

- Facilitating representation of individuals from community-based organisations, business and industry and affected communities on bodies that provide advice to the Ministerial Council on Drug strategy;

- Facilitating mechanisms at the three government levels to encourage organisations and individuals outside government to become involved in the development of policies and programmes to address the misuse of drugs; and

- Disseminating information about successful models of community action, to help communities develop local responses to drug-related harm.

[4] 2001 National Drug Strategy Household Survey

3. Links with other Strategies is a key priority that recognises there are a number of other strategies targeting drug-related harm, subsequently there is a need to avoid duplication and to ensure integration and consistency.

The following examples are provided to demonstrate of the many links that have been established in this regard:

- The Australian National Public Health Partnership which supports national public health interventions and strengthens public health capacity generally;

- the Australian Lead Ministers National Anti-Crime Strategy and the National Campaign Against Violence and Crime which is a national mechanism for crime-prevention planning and research and aims to prevent violence and crime and reduce fear of violence and crime.

- The Australian National Co-morbidity Project which links drugs with mental health areas.

    - MindMatters is a secondary mental health programme which seeks to develop whole of school' approach to building mental resilience and suicide prevention with synergies with drug prevention issues especially relating to smoking.

- National Supply Reduction Strategy for Illicit Drugs. This strategy has evolved since 1997 to include heroin and all other illicit drugs and provides a broad strategic framework to address a range of supply reduction issues at the national level. It recognises that there will be some variation in the way that the Strategy is implemented in each jurisdiction as a result of factors such as organisational differences, as well as differences in the nature of both drug law enforcement and drug supply problems.

4. Supply Reduction – as previously mentioned, these strategies aim to disrupt both the supply of illicit drugs entering Australia and the production and distribution of illicit drugs within Australia.

5. Preventing Use and Harm – These strategies aim to prevent drug use and minimise the harmful affects of drug use by users and the community.

Australian school based drug education is a key prevention strategy aimed to prevent harmful drug takeup and use and prevent drug-related harm, targeting children who, for the majority of cases have not yet embarked on a drug taking career.

In some Australian prisons, a graduated penalty system has been established for use or possession of drugs that provides for harsher penalties for users of 'harder' drugs such as heroin, cocaine and amphetamines, and lesser penalties for use of drugs such as cannabis. This strategy was implemented in an effort to prevent the harmful spread of blood borne viruses such as HIV and Hepatitis as a result of graduation of prisoners to injecting drug use.

The Illicit Drug Diversion Initiative emerged as a strategy to prevent and minimise the harmful affects of drug use by directing drug users to education and treatment to alter and ideally cease their drug taking behaviour.

6. Access to Treatment is an integral priority, because of the importance of providing treatment services to people who are drug dependent to reduce drug use and prevent drug related harm.

There is an expectation in the Australian community among drug users and their families that a range of treatment services will be accessible, regardless of age, race, gender, sexual preference and location. There are many strategies in place in Australia to facilitate this priority, including:

- Development of a range of effective alternative pharmacotherapies for the treatment of opioid dependence;

- Ensuring that treatment services are evidenced-based and provided by experienced and qualified staff;
- The development and tailoring of services for specific groups, such as women, youth, indigenous people and rural and remote residents;
- Increasing treatment through general practitioners and hospitals;
- Developing stronger links between treatment services and mental health services for the management of drug users with co-existing mental health problems; and
- Improving access to treatment for people in the criminal justice and juvenile justice systems.

7. Professional Education and Training is a key priority because a wide range of criminal justice, health, welfare and education workers are exposed to people who experience drug-related harm.

Various strategies have been developed to accommodate this range of professions who may not have the skills, training and confidence, or see it as their responsibility to respond directly to health, social and psychological harms caused by drug use.

With the introduction of the COAG Illicit Drug Diversion Initiative it was recognised that there may be a shortage of available treatment places to meet the expected demand and governments have invested in capacity building of the health workforce, particularly in the area of drug and alcohol treatment.

