PARLIAMENT OF VICTORIA

DRUGS AND CRIME PREVENTION COMMITTEE

INTERIM REPORT

INQUIRY INTO THE VICTORIAN GOVERNMENT'S DRUG REFORM STRATEGY

TURNING THE TIDE

DECEMBER 1997

ORDERED TO BE PRINTED

Victorian Government Printer
1997

No. 66 - Session 1996-97

Drugs and Crime Prevention Committee

MEMBERS

The Honourable Andrew R. Brideson, MLC, **Chairman**

Gary J. Rowe, MLA, **Deputy Chairman**

Andre Haermeyer, MLA

Don Kilgour, MLA

Hurtle Lupton, MLA *(from September 1997)*

The Honourable Jean McLean, MLC

Edward J. Micallef, MLA

The Honourable Dr John W. G. Ross, MLC

Barry Traynor, MLA *(until September 1997)*

Jan T.C. Wilson, MLA

Committee Staff

Mr Rob McDonald
Executive Officer *(from May 1997)*

Mrs Maria Rowe
Office Manager/Research Assistant

Dr Maurice Rickard
Research Officer *(from July 1997)*

Ms. Sarah Crome
Research Officer *(from August 1997)*

Ms Carolyn Jelenc
Research Assistant
Work placement. July 1997 till October 1997

Mr Adam McBeth
Parliamentary Intern *(August 1997 till October 1997)*

Mr Gavan Cooper
Parliamentary Intern *(September 1996 till November 1996)*

Previous Staff and Other Contributors

- Ms Helen Green, Director of Research and Administration *(until March 1997)*
- Ms Diana Rasheva, Administrative Officer
- Australian Drug Foundation Library
- Parliamentary Library
- Joint Administration Committee Office
- Senior Officers Coordinating Committee (SOCC)

TABLE OF CONTENTS

CONTENTS **Page**

6. Appendices

7. List of Tables

8. List of Figures

Chairman's Foreword

In accepting the majority of recommendations of the Premier's Drug Advisory Council, the Victorian Government has taken a pro-active leadership role in confronting one of the major challenges of our times - the manufacture, trafficking and abuse of illicit drugs.

During the past eighteen months, the Drugs and Crime Prevention Committee has worked diligently to research and study at first hand the drug phenomena in a number of local, national and international settings.

It has paid particular attention to sound ideas and practices as well as innovative strategies employed by both researchers and practitioners.

A strength of the committee is its preparedness to challenge the status quo in its search to find fresh solutions to break the nexus between criminal activity and the illicit drug trade. It is obvious that traditional strategies are not finding solutions.

From the outset it must be made clear that the following report is a preliminary one and includes a 'snapshot' of progress to date in the implementation of the *Turning The Tide* Strategy. This report is the first part of a two part reference that concludes in mid 1999. The second report will provide a more detailed analysis of the extent to which the use and abuse of illicit drugs, and the consequential physical, emotional and social harm that results, has been reduced.

My committee has done much to familiarise itself with the issues from a range of perspectives. Data is still being assembled and the viability of a range of options is being assessed, but even at this early stage the committee makes the following broad observations -

- Australia is in a unique position with an outstanding record in preventative strategy. (It has set international standards in AIDS prevention and road safety campaigns).

- Because of the global nature and extent of the drug problem, Victoria's approach must be consistent with both national and international harm reduction/harm minimisation strategies.

- Evaluation is critical and too often over-looked. The committee wishes to undertake a rigorous two stage approach - an early assessment followed by a more detailed evaluation.

- Any drug strategy must be consistent, consensus driven and have a significant level of community support. Approaches should continue to be multi-faceted, targeted and coordinated.

- Victoria is setting world standards in this area and we must strive to ensure that our efforts remain commensurate with overseas best practice.

- There are no simple answers. A well informed longitudinal approach needs to be adopted to change attitudes and behaviours.

We have made a sound start, but this is only the beginning of a long and complex process. During the next eighteen months, research will continue, public hearings will be conducted and new programs evaluated. The issues outlined in chapter 4 will be thoroughly canvassed before recommendations are made.

The Drugs and Crime Prevention Committee is under no illusions about the formidable task that confronts it, but in the words of the eighteenth century writer, Edmund Burke, 'All it takes for evil to triumph is for good men [sic] to do nothing'.

I take this opportunity to thank all members for the assiduous way they have approached this reference. The strength of our deliberations lies in the fact that we have put the drugs issue ahead of party politics. We are a truly bi-partisan committee.

The committee has been extremely well served by its conscientious staff. In a period of only six months Mr. Rob McDonald has worked tirelessly, providing direction and advice. Both Dr. Maurice Rickard and Ms Sarah Crome have researched meticulously and have brought much intellectual rigour to the committee's task. The work of Ms Maria Tedesco as Office Manager has also been much appreciated.

I would also like to express my gratitude to the many individuals and organisations, locally, interstate and overseas who have willingly assisted the committee in its deliberations.

Andrew Brideson
Chairman

2 December 1997

Functions of the Drugs and Crime Prevention Committee

The Victorian Drugs and Crime Prevention Committee is constituted under the *Parliamentary Committees Act 1968*, as amended.

Parliamentary Committees Act 1968

Section 4 EF.

'To inquire into, consider and report to the Parliament on any proposal, matter or thing concerned with the illicit use of drugs (including the manufacture, supply or distribution of drugs for such use) or the level or causes of crime or violent behaviour, if the committee is required or permitted so to do by or under this Act.'

The Drugs and Crime Prevention Committee's address is:

Level 8
35 Spring Street,
Melbourne Victoria 3000

Telephone: (03) 9651 3541
Facsimile: (03) 9651 3603
Email: robertm@parliament.vic.gov.au

Terms of Reference

The Parliamentary Crime Prevention Committee shall inquire into, consider and report to the Parliament on the implementation of the Government's Drug Reform Strategy, and in particular to: -

1. Monitor the implementation, and evaluate the effectiveness, of the comprehensive drug reform strategy announced in response to the report of the Premier's Drug Advisory Council in the document *Turning the Tide*.

2. Investigate and evaluate national and international experience in the drug area. This will include undertaking an evaluation of differing approaches to the drug problem in other states, particularly South Australia and the A.C.T., and international jurisdictions.

3. Monitor and evaluate two research projects which will be commissioned by the Government. The first will further investigate any linkage between marijuana use and the onset of schizophrenia and other mental illness. The second will investigate the effects of marijuana use on driving and support expanded work on the development and commissioning of a roadside testing mechanism for marijuana.

A preliminary report focusing on the extent to which implementation of initiatives has been achieved will be required to be tabled in the Parliament no later than December 1997.

A second report providing a clear indication of the extent to which the use and abuse of drugs and the physical, emotional and social harm that results has been reduced will be required to be tabled in the Parliament no later than June 1999. This report will take into account the results of the research projects considered by the committee and the evaluation of national and international experience.

The two reports will form the basis for ongoing action, including legislative reform.

Dated 25 June 1996

Responsible Minister:
J. G. Kennett
Premier

Preamble

The Premier's Drug Advisory Council delivered its report, *Drugs and Our Community*, to the Government in March 1996. The Government, following extensive debate in Parliament supported the vast majority of the recommendations contained in that report and, in response, announced the *Turning the Tide* strategy in June 1996. Two key committees were proposed to ensure successful development and implementation of supported recommendations: a new Cabinet Subcommittee, and an all-party Drugs and Crime Prevention Committee of Parliament.

The Parliamentary Drugs and Crime Prevention Committee was established at the commencement of the 53rd Parliament. On the meeting of the 10 July 1996, the committee, under the chairmanship of the Honourable Andrew Brideson, MLC, resolved unanimously, to adopt the terms of reference as published in the Victorian Government Gazette on the 4 July 1996.

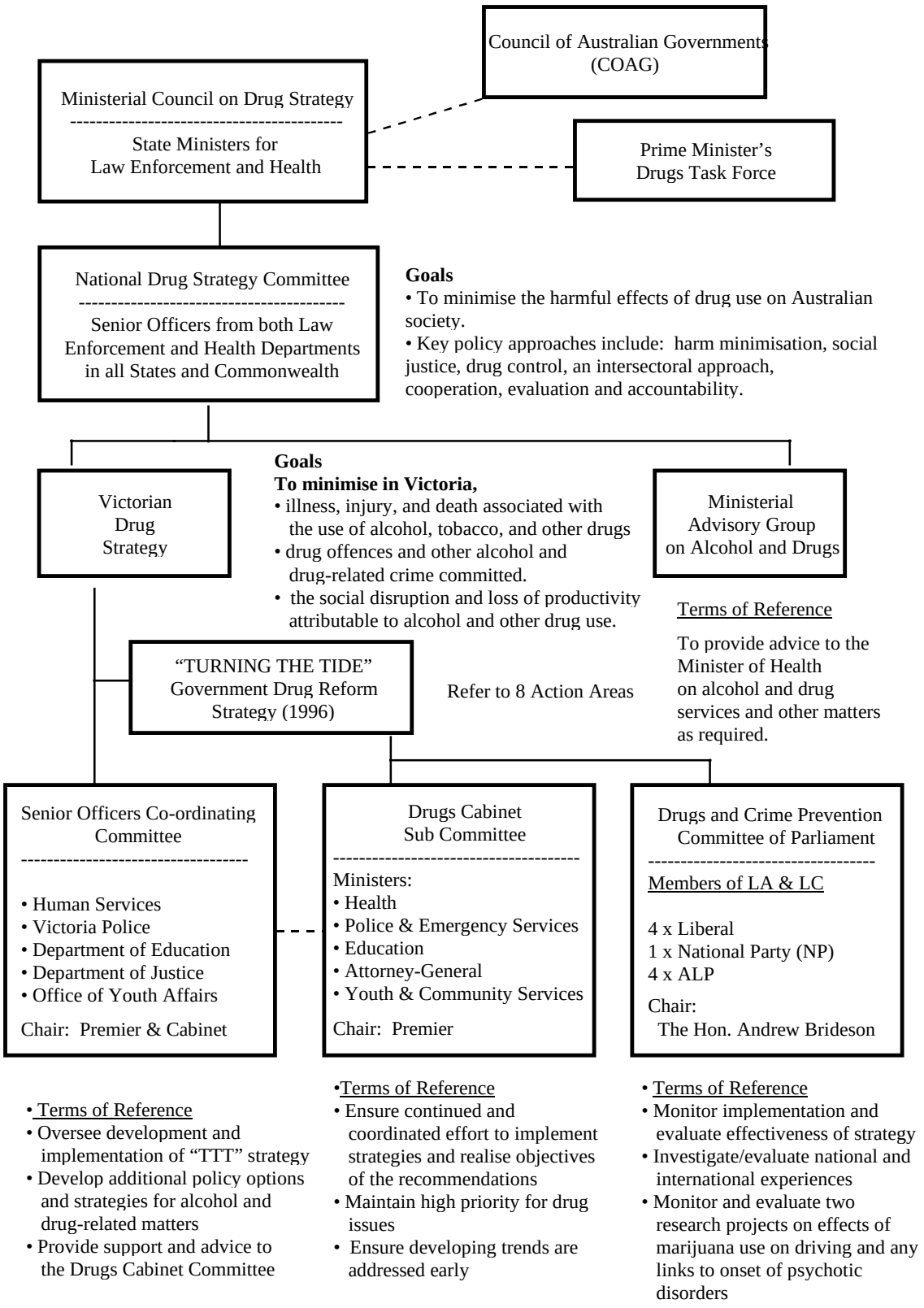
In January 1997 the Premier also announced the allocation of more than $59 million for the $100 million four year, *Turning the Tide* strategy, to support a raft of initiatives. *Turning the Tide* represents a whole of government approach and involves legislative changes and special programs across a number of portfolios.

The committee under its terms of reference, is charged with the responsibility of presenting two reports. This first report focuses on the extent to which the implementation of the *Turning the Tide* initiatives has been achieved, and provides a 'snapshot' of progress to date. This status report also incorporates some findings from completed overseas and interstate study tours. In the spirit of the *Turning the Tide* strategy, it aims to further inform the public debate by presenting up-to-date facts and current issues that should provide a basis for ongoing discussion and action in our community.

The material enclosed also aims to provide a link with a second report which will provide a far more detailed analysis and investigation of the *Turning the Tide* strategy as it has developed up until mid-1999.

Figure 1: Drug Strategies Coordination Structure

DRUG STRATEGIES COORDINATION STRUCTURE (Oct. 1997)



Executive Summary

Turning the Tide

Like all other States in Australia, and countries in the world, Victoria is confronted by the persistent problem of illicit drug abuse. While it is true that Victoria does not have the world's worst illicit drug problem, the harms and social costs of drug abuse in Victoria are still of great concern. The problem is difficult to eliminate though. Despite ongoing law enforcement efforts to control the supply of illicit drugs into Australia, the supply continues and the demand for these drugs still persists.

The reality of the illicit drug problem in the modern world is that even when every effort is made to prevent illicit drug use, there will still be those who continue to use, or begin using. When faced with this reality, the focus for effective drug policy cannot solely be on law enforcement. Although vigorous law enforcement is absolutely essential to tackling the illicit drug problem, a full and comprehensive policy approach needs to encompass those current and future users who will not be deterred by the law. Therefore, there needs to be a substantial policy focus on reducing the harmful personal and social consequences of illicit drug use.

The Victorian Government's Drug Reform Strategy, *Turning the Tide*, which enacts most recommendations made by the Premier's Drug Advisory Council and which is the subject matter of the current interim report, adopts a harm-reduction approach to illicit drug use in Victoria. In keeping with the National Drug Strategy and the Victorian Drug Strategy Strategic Plan (1993–97), the goal of *Turning the Tide* is to reduce the demand for illicit drugs in Victoria, and to view illicit drug abuse as more a health care issue than simply one of crime and law enforcement. With this, education, prevention, treatment, and rehabilitation become the main strategic orientation.

The Evaluation of Turning the Tide

The programs and activities that form the *Turning the Tide* strategy span a wide range of social domains and institutions. There are initiatives in education, corrections, drug and alcohol services, policing and legislation, as well as the establishment of a Youth Substance Abuse

Service, and other initiatives addressing the coordination of local responses to the drug problem.

The success of such a broadly targeted drug strategy depends very much on it being closely monitored and evaluated throughout. Continual feedback is necessary to put those programs that are off-course or inefficient back on track, to reinforce those projects that are working well, and also to rethink those programs and activities that seem to be having little effect. The ultimate goal of evaluating *Turning the Tide*, however, is to provide the Victorian Government with sound and timely advice to inform its future policy directions and emphasis in the illicit drug area.

The current interim report details the first of two evaluations of *Turning the Tide* that the Drugs and Crime Prevention Committee has been charged with undertaking. This evaluation is an early assessment of the initial implementation of the various *Turning the Tide* programs and activities. In undertaking this brief assessment, the committee was aware that:

1. With programs and activities that are intended to operate over a significant period of time, and which are designed to address complex and entrenched personal and social problems, there will inevitably be a substantial lead time involved in program implementation. The processes of program planning, design and tendering; the coordination of projects at ground level; and the arrangement of appropriate staffing all take time. **The committee was aware, therefore, that in the period between the advent of *Turning the Tide* and the conduct of this inquiry, not many of the funded projects were likely to be fully operational.**

2. Even with *Turning the Tide* projects that are operating, their immediate results may not always be visible, and when they are, these short-term results may not always be indicative of a program's potential in the longer term. **The committee, therefore, wishes it to be understood that the current report gives an initial survey, or 'snapshot' assessment of *Turning the Tide*, and not an in-depth and definitive statement of its ultimate success.**

3. The construction and operation of *Turning the Tide* programs and activities is usually a joint effort between project staff, project managers, and the officers of auspicing government departments. Attributions of responsibility or accountability for program successes and difficulties need to be sensitive to this. **The committee was aware that program successes and failures can be due to factors at different levels of program operation, and within different domains of program responsibility.**

Because of the early stage, and the absence of substantial outcomes, it was anticipated that there would be limited hard data about *Turning the Tide* program operations. So, rather than relying on 'objective' indicators and numerical data, the committee based its assessments on a combination of observations from field visits and liaisons, together with program activity reports from the Senior Officers Coordinating Committee. In conducting its assessment and writing its report, the committee has sought to do a number of things:

1. The problem of illicit drug use is a globalised one, and Victoria's experiences in this area cannot be divorced from the wider national and global picture of illicit drug usage and policy reform. **In recognition of this, Chapter 2 of the current report details some of the prominent local, national and global trends in drug use and drug policy that have occurred since the publication of *Drugs and Our Community*, the Report of the Premier's Drug Advisory Council early in 1996.**

2. Although the committee is required by its terms of reference to monitor and evaluate the *Turning the Tide* strategy, it also has a role to play in suggesting possible modifications to the strategy for the future. **To be in a position to do this soundly, the committee, in Chapter 4 of this report, takes brief note of a range of drug issues that it believes to be of ongoing relevance to the drug problem in Victoria, and which it considers worthy of more extensive investigation as part of the later, in-depth evaluation of *Turning the Tide*.**

3. During its early investigation of *Turning the Tide*, the committee had a special interest in, and paid particular attention to, certain dimensions of program implementation. These were:

   - **the coordination of program implementation and operation;**
   - **the level of cooperation and communication between the different agencies involved in program operation;**
   - **the place that program evaluation has been given in the strategy;**
   - **the procedures for collecting and managing drug related data.**

The Committee's Observations

As stated previously, *Turning the Tide* is in its formative stages, and the assessment documented here does not seek to provide an ultimate evaluation of its programs and activities. It would, therefore, be inappropriate for an interim report such as this to present strong or definitive recommendations about the health or progress of the strategy. The committee,

nevertheless, has made a range of interim observations concerning various aspects of the strategy, the major ones of which are summarised below. The summary of observations falls into two classes: notable observations pertaining to specific key action areas; and more general observations connected with certain dimensions of the *Turning the Tide* strategy: evaluation, tendering, data collection and management, program coordination, interagency communication and cooperation, and the process of change.

Summary of Field Observations Pertaining to Specific Key Action Areas

These observations are a distillation of the many comments and information provided to the committee and its representatives during site visits. The following statements are highlighted as policy and operational issues observed during the development and monitoring of the *Turning the Tide* strategy.

Education

> *Teachers perceive that the additional welfare role proposed in the area of drug education places new demands on themselves in an already overcrowded curriculum. Timetables often cannot accommodate the breadth of offerings expected by policy makers.*

> *Teachers are anxious about the apparent lack of support, planning and resources necessary to introduce these initiatives into a curriculum already addressing many fundamental social issues. Given these initiatives are best incorporated in an integrated fashion, it is all the more important that direction be provided as early as possible.*

> *Specially designed and diverse resources and curriculum responses are required to serve the individual needs in the schools and their differing clientele (primary, secondary, urban, rural etc.).*

> *It seems that a lot of the educational focus has been on school-based programs rather than wider community programs that have an educational purpose. The concept of educating users (and non-users) through peer support networks and community drug user groups is a potentially valuable approach (e.g., NESB programs at local community health centres).*

Youth Substance Abuse

Even though nearly 12 months has elapsed since funding support was announced, some key employment positions required for the implementation of the Youth Substance Abuse Service have yet to be filled.

Concerns about legal liability issues and the extensive time taken in consultations between the Youth Substance Abuse Service partners and the relevant government departments have made for a delayed opening of this service.

In the necessary transitional period for the Youth Substance Abuse Service to be made functional, a number of established services are being closed. Potentially this leaves a vulnerable and high-risk group of young users abandoned and waiting for the interim and final service to commence.

Corrections

There have been significant delays in the policy, planning and commencement of operation of the new intensive and community-based correctional services.

The range of services provided in the proposed post-prison release services is confusing and these services are potentially short lived considering their possible impact on recidivism and re-offending. The need for continued development of pre-release training programs is recognised.

The Community Offenders Advice Treatment Service (COATS) targets only a limited range of offenders and appears to have no established framework for evaluating its impact on offender populations.

Prisoners with short-term sentences who cannot complete or commence drug rehabilitation treatment while incarcerated are at a disadvantage, and often disrupt the progress of prisoners on longer sentences who are motivated and involved in effective drug-therapy programs.

Drug and Alcohol Services

The frankness and clarity of the information provided by departmental officers often differed from that provided by field workers.

Detoxification programs have varied success rates that may, in part, be a direct response to the lack of planned follow-up day activities and programs offered to service recipients on completion of programs.

Developmental progress of newly funded health services is very slow. Some previously operational services have been stalled by the new Turning the Tide programs.

Law Enforcement

The philosophical shift from reactive policing to proactive drug-prevention strategies of harm minimisation provides a major challenge in law enforcement management for Victoria Police who find themselves placed between social control and social welfare.

The fundamental role of law enforcement, in current and future drug control policy and practice, does not seem to be recognised in the disproportionately low share of the Turning the Tide funds.

There seem to be underlying tensions within the concurrent operation of 'saturation' policing and 'zero tolerance' in terms of how it complements the harm-minimisation principles recently incorporated to the Victoria Police Community Policing Model and Business Plan.

The proposed Assets Confiscations Office needs to address the perceived ineffective channelling of funds from confiscated assets to directly embrace law enforcement efforts.

Coordination of Local Responses

Local organisations have struggled to access details on local initiatives grants. There is a need for any future grant funding program to improve information dissemination and ongoing local government involvement. It should also include longer planning and application periods.

The coordination and development of critical early warning and monitoring systems at local level concerning drug use have been slow. There is an urgent need for ongoing information to plan and develop proactive prevention campaigns. These are preferable to the current reactive approaches to the illicit drug problem.

General Observations about Turning the Tide.

Evaluation

Learning and improvement should be the key objectives of any evaluation process.

The committee recognises that:

- a fixed percentage of program funds could be allocated at the start of the program to establish an evaluation framework that includes appropriate outcome indicators and benchmarks;
- project performance measures should include a balance of objective and subjective indicators;
- evaluation data, once collected, should be analysed, collated and accessible to **all** program participants to inform action and progress.

Tendering

The committee has been alerted to concerns regarding the *Turning the Tide* competitive tendering processes:

- initial competition, conflict and the enforced consortium approach could lead to longer term negative consequences for service delivery at local level;
- regionalisation of services could lead to a dilution of specialist services.

Data Collection and Management

The lack of local, statewide and nationally integrated and coordinated data sources for the illicit drugs area often frustrated the attempts of the committee to complete its interim inquiry.

It is important that:

- the development of the Drug Data Base Coordination and Analysis project be expedited;
- Local early warning data systems at local level be established now to improve the possibility of putting in place preventative, rather than reactive, strategies.

Program Coordination

It has become clear to the committee that some review is required of the overall coordination of the strategy. The committee is not convinced of the effectiveness of the 'management by committees approach' currently operating.

- At this early stage, central and field assessments indicate that greater emphasis is required on global coordination across and within departments and at local level. Consideration could be given to a high-profile dedicated body, free from departmental and territorial constraints, that has clear functional roles in the domains of evaluation, communication, consultation, strategic advice and support for project workers in the field. Practical suggestions from the field include the circulating of a newsletter, and appointing a program secretariat that is well resourced by a multi-disciplinary team of managers and consultants.

Inter-agency Communication and Cooperation

Given the multifaceted nature of the strategy, the committee strongly supports a whole-of-government approach. This necessarily entails clear and open communication and cooperation between government departments and the field.

- At the central level, the committee was exposed to a range of bureaucratic constraints that often resulted in filtered and sanitised information. While the departmental officers were generally cooperative, there was some apprehension that could have restricted the provision of input and assessment data needed by the committee.

The Change Process

Practitioners emphasise that:

- change of the nature envisaged by *Turning the Tide* takes time, and the relatively short funding life of the strategy may not allow significant outcomes to be achieved within the time frame. Shorter term interventions generally lead to shorter term outcomes.

Chapter One

Introduction

1.1 Background to This Inquiry **1.1**

1.1.1 The Premier's Drug Advisory Council (PDAC) **1.1.1**

In March 1996, the Premier's Drug Advisory Council (PDAC), chaired by Professor David Penington, tabled a report of its intensive investigation into the problem of illicit drug use, and the possible responses that Victoria could adopt to tackle it. The specific task of the council was to inquire into the extent of illicit drug use and trafficking in Victoria; to investigate approaches to preventing the use of, and reducing the demand for illicit drugs; as well as approaches to deterring the manufacture, supply and distribution of illicit drugs in Victoria.

A major impetus for this investigation was the increasing awareness that drug-related harms of various sorts, and the demand for drugs, were not abating despite continued national and international efforts at law enforcement. Of particular concern was the fact that use of intravenous drugs and synthetic drugs, such as ecstasy, was increasing among adolescents. The harms caused to individuals by their illicit drug dependence are widely known and range from lives of degradation and dependence, to high risks of HIV, hepatitis infection, and death by overdose. The damage caused by illicit drugs, however, is not confined to the individuals who use them, but extends beyond this into the wider community. Many have experienced drug-related theft and burglary, and the costs to society of law enforcement and imprisonment are exceptionally high.

The production, trafficking and use of narcotics and other specified drugs has for some time been internationally prohibited, with Australia being signatory to successive U.N. treaties requiring these activities to be treated as criminal offences. It is plain, however, from continuing and often escalating drug use, that strategies focusing solely on prohibition have had limited impact. Consequently, the PDAC perceived the urgent need for a more broadly based alternative approach for the Victorian context. While it strongly re-affirmed the

importance of local and national efforts to control the trafficking and supply of illicit drugs, it also argued for increased emphasis to be placed on reducing demand for illicit drugs. The council also recognised that even when every effort is made to prevent illicit drug use, there will still be those who continue to use and, in view of this, there should be a strong focus on minimising the harmful consequences of illicit drug use.

Not only does drug abuse generate a range of social harms, there are a plurality of personal and socioeconomic factors that give rise to that abuse and underlie the demand for illicit drugs. Given this, an approach to the drug problem based on demand reduction and harm minimisation will move beyond an exclusive focus on law enforcement. The PDAC saw it as important for Victoria to continue its adherence to the harm-reduction principles of the National Drug Strategy and the Victorian Drug Strategy Strategic Plan (1993–97). It thus sought to adopt a broad approach that would incorporate strategies to attack the drug problem on a number of fronts. Central to this mission was a need to realign the basic orientation of Victoria's perception of the drug problem. Rather than treating it simply as a matter of crime and law enforcement, illicit drug use should be viewed more as a health-care problem, where issues of prevention, education, treatment, and rehabilitation become the priority. As the Drug Advisory Council Report *Drugs and Our Community* states:

> The emphasis [should be] on reducing demand, encouraging treatment, support and rehabilitation where possible, and concentrating law enforcement resources to curb the supply of all illicit drugs in local communities and statewide. An appropriate balance between these aspects is essential if the harm being done to society is to be minimised . . .

Consistent with this view, the council sought an approach that would include the following methods of reducing the demand for, and the harmful consequences of, illicit drugs:

- the wide dissemination of information that is accurate and up-to-date;
- education to enable people to make reasonable decisions about drug use;
- the development of treatments that are versatile, and recognise that different approaches work for different people, and that drug dependent people often experience difficulties in stopping drug use;
- the maintenance of links between drug users and supportive networks of families and friends;

- the adoption of standards for advertising and sponsorship that ensure that drugs are not seen as fashionable;
- the targeting of treatment to high risk adolescents and adult offenders;
- education, training and work opportunities targeted to young people at risk of drug abuse.

Recommendations covering eight key areas were presented to the Victorian Government by the council, and incorporated these methods for tackling the drug problem.

1.1.2 Turning the Tide ***1.1.2***

The majority of the recommendations made by the PDAC were embraced by the Victorian Government, and formed the basis of its Drug Reform Strategy, *Turning the Tide*. As part of that strategy, the Government identified a number of key action areas connected with the recommendations listed below.

- The Government support a sustained and integrated information and education strategy that deals with both illicit and licit drugs such as alcohol and tobacco.
- The Government support the establishment of a Youth Substance Abuse Service.
- The Government substantially upgrade services for people who come into contact with the adult corrections system and who have serious problems resulting from their drug misuse.
- The Government support the continued development of appropriately designed drug and alcohol services.
- Victoria Police ensure that a comprehensive and coordinated strategy on policing in relation to the manufacture, supply and use of illicit drugs is documented and implemented across the force.
- The Government amend the *Drugs, Poisons and Controlled Substances Act 1981* in certain ways.
- The Government encourage and support the coordination of local responses, and establish statewide structures to monitor and advise on further development of Victoria's drug response.

Enacting these recommendations involves a range of more specific measures, including:

- introducing drug education as a core component of the school curriculum and providing appropriate training to teachers to ensure it can be effectively taught;

- initiating strategies to provide information to parents to assist them to educate, inform and support their children;

- developing targeted marketing strategies to ensure that at risk groups are informed about the support and advice services that are available;

- providing outreach and specialist intensive residential facilities for young people affected by substance abuse;

- establishing an independent and specialist court service to provide pre-sentence advice to judges and magistrates regarding treatment of drug users

- amending the *Sentencing Act 1991* to create a category of 'serious drug offender', and giving consideration to setting minimum sentences for convicted drug traffickers;

- giving consideration to lowering the prescribed amounts of drugs that constitute 'commercial' and 'traffickable' quantities;

- continuing the review of the *Crimes (Confiscation of Profits) Act 1986*, to ensure there is an effective system in place for forfeiture of the assets of convicted drug traffickers;

- introducing drug treatment programs in Victoria's correctional system, and ensuring that new private prisons are kept drug free;

- reviewing penalties applying to the use and possession of drugs of dependence to ensure that users are treated as having a health problem first, and as criminals second, so that treatment rather than punishment is the priority;

- commissioning two studies on the effects of marijuana on driving and on the onset of schizophrenia;

- forming a Cabinet committee to coordinate the implementation of *Turning the Tide*, and a parliamentary committee to monitor its implementation.

Altogether, the Victorian Drug Reform Strategy presents a program of State action that spans a broad range of social domains, activities and institutions.

1.2 Scope and Structure of the Inquiry *1.2*

1.2.1 The Need for a Parliamentary Inquiry ***1.1.2***

The breadth of Victoria's *Turning the Tide* response is a recognition of the fact that the problem of illicit drug abuse is a persistent and ubiquitous one, one for which national and international experience has shown no single or simple solution. The underlying principle of harm-minimisation in *Turning the Tide* also argues for an approach that is comprehensive enough to tackle the problem on a number of fronts, so that both the causes and consequences of drug abuse can be fully addressed in their various forms.

Clearly, careful monitoring is essential to the success of any social program, and this is especially true when the program is far ranging. The need for close monitoring and evaluation is particularly pertinent with programs addressing a problem as intractable as illicit drug abuse, where success has proven elusive in the past, and where novel responses are being mooted and innovative projects trialed.

There is a question, though, as to how such monitoring is best coordinated. On the one hand, the process of monitoring must be conducted in a systematic and centralised way, and this bespeaks the need for a stable body charged with that specific task. On the other hand, a permanent layer of bureaucracy between policy makers and ground level projects might only serve to obscure rather than reveal the realities at ground level, and therefore ought to be avoided. A middle path is to commission a parliamentary committee, with a determinate brief and limited life span, to conduct an intensive inquiry into the implementation and effectiveness of the *Turning the Tide* strategy.

This is the option that has been adopted for Victoria. The referral of an inquiry to a Joint Parliamentary Committee reflects the priority the Government accords the drug problem and its reform strategy. The all party nature of the committee reflects a commitment to an authentic and enduring drug response that transcends party-political allegiances and persists through changes of government.

1.2.2 *The Brief of the Inquiry*

The overriding task of the inquiry is to evaluate the viability and effectiveness of the measures being implemented in *Turning the Tide.* That primary task, however, has a number of interrelated aspects. A thorough evaluation will require *Turning the Tide* to be closely monitored at a number of stages, particularly at its early developmental phase and its later stages of maturity. The later evaluation will provide the opportunity for a broad investigation that not only takes into account the status of the existing activities of *Turning the Tide,* but also addresses what further measures should be considered for future incorporation into the strategy. This broad investigation would need to examine international experience in the drug area, as well as innovative programs that are proposed or under way in other Australian States.

Although the great majority of the recommendations of the 1996 Report of the PDAC (*Drugs and Our Community*) were adopted for the *Turning the Tide* strategy, the recommendations that marijuana use, possession and (limited) cultivation be decriminalised, were not. The Government's firm belief was that the advantages of decriminalisation were, on balance, unclear, and that a carefully focused education, treatment and law enforcement strategy should first be given an appropriate chance to work. While the Government does not consider decriminalisation to be completely off the agenda, it does believe that further research and investigation are needed. Therefore the Government sees it as within the purview of the inquiry to investigate the impact of marijuana decriminalisation in South Australia on marijuana use and the take-up rates of harder drugs in that State.

As part of its process of becoming clearer about decriminalisation, the Government has also made the inquiry responsible for monitoring and evaluating two significant research projects: one investigating the possibility of links between marijuana use and the onset of schizophrenia, and the other looking into the effects of marijuana use on driving competence, and the prospects of a roadside testing mechanism for marijuana. Also of interest to the committee are the approaches to the drug problem being taken by the ACT.

1.2.3 Two Stages of Evaluation ***1.2.3***

There is a strong case for the inquiry to conduct two inter-related evaluations: a short-term 'snapshot' assessment, and a more encompassing longer term evaluation. The reasons for an

investigation of *Turning the Tide* in its mature stages, which also takes into account national and international research and experience are readily apparent. The overall harm-minimisation goals of *Turning the Tide* can realistically be expected to be achieved only after that strategy has become fully implemented. Judgements about the *ultimate* success of the strategy, therefore, will have credibility only when they issue from an evaluation of *Turning the Tide* in its properly developed and ongoing state. Moreover, if such an evaluation is to be thorough and constructive, it will need to examine *Turning the Tide* across the whole range of its eight key action areas, and in the light of broader global experience.

Trends in illicit drug use in Victoria are intimately bound with trends interstate and internationally. If Victoria is to sustain a proactive readiness to tackle its own drug problems, it will need to remain vigilant to the possibly changing dimensions of the drug problem over time in the global context. Victoria must also be willing to benefit from the policy successes and mistakes of non-Victorian governments and agencies. This will mean availing itself of world's best practice in the area by taking the time to collect evidence, and to judge at first-hand the sorts of initiatives adopted overseas and interstate.

In addition, any serious monitoring exercise must become clear about what methods of evaluation, criteria, key performance indicators and baseline information are most appropriate to the projects and activities of *Turning the Tide*. This requires careful analysis of the extant modes of program evaluation in the area, and people's varying experiences with them locally and overseas. That analysis also needs to be put to work to develop a framework for the ongoing evaluation of *Turning the Tide* beyond the life of the inquiry. There will, no doubt, be well known difficulties in developing such an ongoing framework, not least of which is the relative lack of longitudinal data and clearly defined evaluative structures associated with similar and past programs. Notwithstanding this, it is crucial that attention is given to some form of ongoing evaluation for *Turning the Tide.*

The case for an assessment of *Turning the Tide* in its initial stages is also strong, but perhaps not quite as obvious. There are clear benefits to be had from an early assessment, as long as it is properly conceived on the basis of realistic expectations and a keen awareness of the limitations of early evaluations in general. With early evaluation there are usually limited data available, and the full potential of new projects and agencies is, therefore, not completely apparent. Also, it is the very nature of some projects that they are evolving ones, and assessing them too early would not be assessing them as they are intended to be seen. Similarly, there is a

danger of alienating the good will of community and agency participants by being too judgemental too early. These limitations caution against being too ambitious about what should be expected from an early assessment of *Turning the Tide.* Its projects and activities should be assessed against criteria and expectations that reasonably apply to the initial implementation of projects that are still in their developmental stages.

In the case of a policy strategy as far reaching as *Turning the Tide*, and a social problem as deep and persistent as drug abuse, it would be implausible to expect an early assessment to be more than a brief 'audit' of the fidelity of the implementation process and the initial impact of early activities. Even so, there are sound reasons for conducting an early assessment of this kind. For one, *Turning the Tide* involves a major philosophical shift in policy orientation from a crime and law enforcement focus to a health-care one, so it is especially important to gain an impression as early as possible of whether the shift is moving in the right direction at ground level. In addition, the longer term vigour and vitality of a set of initiatives will depend heavily on how well they take root initially. Projects and activities that might otherwise flourish can whither in the bud if poorly established at the outset. Moreover, public judgements about whether it is worth supporting new programs over the long term are often formed in the light of first impressions. Therefore, it is important that these impressions are true to the facts, and based on accurate early information and relevant, realistic criteria.

1.3 The Methods and Activities of the Inquiry

The committee will adopt as wide a range of investigatory methods, techniques and forms of information gathering as are pertinent to the inquiry's terms of reference. Those methods and techniques will be deployed in conformity with the differing focii of the two assessments to be conducted by the inquiry. The assessments will make varying use of internal and external modes of investigation; that is, looking within Victoria at *Turning the Tide* activities, and outward at the wider context of world's best practice.

1.3.1 The Approach to the Longer Term Evaluation ***1.3.1***

The more comprehensive and encompassing nature of the longer term evaluation means that the investigatory methods it employs will need to be similarly comprehensive and extensive. The longer term evaluation will seek to gather the latest information concerning:

- interstate and international trends in illicit drug use and drug related harms;
- the successes and failures of interstate and international policy reforms and initiatives;
- the experiences of professionals in the treatment, rehabilitation, education, and law enforcement area who are at the 'coal-face' of illicit drug use around the world;
- the effects of marijuana use on mental health and driving competence, and the viability of a roadside detection test for marijuana.

This information will be acquired by a number of means, including:

- the extensive analysis of relevant international research literature;
- site-visits to gain first-hand experience of notable international, regional and local projects or places in which drug reform leadership is shown;
- formal invitations to key workers, policy makers, or researchers in various drug related areas to give presentations to committee members;
- formal public hearings or public forums;
- the monitoring of research studies commissioned by the Government.

1.3.2 The Approach to the 'Snapshot' Assessment ***1.3.2***

As noted previously, the parameters for the early assessment of *Turning the Tide* are intended to be realistic and appropriate to the formative stages of evolving projects. While the more comprehensive evaluation is designed to assess the long-term outcomes and achievements of the Drug Reform Strategy against its overall objectives, the aims of the early assessment will be much more modest.

The early assessment might usefully be thought of as incorporating two dimensions: a process dimension as well as an outcome one. A process assessment focuses on the existence of appropriate early activity; that is, the extent to which the various projects and activities of the strategy are being carried out or otherwise engaged in. As program activities also depend on proper coordination and communication links, a process assessment will also take account of whether these links have been put in place effectively.

An outcome assessment, as the name suggests, will focus on the products of the activity process. While it is clearly beyond the capacity of an early assessment to evaluate the overall or final outcomes of *Turning the Tide*, there are nonetheless certain sorts of outcomes that an early assessment should be concerned with; namely, the initial *impact* of program activities. Information about the immediate effects of program activity can provide a useful early impression, or 'snapshot', of whether the strategy as a whole is on target, and also whether there are any specific areas of strength or weakness. It should be stressed that, given the very early nature of *Turning the Tide*, there are likely to be few program impacts that are substantial enough at this stage to register strongly in the early assessment. The committee is fully aware that extended planning phases are often required for programs that are intended to operate for significant periods of time, and which are designed to deal with complex and ever changing issues of drug abuse.

Altogether, a number of investigatory techniques will be used in conducting these two aspects of the early assessment including:

- the analysis of direct information from the field. This will involve information gained from on-site visits, together with the subjective perceptions of project staff concerning program expectations and achievements;
- the analysis of independent information concerning strategy implementation acquired from the key coordinating committee associated with *Turning the Tide* — The Senior Officers Coordinating Committee.

The early investigation of *Turning the Tide* will also note the further significant trends in illicit drug use and reform that have been occurring since the initial advent of the Victorian reform strategy. Knowledge of such trends is important for identifying future challenges, as well as those issues that will need to be focused on more closely in the later, broader evaluation of *Turning the Tide*.

1.4 The Current Report ***1.4***

1.4.1 The Purpose of the Current Report ***1.4.1***

This interim report will detail the early snapshot assessment of *Turning the Tide*. It will begin by filling in some of the context of that assessment by providing a brief overview of any changes or continuing trends that have occurred in illicit drug use since the advent of the Victorian drug strategy. It will then go on to give a fuller description of that assessment, one which is organised around three central concerns: (a) what activities are taking place as part of *Turning the Tide*?, (b) are those activities progressing as planned?, and (c) is there room for improvement?

In addressing the first concern, an up-to-the-moment overview will be provided of the projects, activities and initiatives that are under way in *Turning the Tide*, along with a brief breakdown of budgets and expenditures. With reports and assessments of social programs as complex as *Turning the Tide*, it is often difficult to access information and gain a tangible and realistic sense of what is actually happening at ground level. To avoid this here, and to provide a window into the concrete realities of the strategy, certain projects will be highlighted and featured in a little more detail, as examples of practice.

The whole point of engaging in an assessment such as this is to be in a better position to determine where program strengths and weaknesses lie and, consequently, where improvements might most favourably be made. Although it would be outside the scope of this current early report to make bold and far-reaching recommendations about *Turning the Tide*, attention will nonetheless be paid to some, more modest, interim observations about improvements to implementation, and the filling of whatever gaps are detected.

Although the overriding purpose of this report is to provide an account of the early 'snapshot' assessment, it also seeks to be forward looking, and to situate itself within a broader evaluative continuum that includes the later, more extensive evaluation of *Turning the Tide*. To this end, the present report will include a chapter canvassing a range of developing issues and future challenges in the drug area. It will note those issues that seem especially pertinent to the changing situation in Victoria, and which the committee feels at this stage are worth pursuing more closely in the later, more comprehensive investigation of the Victorian Drug Reform Strategy.

1.4.2 *The Limitations of the Current Report*

A report such as this will inevitably have limitations and, in the present case, these will largely be dictated by the nature of the short-term evaluation being reported. Many of these will be familiar from the earlier discussion, but some are worth noting here:

- relatively few programs and activities will be up and running at this stage, so there will only be limited information available, and a representative picture of the strategy may not emerge;
- some projects and activities will, by their very nature, have outcomes that are difficult to measure or quantify in the short term; for example, educational strategies directed at behaviour in later life will have deferred outcomes;
- because the activities and target groups of different projects may overlap to different degrees, it might be difficult to uniquely attribute outcomes back to specific projects. This might be more likely with broad, long-term outcomes, but is also possible with initial or mid-term impacts.

The current report will seek to negotiate an optimal path through these limitations, to provide an account of the early stages of *Turning the Tide* that is as accurate and informative as possible.

Chapter Two

Context, Facts and Trends

2.1 Changes and Trends in Drug Supply and Demand **2.1**

2.1.1 Illicit Drug Use as a Globalised Problem **2.1.1**

Illicit drug use is not confined to any one region or country. As worldwide trade and communications continue to grow, the problem is becoming increasingly globalised in a number of ways. First, illicit drug use is worldwide in its dimensions. Most, if not all, countries have experienced illicit drug use and its associated harms. Second, the problem exists within an international context. It is well known that the illicit drug 'market' operates across national boundaries, where the production of illicit drugs in one country affects demand and patterns of use in another, and vice versa. Similarly, the financial routes through which drug profits are laundered are international, as are the criminal networks that underpin the illicit drug trade.

There is also another sense in which the illicit drug problem is globalised. Not only are the drug activities in different countries interconnected at the international level, the national and international dimensions of the drug problem impact on the local level as well. Global trends in production and trafficking, for instance, are reflected at street level in drug prices, rates of crime and overdoses. Drug laws, policies, programs and enforcement measures across the globe also have local impact, not just in the way they affect international production and trafficking, but also because they act as models and benchmarks for local initiatives and comparisons. It would not be implausible either to suggest that local measures and policies can also have a reciprocal effect on the global scene, albeit a less pronounced one. For example, local enforcement and prevention programs will determine local patterns of drug use, and these, in turn, will have an emergent influence on national and international activities. With today's world of global media and communication, local initiatives are always open to the gaze of

international policy makers and other interested observers across the world. All of these interactions between the local and the global are built into the drug problem.

The PDAC was aware of this when making its recommendations, and took note of the broader national and international situation concerning illicit drug use, trafficking and production. An assessment of *Turning the Tide* ought to also show an awareness of the broad state of the drug problem. Although it is unlikely that large scale changes in drug related trends will have occurred in the short time since the council conducted its inquiry, some changes will have taken place since then, or more recent data will have become available. To set an appropriate context for the current assessment of *Turning the Tide*, it will be helpful to very briefly survey the most recent information about trends in illicit drug use, trafficking and production, from the international scene through to the local one in Victoria.

2.1.2 Worldwide Trends

The world production, consumption and trafficking of illicit psychoactive substances (cannabis, opium, synthetic stimulants, cocaine and heroin) has expanded overall throughout the 1990s. The *United Nations World Drug Report 1997* details the recent major trends in this area, and some of these trends are summarised below.

- Cannabis

  In 1995, 1000 tonnes of cannabis resin, and 3000 tonnes of herbal cannabis were seized, making it the world's most heavily trafficked drug. It is also the world's most widely used illicit, being consumed by about 2.5 per cent of the world's population (140 million people).

- Opium and Heroin

  By 1996, the land area devoted to the cultivation of illicit opium poppies had exceeded a quarter of a million hectares, three times the amount since 1985. It is estimated that 5000 tonnes of illicit opium gum were produced in 1996. One-third was consumed as opium, and roughly 300 tonnes of heroin were produced in that year. Thirty-one tonnes of heroin, and 13 tonnes of morphine were seized worldwide in 1995, but only 10–15 per cent of the opium destined for heroin production is usually intercepted. Compared to the consumption of other opiates, the use of heroin is relatively low, with about eight million people (0.14 per cent of world population) using heroin worldwide.

The major areas for illicit opium poppy cultivation are the 'Golden Crescent' (Afghanistan, Iran, Pakistan) and the 'Golden Triangle' (Lao PDR, Myanmar, Thailand). However, there has recently been increasing involvement in the international heroin trade by Colombian cocaine cartels. This involvement appears to stem from the fact that heroin is easier to smuggle than cocaine, and yields much higher profits. Twenty thousand hectares are now devoted to opium poppy cultivation in Colombia, and it is estimated that the cartels currently control up to 60 per cent of the US heroin market.