8. Research and Data Development is another key priority as responses by health, police and education services to redress drug-related harm should reflect evidence-based practice that is informed by quality research, evaluation and assessment.

Funding is provided through various sources for scholarships to encourage research in the illicit and licit drugs field and to build the expertise of Australian researchers in this area, together with direct project grants for specific projects.

Australia has the good fortune to have three research centres of excellence to provide a core research programme that facilitates research into both illicit and licit drug issues. The Research Centres, which have an international reputation for excellence, are all attached to Universities, and engage in a broad range of research, which is published widely. They are located in three separate Australian states and their website addresses are provided below. I encourage you to visit these sites as the Centres.

- The National Drug and Alcohol Research Centre (Sydney, New South Wales)
  www.ndarc@unsw.edu.au;

- The National Drug Research Institute (Perth, Western Australia)
  www.ndri@curtin.edu.au;

- The National Centre on Education and Training in Addiction (Adelaide, South Australia)
  www.nceta@flinders.edu.au.

The National Drug Law Enforcement Research Fund is another mechanism that facilitates the funding of research in a number of areas that are of significant interest to the Australian drug law enforcement sector.

The following provides a brief summary of some of the areas of study that are currently underway or recently completed:

(i) *The heroin shortage*

A research project to study the causes and impacts of the heroin shortage that has affected particularly the Australian eastern seaboard from early 2000. Australia is believed to be the only country that has been affected by such a heroin shortage. This research will provide a unique insight

into the supply and demand dynamics of the heroin market in Australia as well as the interrelatedness of this market with other illicit drug markets.

(ii) *Drugs and driving*

Three projects have been funded in this area. Two of these projects are examining drug driving among police detainees and injecting drug users respectively. The third is evaluating the efficacy of the Standardised Field Sobriety Test in detecting impairment caused by cannabis alone and cannabis in combination with alcohol.

(iii)*Amphetamine type substances (ATS)*

There are a number of important issues that are emerging for policing concerning ATS. The most important of these is the emergence of more potent forms of ATS than were previously available. In this regard, funding has been provided to allow for the expansion of the Illicit Drug Reporting System in the states of New South Wales and Queensland to include a module on amphetamine type stimulants which are used as party drugs, particularly at rave parties, for the period 2000/01 and 2001/02.

Research is currently underway into: Cocaine markets; components of heroin price; Ecstasy markets; Benzodiazepine and pharmaceutical opiate use and its relationship to crime; petrol sniffing in Aboriginal and Torres Strait Islander communities; and cannabis and other illicit drug use in Aboriginal and Torres Strait Islander communities.

The results of these studies will impact on diversion, particularly the opportunity to divert drug users who are at an early stage of their drug use career from the criminal justice system into education and treatment.

V. NATIONAL ILLICIT DRUG STRATEGY – TOUGH ON DRUGS

The National Drug Strategic Framework is further complemented by the National Illicit Drugs Strategy, titled 'Tough on Drugs' that was launched by the Australian Prime Minister in 1997.

The Prime Minister made a commitment to Australian families to make every effort to tackle the drug problem in the Australian community. The Tough on Drugs initiative is the Commonwealth Government's commitment to addressing the misuse of illicit drugs and has been facilitated by the contribution of a total of $625m to a range of directed to law enforcement, education, health and research services to identify and apprehend drug traffickers, rehabilitate those affected by illicit drugs and educate young people, families and the community about the important drug prevention message.

It is this funding, in the context of rehabilitating those affected by illicit drugs, that has enabled the implementation of the Diversion initiative across Australia's States and Territories, which will be covered in more detail in the following lecture.

VI. GOVERNANCE

A. Council of Australian Governments (COAG)

The Council of Australian Governments (COAG) comprises the Prime Minister, Premiers of the six States, Chief Ministers of the two Australian Territories, and the President of the Australian Local Government Association.

The role of COAG is:

- To increase cooperation among governments in the national interest;
- To facilitate cooperation among governments on reforms to achieve an integrated, efficient national economy and single national market;
- To continue structural reform of government and review of relationships among governments consistent with the national interest; and

- To consult on major issues by agreement such as:

  - Major whole-of-government issues arising from Ministerial Council deliberations; and

  - Major initiatives of one government which impact on other governments.

B. Ministerial Council on Drug Strategy

As previously detailed the Australian Ministerial Council on Drug Strategy is the peak policy and decision making body in relation to licit and illicit drugs in Australia.

C. Intergovernmental Committee on Drugs

The Intergovernmental Committee on Drugs (IGCD) supports the Ministerial Council on Drug Strategy. The IGCD consists of senior officers representing health and law enforcement in each Australian State/Territory (appointed by their respective health and law enforcement Ministers) and people with expertise in other identified priority areas such as education and indigenous issues. The Committee provides policy advice to Australian Ministers on the full range of drug-related matters and is responsible for the implementation of the Australian National Drug Strategic Framework.

The IGCD has a number of specialist expert advisory committees and working groups to ensure the best outcomes of its work.

The IGCD has progressed their work through their partnership with the Expert Advisory Committees and their liaison with the Australian National Council on Drugs to ensure the non-government sector is involved in the Framework.

D. Australian National Council on Drugs

The Australian National Council on Drugs (ANCD) was established by the Prime Minister in 1998 following the 1997 Evaluation of the National Drug Strategy 1993-97, in recognition of the need to effectively engage the non-government sector and strengthen the partnership between the government and non-government sectors.

The Council is a high level expert advisory body with broad representation, including government and non government organisations, experts and other key stakeholders with representation from law enforcement, health, social welfare and family interests.

The Council reports annually to the Prime Minister and Australian Ministerial Council on Drug Strategy on progress with its workplan and provides independent advice on drug related matters. The Australian National Council on Drugs works with the Intergovernmental Committee on Drugs to achieve the objectives of the National Drug Strategic Framework. The executive members of both committees meet on a regular basis to ensure an adequate exchange of information about workplans and progress on issues.

VII. NATIONAL DRUG STRATEGY UNIT

The National Drug Strategy Unit (NDSU) established following the 1997 Review of the National Drug Strategy, has primary carriage at the Commonwealth level for the co-ordination of activities under the National Drug Strategic Framework and is dedicated to assisting the National Drug Strategy Governance structure to provide leadership and meet the objectives of the Framework.

- The National Drug Strategy Unit's role is to contribute to the reduction in harm caused by drug misuse through:

- the development and coordination of policies, including position and options papers on issues of national significance for the consideration of the Ministerial Council on Drug Strategy and the Intergovernmental Committee on Drugs;

- working with a diverse range of groups including:

- National Expert Advisory Committees and sub-committees/reference groups;
- the ANCD which represents the Non-Government Sector; and
- Commonwealth, State and Territory agencies and the National Drug Research Centres of Excellence;

- the provision of policy advice that reflects an appropriate balance of health and law enforcement input;

- liaison with Australian agencies whose practices may impact on policy directions of both health and law enforcement agencies; and

- the promotion of the law enforcement role and partnership in the Framework.

VIII. NATIONAL DRUG RESEARCH CENTRES OF EXCELLENCE

Research is a key priority area under the National Drug Strategy as Governments seek to ensure that policy decisions are based on sound evidence.

In 1986 the first two national research centres, one in Perth, Western Australia and the other in Sydney, New South Wales were established under NCADA.

The National Drug Research Institute (NDRI) in Western Australia concentrates primarily on research into the prevention of drug misuse and the National Drug and Alcohol Research Centre (NDARC) in New South Wales concentrates primarily on research into the treatment and rehabilitation of drug misusers.

Funding is provided by the Commonwealth Government through the National Drug Strategy Unit for the core research programmes of these Research Centres. The Centres facilitate research and disseminate their findings on a national and international basis. Examples of this research can be found in the National Drug Strategy Monograph Series. A list of the series is provided as an Attachment to this paper.