- Cocaine

The processing of coca leaf is estimated to have doubled in the period between 1985 and 1994, with 50 per cent of the world's cocaine supply originating in Peru, and 48 per cent in Colombia and Bolivia. Three hundred thousand tonnes of coca leaf were processed in 1996, with the capacity to produce 1000 tonnes of cocaine. Cocaine is the second most heavily trafficked illicit drug in the world, with 251 tonnes being seized in 1995. Although heroin use occurs in more countries, there are a greater total number of people worldwide who consume cocaine (13 million people, or 0.23 per cent of global population). Over the last decade, the use of cocaine in North America has decreased, and the strongest growth rates are currently occurring in some European countries, South America and Africa.

- Synthetic Drugs

On average, there has been a 16 per cent annual increase in the seizure of synthetic drugs throughout the world between 1978 and 1993. The major synthetic drugs manufactured were amphetamine-type stimulants (ATS). The greatest increase in illicit drug use over recent years has occurred with amphetamines. The regional distribution of amphetamine abuse has also increased over this period, with stimulants now being consumed in nearly every part of the world. Methamphetamine use is high in North America, the Far East and South-East Asia, and is the most or second most used illicit drug in many Asian countries. Thirty million people worldwide (0.5 per cent of global population) use amphetamines, and between 1990 and 1994, global seizures of ephedrine have increased from 13 per cent of all chemical precursor seizures to 46 per cent. The use of the ecstasy group of substances is also rapidly increasing in Europe, partly due to their connection with 'rave' dance parties.

Table 1: Estimated Number of Drug Abusers (annually) in the World 1990s

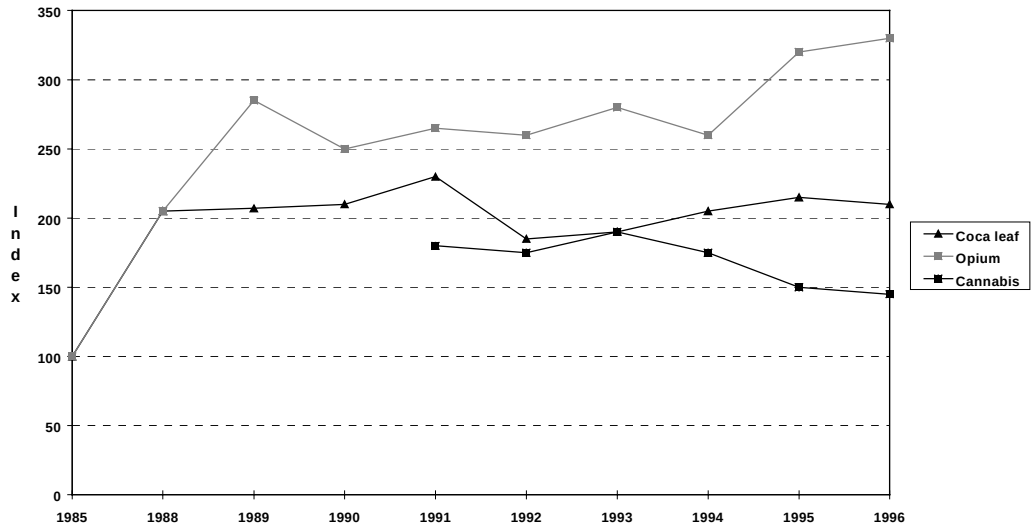
	Estimated Total	**% of**

	(million people)	Total Population
Heroin	**8.0**	**0.14 %**
Cocaine	**13.3**	**0.23 %**
Cannabis	**141.2**	**2.45 %**
Hallucinogens	**25.5**	**0.44 %**
Amphetamines	**30.2**	**0.52 %**
Sedative Type Substances	**227.4**	**3.92 %**

Source: *World Drug Report, 1997*

The global drug industry is now estimated to constitute 8 per cent of total international trade, and its continued expansion occurs, in part, because international control efforts are hampered by a number of factors. For example, the opening of new trade routes and the increased use of existing ones provide greater opportunities for undetected importation and exportation. This is evident in the case of African ports and airports which are becoming increasingly implicated in the expansion of nearly all forms of illicit drug use. To compound this, organised crime is becoming more entrenched, and more sophisticated in its methods. In addition, a large proportion of opiate production occurs either in closed societies that resist outside scrutiny (e.g., Iran and Myanmar), or in societies where the social infrastructure is too fragmented and fragile to control illicit drug cultivation effectively (e.g., Afghanistan).

Figure 2: Trends in Global Production of Illicit Drugs

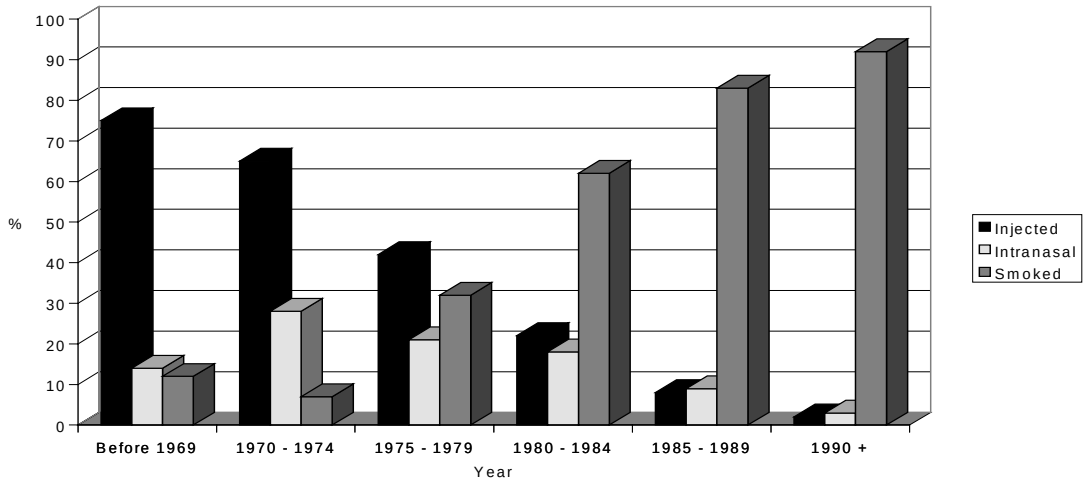


Source: *World Drug Report, 1997*

Global patterns of use are also changing. Illicit drug use in China is increasing, and the age of new users is going down. In Pakistan in 1993, there were an estimated three million illicit drug users, 51 per cent of them using heroin. Also, the proportion of 15–20 year olds who began

using heroin in Pakistan has doubled to 24 per cent in 1993. In Thailand, there are approximately 45 000 new illicit drug users each year. Similarly, in the US, the Federal Government 1996 National Survey on Drug Abuse indicated a three-year trend of increased use of heroin among teenagers, and increasing use of marijuana among 11–12 year olds. In the United Kingdom, there has also been a steady increase in the number of drug addicts notified to the Home Office, the number almost doubling between 1990 and 1994. British Crime Surveys (1994–96) indicate that just under half of all 16–24 year olds admit to ever having taken illegal drugs, and just under one-fifth admit to taking illegal drugs at least once a month. Thirty-six per cent of 16–19 year olds in Britain have used cannabis, 16 per cent have used amphetamines, 10 per cent LSD, 10 per cent ecstasy, 4 per cent cocaine and 1 per cent have used heroin.

Figure 3: Time of First Use of Heroin and Routes of Administration.



Source: *'Chasing the Dragon: Research into Heroin Smoking in Britain'*[1]

The *World Drug Report* also notes that, because heroin is now cheaper and available to a wider socioeconomic group than before, there is an unwelcome sense in which psychoactive drug use has become 'democratised'. The sustained high quality of available heroin (together with the growing fear of HIV infection) have also been connected with changes in the route of initial heroin use from injecting to smoking, or 'chasing the dragon', as it is sometimes known. An example of this is Britain, where there has been a sustained increase in the occurrence of heroin smoking since the 1970s. (see figure 3).

[1] Gossop, M. 1995 'Chasing the dragon: research into heroin smoking in Britain', *European Addiction Research*, vol. 1, p. 43.

2.1.3 The National Situation

The increases in illicit drug demand and supply that are typical of the global scene are also mirrored in the Australian context. Despite continued efforts at control, the availability of illicit drugs in Australia appears to be increasing, and this is true for all Australian regions. Demand also does not seem to be abating; user markets are expanding and prices remain relatively low. A recent analysis by Access Economics estimates that spending on illegal drugs in Australia amounts to $7 billion per year, or 1.4 per cent of total spending. This is more than the spending on cigarettes and tobacco and medical/legal drugs, though less than the amount spent on alcohol. (see figure 4.) Seventy per cent of the spending on illegal drugs is on cannabis.

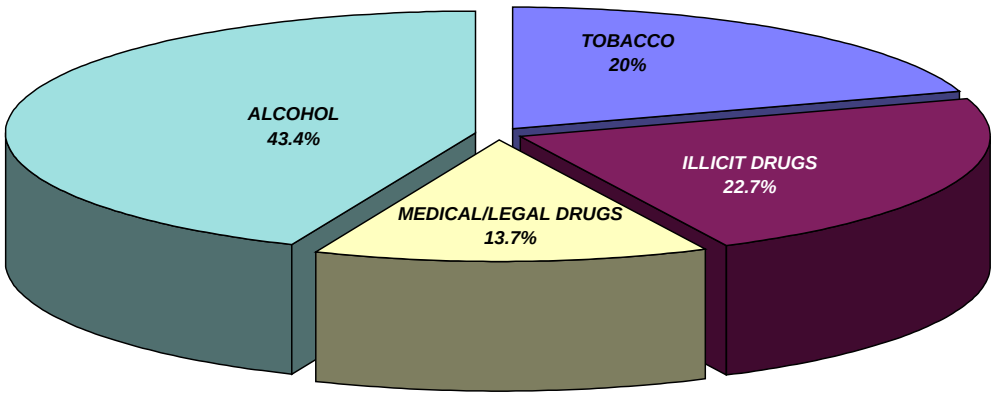


Figure 4: Estimated Annual Spending on Illicit Drugs, Cigarettes/Tobacco, Medical/Legal Drugs and Alcohol
Source: Access Economics, October 1997

The most recent *Australian Illicit Drug Report 1995–96* documents current Australian trends, and a profile of these is presented in the next few paragraphs.

- Cannabis

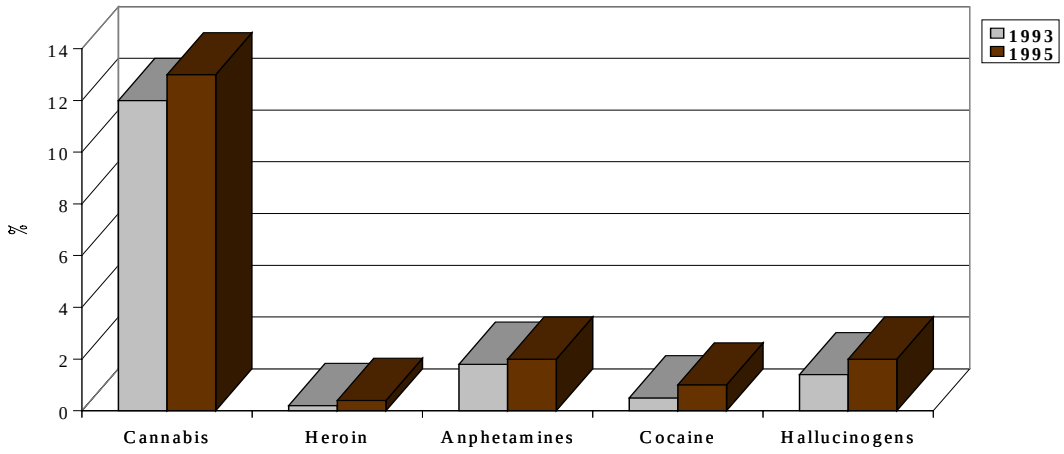
  Cannabis is the most widely used illicit in Australia, and 56 890 seizures were made in the 1995–96 financial year. The National Drug Strategy Household Survey (NDSHS) of 1995 indicated that between 1993 and 1995 the proportion of Australians who had used cannabis in the preceding 12 months had increased (see figure 5). The regular use of cannabis by young people also appears to be increasing. A survey of Western Australian secondary

school students found that nearly one-quarter were current users, and of these, nearly 60 per cent were regular users.

The relative prevalence of cannabis use occurs, in part, because most of it is produced domestically. (Ten cases of importation from PNG were reported in 1995.) There is also increasing use of hydroponic cultivation, primarily because there is less risk of detection and less climatic variation than crops grown outdoors. The use of hydroponics has also encouraged experimentation with hybridisation and clones. The THC content of hybrids, such as 'skunk', is roughly twice that of normal cannabis, and this is reflected in the average street price ($600–650 per ounce compared to $300–350).

Not only is the demand for cannabis relatively high, the Australian Bureau of Criminal Intelligence projects that it will continue to rise, along with the supply. It is sometimes suggested that the decriminalisation of marijuana has, or will, contribute to greater demand and wider use. However, the preliminary indication from the 1995 NDSHS is that there is no significant difference in use between those States and Territories in which cannabis use has been decriminalised and those in which it has not.

Figure 5: Proportion of Australian Population Who Have Recently Used Illicit Drugs



Source: *Department of Health and Family Services*

- Heroin

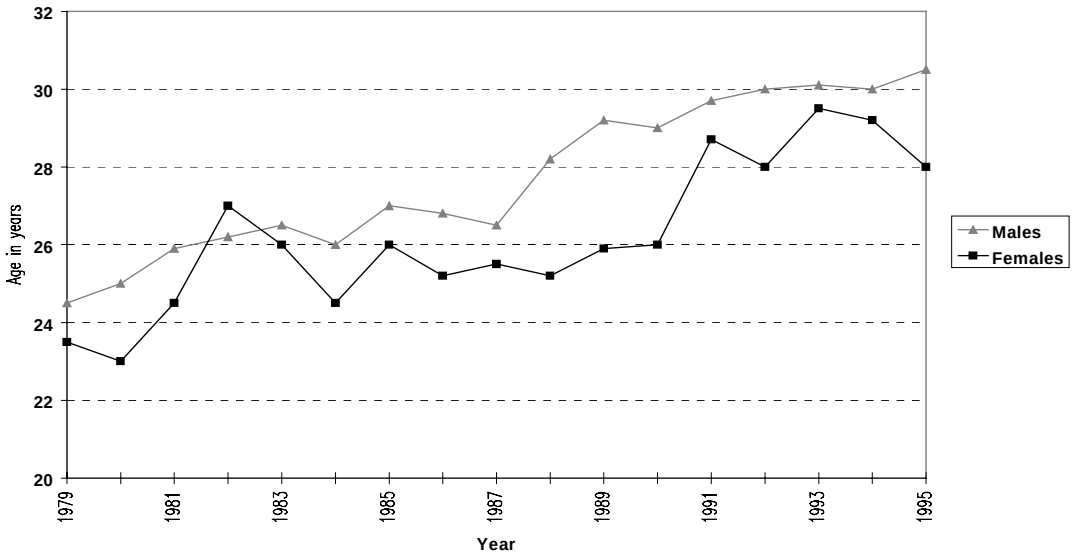
Although heroin is readily available in Australia, and there has been a slight recent increase in the proportion of Australians who have used it, its rate of use is still low when compared to other illicit drugs. According to the 1995 NDSHS, 1.4 per cent of Australians have tried heroin, and 0.4 per cent had used it in the year preceding the survey. Despite this low level of use, the personal and social harms connected with heroin abuse are generally more pronounced than with other drugs, and therefore it continues to be a major concern in Australia. A recent study by the National Drug and Alcohol Research Centre (NDARC)[2] found that between 1979 and 1995, the death toll from heroin overdose rose at a yearly rate of 25 per cent, with 550 deaths in 1995.[3] (see figure 6). Seventy-eight per cent of the deaths were of males, and the average age at death for both males and females increased from 24.2 years in 1979 to 30.1 years in 1995 (see figure 7). The NDARC study also found that those most at risk of overdose were typically daily or near daily injectors, who had been using for some time. One factor that is thought to have contributed to the heightened rate of overdose deaths is the consistent pattern of heroin being used together with other drugs, including alcohol.

Figure 6: Opioid Overdose Mortality Rate 1979-1995

Source: 'Trends in opiate overdose deaths in Australia 1979-1995'[4]

Figure 7: Age at Death — Opioid Overdoses 1979–1995

[2] Hall, W. & Darke, S.1997, 'Trends in opiate overdose deaths in Australia 1979–1995', NDARC Technical Report No. 49.
[3] One qualified estimate puts the death toll from heroin overdoses in 1996 at 620, and it is predicted that the figure may reach 700 by the end of 1997 (*The Australian* Sept. 9, 1997, p. 5).
[4] Hall, W. & Darke, S., op.cit.



(Source: 'Trends in opiate overdose deaths in Australia 1979–1995')

In the last few years, there has been a continuing trend of high purity heroin in Australia. The price, however, has remained generally stable. The purity is highest in the major distribution centres, and decreases with distance from these centres as a result of the 'cutting' process. For example, heroin purity in Brisbane is approximately 60 per cent, but falls to about 18–22 per cent in Cairns. The ready availability of high purity heroin has been linked to recent increases in heroin overdoses, particularly among inexperienced users and recently released prisoners who are unaware of the high purity of heroin on the streets. *Research in Western Australia by the Pharmaceutical Council has shown that a quarter of those who overdose from heroin in WA are newly released prisoners.*

It has also been suggested that the recent increase in heroin purity has contributed to a change in the demographics of heroin use in Australia. Smoking heroin (or 'chasing the dragon') is an effective way of taking heroin when the quality is high and avoids the health dangers associated with injecting. Therefore, it is a more attractive prospect for new, affluent recreational users. These users can avoid the identifying marks of the injector and can finance their heroin use from their personal resources. The NCA Office in Perth, for instance, reports an increase in heroin smoking among middle and upper class professionals such as doctors and lawyers. As these users do not need to resort to crime to support their use, they are also less likely to be detected by police. Similarly, in the ACT, heroin use has noticeably increased in the ethnic Asian community, where smoking rather than injecting heroin is preferred. The trend toward smoking heroin has also gained impetus from the fact

that most of the heroin coming into Australia from South East Asia (the main heroin source for Australia) is in 'rock' form, which is more conducive to smoking.

The fact that metropolitan heroin prices are remaining fairly stable even though purity is high, may be a reflection of its high availability. However, it has also been seen as an indication that heroin distribution and trafficking networks are becoming more 'flattened' in their structure, with fewer operatives in the hierarchy between importer and point of sale at street level. The Australian Bureau of Criminal Intelligence sees this as being particularly true of ethnically-based Vietnamese distribution networks in the major centres of Sydney and Brisbane. This picture of a more flattened heroin distribution structure also fits with recent anecdotal evidence that many street sales of heroin are conducted by users themselves, who initially buy more than they need and sell the rest on at a slight profit to fellow users. This sort of drug market participation also allows users to be less involved with crime.

- Cocaine

  Cocaine use is low in Australia compared to other drugs. It is slightly more prevalent than heroin use, and there has only been a marginal increase in use between 1993 and 1995 (0.4 per cent of NDSHS respondents). There are no known cases of coca plant cultivation in Australia, and cocaine is supplied from South America, the principal world source. Cocaine availability tends to rise temporarily when the supply of heroin is low. Even though cocaine use is currently low in Australia, there is a danger of becoming complacent, according to the Australian Bureau of Criminal Intelligence. There have been recent examples in Australia of cocaine use among lower socioeconomic groups, and this indicates the possibility that user markets are expanding, as cocaine prices fall.

- Synthetics

  The use of amphetamines is continuing to grow in Australia, and it is second to cannabis use in prevalence. Six per cent of those surveyed in the 1995 NDSHS had tried amphetamines, and 2 per cent had used them in the preceding 12 months. Between 1990 and 1991, there was a 100 per cent increase in people entering treatment for amphetamine abuse, and another 50 per cent increase between 1993 and 1994. The prevalence of amphetamine use is due to the fact that amphetamines are largely produced domestically in clandestine laboratories. Outlaw motorcycle gangs continue to be heavily implicated in the production

of amphetamines, but there has also been recent involvement of Italo-Australian criminal groups who are supplementing their profits from cannabis production.

There has been a recent trend away from intranasal use of amphetamines and toward injecting, due in part to the declining quality of available amphetamines. To some extent, this decline in quality is a consequence of the operation of the National Code of Conduct for reporting suspicious chemical purchases. With less access to the usual amphetamine precursors, manufacturers are substituting more freely available, but less effective and more dangerous, chemicals. It is projected that the trend toward injecting amphetamines will have the effect of opening the gateway to increased heroin use.

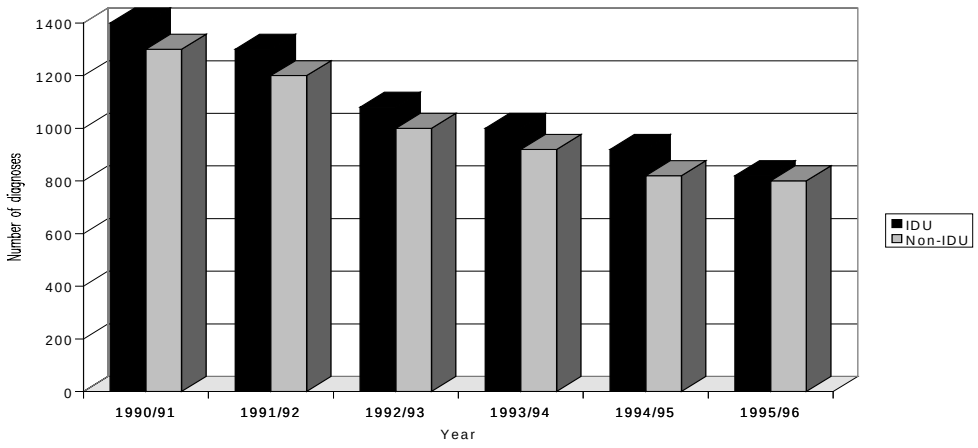
The use of LSD in Australia is more prevalent in some geographical regions than others and, according to the 1995 NDSHS, its rate of recent use is comparable to that of amphetamines (2 per cent of respondents reported that they had tried an hallucinogen in the preceding year). Hallucinogens also appear to be popular with intravenous drug users, with 42 per cent reporting use within the preceding six months (National Drug and Alcohol Research Centre Intravenous Drug User Survey). LSD is imported from overseas, and there is no recorded manufacture in Australia.

There is a rising demand for ecstasy in Australia, particularly in connection with the dance and 'rave' party scene, and this demand is likely to encourage attempts at domestic production. At the moment, though, demand is being met by European production. The use and distribution of ecstasy is increasing in Malaysia and Indonesia, which are likely sources of future supply for Australia.

The harms associated with illicit drug use in Australia are, as in many other countries, considerable. They include personal losses to health and property, and wider risks, harms and costs to society, particularly those involved in responding to the drug problem. One major social risk is the spread of bloodborne viruses such as HIV and hepatitis C to the general population. Recent figures show that the number of cases of HIV infection attributable to intravenous drug use has declined from 84 people in 1990–91 to 57 in 1995–96, and this decline is contrary to world trends (see figure 8). However, the incidence of hepatitis C among injecting drug users is alarming. Given the apparent ease with which this virus is transmitted, and the general lack of public awareness and commitment to its effective control, the personal

and health costs associated with hepatitis C are bound to greatly escalate over time. Recent figures also suggest that the costs of drug-related crime in Australia are high. The Australian Institute of Criminology has recently estimated the financial costs to be in the vicinity of $2000 million per year.[5]

Figure 8: Incidence of HIV/AIDS Diagnoses, by IDU Risk 1990–91 to 1995–96

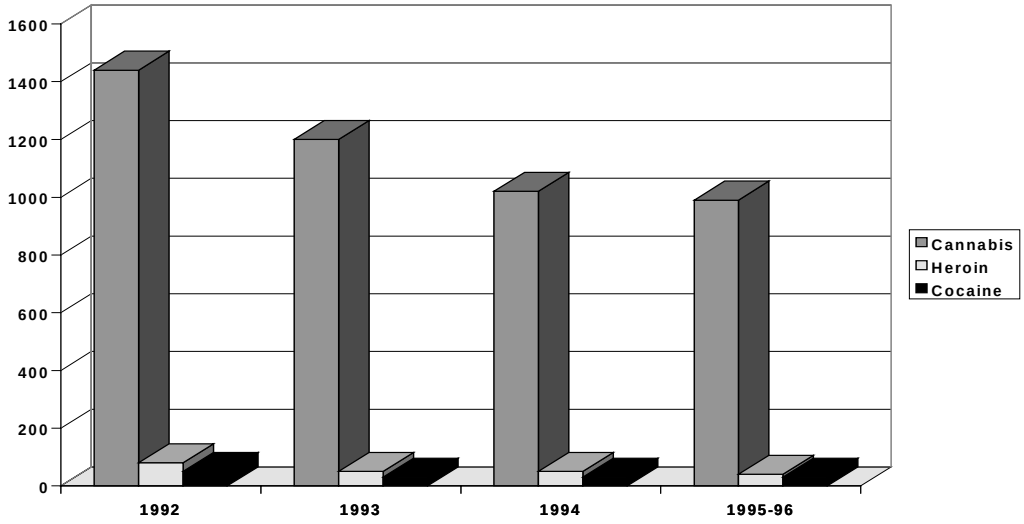


Source: National Centre in HIV Epidemiology, 1997

It is difficult to gauge the real level of importation of illicit drugs into Australia. Between 1992 and 1995–96 there has been a decline in the number of seizures of cannabis, cocaine and heroin at the Australian border (see figure 9). Australian authorities only manage to search 0.03 per cent of cargo entering the country, compared to about 3 per cent for the US. Recent reports, though, show a more than 80 per cent increase in the heroin seized across the nation between 1996 and 1997, from 92 kg to 165 kg.[6] Although twice as much heroin was seized in 1997 compared to 1996, there were fewer seizures (196 in 1996 and 170 in 1997), and this would suggest an increasing amount of heroin entering the community and not simply the increased effectiveness of detection efforts.

Figure 9: Number of Border Seizures 1992 to 1995–96

[5] Walker, J. 1997, 'Estimates of the cost of crime in Australia in 1996', *Trends and Issues in Crime and Criminal Justice*, No. 72., August 1997. Australian Institute of Criminology.
[6] *"The Bridge", July 1997*, Australian Federal Police, Sydney.



Source: ACS

2.1.4 Victorian Update ***2.1.4***

Short-term changes and trends in drug use are often hard to identify at the local State level. The major reason is that such trends are identified on the basis of information about illicit drug-related outcomes like morbidity and mortality rates, health trends, economic costs, and so on. These outcomes generally take time to show and, indeed, to show substantially enough at the local level to allow determinate trends to be inferred from them. There are, nonetheless, certain sorts of outcomes that are available relatively quickly, and these are crime-based ones. Information about drug related offences in Victoria can provide a good indication of short-term Victorian trends in illicit drug use.

According to the *Victoria Police 1996/97 Provisional Crime Statistics*, of all recorded crime for 1996–97, by far the most (80 per cent) were property offences, then crimes against the person (7.8 per cent), with only 3.6 per cent of recorded crimes being drug related.[7] There was an overall increase in drug-related offences between 1993 and 1996, and a decrease between 1996 and 1997 (see table 2). Between 1995 and 1997, however, there was a 26.9 per cent

[7] It should be noted with the following figures that official police offence statistics only count the most serious offence which best describes each particular course of criminal conduct. For example, if a person committing a robbery was also in possession of a drug, only the offence of robbery would be recorded. This counting method means that official recording of drug offences probably underestimates their prevalence.

increase in heroin use offences, but heroin trafficking offences decreased slightly by 2.9 per cent. By far the greatest decrease for this period occurred with possession of amphetamine offences. In 1995/96, 649 such offences were recorded, while in 1996–97 there were 354, a decrease of 45.5 per cent. The number of adult alleged offenders processed for drug offences decreased between 1995 and 1997 by 8.4 per cent, but processing of juvenile alleged offenders (less than 17 years old) increased by nearly 4 per cent. This may mean either that more juveniles are becoming involved in illicit drug related activities, or that juveniles are simply being targeted more by police.

Victoria Police report that the overriding trend in cannabis cultivation is indoor hydroponic systems, using rented premises throughout the metropolitan area. The number of indoor crops that were seized greatly outnumbered outdoor crops. Heroin is reported to be readily available in Victoria, with purity ranging between 50 and 60 per cent, on average. Deals are generally conducted in half-gram amounts at a time. With amphetamines in Victoria, the purity of smaller deals is generally low, ranging between 3 to 5 per cent. A greater number of laboratories are being located, either because of increasing attempts at production or improved detection efforts. The Australian Bureau of Criminal Intelligence reports that the purity levels of cocaine in Victoria vary with the weight purchased, ranging from 60 per cent for lower weights, to 80 per cent for weights of one ounce or higher.

Table 2: Drug Offences by Type of Drug, 1995/96 - 1996/97

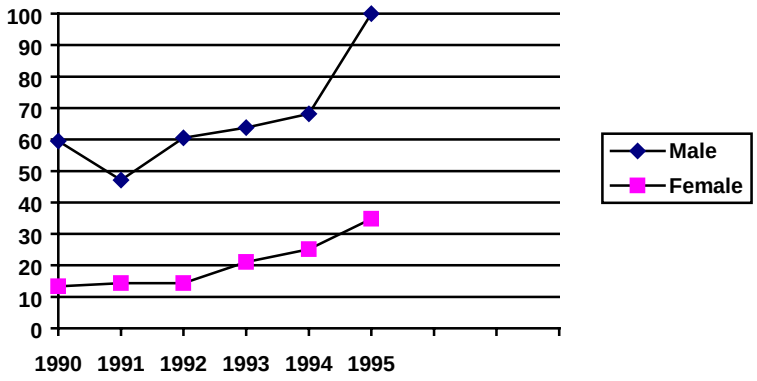
Offence	1996–97	1995–96	% Change
Possess Heroin	1,427	1,083	31.8
Use Heroin	1,126	887	26.9
Possess Cannabis	4,562	5,461	-16.5
Use Cannabis	1,437	1,709	-15.9
Possess Amphetamine	354	649	-45.5
Traffic Heroin	1,263	1,301	-2.9
Traffic Cannabis	1,397	1,463	-4.5
Cultivate Cannabis	1,974	2,400	-17.7
Other	1,321	1,475	-10.4
Total	14,861	16,428	-9.5

Source: *Victoria Police 1996/97 Provisional Crime Statistics*

Between 1990 and 1995, there was nearly a doubling of fatal opioid overdoses in Victoria from 72.8 (per million) to 136 (per million). Although there are considerably more male overdoses than female, the rise was most marked for women in this period. There was an increase in

overdoses of over two and a half times since 1990 compared to that of about one and a half times for males (see figure 10).

Figure 10: Fatal Opioid Overdoses (per million) in Victoria Male vs Female 1990-95



Source: 'Trends in opiate overdose deaths in Australia 1979–95'

2.2 Some Recent Programs, Initiatives and Public Policies 2.2

Trends in drug supply and demand are not determined solely by drug users and suppliers. A significant role is played by the various interventions of drug policy makers, and service providers and drug programs in both the public and private sectors. Indeed, public opinion itself, can be a primary influence on the direction that governments and private agencies take in responding to illicit drug use. To give some impression of the forms that these interventions can take across the globe, the remainder of this chapter will present a brief selection of some recent policies, programs and initiatives of interest from both the national and international scenes. Unavoidably, in many cases the description of these initiatives and interventions will be based on reports at a distance. However, the committee had the opportunity to experience at first hand a range of programs and activities as part of its international and interstate study tours, and some of the highlights of that first hand experience will be noted here as well. Finally, a brief overview will be given of some of the prevailing attitudes and public opinions about the drug response in general, and various topical drug issues that have recently arisen around the country.

2.2.1 Recent International Initiatives

Each year there are numerous program and policy initiatives across the globe. Even within the 18 or so months since the tabling of the report of the PDAC, there has been no shortage of activity. The rest of this section will present a very limited selection of these initiatives to communicate some of the flavour of how the drug problem is being approached on the international scene.

The Swiss Heroin Trial (Switzerland)

In 1992, the Swiss Government approved a three-year project for the medical prescription of narcotics (heroin). The aim of the project was to determine whether the prescription of narcotics would improve the chances of chronic dependents eventually freeing themselves from addiction. The patients who participated in the trial were long-term, impoverished users, living on the edge of society, who had a history of unsuccessful therapy attempts. Some 1146 patients took part across 18 different treatment centres.

The final report on the outcomes of this trial was released recently, and indicates that it was an overall success. The trial was evaluated along a number of dimensions. On health, home and employment dimensions, many participants had succeeded in improving their health, stabilising their living situation, and moving toward a reintegration into the job market. Most reduced their contact with other drug dependents and the drug culture as well. On the criminality dimension, there was a drastic decrease in criminal activity, from 70 per cent of participants supporting their drug use at the beginning of the trial, to 10 per cent at the end. On the economic dimension, the trial therapy saved an average of 45 francs per patient per day, in comparison to the costs of repression (e.g., criminal trials, prison sentences and health-care needs). In the course of the program, 36 deaths were reported (out of 1146 patients), none of which could be traced to an overdose of prescribed heroin. The leading causes of death in these cases were AIDS and other infectious diseases.

The Dutch Parliament has also recently agreed to the introduction of a pilot study in 1998 for the administration of heroin to 50 severely addicted heroin users. The trial will be assessed by Parliament after three months for possible negative 'public order' side effects and, if it is satisfactory, the trial will be extended to 750 addicted heroin users.

Swiss Drug Policy Referenda (Switzerland)

Although the Swiss heroin trials were successful, the drug problem in Switzerland is subject to controversial political debate. In 1993 and 1994, two incompatible amendments to the Swiss

constitution ('popular initiatives') relating to drug policy were mooted. One initiative, entitled Youth Without Drugs, calls for a strict abstinence-oriented policy based on repression, prevention and therapy. It explicitly seeks to prohibit the medical prescription and use of narcotics and similar substances. The second initiative, For a Reasonable Drug Policy argues for the decriminalisation of drug cultivation and possession for personal use. The Swiss Government and Parliament consider both these initiatives to be too extreme, and favour a pragmatic approach incorporating harm reduction. The people voted on the first initiative (and thus, the future of prescribing narcotics) in a referendum on September 28 1997. The Youth Without Drugs initiative was rejected by nearly 71 per cent of those who voted (there was a turnout of 40 per cent). This constituted a strong endorsement of the Government's liberal drug policies and, in the wake of the referendum results, the Health Ministry announced it would try to place the state sponsored distribution of heroin to hardened addicts on a permanent legal footing.

California and Arizona Referenda: Medical Use of Marijuana (USA)

Initiatives to permit the use of marijuana for medical purposes were approved by Californian and Arizonan voters (56 per cent to 44 per cent, and 65 per cent to 35 per cent respectively). The initiative was designed to allow the chronically or terminally ill to use the otherwise illegal drug to ease pain, relieve the nausea associated with cancer treatment, and stimulate appetite. The Arizona referendum went further than California's and stipulated that any prohibited drug, not just marijuana, may be prescribed with the agreement of two doctors. It also provided that people charged for the first time with possession of illegal drugs be given probation and treatment, and not a custodial sentence. The Californian and Arizonan referenda were considered a cause for national concern by the White House Office of National Drug Control Policy.

Sale of Cannabis in Pharmacies (Germany)

The Ministry for Work, Health and Social Affairs in Schleswig-Holstein will conduct a pilot project of selling cannabis in pharmacies with the aim of breaking the connection between those who consume 'soft' drugs and those who sell 'hard' drugs. The controlled selling of cannabis is considered a feasible instrument for harm reduction. Along with the program, there is a constant and intensive dialogue with teachers and parents about the aims of the initiative.

Syringe Exchange For Imprisoned Drug Users (Germany)

A commission appointed by the Minister of Justice in Lower Saxony recommended a pilot syringe exchange project after visiting several penal institutions, including the Swiss prison

Hindelbank, where administration of syringes had already been tested. As a consequence, drug addicted prisoners of the Vechta women's prison have the use of an automatic syringe exchanging machine as part of a two year pilot study that will be extended to the men's prison at Gros-Hesepe.

The project was initiated because drugs are easier to smuggle into prisons than syringes, and more than half of the 170 women prisoners at Vechta are drug addicts who carry hepatitis C or HIV/AIDS. The syringe exchange machines have been placed in five places of the prison where prisoners can easily access them without being observed. In addition to preventing the spread of infectious diseases, the pilot project is designed to encourage prisoners to undertake withdrawal treatment. Another aspect of the study is to determine how well prison staff cope with the 'contradiction' of prisoners being given injection equipment whilst being prohibited from using injectable drugs.

London Dance Safety Campaign (United Kingdom)

The overall aim of this 1997 drug information campaign was to promote the health and safety of youth who attend night clubs and dance venues throughout London. The campaign used a multi-level approach that included a poster and leaflet campaign informing about major dance drugs, and in-depth health and safety issues. There was also an information telephone service, training for club professionals, and a series of club nights held by drug-service outreach workers.

An evaluation of the campaign rated highly its realistic and practical approach. Its target group responded positively to its honest, factual, non-moralising, up-to-date attitude. Its move away from the shock tactics of past approaches was also praised. The campaign managed to enlist the support and cooperation of nightclubs throughout London, and was the first such campaign to involve a partnership between health, police, local authorities, and drug-service providers across London.

President Clinton: 1997 National Drug Control Strategy (USA)

The 1997 US National Drug Control Strategy proposed a number of changes in the way the US Federal Government responds to the substantial problem of drug abuse in America. The underlying principles of the strategy include:

- an explicit recognition that demand reduction must be the centrepiece of the anti-drug effort;

- identification and prevention of drug use by youth as the top priority;
- a commitment to robust international drug interdiction programs;
- the elimination of coca cultivation designed for illicit consumption within the next decade.

The 1997 strategy presents a 10-year plan to which US$16 billion has been committed. Significant initiatives include: US$175 million for a national media campaign targeting illegal drug consumption by youth; an additional five hundred Border Control agents to stem the flow of illegal drugs across the Southwest Border; US$620 million for the Safe and Drug-Free Schools Program, and US$40 million for counter-drug programs in Peru, the primary cocaine source country.

The Strategy sets forth five major goals:

- educate and enable America's youth to reject illegal drugs;
- increase the safety of America's citizens by substantially reducing drug-related crime and violence;
- reduce the health and social costs of illegal drug use;
- shield America's borders from the drug threat;
- break America's foreign and domestic sources of supply.

The 1997 strategy seeks to address both sides of the drug abuse challenge: limiting availability and reducing demand.

'A Drug-Free Europe in 2012' European Cities Against Drugs (Europe)

European Cities Against Drugs (ECAD), is a high-profile, non-profit organisation incorporated in Sweden whose membership consists of over 75 major European cities. The aim of ECAD is to promote the fight against drugs and the development of restrictive drug policies. One of the basic ideals espoused by ECAD is a drug-free Europe, and it has recently developed a draft plan for achieving this by the year 2012. The plan contains short-term goals and strategies to be pursued in 1997, and longer term ones to be carried out over the next 10 years. The short-term measures include:

- ceasing the differentiation or distinction between so-called 'soft' drugs and 'hard' ones;
- prohibiting commercial outlets for drugs, including the likes of Dutch coffee shops;

- ending the 'medical' prescription of narcotics, which ECAD considers an attempt to legalise drugs through the back door.

ECAD also advocates longer-term measures for the next 10 years, including:

- action plans within European schools to achieve drug-free schools;
- action plans within European cities and towns for early identification of young people at risk, and intervention strategies;
- strong actions to be taken against drugs in nigthclubs, discos and similar establishments;
- drug-free wards with special rehabilitation programs for drug-addicted prisoners.

2.2.2 Some Highlights of the Overseas Study Tour

The second part of the committee's terms of reference requires that investigations be undertaken to 'evaluate national and international experience in the drug area'. In response to this, half of the committee undertook an international study tour during 1997. The goal of this tour was to view at first hand the differing approaches adopted at program and policy level in the Netherlands, Switzerland, Sweden and the United Kingdom.

As part of its international research mission the committee was keen to encounter progressive ideas and to experience best practice. Above all, its intention was to carefully assess the worth of various initiatives and their potential to be adapted to the local Victorian environment.

As the committee travelled, it noted:

- Australia, and Victoria in particular, have outstanding worldwide reputations as innovators within the harm minimisation framework. Committee members were regularly asked why they were overseas or interstate, instead of back in Victoria where social reform leads the field in a range of areas, e.g., smoking, alcohol and road safety;
- Those who hosted the committee's visits were always eager to learn from the members, and exchanges were therefore never one-sided. One of the major lessons learnt by the committee from its site visits was that Victoria has a lot to offer the wider international debate;

- The committee was considered by the rest of the world to be in a unique strategic position: well poised, with the right attitude and approach to learn from the mistakes of the past, and to access the technologies of the future to maximum benefit.

The committee spent many fruitful hours observing a range of projects on its study tours, and speaking with program operatives, senior policy officers and, whenever possible, the clients of the services. One of the most pleasing aspects of the committee's endeavours, though, was the on-the-spot observation of practical projects that were developed specifically in response to community needs. The committee did not have the time or resources to conduct an extended or in-depth analysis of these programs and projects. However, many of them left a very positive initial impression. For this reason, a few of the more interesting projects will be briefly profiled below.

In mentioning these, no suggestion is being made that the selected projects are superior to others of their kind, or that they are all particularly suited to the local Victorian context, although some may well be in some form or another. Nor is the committee suggesting that all or some of these projects loosely cobbled together would provide the basis of a coordinated response to the drug problem in Victoria. The profiles simply describe a selection of interesting and potentially useful projects that 'caught the eye' of the committee for various reasons, and which may have some potential for adaptation into the *Turning the Tide* policy and program framework at a later stage following more rigorous evaluation and independent assessment.

Drug Policy - 'The Swedish Experience'

In this report, time and space does not allow for a full analysis of all countries visited and this will be more appropriately featured in the second report. However, some members of the overseas tour party felt the Swedish experience was worthy of special note and would serve as a useful case study, even at this relatively early stage of the investigation. Sweden is in a unique policy position. Today it has a restrictive policy on drugs, but this has not always been the case. Sweden has experienced both liberal and repressive policies, and hence has been a topic of lively debate over the last 20 years or so.

The focus of Swedish drug policy during most of the 1960s was on measures of demand reduction, care and treatment, combined with general social improvements. Toward the end of the 1970s there was a change to a more restrictive drug policy aimed at a 'drug-free society'.

Prevention was the over-riding principle, and the key strategies were preventive measures, control, care and treatment.

In summary, the committee found the following features interesting:

- the breadth and depth of the policy. The depth is exemplified by the perceptibly strong sense of agreement that non medical drug use is unacceptable. The breadth is displayed in the priority given by agencies to preventive measures, the high level of involvement of the voluntary section, the collaborative efforts of municipalities, councils and national authorities, and the cooperative efforts of social services;

- the operational priorities of police, who openly work to intervene against drug users and street-level trading to reduce supply by disrupting trade and preventing new recruitment of drug abusers;

- the approaches to social adjustment of prisoners through treatment in special motivation wings of prisons (i.e., units for motivating drug users toward treatment, and the treatment option of a care institution outside the prison as part of the rehabilitation procedure);

- the care and treatment facilities for drug abusers and the coordination of a caring chain of various social and medical inputs.

Is the Policy Working? - Some Preliminary Observations

The *World Drug Report 1997* provides some useful statistics for the purposes of analysis and comparison. Table 3 is a collation of statistics drawn from that report which allows comparisons between Sweden and the UK, Australia, the USA and Italy.

Extent and Patterns of Drug Use

It would seem that Sweden's preventive approach toward new recruitment of younger drug users is working well in comparison to the other countries profiled in table 3. It has a one year prevalence rate of drug use in 1996 of 2 per cent for 16–29 year olds compared with a 33 per cent rate in Amsterdam. There is also a low lifetime prevalence for the same age cohort (9 per cent in 1996 compared to 52 per cent for Australia).

Table 3: Drug Statistics Comparison Between Selected Countries (Source: *World Drug Report 1997)*

	SWEDEN	AUSTRALIA	USA	ITALY	UK
EXTENT AND PATTERNS OF DRUG USE					
1. Lifetime prevalence of drug use among 16-29 year olds (%) (1996)	**9**	**52**	**57.5**	**n.a.**	**28**
2. One year prevalence of drug use among 16-29 year olds (%) (1996)	**2**	**33**	**28.4**	**1.4**	**14**
3. Number of dependent users (heavy users), (1992)	**17 000**	**n.a**	**2 738 000**	**170 000–416 000**	**33 952**
4. Estimated number of dependent heroin users (heavy users) (1992)	**4800**	**90 000–285 000**	**500 000**	**150 000–370 000**	**32 000–100 000**
5. Share of persons under 20 years among dependent users, (%) (heavy users, 1992)	**1.5**	**11.1**	**11.1**	**4**	**18**
CONSEQUENCES OF DRUG USE					
6. Percentage of injectors of dependent users (heavy users, 1992)	**93**	**70**	**9.8**	**89**	**45**
7. Cumulative AIDS cases per 100 000 people (1995)	**15**	**32.9**	**195.1**	**55.7**	**20.4**
8. Share of IDU-related AIDS cases in 1995, (%)	**14.3**	**n.a**	**30.2**	**67.3**	**10.8**
9. Drug related deaths per 100 000 people (1994)	**2.3**	**4.6**	**4.6**	**1.9**	**2.5**
10. Share of under 25 year olds of all deaths, (%), (1993)	**1.5**	**3.7**	**4.1**	**2.3**	**1.8**
11. Share of under 25 year olds of drug related deaths, (%), (1993)	**3.6**	**n.a.**	**10.4**	**19.3**	**25**
12. Annual trend in the number of drug-related deaths, (%) (1990-1994)	**+9.8**	**-9.5**	**-1.1**	**-9.2**	**+5.3**
ILLICIT DRUG MARKET					
13. Consumption expenditure on illicit drugs (amph., coc., her., cann.) (1994) US$ million	**400**	**2045–4389**	**48 700**	**6800–13400**	**n.a.**
14. Consumption expenditure on heroin, (1994) US$ million	**100**	**546–1172**	**7100**	**5400–9000**	**210–1330**
CRIME, LAW ENFORCEMENT AND DRUG POLICY					
15. Annual trend in the number of seizures, (%), (1990-94)	**+2.6**	**-0.7**	**+4.6**	**-1**	**+19.6**
16. Retail market value of seized drugs, US$ million (amph., coc., her., cann.) (1994)	**40**	**700**	**17 000**	**1200–2600**	**230**
17. Offences of acquisitive crime per 100 000 people (1993)	**5100**	**5685**	**4896**	**570**	**12 400**
18. Offences of violence per 100 000 people (1993)	**660**	**123**	**478**	**40**	**1620**
19. Persons found guilty of drug offences per 100 000 people (1994)	**103**	**313**	**539**	**450**	**150**
20. Annual trend in the number of persons found guilty of drug offences (%), (1990-1994)	**+3.9**	**+17.3**	**+5.9**	**+6.1**	**+20.5**
21. Share of possession offences out of all drug law offences, (%) (arrested, 1995)	**78**	**79**	**0.8**	**decriminalised**	**88.5**
22. Share of incarcerations of all drug law offenders found guilty, (%), (1994)	**25**	**n.a.**	**88**	**42**	**7**
23. Share of prevention and treatment of the public drug control budget, (%)	**n.a**	**<15**	**35**	**n.a.**	**31**

Low rates for dependent users under 20 years also seems to justify the Swedish approach to policy in this area. The relatively low number of heavy dependent drug users under 20 years should also be noted as a positive policy outcome.

> Swedish authorities maintain that surveys prove the success of their policy. They point to surveys showing that only 5 per cent of the schoolgoing population in 1992 had ever tried drugs (13 per cent had done so at the beginning of the Seventies); that only 1 per cent had consumed drugs during the last month (5 per cent had at the beginning of the Seventies); that only 24 per cent of the pupils believed they knew where to obtain drugs (34 per cent had in 1997); that only 20 per cent were offered hashish (32 per cent were in 1976); and that only 3 per cent were offered amphetamines (7 per cent were in 1976).
>
> The 'heavy' drug abusers data were collected in a national survey in which the police, prisons, social welfare authorities and medical institutions reported the cases known to them. The number of 'heavy' drug abusers was estimated at 10,000 - 14,000 in 1979, of which 7,500 - 10,000 were intravenous users, and 1500 - 2000 of those intravenous users were daily users. In 1992 the estimated number of heavy drug abusers jumped by 6,000, from 14,000 to 20,000 people. But the percentage who are under 25 years old decreased from 37 per cent to 10 per cent.
>
> In short, the collected data after 1977 were viewed simultaneously as a sign of decreased drug use (because of the decrease in self declared drug use, mainly use of cannabis) and as a sign of increased 'heavy' drug use with the proportion of consumers under 25 years old decreasing.[8]

The World Drug Report concludes that:

> According to surveys, 7.9 per cent of the population aged 16 - 74 years, have used drugs illicitly at least once (excluding inhalants). The group with the highest prevalence figures were aged 30 - 49 years, 12 - 15 per cent having used drugs. Only 7 - 12 per cent of those aged 16 - 29 had tried drugs, which reinforces the conclusion that recreational use has decreased among the general population since the 1970s.[9]

Consequences of Drug Use

Drug related deaths are low: 2.3 per 100 000 population compared with 4.6 per 100 000 for USA and Australia. The under-25-year-old cohort in Sweden represent a 1.5 per cent share of drug related deaths compared to 3.7 per cent in Australia in 1992. Interestingly, the annual trend in the number of drug related deaths in Sweden is up 9.8 per cent, but down in Australia by 9.5 per cent. Such an overall trend is difficult to explain, but could be connected to the reluctance of older addicts and the HIV affected to seek treatment for their illegal habits or the

[8] Rato Scholl M.D. 1995. from statistics published by Swedish National Institute of Public Health, 1993.

dislike for the 'coercive care' approach and the threat of a prison sentence of up to six months in some cases.

> The rate of drug related deaths per 100 000 inhabitants was 2.3 in 1994, whereas the same rate for alcohol-related deaths was 11.6. This means that for every person who died because of drug abuse, there were five alcohol-abuse related deaths.
>
> Drug related deaths are concentrated among older abusers - 40 per cent of the deaths were of persons 40 years and over in 1994. Only 4 per cent of the deaths were of persons aged 20 - 24. However these data do not include volatile substances, which might bring those under 20 years into the statistics. Increasing mortality among older age groups can clearly be seen in data but these mortality figures also include suicides, violent deaths and accidents, where drug misuse has been an underlying or contributing factor.[10]

The amphetamine type stimulants are:

> the most problematic drug type in Sweden, and the trend is worsening. Cannabis is widely used, but cannabis-related problems seem to be stable or decreasing, although new user generations could increase the user population. And these problems seem to be growing fast. Heroin is not widely used, but it causes the highest social costs compared to its prevalence, and these costs are increasing. Hallucinogens and cocaine use, and problems related to them, seem to be marginal and decreasing in Sweden. Inhalants are widely used, but no information was found on the consequences of inhalant use.[11]

Two recent pieces of comparative analysis between Netherlands and Sweden in relation to alcohol consumption are interesting to note:

> A swift comparison of W.H.O yearbook statistics for the Netherlands and Sweden show major similarities in average life expectancy, deaths from heart-related disorders, cancer etc.. Differences occur around male suicides and alcohol related deaths. Death due to cirrhosis of the liver (1990) per 100,000 -
> Netherlands: 4.8
> Sweden: 7.6
> These figures demonstrate that death from liver cirrhosis per litre of alcohol in Sweden is more likely than in the Netherlands by a factor of 2.1. It is likely that the consumption figures based on sales by state liquor stores are less than totally reliable, as they do not include illegally distilled 'moonshine.[12]

A recent evaluation discloses that in relation to alcohol - related deaths in Sweden: mortality is higher than in the Netherlands, while reported consumption figures are much lower. As noted,

[9] *World Drug Report 1997*, p. 293
[10] *World Drug Report 1997*, p. 296
[11] Ibid., p. 297

the figures may be less than comprehensive. Moreover one has to be 18 to buy and drink alcohol in a bar/pub, and 20 to make a purchase in a state liquor store. Drinkers under those ages have to depend on family and older friends, bootleggers and moonshiners (illegal drink dealers and distillers). The compulsive, get-drunk-at-all-costs drinking pattern is also apparent from a survey of children in grade 9 (15 years of age). This shows that in 1992 almost one in three boys and one in five girls (ie. 29 per cent and 18 per cent) drank the equivalent of 370 ccs of spirits (half a bottle of whisky) in a single session.

During its recent visit to Sweden, the committee was made aware of this aspect of the licit drug problem in Sweden, particularly the binge drinking trends in the youth population and the high reliance on 'bootleg liquor' made illegally to avoid the high prices imposed by the State monopoly on liquor sales.

Illicit Drug Market

Comparison with other countries in table 3 indicates that prohibitionist policies in Sweden seem to have little effect on the price of narcotic drugs. However, overall consumption is relatively low in Sweden, particularly in relation to heroin.

> Prices were fairly stable over a 10-year period, with the exception of the ATS price which decreased by more than 20 per cent during 1992-1994. The price fall fits well into the picture of increasing seizures and high purities of street-level ATS, which could be translated as a supply glut of ATS in Sweden.[13]

The committee was also alerted to an emerging problem in Sweden of new supply routes from Poland and Russia, particularly for amphetamines and of an increasing curiosity with cannabis among the young.

Crime and Law Enforcement

In terms of international comparisons, Sweden's seizure rate is on the increase, but the market value and weight of seizures are relatively low. Police note increased use of small vessels to smuggle cannabis, and the use of private vehicles to smuggle small quantities of cannabis resin for personal use.

> The number of amphetamines and heroin seizures grew 49 per cent from 1990 to 1995, and that of cocaine decreased by 20 per cent during the same period. The

[12] European Cities for Drug Policy 25 September *Newsletter,* p. 2.
[13] *World Drug Report 1997*, p. 298.

> weight data roughly repeats the same pattern, with the exception of considerable variations in the quantities of cocaine seized which have been caused by occasional significant seizures.[14]

Of concern is the high level of acquisitive crime and the relatively high level of offences of violence in such a relatively affluent country (four to five times that of the UK and Australia in 1993)

General Reflections

Judging from the responses of international observers, Sweden's drug polices appear to be adequate and relatively successful in the current context.

> However, the question arises whether the present situation - that of a relatively prosperous, isolated country, can withstand the probably inevitable social and economic impact of European integration. In the longer run, continuation of the state alcohol monopoly appears unfeasible, while the present unemployment levels and pressures on government spending will also impose policy constraints.[15]

Sweden provides a useful model for planners and policy makers but, at this stage, the committee is still completing preliminary investigations on a range of options. This case study is presented for what it offers: an historical perspective on the application of two predominant approaches to drug control in a 20–30 year period in one country. Such a longitudinal study is unique and much can be learnt from these experiences.

Crime Concern: (United Kingdom)

Crime Concern is a national, non-profit crime prevention organisation that works together with other national and local agencies to prevent crime and create safer communities. The committee was very impressed with the concept of a non-bureaucratic organisation situated in the community that operates in partnership with community-based crime prevention workers, and provides much needed consultancy and training services.

Crime Concern manages a wide range of crime prevention projects. It devises or supports over 100 crime prevention partnerships and agencies, and runs training courses for practitioners. It also offers a range of consultancy and training services. Its work is based on the belief that effective prevention depends on a combination of measures designed to make crime more difficult to commit and which also address the root causes of the problem.

[14] ibid.
[15] European Cities for Drug Policy op. cit., p. 2.

The Crime Concern organisation helps with support and practical advice in a range of areas related to drugs; for example:

- undertaking a youth drug/crime audit. Analysing the main trends and patterns in youth offending and victimisation in a local area, and devising a strategy for tackling them;
- preparing local drug prevention strategies, including assessing current youth crime reduction programs, developing action plans and suggesting improvements;
- undertaking youth drug use surveys in schools, in youth facilities or with young people at risk on the streets;
- providing training modules for front-line staff, managers, local residents and peer projects run by young people themselves;
- developing projects. Designing and establishing youth crime/drug prevention projects of proven effectiveness;
- appraising and evaluating projects. Reviewing the effectiveness of existing drug initiatives and programs, and offering specific guidance about monitoring and evaluation.

The committee was particularly impressed with the following aspects of the Crime Concern model:

- its focus on targeted prevention strategies;
- its emphasis on empowering and training community workers to achieve their crime/drug prevention aims;
- its emphasis on providing professional and informed advice to improve the management and outcomes of local partnership projects;
- the commercial, practical and non-bureaucratic nature of its operation;
- its focus on objective monitoring and evaluation, to assess what works.

The Rainbow Needle Exchange (The Netherlands)

'The Rainbow' is an interchurch foundation that provides programs and services for drug addicts. The foundation focuses on the care of hard-drug users and their relatives in Amsterdam.

The Rainbow's needle-exchange program started in 1985. It is located at the Oudezijds Achterburgwal in the centre of Amsterdam, and is open seven days a week from 1.00 p.m. to 5.00 p.m. There is also a needle–syringe exchange bus located near the Central Station which is open daily from 5.00. p.m. to 11.00 p.m.. Approximately 750 000 syringes are exchanged in Amsterdam every year, and more than half are exchanged at The Rainbow. People use this service and the bus nearly 160 times a day.

Since August 1990, drug users have also been able to buy alcohol swabs at cost price (5 cents). Generally, people who visit the needle–syringe exchange do so primarily to buy and/or exchange needles but, following an intensive educational and promotional campaign, sales of alcohol swabs have increased from approximately 2000 a month in 1990 to over 7000 a month presently. A large number of clients also find it difficult to get clean tap water, and so use water from toilets, puddles or even from the canals. This presents a health problem, and consequently The Rainbow sells sterile water to users (approximately 1200 bottles a month).

The Committee noted the following aspects of The Rainbow's operation:

- it was located in a central and easily accessible venue in a major thoroughfare;
- the levying of a minimal cost for injection supplies did not deter users, and in fact, may have inspired responsibility and ownership;
- it assumed a tolerant low profile role, with no moralising or gratuitous advice offered by workers;
- the fact that workers were efficient, customer-orientated, and adopted a harm reduction approach;
- the fact that within The Rainbow, disease prevention and the safety of users are paramount considerations.

Maria Ungdom Youth Centre (Sweden)

Founded in 1966, this centre is run jointly by the Health and Medical Association and the City of Stockholm. Its target group is drug addicts under the age of 20 years, regardless of the drug

used. Children of drug addicts and those at risk of becoming intravenous drug users are given some preference.

The centre services the County of Stockholm, which includes 25 municipalities and about 1.5 million inhabitants. The centre's budget of approximately 48 million Swedish krona, or A$9 million, supports 120 social and health and welfare workers, as well as an emergency ward and an inpatient care service consisting of two wards for detoxification, investigation and treatment. There is also extensive outpatient care and an HIV and sexual advisory service.

The centre's resources are varied and extensive in order to handle a wide range of problems experienced by adolescents. Staff are trained to encourage the family to take an active role in treatment, and families can stay with the adolescent during detoxification. The Centre's policy is to react quickly to acute crises, and to immediately mobilise all resources around the youth concerned to help them and the family to solve the crisis problem. During 1995 the centre serviced 1217 new clients (782 boys, 435 girls).

A number of important principles are represented in the activities of the centre:

- 24 hours a day easy accessibility without an appointment being required;
- quick reactions to crises in order to initiate change;
- its strong belief that primary relationships are the most important ones;
- its belief that the power to change is promoted by the network around the youngster;
- its attempt to see problems and symptoms in their context.

The committee liked the approach that the centre took because it:

- focused on the total life situation of users and addressed dysfunction at all levels: individual, family and society;
- used a variety of treatments to respond to multiple problems;
- directly involved the family and support networks in addressing users' problems, and took an active part in the treatment process;
- allowed quick action under the one roof within a holistic response model.

TACADE 'Educating for Health' (United Kingdom)

TACADE is the leading national charitable agency in the UK working in the field of personal, social and health education, life skills education, and substance misuse prevention education. It

has been established for almost 30 years and is unique in its provision of experience and expertise on vital issues connected with education, health and behaviour.

TACADE provides services in three key areas:

- project development, management and consultancy;
- training provision and conference administration;
- development and production of resource material.

TACADE offers a consultancy service, which develops initiatives that respond to clients' needs in the health and education sectors. Project development and consultancy work is undertaken for the corporate sector and governments throughout the world. TACADE also develops new initiatives and conducts needs-based assessments, research and evaluation. It develops new programs for different target groups with sponsorship from a range of sources.

TACADE espouses a number of fundamental principles in its operations:

- It believes that the key to promoting healthy lifestyles and behaviour among young people is through education and action that link the individual, school, parents and communities in accepting and performing their roles and responsibilities.

- It favours a positive approach when combating potentially negative behaviour by enabling people to be in a position to make choices through the acquisition of knowledge, attitudes and life skills, and by developing an awareness of those influences that affect the choices they have to make.

- It believes in educating for health through investing in people, particularly the young, to prevent potentially negative behaviours such as substance misuse. Prevention is better, and cheaper, than cure

The TACADE approach appealed to the committee because:

- it adopts a commercial and entrepreneurial approach. To a large extent it relies heavily on commercial operations for funding and consequently has to maintain high standards of efficiency, accountability and effectiveness to survive;

- it was responsive to customer needs and what they could afford;

- the quality of the resources it produced was excellent and a source of pride for the organisation;

- it is a practical organisation which emphasises 'doing' and 'action', and supports those at the 'coal face' to carry out their work more effectively.

2.2.3 *Australian Developments*

Just as with the international scene, there is a regular flow of policy initiatives, interventions and programs within Australia. The following gives an indication of some of the movement that has recently taken place at the Commonwealth level, and also within the States, in dealing with the problem of illicit drug use.

The 'Wood Report' (NSW)

The Report of the Royal Commission into the NSW Police Service (headed by Hon. Justice James Wood) was tabled in mid-1997. It has already begun to have a significant impact on policing in NSW, and it is set to have further impact, especially in connection with drug-related issues. Throughout the report, drug abuse is raised as a major issue for both police and the community. A number of recommendations are made concerning drug law enforcement including:

- that consideration be given to establishing safe, sanitary injecting rooms;
- that guidelines be published setting out the basis on which policing of the Needle and Syringe Exchange Program, the Methadone Maintenance Program, and similar public health initiatives should occur;
- that there be strategies to increase public awareness of the problems of drug abuse, for the establishment of public detoxification and rehabilitation units, and for greater availability of methadone, and street counselling and assistance for young drug users;
- that steps be taken to establish a national summit or commission to address problems of drug supply and use and rehabilitation of drug users on a national basis;
- that support be given to a controlled heroin trial in the ACT.

Justice Wood also outlined professional integrity measures for the NSW police which are designed to prevent illicit drug-based corruption among police.

As a result of the Wood Report a NSW parliamentary committee has been formed to look into the possibility of establishing safe injecting rooms. The joint select committee will report to Parliament on its decision later this year.

The 1997 Review of the National Drug Strategy

The goal of the National Drug Strategy (under the National Drug Strategic Plan 1993–1997) is to minimise the harms connected with drug abuse in Australia, and it has sought to do this by adopting an approach that ensures a balance between:

- supply and demand reduction strategies;
- treatment, prevention, research and education;
- the efforts of the Commonwealth and States and Territories.

The National Drug Strategy (NDS) stresses the importance of partnerships between health, education, law-enforcement and private sector bodies, and has overseen the funding of a range of national drug treatment and prevention programs and other initiatives. Major initiatives have included the establishment of a number of world renowned drug research centres, and a variety of projects supported by the National Drug Crime Prevention Fund, and the Confiscated Assets Trust Fund.

An evaluation of the NDS was recently conducted by the Ministerial Council On Drug Strategy, and a report of that assessment - *The National Drug Strategy: Mapping the Future*, was published in 1997.[16] Although the report recognised the limitations involved in making solid judgements about the impact of such a broad and diverse strategy, it noted that there had been no strong upward trends in illicit drug use, contrary to what many had argued would be the consequence of a harm-reduction approach. It also observed that the NDS had been instrumental in the success of the National HIV/AIDS Strategy in reducing the spread of HIV and hepatitis C among injecting drug users.

Along with these successes, *Mapping the Future* also perceived the need for improvement in a number of areas. One underlying problem was the lack of clarity, in many quarters, of the meaning and implications of harm-minimisation. It was suggested that a clearly defined set of harm-minimisation principles be developed for the NDS. Another concern was to give a higher priority to the drug problems within groups like the homeless, the physically disabled, those who are older, and those who suffer a mental health problem. Reservations were also expressed about the coordination and management of the NDS and its associated projects, the absence of accountability for results, and the lack of a process for monitoring ongoing progress.

[16] Single, E. and Rohl, T. 1997, *The National Drug Strategy: Mapping the Future.* Australian Government Publishing Service.

The *Mapping the Future* report concludes, 'despite its many accomplishments and international acclaim, the NDS is in danger of sliding off the political agenda.'. It advocates a renewed phase for the NDS, with a greater focus on better management, training and education, including:

- a capacity to proactively respond to drug issues;
- greater coordination;
- directed research efforts;
- long term strategic planning.

Commission of Inquiry Into Drugs in Prisons (December 1996) (**Qld**)

The Commission of Inquiry Into Drugs in Queensland Prisons has seriously criticised the drug control procedures of Queensland Corrective Services. The report of the inquiry, tabled in December 1996, has described the drug control procedures as 'severely wanting'. It makes 63 recommendations, amongst which are:

- that families and visitors who are likely to be drug couriers be identified;
- that prisoners found supplying prohibited drugs be restricted to 12 months of non-contact visits;
- that prisoners returning positive drug tests be restricted to 12 months of non-contact visits;
- that there be random property checks on prison staff and professional visitors;
- that there be established an intelligence audit group to police drug use and trafficking in prisons.

Regional Community Drug Forums (**Qld**)

As part of Queeensland's Drug Education Program, a system of community forums has been set up to help local schools develop their approaches to drug education. The idea of the forums, which involve parents, police, health-workers, and private sector groups, is to provide input into schools about local community drug concerns, and to provide a network of community links that schools can readily access.

South Australian Drug Abuse Strategy (**SA)**

The South Australian Government has set aside $8 million for a range of programs and initiatives to tackle drug abuse in South Australia. The initiatives include drug free dances, drug survival kits for parents available from pharmacies and medical centres, and enhanced

community support services including support groups for parents of drug-affected youth. Youth drug teams, which will provide clinical assessment and counselling to drug-affected youth, are also to be established in most regions of Adelaide. Harm-minimisation will also become a more prominent feature of law enforcement, with the adoption of an innovative community drug policing model within the metropolitan region.

Aboriginal Drug and Alcohol Council (ADAC) Education Campaign (SA)

ADAC has recently established a series of education programs to inform the Aboriginal community of the harms of drug abuse. The initiatives include:

- a joint project to conduct research into the prevalence of injecting drug use among Aborigines in a rural community. The aim is to determine patterns of use and associated problems, and whether standard assessment procedures are suitable for Aboriginal peoples;
- a pilot project to develop a sustainable program to address the problem of petrol sniffing in a community in the far north of the State;
- a major state campaign aimed at local action concerning hepatitis C.

Methadone Prescription by General Practitioners (WA)

The 1995 Premier's Task Force on Drug Abuse recommended that methadone treatment be considerably expanded by being substantially devolved to individual private practitioners, subject to effective safeguards. In response to this, a community-based methadone treatment program is being established in Western Australia to enable trained general practitioners to administer methadone, along with pharmacists. The aims of the initiative are firstly, to improve the access of addicts to methadone by making the treatment more readily available to local communities, and secondly, to normalise the treatment process by assimilating it into the everyday operations of local medical practices. Although the devolution of methadone prescription to general practitioners is not new in Australia, the Western Australian initiative stipulates that general practitioners cannot start people on methadone without first discussing the appropriateness of the treatment with the WA Alcohol and Drug Authority.

Tasmanian Drug Education Initiatives (Tas)

A set of harm-minimisation guidelines has been adopted for drug education and intervention in Tasmanian schools after the acceptance of an interdepartmental report entitled *Government Strategy for Dealing with Drug Related Issues in Schools*. The guidelines and strategies are based on three components of harm-minimisation that are identified in the report: harm-prevention; harm-reduction and harm-management. The focus is on disseminating information

to parents, students and the community, providing concrete strategies for the management of drug-related problems, and accessing support services.

Another education initiative, the Drug-Ed for Industry workplace drug education program, has recently been launched by the Alcohol and Drug Service in Southern Tasmania after its successful trial with the Tasmanian Hydro-Electric Commission. The aim of the program is to heighten drug awareness in general, and to increase knowledge of the effects of drug abuse in the workplace. The evaluation of the initial trial indicated that 90 per cent of those surveyed had discussed drug and alcohol problems with their partners or workmates.

Home Detox Pilot Project **(NSW)**

A six-month project has been initiated by the Cabramatta Youth Team to provide home detoxification options to local Indochinese heroin users under 25 years old. After consulting a general practitioner for a medical assessment and medication, the users undergo five days of withdrawal at home under the visitation of trained home detox workers. Family support is essential to the success of detoxification at home, and that support is generally present with the Indochinese community. Most of the clients of the project are Vietnamese, and their extended families become heavily involved in the process. In the second part of 1996, 50 people were referred to the home detox program, but 36 were judged unsuitable and referred to another more appropriate agency. Communication proved to be a problem in a number of cases, and a bilingual support worker was necessary to communicate with parents and family members who were less proficient in English. It was noted by workers involved in the home detox program that there was a strong need for further support for clients after they had undertaken the treatment. Young clients, however, tended not to access further counselling and support options.

2.2.4 Some Highlights of the Interstate Study Tours ***2.2.4***

On its national study tours, the committee visited five States and Territories: Western Australia, South Australia, Queensland, New South Wales and Canberra. In each State, it visited a range of programs and spoke to a variety of people involved in them, both clients and professional service providers. The following brief profiles give an indication of some of the examples of good practice encountered by the committee on its travels.

Mirikai Drug Rehabilitation Centre **(Qld)**

Mirikai (which means 'place of peace'), was established as a support service for drug users in 1973 and is housed in the beautiful West Burleigh Valley. In its present form, the program offers non-medical detoxification and residential drug-free rehabilitation for problem drug users based on the therapeutic community (TC) treatment approach.

Mirikai's main treatment facility provides modern accommodation on five acres of landscaped gardens with wildlife and a pool, all surrounded by natural bush. Its program aims to provide a setting in which the individual issues that led to drug abuse can be explored in a safe environment, so a more satisfying lifestyle might be discovered.

The program is divided into a number of stages. Those who are considered acceptable for admission to Mirakai (usually people aged between 15–30 years) go on to a six-week safety net program designed to empower individuals to make informed choices about a range of ongoing treatments and options, and to enable them to experience an improved lifestyle. After this, people may be referred to the treatment stage of the program where residents live and work together in a small, family-like situation. Activities centre around a normal lifestyle of household chores and leisure pursuits, and these are supported by a creative therapy program designed to provide people with opportunities to examine and come to terms with their particular personal issues. When it is felt an individual has gained enough experience through personal growth, they move on to the 're-entry' stage.

In the re-entry stage, residents begin to apply the knowledge and experience in human relations they have gained to the uncertainties of modern society. They may find paid employment or undertake other activities as a move toward taking their place in society. The anxiety, enthusiasm, excitement, and self-doubt that may be associated with this means that staff involvement is high. There is also an out-client counselling support program which also has a relapse prevention component.

Committee members were impressed with:

- the commitment and charismatic leadership of the Director of Mirakai;
- the holistic and relevant nature of the curriculum offered;
- the caring culture generated within the centre and the supportive arrangements in place to assist young people to turn their lives around;

- the positive and honest responses of the clients and their openness in discussing their problems and visions for the future.

Committee members were very encouraged by what they saw and have resolved to revisit the program in 1998 for a more detailed assessment of its operations.

The Palmerston Centre and Residential Farm (WA)

The Palmerston Centre and Farm was established by members of the Uniting Church, Catholic Church and the medical profession. It employs a multidisciplinary team of professionally qualified and experienced counsellors with backgrounds in psychology and social work. In addition, many have relevant experience in youth, welfare, education, nursing, outward bound activities, homeopathy, and speech and drama.

Palmerston Farm is a residential therapeutic community which has traditionally been reserved for long term male heroin users over 25 who have been referred by the Palmerston Centre. Recently, the admission age was lowered to 17 years. Originally, the length of stay was six to seven months, but it has recently been lowered to three months initially.

Palmerston adheres to the principles of harm minimisation, and adopts a client-centered perspective. It primarily uses a cognitive behavioural counselling approach, including relapse prevention and problem-solving strategies. Fundamental to this approach is the view that individuals learn about drug abuse through their own and others' experiences. The centre aims to raise awareness and provide education, support and counselling to encourage self-responsibility and lifestyle change through informed decisions about drug use and related issues. The centre also seeks to involve families and others where appropriate. Treatment emphasises the client's responsibility for modifying their own drug abusing behaviour and for making appropriate lifestyle changes.

The committee was particularly impressed by the practical and experiential nature of the therapeutic programs employed at the residential farm, and the fact that residents were treated with dignity, and without being blamed for their drug-abuse problems.

The Cabramatta Community Centre (NSW)

The Cabramatta Community Centre provides information, referral, counselling and advocacy services to individuals and groups in the local community. The Youth Services Sub-committee deals with drug and alcohol issues through programs such as:

- the Home Detoxification Project which is run in conjunction with the South West Sydney Area Health Service and supports young people who wish to undergo heroin detoxification at home;

- an outreach bus which is used to provide health resources and referrals for young people in the district. It is used in Cabramatta on Friday and Saturday nights as a needle exchange and an information service and, on other days, it outreaches to schools and the Liverpool central business district as an information and referral service. Access of the service has increased from an average of 60 people per night to almost 100 per night;

- the Cabramatta Needle Exchange which sees an average of 80 people aged between17–24 years each day. The volume of clients means that it will be replaced by another larger, specific service;

- the Parents, Youth, Drug and Alcohol Project which is an early intervention and prevention project. It was responsible for the Home Detoxification Service and Heroin Smoking Pilot project, and for the development of the *Down & Out* drug and alcohol comic.

- the Youth Development Project which assists young homeless people to access accommodation in Fairfield and Liverpool. Between 1995–96 it assisted 191 young people with accommodation, 96 of whom were women with children. The service is used by Australian, Aboriginal, Vietnamese and Spanish-speaking people.

ADD Inc. (Assisting Drug Dependents Inc.) (ACT)

Assisting Drug Dependents Inc. is a large, non-government health organisation that adopts a harm reduction approach to delivering drug and HIV/AIDS prevention services to drug users at a number of sites in the ACT. Some of its component services are:

- The ACT IV League was originally formed as a response to the problem of HIV infection among injecting drug users, and aimed to develop innovative and responsive ways to educate users about safe injecting practices. The range of services offered has expanded to include drop-in facilities, playgroup clinics, and an outreach service. The focus is on peer-based programs and activities, and on collaboration with mainstream health and welfare services.

- Arcadia House Withdrawal Centre has operated for 12 years and caters for those in need of a safe place to withdraw from alcohol or drugs. The centre is open to anyone who wants to withdraw, regardless of their age, gender, race, education, criminality, or drug from which withdrawal is desired. A variety of therapies are employed to assist the withdrawal process including diet therapy, exercise and relaxation, aromatherapy and herbal remedies.

- The Data Collection Program Unit collects information connected with the activities and service provision needs and outcomes of ADD Inc.. The information is used for determining drug-related trends, and for funding purposes and accountability. Data

collection is considered important by ADD Inc. because of its crucial role in policy development, strategic planning and service provision.

Correctional Services: South Australia (SA)

In conformity with the National Drug Strategy, the Department of Correctional Services in South Australia employs a multidimensional harm-minimisation approach to the problem of illicit drug use in South Australian prisons. This approach requires the provision within prisons of treatment and counselling services, and therapeutic communities and drug free units. The strategy adopted by Correctional Services relies on controlling the supply of illicit drugs to prisons, reducing demand, and preventing the harms of drug abuse. Two correctional centres in Adelaide: the Adelaide Women's Prison and the Adelaide Pre-release Centre, reflect aspects of these approaches.

Adelaide Women's Prison is divided into a Mainstream Unit and a Living Skills Unit. The philosophy behind the Living Skills Unit is to offer 'normalising' options to offenders, so they can take more responsibility for their lives and gain appropriate skills and competencies to make re-entry to society easier. The prison has a methadone program, an on-site psychologist for counselling and support, and is developing a peer education group.

Adelaide Pre-release Centre focuses on the needs of offenders who are near the end of their sentences. Accommodation is provided for male prisoners in an independent living environment and a number of self-contained cottages. The programs of the centre are based on the principle of normalisation, mutual respect and cooperation. They include individual counselling by social workers, a drug and alcohol awareness program, and provision for access to community-based rehabilitation and treatments.

*** * * * * * * ***

The purpose of this chapter has not been to present a definitive or comprehensive analysis of illicit drug movements and global drug policy, but merely to communicate some of the flavour of what has been happening nationally and internationally on the illicit drug scene within the last 18 months. With this background, it is now possible to direct attention fully to what is currently taking place in Victoria as part of the *Turning the Tide* drug response.

Chapter Three

Implementation Report: 'Meeting the Challenge'

Grassroots investigations by the Drugs and Crime Prevention Committee (the committee) at Victorian project implementation sites, indicated the relative progress in policy developments and activities of the services selected in the recommendations of the Premier's Drug Advisory Council (PDAC) report. The visits also represented government enthusiasm, encouragement and support to workers implementing the *Turning the Tide* strategies.

These investigations were based on the Senior Officers' Coordinating Committee (SOCC) quarterly report that outlined any strategy action approved and in progress from a departmental perspective alone. As the SOCC document is rather abstruse, it has been arranged into a more coherent structure, and coupled with committee visitation reports. SOCC reports are not easy to comprehend and appear to be independently collected and disparate pieces of reporting. The committee tended to get an outdated view of progress and a limited sense of an integrated and whole-of-government approach.

Progress of the *Turning the Tide* strategy was determined by:

- any objective indicators of outcomes from any projects and agendas in action;
- subjective evaluations of management, practitioners and recipients of selected services.

Subjective evaluations included commentary on the nature, scope, feasibility, gaps and suggested amendments for the relevant component of the *Turning the Tide* strategy. Recommendations and gaps analysis were also sought from departmental officers.

Site visits were randomly selected and implemented to enable perusal and appreciation of the enterprise and labour involved in implementing such a broad based strategy as *Turning the Tide*. The following 'snapshot' of program and service profiles outlines some of the process evaluations of service provision and policy structures for each of the major recommendation areas to date.

Ground-level case studies and vignettes are included to illustrate these developments. The committee is also aware of many programs executing *Turning the Tide* initiatives that are not receiving formal funding and are generally internally funded.

In response to these evaluations, the committee's conclusion offers a guideline for review of *Turning The Tide* in terms of its recommendation parameters, content, service and policy gaps, positive and negative outcomes, and qualification.

3.1 Financial Overview

The Government committed up to $100 million over four years to support specific initiatives. A range of projects has been announced and funds allocated from the Community Support Fund. (Details in figure 11 and table 4). Of the $70 million targeted for spending so far, only $12.5 million has been spent.

Figure 11: *Turning the Tide* Funding Categories

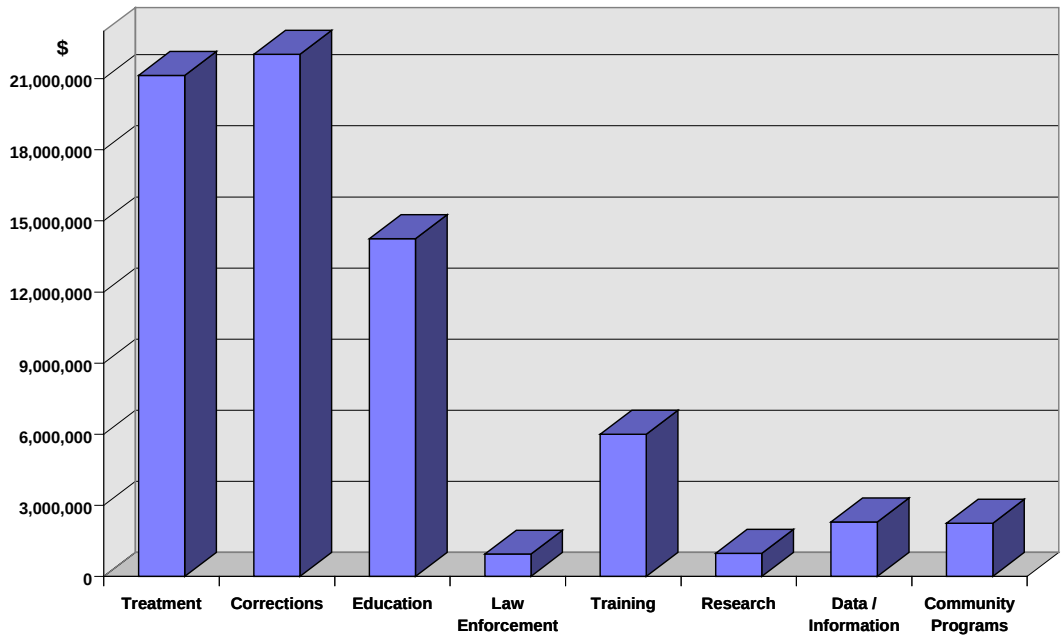


Figure 11 provides a graphic overview of broad funding allocations and designated areas of action as at 31 August 1997. While the categories chosen and displayed are not mutually

exclusive, and could be construed as highly generalised, the committee nonetheless feels this breakdown is useful and broadly indicative of the funding outcomes of the strategy at this point.

Table 4: *Turning the Tide* Funding Breakdown

***Turning The Tide* Drug Initiatives**	**$**
1. Upgrade of drug detection, deterrence and treatment strategies in prisons	5,276,250
2. Research into the possible links between the use of cannabis and the onset of schizophrenia	795,000
3. Establishment of a specialist court advisory service on treatment services and the establishment of intensive post-release treatment services for prisoners	15,715,925
4. Development of, and training in, core competencies for key workers who come into contact with people affected by drugs	6,000,000
5. A program to support local-level community partnerships to address drug and drug related problems	2,250,000
6. Testing of offenders with community corrections orders	1,045,000
7. Household booklet: Production and distribution of a booklet to all households in Victoria providing information on the impact of drugs on the family and society	1,238,243
8. Household booklet: Pre-release advertising	322,000
9. Individual school drug education strategies to educate students on the harmful effects of drug use	11,652,140
10. Project to ensure parents are informed and consulted on the individual school drug education strategies	1,200,000
11. Youth Substance Abuse Service: provision of a variety of substance abuse services for people aged between 14 and 24 years	10,522,820
12. Program to increase the capability of alcohol and drug counselling services as well as providing linkages to related support services	8,544,495
13. Increase the efficiency of the Victoria Police Drug Squad through provision of state-of-the-art computer equipment	170,000
14. Project to develop and implement the Intranet Intelligence Management System for the Victoria Police Force Asian Squad	169,268
15. Connect: A program to retain or reintroduce into schools young people vulnerable to problems associated with harmful substance abuse	1,400,000
16. Investigation of substitute medications for withdrawal and ongoing supportive management of opiate dependencies	2,060,000
17. Establishment of a database to enable analysis and comparison of a wide range of data to assist in allocating enforcement and treatment resources	744,580
18. Communication of harm-minimisation philosophy and strategies throughout the Victoria Police Force	300,000
19. Increase of knowledge and awareness of all Victoria Police Force trainers on drug and alcohol issues and the development of teaching materials	300,000
20. Drugs and Driving Research Project	175,000
Total	**$69, 890,721**

Source: Community Support Fund Vic. 31 August 1997

3.2 Education

This section addresses *Turning the Tide* activity in connection with recommendation 1 of the PDAC report:

The Victorian Government support a sustained and integrated information and education strategy that deals with both illicit and licit drugs such as alcohol and tobacco.

1.1 Drug education should be included as a core component in the health curriculum in schools.

1.2 Action should be taken as a matter of priority to ensure sufficient teaching staff are trained in drug education.

1.3 Guidelines on the approach to drug education to be used in schools should be circulated as a matter of urgency. The guidelines should be based on the principles detailed in the *Get Real* package recently prepared by the Directorate of Education.

1.4 Targeted marketing strategies should be developed to improve community awareness of existing telephone information and advice services.

1.5 Opportunities for the integration of the two specific drug telephone services should be explored and more consistent data gathering systems introduced.

1.6 Arrangements for providing information to people from differing ethnic and cultural backgrounds should be enhanced.

1.7 Printed materials should be reviewed and, where appropriate for use in conjunction with other information dissemination activities, be translated into languages other than English.

1.8 Media campaigns should be used to communicate major changes in policy and arrangements in Victoria. Where appropriate, this should be in cooperation with the Commonwealth Government.

1.9 Course structure and content for selected tertiary courses should be amended to ensure that appropriate and relevant graduates have a basic knowledge regarding drugs and the harm-minimisation framework.

1.10 Expanded in-service training and professional development opportunities should be provided to assist various workers to communicate with and assist people dealing with drug issues.

1.11 Consideration should be given to including drug and alcohol studies within the Master of Public Health Program.

1.12 Strategies should be developed to provide information to parents to assist them provide information and support to their children. These strategies should

include information about where they get further information, or personal assistance for themselves or for their children.

1.13 Peer education and outreach services should be developed in consultation with drug user groups.

SOCC Quarterly Report Findings

Individual School Drug Education Strategy (ISDES)

- Nineteen regional drug education facilitators have commenced working with core groups totalling 2800 teachers and parent groups in 800 schools across country regions (Loddon Campaspe Mallee, Central Highlands Wimmera, Goulburn North East, Barwon South Western and Gippsland) and metropolitan regions (Southern, Eastern, Northern, Western, South Eastern). Each region is responsible for two clusters of schools and has two facilitators including an extra part time worker for the Eastern and Southern Regions.

- Preventive and interventional guidelines for the development of ISDES have been distributed to schools.

- Professional development programs for core groups of parents and teachers are under way in response to a 'needs' audit across regions.

- Consultations with representatives from the Catholic and Independent School sectors for 1998 and 1999 schools have been conducted.

- *Get Real* written resource material kits for school students have been reprinted and distributed for school support.

- Development of a new resource to support schools to address illicit drug use has commenced and an early draft will be trialed in term 4 1997.

ISDES Supplement: Backgrounds Project

- In May 1997, three clusters of schools were selected for drug education programs to address the needs of students and parents with language backgrounds other than English.

- The selection process for the project officer positions was conducted, positions filled and duties commenced in August and September, 1997.

- Project officers attended an orientation day and workshops to provide a model for understanding the impact of torture and trauma on youth. They are also engaging in extensive community liaison.

- Arrangements were made for further training at the University of Melbourne.

The Partnership Project: This drug prevention and harm-minimisation program focuses on Brunswick and Coburg/Preston primary and secondary schools working with Moreland Hall Alcohol and Drug Treatment Centre. It targets Middle Eastern, Turkish, African, Bosnian, Italian and Lebanese parents and students.

The Springvale/Noble Park Project: This prevention/intervention program develops an understanding of cultural identity in relation to illicit and licit drug use and lifestyles. It targets communities, parents and students from P–10 from Vietnamese, Cambodian, former Yugoslavian, Afghani, Turkish, Chinese and South American descent. It is a partnership program between the Springvale Community Health Centre, Springvale Indo-Chinese Mutual Assistance Association and Springvale Police.

The Intersect Project: This ISDES program targets communities, parents and students from Vietnamese, Chinese, Italian, Turkish, Timorese, Somali and Spanish descent. It encourages debate on drug issues and communities to take an active role in education activities. It is a partnership program between Kensington Community School, Flemington Language School, Doutta Galla Community Health Service, the City of Melbourne and Community Radio 99.9 EAR FM.

Backgrounds: Professional Development

- Planning commenced for an initial training day for project officers to outline the relationship between the Backgrounds Project and the ISDES.

- Six, three hour workshops were held that addressed the impact of torture and trauma on children and adolescents for project officers and leaders.

- Initial planning commenced for professional development in action research for the Backgrounds Project.
- There have been project and drug education unit manager liaisons with Albanian Community and Coburg Community Health Centres to discuss the Backgrounds Project.

Backgrounds: Links to ISDES Implementation

- A project leader is working with regional drug education facilitators (RDEF) for ISDES in schools.

- A Background Project leader is working with training and development project leader for professional development delivery to schools with RDEFs to inform the ISDES development.

- Arrangements have been made for interested parties to discuss ISDES development in English language schools and centres to consider the implications of the ISDES in those settings.

The Connect Project

- This involves investigation and trials to support the retention or reintegration into schools of young people vulnerable to substance abuse.

- An initial professional development program for project coordinators was completed in July 1997 and related to health promotion and community education issues.

- The second phase of professional development (October 1997) was to focus on intersectoral collaboration, health promotion and project progress.

- A steering committee consisting of management representatives was established.

Four school and/or community-based projects have commenced:

- *Springvale/Noble Park*: Strategy planning and public meetings to map resources have commenced and professional development for teachers continues to be conducted.

- *Glenroy/Craigieburn/Urban Fringe:* Community consultations about local youth issues and 'urban fringe issues' research with RMIT have commenced. Survey results are being collected and analysed to inform project directions. A forum of local workers involved in the health of young people was held in September 1997.
- *South Gippsland:* Consultations with local reference groups for resource development have commenced. A forum entitled "Is There Anybody Out There?" was held in September 1997 and attended by 150 local workers. A resource directory is being compiled.

- *Wimmera:* Peer group training and youth intervention programs have commenced. Collaborative work with the Australian Drug Foundation has focused on the Sporting Clubs' Alcohol Project and a Drug and Alcohol Awareness Week.

Three issue and/or research based projects include:

- *Responding to cannabis use by young people (Australian Drug Foundation):* Returned surveys from a mail-out to 200 respondents are being analysed.

- *Substance abuse as it relates to gender and ethnicity (Victorian University of Technology):* Contact with 14 primary and secondary schools in The City of Maribyrnong area has commenced and a launch of the project was held in early September 1997.

- *The Resilience Project: Developing effective ways of communicating with marginalised young people to improve resilience (La Trobe University):* The *Get Real* resource kit has been established and progressively put online on an Internet site. Twenty focus group leaders and RDEFs received training for student consultation that commenced in term 3.

Guidelines

- Guidelines for the development of an ISDES have been developed. In October–November 1997, a process to review guidelines will be conducted with a view to their production and distribution to ISDES schools in 1998.

- A support resource for schools that addresses illicit drug issues for policy and procedures was drafted by an expert reference group and will be trialed in schools during term 4 1997.

- The successful illicit drug resource tenderer, Education Image and the Youth Research Centre at The University of Melbourne have completed the literature review and first drafts for the resource.
- Focus groups have convened to consult on the proposed content list, RDEFs have provided input into the drafts and completed a two-day familiarisation program. A working party continues to meet regularly.

Community Education: Household Booklet and
Individual School Drug Education Strategy

- A community education booklet, entitled *Drugs: The facts, the risks, the reality*, was distributed to all households in Victoria in February and March 1997. It was primarily designed to support parents. The booklet included the freecall, telephone information and counselling service details.

- A bilingual telephone counselling service operated for six weeks after the release of the booklet which was available in 12 languages.

- The booklet was translated and distributed in a number of community languages in association with SBS Radio.

- Cassette tapes of the booklet were produced in 12 languages other than English.

- An intersectoral group was convened to draft a proposal for a sustained, cross-cultural community education and information strategy for consideration by the SOCC by August 1997.

Media

- Local and statewide media campaigns are being considered; for example the Local Initiatives Grants Program.

In-Service Training

- A range of health, community services and corrections workers was targeted for priority training. This followed from a tender for the developing curriculum materials and presentation strategies, advertised in January 1997.

- The tender for the development of a three-year occupational framework for alcohol and drug training was awarded. An inter-departmental working group was established to advise on project conduct.

- A training needs analysis should be completed by November 1997 and recommendations made by key occupational groups about developing curricula and training programs tenders.

Train the Trainer: This Victoria Police project is solution-focused. It aims to increase the knowledge and awareness of all police trainers on drug and alcohol issues as they affect training, education modules, specialist training, research and force policy. Initial orientation

and consultation phases, including a pilot training period, were completed and training is to be completed during 1998.

Harm-Minimisation Liaison Project: A comprehensive review was conducted of the existing police drug strategy and policy to determine its future directions. The project officer identified priorities and developed a strategic response for inclusion in the Victoria Police Business Plan. A project officer was engaged in the research, development, marketing and publishing of the Victoria Police Drug and Alcohol Strategy and educational components. This is a three year project.

Individual School Drug Education Strategy: Teachers are being trained to assist schools to develop and teach ISDES. The Department of Human Services, in consultation with the Department of Education, are developing the Occupational Training Framework Strategy that implicates pre-service training of school teachers. The first meeting has been held.