The Australian National Drug Research Centres produce technical papers on a variety of subjects associated with drugs that inform both the government and non-government sectors.

In 1999 the National Centre for Education and Training on Addiction (NCETA) became the third Research Centre of Excellence under the National Drug Strategic Framework to receive funding from the Commonwealth Government. This Centre aims to improve understanding of models of practice change and build the capacity of the workforce to respond effectively to alcohol and other drug related harms, and to improve the quality of education and training among frontline workers on preventing and responding to drug related harm. Their research in Workforce Development includes workshops, seminars and training material to facilitate the advancement of workforce development in the alcohol and other drugs field.

The following are some examples of research that have been undertaken by the National Drug Research Centres, that have significantly informed policy decisions and practices that seek to redress drug related harms.

1. National Evaluation of Pharmacotherapies for Opioid Dependence

The National Drug and Alcohol Research Centre in Sydney, New South Wales has recently completed extensive clinical studies of a range of opioid detoxification and maintenance treatments with a total of 1500 participants. The evaluated pharmacotherapies included buprenorphine, methadone, LAAM and naltrexone.

This nationally co-ordinated evaluation provides information on the effectiveness and cost-effectiveness of various treatment options for opioid dependence thereby contributing to the evidence

base upon which decisions regarding availability and implementation of different treatment options can be made.

2. Temazepam Injecting in Australia

The National Drug and Alcohol Research Centre in Sydney is currently undertaking a study of temazepam injecting following a high takeup rate of use in conjunction with Australia's current heroin shortage. The purpose of the study is to establish the changes in benzodiazepine use following regulatory changes on 1 May 2002 that restrict the availability of the temazepam gel capsules.

The study will gather information about injecting drug users patterns of both temazepam and other benzodiazepines following the regulatory change. An analysis of availability and sources on the illicit black market will also be included.

3. Impact of Changes to Cannabis Laws in Western Australia

The National Drug Research Institute in Perth, Western Australia is currently undertaking a pre-post evaluation of the changes to legislation and regulations for minor cannabis offences.

The evaluation will investigate police implementation of the legislative and regulatory changes; drug market effects; impact on regular cannabis users; knowledge and attitude regarding cannabis and the law; effect on school children; and effect on apprehended cannabis users.

This study is particularly relevant to the further development of Australian Diversion Programmes.

IX. KEY DATA COLLECTIONS

As part of the evidence gathering required to make meaningful policy decisions, the National Drug Strategic Framework is supported by a number of key data collections. Whilst the methodology and the financing of the collections differ, the data collections collectively provide a picture of the current use of drugs in the Australian community and provide an early warning system to enable effective direction to policy makers in developing advice on drug prevention, education and treatment.

Some of the key national data collections funded by the Commonwealth Government include:

1. Clients of Treatment Service Agencies (COTSA)

This collection is intermittent and is conducted by the National Drug and Alcohol Research Centre. It monitors the changes in demographic characteristics of people using drug and alcohol treatment services and is a one-day census of clients (both users and friends/relatives of users) of all drug and alcohol treatment agencies across Australia.

There are in excess of 500 treatment services and agencies in operation in Australia. These agencies are asked to complete a survey form providing details about each client seen that day. 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, and usual residential postcode.

This collection provides an overview of the number of types of drug users in treatment. It also identifies changes in the drugs used, which vary considerably across the Australian states and territories. This collection is a valuable tool for assessing the current and future needs of treatment services, and identifying issues that require particular attention.

A useful example is the heroin shortage that is being experienced in Australia at the moment, and subsequent increase in the use of benzodiazepines and methylamphetamines. This change in drug availability and use produces challenges for treatment services' ability to manage the induced aggressive and psychotic behaviour of methylamphetamine users.

2. Illicit Drug Reporting System

This collection is conducted by the National Drug and Alcohol Research Centre and allows the monitoring of emergent trends in drug use and markets in all Australian States and Territories.

Annual data is collected separately in each jurisdiction and are coordinated nationally by the National Drug and Alcohol Research Centre (NDARC).

The collection provides details on drug of choice, route of administration and type of illicit drug use, drug-related problems, price and purity, and reactions to government strategies. The collection includes input from key informants such as treatment service providers, structured interviews with injecting drug users and ethnographic research, and the inclusion of existing health and law enforcement indicators.

The IDRS is a strategic early warning system used widely by policy makers and planners in both the health and law enforcement sectors of government. It assists all levels of government to coordinate appropriate policy and programme responses to emerging issues, such as the recent decline in heroin availability and the emergence of high grade methylamphetamine, cocaine and the increased use of benzodiazepines among injecting drug users.

3. National Drug Strategy Household Survey

This survey is conducted by the Australian Institute of Health and Welfare and the collection monitors the public's experience of and attitudes toward drug use. Information is collected from Australian households on a wide variety of drug related matters including attitudes to alcohol and other drugs, awareness, knowledge, use and behaviours. For each drug, respondents are asked questions in relation to 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.

This survey is conducted tri-annually and the most recent survey conducted in 2001 included responses from over 27,000 Australians aged 14 years and over.

4. National Minimum Data Set for Diversion

This collection is part of the national evaluation and monitoring strategy for the COAG Illicit Drug Diversion Initiative. Collection of this data by each jurisdiction will enable an analysis of the flow of participants, including the type of interventions they participate in, through the police and health systems and to facilitate ongoing monitoring and evaluation of the Diversion process.

X. DIVERSION

In April 1999, the Council of Australian Governments (COAG) "agreed to work together to put in place a new nationally consistent approach to drugs in the community involving diversion of drug offenders by police to compulsory assessment."

The Council of Australian Governments requested the Ministerial Council on Drug Strategy to develop a national framework for the diversion initiative. This national framework draws on the work of a number of expert working groups which were chaired by members of the Intergovernmental Committee on Drugs (IGCD) and included representatives of the IGCD and the Australian National Council on Drugs (ANCD).

The framework ensures a nationally consistent approach to diversion whilst recognising that law enforcement, drug assessment, education and treatment services are jurisdictionally-based and have different legislative, practice and cultural circumstances.

On 18 November 1999, the Prime Minister announced that COAG had endorsed the framework for the Illicit Drug Diversion Initiative.

A. Framework for COAG Diversion Initiative

The Council of Australian Governments agreed that:

- The Commonwealth would provide funding for significantly expanded early intervention treatment and rehabilitation;

- There would be shared Commonwealth and State/Territory funding for assessment services; and

- States and Territories would provide the law enforcement basis for diverting offenders into treatment programmes and would maintain their existing health and education effort.

The Commonwealth funding for assessment, treatment, education and capacity building and training totals approximately $105 million over four years and is being rolled out to allow progressive implementation of the initiative. The basis and process for allocation of funds within jurisdictions is being determined through bilateral discussions.

B. Diversion Principles

In developing the diversion initiative, it was important to recognise state and territory autonomy whilst still striving for a national approach. In recognition of this a set of nineteen principles under which the diversion initiative would function were developed by the Inter-governmental Committee on Drugs in conjunction with the Australian National Council on Drugs.

The following principles were endorsed by the Ministerial Council on Drug Strategy to underpin the joint Commonwealth/State/Territory development of an approach to divert illicit drug users from the criminal justice system to education or assessment, with a view to treatment as required.