Universities: The Department of Human Services and Department of Education are to implement drug and alcohol studies in the curriculum design of Master of Public Health Programs. Consultations occurred with relevant universities during 1997.

Information, Consultation and Education for Parents of School Students and
Community Education: Household Booklet

- Commencing in 1997, in association with the strategies for the ISDES, this project provided a basic education program about drugs for parents of school students in eight key languages.

- Two Parent Education Pilot Programs for secondary schools in the Gippsland area commenced on July 16 and August 14 1997. A series of modules was developed for presentations to parent groups.

- A pilot for primary schools was conducted over a five week period to trial the parent education program.

- A pilot program for parents of secondary school students at Lowanna College, Gippsland Region was completed.

- A series of two, two hour sessions will be offered in every region for parents at ISDES schools to be conducted in term 4 1997 and term 1 1998.

- A second program with the Centre for Adolescent Health was conducted to update the training of existing parent educators on drug-specific issues.

Findings of the Committee Field Visits

A representative of the committee spent time visiting regional and metropolitan schools implementing Individual School Drug Education Strategies (ISDES) and also organisations linked into the Connect Project. Departmental field contact with Victoria Police provided interesting and inspiring outcomes from the Train the Trainer Project and the Harm Minimisation Liaison Project.

Examples of Practice

Harm-Minimisation Liaison Project: Victoria Police

As part of this program to review existing police drug strategy, a literature review on harm minimisation has commenced and a bibliography developed. Staff have translated much of the relevant literature into operational policing language.

The force wish to make printed materials available; however it has not been designed just yet. There will be no formal evaluation procedures in place until production commences. The ultimate aim is to integrate the research findings into everyday police procedures. The research is very action-oriented.

A number of funding submissions with a harm minimisation focus have been successfully approved. An internally funded pilot project by the Policy and Research Unit (CPPR) is in the spirit of *Turning the Tide* goals and initiatives. This includes the Cannabis Cautioning Project that is designed to caution adult offenders who have been detected using, or in possession of, small amounts (under 50 grams) of cannabis, rather than resorting to criminal punishment. This came into effect on 1 July this year. Offenders will be charged for a second offence. Victoria Police has now fallen into line with South Australia and New Zealand. This pilot project is based in Broadmeadows and is trialing methods of diverting minor drug offenders from formal court processes.

Trentham District Primary School: Independent School Drug Education Strategy

The Trentham District Primary School identifies curriculum and welfare goals for 1998–2000 to achieve the goal to: '*Enhance current curriculum utilising the harm minimisation framework*'.

Over the three years, the implementation strategy aims to provide professional development in harm minimisation to appropriate staff, and the desired achievement outcome is staff participation in professional development activities. The strategy has also specific goals, aims and achievement outcomes for each year.

In 1998, via a curriculum component, the school's goal is to enhance the Prep, 1 and 2 medicine unit utilising the harm minimisation framework; and, via a welfare component, devise and implement school policy on medicine usage. The justification is to promote links between curriculum and welfare to address policy issues about medicine usage.

The strategy for implementation is to incorporate a range of teaching and learning modes that develop an understanding of what constitutes a medicine, and the importance of safe practices when using medicines. To formulate a policy on medicine usage, there will be consultation with staff, parent representatives and relevant community agencies.

Achievement outcomes in 1998 are:

- student responses (oral, written and drawing) to drug-related issues;
- development of social skills to drug-related issues;
- written documentation on medicine usage.

In 1999, the goal is to enhance the Year 3 and 4 tobacco unit of work utilising the harm-minimisation framework and, via the welfare component, to review health/welfare policy, and support programs including Stop, Think, Do, Hands Off, mediation support groups and others.

Statistics support the view that students will be beginning to experiment with tobacco. The welfare goal reflects the belief that the school, home and community should provide a safe environment.

The 1999 implementation strategy is to:

- incorporate a range of teaching and learning modes that develop an understanding of demand reduction and harm reduction relating specifically to tobacco;
- examine current resources available for the tobacco unit;
- provide whole school professional development with regard to welfare issues, e.g. regional welfare conference, education subcommittee review, health/ welfare policy;
- obtain feedback from parents, teachers, students, outside agencies and support programs.

Achievement outcomes in 1999 are to:

- obtain appropriate resources;
- gain student responses (oral, written, drawing) that reflect accurate information about tobacco;
- heighten awareness of public policy as it relates to tobacco;
- increase personal and social skills to deal with tobacco-related issues
- enhance communication with parents and students about health/welfare policy;
- increase contact with outside agencies.

In 2000, via the curriculum component the aim is to enhance the Years 5 and 6 drug-related topics including tobacco, alcohol, analgesics and illicit drugs, via the welfare component, the aim is to identify and utilise information about drug-related health concerns of the whole school community.

The justification is the need for progression, sequencing and continuity in drug-specific information. The school has a need for a consistent approach for the welfare program, and values contributions from community agencies outside the school community.

The implementation strategy for 2000 is to incorporate a range of teaching and learning modes that develop an understanding of potentially dangerous substances and the consequences of drug use and misuse. It is also designed to examine current resources available for the drug unit; consult with staff, parents and relevant community agencies to identify drug-related health concerns; and utilise information gathered for future planning.

Achievement outcomes for 2000 are to:

- obtain appropriate resources;
- gain student responses (oral, written and drawing) that reflect understanding of potentially dangerous substances and the consequences of drug use and misuse;
- heighten personal and social skills to equip students to deal with drug related issues; and
- promote forward planning for the next three years.

At the end of three years the planned evaluation will involve parent, student and staff assessments. There will be a subjective review for parents. It will become part of training and reviews for teachers. There will be a focus on oral evaluation for children.

Vermont Secondary College

After curriculum audits were undertaken, it was seen that drug education needed to be introduced. There was initial difficulty with staff in all learning areas coming to realise that drug education could involve a diversity of things. In the English department, for instance, staff have now come to see the need to address drug issues as they arise in the studied texts. The curriculum audit identified that health education will have to be introduced across all year levels. The ideal situation would be to have health as a stand-alone subject, but this was not always possible. There is a place for drug education within the health education stream.

There was a feeling that staff would need support to ensure they taught the materials consistently with a harm-minimisation approach.

A three-year plan will be necessary to enable drug education to become fully operational. The first year of the project has been important in demystifying drug education. There is still an issue about what should be offered to the students in Years 11 and 12 though. When the ISDES has been implemented, there may be the opportunity to bring in some guest speakers. It is important to recognise that during these final years, drug use can escalate. The welfare review showed there is a need to review and develop some of the school's policies and procedures.

Parents have not been involved in the initial drafting of the ISDES, but they will be invited to respond to the draft document. Professional development has been identified in the implementation strategies for each goal.

There will need to be some expertise brought into the school over the next three years, and a call on 'local' knowledge. There would also be informal professional development when groups work together to plan curriculum.

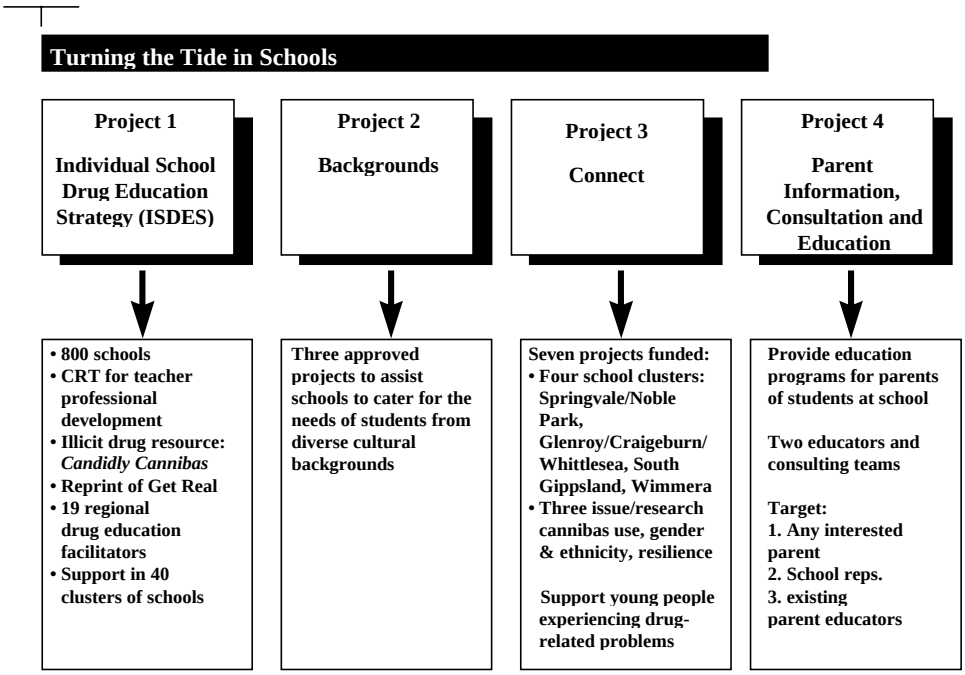
Community Education - Household Booklet

The Household Booklet Campaign (HBC) was developed in response to the Victorian Government's response to the PDAC report. The booklet entitled Drugs: *The facts, the risks, the reality* was distributed to all Victorian households during February and March 1997, and was targeted at parents of children aged between 11 and 16 years. It contained

information on specific drugs, the administration of them, harm-minimisation strategies and parental guidance. A support telephone line and order form for cassettes in languages other than English were included.

Figure 12 indicates the structure of *Turning the Tide* in schools. *Turning the Tide* is coordinated by Education Victoria in conjunction with funding administration from the Community Support Fund.

Figure 12: The Victorian Government's Education Strategy Against Drug Abuse



Subjective Perceptions of Program Staff and Recipients

Victoria Police report searching for data on effective law-enforcement methodologies regarding illicit drug use and trafficking. These data are to be used for members' knowledge and applications.

Department of Education staff feel they are spanning the range of illicit drug issues in the spirit of *Turning the Tide.* Eight hundred schools have been programmed, and interventions for 'kids in trouble' have been put in place within a difficult timeline. They indicate a strong willingness to be involved.

The Department of Education has been able to select people who are aware of the illicit drug issues to work with the projects. It feels positive about the new collaboration with other sectors of the community and that it is not 'just sitting on committees'. Departmental staff indicate that, although not perfect, the starting point has been very exciting and good working relationships have developed.

In primary schools, staff found that they needed to do things sooner as a result of ISDES investigations into students' knowledge of licit as well as illicit drugs. At an in-service session, teachers discovered that licit drugs (e.g., alcohol, cigarettes and medicines) also have severe impacts on primary school children.

Regional staff found the professional development seminar was well organised, informative, innovative and practical. It enabled staff to work on relevant documents and this encouraged effective time management.

Some primary school staff complained of saturation with social issues. The idea of harm minimisation has been well received; however, they believe that at some point the school has to draw the line. Tight timetables are a huge issue and flexibility is difficult to maintain with competing subjects. A solution involves developing an integrated curriculum, as every subject area can make a contribution to drug education.

Some teachers commented that drug education is an overwhelming responsibility. Sometimes they feel they need to be trained social workers or psychologists, especially when parents come in with their problems and they are expected to know the answers. Staff feel they need written material to give to parents. They want more support with their new harm-minimisation role.

The Get Real resource had been viewed as very helpful and saved time for teaching staff. The reference sheets indicated clearly where the outcomes fitted into the Curriculum Standards Framework (P–10). The range of booklets was seen as valuable as they provided background information for the teacher, and some practical suggestions for working with parents.

Staff involved with the Connect Project saw the strategy primarily as contributing to training for teachers, rather than classroom-level materials and resources.

Teachers seem to feel that they were only teaching drug education if they were addressing drug-specific content. This overlooks the impact of social and personal skills development.

It is essential that the right people teach health education and drug education. Teachers were positive about provision of proper professional development in this area.

Schools had to start program development straight away and they are operating within a busy and pressured timeline.

To enable a more effective assessment of the education strategy, project officer's findings are constantly being fed into the larger school evaluation procedure.

The Drugs and Crime Prevention Committee's Findings and Perceptions

- Regarding effective educational methodologies for policing illicit drug use and trafficking, Victoria Police has concluded that the whole area is under-researched. In terms of any documented general behavioural indicators that give direction for reviewing overall changes, there are few comprehensive models and findings available.

- The professional development provided for the staff has been practical and supported the development of the ISDES.

- The time allocated to implementing the *Turning the Tide* initiative appears to be insufficient. Despite excellent administrative support, the enormity of the task of covering the needs of so many schools has been overwhelming and draining for coordination staff.

- *Turning the Tide* is being treated as a sensitive priority area in the school system, and there is awareness of the controversial nature of teaching drug education in schools.

- It has been important for the Department of Education to reassure schools that alone they cannot be expected to solve the problem of drug abuse. Education is but one component of a broad government approach involving police, corrections and human services.

- Teachers are apprehensive about the increasing welfare element in education, especially when their human and material resources are limited. They are struggling with the perceived

additional role as 'social worker' in having to address drug related lifestyle issues and parenting.

- The committee is aware that education staff are at the interface of illicit drug prevention within schools and the views of the community. This can impact on school philosophy in a challenging way for curriculum development.

- The committee was made aware of the constant battle to find time on the timetable to instigate new programs.

- The committee was informed of reported inconsistencies with the performance and outcomes from the work of RDEFs in terms of support, information provision, effective management of practical school needs, and departmental demands.

- The committee commends the work of the RDEF of the Loddon Campaspe region.

- Get Real was seen as very helpful. Even though it was written in conformity with a harm-minimisation approach, it must be highlighted that this resource was a pre-*Turning the Tide* development.

- The committee was informed that geographic isolation was a problem for the successful delivery of the ISDES for regional schools.

- The selection of the people to make up the core team is critical. There needs to be a classroom teacher, and a representative from the principal class, and a curriculum and welfare focus.

- The committee has been made aware that primary schools and secondary schools usually face different drug issues and require different curricular responses. Country schools, also, often have different drug problems from metropolitan ones, and this needs to be reflected in curriculum development.

- In terms of evaluation of the education strategy of *Turning the Tide*, the committee notes that little has been planned to date; however, schools highlight their intention to incorporate the ISDES outcomes within the broader school evaluation plan.

- The committee notes the importance of communication between schools and regions, and between different government departments, for developing flexible and adaptable drug education curriculum standards.

- The committee was informed that teachers and drug educators fear their professional and emotional investment may be wasted if there are no long-term evaluations of the new strategy that aim to show any significant changes.

- The committee notes that teachers and drug educators want to secure funding beyond the four year life of *Turning the Tide* and emphasise the importance of funding long term evaluation strategies.

- The committee, while complimenting the developers on the content of the household booklet, also wishes to express concerns about the dissemination processes. The committee is also aware of the critical evaluation performed by Turning Point Drug and Alcohol Centre.

- The committee has viewed the results of a survey of public perceptions on the household booklet dated October 1997 (Turning Point Drug and Alcohol Centre). While the committee has not had time to make a detailed analysis of the results, concerns are raised about: sample size and constitution; sampling methods (eg. non-eligibility of NESB, youth etc.) and ad hoc methodology.

3.3 Youth Substance Abuse Service *3.3*

This section addresses *Turning the Tide* activity in connection with recommendation 2 of the PDAC report:

The Victorian Government support the establishment of a Youth Substance Abuse Service.

2.1 A specialist outreach service should be developed to support vulnerable young people involved in substance abuse.

2.2 The management and administration of the service should be developed in such a way as to ensure that it is effective at street level, and has the knowledge and technical backup to deliver high levels of drug expertise to the field.

2.3 A flexible funding pool should be established to enable the outreach team to supplement the funding on a case-by-case basis, of agencies dealing with serious drug misuse.

2.4 Expanded training, professional supervision and consultation should be offered to a broader (but targeted) group of youth workers to expand the pool of workers skilled in drug and alcohol issues.

2.5 An intensive support residential facility should be established to care for young people experiencing acute toxic shock. The facility should be managed by an agency with experience in drug and alcohol issues in association with an acute hospital.

2.6 Services to be established to monitor, evaluate and research issues to do with youth substance abuse.

SOCC Quarterly Report Findings

- The Youth Substance Abuse Service will be at the international cutting edge of innovative ways of meeting the needs of drug-prone youth who are traditionally hard to reach, and who are at risk of being involved with the juvenile justice system, of being homeless, or of being disconnected from mainstream society.

- The approved service providers (subject to negotiation of an agreement) will be a consortium composed of the Jesuit Social Services, St Vincent's Hospital, the Centre for Adolescent Health, and Turning Point Centre for Alcohol and Drugs.

- A funding and service agreement between the Department of Human Services and the consortium has been finalised but cannot be signed until the consortium settles its legal structure.

- The Youth Substance Abuse Service will link with other support services to provide outreach teams, an intensive residential service, and a funding pool to purchase bridging services for vulnerable young people at a number of 'hot spots'.

- Teams will be located in the Springvale/Dandenong area, the CBD, the Western suburbs, Ringwood, the Northern suburbs, Bendigo and the La Trobe Valley.

- Operation of the residential service and the outreach teams in the CBD and Bendigo will commence by 1 February 1998. The commencement of operation of other teams will be staggered during March and April 1998.

- There are 61 new youth specific services approved for establishment by the end of 1997.

- Appropriate training units will be available for service providers to improve skills for those working with young people in the drug area.

- A research project, Developing Best Practice in Drug and Alcohol Treatment and Support Service Models for Young People of Cambodian, Laotion and Vietnamese origin, is to be undertaken by the RMIT Centre for Youth Research and Development and the Victorian Council of Churches. The project commenced in August 1997.

- A second project concerning a drug treatment needs analysis for young people and further projects will commence in late 1997.

Findings of the Committee Field Visits

As part of a 'snapshot' review on the progress of the Youth Substance Abuse Service, a representative of the committee visited both the departmental managers from Human Services, and service providers from Turning Point Alcohol and Drug Centre, the Jesuit Social Services, (including the Brosnan Centre) and St Vincent's Hospital in metropolitan Melbourne. The following diagram shows the structure of the consortium and how it will operate at the interface between drug users, outreach support and residential provision. The Centre for Adolescent Health in conjunction with Turning Point are primarily responsible for the training, research and evaluation aspects of the Youth Substance Abuse Service. St Vincent's Hospital and the Jesuit Social Services work at the coalface of youth outreach, supported accommodation and residential services.

Figure 13: The Youth Substance Abuse Consortium Process

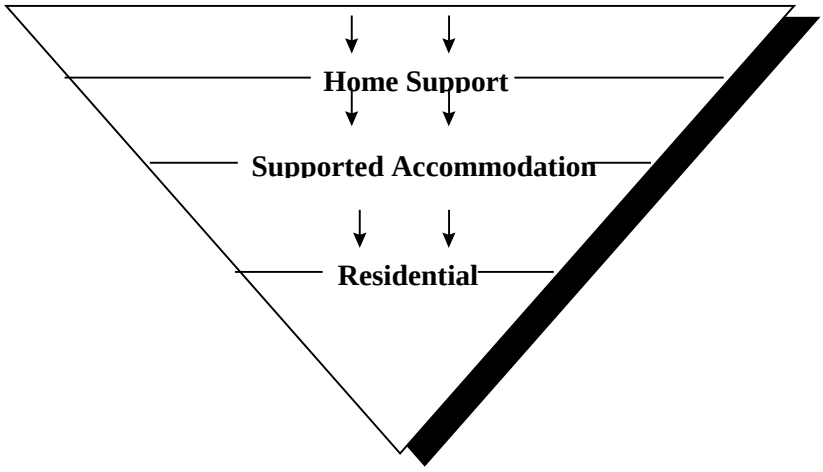
INTERACTIVE PLANNING TEAM:

Jesuit Social Services
St Vincent's Hospital
Centre for Adolescent Health
Turning Point

Youth Outreach Workers

i) Assessment via needs analysis

ii) Make application for TTT funding pool: case by case



Examples of Practice

Jesuit Social Services Visit: Connexions

This is an outreach service that will respond to youth in drug 'hot spots'. Its outreach workers are employed specifically to make contact with problematic illicit drug users in their own environment. The outreach worker forms a bridge between the drug user and a range of resources and supports that the user would not otherwise access. The outreach workers act as proxies and facilitators who help the user to reconnect to families, social security, education, police, detoxification and health.

Service staff comment that their primary role is to go out and initiate contact with other services and establish a brief in concert with those services. Some believe that untrained people and volunteers are too often creating mayhem. The Connexions project aims to use youth outreach workers who have appropriate expertise and will be outstanding in the drug prevention field.

Twenty outreach workers will be present: Inner City (four workers), Western suburbs (three), North Eastern suburbs (three), Dandenong/Springvale (four), Gippsland (two), Bendigo (two), Eastern suburbs (two). The teams at Bendigo and the Inner City are to commence on 1 February, 1998, and the rest will be staggered between March and April 1998. These workers have direct access to the residential unit run by St Vincent's

Hospital and the Centre for Adolescent Health which is linked to the Royal Children's Hospital, Royal Melbourne Hospital and St Vincent's Hospital. It will be a health liaison that is independent of residential units, and this has not existed before in youth work.

Jesuit Social Services is in a unique position of accessing a funding pool of $600 000 per annum to be channelled toward the needs of target youth. Decisions about funding allocation will be governed by a chief executive officer who is answerable to the management group from the four areas of the consortium. This procedure, however has not been finalised to date. Within the budget, the service considers itself to be well armed for facilitating an effective evaluation due to the research/training connection with Turning Point that is linked with The University of Melbourne. The Connexions project will insist on a yearly evaluation to determine its effectiveness in conjunction with other services. The project is taking some time to get off the ground, which staff at the coalface find frustrating.

Service management claims that the process is taking longer than thought due to an inherent legal problem in developing a consortium (connected with liability and other issues with departmental communications). Although the legal process is now coming to an end, the committee was recently informed that the tender the consortium had won ($3.9 million) turned out to be three-quarters of a million dollars less than it thought. Consequently the service had to alter its target capacity and this raises the funding issue of the gap between heightened expectations and realistic demands.

St Vincent's Hospital Visit: The Residential Unit

The rationale for the residential unit is that it will be a safe secure place where young people with the most severe drug and alcohol problems will be able to get some 'time out'. Their entry into the facility will be via outreach workers, and the aim is to primarily support them where they live. The residential unit is to be a backup only. The outreach workers assess the need for supported accommodation, residential withdrawal, or home rehabilitation with supports. The service aims to be user friendly and non-institutionalised.

There is a plan to rotate staff between the outreach service and the residential unit, which will mean increased first-hand understanding of the work of the other services, and the development of new skills. The target group will be 12 to 21, and they will be taken in cohorts to prevent the 'over mixing' of ages. In the residential service, nursing staff with psychiatric qualifications will be sought. Training regimes are being designed for all workers involved in the Youth Substance Abuse Service.

To date, architects have been selected for the building, and feasibility assessments are being made to select the site and design the building (which will be purpose-built). The final service should be ready by the end of 1998. For the interim, a service will be based at the Anchorage in Collingwood and the building is to be rented from the Salvation Army. It requires repairs and adjustments to make it youth friendly. Depending on council permission, it should be ready by the start of 1998. The service is evolving, and the focus is on safety to get youth through their crisis and provide the opportunity for them to move closer to being functioning adults.

Service staff believe that young illicit drug users have emotionally arrested development and subsequently operate in a regressed state, despite their chronological age. As coalface workers, staff plan to assist the transition of young drug users to adult maturity. Geographical areas will be taken into account in terms of access and opportunity to use the service. Staff also aim to reconnect youth with social supports in the community. The same outreach worker will be involved in making assessments of drug users and implementing support structures for them in the community; e.g. reconnecting them with family, bringing them back into education/employment.

Subjective Perceptions of Program Staff and Recipients

The overall positive view from workers and management involved with the Youth Substance Abuse Service consortium is that it has rightly embraced a harm minimisation ethos that wasn't being embraced before. They believe they have an opportunity through *Turning the Tide* to address issues proactively as well as reactively. The outreach work is reactive, but the education and research is proactive. The service is innovative, and staff felt strongly about its flexible working structure, and its allowance for review and adjustment as demands change. This is the first time the professional stream has worked in collaboration with the youth working stream. They think it will attract excellent people from both areas and are excited by the challenge of setting up a new service.

At Turning Point, staff see the Youth Substance Abuse Service as bringing together cultures and training workers who have not been traditionally good at working together (youth workers/health treatment personnel). This makes the strategy special and exciting.
On a less optimistic note, Jesuit Social Services staff would have preferred the Government to adopt the marijuana decriminalisation recommendations of the PDAC report, especially when Jesuit staff see drug dealers selling both marijuana and heroin. Their view is the Government must accept that a third of young people use marijuana, and to make them criminals is counterproductive. At St Vincent's Hospital there was a modicum of scepticism about the *Turning the Tide* strategy. The projects were considered to look good, but it was hard to know if they would bear fruit. The view from consortium staff in general was that the real test will come when the first set of outreach teams are appointed.

Turning Point noted that the Government is to be reminded of the existence of the client group for the Youth Substance Abuse Service, and needs to be prepared to monitor the ways in which service purchasing impacts on client outcomes. Drug and alcohol issues dominate sectors such as juvenile justice, corrections, family welfare, acute medical services, and law enforcement. We cannot know yet whether the recently tendered services will retain sufficient specialist knowledge and skills to support general services. A critical mass is needed to provide new

knowledge and expertise in order to respond to changing patterns of drug use, new treatments, and shifts in client profiles, such as the increase in those with multiple disorders.[17]

The Drugs and Crime Prevention Committee's Findings and Perceptions

- The committee was informed that the Youth Substance Abuse Service consortium has begun its task of integrating the youth outreach service, the residential program, research, education and training. Legal issues connected with the liability of the consortium operation and structure have taken some time to work through.

- The main outreach access programs for youth with disabling drug habits (the majority of whom are polydrug users) will begin in the new year. Specialised youth workers in the field will make assessments and apply for funds for youth needs in the areas of home rehabilitation, supported accommodation and residential service placement.

- The residential service program is under way in terms of successful tenders, communications and building plans.

- Research associated with the new pharmocotherapy project has commenced and is at the information gathering and consultative stage.

- The evaluation of the Specialist and Community Methadone Projects indicated that models for implementing initial services were sound in aiming for flexibility of services and ongoing refinements as outcomes unfold.

- The Cannabis Intervention research project that evaluates models of treatment for cannabis use is also in progress.

[17] *Turning Point Quarterly Newsletter*, September, 1997, p. 2. It should be noted that the Turning Point Alcohol and Drug Centre also falls under PDAC Recommendation 4, which relates to government support for the continued development of appropriately designed drug and alcohol services.

- Most projects and training agendas for workers are in framework stages. Evaluation procedures are being designed and as programs are executed, they will be expanded and developed in response to the needs of service users and practitioners.

- Funding administration for youth outreach is flexible and based on a case-by-case analysis, which helps to adjust services according to client needs.

- The main issue highlighted to the committee by workers in the field within the consortium, was the slowness of getting staff appointed as part of *Turning The Tide*.

- The committee noted that an executive officer position for the Youth Substance Abuse Service was advertised as late as October 1997.

- Meetings and consultations between the consortium and the Department of Human Services took longer than anticipated.

- There is an expectation about the *Turning the Tide* project with its proactive and reactive approaches to drug issues. However, there was a fear that the timespans for the strategies would be finite, and services and supports would, therefore, not carry over into the months and years following the initial implementations.

- There is concern from workers that new employees appointed from *Turning the Tide* funding would only be available for short periods of time, with no prospect of renewal of contract. There was also concern that there would be no further funding to employ the staff necessary to maintain current programs, and design and implement additional programs.

- There is also concern about the closure of other existing drug services (e.g., The Drug and Alcohol Monitoring Program: a Corrections project) in response to the simplistic idea that a new policy and new system will necessarily be more effective.

- Consortium staff were concerned that the *Turning the Tide* strategy did not allow for 'transfer time' between the old systems and proposed new systems, especially when high risk users must wait for these changes.

Overall, there were positive appraisals from policy and management staff regarding the *Turning the Tide* strategy, but practitioners were apprehensive regarding funding maintenance, transition times, delays with project plans, outcomes of competitive tendering and the limited or indeterminate lifespan of the strategy itself.

3.4 Corrections

This section addresses *Turning the Tide* activity in connection with recommendation 3 of the PDAC report:

The Victorian Government substantially upgrade services for people who come into contact with the adult corrections system and who have serious problems resulting from their drug misuse.

3.1 An independent and specialist court advice service should be established to provide pre-sentence advice regarding treatment of offenders to all courts as needed.

3.2 An independent service should assess offenders and purchase treatment services for those given a community-based disposition with treatment conditions, and for those on parole with similar conditions.

3.3 Community corrections staff should be deployed in ways that ensure the appropriate level of supervision is provided while people are subject to orders that include treatment requirements.

3.4 The range, quality and access to support and treatment services available in correctional institutions should replicate those in the community.

3.5 The Justice Department should involve relevant external expertise across the government and community sectors in defining the service development strategies and priorities.

SOCC Quarterly Report Findings

Community Adult Treatment: Forensic Project

- The Community Offenders Advice and Treatment Service (COATS) will be established to provide assessment, treatment planning, and treatment purchasing for offenders who receive Community Based Orders from the courts, Custody and Community Treatment Orders

(CCTO), and for offenders with drug and alcohol treatment conditions as part of their parole order.

- The COATS service will also provide pre-sentence assessments at the request of a court.

- A service agreement was signed with the Victorian Offenders Support Agency (VOSA) and will be available to offenders on Community Based Orders and Intensive Corrections Orders from 24 November, 1997, for offenders on the new CCTO from 15 December 1997, and for parolees on 12 January 1998.

- Tenders were evaluated to enable the establishment of an intensive post-release drug treatment service for offenders on release from prison who require support to prevent relapse. This builds on the 1996 Metropolitan Women's Prison and Tarrengower pilot intensive post-release service for women. From September 1996 to mid-June 1997, 59 women were referred to the service. A service agreement was signed with Moreland Hall and the service commenced in October 1997.

- The Education for First Offenders Services, which gives effect to a number of amendments to the *Sentencing Act* was tendered on 21 September 1997.

- Attendance at a drug education session will be a condition imposed with a bond by the Magistrates Court on first-time offenders convicted of being in possession of a small quantity of illicit drugs other than marijuana.

Community Juvenile Treatment: Forensic Project

- Since December 1996, over 200 young offenders in both custodial and community settings have received services under the Juvenile Justice initiatives and include outdoor and personal development programs for 125 people on correctional orders; purchase of intensive counselling for 29 offenders in isolated rural areas, interim counselling for 66 offenders in custodial and community settings, and additional substance abuse counselling and peer education services.

- Tenders for additional substance abuse counselling and peer education services were announced in August 1997 and are being evaluated. A recommendation is being considered by the Minister.

- The outdoor education component of the Juvenile Justice *Turning the Tide* initiatives has commenced.

- Amendments to the Sentencing Act, the *Drugs, Poisons and Controlled Substances Act* 1981 and the *Bail Act* 1977 were introduced into Parliament in the current Spring session.

Initiatives for Community Correctional Services

- Funds have been provided to allow an increase in urine tests (to approximately 4376 to date). These tests will continue to be conducted each year to increase the capacity of community corrections staff to supervise people subject to treatment requirements. The service commenced in April 1997.

The following initiatives are being developed in consultation with experts across the government and community sectors.

Public Correctional Enterprise (CORE) Programs

Drug education, awareness and relapse prevention programs: These programs provide information about treatment options, risks of drug use, precursors to drug use, coping strategies and relapse prevention to prisoners with drug problems. They are to be conducted throughout the public prison system. The successful tenders awarded, and the programs that have commenced in May 1997 are Barwon Prison (WESTAD), Loddon Prison (Western Hospital), Beechworth and Dhurringile Prisons (Moreland Hall), Ararat and Langi Kal Kal Prisons (Caraniche), Gippsland Prison (Caraniche), and Tarrengower Prison (Moreland Hall). To date, 636 prisoners have undertaken the awareness program, 250 the education program and 168 the relapse prevention program since commencement.

Intensive and semi-intensive group programs: There are nine week, semi-intensive programs located at Barwon, Ararat, Beechworth, Loddon, Dhurringile and Langi Kal Kal Prisons. They have been operational since May 1997. Since commencement, the programs have been undertaken by 71 prisoners. At Bendigo Prison there is an intensive, 18-bed, four-month drug treatment program. It targets high-risk and recidivist prisoners with long term histories of drug abuse, who are in the early to middle part of their sentence. There are currently 16 prisoners undertaking the program.

Enhanced drug detection measures: Thirty observation trainers have been trained at Kangan TAFE and have commenced training other staff to identify persons entering prisons who display the behavioural traits associated with drug traffickers. Imported X-ray equipment was purchased and is to be installed as soon as possible to replace manual searching. Increased administration and accuracy for urinalysis has resulted in 462 additional tests since April 1997.

Private Prisons Program

- Since 1 May 1997 the Metropolitan Women's Correctional Centre has had an additional security officer, 14 visits from the CORE dog squad, and conducted 362 urine tests.

- There have been 42 referrals for detailed intake assessments for newly received women prisoners and 25 caseplans developed. Seventeen have commenced the residential drug program.

- A treatment program for women in management and protection locations has commenced. Seventy five prisoners have started individual counselling and 11 have started group counselling. Nine women have commenced counselling as a transition for release, and four have completed a release preparation program.

- At Fulham Correctional Centre, 64 prisoners have commenced treatment since May 1997.

- The enhanced services are just beginning to be implemented at the new Metropolitan Men's Prison that opened in September 1997.

Office of Correctional Services Commissioner Programs

Statewide Assessment Services: A standardised and comprehensive assessment service for male and female prisoners appraising abuser needs, motivation levels and appropriate treatment interventions is part of the Sentence Management Unit, Office of the Correctional Services Commissioner. Staff are currently undertaking a one-month orientation program.

Intensive Individual Therapy Program: This project targets identified prisoners whose treatment needs cannot be addressed through existing options in private and public prisons. Since April 1997, there have been 41 approvals for assessment and 23 treatment plans have been approved and have commenced.

Findings of the Committee Field Visits

Representatives of the committee visited Coburg and Barwon Prisons in November 1996. Drug programs were running at all prisons, as were drug awareness programs. Drug education programs were operating at maximum and medium security prisons, and intensive education programs were running at Barwon. At K Division in Coburg, there was a residential program, and there was a relapse prevention program at Loddon minimum security prison.

As part of the recent 'snapshot' review, a representative of the committee visited Bendigo Prison and Moreland Hall. Representatives from Caraniche (successful tender) were also engaged. Liaison with the Office of Correctional Services Commissioner and the Community Corrections Service was also built into the visitation schedule.

Examples of Practice

Bendigo Prison: Part of the CORE Program

Overview

Bendigo has 80 prisoners, 35 prison officers, 10 management staff, eight drug and alcohol staff, eight education staff and sessional activity providers. It was built in the 1830s and has only recently had sanitation. Today it is run as a therapeutic prison community. There are nearly as many therapy staff as there are custodial staff, and there is a new genre of case manager.

The community is based on therapeutic principles and it only became operational in June 1997. Two researchers were hired in July to capture early data that will be part of a bigger research alliance with a university. It is taking a while for the people in 'blue' to work with the psychologists, but it is happening. After four months, the community is becoming established and the therapeutic culture is moving ahead. Around 80 per cent of prisoners are having weekly therapy (two to 15 hours), and participating in unfunded industry, education and complementary programs.

The Prison Experience

Staff and prisoners contacted on the committee visit included: the therapists for various programs, the operations manager, coordinator (for everything other than drug and alcohol

programs), the facilitator and peer of the Koori Program, the manager for drug and alcohol programs (Carraniche), the General Manager of Central Regions Prisons, and four prisoners undertaking the drug program, some of whom are peers in the prison community.

A peer is someone who talks to the men when they first come to prison and gives them practical and emotional support. They are a friendly alternative to an officer. They are strong role models for change for all inmates and not just first timers. They establish good liaison with staff, the prison community and they are committed non-users.

Twelve months ago, a working party was established by the prison to look for an effective therapeutic model, and to put out tenders. Caraniche and Moreland Hall were contracted to implement a model. Caraniche is contracted to do two thirds of the work and Moreland Hall one third. New staff training was also required for intensive case management, and new case workers were acquired. The aim was to train the team to understand relating to prisoners in non-traditional ways. Respect, tolerance, and flexibility were the goals.

The community structure offers inmates the opportunity to be creative and share the responsibility of becoming 'straight'. The traditional prison culture is broken down, and the men learn to live in a communal sense while in jail. They have community groups and weekly housekeeping discussions. Prisoners have a role in the decision-making processes and can gain a sense of empowerment. Hardened offenders can also experience positive outcomes from their rehabilitation.

With the CORE program there has been integration of new pilot projects: The Brotherhood of Koories and hepatitis C.

Pilot Projects

The Brotherhood of Koories was formed by a couple of Koorie leaders and a Moreland Hall staff member. It addresses alcohol and drug use through Koorie culture and spirituality. Group members have a calling sign, a sacred place, and are visited by Koorie celebrities. Dreamtime stories help reinforce the aboriginality of members, and were designed and generated by the Koorie culture. In some groups, there is a relaxed climate and people are encouraged to 'open up'. Participants report feeling happy to be together. Koories are overrepresented in the prison system, and there is the feeling that many are there purely for alcohol and drug-related issues; many also come from the era of the 'stolen generation'.

The project has had considerable success in retaining participants. Expression of interest and requested transfers from Koories in other prisons has been another positive outcome. It has also been very successful in integrating Koories into the mainstream prison. Other prisons have even asked for replication details.

There are plans for the second pilot in the new year regarding hepatitis C. It will be accessible to prisoners and staff and will come from a health perspective. It will include focus on longer term medical considerations (e.g., liver management).

Current Prison Programs

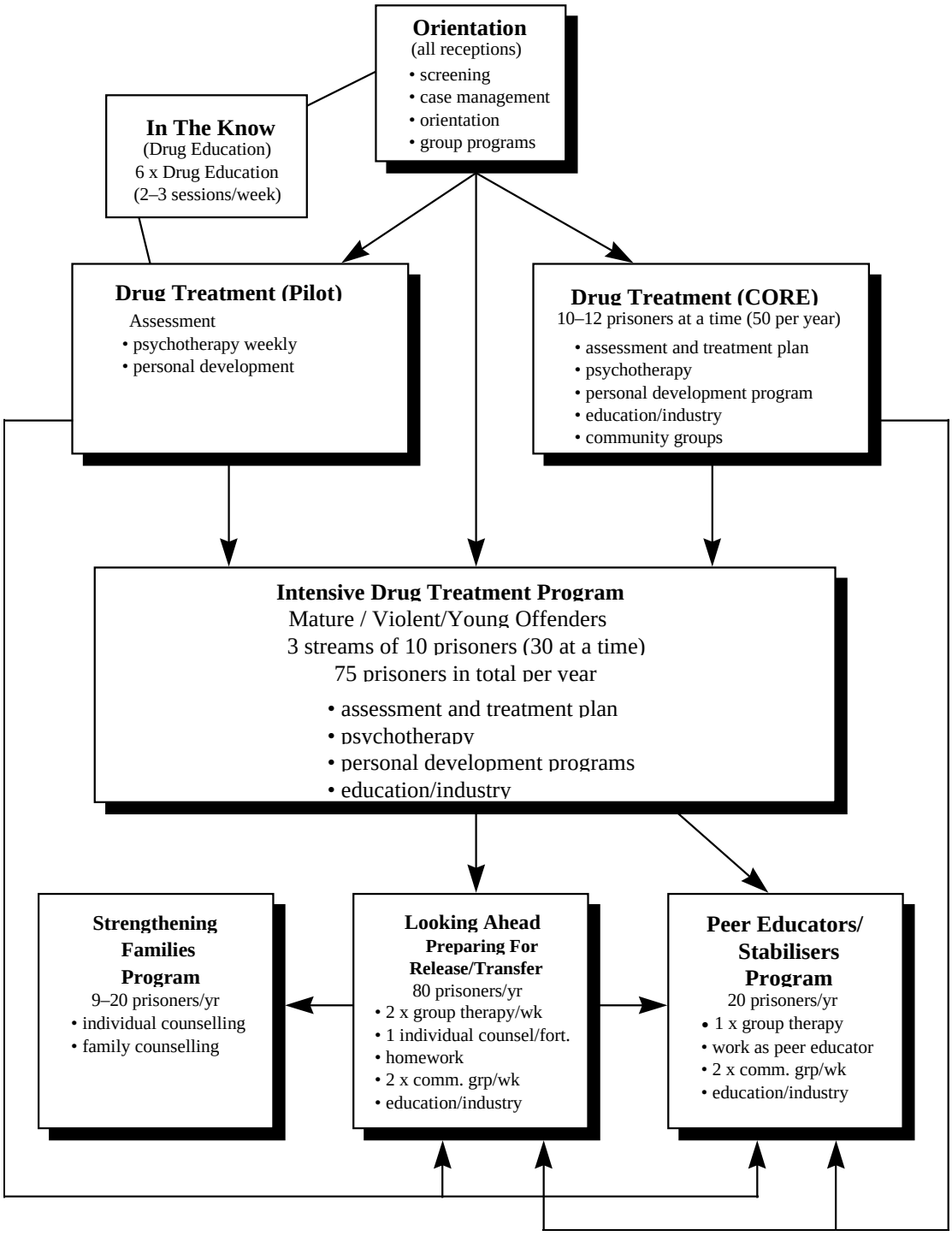
There is an intensive group psychotherapy program where barriers to trust and confidentiality are broached, and the group becomes a sanctuary. This builds respect, rapport and a haven for tackling the 'breaking the cycle of drug use' issue. Prisoners have to take responsibility for changes, and therapists are passionate about the results. Psycho-educational groups are also available to all prisoners. They are not pitched at such an intensive level, and offer the opportunity for skill development and personal exploration.

To complement the drug and alcohol programs there are other programs: art, physical fitness, public speaking and communication skills, and invitations for other community groups to come in (financial counselling, Alcoholics Anonymous, church groups, yoga etc.).

Preparation-for-release programs are focused on preparing prisoners in the last few months of sentence and target emotional and relationship issues.

Evaluation
Bendigo Prison is just beginning to report on its first four months via narrative data and quantitative data. Examples are the cultural assessment questionnaire that checks on shifts in perceptions in cultures within the prison, and minor incident records. The Community Corrections Service has funded the contract for this first evaluation as part of a larger project that will be contracted out to an academic body.

Figure 14: Pathways Through the Bendigo Prison Program Components



Moreland Hall: Community-Based Corrections and Institutional Programs

Moreland Hall is a Uniting Church alcohol and drug treatment centre that has had services running for 30 years. Under *Turning the Tide* it provides drug education programs to six Victorian prisons: CORE at Bendigo, Metropolitan Women's Correctional Centre (MWCC) (shared with Caraniche), Tarrengower (Women's prison), Dhurringile, Beechworth, Coburg and private prisons (Port Phillip).

Moreland Hall also has a two-year contract for an intensive post-prison drug treatment service that commenced on the 1 October 1997. Prior to that a program was operated by the Department of Human Services as a pilot program for women leaving Tarrengower and MWCC. This is an intensive, short-term program designed to link people leaving prison to existing community-based drug treatment services.

As prisoners face a range of pressing financial, child protection, family and accommodation problems when they leave prison, it is often very difficult for them to know how to seek further treatment. Moreland Hall offers a maximum of 20 sessions of counselling and case management. A referral process will begin to operate in November 1997. In the meantime, Moreland Hall has developed protocols and planned training workshops for service providers, developed a leaflet for prisoners for English-speaking and Vietnamese people and has started contacting all other prisons about the service and how it will operate. They are currently working on a poster targeting Koorie prisoners.

The evaluation process has been established into protocols and is based on client satisfaction. The outcome indicators will be based on how the treatment plan identified major needs and whether they were addressed. How the system is working will be evaluated by measuring retention rates, for example, how many prisoners completed the program, started it, participation rates by women, participation of prisoners from non-English speaking backgrounds, and Koories.

Moreland Hall also has plans for diverse pilots and programs within the Port Phillip prison and is waiting for funding approval. Proposed programs and pilot projects include: drink driving, drug specific programs (e.g., methadone), couples counselling, music, drama and healthy living/naturopathy.

Community Offenders Advice Treatment Service (COATS)

The key functions of the COATS service include post sentence drug assessment (Community Based Orders and Intensive Corrections Orders), pre-release parole drug assessment and progress assessment for prisoners on Community and Custodial Treatment Orders (CCTO). There is a limited capacity for pre-sentence assessment. The treatment types range from acute/non-acute, short/long-term, motivated/unmotivated and includes all drug classes.

The service will be managed by The Victorian Offender Support Agency (VOSA), the successful tenderers. It is accountable under contract to the Department of Human Services. Currently, there are approximately 25 assessment staff being recruited.

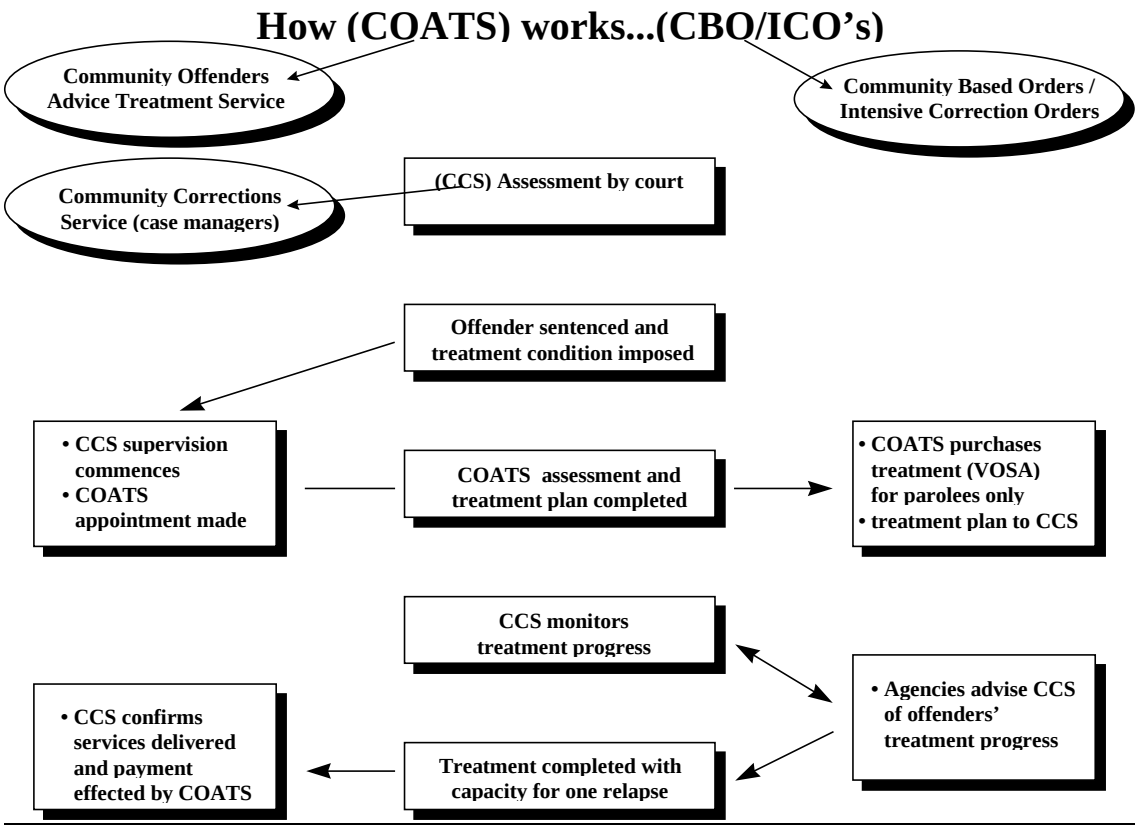
Community Correctional Services (CCS) has statutory responsibility for the target group. It also provides initial screening assessment and referral to COATS. It ensures agreed

treatment is provided to offenders, and has an advisory role in the COATS payment process.