PRINCIPLE 1	The approach should operate within a broad national framework, which allows jurisdictional flexibility within available resources.
PRINCIPLE 2	The approach should be structured as far as possible on a 'whole of state' basis, progressively implemented, according to identified priority areas.
PRINCIPLE 3	The approach is contingent upon a strong working relationship between the criminal justice system and health, consistent with the principles and partnerships set out in the National Drug Strategic Framework 1998-99 to 2002-2003
PRINCIPLE 4	The approach will recognise the needs of local communities and of illicit drug users with special requirements, such as indigenous Australians
PRINCIPLE 5	The approach should be linked with other systems, such as employment, training and housing, with mainstream Commonwealth, State and Territory (hereafter 'State') programmes considering options for prioritising and assisting access by illicit drug users who have been diverted.
PRINCIPLE 6	The approach should, wherever possible, build on existing structures and practices to ensure value for money within the spirit of the COAG Communique.
PRINCIPLE 7	Implementation of the approach is dependent upon police being appropriately empowered and should take account of its impact on existing legislation/practices/programmes to ensure positive outcomes.
PRINCIPLE 8	Diversion programmes must be sustainable, based on sound design, engage stakeholders, including the local community, and invest in workforce developments.
PRINCIPLE 9	Any diversion strategy implemented at the jurisdictional level, under the COAG initiative, will take account of the needs of juvenile and adult offenders.
PRINCIPLE 10	The approach will build on collaborative relationships, while acknowledging a clear delineation of roles between police who divert, and health professionals who assess and treat.
PRINCIPLE 11	Coordinated police diversion requires a clear understanding of procedures and protocols to be followed for the management of the diversion process.

PRINCIPLE 12	Successful implementation will require each jurisdiction to assess the impact of diversion on police service operations and resources.
PRINCIPLE 13	Police will continue current public health practices with respect to emergency situations and limiting the spread of blood-borne diseases in accordance with the principles set out in the National Drug Strategic Framework 1998-99 to 2002-2003.
PRINCIPLE 14	The approach should offer a range of appropriate and best practice drug treatment services.
PRINCIPLE 15	Required treatment participation should not be disproportionately more onerous for the individual than the criminal justice system alternatives.
PRINCIPLE 16	The approach must include post-intervention support (e.g., discharge planning, planned follow up and appropriate referrals to a range of services).
PRINCIPLE 17	The approach should acknowledge an on-going commitment to the training/education needs of all stakeholders involved in the diversionary process, including police.
PRINCIPLE 18	The approach must be monitored and evaluated to inform best practice and continuous improvement and reflect the intent of the COAG Communique and the goals of the national drug strategy.
PRINCIPLE 19	The approach will be responsive to changing circumstances and emerging needs.

C. Summary of Diversion Process

Under the diversion initiative illicit drug offenders may be diverted into compulsory drug education or assessment if they comply with the following criteria:

1. Minimum Criteria for Determining Eligibility for Diversion

The primary target group will be illicit drug users who have little or no past contact with the criminal justice system for drug offences, and who have been apprehended by police for possession and/or use of small quantities of any illicit drug (those quantities to be defined at the jurisdictional level). Eligibility criteria to be developed by each jurisdiction and applied by police will, at a minimum, include:

- Sufficient admissible evidence of the offence;
- Admission to the offence;
- Use and or possession of illicit drugs (jurisdictions may decide to go beyond this minimum level of drug offence);
    - The diversion programme will apply to all illicit drugs and such other drugs and drug use as may be agreed bilaterally, e.g. the illicit use of licit drugs, such as abuse of benzodiazepines.
- No history of violence
    - Offenders with a violent history will not be part of the target group; however, there may be situations where this is not appropriate, e.g. where the history of violence is very much in the past; and
- Informed consent by the offender to diversion
    - Police will make all reasonable attempts to ensure that the offender understands their rights and responsibilities under the diversion programme.

- Diversion must be appropriate given all of the circumstances (taking into account, within statutory limitations, the public interest whether to immediately proceed with criminal justice processes).[5]

The scope for police to divert directly to education is determined by each state/territory. Similarly the nature and extent of the drug education provided might vary between states/territories.

Offenders diverted by police to assessment might be referred to either drug education or to treatment.

D. Expiation

To expiate their offence:

- Offenders diverted directly to education will be required to fully participate in the education programme, as defined by the state/territory.

- Offenders diverted to assessment will be required to undertake the drug assessment and to participate in the prescribed programme of education or treatment.

While expiation of the offence may occur before the completion of treatment, offenders will be encouraged to complete the course of treatment agreed with the assessor and Commonwealth funding will be available for this treatment episode.