The implementation schedule for COATS is: 24 November for Community Based Orders and Intensive Treatment Orders, 15 December for Community and Custodial Treatment Orders, 12 January 1998 for parolees. The CCS-COATS protocol will be established and the Turning Point Training Needs Analysis implemented.

There is no framework in place to date that evaluates the impact of the COATS service on offender populations. COATS requires the development of management protocols with the Department of Human Services, the Adult Parole Board and the Office of the Correctional Services Commissioner.

Figure 15: The Community Offenders Advice Treatment Service Process



Subjective Perceptions of Program Staff and Recipients

Corrections staff believed the transition within correctional services from a punitive approach to a community treatment approach, requires a range of fundamental operational changes in prisons. It impacts on the staffing profile and involves:

- an expansion of prison staff roles;
- the introduction of comprehensive drug and alcohol programs;
- the development of cooperative relationships;
- the creation of a new culture by challenging 'the old'.

Staff and prisoners in affected prisons feel they can now relate as adults because of the hierarchical de-construction that has taken place. Even the change in uniform to a non-military style has been significant.

The community ethos has a large impact on violent behaviour in prison. Staff reported fewer fights and 'standovers' at Bendigo Prison. Staff and prisoners can discuss the issues within a community support framework. The way the officers and prisoners relate needs to continue to change from the 'us and them' mind set.

Prisoners commented that they have found the changes in the jail to be very positive. The twice-weekly meetings allow them to talk about personal issues, and help each other identify the lifestyle issues that have impacted on their drug use and re-offending.

The intensive individual counselling program offers therapeutic opportunities to prisoners who cannot relate in groups. Prisoners commented that prior to their participation in counselling they would often become aggressive, but now they are more self-aware, are motivated about changing, and think before they act. It is the self motivation to address illicit drug issues that is viewed as the primary factor behind genuine and enduring change.

Some prisoners have begrudgingly started programs for sentencing reasons. Yet, even if the right motivation was not there in the first place, and prisoners initially sought to resist change, awareness was still fostered through the program. People arrive at the prison without the intention to shift their drug habits, but many do start to think differently in response to the peer pressure. Peer and role modelling is considered critical from a proactive and harm-minimisation perspective.

Prisoners emphasised that it was important to make a maintenance plan and stick to it. Long-time users reported that four months is a reasonable length of time for a drug treatment program, but that backup is crucial. They needed post-prison contact and follow-up; to have a bridge between the inside and outside to reduce the likelihood of re-offending.

Staff at Moreland Hall stressed the importance of prisoners having an appointment to go to after leaving prison, for example, a half-way house for Koories. Corrections staff in general have been waiting eagerly for the COATS program to become fully operational.

COATS provides a model for potentially effective rehabilitative support for offenders on Community Based Orders. However, there are certain groups which do not fall within their intended catchment; for example, offenders who had no drug problem on assessment but did some time down the track; offenders who come from interstate, on long parole periods, and who have relapsed more than once. These are perceived gaps in the COATS service.

Staff felt that the increase in urinalysis testing of offenders on Community Based Orders has been effective in detecting drug-using offenders, and has made way for better referral to treatment. This method no longer remains simply a monitoring device but can now be used as an index of need. In the past, Medicare did not provide comprehensive results, but now the new pathology company involved in the urinalysis offers useful reports.

The CCTOs have been well received by corrections staff as post-release treatment incentives. Since the Sentencing Act was amended in September 1997, this new sentencing order will be able to require treatment components within prison and outside the system. Offenders will require a minimum of six months in prison for intensive treatment and this will be followed up in the community on release.

One major feature is that participation in current post-prison release programs is voluntary. This is problematic given people may have good intentions when they leave prison, but these are quickly whittled away by the other pressing worries upon release.

Staff were very excited by the potential of further funding for post-prison programs. The pervading view is that even if a small number of offenders with drug problems are effectively reintegrated into the community, a successful outcome has been achieved. Post-prison support is one of the most difficult drug areas in which to work.

Staff pointed out there has been no longitudinal evaluation of prison programs, but now data are becoming available to indicate how a prison can successfully transform itself. The Koori program at Bendigo Prison requires follow-up after the pilot to determine how the

empowerment training has impacted on drug use. It has also been said that there needs to be a place in the broader prison community that is safe for Koories.

Prison staff had certain concerns about prisoners on short sentences. Offenders with three month sentences or less move quickly in and out of prison. This poses a great challenge in finding ways to keep the prison culture stable and drug free, especially when there is an ever-present struggle to maintain prisoners' intrinsic motivation and individual readiness to progress from their drug habits.

Prison staff expressed a desire for more control over prisoner allocation. They do not want those who are committed to reducing their drug use being disrupted or negatively influenced by other prisoners. Medium-security prisons are especially vulnerable to trafficking. Having users and traffickers together is counterproductive, and an important issue that needs to be raised at departmental level. The response to trafficking in jail needs to be swift and immediate.

Corrections staff were mindful of the limitation of drug treatment programs, and that such programs are available only to a small number of prisoners who have shown significant motivation while in prison. However, there is the capacity for prisoners to self-refer and opt for community support even if they were not involved in a program in jail. They need, though, to make a commitment to that program. Staff estimated that 75 per cent of prisoners have drug problems, and about 10 per cent of those released are being seen in post-prison release programs. Staff emphasised the need to trial more treatment approaches, and have more information fed back into programs.

Prior to the *Turning the Tide* strategy, staff felt they did not have the opportunity to meet the needs of the offending populations. Now, however, they are very excited by the opportunity to work with a more complex and difficult client group. Staff wanted the *Turning the Tide* initiatives in the corrections system to work, but were concerned that funds will be withdrawn at the end of the strategy implementation phase. Without appropriate tracking and evaluation procedures in place, there will not be enough hard data to support calls for continuing funds. What is needed is not just a purely quantitative reporting and collecting of numbers, but also a more robust, qualitative evaluation based on human outcomes.

Corrections staff perceived drug abuse as symptomatic of major lifestyle health factors including family situation, domestic violence, accommodation, employment, physical illness,

education and a sense of disempowerment. The way the funding for programs has been structured means there is limited scope for follow-up evaluation to determine what has happened six months down the track, and whether programs are effective in the longer term. Provision for follow-up assessment is something that needs to be built into the initial funding allocation.

Staff also noted that the prescriptive nature of some of the tenders restricted the possible design for program evaluation. Staff advised that those tenders which allowed for flexibility in implementation and evaluation methodologies were easier to develop and enabled trialing of fresh and alternative new approaches. They would like to have a greater opportunity to utilise more qualitative outcome measures.

Another staff concern related to departmental funding reports. Staff found the process very tedious and lacking in consistency in required reporting style, data type and data management across departments.

In conclusion, corrections staff felt that a few years are not long enough to see the real outcomes of the drug treatment programs and other initiatives funded under *Turning the Tide*. There needs to be a longer term commitment from the government to durable and effective initiatives. Some programs have just started and are very small, and size limitation was seen as an issue. Coordination and interface between program operatives and government departments could be better and more frequent. This would be conducive to the smoother running of programs, the ease of participation, and continuity of care.

The Drugs and Crime Prevention Committee's Findings and Perceptions

- Corrections staff at all levels, were motivated by the *Turning the Tide* strategy. They have embraced the opportunity to engage in and evaluate drug awareness, education, relapse prevention, and intensive therapy programs, and drug-detection measures.

- With regard to community-based corrections, the post-release support structures can be confusing because programs and the issuing bodies that direct people toward them often have different parameters for service delivery.

- Pre-sentence treatment assessment requests from magistrates have not yet been instituted. **This initiative deserves attention**.

- The committee would like to emphasise that the extended urinalysis tests offer an important index to indicate those who need treatment and those who are currently using drugs. The Community Corrections Service can then refer people to an appropriate treatment service.

- The development of COATS (Community Offender Advice and Treatment Service) has allowed for a clearer demarcation of departmental roles within the community based corrections illicit drug strategy. The Community Corrections Service is a screening, referral and case management organisation as opposed to a treatment agency.

- Community Corrections Service staff have been concerned with the delay in commencement of the COATS program and the service gaps for certain types of offenders. The committee notes with concern the range of offenders who cannot be addressed by the COATS service. This was particularly notable in the interim period from when relevant changes were made to the Sentencing Act (1991) and when COATS formally began.

- There is concern that COATS has no framework for evaluating its impact on the offender population in terms of assessing lifestyle changes with drug habits and the propensity for re-offending.

- Post-prison release support is essential for confronting issues of re-offending, recidivism, community re-integration and corrections treatment cost-effectiveness.

- The committee acknowledges the role of ongoing therapy and community support for released prisoners as essential to changing offenders' illicit drug habits.

- The prison visits provided a refreshing and inspiring experience for the committee. It was impressed by drug treatment service delivery, prisoner perceptions, and the subtle, but steady, cultural shift being accomplished in some correctional centres.

- The shift from a punitive/correctional prison environment to a more community-based one is seen as fundamental to effective outcomes from drug treatment programs.

- With a community focus, prisoners gain a sense of unity that influences their self-respect and responsibility. It creates a peer environment that motivates prisoners to engage in self-evaluation and stimulates attitudinal change toward drug use. Prisoners are more likely to respond to peer pressure than to officer threats, or the 'them and us' syndrome.

- Conflict resolution has been reviewed by inmates and violence considered a less attractive option. This is in response to the opportunity to explore other methods of communication and assertiveness. Conflict resolution has become a priority for some prisons.

- The committee are aware that peers have always had a role in prisons and that they can function as positive role models and a source of support for prisoners addressing the personal health, relationship and life issues that often underlie drug abuse.

- The Koori Brotherhood program is an innovative and positive example of the functional role of prison peer relationships.

- The committee highlights that the community environment and emphasis on different types of therapy enable educational and life skill programs to be integrated into the rehabilitation of the prisoner, in a complementary way to more intensive therapeutic regimes.

- Changing drug-related lifestyles take time, especially for repeat offenders who have little or no life skill training, or who have had no opportunity to reflect on the factors and influences that underlie their drug problem.
- The committee would like to draw attention to the finding that many of the prisoners who had engaged in drug programs with no genuine intention of addressing their drug problems decided, in the end, that there was merit in undergoing therapy and life skills training. Such prisoners, through participating, became motivated to rehabilitate.

- Funding for, and access to, post-prison release support needs to be adequate and ongoing.

- Funding that provides ongoing post-prison release support was a direct request from prisoners who wanted to continue their progress; not just staff.

- Corrections staff were excited by new treatment orders that give offenders the opportunity to rehabilitate more effectively.

- The committee stresses the following concerns that were highlighted by prison staff:
  – the need for long-term funding;
  – the need for funding that allows flexibility and creativity in program design and assessment;
  – the need for longitudinal evaluations that track the long-term progress of program participants;
  – concerns about disruptions from, and the address of the needs of, prisoners with short sentences;
  – the continued development of pre-release training programs;
  – limitations placed on program evaluation by tender specifications.

- Some prisoners are not in the prison long enough to start comprehensive programs or complete them, and that some other rehabilitative option is needed to cater for them.

- Needle exchanges in prisons are not government policy anywhere in Australia. This issue was not addressed in detail in the PDAC report and further debate is required given the dimensions of the public health issue and its role with the presumed impact it has on harm minimisation. [See sections 4.2.1 and 4.2.5 for more details of the committee's views on needle exchanges and harm-minimisation strategies within corrections].

- The committee is of the opinion that evaluation of programs needs to assess the whole behavioural and attitudinal process connected with drug abuse; e.g., emotional management, lifestyle adjustment. This means evaluation needs to have an adequate qualitative component rather than being based purely on quantitative drug use statistics. Key qualitative goals also need to be built into new program design.

- A collaborative approach between departmental officers and program workers is required for successful funding beyond one-year, post-release, long-term program evolution and evaluation. Long-term evaluation methodologies in conjunction with information collected from internal program assessments is a process that requires a team approach.

Drug and Alcohol Services **3.5**

This section addresses *Turning the Tide* activity in connection with recommendation 4 of the PDAC report:

The Victorian Government support the continued development of appropriately designed drug and alcohol services.

4.1 Following a review of existing post-withdrawal support and counselling services, appropriate additional services should be established.

4.2 Steps should be taken, as a matter of urgency, to ensure the establishment of the further specialist methadone and withdrawal services already approved by the State Government.

4.3 A review of the funding and related specifications for recently established withdrawal services should be undertaken in the near future.

4.4 A trial cannabis treatment service for problem cannabis users should be established with suitable links to alcohol and tobacco services.

4.5 The development of the methadone program should continue and particular focus should be given to ensuring access for particular groups including rural and ethnic communities.

4.6 Improved monitoring systems statewide, and at the practitioner level, should be established as part of a quality assurance mechanism.

4.7 Increased counselling services should be available on a non-compulsory basis to people involved with the methadone program.

4.8 Priority should be given to developing research-based clinical trials on the pharmocological alternatives such as LAAM, buprenorphine and naltrexone.

4.9 Victoria should encourage the Commonwealth to support the ACT heroin pilot study and, if appropriate, the subsequent clinical trial of heroin prescribing.

4.10 A review of police standing orders to be undertaken and followed by an assessment of practice to ensure that appropriate health care services are available to prisoners experiencing withdrawal.

4.11 The ambulance service should document and disseminate guidelines and protocols to assist ambulance officers in the post-acute management and care of people who have overdosed on drugs.

4.12 Workers in the primary care and generalist health care facilities (particularly emergency care) should be made aware of the resources available to assist them to more effectively respond to the health and other care needs of individuals with drug problems.

SOCC Quarterly Report Findings

- The Minister for Health launched *Victoria's Alcohol and Drug Treatment Services: The Framework for Service Delivery* on 22 April 1997. It identifies and outlines a purchasing policy for 11 key service areas including counselling, methadone support, withdrawal, youth outreach, supported accommodation, peer support, Aboriginal support, and residential rehabilitation.

- The Department of Human Services is to identify gaps in the service system and continue redevelopment of the alcohol and drug treatment system that commenced in 1994.

- Under *Turning the Tide*, $8 554 495 has been allocated over three years to fill the gaps in the existing service system, and an additional $2 million provided for youth-specific services.

- On 19 June 1997, the Minister for Health announced and approved preferred providers for 104 new services covering all service types. These will be established over the next six months, subject to negotiation of a funding and service agreement between each provider and regional office. Agreements are still being negotiated.

- Sixteen services were re-tendered and successful tenderers were selected by mid-October 1997. All services are to be established by 31 December 1997.

- A consultancy has begun investigating ways in which specialist alcohol and drug treatment services can effectively deal with people from culturally diverse backgrounds.

- All withdrawal, specialist and methadone services planned in the first phase of the redevelopment have been established. Funding has been reviewed and costs have been increased in the case of Community Residential Drug Withdrawal Services.

- An evaluation of new withdrawal services and best practice standards for community residential drug withdrawal will occur during 1997–98. The establishment of mandatory

standards for home-based, outpatient and rural withdrawal services will also occur at this time.

- A trial treatment service for problem cannabis users has been established at the Turning Point Alcohol and Drug Centre.

- A pilot community methadone worker program commenced during 1996–97 at Turning Point Alcohol and Drug Centre.

Methadone

- Proposals for funding from the Drug Rehabilitation and Research Fund have been submitted by the Victorian Rural Doctors Coordinating Unit (VRDCU) and the Pharmaceutical Society and Pharmacy Guild, as joint sponsor, for projects to recruit more prescribers and pharmacists.

- A number of Vietnamese doctors are to attend a training course as part of the strategy that addresses cultural issues and community expectations.

- Model procedures for pharmacists have been circulated, as have information bulletins for prescribers and pharmacists.

- A new database is being implemented for issuing permits to prescribe drugs of dependence. This will enable better reporting and targeting.
- A project to review and update the Methadone Program for Providers has commenced. It takes into account issues that have arisen since the current guidelines were produced, such as the Coroner's recommendations concerning format and useability.

Monitoring Systems

- A forum of key prescribers and pharmacists has been held and work on monitoring systems for the community methadone program has commenced.

- A systematic program of quality assurance visits to all community methadone prescribers and pharmacists is being conducted to ensure safety and compliance with guidelines and legislation.

- Evaluations of the Community Methadone Program and the Specialist Methadone Services have been completed by Turning Point Alcohol and Drug Centre.

- Accreditation and competency standards have been developed nationally under the auspices of the National Methadone Committee, and implementation strategies are currently being considered.

Alternative Pharmacotherapy

- There has been $2 060 000 allocated for this project to research alternatives to methadone for drug dependent people. Its aim is to suit individual needs better, attract more users and have higher treatment retention rates.

- Turning Point Alcohol and Drug Centre has submitted a feasibility report on the clinical trials of four new treatment drugs for opiate dependence: slow-release morphine, two long-acting methadone-like synthetic opiates (LAAM and buprenorphine), and naltrexone, which blocks the effect of heroin. The Government has accepted the recommendations and approved 15 integrated trials.

- Victoria's support for the ACT heroin pilot study was articulated at the meeting of the Ministerial Council on Drug Strategy in Hobart in July 1996. Victoria's agreement to go on to phase one was given at the July 1997 meeting. The trial, in the end, was not given Commonwealth support and it will not proceed.

Review of relevant Force Instructions in Victoria Police Manual

- The Harm Minimisation Liaison Project which is part of the education strategy (PDAC recommendation 1.10), is also relevant to police standing order review.

- The Corporate Policy Planning and Review Division is reviewing the operating procedures relating to prisoners who are experiencing drug withdrawal, to check the effect of those procedures on force policy and philosophies, and to ensure they reflect harm minimisation.

- Victoria Police is currently trialing a procedure for prisoners to participate in a methadone program while in custody. Prisoners must be in possession of a Custodial Methadone Prescription Form issued by a licensed prescriber and the drug can only be administered by a qualified pharmacist. It is to be in force policy by December 1997.

Ambulance Service

- Discussions have commenced with the ambulance service regarding the contributions that it could make to reducing overdose death. Investigations have also commenced to establish what occurs in other States in this area.

Findings of the Committee Field Visits

A representative of the committee visited and liaised with a number of community health services to explore the current status of the *Turning the Tide* initiative implementation. A primary focus for these community agencies has been extending and maintaining of counselling services, youth outreach and peer support, and providing support and case management to youth in supported accommodation.

With general adult services, the primary focus is on establishing and extending of outpatient drug/alcohol withdrawal services, residential withdrawal, home-based withdrawal, rural withdrawal support and specialist methadone services. Residential rehabilitation, supported accommodation and peer support are also targeted services.

Examples of Practice

Turning Point Alcohol and Drug Centre Inc.

Turning Point Alcohol and Drug Centre is a non-government organisation that provides a comprehensive and integrated range of alcohol and drug services to specialist and generalist health and welfare sectors in Victoria. The integration of research services, education and training, clinical services and telephone services is designed to advance alcohol and drug service delivery, knowledge and expertise.

Cannabis Intervention

The principal objective of this research project was to evaluate two models of treatment intervention with self-defined problem cannabis users. The project conducted two treatment interventions: an integrated relapse prevention/ motivational interviewing model, and a user-driven group model.

A qualitative assessment of the progress of the participants was conducted, as were follow-up interviews with participants to determine program outcomes at the three and six-month follow-up stages.

Community Methadone Service

Community methadone treatment is defined as methadone services delivered in generalist health settings. It excludes services delivered in Specialist Methadone Services, hospitals or other residential institutions. Turning Point is trialing the first comprehensive evaluation of the Victorian system of community methadone treatment.

The research design for the study included a number of interrelated stages. These were:

- a review of the relevant Australian and international literature, with an emphasis upon community-based methadone services;
- informal interviews with clients, clinicians, program administrators and representatives from these groups;
- a survey of all 116 methadone prescribers currently prescribing methadone and of all 188 pharmacies currently dispensing methadone in community settings in Victoria;
- a survey of 195 metropolitan methadone clients proportionally sampled according to geographic location in Melbourne, and by the 'size' of the pharmacy and methadone prescriber they attended.

General Perceptions of treatment services:

- Seventy-two per cent of clients were generally satisfied with methadone treatment as delivered in community settings (12 per cent very satisfied). The most positive aspects identified by clients were: the capacity to lead a normal life and being generally better off (39 per cent), having time out and reducing drug use in general (36 per cent), reducing or ceasing heroin use (15 per cent), and ceasing criminal activity (5 per cent).
- Twenty-eight per cent of clients expressed dissatisfaction (5 per cent very dissatisfied) with methadone treatment as delivered in community settings. The most negative aspects of methadone treatment identified by clients included: side-effects and difficulties experienced withdrawing from methadone (39 per cent), the daily collection of methadone (36 per cent), and the financial cost involved (10 per cent).
- The majority of prescribers indicated that methadone treatment is easily integrated into their general practice. The most positive aspects for prescribers was their capacity to help their clientele (67 per cent), and to integrate methadone clients into the general community. Broader benefits identified by prescribers included harm minimisation, reduced crime rates, and reduced heroin dependence.
- The negative aspects from prescribers' perspectives were a poor return for effort, the demanding nature of methadone clients, and continued drug use by some clients.
- Pharmacists perceived the most positive aspect of their involvement as being their ability to generally help their clients, and helping clients to reduce their drug use and criminality.
- The negative aspects from pharmacists' perspectives were difficulties or disruptions to their pharmacy, their perception of the failure of treatment, the nature of methadone clientele, and problems of fee collection.

Geelong Community Health Services

At Geelong Community Health Services, the Youth Drug and Alcohol Service will provide counselling, consultancy, continuing care, support and case management to youth in supported accommodation.

This has been operating since September 1997 and has begun to engage clients. To construct and develop effective services, the service is running a service providers' forum (youth services) to establish clear treatment/consultation pathways, and to form a reference group made up of nominated people from the other youth services. In parallel, the Youth Drug and Alcohol Service is establishing a youth reference group made up of clients. In conjunction with the other reference group, this will help evaluate and guide service development and delivery.

Another service being established is an outpatient drug/alcohol withdrawal service, that will start in the immediate future. Home based withdrawal services have also received additional funding under *Turning the Tide* and have expanded across the Greater Geelong region. Supported accommodation services are another funding initiative currently being developed. Specific drug and alcohol housing is still being purchased.

Further to those initiatives outlined, the program staff at Geelong believe the local communities and consumers must be engaged in developing specific local service targets. Consequently an extensive series of community drug and alcohol forums will be run to engage local communities in a dialogue about drug and alcohol issues and, particularly, about the program's sensitivity to local community needs.

Department of Human Services: Loddon Campaspe Region

The Loddon-Campaspe regional alcohol and drugs service system has recently undergone significant redevelopment in response to new directions being instituted in alcohol and drugs services as part of *Turning the Tide*. The region has undertaken a tendering process and is now establishing new services.

Target groups include services for Supported Accommodation (Rural City of Mildura) by Sunraysia Community Health Service; Youth Outreach (Rural City of Swan Hill and Shire of Gannawarra) by Northern District Community Health Service; Counselling, Consultancy and Continuing Care (City of Greater Bendigo and Shire of Loddon) by Bendigo Community Health Service; and Youth Outreach (Macedon Ranges Shire) by Cobaw Community Health Service.

In addition, other new services include Rural Specialist Methadone (Loddon Campaspe subregion) and the redevelopment of the (male only) residential rehabilitation program to a regional Supported Accommodation/Day Rehabilitation Program for a broader range of clients. Both these services are auspiced by the Bendigo Community Health Service. New counselling services will also commence in the Shire of Gannawarra (Northern District Community Health Service) and the Shire of Buloke.

The region will also tender a new rural withdrawal service in 1998 and is committed to further implementation of the recommendations contained in the Methadone Project report. Training for general practitioners and primary care workers will continue in 1997–98. The development of the *Alcohol and Drug Management Resource Manual for General Practitioners* is one outcome from the earlier training project.

Services to Koorie communities will be enhanced following the completion of the Koorie Alcohol and Drug Services Planning Project. An increase in funding combined with the development of health outcome agreements as part of the Koorie Health Outcome Reform Strategy will improve service provision to Koorie communities.

Eastern Community Health Consortium - Maroondah Social and Community Health Centre

The Eastern Community Health Consortium comprises the following regions: Maroondah, the Inner East and Monash. It was tendered to provide counselling services for the eastern metropolitan region. There has been $750 000 of the current funds allocated for youth and adult counselling services across the region.

It is an integrated set of counselling services that is managed with common objectives and strategy training standards. There will be 15 positions available, that are partly funded by *Turning the Tide*. The focus is on youth and this takes a substantial amount of the funds. These funds have come from existing monies and have been 'boosted' by *Turning the Tide*.

The consortium is in the process of negotiating a service agreement and will be recruiting the positions in late October 1997. The services are to commence on 1 January 1998 and will be managed from each of the centres. The process of determining placement for youth counsellors in the youth services is under way. The aim is to make them accessible to youth with drug and alcohol problems. There is a major youth outreach component and this is based on a case-by-case assessment system. Support groups will be available for peer support due to 'drug user' social disabilities. It has the capacity to link in with the Youth Substance Abuse Service.

The service will support existing youth workers and existing health practitioners to more effectively identify clients with drug problems. Many general practitioners ignore drug-abusing clients. They tend to treat the symptoms of their presentation rather than issues implicating the abusing behaviour. General practitioners are in a good position to make assessment, refer and engage in overdose management strategies training.

An evaluation strategy has not been funded. However, as part of routine procedure for the health service, at the end of a three year contract period there will be the fulfilment of a number of requisite episodes of counselling and selection of skilled workers for the appropriate job. These workers will be consistently reviewed.

The clients' functional status will be assessed from the pre-program period to the end of the program. This includes a follow-up after the program on an ongoing basis; one to three months is a practical time limit. There is the distinct need to measure the 'before' and 'after' status of the client. Psychological testing and life-functioning measures (administered tests and self-report measures for the baselines) will be used.

Subjective Perceptions of Program Staff and Recipients

The department believes that effective performance measures need to be applied to determine whether and how the real issues are being addressed. Quantitative measures were considered effective for certain purposes, but needed to be supplemented by qualitative evaluations. Adequate qualitative measures sometimes needed to span a period of years after service provision. Staff believed that assessments of consumer satisfaction must be pursued, even though they are difficult to measure.

Regional workers commented on their positive relationship with the Department of Human Services. With Drug Treatment Services, they found the awarding process for tenders to be well prepared and organised. Their main concerns were the nature of operations within whole departments, and the relationships with other government departments.

General practitioners in the Greater Geelong region have required extensive training and secondary consultation to introduce them to new roles.

Supported accommodation services in the Geelong region have welcomed the support/case management and secondary consultation that is now being provided. This allows problematic drug and alcohol clients to maintain their accommodation arrangements.

Concerns were raised regarding submissions, and about the lack of departmental contact in relation to funding for health services. A suggestion included appointing a representative from the Department of Human Services who could be on the selection panel for every Victorian region. In essence, the whole funding round process was viewed as poorly coordinated and quite disordered.

Staff stressed that an integrated health service approach offers higher consistency and availability of services to clients; something that often is not the case with the conventional approach of awarding small grants to individual youth workers. Staff believed that integration of regional services should have been a more prominent element of the *Turning the Tide* strategy.

Field-workers indicated there is significant creativity with the *Turning the Tide* strategy, however, it has not driven or contributed to the current use of funds, that are still emanating from the region.

Workers felt there was poor interagency coordination with *Turning the Tide*. They perceived a need for current health services to have more information on where *Turning the Tide* has funded other projects in the local area.

Regarding evaluation methodologies, coalface workers valued the quality of counselling as a preferred measure of effectiveness. Maintaining the standard of treatment quality was considered fundamental in measuring long-term client outcomes.

The Drugs and Crime Prevention Committee's Findings and Perceptions

- The contact the committee had with program managers and workers in the field was generally fruitful. These operatives found it encouraging to speak to someone interested in their progress and willing to acknowledge the difficulties being faced in the field. They were eager to supply whatever feedback they could about program operation, and were supportive of the role of the committee in monitoring and evaluating the implementation of *Turning the Tide*.

- The committee would welcome more information sharing with senior officers of relevant government departments.

- There was concern that knowledge about projects and processes in other government departments involved in *Turning the Tide* was not readily available, nor in a form that could be easily communicated across departments.

- While the committee recognises that a primary aim of drug-related health services is to reduce drug use, they also have a role in giving medical advice on safe administration.

- There appears to be a problem with detoxification programs. Program staff claimed that up to nine out of 10 people (especially young people) who go through detoxification will revert to their earlier patterns of drug use. This problem was indicated to be, in part, a result of the lack of follow-up programs and activities.

- The guidelines and protocols for ambulance officers in post-acute overdose management were still at a preliminary stage. At present, the patient record system is entirely paper-based, and information must be gleaned manually. Approximately 240 000 interventions per year are dealt with in metropolitan Victoria.

- The Department of Human Services is considering contracting Turning Point to investigate what can be learnt from other States about their modes of collecting and maintaining overdose profiles (NSW and SA already have good data and systems).

- Some program operatives were reluctant to discuss the evaluation of their programs, mainly because they were not yet fully operational.

- Senior officers within the Department of Human Services believed that one year from the advent of *Turning the Tide* was not sufficient to comment on the evaluation of programs. They considered that any evaluation was premature and should be conducted after two years, focusing on outcomes and effectiveness rather than ongoing process evaluation. There was little comment about broad strategies for evaluating the overall effectiveness of the *Turning the Tide* programs. How field evaluation procedures and assessments were to feed into an overall evaluation was also unclear.

- Few programs had actually begun and most were in the developmental stage or just about to commence.

- There is a need for one body to be responsible for coordinating programs for their entire lifespan. An integrated approach and system of communication and monitoring of outcomes would then be more achievable, and make it easier to communicate and market the nature of the services provided by a health program.
- Monitoring is necessary to ensure that contracts entered into are complied with.

- The committee stresses the importance of follow-up assessment for clients of services, although it recognises limitations of resources, and factors such as the changing geographical locations of clients.

- Regarding health-related research, the committee notes there is little systematic gathering of evidence to assist policy makers in determining, with confidence, the extent of the problem and the success of various interventions. In response to this, the range of existing databases needs to be coordinated to allow improved monitoring of the extent of drug use, negative outcomes from that use, the impact of current interventions and the expansion of treatment options. [See sections 4.6.3 and 4.6.4 of this report for the committee's more detailed views on these matters.]

3.6 Coordinated Agency for Drug Dependency

This section addresses *Turning the Tide* activity in connection with recommendation 5 of the PDAC report :

The Victorian Government support the development of an Agency for Drug Dependency to provide leadership and coordination in this area.

5.1 The Agency for Drug Dependency provide appropriate organisational support to the Youth Substance Abuse Service and the organisation providing the adult corrections service.

5.2 The Agency for Drug Dependency coordinate the organisations involved in research, training and other relevant initiatives.

5.3 The Agency for Drug Dependency contribute to the development of improved state level systems links between drug services and other health, community services and law enforcement agencies.

The establishment of the Drugs Cabinet Committee and terms of reference for the Drugs and Crime Prevention Committee of Parliament was believed to negate the need for an additional agency of bureaucracy.

Drugs and Crime Prevention Committee's Perceptions

- Departmental officers, service managers and other drug workers have concern about the lack of coordination of funding processing and lack of consistency in performance indicators required by the various *Turning the Tide* administrators.

- There seems to be limited consistency in data gathering and reporting across the drug field, and this makes it difficult for departments to communicate and cooperate effectively—a primary goal of the *Turning the Tide*.

- Coordination and delivery issues are discussed in Sections 4.6.2 and 4.6.3 of this report.

3.7 Law Enforcement ***3.7***

This section addresses *Turning the Tide* activity in connection with recommendation 6 of the PDAC report:

Victoria Police ensure that a comprehensive and coordinated strategy on policing in relation to the manufacture, supply and use of illicit drugs is documented and implemented across the force.

6.1 Victoria Police should ensure harm-minimisation strategies govern operational practice at all levels of the force.

6.2 Victoria Police should document and disseminate material that describes the roles and responsibilities of various sections of the force in implementing police drug strategies.

6.3 Victoria Police should ensure coordination of the activities of the Drug Squad, other relevant specialist squads, and operational police with respect to strategic planning, and recording, interpretation and circulation of critical information and joint initiatives to reduce drug trafficking in Victoria.

6.4 Victoria Police should ensure that induction and in-service training for members of the force include theoretical and practical input on harm minimisation and Victoria's drug strategy.

6.5 Victorian Police should work collaboratively to enhance the operational integration between police, health and community agencies and education to ensure, at each level, effective action based on harm-minimisation strategies and priorities.

6.6 Victoria Police should ensure adequate resources are available for community policing. This will involve prevention and community involvement initiatives designed to reduce the use and harms of drugs.

6.7 Victoria Police should ensure that career recognition is provided for members who are actively and effectively involved in harm minimisation and community work.

6.8 Victoria Police should upgrade and enhance existing monitoring and evaluation arrangements to include the impact of the strategy and guidelines referred to above.

6.9 Victoria Police should investigate opportunities to enhance the use of data provided through AUSTRAC and other sources.

6.10 Administrative arrangements and structures should be put in place to more effectively follow up confiscations ordered by the courts.

SOCC Quarterly Report Findings

- The Harm Minimisation Liaison Project (which also falls under Education, rec. 1.1) and Train the Trainer (which also falls under rec. 1.9) are under way. These two projects stand as examples of inter-agency cooperation, as recommended at rec. 6.5 above.

Directory of Victoria Police Drug Education and Investigative Resources

- Material describing the roles and responsibilities of various sections of Victoria Police in drug policy is being collated, and a draft document is being developed by the harm minimisation liaison officer.

Victoria Police Drug Guide

- This internal guide for members provides information on force policy regarding harm minimisation. It has been produced and circulated through the force and has incited interest in other jurisdictions. The guide includes information on basic pharmacology, occupational health and safety, clandestine laboratories, cannabis plantations, search information, specific drug information, index of drug terminology, and guidelines on community education and dealing with the media.

Drugs Database Coordination and Analysis

- A joint project by Victoria Police and the Department of Justice aims to develop and implement a new, coordinated monitoring system for existing data on illicit drug use. A working party was established in June 1997.

- The Chemical Drugs Intelligence component of the major project aims to catalogue and analyse all of the drugs forwarded to the Victoria Forensic Science Centre for destruction. This will facilitate improved drug intelligence data on issues such as purity levels and adulterants used.

- A gaschromatograph has been purchased and installed.

- Initial analysis of drugs that are the subject of guilty pleas indicates a high incidence of drug misuse relating to pharmaceuticals and steroids.

- The drugs trend component of the project is gathering information. It aims to establish and maintain a database containing relevant information on illicit drugs, and to develop consistent definitions, counting rules and classifications for the data.

Drug Squad: Supply of Computer Equipment

- This project aims to provide a fast, efficient, state-of-the-art computer system to allow better management of the intelligence and information holdings of the Victoria Police.

- Equipment has been purchased and installed to enable the use of data provided through the Australian Transaction Reports and Analysis Centre (AUSTRAC), the Australian Bureau of Criminal Intelligence (ABCI) and the National Crime Authority (NCA).

Asian Squad: Intranet Intelligence Database Manager

- The Asian Squad works within the Victoria Police Organised Crime Group to investigate transient groups of organised criminals who are involved in the importation, manufacture and distribution of illicit drugs.
- This project aims to provide an intelligence exchange and management system that builds on the previously developed Image Database. It seeks to further research, develop and implement a system to facilitate rapid exchange of images and intelligence for operational police.

- Equipment is being installed, developed and trialed, and staff training will follow this phase of the project.

Victoria Police Drug Law Investigation and Coordination Committee

- This committee is chaired by the Commander, Crime Department. It oversees the responsibilities of various areas of the force in relation to drug law enforcement, protocols between police districts, and central coordination of operations. It meets monthly and created the Drug Investigation Target Committee that coordinates State drug investigations.

Victoria Police Drug Crime Prevention Implementation Committee

- This committee, chaired by the Manager of the Drug and Alcohol Policy Coordination Unit, has been established to coordinate, monitor and enhance collaborative integration between the police, health, education and other relevant agencies to achieve consistency in the development of harm-minimisation initiatives.

Career Recognition for Members Effectively Involved in Harm Minimisation and Community Work Project

- The issue of career recognition has been considered by the Police Board for incorporation into the Master Patrol Officer Project that is designed to give greater value to proactive and preventive duties.

- The process includes expanding the definition *operational* to include harm-minimisation duties. The issue of career recognition for members will be included in an appropriate performance appraisal system.

Amendments to the Crimes (Confiscation of Profits) Act 1986

- Legislative and administrative reforms to ensure the asset confiscation system operates more effectively were introduced in the Spring 1997 session of Parliament.

Findings of the Committee Field Visits

As part of the review of the Victoria Police drug strategy, a representative of the committee visited the Drug Squad headquarters, the Asian Squad, the Drug and Alcohol Policy Coordination Unit, the Asset Recovery Squad and the Assistant Commissioner of Police (Corporate Policy Planning and Review). Installation of new computer equipment and the development of innovate software for monitoring drug use, drug trafficking and arrest were highlights of the visits. The PDAC report raised education and training programs as law enforcement priorities.

There was also a visit to the Asset Recovery Squad in response to issues of legislation regarding amendments to the Crimes (Confiscations of Profits) Act. Problems with asset forfeiture, court procedure and execution of law enforcement activity were highlighted in the Faris Report (1995). They were also referred to in the PDAC report.

Examples of Practice

Victoria Police Drug Squad: Supply of Computer Equipment

Victoria Police has access to the Australian Bureau of Criminal Intelligence (ABCI) and limited access (three lines) to the Australian Transaction Reports and Analysis Centre (AUSTRAC). It has no direct access to the National Crime Authority (NCA); however, staff meet weekly to discuss all current drug squad operations. They have a regional coordination meeting with the National Crime Authority every two months with

representatives from the Drug Squad, Asian Squad, Organised Crime Squad, the Crime Operations Squad, AUSTRAC, the Immigration Department. The Federal Police and the Australian Customs Service are present.

Recently the Drug Squad received $170 000 for computer equipment from *Turning the Tide* funds and it has upgraded information technology which is compatible with other departmental systems including laptop computers. Management claims it now has speedier access to intelligence when conducting operations. This increases the number of drug arrests and seizures for illicit drugs. There is more coordinated access to national intelligence. The Drug Squad will now be able to avoid crossing paths on investigations with other agencies. The speed of processing criminal profiles and activities has already been increased, improving the opportunities and outcomes for apprehending. Although it is too early for formal data-based conclusions, staff believe that there have already been more arrests and more seizures of illicit drugs in response to the more efficient investigation system.

Victoria Police Asian Squad: Intranet Intelligence Database Manager

The Intranet Intelligence Database Manager, which is now in operation in the Asian Squad, is an intelligence gathering instrument that produces timely reports. The previous image database contained photographs of faces and tattoos, and had a basic name and description search facility. The new intelligence database has search links to people, vehicles addresses and other entities as required. In time, it will be linked to the Internet and will be available nationally and internationally if required. The objective outcome is to get all Asian Squads in Australia and New Zealand to interact with similar tools for intelligence gathering. At present, all the above agencies are currently using the Victoria Police image database.

As an example, the software can be used for witnesses and victims at the scenes of crime, so they can view and possibly identify suspects involved in crimes. Its simplicity of use is its greatest asset. Victoria Police can work smarter and quicker, process more information, and therefore boost production per workhour. It shortens investigation time, decreases work hours, and minimises resource allocation.

Intranet has been running in a trial form within the Asian Squad. When the servers purchased in April are installed, they will be able to extend the Intranet service across organised crime squads. The Asian squad currently has limited dial-in access to the Intranet service.

Asset Recovery Squad: Confiscation Ordered by Courts

This squad has been in operation since 1993. All proceeds from forfeitures go to the Drug Research and Rehabilitation Fund and the Crime Prevention Fund. No proceeds come directly back to the police force, nor do they have access to any property that may be of use to the force. It is expensive to run the squad due to investigative and storage costs, that are not recoverable by the police department. The squad does not expect that the full funds recovered should go back to Victoria Police, but it indicated the need for some costs to be recovered as an incentive.

The squad includes undercover operatives who are used extensively for drug law enforcement. The more drug traffickers police can apprehend, the more resources it can access and channel into harm-minimisation police activity and drug programs. If the squad seizes a car involved in a drug-related offence, it is stored pending the court case (usually up to two years). To do this it costs the squad $10 per week per vehicle, which is

not recoverable. Storage space costs the force a great deal. In the new year, there will be a new office for property distribution and disposal.

Subjective Perceptions of Program Staff and Recipients

Members of the Victoria Police agreed there has never been such a thorough examination of drug issues before. They felt it has brought the drug problem to State prominence by involving community workers and professionals of all different types. Consequently, there are now attempts at a coordinated approach by different government departments. They felt there is better coordination of drug investigations through the Drug Law Investigation and Coordination Policy Committee. This committee is a *Turning the Tide* initiative that has assisted in managing the operational outcomes of major drug investigations coordinated by the Drug Squad across the police districts.

Funding has also assisted in developing investigatory tools and the purchasing equipment that would otherwise be impossible for the force to acquire from its budgets. Staff at operational level are encouraged to see the Government taking positive action regarding illegal drugs in the community.

Departmental staff commented that the *Turning the Tide* strategy has rightly elevated the issue of illicit drugs in general public debate. They were of the view that other States are too conservative in their approach to demand and trafficking. Victoria has put money in the right direction for useful programs, and Victoria Police is very pleased about the opportunity to participate in the strategy.

However, at the grassroots level, staff at the Drug Squad highlighted the problem that the National Crime Authority operated under federal law. Legislation means operatives have restricted access to data, but the squad does not usually need to access the NCA urgently. Due to regular meetings and free access for its analyst, the squad seems to be able to secure what is required.

The Asian Squad commented that funding distribution is very complicated and slow. There is a large timelag between raising the purchase order, communicating funding details to the

appropriate bodies, and funds being made available for use. This timelag is often further extended by staffing schedules and leave.

The Asset Recovery Squad pointed out that, fortunately, significant amounts of recovered monies do go to education and drug rehabilitation under the present system. However, it maintained that a lot of the money that goes into consolidated revenue from seizures by judicial orders and drug 'busts' could also be redirected to drug law enforcement efforts. Evidentiary purchases could be increased with greater application of funding from asset seizures.

Victoria Police officers claimed they seize property, but the courts do not take it from offenders because of ignorance about legislation, or reluctance to change, or perhaps poor sentencing legislation. There is little information from the Office of the Public Prosecutor provided to the courts as to what the rules are and what avenues are available to judges to take action. Victoria is currently the only State in Australia that does not have specialised departments in the Office of the Public Prosecutor dealing with the confiscation of profits.

The Victoria Police indicated the need for greater resources to be directed to resource-intensive activities such as chasing money launderers and big drug financiers, and gaining control over organised drug crime in general.

The Drugs and Crime Prevention Committee's Findings and Perceptions

Victoria Police management and personnel were enthusiastic about the Government's long-awaited reforms to drug policy and drug-related law enforcement.

- As a result of advanced intelligence systems in computing and networking of major databases, processing criminal profiles and activities have been significantly expedited. Objective indicators measuring the impact of the new equipment installation have not yet been devised, and formal evaluation methods are still being developed.

- The Victoria Police force is keen to embrace a harm-minimisation ethos and is aiming to use drug education to give police a more health-oriented understanding of drug problems, something that has not traditionally been a part of police training.

- Implementing *Turning the Tide* programs have meant police have to balance reactive responses and the more proactive/preventative style advocated by the PDAC.

- Victoria Police is still in a process of finding its proper place along the continuum between social control and social welfare. The committee appreciates the great difficulty involved in this. The task of enforcing laws to reduce drug supply, while also employing harm-minimisation strategies (e.g., education and community policing) to reduce drug demand, is immense.

- The primary aim at this embryonic stage of Victoria Police's new service provision, is to make sure there is effective communications and sound, integrated and ongoing working relationships with the Departments of Justice, Human Services and Education.

- Forging connections and developing rapport with the workers dealing with drug use on a daily basis are also pivotal in steering Victoria Police toward worthwhile outcomes.

- Victoria Police highlighted the need for better information-gathering powers, greater access to financial institution records, and for legislation to be more supportive and easily enforced.

- Victoria Police were of the view that resources from asset confiscation should be channelled back into the police system to improve drug related crime investigations.

- Victoria Police highlighted that strategy implementation was hampered by unreasonable time frames that often gave little opportunity for integrating relevant procedures.

- Victoria Police have raised concerns regarding what they perceive as a disproportionately low share of the *Turning the Tide* funds to support their role in the strategy.

- There is relatively limited evidence of success with current methods of reducing drug supply. Reorganisation, and a change of strategies, tactics and priorities can help reduce demand and contribute to harm reduction.

- The Broadmeadows Pre-Trial Diversion Pilot Program, and the I District Cautionary Program are consistent with the *Turning the Tide* strategy and are to be commended.

- Recommendation 6.6 clearly expressed the need for adequate resourcing of the community policing model. The committee, during its brief assessment, noted a range of new developments such as zero-tolerance policing, mobile stations, bike patrols and shop-front outposts. The committee, however, was not in a position to note any significant shift in resources to a community policing model. On the basis of information acquired, the committee could not make any detailed analysis of how some of the above strategies might complement a harm-minimisation approach to police operations.

- Other programs involving Victoria Police participation include the Drugs and Safer Communities Program, the Safer Cities and Shires Program, the Start program, and the ongoing Police and Schools Involvement Program. All of these community-oriented programs seem to have a harm-minimisation and crime prevention emphasis.

- Harm-minimisation strategies are now included in the Victoria Police Business Plan and the General Policing Department Plan, and will be incorporated into District and Station Action Plans. The committee will note with interest the impact these strategies have when they are operative. [See section 4.4.1 for the committee's more detailed views on this subject.]

3.8 Legislation

This section addresses *Turning the Tide* activity in connection with recommendation 7 of the PDAC report:

The Victorian Government amend the Drugs Poisons and Controlled Substances Act 1981.

7.1 Use and possession of small amounts of marijuana should no longer be an offence. 'Small quantity' should be defined as no more than 25 grams (half the amount currently specified in the ACT).

7.2 Cultivation of up to five cannabis plants per household for personal use should not longer be an offence.

7.3 Sale of marijuana should remain an offence. Sale of small quantities by an adult to an adult should incur a caution delivered by Victoria Police for a first offence with an adjourned bond the preferred penalty for a second offence. Maximum penalties for sale to young people should be maintained at present levels: up to

25 years gaol and a $250 000 fine for quantities above 100 kilos and up to 15 years and/or a $100 000 fine for quantities between 25 grams and 100 kilos.

7.4 Provisions of the *Summary Offences Act 1966* should be reviewed to ensure offensive behaviour under the influence of marijuana can be dealt with by police. Similarly, local government should establish by-laws that restrict consumption in public places.

7.5 Legislation should be introduced to expunge all recorded convictions for possession and use of small quantities of marijuana.

7.6 Use and possession of heroin, cocaine, amphetamines, ecstasy and cannabis products (including small quantities) other than marijuana, should remain an offence. (*A range of penalties involving cautions and referrals to drug treatment are proposed*.)

7.7 Penalties for bond breaches or subsequent drug-use offences by adults and juveniles should include escalating penalties for subsequent offences. Penalties should include, for example, fines and community based orders. Imprisonment should be used as a last resort for drug users.

7.8 Penalties available for drug trafficking are severe and should remain so. Investigation is required, however, of the levels and patterns of sentences actually imposed by courts for drug trafficking. Review findings should inform government decisions about whether penalties imposed by courts are appropriate.

7.9 Amendments to existing legislation in line with Council's recommendations should take account of international treaty obligations entered into by the Australian Government. Expert legal advice should be obtained by the Victorian Government to inform its decisions about legislative reform.

7.10 Dangerous, reckless or careless driving under the influence of a drug to such an extent as to be incapable of proper control of the vehicle are already offences under the *Road Safety Act 1986*. Learner or provisional permit drivers found guilty of careless, reckless or dangerous driving while impaired by marijuana should be disqualified from driving for an extended period and required to participate in education programs. Protocols should be developed to assist policing of these provisions.

7.11 Research should be funded to establish a test for short-lived metabolites of cannabis products in saliva or breath to allow, in due course, the introduction of roadside testing for cannabis in a manner comparable to alcohol breath testing.

7.12 The impact of legislative changes made above should be monitored and, if implementation of the Council's recommendations begins to realise the stated goals, consideration should be given to appropriate next steps.

SOCC Quarterly Report Findings

- Recommendations 7.1–7.5 were not supported.

- The Government firmly believes that, before the decriminalisation of marijuana is considered further, a better coordinated, better resourced, more innovative and carefully focused education, treatment and law enforcement strategy should be given a chance to work.

- The sale of marijuana will remain an offence. Expert advice will be sought if the outcome of various projects conducted as part of *Turning the Tide* shows that legislative change is necessary.

Legislative Amendments

- Use and possession of drugs of dependence will remain an offence.

- Amendments to the *Drugs, Poisons and Controlled Substances Act* 1981, the *Sentencing Act* 1991 and the *Bail Act* 1977 were introduced in the Autumn 1997 session of Parliament (to implement recommendations 7.6 to 7.8).

Road Safety Committee of Parliament: Drugs and Driving Research Project

- The government response to the recommendations of the Road Safety Committee was tabled in the Autumn 1997 session of Parliament.

- The Government supported the general thrust of the recommendations, while recognising that further work is required before they could be fully implemented.

- The Government established a Drugs and Driving Research team, chaired by Dr Robert Dean, MLA.

Drugs and Crime Prevention Committee of Parliament

- This committee has been given terms of reference to inquire into, consider and report to Parliament on the implementation of the Government's drug reform strategy.

Drug Database Coordination and Analysis Project

- This project will aim to develop and implement a coordinated monitoring system for data on illicit drug use. It will harness key drug information about existing services more effectively and to obtain more detailed and extensive data than has previously been collected.

Findings of the Committee Field Visits

A representative of the committee visited key staff at the Attorney-General's Policy Branch of the Justice Department to discuss significant legislative changes relating to implementation of *Turning the Tide*.

Examples of Practice

Road Safety Committee of Parliament: Drugs and Driving Research Project

The committee is overseeing the drugs and driving project and aims to promote collaboration at a national level, on coordination of research into drugs and driving. There is roughly a 12–18 month time frame for the development of a final report. This committee was originally set up by the Drugs Cabinet Subcommittee to look into research to devise a roadside testing device, but it is also aware of the need for long-term research and for Australian national coordination of drug information in this area.

The committee's focus is to:

- promote and evaluate international research relating to the use of chemical testing for drugs that effect driving (including cannabis and amphetamines);
- foster the development of technologies that may provide more objective measures of impairment of driving;
- develop countermeasures.

A senior scientific research officer has been appointed and went to France and Britain to review roadside testing on marijuana.

An example of information gathered includes data from the German company Securatek, which has produced drug wipes that were originally devised to detect drug handling, but which might also register drug levels in the body for purposes of determining impairment.

The Road Safety Committee is accumulating and evaluating the effectiveness of research findings to determine the feasibility and cost-effectiveness of this procedure. The committee will meet monthly and will provide a report for guidance and feedback. A status report of the project has been submitted to the Drugs and Crime Prevention Committee (See 3.10.1 later in this chapter).

Drug Database Coordination and Analysis Project
The project is aimed at delivering strategic information and statistics on illicit drug offences from across the Justice Portfolio, including data from police, courts and corrections. This information will be used as the basis of policy formulation and analysis. It will provide more accurate, comprehensive and timely information to law enforcement and other agencies involved in harm minimisation in connection with illicit drugs. It will develop consistent definitions, counting rules and classifications with respect to drug offending and coordinated procedures to monitor data accuracy and standards of drug data across the Justice Portfolio.
The initial consultancy to establish the parameters of the proposed database should be finished by early November. The database should finally be operational by March 1998. Independent advice on the actual tender documents and on tenders has been received, and that advice will be considered prior to building the database. Staff indicate that the database is too ambitious for the time lines, but the database itself is long overdue and its finalisation is imperative.

Subjective Perceptions of Department of Justice Staff

The amendments relating to *Turning the Tide* encompass two aims:

- to ensure perpetrators of serious drug offences are appropriately charged and punished.
- to ensure offenders who break the law because they are drug users receive appropriate drug treatment to address their health needs and break the cycle of offending.

Drug Traffickers

Schedule 11 of the *Drugs, Poisons and Controlled Substances Act* 1981 specifies possession of quantities of drugs that raises a presumption that an offender is trafficking or trafficking in a commercial quantity. It was considered that the quantities were at such high levels that some large-scale commercial drug ventures were not being targeted by Victorian provisions.

The amending Act has reduced the quantities that raise a presumption of commercial trafficking for the six most common illicit drugs. The revised quantities are set at a level that more realistically reflects the commercial nature of criminal ventures. It is anticipated that the quantities set for other illicit drugs will be reviewed over the coming year.

The amendments also ensure a presumption that an offender is engaged in trafficking or commercial trafficking may now arise on the basis of the number of cannabis plants involved in

the venture in addition to the weight of drugs. (Five hundred cannabis plants now raise the presumption of commercial trafficking.)

A new offence has been created: being in possession of substances, material, recipes or equipment with intent to manufacture, cultivate or prepare a drug of dependence for the purpose of trafficking. This includes the situation where the offender is found in possession of any such material or combination of such materials. It would cover, for example, clandestine laboratories set up to manufacture amphetamines.

Offenders Who Traffick Drugs to Children

Much of the publicity that led to the establishment of the PDAC concerned trafficking of illicit drugs by, or to, children around Melbourne. Most people addicted to drugs were introduced to them when they were minors. A higher maximum penalty has been introduced where an offender trafficks drugs to children.

In some cases, professional criminals recruit children as street level dealers. The amending Act creates an offence of supplying drugs to children. Those who supply drugs to children for the purposes of resupply will be committing an offence. This offence will only apply to adults.

Amendments to the Bail Act

Often drug offenders continue to traffick in drugs while on bail. Prior to the amendments, the *Bail Act* 1977 required a court to refuse bail to persons charged with trafficking in large amounts of heroin and cocaine unless exceptional circumstances exist. The amendments to the *Bail Act* state that any person charged with trafficking or cultivating a commercial quantity of any Schedule 11 drug (including heroin and cocaine) must show exceptional circumstances before the court may grant bail. This amendment addresses the problem of serious drug offenders who continue drug-trafficking activities while on bail.

Education and Treatment for Offenders with Drug Problems

The PDAC and *Turning the Tide* recommended that, in appropriate cases, those who offend because of drug use should be given drug education or treatment. The amendments on this subject implement these recommendations by providing treatment programs for offenders found in possession of small quantities of certain illicit drugs. This outcome will only apply for a first offence that is not related to trafficking.

Amendments to Sentencing Orders to Provide Increased Treatment Opportunities for Drug Addicted Offenders

The amending Act abolished conditional suspended sentences for offenders whose alcohol or drug addictions contributed to their offending (known as 'section 28 suspended sentences'). Although the repeal of this sentencing option has been criticised, consultations with courts and relevant professionals highlighted that these orders were not successful in practice, as both were difficult to monitor and enforce.

The amendments create a new sentencing option called the Combined Custody and Treatment Order. It enables the court to order an offender to serve a a period of time in gaol followed by a period out in the community undergoing drug treatment under the supervision of Community Corrections. The length of the imprisonment term will be reduced by the length of the community drug treatment order. This order may only be made in certain circumstances; e.g., being where the court is satisfied that drunkenness or drug addiction contributed to the commission of the offence, and where the court is considering sentencing the offender to a term of not more than 12 months imprisonment. Before imposing such a sentence, the court *must* order and receive a pre-sentence report.

This sentencing order enables the court to address the rehabilitation needs of offenders who would otherwise be sentenced to a jail term. By providing these offenders with the opportunity to have appropriate treatment for their addiction, a major cause of their offending may be addressed and the likelihood of re-offending be reduced.

Destruction of Drugs

The amendments also address a number of important occupational health and safety issues for the State Forensic Science Centre associated with the current storage and handling of illicit drugs. The concerns include the hazardous storage of unstable and toxic chemicals used in clandestine laboratories, and serious health risks associated with storing of improperly dried or undried marijuana that may develop carcinogenic moulds. The amendments provide for the destruction of illicit drugs and associated hazardous equipment at an earlier stage in the process.

Sentencing Act 1991 *Amendments*

A number of the Sentencing Act amendments are also relevant to *Turning the Tide*:

A new guideline reinforces the ideal of 'truth in sentencing' by ensuring the courts give greater regard to the maximum penalties set in an Act, and that these are not discounted to take account of past practices whereby sentences were automatically reduced by one-third (because of entitlements to remission).

An extensive review of maximum penalties available for the majority of indictable offences was carried out, and there were increases in appropriate cases. The existing maximum penalty of 25 years imprisonment for commercial trafficking was considered to be appropriate and has remained unchanged although, as outlined above, the quantities that raise the presumption of commercial trafficking have been lowered for the most common illicit drugs.

A new category, *serious drug offender,* has been created. It outlines a harsher sentencing regime for recidivist traffickers in commercial quantities of illicit drugs. Such offenders will face heavier sentences, as the court will be required to regard protection of the community as the primary purpose of the sentence and the presumption of concurrent sentences is reversed.

Concern about people who commit crimes while on bail for another offence means the amending Act provides that if an offender is convicted of a crime while on bail for another offence, the presumption is any term of imprisonment will be served cumulatively.

Confiscation of Profits of Crime

The *Crimes (Confiscation of Profits) Act* 1986 is under review with a view to a new Act being introduced in 1998. A Bill was introduced into Parliament on 14 November.

To improve confiscation processes and facilitate the coordination of activities between relevant agencies, an Assets Confiscation Office is to be established in the new year. The office will be responsible for managing assets that have been restrained or forfeited to the State because of their connection with criminal activities. A director has recently been appointed to the Office.

The COATS Program

A key initiative of *Turning the Tide* involves establishing of the Community Offenders Advice and Treatment Service (COATS) to assess the offenders for the courts and purchase treatment.

The Department of Human Services is responsible for establishing this service and it is anticipated that it will be operating by the end of this year. Proclamation of the new sentencing options will wait until the service is operating.

In the interim period, the Department of Human Services has undertaken to prepare pre-sentence and suitability reports for those offenders who would have been appropriate for former section 28 suspended sentences, or for high-risk first offenders for whom early intervention presents as the best opportunity for rehabilitation and reducing the risk of re-offending. If the offender is assessed as a high risk and suitable for treatment, the Department of Human Services will facilitate a referral to a specialist in the alcohol and drug treatment service system. In the most serious cases, the Department of Human Services will arrange for the purchase of appropriate treatment.

The Drugs and Crime Prevention Committee's Findings and Perceptions

- The revised, reduced quantities that have been set for commercial drug trafficking and the new offence created for possession of items intended for the cultivation of drugs of dependence for the purpose of trafficking have been noted .

- The committee supports the higher penalty for trafficking drugs to children and the stricter criteria for granting bail to people charged with commercial drug trafficking or cultivation.

- The legislative amendments to address the education, treatment and rehabilitation needs of offenders is a positive objective outcome from the PDAC inquiry. Treating addiction as a health issue as opposed to a criminal behaviour is viewed as a major contribution to decreasing the likelihood of re-offending.

- The committee will monitor the application and effect of the amendments to the *Sentencing Act* 1991. These were implemented to satisfy the perceived desire for the community to have harsher sentencing regimes for serious and recidivist traffickers, and this is partially reinforced by the new guideline that reinforces the ideal of 'truth in sentencing'.

- There is a delay in the operation of the Community-Based Offenders Advice Treatment Service (COATS) and the committee will be monitoring the proclamation, administration and execution of the new sentencing options once the service becomes fully operational.

- Information provided to the committee regarding the Drug Database, Coordination and Analysis Project has also been included under Section 3.9 of the present interim report. The committee notes the comments of staff regarding timelines and expresses further opinion on this in Section 3.3 of this report. [See also section 4.6.3 of this report for the committee's more detailed views on information coordination]
- The committee has sought independent expert legal advice from a number of professional sources regarding the implications of international treaties and conventions on drug reform options in Victoria.

3.9 Coordination of Local Responses *3.9*

This section addresses *Turning the Tide* activity in connection with recommendation 8 of the PDAC report:

The State Government encourage and support coordination of local responses and establish statewide structures to monitor and advise on further developments of Victoria's drug response.

8.1 Funds should be made available to support proposals for local community initiatives that focus positively on responding to drug use and misuse.

8.2 Guidelines to support the development of local action in responding to drug issues should be developed and widely disseminated.

8.3 Local early warning and monitoring systems should be piloted to ensure that effective use of available information is maximised, and that users, local interest groups and broader policy makers are informed.

8.4 An expert reference group should be established to advise the Premier regarding illicit drugs.

8.5 The role of the reference group should include:

- Providing advice on implementation issues arising from this PDAC report.
- Preparing further advice regarding issues identified in this PDAC report, but not subject to recommendation.

- Assessing the effectiveness of the implementation of recommendations and advising on refinements as necessary.
- Developing proposals for evaluation and research.
- Advising on options for further reforms as requested.

8.6 The reference group should have access to appropriate support services.

8.7 Membership of the Senior Officer Group that coordinates the Victorian Drug Strategy should be upgraded.

8.8 Relevant government agencies, including Victoria Police, should introduce common core data sets and consistent collection arrangements regarding illicit drug issues.

8.9 A system of regular service and program evaluations designed to take into account the cross-sectoral impact of services should be implemented.

8.10 A research agenda should be developed that takes account of the Commonwealth research program in this area.

8.11 That appropriate awards be created to recognise quality practice, achievements and contributions to the harm-minimisation approach to illicit drugs.

SOCC Quarterly Report Findings

Local Initiatives Grants Project

- This project is designed to encourage the development of local community partnerships to address drug problems using a harm-minimisation model. Up to $100 000 is available for individual projects.

- One hundred and thirty-seven applications for funding were received and 21 projects were chosen for funding. The projects include peer education, young offenders education, multilingual materials production, sports activities, media productions, needle exchange, counselling and therapy, support for women, equipment purchase, homeless support, services for non-English speaking background youth, and school programs.

- An implementation strategy is being developed by the Department of Human Services (in consultation with the Department of Justice, Victoria Police, the Department of Education, the Ambulance Service and user groups) for local early warning and monitoring pilot programs related to the Drug Database, Coordination and Analysis Project.

Drugs Cabinet Committee

- This committee is chaired by the Premier, The Hon. Jeff Kennet, MLA. Its members are the Attorney-General and the Ministers for Health and Aged Care, Education, Police and Emergency Services, and Youth and Community Services.

Senior Officers Coordinating Committee

- Membership of this committee has been streamlined and upgraded. It is chaired by Ms Meredith Sussex, Cabinet Office, Department of Premier and Cabinet. It has members from the Department of Education, Victoria Police, Department of Justice and the Department of Human Services.

- A tender has been advertised by the SOCC for an agency to establish benchmark levels of knowledge, awareness and acceptance of the harm minimisation framework in Victoria. These benchmarks are to inform the evaluation of the *Turning the Tide* strategy.

- A tender for establishing a strategy to evaluate *Turning the Tide* will be advertised. It will inform the work being done by the committee.

Data Sets

- Data collection and consistency issues will be addressed by the Drug Database, Coordination and Analysis Project and by the supply of computer equipment to the Drug Squad.

Cannabis and Psychosis

- This project is designed to undertake research into the possible link between the use of cannabis and the onset of schizophrenia. [For details, see section 3.10.2]

- An expert reference group has been established consisting of Mr John McGrath, MLA (chair) and members from the Mental Health Research Institute of Victoria, St Vincent's Hospital, Dandenong Hospital, Turning Point Drug and Alcohol Centre, the Early Psychosis Prevention and Intervention Centre and the Department of Human Services.

- The reference group has initiated the following projects:

1. A research project undertaken by Professor Wayne Hall of the National Drug and Alcohol Research Council, to determine the extent of the scientific community's understanding of the potential links between cannabis and psychosis. This was completed in March 1997.

2. A consultant, has nearly completed the division of Professor Hall's report into two distinct papers.

3. Three tenders to seek a range of research activities to improve knowledge and understanding of the potential links between cannabis use and psychosis. The research will:

   – develop and evaluate early intervention for young people engaging in cannabis use who experience psychosis;

   – investigate the clinical relationship between cannabis use and psychotic illness in young people who have a high risk of developing a psychosis or who have experienced their first psychotic episode;

   – ascertain the effect of cannabis on dopamine receptors in the brain.

4. Organisation of an international conference on cannabis and psychosis to be held in Melbourne in early 1999.

Findings of the Committee Field Visits

Representatives of the committee liaised with a variety of organisations which received a local initiatives grant under recommendation 8.1. They found a diversity of programs and a spectrum of creative input from a range of community agencies including schools, neighbourhood houses, community health centres, community organisations and local councils. Project development is at an early stage and no evaluations are available. The committee wishes to reserve comment until these local projects mature and more formal evaluation data are available.

Examples of Practice

The Drug and Alcohol Free Entertainment (Freeza) Program

The Freeza Program is a key component of the Victorian Government's *Turning the Tide* strategy. As part of its Youth Policy, the Victorian Government has made a commitment of $1 million a year for four years for establishing drug and alcohol-free entertainment venues in metropolitan, regional and country Victoria.

The Freeza Program was piloted at selected venues before the end of 1996 and became fully operational in July 1997. The Drug and Alcohol Free Entertainment Program, Youth Services Branch, Department of Human Services implements the program.

The primary aim of Freeza is to provide all age events of a standard and quality acceptable to a target audience of young people aged 14 to 18 years. High-quality entertainment and venues will ensure events meet the needs of young people. Freeza events convey a range of educational messages and information that specifically relate to the impact and danger of drugs and alcohol. It also provides opportunities for young people to participate in all aspects of event development and management. Personal and organisational skill development for young people is a significant component of this program.

The Freeza Program coordinates funding for community-based and private organisations to provide drug and alcohol-free entertainment events. Funds from the Freeza Program are to be spent on the entertainment and production package that includes sound and lighting, entertainment (acts/bands), promotional and marketing material, and campaigns.

The Government is committed to making these events accessible to young people at a fair and reasonable price. Therefore, it has established pricing structures as a prerequisite for selection of promoters and venue providers.

The Freeza Program can also subsidise upon written application, up to one third of the costs associated with providing buses for Freeza events in rural and isolated Victoria. Capital facilities grants of up to $10 000 per location are available to ensure Freeza Program venues are safe, secure and meet health, safety and building regulations.

Freeza events continue to be highly successful. During August the audience attendance figures for Freeza events were between 120 and 1600 people. In the first two months of the 1997–98 financial year, a total of 14 events have attracted an average of 580 people.

Youth Drug Education - Rutherglen High School

Rutherglen High School under the *Turning the Tide* local initiatives grants, has implemented a Youth Drug Education Program that aims to minimise harm and encourage safe behaviours among young people. It also aims to encourage the development of positive relationships at school and at home, to improve the motivation and performance of young people in the local community.

A Year 7 and 8 program of 20 sessions commenced in July 1997, and is currently operating with approximately 150 students. The program consists of weekly sessions and ends in December.

A Year 9 and 10 program is being developed and students have been surveyed in an attempt to identify needs. Community health educators and teachers are working on a program that will utilise materials such as Thinking Drink and Get Real kits, and the expertise of community health presenters. This program is scheduled to commence in terms 2 and 3 in 1998.

The evaluation of the program will occur in a number of ways:

- ongoing diaries kept by students;
- interviews with focus groups in December 1997;
- anecdotal evidence of behaviours through the newly established Young People's Health Service.

Subjective Perceptions of Program Staff and Recipients

Workers at all levels recognised that one of the aims of the initiatives associated with recommendation 8 is to develop partnerships within local communities so agencies and services can share resources and collaborate to further implement *Turning the Tide*. The ripple effect created would result in ongoing communication between local agencies and this would serve to benefit drug service development and provision beyond the *Turning the Tide* funding period.
Staff working on their respective projects found encouragement from the fact that the recommendation 8 initiatives of *Turning the Tide* endorsed the importance of school and community health services in ministering to community needs. They were heartened that *Turning the Tide* provides the means to document and monitor established programs, improving the prospects for long-term/ongoing projects that bring real change.

The inculcation of safe behaviours in young people is a long term prospect, and the problem of unsafe behaviour is ongoing. Some community drug programs have been designed to run for longer than a year, but their funding grants only provide resources for one year. Program organisers felt the prospect of gaining new resources through the Department of Human Services and Department of Education was uncertain. For programs to be effective, they need to have appropriate resources guaranteed for a reasonable period of time.

Most staff involved in education and health had strong views on local community initiatives. While they commended the Government for recognising local communities as an important resource for addressing alcohol and drug issues, the funding set aside by *Turning the Tide* was considered inadequate given the number of quality submissions made.

They were concerned that a reasonable amount of public monies had been put aside for community projects without any clear idea of how those monies could most effectively be used. Very small-scale projects and interventions were funded, and this was considered contrary to all the international research evidence that shows small-scale interventions at a local level are ineffective in dealing with alcohol and drug problems.

It was noted that SOCC is seeking public tenders for an evaluation strategy for *Turning the Tide.* Field operatives, while recognising the worth of sound evaluation, commented that this might be too late to capture some of the valuable learnings regarding project development within such a short funding lifespan.

The Drugs and Crime Prevention Committee's Findings and Perceptions

- The committee has been informed that guidelines to support the local action plan have been developed and distributed to all councils, schools, Members of Parliament and all media outlets.
- Local organisations have creative, adventurous ideas and potential projects, but were unclear about how to access details of the local initiatives grants. This seems to be representative of interagency communication problems and lack of knowledge about the coordination point for the implementation phase of *Turning the Tide* initiatives.

- Departmental reviews of the funding process have recommended that the next funding round should include tighter assessment procedures, more local government involvement, and more time for applications.

- The Drug Database, Coordination and Analysis Project (Department of Justice) is in phase 1 of its development. Despite attempts to elicit post-PDAC data, the committee has been advised that the only consolidated illicit drug statistics currently available in the Department of Justice are those connected with its submission to the PDAC (based primarily on data up to 1995 only). The committee was further informed that these statistics are to be compiled into a stand alone report due for publication.

- There has been long lead times and expense required to establish new data collections. There is an urgent need to coordinate, collect and provide information that is accessible, up to date and relevant to planners and project implementers.

- The committee has been advised that the early warning and monitoring system referred to in recommendation 8.3 (PDAC) is being developed. The committee is aware of efforts here, but urges that the project be expedited to ensure adequate information is available to support ongoing proactive prevention campaigns, rather than having to rely on purely reactive approaches to the drug problem.

- It has been noted that a system of service and program evaluation is proposed by the SOCC. The committee strongly supports the development of a comprehensive evaluation framework

at the earliest possible stage of program implementation to ensure program operators engage in a proactive rather than a belated summative approach to evaluation. [See sections 4.6.1 and 4.6.2 of this report for more detailed committee views on evaluation processes and statewide coordination.]

- A series of awards has been considered, but was rejected because the standard presented was inappropriate. The issue is under consideration by the SOCC whose current focus is on awards with more practical outcomes.

On many occasions, staff from a range of departments and at the delivery level, emphasised that what is required is a four-year lifespan for projects to allow meaningful and measurable outcomes to be achieved. Furthermore, it is large-scale demonstration projects that have the best potential for replication in other locations, thus making them more cost-effective in the long term.

3.10 Significant Commissioned Research: Progress

This section addresses *Turning the Tide* activity in connection with the Commissioned Research Program for:

- establishing a test for short lived metabolites of cannabis products in saliva or breath for the introduction of roadside testing (recommendation 7.11).
- investigating the possible link between the use of cannabis and the onset of schizophrenia (recommendation 8.10).

3.10.1 Drugs and Driving Research

The following information was obtained from the *Drugs and Driving Committee Status Report for the Drugs and Crime Prevention Committee* (September 1997).

As a response to the recommendations of the PDAC, the Drugs Cabinet Subcommittee approved the establishment of the Drugs and Driving Research Project. In the terms of reference primacy was given to:

- undertaking research into the effects of cannabis and other drug use on driving;

- developing an appropriate method by which presence and impairment due to the effects of drugs can be detected;

- developing a series of protocols to be utilised by Victoria Police in dealing with drug affected motorists and administering roadside tests and evaluation of drivers.

The Research Project Steering Committee held one meeting, following which the Drugs Cabinet Subcommittee decided to hold the project in abeyance pending the tabling of the *Report of the Parliamentary Road Safety Committee*, which took place on 3 December 1996.

The Parliamentary Road Safety Committee, in its recommendations, substantially addressed the short term requirements originally set for the Drugs and Driving Research Project, including legislative changes to support protocols that may be used by Victoria Police to determine whether an individual is driving while impaired, and if that impairment is drug-related.

The Parliamentary Road Safety Committee, however, also emphasised the need for ongoing research, and in particular:

- noted that until scientific evidence indicates that a particular level of drug in drivers leads to higher road crash risk, the primary method of detecting driver impairment must remain with the behavioural impairment procedures, followed by more detailed assessments at the roadside and elsewhere;

- noted that further scientific studies and analyses are required, including;

  – analysis of injury data and the results of blood analysis of injured drivers to study drug impairment;

  – analysis of which group of drivers drove while impaired, and the relative significance of the ‘occasional user’ group;

  – research into the effect of combinations of drugs, including alcohol, on driver performance and their involvement in road crashes.

- observed that new technology which is attempting to develop more objective measures of impairment is currently only at the experimental stage, and these developments should be monitored for their potential use in drug-driving enforcement and research.

The committee noted that the major focus of research should be to guide impairment testing methods and develop countermeasures. It also noted that there was a need for coordination of research at a national level.

These recommendations relate to the long-term developmental aspects of the original terms of reference for the Drugs and Driving Research Project.

The Drugs and Driving Research Project, therefore, was reconstituted to address the longer term research and development aspects of driving under the impairment of drugs, and the emerging technologies that might provide a more objective measurement of impairment.

The establishment of this project will ensure research is progressing in the areas of the effects of marijuana and other drug use on driving, impairment testing methods, the development of countermeasures, and that Victoria is at the leading edge of new developments.

Terms of Reference

- To promote and evaluate international research in relation to the use of chemical testing for drugs that affect driving, (including cannabis and amphetamines), and foster the development of technologies that may provide more objective measures of impairment on driving, and develop countermeasures.

- To promote collaboration at a national level on coordination of research into drugs and driving.

Goals and Objectives

The aims of the project are to:

- gather information about the chemical testing of drugs (particularly cannabis) and physiological and behavioural impairment testing;

- explore the correlation between chemical and behavioural testing;

- identify the legal implications of chemical and behavioural testing.

Proposed Outcomes and Outputs

The expected *outputs* of the project will be:

- a comprehensive and systematic compilation of current Australian and international research related to the chemical testing of drugs and physiological and behavioural impairment;

- an evaluation of the feasibility of devices or processes in development that may correlate chemical and behavioural testing;

- a report that synthesises the status of Australian and international research in the field of chemical and behavioural impairment testing.

The expected *outcomes* of the project are:

- that future policy determination in respect of drugs and driving is fully informed by all current relevant Australian and international research related to chemical testing for drugs and the potential for correlation with physiological impairment;

- that a platform is created for promoting and fostering national coordination of research into drugs and driving.

Meeting Schedule

The newly constituted Drugs and Driving Committee had its inaugural meeting on 10 June 1997 and from October will meet monthly.

Decisions Made

The committee has developed a work plan and scoped the project. It has appointed a senior scientific research officer whose principal role will be to:

- undertake a review of research into chemical testing for drugs that impair driving, the legal sanctions being used for that specific drug, the cost-effectiveness estimates for the specific drug and the type of chemical testing being used in enforcement of the legal sanction.

- establish a list of all relevant past (five years) and present research projects at each centre of excellence, commercial and academic; e.g., projects on new sampling methods, new testing and analysis methods, studies of the effectiveness of drug enforcement laws etc.

- provide specialist expert advice on matters related to the chemical testing for drugs that impair driving.

The committee notes the report and will continue to monitor progress of this important research project.

3.10.2 Cannabis and Schizophrenia ***3.10.2***

The following information was obtained form the report to the Drugs and Crime Prevention Committee by the Expert Reference Group on Cannabis and Psychosis (16 October 1997).

The community consultation following the release of the 1996 PDAC report highlighted concerns about the possible link between the use of cannabis and the onset of schizophrenia. Considerable international research has not yet demonstrated that there is a causative link, although there is widespread clinical concern. The Government's response to the PDAC report, *Turning the Tide*, included a commitment to research any possible linkage. Key tasks include:

- producing an easily readable publication that accurately outlines the current state of knowledge on this subject;
- defining the opportunities for local research on the link between cannabis use and psychosis;
- organising an international conference to enable the exchange of current scientific knowledge.

The outcome of the work of the Expert Reference Group will be:

- improved community understanding of the current state of knowledge regarding any relationship between cannabis use and psychosis;
- advances in scientific knowledge;
- improved linkages between mental health and alcohol and drug treatment services.

Progress To Date

All four cannabis and psychosis projects approved for funding have been initiated:

1. Review of research literature

Professor Wayne Hall, from the National Drug and Alcohol Research Centre, was commissioned to prepare a status report of all the scientific research undertaken to date on the purported link between cannabis and psychosis. The report, entitled *Cannabis Use and Psychosis*, was completed in March 1997.

2. Development of information documents

To ensure the information collated in the above-mentioned report could be disseminated to a broad audience, a consultant was commissioned to develop Professor Hall's paper into two documents:

- a booklet for health and welfare professionals;
- a fact sheet for the lay audience.

Documents were completed by the consultant in July 1997 and are currently in the process of being refined by the Expert Reference Group.

3. Research Projects

Three cannabis and psychosis research tenders have recently been awarded. The Centre for Young People's Mental Health is to undertake two of the projects. The first will develop and evaluate early interventions for young people experiencing psychosis and engaging in cannabis use. The second will investigate the clinical relationship between cannabis use and psychotic illness in young people who have a high risk of developing psychosis or who have experienced their first psychotic episode. Both projects are due to be completed in October 2000. The third project, to be undertaken by the Mental Health Research Institute, seeks to ascertain the effect of cannabis on dopamine receptors in the brain. This project is due to be completed in October 1999.

4. International conference

A consultant was appointed in August 1997 to organise an international cannabis and psychosis conference to be held in Melbourne in early 1999. Advice is being provided to the consultant by the Expert Reference Group regarding such matters as the selection of international and interstate speakers and the conference structure.

Difficulties Encountered

The primary difficulty of the group is the demanding schedules of the members, which ensure full attendance at meetings is a rare occurrence. In addition, the Expert Reference Group was unable to undertake an assessment of the cannabis and psychosis research tenders as all professors in the group had submitted tender applications.

The committee notes the report and will continue to monitor progress of this important research project.

Chapter Four

Key Issues for Future Investigation

As was apparent from the previous chapter, the *Turning the Tide* strategy is still in its initial developmental stage, and it will be some time before it reaches full maturity. It is incumbent on the Drugs and Crime Prevention Committee (the committee) to continually monitor the strategy as it gains momentum and has greater effect on the illicit drug problem in Victoria. The role of the committee in this, however, is not simply a reactive one of looking and reporting. A central part of its brief is proactive: to be instrumental in extending or modifying the *Turning the Tide* strategy in the future, as circumstances dictate. Clearly though, the committee is not in a position to make strong suggestions about detailed or extensive modifications to *Turning the Tide* until the second, more comprehensive evaluation is well under way. Nevertheless, it is part of the committee's long-term approach to prepare early, and to map out some of the terrain of the drug scene that is relevant to identifying future directions for *Turning the Tide*.

This mapping will take note of a range of drug issues that the committee believes to be relevant to the drug problem in Victoria, and currently considers worthy of more extensive investigation later in the inquiry. The present chapter will outline the issues and topics in question. Some of them have already been mentioned in the 'PDAC' Report, while others will not have featured. What matters is that they all have the capacity, in the eyes of the committee, to impact on *Turning the Tide* in the future, either as potential components of that strategy or as concerns that the strategy needs to address at some point.

Here, the discussion of these issues and topics is preliminary, and the list of issues discussed is not binding in any way on the second stage of the inquiry. There is no intention of giving in-depth analyses or proposing conclusions in relation to any of them. The main issues and questions connected with each topic are merely outlined, and sometimes linked back to concerns mentioned in the PDAC Report. From time to time, the committee also briefly expresses a preliminary view on various aspects of certain issues, but the overriding reason for mooting these issues is merely to place them on the agenda for more detailed future

investigation in anticipation of their relevance to the fuller evaluation of *Turning the Tide* due in mid-1999.

4.1 Youth Issues

Although illicit drug use is by no means confined to young people, people rarely take up illicit drug use later in life. Therefore, harm-reduction strategies will need to focus a considerable portion of their energy on youth drug abuse. This will involve at least three things: (a) being aware of the psychosocial and broader cultural determinants of youth drug abuse; (b) being aware of those forms of drug abuse that are particular to adolescents; and (c) targeting drug education and intervention programs in response to (a) and (b). Because of the independent importance of education and intervention issues, a whole later section (4.3) will be devoted to them. The several pages to follow, though, will briefly address certain aspects of (a) and (b), namely, the issue of the 'causal' factors behind youth drug abuse, and also the issue of ecstasy use as a particular youth drug problem.

4.1.1 Sociocultural Antecedents to Drug Use

Throughout its investigations the committee has regularly asked, and been asked, the fundamental questions, 'Why do some people take drugs while others do not?', and more specifically, 'Why do some groups go on to abuse drugs while others do not?'. The answers to these questions are complex and multidimensional, and answering them is not made easier by the reluctance of users to respond appropriately and openly due to the illegal nature of their actions.

Theories abound on the personal, social and cultural factors that predispose individuals to experiment with psychoactive drugs. Research to date indicates that no single explanation emerges. The *World Drug Report 1997* attempts to summarise some explanations:

> Those who study psychoactive drug use are careful to distinguish between causal and *correlative* factors that influence consumption and dependence patterns. Evidence is rarely, if ever, presented to substantiate theories that certain factors *cause* drug abuse; instead, the presence of a wide range of variables pertaining to individuals or to certain social groups is a common

> basis on which certain explanations or 'models' of use have been constructed. These include the *disease model;* the *moral (weakness) model;* and the *social learning or behavioural model.* Whereas the first two postulate some form of physiological or psychological dysfunction, the latter tends to base its assumption on a state of psychological 'normality'. A further distinction must be made between *first* (and possibly only) use; *subsequent* use which may be occasional, regular or recreational; and *problematic, compulsive* or *dependent* use. For example, the reasons for initial experimentation with cannabis smoking may well differ from those that prompt first - time heroin use. The decision to consume drugs illicitly depends on their availability but may be facilitated by contributory *risk factors* which increase the likelihood of use. Other circumstances — *protective factors* — may inhibit or prevent use. Motives for continuing use will also vary from drug to drug and from user to user. These are sometimes described in terms of *positive reinforcement* - whereby the individual finds the first - time experience rewarding and seeks to reinforce the effect by continuing; and *negative reinforcement,* whereby it is the sense of deprivation or discomfort felt at the lack of the drug which causes the user to continue.[18]

Motivations for illicit drug use are generally analysed or explained by the use of three broad headings: personal factors, interpersonal factors, and social-environmental and cultural factors.

Personal Factors

Theorists often point to the existence of a biological or genetic weakness or predisposing character trait in some humans, which may be compensated for by the use of drugs. Psychoactive drug dependency is seen as similar to other forms of compulsive/addictive behaviours, e.g., gambling, alcoholism, anorexia and bulimia, etc.

Interpersonal Factors

Some theorists see drug use as a socially learned process acquired mainly through group interactions. Research has shown that some of the most common contributing factors for illicit drug use are:

- peer group pressures;
- curiosity;
- anxiety;
- non acceptance by others;
- social stress;
- poor quality and quantity of parent–child interactions;
- inadequate relationships;

[18] *The World Drug Report 1997,* p. 45.

- isolation;
- excessive risk taking.

Family factors such as the style of parenting, parental monitoring and guidance, parent–sibling use of legal and illegal drugs, and positive role models all seem to contribute to avoiding a chaotic and disorganised environment and toward a cohesive social structure at both family and social level. This cohesiveness may well support and nurture a young person during the turbulent and confusing adolescent period when they are particularly vulnerable and at greater risk of engaging in drug consumption.

Social-Environmental and Cultural Factors

Most research into illicit dug consumption indicates that disintegration of traditional structures, marginalisation, cultural alienation, loneliness, estrangement, despair and frustration though joblessness, all have the capacity to contribute to new patterns of drug use and abuse. The price, availability and legal status of drugs are also relevant factors.

Risk taking and experimentation play an important part in adolescent involvement in illicit drug taking. Risky activities and deviant behaviour are not uncommon and, in some forms are tolerated in our society. It is not surprising then that some adolescents seek stimulation through consuming a prohibited substance.

Research by Lerner gives explanations for use and non-use.

> *processes* (curiosity, social pressure); *problems* (family, psychological and economic); and *lack of action* by others (an absence of prevention or education programs). But the most significant differences between the groups lay in their explanations for non-use: those who had never illicitly used drugs gave *knowledge* of consequences as a reason for non-use much more often than users.[19]

What is clear from all this, is that efforts must be refocused ‘upstream’ in a preventative mode which targets the causes and potential risk factors for drug abuse, rather than over-emphasising the ‘down stream’ remedial action that is often too late and too expensive, especially once drug users are engaged in the criminal justice system. [For a further perspective on this, see Section 4.3.1 of this Report which outlines a preventive framework applied by Crime Concern (UK). Its

[19] ibid., p. 58.

approach addresses targets and intervention strategies aimed at instigating action that reduces some of the risk factors associated with youth offending].

4.1.2 Gateway Drug Theories ***4.1.2***

One of the major concerns of the PDAC Report was the increasing use of illicit drugs by young Australians. The 'gateway phenomenon' of progressive movement from licit to hard illicit drug use typically begins in early adolescence. It has relevance to early drug intervention programs, and to the issue of marijuana decriminalisation.

When discussing this issue, it is important to clearly outline what the gateway phenomenon is, and how it is different from the 'stepping-stone hypothesis', with which it is often confused.

What is the 'Gateway Drug' Phenomenon?

This phenomenon relates to the way drug use has been observed to progress sequentially through a number of stages between adolescence and young adulthood. The first stage in the sequence is early adolescent use of *tobacco and alcohol*, the next is *marijuana* use, and the last stage is use of *harder illicit drugs* (such as 'pills', cocaine, or heroin). There are two consistent findings throughout the research literature:

- the majority of youth who use marijuana have also used alcohol (the role of tobacco is less determinate). **Those who never use alcohol rarely go on to marijuana**;
- nearly all those youth who use illicit drugs other than marijuana have also used marijuana.[20] **Those who never use marijuana rarely become users of more serious drugs**.[21]

These observations underlie the view that alcohol use (and to a lesser extent tobacco) is a gateway to marijuana use, and that marijuana is a gateway to the use of other harder illicit drugs.

It is useful to think of the gateway sequence of drug use in terms of a pyramid, with the first stage of the sequence (alcohol/tobacco) at the base, and the last stage (harder illicits) at the apex, and marijuana use in between. Progressively fewer youth move from each stage to the

[20] Mackesy-Amiti, M., Fendrich, M., and Goldstein, P. 1997, "Sequence of drug use among serious drug users: Typical vs atypical progression", *Drug and Alcohol Dependence*, 45, pp. 185–196.
[21] Golub, A. and Johnson, B.. 1994, "The shifting importance of alcohol and marijuana as gateway substances among serious drug users.", *Journal of Studies on Alcohol.*, 55, pp. 607–614.

next up the pyramid, but most of those who are higher on the pyramid have been at the level preceding it.

What the Gateway Phenomenon Is Not.

The gateway effect is often mistakenly identified with the 'stepping-stone' view that alcohol/tobacco use *leads to* marijuana use, and marijuana use *leads to* harder illicit use. The research doesn't strongly support the stepping-stone view, or that there is a causal connection between the drug-use stages. The gateway claim is *not* that all or most marijuana users are likely to go on to harder drug use. It is the (weaker) claim that most youth who *have* gone on to a certain stage of drug use (e.g., hard drugs) have been through the previous stage (e.g., marijuana). The most recent Australian figures, in fact, show that the vast majority (96 per cent) of those who had used marijuana had *not* gone on to use harder illicits.[22] The gateway hypothesis claims merely that drug use at any level is unlikely to occur without drug use at the previous level.

What Factors Underlie the Gateway Phenomenon?

There are a number of hypotheses.

- selective recruitment: those adolescents who are disposed to deviance, nonconformity and risk-taking are attracted to drug use.[23] Part of this hypothesis is that the sequence of drug use from licit to soft illicit to hard is a consequence of the differing availability to youths of different drugs at different ages (with the least available and the more disapproved of harder drugs last).

- socialisation into a drug subculture: serious marijuana users become 'socialised' into a drug subculture where there is increased exposure to harder drugs, and the use of those drugs becomes 'normalised'. Related to this view is the suggestion of 'dealer control', where dealers actively recruit marijuana users into heroin use.

In What Respects is the Gateway Phenomenon Relevant to Drug Policy?

There are two gates in the gateway process, each relevant to a different drug policy issue.

- the gate from licit (alcohol/tobacco) to soft illicit (marijuana) drug use;

[22] Donnelly, N. and Hall, W. 1994, Patterns of Cannabis Use in Australia, paper prepared for the National Task Force on Cannabis, National Drug Strategy Monograph Series No. 27.. Canberra, AGPS.

- the gate from soft illicits (marijuana) to harder illicits (pills, cocaine, heroin).

The first gate is relevant to early intervention and education strategies. For example, the following argument might be presented: youth who never use alcohol rarely go on to marijuana.The average onset age for alcohol use is early teens. If that onset could be prevented or sufficiently delayed at the appropriate age through education, then marijuana use at a later age might, *ex hypothesi*, be reduced.

Care needs to be taken with this sort of argument, however. There is nothing in the research to suggest that those youths who begin with alcohol/tobacco and go on to marijuana, would not begin with marijuana *anyway*, if for example, alcohol/tobacco were not available or if they were otherwise educated away from their use. For instance, if the selective recruitment hypothesis above applies, then perhaps nonconformist youth would initiate marijuana use directly, if alcohol weren't available.

The second gate has been spoken of in connection with the marijuana decriminalisation debate. The gateway effect has been appealed to by some[24] to argue that heroin and other hard drug use will increase if marijuana is decriminalized.

If this suggestion is based on the genuine gateway observation that marijuana users are more likely than non-marijuana users to go onto harder illicit drugs, then it might have some basis. For instance, it would not be unreasonable to expect that those forms of decriminalisation that lead to the wider availability and use of marijuana would increase the probability of more people entering into hard drug use. However, this conclusion needs to be drawn cautiously. A lot depends on what the factors are that really underlie the gateway from marijuana to hard illicits. If the 'drug subculture' does play a role in the gateway movement from soft to hard illicits, then it might be argued that decriminalisation may help to remove marijuana users from the influence of the subculture and, in so doing, decrease the gateway effect and the probability of movement to harder drugs.

The committee is of the view that the gateway phenomenon needs to be taken into greater account when policy issues such as early intervention strategies and decriminalisation of marijuana are discussed.