Offenders who satisfy expiation will have no criminal conviction for the offence recorded against them. Offenders who fail to satisfy expiation requirements will re-enter the criminal justice process.

E. Post Expiation

Offenders will also be supported following treatment, with planned followup and referral to appropriate community services.

Assessment, education and treatment services will provide timely advice to police of expiation failure to comply.

The 1999 Agreement between Commonwealth and State/Territory Governments to divert minor drug offenders into treatment and education, rather than into the criminal justice system, has implications for the policing of drugs. For the first time, there is a consistent national commitment within the criminal justice sector to divert drug offenders into treatment.[6]

Diversion can occur at various stages through the criminal justice system. Police can divert offenders when they first come into contact with them. However, once a charge has been laid then other agencies of the criminal justice system, namely the courts, can choose to divert offenders to treatment. Diversion schemes under the national framework include cautioning and drug courts.

My second paper "Australian Diversion Programmes – An Alternative to Imprisonment for Drug and Alcohol Offenders" will detail the Australian Diversion Initiatives.

[5] COAG Illicit Drug Diversion Framework

[6] *Crime and the Criminal Justice System in Australia: 2000 and Beyond:* Drug Trends and Policies

APPENDIX A: NATIONAL DRUG RESEARCH CENTRES OF EXCELLENCE DRUG ISSUES – MONOGRAPHS PUBLISHED

1. *NCADA: Assumptions, arguments and aspirations*
   The Hon Neal Blewett Minister for Health, 1987

2. *Proscription and Prescription Commonwealth Government Opiate Policy 1905 -1937*
   Desmond Manderson, 1987

3. *Drinking and Alcohol in Colonial Australia 1788-1901 for the Eastern Colonies*
   Keith C Powell, MB, BS, MPH, FRACP, 1988

4. *Mothering and Addiction – Women with Children in Methadone Programmes*
   Cathy Waldby, 1988

5. *Drug Education is a Joint Effort*
   Ray James, MPH Ed.D, and Danni Benton, 1988

6. *Karralika – An Evaluation of a Therapeutic Community for Drug Users in the Australian Capital Territory*
   Ruth A Latukefu MA, PhD, 1987

7. *Marijuana – An International Research Report*
   Greg Chesher, Paul Consroe and Rik Musty (Eds), 1988

8. *Drug Awareness and Use among Primary Schoolchildren – An evaluation of the Life Education Centre Programme*
   John A Stephenson, Susan Quine, Petra Macaskill and John P Pierce, 1988

9. *Mass-Media Alcohol and Drug Campaigns : A consideration of relevant issues*
   Mary-Ellen Miller and Joclyn Ware, 1989

10. *Alcohol Education for Aboriginal Children*
    James G Barber, Collette Walsh and Ruth Bradshaw, 1989

11. *The Effectiveness of Treatment for Drug and Alcohol Problems: An Overview*
    N Heather, R Batey, J B Saunders, A D Wodak, 1989

12. *The National Campaign Against Drug Abuse 1985 –88 Evaluation and Future Directions*
    Commonwealth Department of Community Service and Health, 1989

13. *The development and implementation of the 'Plan a Safe Strategy' drink driving prevention program*
    The University of Queensland and the Queensland Department of Education Drink Driving Project, 1990

14. *Evaluating treatments for alcohol and other drugs*
    Fiona Mc Dermott, Margaret Hamilton, Bruce Legay, 1991

15. *Estimating the economic costs of drug abuse in Australia*
    David J Collins, Helen M Lapsley, 1991

16. *Responses to drug problems in Australia*
    Susan Henry-Edwards, Rene Pols, 1991

17. *Future Directions for alcohol and other drug treatment in Australia*
    Robert Ali, Mel Miller, Simone Cormack (Eds), 1992

18. *Comparative analysis of illicit drug strategy*
Melissa Bull, Don McDowell, Jennifer Norberry, Heather Strang, Grant Wardlaw, 1992