[23] There is a well-known correlation between drug use and deviant behaviour. See Hays, R. D., and Ellickson P. L. 1996, "Associations between drug use and deviant behavior in teenagers", *Addictive Behaviors*, 21, (3)., pp. 291–302.

4.1.3 *Rave Parties and Ecstasy*

The use of ecstasy (and other stimulants) at rave parties is an increasingly common practice among youth. Increases in illicit drug use among young people was a concern in the PDAC Report, and is a major focus for the *Turning the Tide* strategy.

Rave parties take place in alternative locations such as hangars, sheds, the docks, exhibition and sports halls, and outdoor recreation grounds. A range of drugs is abused at rave dances, but the most popular dance drug at the moment is ecstasy.

Ecstasy combines a stimulant action with a mind-altering effect. After ingestion, the user feels less inhibited and more emotionally involved with others. The effects usually last for two to three hours, and a slow coming down is then experienced, similar to a hangover, which lasts 24–36 hours. Ecstasy stimulates the nervous system, thereby energising the muscles and allowing people to dance for hours.

Since 1988, it is estimated that up to 100 deaths have been connected to ecstasy use, which is relatively low considering the number of ecstasy tablets taken nationally.[25] The common factor contributing to death and injury is acute heat stroke. This is not caused by ecstasy alone, but environmental factors, including:

- the fact that ecstasy causes the body temperature to rise significantly;
- non-stop dancing in clubs for several hours adds to an already elevated body temperature;
- inadequate water intake increases dehydration and interferes with the body's ability to cool down;
- badly ventilated and overly hot venues do not allow dancers the opportunity to cool down to safe levels.

Currently there are no regulations for rave parties, and the committee feels that a code of safe practice needs to be introduced to ensure the health and safety of patrons. Such a code of practice ought to be based on harm-minimisation, and ought to incorporate:

[24] Australian Parents for Drug-Free Youth, and Drug-Arm
[25] London Drug Action Team, 1997, *Vital Information Pack, London Dance Safely Campaign*, p. 12.

- the establishment of a duty of care for security personnel and practices. There must be first-aid staff and door searches;
- provision of 'chill out' areas, adequate water and toilet facilities, non-dancing entertainments, and adequate ventilation;
- health-promotion messages that should be distributed via postcards, wall hangings, posters, pre-event publicity, and a 'rave right' hot line;
- the requirement of a permit from local councils and police to hold rave parties;
- information and education which should only be provided within the party scene, so that the appropriate groups are targeted and general public fear is avoided.

4.2 Treatment and Rehabilitation **4.2**

It is well recognised that no single treatment or rehabilitation regime will suit all drug users. No response to the drug problem, therefore, will be adequate if it does not avail itself of a full and diverse range of treatment and rehabilitation options, and target them to users effectively. Some of the options will be tried and true ones that have been part of common therapeutic practice for some time. Methadone treatment and needle and syringe exchange programs would fall into this category. Other options, however, will be novel or contentious in various ways. Safe houses, heroin trials and rapid detoxification treatments are options that have been subject to a certain amount of public controversy recently, as has the question of drug treatments within prisons. The committee believes all of these options need to be carefully assessed. The next few sections give an indication of some of the major issues likely to arise in connection with them.

4.2.1 Needle and Syringe Exchange Programs **4.2.1**

The PDAC stressed the need for harm-minimisation strategies in response to drug use, but didn't address in detail which programs were most appropriate in the Victorian community. Two of the programs most commonly recommended by interested groups are needle and syringe exchange programs (NSEPs) (already operating in Victoria) and safe houses (currently illegal in Victoria).

The chief aim of NSEPs is to prevent infection of users (and others) with HIV, hepatitis C and other diseases associated with injecting drug use. By greatly increasing the availability of clean

needles and syringes, the need to share needles, and the culture of sharing in an injecting group, are being eroded.

Needle disposal is another major problem tackled by NSEPs. By acting as a repository for used needles and syringes, and by developing a culture of needle exchange within the using community, the number of used syringes inappropriately disposed of is reduced, along with the chances of infection of non-drug users by needle-stick injury. Decreased visibility of the drug problem and reduced community fear are also spin-off effects of more effective needle disposal.

A major aim of needle exchange programs that offer counselling referrals is to provide a holistic approach to the problem of drug abuse that incorporates harm reduction, disease prevention and education, all with a view to ending drug dependence. In international studies NSEPs have been found to be the major, and in many cases the only, source of information on safer injecting practices and other health issues surrounding drug use.[26] Information on the physical, emotional and social damage potentially caused by drug abuse is also available in a non-confrontational manner from most needle exchanges, either in printed form or from talking to staff or counsellors at the exchange.

Arguments Against NESPs

Location: Although the majority of program users are responsible in their disposal methods, some will leave with their new injecting equipment, inject nearby, and dispose of the used needle inappropriately, thereby posing a danger to the community. One way of overcoming this problem is to remove the prohibition against injecting on the premises of NSEPs.

Encouragement of drug use: The visibility of the NSEP programs and their popularity with users contribute to the feeling that drug use is not being sufficiently discouraged in the community. This view, though, ignores the deeper harm posed to the community and to users by unsafe drug use. The benefits of NSEPs, however, tend to outweigh this argument.

Economic costs: Many people in the community are concerned with the amount of public money being spent on programs allowing drug users access to free injecting equipment. Therefore, governments in some countries have experimented with cheaper options to NSEPs, while others have minimised services. However, it is generally acknowledged that the greater costs imposed on the health system far outweigh the outlay on NSEP funding. According to one

[26] Grund et al, 1992, *Reaching the unreached: Targetting hidden IDU populations with clean needles via known user groups* (Dutch study), in *Journal of Psychoactive Drugs* 24(1).

study, in Victoria in 1991 over $250 million would have been spent on treatment for HIV infection if not for needle exchanges.

Alternatives to NSEPs

Needle and syringe vending machines: Vending machines distributing clean needles and syringes, and possibly other injecting equipment, have been suggested as another means of distributing new syringes. Research shows there is considerable support for such machines among users and outreach workers in WA and SA, but only as an out-of-hours safety-net service to complement existing NSEP services.[27] Issues that need to be settled before installing vending machines include location, operation (e.g., coins, token, deposit of used syringes) and range of products.

The advantages of vending machines include:

- greater availability of clean injecting equipment, both geographically and temporally (i.e., available outside NSEP hours);
- increased anonymity of users, therefore removing a disincentive for many users in utilising NSEPs;
- relatively low economic cost.

Disadvantages of vending machines include:

- availability of injecting equipment to non-addicts and minors, which may encourage experimentation if the machines are highly visible;
- possibility of vandalism and needle scattering;
- ease of use of the machines may deter users from utilising the more comprehensive treatment offered by NSEPs, thus leading to less chance of long-term rehabilitation and short-term education.

Foot patrols: Outreach workers equipped with backpacks patrol a set route, and collect used needles and distribute new ones to users. They also carry mobile phones to allow users to contact them. There is a strong argument that foot patrols are only suitable in certain areas, and then only with the support of a more comprehensive needle exchange service nearby, so the two services combined will reach the maximum number of users. Foot patrols seem to be an inadequate substitute for a central NSEP.

Possible Extensions of NSEPs

In addition to services currently offered by NSEPs in Victoria, further products and services could be offered. The Dutch experience has shown the great health benefits of offering sterile water and ascorbic acid to NSEP clients at cost price.[28] Spoons and tourniquets may be another area where sharing causes unnecessary contamination, particularly of hepatitis C, which could be alleviated by their sale from NSEPs.

NSEPs that do not currently emphasise health and social counselling and other rehabilitation program should certainly do so. Other service extensions that could be considered include out of hours services and links to safe houses.

The committee strongly endorses the role of NESPs in combating serious aspects of the drug problem, and encourages their wider availability and greater public acceptance.

4.2.2 Safe Houses

Safe houses are also referred to as 'safety clinics', 'injecting rooms' and (inappropriately) as 'shooting galleries'.[29] Strictly speaking, there is no absolute guarantee of safety, so it may be more accurate to refer to them as "saf*er* injecting facilities". (The term "safe house" is a more generally used one, so it will continue to be used here.) Safe houses are venues where it is legal to inject drugs. Safe houses must have very strict hygiene standards, and must be supervised by qualified medical officers. They are currently illegal in Victoria, but operate very successfully in Switzerland, Holland and Germany. Legal changes will be necessary for safe houses to operate in Victoria, although it is important to note that this need not include drug legalisation. Rules regulating safe houses in Switzerland[30] prohibit staff from assisting users to inject, and stipulate that users are only allowed to prepare their own drugs. Violence and drug dealing on the premises are also prohibited. Proposals for safe houses in Victoria are usually based on current NSEPs. A typical safe house would be discreetly located within or adjacent to an NSEP,

---

27 Dodding, J. 1993, Syringe in the machine, in *National AIDS Bulletin*, September.

28 Groen, M. 1995, *The Needle Exchange Programme of 'The Rainbow': More than just needle exchange*, Amsterdam.

29 "shooting gallery" is usually used to refer to a profit-motivated injecting venue, usually with links to drug suppliers. The prime concern of proprietors is usually profiteering rather than the welfare of injectors or of the community through safe disposal. They are not necessarily supervised and are often unhygienic. These are the venues referred to in the NSW Wood Royal Commission.

30 National Drug & Alcohol Research Centre1996, *Final Report on Injecting Rooms in Switzerland*, July.

and would have at least one medically-trained staff member present at all times while the centre is open.

Reduction of deaths from overdose and from the spread of infectious diseases is the main aim of safe houses. Having all staff trained in resuscitation and at least one on every shift having expert medical training in relation to drug abuse would serve this aim. **After many thousands of supervised injections, no one has yet died in an official safe house**.[31]

Education in safer injecting methods is far more effective in an actual injecting environment than in the more abstract context of NSEPs. This therefore reduces the spread of infection from injection.

Inappropriate disposal of used needles and syringes is also a significant community problem that could potentially be almost wiped out by the use of safety houses. Rules may dictate that users may not leave the premises without depositing their used needles/syringes in the disposal bin. This would mean that *every* needle that was used in the centre would be properly disposed of, compared to a return rate varying between 40 per cent and 70 per cent for NSEPs.[32]

Necessary Legal Changes for Safe Houses to Operate in Victoria

The Drugs Poisons and Controlled Substances Act 1981 makes administering a drug of dependence, possession, use, and assisting another to administer a drug of dependence, criminal offences. The provisions that criminalise aiding and abetting ("assisting another to inject"), are obvious impediments to staffing safe houses, and would have to be repealed, either on a localised trial basis, or across the board, for safe houses to succeed. Provisions against the possession and use of small amounts of a drug are also a barrier to effective safe house implementation. There are three main options for legal reform in relation to these issues:

- make no changes and keep safe houses illegal, i.e. maintain the status quo;
- make no legal changes, but initiate operational changes where police keep away from safe houses, i.e., the 'turn a blind eye' approach. This approach was taken in Switzerland, but is arguably not as acceptable here. It would not sufficiently alleviate users' fears of persecution, and would be equally unsatisfactory to police,[33] who could be left open to allegations of corruption;

[31] Rankine, J. & Paras, R. 1997. *Report to City of Greater Dandenong on Safety Clinics*, 22 September.

[32] Note that this figure includes only syringes handed back over the counter, and does not include disposal bins located outside or nearby the exchange, nor bins in public toilets or other places in the area.

[33] According to Chief Inspector Paul Ditchburn, Drug & Alcohol Policy Coordination Unit, Victoria Police.

- pass legislation with a specific sunset clause that suspends criminal sanctions for possession and use of small amounts of injectable drugs, and aiding and abetting drug injection in the immediate areas of the safe houses for a specified trial period. If the trial was successful, permanent and possibly more far-reaching legislative changes with respect to those criminal offences could be considered.

There is also a question about modifying local council regulations to enable premises to be used as safe houses or safety clinics.

Arguments Against Safe Houses

Encouraging drug use: This is the most common argument against safe houses. The main distinction between NSEPs and safe houses is the presence and use of drugs on the premises, so the argument is more valid in this case, and deserves careful consideration. As outlined above, however, the benefits of safe houses are considerable, and must be kept in mind when considering questions about legally sanctioned drug use.

Economic costs: Again, concerns exist about spending public money to assist addicts in taking drugs. There are various models for safe houses and, depending on the model, a safe house can cost up to $300 000 a year to operate.[34] But even so, the lives saved and infection costs avoided would, arguably, more than compensate for this operational expenditure.

Legal issues: Some view safe houses as de facto legalisation, because they require localised legal changes for their operation. The 'floodgates' argument (that safe houses are a big step towards full-scale legalisation of all drugs) is also commonly used to oppose safe houses. This is clearly a matter of debate, and the advantages and disadvantages should be considered very carefully.

Group dynamics: Evidence from interviews with drug users suggests there is concern about the interaction between users in a confined space. Injecting is perceived as a deeply intimate and personal act and, understandably, is not easily shared with strangers. This is an important issue to consider in designing and regulating safe houses.

Possible Variations on the Standard Safe House Model

[34] National Drug & Alcohol Research Centre, op. Cit. based on safe houses in Zurich. This figure includes 24-hour operation with three to four staff on duty at any time, and doctors employed to visit the centre on a weekly basis. Costs could therefore be much lower under some Victorian safe house proposals.

Several different models for safe houses are proposed by various groups, and the most common variations are around opening hours, staff expertise and numbers, and location. In addition to injecting supervision, a common suggestion is testing of drug purity/contamination on site, should the appropriate technology be available. Some models suggest incorporation into medical clinics and cafes. Almost all insist on incorporation into, or at least close affiliation with, a needle exchange.

The committee's preliminary view is that there is some merit in the idea of suitably regulated and controlled safe houses. **The committee urges that there be greater public debate concerning the possibility of safe houses, and that that debate be guided by appropriate evidence.**

4.2.3 The Prescription of Heroin ***4.2.3***

The PDAC recommended that Victoria should encourage the Commonwealth to support the proposed ACT pilot study into the controlled prescription of heroin as a treatment for dependent users. The council was of the view that such a trial was justified on research grounds, and that it would be appropriate for Victoria to be involved at some stage of the trial. Even though the ACT trial did not go ahead, the committee still maintains an interest in heroin prescription as a treatment option.

There have been a number of reasons proposed in support of the controlled administration of heroin, including the suggestion that providing heroin to users would reduce the grip of criminal groups on drug trafficking, and would also reduce the reliance of addicts on criminal activity. However, the most compelling motivation for the controlled prescription of heroin is the fact that there are a number of long-term, 'hard-core' heroin dependents who still remain addicted even after repeated attempts at the available treatments, including methadone maintenance. Stabilising these addicts' lives by administering heroin to them becomes a viable option in this circumstance. There has also been a range of reasons presented in opposition to heroin prescription. The most common is the claim that making heroin officially available to users will implicitly convey to the public the message that serious drug use is acceptable. With this official legitimation, the suggestion goes on, there is a danger of encouraging young people to take up drug use.

It would be fair to say that some of the reasons that have been presented against controlled heroin availability have sprung from public confusions and misconceptions about the whole point of heroin prescription. A case in point is the Australian reporting of the Swiss heroin trials. The committee, having experienced at first hand in Berne the rigorous and professional nature of the Swiss trials, was disappointed at the element of alarmism in much Australian commentary on the Swiss project. What was not observed in these local reports was the strict admission criteria for participation in the project, the clinical procedures and regimen for administering the heroin, and the overall goals of the project.

One basic problem has been the perception that heroin prescription is simply 'giving in' to drug addicts rather than being a legitimate treatment option. The fact is, heroin prescription is designed specifically for those severe addicts who have consistently not been reached by conventional treatment methods. There are a number of therapeutic purposes served by controlled heroin administration, including:

- providing a treatment option for severe addicts who have consistently failed to benefit from other available approaches; in other words, addicts for whom there are no more options and who threaten to disintegrate;
- reducing the reliance of addicts on criminal activity;
- maintaining addicts' contact with a supportive therapeutic environment in which health care and other treatment options are available to increase the chances of addicts gradually reducing or ending their drug use;
- enabling addicts to normalise their lives and re-enter social and working life.

The committee stresses that judgements and perceptions of the merit of controlled heroin prescription should be based on hard evidence. It also recognises there is a limited amount of information in this area. However, the recently completed Swiss heroin trial provides a reliable body of evidence, and it may be instructive here to note the main findings of that trial's evaluation:[35]

- the number of offenders and criminal offences decreased by about 60 per cent during the first six months of treatment;

[35] Information about the trial is drawn from *Program for a Medical Prescription of Narcotics: Final Report of the Research Representatives.* Uchtenhagen, A., Gutzwiller, F. & Dobler-Mikola, A., (eds) 1997.

- of those who dropped-out of the heroin prescription program, more than half switched to another treatment;
- the mortality rates for participants was markedly lower than for untreated addicts, and lower than the average for other heroin treatments;
- the retention rate for participants was better with the prescription of injectable heroin than with injectable morphine or methadone;
- improvements in participants' physical and mental health occurred during treatment, and were maintained for some time after treatment;
- pregnancies and births that occurred during treatment were appropriately supervised and, as a result, progressed normally;
- illicit heroin and cocaine use decreased markedly (though, in a minority of cases it still continued);
- participants' housing situations rapidly improved and stabilised, with none being homeless any longer;
- the employment situation of participants improved, with the number of participants in permanent employment doubling, and the number of those unemployed falling by half;
- debts owed by participants during the treatment period were substantially reduced;
- a third of the participants who were originally dependent on welfare were no longer so, and others who were originally dependent on illicit income had turned to welfare support;
- the contact between participants and other drug dependents and the drug scene declined markedly, but this was not adequately replaced by new social contacts during the period of treatment;
- income from illegal and semi-legal activities decreased dramatically.

It was recommended, on the basis of this evaluation, that heroin assisted treatment ought to be continued.

The committee believes that as many effective treatments for heroin dependence should be available as possible, and that particular support should be given to options that hold hope of benefiting those users who have had no success with existing treatments. Given this, the committee considers it important that the idea of controlled prescription of heroin be kept on the agenda as a therapeutic possibility with a certain role to play. The committee, in particular, wishes to register its regret at the recent decision by the Prime Minister to prevent the ACT

heroin trial despite the expert evidence in favour of it, and despite the recommendation of the Ministerial Council on Drug Strategy that the trial should go ahead.

4.2.4 Methadone Treatment and Alternative Pharmacotherapies

Much attention, particularly media attention, has been focused recently on the range of treatments and therapies available for heroin dependent users. To a large extent, this interest has sprung from an increasing public awareness of the seriousness of the heroin problem. Another major factor in focusing public attention on alternative treatments has been the decision not to go ahead with the ACT heroin trials. This has brought into greater relief the question of what other options are available to effectively and realistically deal with the problem of heroin use.

There are a three main groups or modes of treatment for heroin addiction:

- maintenance or substitution-based treatments;
- withdrawal or detoxification treatments;
- relapse-prevention treatments.

Maintenance-based treatments involve substituting heroin with a legal, synthetic opiate. They aim to lower the patients' heroin-use, minimise their criminal activity, and increase their health, wellbeing and social functioning. Methadone is the synthetic opiate most widely used in this treatment. Methadone maintenance programs have been well established worldwide, and extensive evaluation has shown methadone treatment to be generally safe and effective. It is important to note, also, that the average cost of maintaining someone on methadone for a year is $3500, compared to $50 000 for keeping them in prison.

Notwithstanding this, there are aspects of methadone treatment that may not be suitable for some patients. For example, some users experience side-effects of methadone use, and there is also a long withdrawal period. In addition, because it is a short acting opiate, there is a need for daily dosages. There are, nonetheless, a number of other drugs that are candidates for maintenance treatment, including LAAM (levo-alpha-acetylmethadol), and Buprenorphine. The long-acting character of LAAM requires less frequent dosage, and Buprenorphine (which is also long-acting) involves less risk of overdose than methadone and has fewer side-effects.

Relapse prevention treatments focus on psychological therapies and interventions to help patients maintain abstinence from heroin. Detoxification treatments aim at the safe and comfortable physiological withdrawal of patients from heroin.

Recently, there has been increasing interest in rapid withdrawal techniques and ultra-rapid opiate detoxification (UROD) using naltrexone. With UROD, withdrawal is induced and accelerated under deep sedation or anaesthesia so it takes place over several hours.

Currently in Australia, there are a wide range of relapse prevention treatments operating, including psychosocial, residential and self-help programs. There are also methadone maintenance treatments, and withdrawal programs based on methadone and the drug clonidine. However, there is an awareness of a general lack in Australia of heroin dependence therapies utilising some of the drugs mentioned above. To remedy this, there is a range of new pharmacotherapy trials proposed or under way in various Australian States. Withdrawal treatment based on naloxone is already being trialed in NSW, and trials of withdrawal treatments based on buprenorphine are proposed for NSW, Victoria, South Australia, and the ACT. Relapse prevention trials based on naltrexone are proposed for the ACT, NSW, and Victoria. Maintenance therapy trials using buprenorphine are under way in NSW and South Australia, and are proposed for Victoria. LAAM maintenance trials are also proposed for South Australia and Victoria.

Given the gravity of the drug problem in Australia, the committee recognises the importance of making as many effective treatments as possible available to heroin users. However, it also wishes to emphasise that:

- it is necessary to have a range of available treatments to match clients' varying needs. No single option will suffice for everyone. The greater the choice of treatments had by both the client and service provider, the greater the chance of success.

- the goal of treatment should be to improve the wellbeing of heroin users, where improved wellbeing is understood comprehensively to include the following sorts of dimensions:

  – reduced dependence on drugs;
  – improved physical and psychological health;
  – improved capacity to conduct a normal working and social life;
  – reduced tendency toward risky behaviours, including engagement in crime.

The adequacy or success of a treatment program ought to be judged against these four criteria as a group, and not just any one alone. A consequence of this is that one option alone, like detoxification for example, will not suffice as a successful treatment overall if the user quickly relapses into use, or still cannot conduct a normal life. The broader spectrum of wellbeing indicators needs to be addressed when judgements about the value of a treatment program are being made.

- an evidence-based approach should be taken when new treatment options are endorsed or promoted by the government or by other public or private bodies; that is, new treatments should be promoted on the basis of rigorous and extended trials, and their proven capacity to meet the needs of clients and clinicians. New treatments being actively marketed for commercial profit ought to be subjected to serious clinical scrutiny;

- The UROD naltrexone treatment that has received a considerable degree of media attention recently should be given extended clinical trials in order to assess its long-term efficacy. At the moment, there is limited and conflicting evidence about its effectiveness, unresolved questions about relapse rates, and issues about whether it can be considered a successful treatment without being heavily supplemented with further intensive relapse prevention options.

4.2.5 Treatment Options in Corrections

Although it is difficult to measure accurately, the level of drug use and trafficking in the corrections system throughout Australia is agreed to be high. Many offenders sentenced to prison either have a drug habit, or have used drugs at some time. (A recent survey indicated that 30 per cent of prisoners in SA inject drugs, and can obtain drugs easily.[36] **Approximately 80 per cent of inmates in NSW prisons are convicted on drug-related offences, or are drug dependent when they enter prison**.[37]) Because of this, there is a high demand for drugs in prisons, as well as knowledge of how to obtain them. Prisoners who have a drug problem, or history of drug use are also much more likely to return to prison.

Problems Connected with Drug Use in Prison

The *Australian Illicit Drug Report 1995–96* identifies the following problems as being associated with drug use in prisons: standover tactics, violence, recidivism, inmate power bases, corruption of prison staff, deaths, needle-stick injuries, and underground economy.

[36] Grant, A. A. 1995. *Investigation into Drugs in Prisons in South Australia* report prepared for the Minister of Correctional Services.
[37] Kelly, B., 1996. "Drugs in prison", *Australian Criminal Intelligence Digest,* July.

The problem of greatest concern, however, is the risk of spreading bloodborne viruses (HIV, hepatitis C) through sharing syringes and other unsafe injecting practices. (Recent surveys indicate that two-thirds of injecting drug users in NSW prisons share needles.[38]) **The rapid turnover of prisoner populations, and the mixing of prisoners from diverse backgrounds, means that prisons may play a much more significant role in the spread of HIV and hepatitis C to the wider community than previously thought.**

Treatment and Rehabilitation Options

Contact with the corrections system is often the offender's first chance to have their drug problems addressed. The PDAC recognised that this system provides a good opportunity to deal with the problem of illicit drug use. If this opportunity is not seized, the corrections system will only serve to intensify the drug problem.

A substantial part of harm minimisation within corrections will involve providing effective treatment and rehabilitation options. These options can be presented to offenders in two forms: as requirements of community based corrections orders, or as options within the prison system.

As Requirements of Community-Based Corrections Orders

The PDAC proposed (recommendation 7.6) that greater emphasis should be placed on diverting offending drug users away from the prison system, and toward rehabilitation and treatment services. Besides the benefits connected with accessing these services, this may help to lower the chances of recidivism that are connected with prison stays.

One crucial point to be noted here, however, is that this directing of drug offenders toward community-based treatment and rehabilitation services needs to be fully and properly supported by adequate resourcing. Without this, there is a danger that offenders will receive less than appropriate treatment, especially when they are competing with voluntary attendees, for limited services.

As Options Within the Prison System:

Within the prison system, rehabilitation or treatment options can focus on reducing or ending a prisoner's drug use, or on interrupting the transmission of bloodborne viruses.

Rehabilitation or treatment options aimed at reducing or ending the prisoner's drug use include:

- methadone maintenance;

[38] Dolan, K. et. al. 1995. "HIV risk behaviour of IDUs before, during and after imprisonment in NSW",

- alternative pharmacotherapies (e.g., naltrexone, LAAM, buprenorphine, etc.);
- detoxification programs;
- group or individual counselling and therapy;
- drug-free sections or areas within the prison;
- therapeutic communities within the prison.

Treatment options aimed specifically at interrupting the transmission of bloodborne diseases include:

- methadone programs;
- free availability of bleach (for cleaning injecting equipment);
- needle and syringe exchange programs;
- free availability of condoms;
- education programs on safe injecting practices.

Issues Arising With These Treatment and Rehabilitation Options

Regardless of what treatment and rehabilitation options are available within prisons, their long-term effectiveness can easily be thwarted by a lack of post-release support services for drug offenders who are re-entering the community. One of the key aims of treatment within prisons is to decrease the rate of repeat offending. But the good work that is done to this end by prison rehabilitation programs will quickly be undone if appropriately resourced post-release support is absent. **This is particularly important in view of recent research showing that a quarter of those who overdose from heroin in WA are newly released prisoners.**

Although syringe and needle exchange schemes have been very effective in the community at reducing the spread of HIV, and would be similarly effective in the prison system, there are questions specific to the prison system connected with possible increases of needle-stick injuries (needles used as weapons), and also about the effect such programs would have on 'normalising' injecting drug use in prisons. (There is little experience in this area, other than the Swiss needle exchange program, which in fact, reports fewer needle stick injuries as a result of the program.)

The free availability of condoms also raises the question of normalising sexual activity within prisons.

in *Addiction Research.*

There is some evidence to suggest that drug education programs, if not carefully conducted, can have the effect of inciting drug use. This may well happen in the prison system.

There is also an overriding question concerning the move toward private prisons, and whether there are any guarantees or assurances that the treatment initiatives mooted for the public system will feature in the private system.

The committee reiterates the view of the PDAC that the corrections system presents a good opportunity to provide treatments and rehabilitations to those in greatest need of them. It suggests, therefore, that there be a suitable range of treatment and rehabilitation options available within prisons. The committee also affirms the view that drug offenders should be steered away from incarceration, and toward community-based treatments. However, it stresses that such community services should be adequately resourced. Also, given that recidivism is a major problem in the prison system, the committee sees a strong need for adequately resourced post-release support and follow-up to maximise social reintegration and minimise the chances of re-offending.

4.3 Education and Interventions ***4.3***

One of the more powerful weapons against illicit drug use is carefully planned and targeted education. Not only is drug education useful as a preventive measure (steering those at risk away from initiation into drug use) it also has a clear role to play in informing existing users about safe practice. In addition to educational measures, there is increasingly a place for community-based interventions in the drug problem, either locally inspired or instigated at the State government level. The following sections take up a number of issues in this broad area, from curriculum programs to public awareness campaigns.

4.3.1 *Early Intervention Strategies: Reducing Risk Factors*

The PDAC Report showed that of the estimated $102.9 million spent on drug related matters in Victoria in 1995, **about 21 per cent was spent on treatment support services, and 78 per cent on law enforcement, but only 0.2 per cent on prevention.**

Clearly, much of the current drug strategy is focused 'downstream' at the reactive end of the spectrum. Efforts to work 'upstream', addressing causal factors, seem to have been largely unplanned, sporadic and ad hoc in development, and rarely evaluated.

Recent UK Home Office research[39] concluded that the strongest risk factors behind young people beginning to offend are:

- poor parental supervision;
- conflict within home;
- friends/siblings in trouble with the police;
- poor school performance;
- exclusion from school;
- truancy.

If a young person experiences four or five of these risk factors, the likelihood of them offending is 80 per cent for males and 60 per cent for females. Therefore, it is important to concentrate on reducing these risk factors in order to prevent the onset of offending.

While in London, the committee noted a plan for action and intervention to prevent crime (including drug-related offending) advocated by Mr Jon Bright of Crime Concern. It was based on three integrated components:

- make crime more difficult and risky to commit by improving the security, design, policing and management of those locations where young people most commonly offend: neighbourhoods, town centres or schools. The priority should be on those locations that are repeatedly victimised;

- prevent known young offenders from re-offending through an effective youth justice system. This means dealing with offenders promptly and using cautioning for the least serious offence, while also linking it to action to change young people's behaviour. Early intervention is important to 'nip offending in the bud', although care must be taken not to stigmatise individuals. Custody may be necessary for a small number of offenders, but it should be avoided where possible. Community sentences should be intensive, rigorous and effective. Supervision should include education, mentoring, and treatment and training options;

- move to prevent young people offending in the first place, and to prevent minor and intermediate offenders from becoming more persistent, by:

  – intervening early - do not wait until adolescence. Preventive services in childhood can improve parenting, reduce family breakdown and help children do well when they go to school;

  – targeting those at greatest risk. Concentrate preventive services in high crime neighbourhoods and ensure that those most at risk use them;

[39] Graham, J. And Bowling, B. 1995 *Young People and Crime* Home Office Research Study 145, HMSO London.

– doing enough to make a difference. This may mean focusing on the young person's family, school, community, peer group and addressing the housing and employment needs of at-risk young adults.

Table 5: A Broad Based Prevention Model[40]

	Some preventative measures	Risk factors reduced
Family	Parenting programs Family support Pre-school education Family literacy	Poor parental supervision Family conflict Early school failure
School	School improvement Reducing truancy Education for excluded pupils Mentoring	School disorganisation Low achievement Disruptive behaviour Poor parental supervision
Community	Neighbourhood Management Security / design Improvements Preventive policing Resident involvement	High child density Opportunities for crime Availability of drugs Community disorganisation
Peer Group	Youth activity programs Detached youth work Monitoring/education Peer-led initiatives	Alienation/lack of commitment Early involvement in anti-social behaviour Friends involved in anti-social behaviour
Early adulthood	Skills training Work experience Advice services Outreach workers Supported housing	No qualification/skills Unemployment/low income No support Alienation/exclusion Poor housing

4.3.2 Effectiveness of Curriculum Programs

During its overseas, interstate and local study tours, the committee heard formal evidence and had a wide range of informal discussions with drug educators regarding the design and delivery of curriculum programs. The committee also discussed a range of resources and materials that address a wide array of drug issues.

The committee strongly supports the principles concerning drug education outlined in the PDAC Report. In summary, the committee has formed the view that effective curriculum programs should:

[40] From Crime Concern 1997, *Young People, Crime and Prevention*.

- have objectives that are linked to harm minimisation;
- have consistent and coherent messages and policy direction across the whole school;
- have continuity of progression over time throughout the school;
- be delivered by well trained and resourced teachers;
- be integrated within existing curriculum offerings, not as an ad hoc program;
- be linked to community values and attitudes, and the broader social context;
- be based on research, effective curriculum practice and identified student needs;
- invoke a collaborative approach embracing students, parents and the wider community;
- be responsive to developmental, gender culture, language socio-economic and lifestyle differences;
- have inbuilt and ongoing evaluation processes.

During a visit to Queensland, the committee was familiarised with the outcomes of a recent youth symposium which, among other topics, discussed 'good' and 'bad' drug education from a youth perspective. A condensed and selective summary of workshop reports is presented in table 6.

The committee was impressed with its contacts with youth, and found a refreshing openness and contrast with some of the policy makers. The summary in table 6 highlights the firm opinions young people have about their requirements for education, and about the role of drugs and their use and misuse in society.

Table 6: Youth Perspectives on Drug Education

Good	**Bad**
1. Outlines options not answers	1. Delivered by 'out of touch' adults
2. Modern methods used	2. Uncool materials (i.e. outdated)
3. Acceptance that drugs are used - Real problems discussed	3. Inaccurate information
4. Peer education	4. Repetitive preaching 'DON'T DO IT'

5. Emphasis on safety and health	5 Some teachers not credible and poorly informed
6. Start early/ primary school	6. 'One off talks' by 'experts'
7. Confidentiality	7. Negative information - not relevant and appropriate
8. Include parents	8. Moralising
9. Focus on self esteem, consequences and coping skills	9. Too little too late can have consequences
10. Education backed up by individual counselling	10. Bookish learning in long sessions
11. Communication, care and trust involved	

The committee is aware of the range and quality of resources currently available, and the enthusiasm of educators, but it wishes to restate and stress:

- the need for rigorous *evaluation* to assess the effectiveness of programs. Efforts must be made to employ sound evaluative techniques within sensible budgetary limitations to ensure appropriate models of success and valid criteria have been applied;
- the need for competent and appropriately trained and resourced teachers to deliver up to date curriculum programs that are relevant and appropriate for a range of school-aged youth.

4.3.3 *Public Awareness Campaigns*

The PDAC received many public submissions urging the use of major media campaigns to fight illicit drug use. The PDAC, however, expressed concerns about the effectiveness of those campaigns in reducing or changing drug-using behaviour.

There is, nonetheless, some evidence of the positive effects of both media campaigns and general awareness campaigns. It is necessary to examine the nature of that effectiveness, and whether there are any aspects of illicit drug use in Victoria that might benefit from a well-targeted public awareness campaign.

It is instructive here to note some drug-related campaigns that have had some success.

The Speed Wise Speed Safe Campaign

This campaign targeted young amphetamine users, and had the aim of informing about safe use. It used postcards, posters and brochures that addressed topics such as safe injecting, side-effects of use, drugs and driving, safe sex, tolerance and withdrawal, and risks of polydrug use. Its general success (as measured by reported intentions to change behaviour among users) was attributed to its:

- its catchy slogan;
- its straightforward, simple approach;
- its non-judgemental nature;
- the usefulness of its information.

The National HIV/AIDS and Intravenous Drug User Campaign

This education campaign was targeted to drug injectors, among others, and aimed to educate them about safe sex and safe injecting practices. Its success (as measured by decreased HIV rates) was attributed to:

- the importance of the message it was sending;
- its use of humour (e.g., condoms) and other 'shock' elements;
- its great relevance to many people;
- its stimulation of public debate;
- its non-judgemental nature.

Evaluations of campaigns such as these stress the importance of not just relying on them alone, but making them part of a broader package of strategies and activities.

Certain factors, however, have been identified as detracting from the success of campaigns:

- constant bombardment with the message (people turn off) (TAC ads);
- emotional shock tactics can reduce the behavioural impact of the message (TAC ads);
- lecturing, judgemental, exaggerated style ('Speed Catches Up with You' Campaign).

Aspects of the Victorian Drug Problem That Might Benefit from Public Awareness Campaigns.

The PDAC argued that media and public awareness campaigns in the drug area should not be used to reduce illicit drug use. The target group of illicit drug users is very small, and messages directed at them may have unintended consequences for non-users. The small target group means such campaigns would not be cost-beneficial. The PDAC held that public awareness campaigns should be reserved solely for communicating major changes to drug policy.

The committee, however, believes that there are areas of the drug problem that could be tackled via such campaigns. One area is the problem of hepatitis C among injecting drug users. Factors that have been seen to contribute to the great prevalence of hepatitis C include lack of knowledge about its high infectivity, and lack of knowledge about the nature of the disease itself. An extensive information/awareness campaign could be part of a package of measures to address this, and the committee is of the view that greater consideration should be given to this possibility.

4.4 Law and Enforcement ***4.4***

In many ways, law enforcement is an integral aspect of a harm-reduction approach to the drug problem. The harms caused by drug abuse are substantially reduced by the effective enforcement of laws that both tackle supply and act to limit demand. Yet, while the law is an instrument for harm reduction, it can also sit in tension with it to some extent. Some projects and programs conceived in the name of harm reduction have the capacity to encroach on existing laws. They can also be proposed to directly challenge the appropriateness of certain laws. The following sections look at a few of the issues that arise when clarifying what the most comfortable relationship is between the law, law enforcement and harm reduction.

4.4.1 *Law Enforcement and Harm/Demand Minimisation Strategies*

The PDAC noted that law enforcement is ‘relatively ineffective in controlling the supply and use of illicit drugs’. It recognised the potential of a systematic and sustained program of policing and interagency cooperation at local level aimed at preventing or reducing the harm associated with illicit drug use. Overall, the PDAC called for a more positive and preventive approach within a harm minimisation framework.

There are inescapable difficulties involved in achieving harm-minimisation goals within a law enforcement culture that is essentially reactive. However, there is evidence that active community policing at local level can contribute to the reduction of drug-related demand and harm.

The PDAC states:

> The contribution of law enforcement to the management of illicit drug use in Victoria needs to be more closely integrated with harm reduction strategies currently endorsed by the Victorian and Commonwealth Governments. Structural and process reforms should focus particularly on four major tasks:
>
> - Ensuring that a clear, comprehensive and coordinated strategy and operational guidelines on drug activities are in place within the Victoria Police.
>
> - Developing an appropriate monitoring and evaluative mechanism, with clear, well-defined success indicators.
>
> - Increasing operational integration between police, and health and community agencies, that is designed to ensure collaboration on harm minimisation strategies and priorities at all levels, particularly in responding to users within local communities.
>
> - Improving training on policing in a harm minimisation framework.

The committee endorses the validity of the above tasks and notes with interest the Victoria Police efforts toward a more integrated harm reduction strategy. [An indication of the measures currently being implemented by Victoria Police in this area can be seen in Section 3.7 of this report].

The overseas study tour offered the committee a chance to view at first hand police practices in Switzerland, Holland, Sweden and UK. Probably the most holistic model/approach observed by the committee was the Drugs Misuse Strategy of the Greater Manchester Police (GMP).

That Strategy has the following statement of purpose:

To take effective action by vigorous law enforcement, accessible treatment and a new emphasis on education and prevention to*:*

- increase the safety of communities from drug related crime;

- reduce the acceptability of drugs to young people;
- reduce drug related health risks and associated damage.

The Greater Manchester Police Drug Misuse Strategy focuses on three main fronts - drugs enforcement, drugs prevention and resource management.

*Drugs Enforcement***:** aims to improve the effectiveness of enforcement methods in pursuit of those offenders engaged in the supply of controlled drugs, through:

- international, national and regional investigations of major traffickers in cooperation with other enforcement agencies;
- force-wide and street level investigations of middle tier and street level dealers. This will involve the Force Drug Unit and sub-divisional officers investigating offenders based on a targeting policy;
- dealing with some drug offenders through cautioning;
- intelligence-based systems and operations as a foundation to all investigations.

Drugs Prevention is aimed at crime reduction, by diverting drug users to treatment services and away from their need to commit acquisitive crime to finance their addiction; by environmentally designing out crime; and by assisting in raising awareness/educating (particularly young people) of the dangers of drug misuse. This area of activity involves:

- developing multi-agency drug prevention initiatives including participation in local drug action teams and drug reference groups, and environmental crime prevention;
- monitoring performance, coordination and promotion of drug prevention initiatives and circulating good practice;
- operating an Arrest Referral Scheme to divert drug users to support and treatment agencies;
- developing drug education programs in schools and the wider community.

Resource Management encourages police to adopt a problem-solving approach to drug offenders and drug related crime. Resource management involves:

- using police discretion and a problem-solving approach in the decision making process;

- maintaining an effective drug strategy through evaluation and performance management.[41]

While the committee had neither the time nor resources to evaluate the strategy in depth, it was impressed by:

- the clear statement of goals, strategies and understandings that seemed to permeate the Greater Manchester Force;
- energetic and creative leadership;
- the clear consideration of roles in relation to drug abuse and a realisation by Greater Manchester Police that the enforcers do not solely own the problem;
- a targeted approach. Recognition that acquisitive crime is linked to cocaine and heroin and not *fundamentally* linked to cannabis and ecstasy;
- simple and innovative communication instruments and local action-plans;
- equal emphasis given to drugs enforcement and drugs prevention;
- emphasis on a mix of preventative strategies including problem-solving approaches, evaluation, performance measurement, good practice examples, education and diversion programs.

4.4.2 International Treaties and Domestic Obligations ***4.4.2***

The demand and supply of illicit drugs is such a globalised and international phenomenon that attempts to control drug use nationally will falter if production and trafficking are uncontrolled on the international scene. Similarly, the difficulties in controlling domestic production will increase the more uncontrolled the demand for illicits is in other countries. Given this interdependence, it is in the interests of all States to agree to strict domestic controls on the production, use and trafficking of illicit drugs. The (moral or legal) obligation to adhere to collective international drug treaties is argued to derive, in part, from the fact that each State benefits from the compliance of other States, and non-complying States disadvantage or create risks for those that comply.

[41] Manchester Police Force *Drugs Misuse Strategies: Executive Summary*, pp. 4-6.

The most recent and comprehensive international drug convention is the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988, which was ratified by Australia in 1993 (after consultation with the States). That convention prescribes that the production, trafficking and use of scheduled illicit drugs should be established as criminal offences under domestic law.[42]

A number of issues arise in connection with Victoria's Drug Reform Strategy and UN international drug conventions.

1. Is Victoria bound by the terms of international agreements (given the separation of State and federal powers in the Commonwealth Constitution)?

It has been argued that the States are not strictly bound by international laws that have been ratified by the Commonwealth and which have not been incorporated into State law.[43] It is recognised, however, that non-compliance with such conventions by States could invite the Commonwealth to override recalcitrant State legislation. It is also generally acknowledged that while there may be no domestic legal obligation for States to comply with international treaties, States should nevertheless take full consideration of those treaties in the formation of their drug policies.

2. Does decriminalisation of marijuana, or expiation notice schemes, contravene UN drug conventions?

To the extent that the 1961 Single Convention[44] (and subsequent conventions that subsume it) explicitly require possession and use of cannabis to attract criminal sanctions in domestic law, the decriminalisation of marijuana is generally considered contrary to UN drug treaties. (Though, it is suggested by some that treaty proscriptions concerning cannabis are aimed primarily at large-scale trafficking, and not small quantity individual use.[45])

[42] Article 3, Clause 2, 1988 Convention. The 1988 Convention subsumes and extends on earlier UN Conventions, the primary one being the 1961 Single Convention on Narcotic Drugs. The focus of the 1961 Convention is mostly the international prohibition of possession, use and sale of opiates, while the 1988 Convention incorporates a broader range of mood-altering synthetic drugs (after the 1971 Convention), and places more emphasis on the international dimensions of trade in illicits.
[43] Queensland Criminal Justice Commission 1994, *Report on Cannabis and the Law in Queensland*, June, p. 48 ff.
[44] Article 36, Penal Provisions, 1961 Single Convention. Article 3, Clause 2 of the 1988 Convention explicitly uses the term "criminal offence".
[45] See, for example, New Zealand Drug Policy Forum 1997, *Alternative Systems of Cannabis Control in New Zealand*, July. Also, see the Commonwealth Attorney-General's Department submission to the Queensland Criminal Justice Commission, 24 February, 1994.

Even if small quantity cannabis possession is prescribed as a criminal offence by the UN conventions, there is some scope for debate as to what penalties, procedures and sanctions need to apply in the case of criminal offences. While some argue that any purely out-of-court penalty like a fine (as with expiation notices) is inappropriate to a criminal offence,[46] it is nevertheless a procedure that is well known and established as a method of dealing with minor criminal offences. The diversion of minor drug offenders away from the criminal justice system is also commended by the UN.[47]

3. Are controlled heroin trials (of the sort conducted in Switzerland, and recently proposed for the ACT) incompatible with the provisions of UN drug treaties?

Article 36 of the 1961 Single Convention explicitly proscribes the importation and exportation of scheduled drugs (heroin included), and to the extent that heroin trials require importation, they will contravene the UN conventions. Clear provision is made, however, for the medical and scientific use of narcotics, and to the extent that heroin trials are considered treatments with a research dimension, such trials might be considered within the bounds of those provisions.[48]

Regardless of how heroin trials stand with respect to the strict letter of the UN conventions, the treatment focus of such trials might still be in keeping with the underlying spirit of those conventions if that spirit is one of harm reduction, and not just simple prohibition.

The committee believes that a clear picture of the implications of the UN Drug Conventions for Victoria's future drug response is essential, and it has undertaken to seek extensive advice from a range of experts in the area.

4.4.3 The Ongoing Drug Control Debate ***4.4.3***

[46] Athol Moffitt QC, former President of the NSW Court of Appeal, 'International Drug Policy and UN Drug Conventions: Australian Obligations', unpublished paper, 1995.

[47] See, for example, the UN *International Narcotics Control Board Report*, 1996, ch. 1, para. 28.

[48] 'Governments . . .should . . critically examine their methods for assessing medical needs for narcotic drugs and take effective action to ensure their availability', *International Narcotics Control Board Report*, 1996, ch. 2, para. 60. See also, International Narcotics Control Board, *Availability of Opiates for Medical Needs 1996.*

While the Government acknowledged the arguments advanced by the PDAC to decriminalise the use, possession and cultivation of marijuana, it chose not to accept the relevant recommendations of the PDAC Report at that stage. In its response, the Government stated:

> ..before the decriminalisation of marijuana is considered further, a better coordinated, better resourced, more innovative and carefully focussed education, treatment and law enforcement strategy should be given a chance to work.

The Ongoing Debate in Relation to Cannabis

The committee has shown a specific and acute interest in the cannabis control debate given the Government's rejection of the alternative control systems proposed by the PDAC. During its interstate and overseas study tours, the committee made a concerted effort to study a range of approaches to the control of cannabis, from the 'partial prohibitions with civil penalties' model of South Australia and the ACT, to the 'pragmatic-normalisation' approaches of the Dutch.