19. *An outline for approaches to smoking cessation: quality assurance project*
Richard P Mattick, Andrew Baillie (Eds), 1992

20. *An outline for the management of alcohol problems*
Richard P Mattick, 1993

21. *A treatment outline for approaches to opiod dependence: quality assurance project*
Richard P Mattick, 1993

22. *An Evaluation of a model of drug education*
Jeffrey Wragg, 1992

23. *The re-integration problems of drug using young offenders*
Christine Alder and Hilary Read, 1992

24. *Workplace policies and programmes for tobacco, alcohol and other drugs in Australia*
Robyn Richmond, Nick Heather, Phoebe Holt and Wendu Hu, 1992

25. *The health and psychological consequences of cannabis use*
Wayne Hall, Nadia Solowij and Jim Lemon, 1994

26. *Legislative Options for Cannabis Use in Australia*
David McDonald, Rhonda Moore, Grant Wardlaw, and Nicola Ballenden, 1994

27. *Patterns of cannabis use in Australia*
Neil Donnelly and Wayne Hall, 1994

28. *Public perceptions of cannabis legislation*
Jenny Bowman and Rob Sanson-Fisher, 1994

29. *Public Perceptions of Health and Psychological Consequences of Cannabis Use*
Wayne Hall and Joan Nelson, 1995

30. *The social costs of drug abuse in Australian in 1988 and 1992*
David J Collins and Helen M Lapsley, 1996

31. *Marijuana in Australia: patterns and attitudes*
Toni Makkai and Ian Mc Allister, 1997

32. *Models of intervention and care for psychostimulant users*
Greg Kamieniecki, Niki Vincent, Steve Allsop and Nick Lintzeris, 1998

33. *Australian secondary students' use of over-the-counter and illicit substances in 1996*
Tessa Letcher and Victoria White, 1999

34. *The social impacts of the cannabis expiation notice scheme in South Australia*
Robert Ali, Paul Christie, Simon Lenton, David Hawks, Adam Sutton, Wayne Hall and Steve Allsop, 1999

35. *Cannabis offences under the cannabis expiation notice scheme in South Australia*
Paul Christie, 1999

36. *Infringement versus conviction: the social impact of a minor cannabis offence under a civil penalties system and strict prohibition in two Australian States*
Simon Lenton, Paul Christie, Rachael Humeniuk, Alisen Brooks, Mike Bennett and Penny Heale, 1999

37. *Effects of the cannabis expiation notice scheme on levels and patterns of cannabis use in South Australia*
Neil Donnelly, Wayne Hall and Paul Christie, 1999

38. *A review of law enforcement and other criminal justice attitudes, policies and practices regarding cannabis and cannabis laws in South Australia*
Adam Sutton and Elizabeth McMillan, 1999

39. *Proceedings of Expert Workshop on the Induction and Stabilisation of Patients onto Methadone*
Rachel Humeniuk, Robert Ali, Jason White, Wayne Hall and Michael Farrell, 2000

40. *Drug Harm Minimisation Education for Police in Australia*
The National Centre for Education and Training on Addiction, Queensland Police Service and Edith Cowan University, 1999

41. *Drug Law Enforcement: Its effect on treatment experience and injection practices*
NSW Bureau of Crime Statistics and Research, 1999

42. *The Role of Police in the Diversion of Minor Alcohol and Drug Related Offenders*
Department of Criminology, University of Melbourne, 1999

43. *Illicit Drug Use in Australia: Epidemiology, Use Patterns and Associated Harm*
National Drug and Alcohol Research Centre, University of New South Wales, 2000

44. *The Health and Psychological Effects of Cannabis use – 2nd edition*
National Drug and Alcohol Research Centre, University of New South Wales, 2001

45. *Australian Secondary Students' use of Alcohol in 1999*
Victoria White, Anti-Cancer Council of Victoria, 2001

46. *Australian Secondary Students' use of Over-the-Counter and Illicit Substances in 1999*
Victoria White, Anti-Can ncil of Victoria, 2001