At this preliminary stage of its inquiry, the committee wishes to merely place on record a selection of observations and learnings to maintain the momentum of the debate. Some of these insights might form the basis of a debate that will be continued in more depth in the second report to be tabled in mid-1999.

Prohibition as a Model of Control

The committee is aware of few (if any) bodies of research that have endorsed prohibition as the preferred model of cannabis control. Its observations on prohibition can be summarised as follows:

- it creates a lucrative and crime-oriented black market that preys on and further marginalises the young;
- it impedes effective education and treatment programs;
- it creates disrespect for the law;
- it increases the burden on the criminal justice system;
- it breeds police corruption;

- the illegal nature of the drug increases the likelihood of young risk takers being enticed into using drugs.

The committee has also heard evidence that repealing sanctions would lead to:

- increased use and dependence;
- the sending of wrong messages, particularly to youth;
- increased use of hard drugs and therefore increases in addiction rates.

The above concerns about prohibition are noted and worthy of further investigation. The committee at this point recognises that there is conflicting evidence as to whether the repeal of total prohibition would necessarily lead to a large scale increase in use or have a serious impact on general public health. The committee continues to have an open mind on this issue.

Prohibition and the 'Drug Market'

During its investigations, the committee confirmed the findings of PDAC 'that responses to control of cannabis would be more effective if it was clearly distinguished from other drugs'. While recognising the need for individualised treatment of drugs, the committee generally received attitudes and comments on the whole array of illicit drugs, not just cannabis.

There is an increasing awareness that there are interrelationships between the demand and supply of different drugs in the drug market, and that there may be limited sense in talking of an independent 'cannabis market' which can be intervened in.

In assessing the possible impact of prohibition on drug supply and demand, the following observations are relevant:

- despite a heavy investment in law enforcement, the availability of illicit drugs does not seem to be waning;
- increase in supplies of drugs, higher purity levels and expanded user markets are evident across countries with sharply differing legal regimes;
- there is little correlation between price and purity;[49]
- restricting established illicit drugs often results in new and more concentrated drugs becoming available eg. restrictions on cannabis result in expansion of the amphetamine industry;[50]

[49] Weatherburn, D. & Lind, B. 1995, *Drug Law Enforcement Policy and Its Impact on the Heroin Market*, NSW Bureau of Crime Statistics and Research, Sydney.

- Australia is part of a global drug market and the market dynamics and availability of drugs (types and quality) are ever-changing.

With respect to the current state of the drug regulation debate, the committee sees the following views as worthy of particular note:

- the discussion of policy options is more a question of choosing among problems rather than choosing among solutions.[51]

- 'The regulation debate has been diverted from its proper course by over-emphasis on its extremes, the 'zero tolerance' lobby on the one hand, and the legalisers on the other. The legalisers may well have harmed the cause for harm reduction by using it as a Trojan horse to gain recognition in the policy camp prior to launching the more extreme part of their campaign. Harm reduction need not be a stepping stone to legalisation and is not necessarily incompatible with the maintenance of prohibition, within which, as rational discussion of the various options show, there is room for diversity and compassion.'[52]

- '...to modify human behaviour is a quest for the elusive reconciliation between pragmatism and idealism—trying to legislate for an imperfect world without giving up the struggle for a better one.'[53]

Public Attitudes to Prohibition Generally

Regarding public attitudes, the following recent data indicated no call for a radical overturn of the current system.

The recent 'National Drug Strategy Householders Survey' (NDSHS) 1995 reports that:

- 55 per cent of respondents were either opposed or strongly opposed to the legalised personal use of cannabis. In an even stronger message, 91 per cent were opposed to heroin being legalised for personal use, and 92 per cent were opposed to the legalisation of either amphetamines or cocaine. Further, 63 per cent of respondents supported increased penalties for the sale and supply of cannabis, while 87 per cent supported increased penalties for the sale and supply of heroin. While the support for cannabis has increased slightly since the survey conducted in 1993, opposition to other illicit drugs has strengthened. Although the survey may be seen as a restricted indicator, these figures clearly show that the general community is not in favour of either lighter penalties or the lifting of restrictions relative to illicit drugs. [54]

Morgan Gallup Polls have regularly polled public attitudes to the legalisation of marijuana since 1977.

---

[50] Wodak, A. & Owens, R. 1996, *Drug Prohibition: A Call for Change*, University of NSW Press, Sydney.
[51] *World Drug Report 1997.* p. 198.
[52] ibid.
[53] ibid.
[54] From *The Australian Illicit Drug Report, 1995-96*, p. 16.

- In 1995, 33 per cent of Australians polled supported the legalisation of marijuana; an increase from 24 per cent in 1977. The highest levels of support came from those aged between 18 and 24 years (45 per cent), and 41 per cent of those aged 25–34 supporting legalisation. In Victoria, 31 per cent of those polled supported legalisation.[55]

- In March and April 1996, only one in three Australians (33 per cent) supported the legalisation of marijuana - the equal highest level of support recorded and unchanged since 1993.

- In Victoria, where it was announced that State Parliament would meet soon to consider decriminalising the use of small amounts of marijuana, support for legalisation of the drug rose 1 per cent since October last year to 32 per cent, making it the State with the second lowest level of support behind Queensland (29 per cent).

Preliminary Conclusions

At this preliminary stage of its inquiry the committee is still gathering evidence and assessing options, and therefore propose no particular alternative model at this point. What is clear, however, is that long-term strategies based around prevention and education are required, and that consensus is needed on a coordinated and consistent approach. What is also obvious is that a growing minority may be willing to take calculated and limited risks to experiment with alternative methods of drug control. The debate about, and the search for, an evidence-based drug control strategy guided by harm reduction principles continues, and the outcomes of careful deliberation will be revealed more fully in the second report in 1999.

4.5 Personal and Social Costs of Drug Abuse *4.5*

Some of the costs of drug abuse were noted from time to time in chapter Two. These costs, though, were specified in economic and financial terms. There are clearly other costs of illicit drug use that are not quantifiable in these terms, but which are nonetheless just as serious, and probably much more so. The most obvious of these costs are the personal ones, ranging from the most serious (fatal overdose) through to the likes of unstable employment, or the inconvenience of drug-based theft. There are also wider social costs of drug abuse: non-economic costs experienced by the whole community. The following sections address a few of the many personal and social costs of drug abuse.

[55] *PDAC Report*, p. 27.

4.5.1 Hepatitis C & HIV/Aids **4.5.1**

The most recent studies indicate that HIV and hepatitis C both occur among injecting drug users. In 1996, the national rate of HIV among drug injectors was 1.7 per cent. The national HIV rate among injectors has not changed significantly in the last decade.[56]

However, the hepatitis C rate among injectors is extremely high. Sixty-six per cent overall in 1996. An extensive 1994 study showed that more than 80 per cent of those who have injected for over eight years are infected, and about 15 per cent of those injecting for less than two years are infected.[57] This compares with an estimated prevalence rate in the wider Australian community of about 0.45 per cent. (The rate of notification of hepatitis C cases in the wider community has increased by 250 per cent in the last four years, though.)[58]

Harm-Reduction and HIV/AIDS & Hepatitis C

The harms connected with these infections in drug-using communities are obvious, ranging from personal losses such as death and serious disease, to the social costs of health care, and the risk of spreading the viruses to the wider community.

A harm-minimisation approach to drug abuse consequently needs to focus on strategies to contain the spread of these infections. Judging by the figures, the strategies that have been put in place to contain HIV (needle and syringe exchanges, methadone availability, education/media campaigns) appear to have been successful. However, these same strategies do not seem to be having the same impact on hepatitis C, a virus that is also bloodborne.

A number of key questions arise from this.

1. Why have these preventive strategies worked for HIV, but not hepatitis C?

Although this issue is still subject to research, the difference is probably due to the following:

[56] MacDonald, M., Wodak, & A, Kaldor, J, 1996, *HIV and Hepatitis C at Australian Needle Exchanges.*
[57] Loxley, W., et. al., 1996, A Talk of Four Cities: Prevalence of HIV, Hepatitis C and Hepatitis B among Injecting Drug Users in Adelaide, Melbourne, Perth and Sydney, paper presented at the 7th International Conference on the Reduction of Drug-Related Harm, From Science to Practice, National Centre for Research Into the Prevention of Drug Abuse, Western Australia.
[58] Department of Human Services, Management, *Control and Prevention of Hepatitis C. Guidelines for Medical Practitioners*, Victoria.

- hepatitis C virus stays alive longer outside the body than HIV. So, there will be more chance of it being present on any injecting equipment that has been in contact with infected blood.

- hepatitis C has only been isolated very recently (1989), and has probably been around for a long time among injectors. So, there is likely to be a bigger initial infection pool for hepatitis C, than HIV.

2. Why has there been comparatively little attention given to the problem of hepatitis C both in the injecting drug community, and the wider community?

This can only be speculated on, but the following suggestions are not implausible:

- the incidence of hepatitis C among injecting users is very high, but comparatively low in the wider community, This, together with the fact that hepatitis C is not as effectively transmitted by sexual means, makes it easy to see hepatitis C exclusively as a drug users' disease;

- the acute symptoms (and associated health-care costs) of hepatitis C only arise about 20 years down the track, so it is easy to overlook it as a current concern.

3. What extra, or different, harm-reduction strategies are necessary to target the hepatitis C problem among drug users?

The committee believes that the following measures should be considered:

- education/information/public awareness campaigns should be extended. The Don't Share Needles campaign should become a Don't Share Anything campaign;

- hepatitis C should be treated as a concern for the whole community, and not just portrayed as a problem for drug users;

- needle and syringe exchanges should exchange all injecting paraphernalia (tourniquets, spoons, etc.);

- interferon should be made available, on a government-subsidised basis, to those infected drug injectors who are successfully undergoing rehabilitation or treatment to cease their drug use. (Currently this group is banned from subsidy).

- more intensive research efforts should be made to determine exactly what underlies the greater prevalence of hepatitis C, compared to HIV/AIDS, and what prevention strategies are therefore most appropriate;

- as recommended by the recent NHMRC Report '*A Strategy for the Detection and Management of Hepatitis C in Australia*', the Government ought to fund large-scale clinical trials of the combination therapy of interferon and ribavirin, as this therapy appears to be twice as effective as interferon alone.

4.5.2 Cultural Difference & the Drug Problem ***4.5.2***

Non-English speaking background (NESB) communities have been highlighted as a priority target group by the National Drug Strategy. The PDAC Report also noted the importance of certain drug issues relating to ethnic communities.

There is comparatively little research on actual levels of illicit drug use in ethnic minorities in Australia, and there is no compelling reason to suppose that drug use is higher in any of these communities than in the general population.[59] It is clear, though, from the observations of local law enforcement agencies and service providers that such communities are certainly not free from drug use.

From the point of view of a harm minimisation approach to drug problems, the occurrence of drug use in any ethnic community is cause for concern. In the context of the general social disadvantages that many ethnic communities face, the consequences of drug problems tend to be magnified, and become less amenable to the sorts of solutions and strategies that suffice for mainstream cultural communities. Some ethnic communities will have the social and economic capacity to tackle their drug problem, but other communities will not be as well positioned to do this, and will stand in need of additional resources and extra efforts.

While the committee is very keen to avoid stigmatising particular ethnic communities by singling them out for special attention, it nonetheless feels a strong obligation to address drug-related needs where they are most acutely felt. In a number of centres in Victoria (e.g., Springvale, Footscray) the problem of injecting drug use among the Cambodian/Laotian/Vietnamese (CLV) group is becoming increasingly prominent.

[59] One recent study observed that the reported use of marijuana and other illicits in the Vietnamese community of Sydney was lower than in the general community. Bertram, S., Flaherty, B., & Everingham S., 1996, "Knowledge and use of alcohol and other drugs among Vietnamese-speaking migrants", *Drug and Alcohol Review*, 15, Pp. 127–132.

The CLV community is not the only ethnic group in which injecting drug use takes place, nor is it necessarily one in which injecting drug use occurs more than elsewhere. There are nevertheless some good reasons for paying particular attention to the needs of that group.

The 'cultural distance' between this Indochinese group and the Anglo mainstream is greater than with most other ethnic groups. In terms of the drug problem, this gap will manifest itself in a number of ways:

- there will be significant language barriers in acquiring information about drug abuse and unsafe injecting practices. (AIDS/STD educational initiatives have had limited success in CLV communities; there is a serious problem with the prevalence of hepatitis C.);

- the importance of 'face' in Asian culture acts to deter drug users from seeking treatment, and families from admitting the existence of a drug problem. This creates a high level of shame and secrecy concerning drug use among the CLV community, and prevents it from adopting any form of ownership of its drug problem.

Unlike many other ethnic groups, the CLV community is only recently reaching its second generation in Australia. The ethnic settlement process is still going on, and many CLV users and their families have had traumatised pasts in their homeland. This can mean that:

- parents and families of users are unfamiliar with the available avenues and procedures for dealing with drug abuse. They also have low levels of awareness, skills and confidence to deal effectively with the health-care system, police, legal officials, etc.;

- the possibly unsettled and traumatised childhood and family background of CLV drug users might act to lower the onset age of drug use, or else intensify or prolong the period of use.

The committee sees it as important to provide CLV communities with extra resources that are appropriately culturally targeted, and it endorses the recommendations below made by the recent National Vietnamese Injecting Drug User Consultation Group:[60]

Information and education

[60] 1996 Report, Epidemiology and Social Research Unit of the Macfarlane Burnet Centre for Medical Research.

- culturally-specific written and aural information concerning drug abuse should be made available to CLV communities (and not just simple translations of English material). Telephone information should be more available because mobile phones are popular among CLV drug users;

- ethnic media should be used to raise awareness and dispel myths in the CLV community about drug abuse;

- mainstream media should be educated so that CLV drug users are portrayed accurately to the wider community;

- concerted attempts should be made to inform and educate CLV drug users about the dangers of bloodborne viruses (HIV, hepatitis C), and ways to avoid exposure to them;

- alternative approaches to drug education should be adopted for CLV communities which are not so language based, but involve drama, for example. [Some alternative programs and approaches are currently under way in Victoria. See Section 3.2 of this report for further details];

- because of strong bonds of loyalty and fellowship among users in the CLV community, it may be effective to emphasise the harms to *others* of drug use, as well as the harms to oneself.

Service Provision

- providers of treatments (including alternative treatments) should target CLV users, or make special effort to encourage their participation;

- efforts should be made to involve the parents and families of users in the treatment and withdrawal process;

- services should make greater use of ethnicity-specific counsellors and drug workers;

- there should be a focus on outreach work when planning service provision for CLV users;

- flexibility in police activity and interactions with CLV users and community should be encouraged.

Community Participation

- the CLV community needs to be encouraged to assume some responsibility and control over the drug problem and the responses developed;

- efforts should be made to destigmatise the problem of injecting drug use in CLV communities;

- CLV drug workers and community members need to be included more in drug policy development;

- efforts should be made to empower CLV parents and family members to work effectively with health workers, the police and legal officials.

Research

- more research needs to be conducted on the general incidence of injecting drug use in CLV communities;

- research needs to be urgently conducted on strategies for minimising the incidence of hepatitis C and bloodborne viruses in CLV communities.

There is also the issue of appropriate policing practice in CLV and other ethnic communities with drug problems. The Wood Report addresses the question of policing for special needs groups in NSW. It notes the importance of establishing special ethnic liaison units within the Police, broader community consultation, and ongoing communication between police and representatives of the communities concerned.

4.6 Evaluation and Review ***4.6***

Adequate processes of evaluation and review are essential to any program development, and when programs are linked as part of one overarching policy strategy, like *Turning the Tide*, proper coordination is also paramount. The more complex and far reaching the policy strategy, the more finely tuned the coordination framework needs to be, and the more responsive and informative the modes of evaluation. The next few sections take a brief look at this complex area, and note some of the major evaluation and coordination issues that loom most largely in the committee's current thinking.

4.6.1 Evaluation Frameworks: The Need for Indicators/Benchmarks ***4.6.1***

Vested with the important responsibility of monitoring the implementation and evaluating the effectiveness of the *Turning the Tide* strategy, the committee has been exposed to a variety of approaches to program/project evaluation.

From preliminary analyses, the committee found it difficult to assess the overall effectiveness of the evaluation effort to date. Evidence has been regularly produced at project level of concise and sound plans developed with the aim of measuring and interpreting the impact of projects. What is not so clear is the presence of any established framework through which the overall outcomes and impact of *Turning the Tide* can be measured over time.

In terms of meta-program evaluation, the committee received the following advice:

- as a starting point, there is a fundamental need to agree on aims and what strategy outcomes are expected from each relevant agency;
- the aims/goals need to be articulated and made measurable using indicators;
- decisions need to be made against baseline data;
- data should be of a qualitative and quantitative nature with a balance of data types.

Aware of these requirements as prerequisites for any evaluation effort, the committee expresses disappointment because:

- there seems to be a 'culture of non evaluation' prevailing in some program quarters, with operatives either not aware, not willing, or not skilled enough to implement a coordinated evaluation strategy;
- this culture of non evaluation is, to some extent, a product of limited funding. Funding parameters and funding life do not allow for post-program or follow-up (tracking) evaluations. The evaluation usually involves a quantitative summary of program outcomes rather than long term qualitative assessments;
- evaluation seems to be an afterthought left to the end of the process rather than being perceived as an integral part of the discovery process during implementation of the program.

Policy makers have tended to act first and think about the analysis later, and have justified actions after the event. The committee is particularly concerned at the apparent lack of effort applied to setting clear terms of analysis for *Turning the Tide*. It has been left second guessing the intentions of the planners, particularly in terms of operational outcomes. This issue extends to the global aims and the continuing prospectus for future programs and research.

Some Preliminary Considerations

The committee is aware of the Victorian Program Evaluation Guidelines 1993, and will use the following questions and criteria to assess program outcomes:

- *Appropriateness*: Is the program necessary? Should its focus be changed?
- *Economy:* Is the program costing too much? Can the total costs be reduced?
- *Efficiency:* How well is the program running? Are the resources used justified by the proposed outcomes?
- *Effectiveness*: Has the program had the desired impact? Have the planned results been obtained and do they justify the resources used?
- *Cost Effectiveness*: Has the program achieved the desired financial result? Has the desired unit cost of producing a product or service been obtained?
- *Equity:* Have equity objectives been met?

From its preliminary assessment, and from advice received from a wide range of people in the field of illicit drug treatment and control, the committee makes the following suggestions:

- professional evaluators should be employed to apply scientifically sound evaluative techniques within sensible budgetary limitations, to ensure that workable models of success are documented and measurable criteria have been applied to programs;
- Victoria's evaluative efforts be cognisant of, and conducted with due reference to, the *National Drug Strategy: Mapping the Future* recommendations contained in chapter 8 (particularly recommendation 5);
- project operators must be given the appropriate training to develop evaluation skills. The field must be informed, have access to techniques, data and funds to develop a faith in the system and a positive view that what they do and say is worthwhile, will be considered, and will impact on future planning;
- a process needs to be put in place that allows project administrators to share their learning and to disseminate/disclose successes and failures in an ongoing way. A clearing-house structure may be part of the answer here;

- most importantly, funding life should be lengthened to enable the design and implementation of more creative and follow-up evaluation, which could be subsequently fed into new programs in the wake of *Turning the Tide*;

- a coordinated and integrated research structure should be in place that appraises *Turning the Tide* in a meta-evaluative sense to promulgate new ideas and outcomes that can be incorporated in the overall philosophy.

Conclusions

The committee is not entirely happy with current evaluation efforts. It considers evaluation to be essential in assisting future planning and in making modifications to existing programs, but it should also be a prerequisite for future funding for drug reform strategies.

4.6.2 *Coordination Structures*

The PDAC regularly raised the issue of coordination and the need for integrated action (recommendation 8). It endorsed the concept of a collaborative, multi-faceted response to the drug problem. Such an approach necessitates a high level of integration, direction and coordination to facilitate each level of action and to maximise outcomes.

It would seem that in developing the *Turning of the Tide* Strategy, two models have been considered to ensure delivery: the implementation of the Agency for Drug Dependency, and management by committees.

The Implementation of the Agency for Drug Dependency.

The PDAC saw the need for a dedicated structure to coordinate the various organisations in order to maximise the range and quality of support services including training, research and service evaluation.

The Government's response to this option was fairly dismissive, stating that a range of other committees it names in the *Turning the Tide* document negates the need to set up an additional layer of bureaucracy. A cautionary note is sounded, however, in the words ‘the

recommendation may be reviewed if the implementation reveals the need for additional coordination and oversight of services'.

'Management by Committees'
This model involved the establishment of a raft of more senior committees to attempt the tasks of coordination and leadership.

The government favoured the latter option.

The committee has watched with interest the approach currently in place, and makes the following preliminary comments:

Central Coordination Efforts
Coordination: The management by committees model seems to be making steady progress, with coordination being achieved by loosely coupled arrangements between three key committees (e.g., Drugs Cabinet Sub Committee, Senior Officers Coordinating Committee (SOCC), and the Drugs and Crime Prevention Committee of Parliament (DCPC)).

The committee (Drugs and Crime Prevention) has noticed a degree of independence and territoriality emerging at officer level, and has raised concerns on more than one occasion regarding perceived role confusions between itself and SOCC, particularly in the area of evaluation and review.

Communication: The committee has formally complained about the information flow within *Turning the Tide*. The committee seems to be regularly left out of the communication/information loop, making its monitoring and review role very difficult. The committee was particularly disappointed when an offer to have the DCPC Chairperson sit in on the SOCC meetings to improve communication was not accepted.

The committee makes the following observations:

- SOCC seems to report on a need-to-know basis, compiling summarised quarterly reports from departmental data sources;

- SOCC reports are not easy to comprehend and often resemble a set of independently collected and disparate pieces of reporting. The Drugs and Crime Prevention Committee tends to get an outdated view of progress and a limited sense of an

integrated and whole-of-government approach. The SOCC reporting style is cumulative rather than comprehensive;

- The committee notes, and is cautiously aware of, the division of responsibility and powers between Parliament, government and the bureaucracy. In some cases, this division does not enhance open communication on drug issues;

- The Drugs and Crime Prevention Committee has had limited direct communication with the Drugs Cabinet Committee.

Regional/Local Coordination

Throughout the PDAC report, mention is made of the need for 'public engagement', 'coordinated work at State, regional and local level' and the need for a 'set of structural arrangements that has the potential to lead debate and coordinate drug issues and policies'.[61]

During its research tours, the committee has noted a number of positive attempts at local level coordination. It has also been made aware of how the different orientations of some sectors can contribute to confusion and inconsistent approaches.

The committee is aware of Police Community Consultative Committees (PCCC) and their work. These groups, although not specifically designed to manage drug issues, seem to provide one of the few inter-sectoral forms of collaborative action at local and regional level. Given the PCCC focus on policing matters, the relatively poor attendance at some forums and the lack of real representation of interest groups at others, the committee is unable to ascertain whether these forums have the capacity to fill what seems to be a leadership void at local level.

The committee noted with interest the Drug Action Teams in the UK and the Local Drug Action Groups in Western Australia. These focused on action plans, effective representation, and consonance with the State/national strategy, while also reflecting local circumstances and actually doing something about a local problem.

More debate is needed to ensure that responsive, well supported arrangements exist at local level to achieve coherent action on policies and programs.

National Co-ordination

The committee has viewed with some concern recent developments at the national level within the Ministerial Council on Drug Strategy. While there is awareness of a need for all relevant

jurisdictions to be involved on a national level, the recent interventions by the Prime Minister to override the council on the proposed ACT heroin trials gives rise to scepticism about the effectiveness of this body to shape national efforts in a responsive way and, more particularly, to generate movement and real national action on urgent and critical health issues.

The committee also notes the Prime Minister's launch of the Tough On Drugs National Illicit Drug Strategy on November 2 1997. While the committee is always keen to see a greater degree of public resources and attention being focused on the drug problem at the national level, it has questions about how that strategy is to fit in with existing State strategies. It is unclear at this stage, whether the Tough On Drugs programs are to be simply superimposed on existing initiatives in Victoria, or are to be modelled in collaboration with them. It is also unclear whether there will be any tensions in the methods, operations or goals of existing Victorian operations and Tough On Drugs projects. The committee would have welcomed a more consultative and coordinated approach to developing the Prime Minister's drug strategy.

Committee members have also reflected on the high degree of bureaucratic rhetoric and policy development at national level which is not always matched with action or the implementation of relevant programs.

In all, the committee's preliminary assessment of coordination arrangements is that:

- coordination by committees appears to be cumbersome and can produce lapses in momentum and communication gaps;
- the issue of regional and local coordination should be addressed to ensure coherent policy delivery and integrated action at the point of need. Current structures at this level do not appear to be focused or robust enough to provide the leadership required;
- a coordinated approach to actual program support, not just policies and money, is required to assist program workers at the local community level (e.g., outreach, welfare, council, volunteers, etc.). Consultancy advice and support delivered through a model similar to Crime Concern (UK) could invigorate and vitalise local partnerships against drug abuse.

4.6.3 Uniform and Regular Statistics ***4.6.3***

[61] *Drugs and Our Community*, pp. 115–16.

Throughout the PDAC report, regular reference is made to the quality and content of illicit drug data, in that the data currently collected are not comparable and not easily integrated for the purposes of evaluation and research. Gaps in data were also noted, and concerns were raised about the absence or unreliability of data, its relevance, and the general paucity of the information needed to confidently formulate policy, design programs and monitor service effectiveness.

The PDAC report clearly suggested improved data collection processes and procedures to:

- engage and inform the community;
- better inform policy development;
- improve program design;
- improve operational practices.

The PDAC, while promoting better data collection, also noted that the illicit nature of certain drugs, and the illegality of their use, would make it inherently difficult to obtain accurate, defensible data on important drug issues.

The PDAC, in various parts of the report, seemed to enunciate certain key principles or requirements:

Integration and coordination of monitoring: Data gathered by police, the courts and corrections systems are often not comparable, nor is it easy to integrate for purposes of evaluation or research. There is virtually no way to track a person's movement through the system or to assess the impact of the process. Counting methods and definitions constrain comparisons and reliance on longitudinal data. (The committee notes the establishment of the Department of Justice's Drug Data Base Coordination and Analysis Project to address this issue.)
Agreement on core data, common definitions and computer systems compatibility is also essential.

Impact/outcome data on harm minimisation at local level: Regional/local police data collection should include data relating to:

- consumption patterns;
- health consequences;

- violence associated with trafficking;
- the impact of law enforcement on use and supply;
- crimes committed in relation to the consumption of drugs. These data are required for planning and implementing law enforcement within a harm-minimisation strategy.

Types of data sets: Useful data not currently collected in a coordinated form should include:

- early warning baseline data. Methods of monitoring changes in patterns of drug activity at street level is essential for the proper design of targeted, proactive and strategic responses in local areas;
- monitoring to assess performance of treatment services.

- Treatment data to describe the patterns of use of services, and the clients of these services, have been inconsistent and unreliable.

Sources of data: Much of the data collected is at the end part of the process, (e.g., courts, police). It could be argued that at this stage it may already be too late to take remedial action. A balance of proactive and reactive data collection effort is recommended.

Usefulness and accuracy: Collection of accurate and useful data becomes problematic when drug use occurs in an environment of total prohibition. While data may be accurately recorded it may be rendered fairly useless for the reasons stated above.

National Databases: There are gaps and inadequacies in the national data that limit comparisons and analysis. This includes any systematic analysis of the impact of various legislative regimes.

4.6.4 Coordination of Drug Research Efforts ***4.6.4***

Throughout the PDAC report there are calls for more concentrated research efforts into various aspects of the illicit drug problem in Victoria. However, there is an impression that research efforts, and the evaluation of drug research outcomes, are not as well coordinated as they might be. Given the urgency of the drug problem, and the fact that research funding is finite, it is important that research efforts be managed as effectively as possible.

The committee has gained the impression that the State drug research and evaluation efforts lack coordination and strategic direction. From initial observations it would seem that a number of organisations hold and dispense funds for drug-related evaluation and research, but the committee has concerns about:

- the location of the various bodies and identification of guidelines, etc.;
- the accessibility to funds for prospective researchers;
- the determination as to how the various funding bodies target areas for research and select relevant research topics;
- the equitable distribution of funds to pre-targeted subjects;
- the difficulty in locating evaluation/research results.

While the committee wishes to explore this issue in greater depth later, it currently believes that the following principles should apply to research and evaluation efforts:

- research should be targeted to areas of need;
- the State should adopt a collaborative approach to determining research requirements;
- a statewide research agenda should be determined and should include input from the field and other key stakeholders;
- a dedicated unit may be required to facilitate coordination. This unit could assist with:

  – preparation of an inventory of research;
  – monitoring and feeding-back of interim and formal findings to key players;
  – establishing a clearinghouse for resources, etc.

- joint and shared resourcing of research efforts should be encouraged;
- research findings should be disseminated widely to field workers in non-technical language and in condensed form.

The committee believes the current research and evaluation efforts fail to satisfy the Government's information needs. Focused research efforts and integrated databases are fundamental tools for policy developers and program/project operators working on drug reform in Victoria.

*** * * * * ***

As was said at the beginning of this chapter, the list of issues just outlined are neither binding on the committee's investigations for its second report, nor exhaustive of the matters that may occupy its attention. There are also other issues (such as youth volatile substance abuse, support for innovative community projects, drugs and suicide, the role of general practitioners and pharmacists in the drug problem etc.), that the committee see as possibly relevant to future investigation, but which have not been mentioned here.

References

Article, 9 September 1997, *The Australian,* p. 5.

Australian Bureau of Criminal Intelligence 1995–96, *The Australian Illicit Drug Report*, Commonwealth of Australia.

Australian Federal Police 1997, *The Bridge*, Sydney, July.

Bertram, S., Flaherty, B. & Everingham, S. 1996, 'Knowledge and use of alcohol and other drugs among Vietnamese-speaking migrants', *Drug and Alcohol Review*, 15, pp. 127–32.

Crime Concern 1997, *Young People, Crime and Prevention. A Briefing Paper for Crime Prevention and Regeneration Partnerships*. No. 4, Crime Concern Trust Limited. Swindon.

Department of Human Services, *Management, Control and Prevention of Hepatitis C: Guidelines for Medical Practitioners*, Victoria.

Dodding, J. 1993, 'Syringe in the machine', *National AIDS Bulletin*, September.

Dolan, K. et al. 1995, 'HIV risk behavior of IDUs before, during and after imprisonment in NSW', *Addiction Research.*

Donnelly, N. & Hall, W. 1994, Patterns of Cannabis Use in Australia, a paper prepared for the National Task Force on Cannabis. National Drug Strategy Monograph Series No. 27, National Drug and Alcohol Research Centre, University of New South Wales, AGPS Canberra.

Ellickson, P. L. & Hays, R. D. 1996, 'Associations between drug use and deviant behaviour in teenagers', *Addictive Behaviours,* 21 (3).

Epidemiology and Social Research Unit of the Macfarlane Burnet Centre for Medical Research, *1996 Report*. The Macfarlane Burnet Centre for Medical Research Limited, Australia.

European Cities for Drug Policy, 25 September 1997, *Newsletter*.

Golub, A. & Johnson, B. 1994, 'The shifting importance of alcohol and marijuana as gateway substances among serious drug users', *Journal of Studies on Alcohol*, 55, pp. 607–14.

Gossop, M. 1995, 'Chasing the dragon: Research into heroin smoking in Britain', *European Addiction Research*, 1**.**

Graham, J. & Bowling, B. 1995, *Young People and Crime*, Home Office Research Study 145, HMSO, London.

Grant, A. A. 1995, *Investigation into Drugs in Prisons in South Australia*, report prepared for the Minister of Correctional Services, January.

Groen, M. 1995, *The Needle Exchange Program of 'The Rainbow': More than just needle exchange*, Amsterdam.

Grund et al. 1992, 'Reaching the unreached: Targetting hidden IDU populations with clean needles via known user groups (Dutch study)', *Journal of Psychoactive Drugs*, 24 (1).

Hall, W. & Darke, S. 1997, 'Trends in opiate overdose deaths in Australia 1979–1995', *NDARC Technical Report No. 49*, 1997.

Hall, W. 1997, 'The role of legal coercion in the treatment of offenders with alcohol and heroin problems', *The Australian and New Zealand of Criminology*, 30 (2), pp. 103–20.

Kelly, B. 1996, 'Drugs in prison', *Australian Criminal Intelligence Digest*, July.

Loxley, W. et al. 1996, A Talk of Four Cities: Prevalence of HIV, Hepatitis C and Hepatitis B among Injecting Drug Users in Adelaide, Melbourne, Perth and Sydney, a paper presented at: The 7th International Conference on the Reduction of Drug-Related Harm. from Science to Practice, National Centre for Research into the Prevention of Drug Abuse. Western Australia.

MacDonald, M., Wodak, A. & Kaldor, J. 1996, *HIV and Hepatitis C at Australian Needle Exchanges.*

Mackesy-Amiti, M., Fendrich, M. & Goldstein, P. 1997, 'Sequence of drug abuse among serious drug users: Typical vs atypical progression', *Drug and Alcohol Dependence*, 45, pp. 185–96.

Manchester Police Force. [n.d.], *Drugs Misuse Strategies: Executive Summary*, Manchester.

Moffitt, A., QC 1995, International Drug Policy and UN Drug Conventions: Australian Obligations, (unpublished).

National Drug and Alcohol Research Centre 1996, *Final Report on Injecting Rooms in Switzerland*, July.

New Zealand Drug Policy Forum 1997, *Alternative Systems of Cannabis Control in New Zealand*, July.

Premier's Drug Advisory Council 1996, *Drugs and Our Community*, Victorian Government.

Queensland Criminal Justice Commission 1994, *Report on Cannabis and the Law in Queensland*, June.

Rankine, J. & Paras, R. 1997, *Report to City of Greater Dandenong on Safety Clinics*, 22 September. Human Services Department, City of Greater Dandenong.

Rato Scholl, MD. 1995, from statistics published by the Swedish National Institute of Public Health, 1993.

Report of the International Narcotics Control Board for 1996. United Nations.

Uchtenhagen, A., Gutzwiller, F. & Dobler-Mikola, A. (eds) 1997, *Program for a Medical Prescription of Narcotics: Final Report of the Research Representatives*. Swiss Federal Office of Public Health, Berne and Addiction Research Institute, Zurich.

United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.

United Nations Single Convention on Narcotic Drugs, 1961.

United Nations International Drug Control Program 1997, *World Drug Report*, University Press, Oxford.

United Nations International Narcotics Control Board 1996, *Availability of Opiates for Medical Needs.* United Nations.

Victoria Police 1996–97, *Provisional Crime Statistics.* Victoria Police

Walker, J. 1997, 'Estimates of the cost of crime in Australia in 1996', *Trends and Issues in Crime and Criminal Justice*, 72, Australian Institute of Criminology.

Weatherburn, D. & Lind, B. 1995, *Drug Law Enforcement Policy and its Impact on the Heroin Market*, NSW Bureau of Crime Statistics and Research, Sydney.

Wodak, A. & Owens, R. 1996, *Drug Prohibition: A Call for Change*, University of NSW Press, Sydney.

Appendix 1: Glossary of Terms & Acronyms

ABCI	Australian Bureau of Criminal Intelligence
Abstinence	To not use a drug at all.
AFP	Australian Federal Police
Amphetamines	A group of drugs that stimulate the central nervous system.
ATS	Amphetamine-type Substance
AUSTRAC	Australian Transaction Reports and Analysis Centre
Buprenorphine	Methadone substitute.
Cannabis	Cannabis, hashish and hashish oil from the Indian hemp plant, cannabis sativa.
CBO	Community Based Order
CCTO	Combined Custody Treatment Order
COATS	Community Offenders Advice Treatment Service
Cocaine	A naturally occurring stimulant and anaesthetic produced by chemical processing and treatment of a coca plant.
CORE	The Public Correctional Enterprise
Dependence	Being physically or psychologically compelled to use a drug to feel normal or to cope.
Detoxification	The process of withdrawing from drugs.
DPP	Director of Public Prosecutions
Ecstasy	A derivative of amphetamine.
HS	Department of Human Services (Previously Health Department)
Hallucinogens	Substances that alter the organisation of information in the central nervous system and distort sensory perceptions and can cause hallucinations.
Heroin	A strong narcotic analgesic drug, derived from the opium poppy.
LAAM	L-Alpha Acetyl Methadol: a long-acting methadone substitute.
LSD	Lysergic Acid Diethylamide: a manufactured

	hallucinogenic drug.
Methadone	A long acting synthetic narcotic analgesic used as a substitute of heroin, permitting withdrawal without development of acute abstinence syndrome.
Naloxone/ Narcan	An opiod antagonist (chemical derivative of opium), which when injected after a narcotic overdose produces a rapid reversal of the symptoms of syndrome.
Naltrexone	An orally longer acting opiod antagonist.
NCA	National Crime Authority
Needle & Syringe Exchange Program (NSEP)	Programs that provide free needles, syringes, condoms and safer using information. They also take back needles and syringes for safe disposal.
Opiates	A range of drugs derived from the opium poppy that are strong central nervous system depressants and pain killers, including heroin, codeline, morphine.
OPP	Office of Public Prosecutions
PDAC	Premiers Drug Advisory Council
Psychoactive drug (Psychotropic drug)	Drug that acts primarily on the central nervous system, including the brain.
Polydrug use	The simultaneous or sequential non-medical use of more than one drug without any strong preference for any one drug.
Stimulants	Drugs that stimulate or speed up the central nervous system functioning including caffeine, amphetamine and cocaine.
UN	United Nations
VIFP	Victorian Institute of Forensic Pathology
VOSA	Victorian Offenders Support Agency
WESTADD Inc.	Footscray Alcohol & Drug Counselling
WHO	World Health Organisation
Withdrawal	The process experienced by a drug-dependent person when the effects of a drug wear off. It is characterised by physical and psychological symptoms that can last for months.

Appendix 2: List of Submissions Received

List of Submissions

Mr Karl Thornton
Thornton and Thornton Professional Qualified Counselling Service

Ms Deborah Homburg
Buoyancy

Mr Ron Harris

Ms Kathryn Brand

Mr Nick Crofts et al.
Macfarlane Burnet Centre for Medical Research

Mr James Rowe

Ms Rosemary McClean
Australian Drug Foundation

Ms Adrian Robb
Moreland City Council

Ms Pauline Weir

Dr Valerie Yule

Ms Dina Morris

Mr Martin Vink

Professor Greg Whelan
Drug and Alcohol Studies
St Vincent's Hospital

Mr George Georgievski

Appendix 3: List of Victorian Meetings

19 September 1996 **Victoria Police**

Assistant Commissioner Gavin Brown
Corporate Police, Planning and Review Department
Chief Inspector Paul Ditchburn
Drug and Alcohol Policy Coordination Unit
Ms Christine Vincent
Project Officer, Drug and Alcohol Policy Coordination Unit
Senior Sergeant Tony de Ridder
Drug and Alcohol Policy Coordination Unit
Detective Chief Inspector John McKoy
Victorian Police Drug Squad
Detective Inspector Rob Hardie
Asian/Crime Operations Squads
Senior Constable Abraham Haddad
Victorian Police Asian Squad

19 September 1996 **Australian Drug Foundation**

Mr Bill Stronach
Chief Executive

14 October 1996 **Addiction Research Institute**

Mr Andrew Tsindos
Director/Chief Executive
Dr Joe Santamaria
Chairman
Mr Greg Powell
Director of Research

22 October 1996 **Australian Federal Police**

Mr Nigel Hadgkiss
General Manager, Southern Region
Mr Peter Phillips
Director, Operations
Mr Jeff Penrose
Director, Operations Support
Mr John Draffin
Manager, Regional Operations Coordination Centre
Mr Jim Duffy
Coordinator, Operations Group

23 October 1996 **National Crime Authority**

Mr R. C. McAllan
Manager, Investigations
Mr John Broome
Chairman
Mr Peter Lamb
General Manager, Operations

Mr Con Differding
Lawyer
Mr Mervyn Keehn
Melbourne Regional Director

29 January 1997 **Department of Human Services**

Dr Chris Brook
Director, Public Health
Ms Jennifer Williams
Director, Aged, Community and Mental Health
Mr Vic Gordon
A/Director, Coordinated Care
Ms Laurie Bebbington
Manager, Drug Treatment Services
Mr Ray Judd
Manager, Health Development

29 January 1997 **Department of Education**

Mr Graeme Schaeche
Assistant General Manager, Student Welfare and Support
Ms Kaye Ely
Manager, Drug Education
Ms Glenda Johnston
Manager, Drug Education

18 February 1997 **Open Family Australia**

Mr Nathan Stirling
Chief Executive Officer

Appendix 4: Field Evaluation Consultations

Victoria Police

Assistant Commissioner Gavin Brown
Corporate Policy, Planning and Review Department
Chief Inspector Paul Ditchburn
Corporate Policy, Planning and Review Department
Drug and Alcohol Policy Coordination Unit
Senior Constable Abraham Haddad
Victoria Police Asian Squad
Detective Inspector Greg Bowd
Victorian Police Drug Squad
Detective Inspector Kevin Sheridan
Asset Recovery Squad
Ms Christine Vincent
Project Officer, Drug and Alcohol Coordination Unit

Department of Human Services

Ms Laurie Bebbington
Manager, Drug Treatment Services
Mr Ray Judd
Manager, Health Development
Mr Keith Moyle
Manager, Drug Policy
Ms Judy Downie
Acting Chief, Drugs and Poisons Officer

Department of Justice

Ms Debbie King
Director, Policy, Planning and Standards
Office of the Correctional Services Commissioner
Ms Melanie Wright
Legal Officer
Attorney-General's Policy Branch
Ms Joe Metcalf
Acting Assisting Director, Civil Branch

Department of Education

Mr Graeme Schaeche
Assistant General Manager
Student Welfare and Support
Mr Brendon Saville
Regional Drug Education Facilitator
Loddon-Campaspe Region
Ms Glenda Johnson
Manager, Drug Education
Ms Kaye Ely
Manager, Drug Education

Trentham District Primary School

Mr Denise Close
Ms Anne Schroeder
Ms Ruth Fan
Mr Phillip Parkinson
Principal

CORE. The Public Correctional Enterprise

Ms Janelle Morgan
Director, Community Correctional Services
Mr Mick Carroll
Manager, Offender Services

Her Majesty's Prison Bendigo

Mr Brian Greaves
Regional Manager
Ms Mandy Smith
Operations Manager
Ms Sue Hill
Program Coordinator
Ms Marlene Morrison
Manager, Drug and Alcohol Services
Mr Scott Whiteway
Therapist
Mr Geoff Morris
Therapist
Prisoners: Craig, Jack, John, Pat

Department of Premier and Cabinet

Mr Greg Manning
Executive Officer
Ms Meredith Sussex
Head of Cabinet Office

Jesuit Social Services

Mr Bearnie Geary
Associate Director, Connexions
Mr Paul Newland
Manager, Brosnan Centre

Youth Resource Centre, Greater Dandenong City Council

Ms Pauline Neil
Coordinator
Ms Chris Morley
Youth Outreach Worker
Youth: Malik

Turning Point Alcohol and Drug Centre

Ms Margaret Hamilton
Director

St Vincent's Hospital

Professor Greg Whelan
Director of Drug and Alcohol Studies

Moreland Hall Drug and Alcohol Service

Ms Colleen Pearce
Executive Director
Ms Silvia Alberti
Manager, Justice Services

Maroondah Social and Community Health Centre

Ms Sue McCooey
Program Manager, Counselling and Support Services
Mr John Pead
Clinical Psychologist

Appendix 5: List of Victorian Site Visits

Site visits in Victoria undertaken by the committee during this inquiry

28 August 1996

Turning Point Alcohol and Drug Centre

Brosnan Centre

Jesuit Social Services

14 October 1996

Odyssey House

6 November 1996

Her Majesty's Pentridge Prison

Her Majesty's Barwon Prison

Appendix 6: List of Interstate Visits/Meetings

List of professional contacts, initiated by the committee, outside Victoria

South Australia

1 October 1996

Adelaide's Women Prison
Inspector Bob Leggat, Manager, Offender Services
Mr Tony Kelly, Director, Offender Services
Ms Jann McBride, Manager, Programs Policy and Service Standards
Ms Delia Guy, Manager, Therapeutic Community, Cadell Training Centre
Mr Lloyd Ellickson, Supervisor, Community Corrections
Ms Maureen Gupta, Coordinator, Strategic Planning and Review
Ms Cheryl Clay, A/General Manager, Adelaide Women's Prison
Mr Kevin Boahm, General Manager, Adelaide Pre-Release Centre
Mr Steve Mann, Unit Manager, Adelaide Pre-Release Centre
Mr Steve Saint, Coordinator, Offender Health Education
Mr Ray Buckseall, Analyst
South Australia Department of Correctional Services

Mr Matthew Goode, Senior Legal Officer
South Australian Attorney General's Department

Mr Rob Lean, Assistant Commissioner (Crime)
Detective Superintendent Denis Edmonds, Officer in Charge, Drug Task Force
Senior Sergeant John Wallace, Hindley Street Police Station, Adelaide Division
Detective Sergeant Grant Baylis, Port Adelaide CIB, Operation Tribune
South Australia Police

2 October 1996

Site Visit: Drug and Alcohol Services Council
Mr Paul Christie, Senior Research Officer
Ms Bev Drage, Clinical Nurse Consultant, Public Methadone Program
Ms Catherine McGregor, Project Officer, Reduction of Heroin Overdose Study
Ms Katrina Hall, Health Promotion
Ms Lynette Cusack, Director Intervention Services

Associate Professor Steve Allsop, Director
National Centre for Education and Training on Addiction

Ms Vicki White, Senior Project Officer
Ms Robyn Babbel, Senior Project Officer
Drug and Alcohol Strategies Project
Department for Correctional Services

Ms Sue Millbank, Manager
Ms Jane Fisher
Crime Prevention Unit
South Australia Attorney General's Department

Mr Bill Pryor

South Australia Liquor Licensing Commissioner

Mr James Danenberg
Marijuana Legalise
Mr William Pointon RN., HEMPSA Medical Advisor
Help End Marijuana Prohibition (HEMPSA)

* Ms Anne Young, Senior Curriculum Officer
South Australia Department of Education

* Inspector Graham Lough, Drug and Alcohol Policy Coordinator
South Australia Police

* Dr Jason White, Senior Lecturer in Pharmacology
University of Adelaide

Canberra

25 November 1996

Mr David McDonald, formerly Senior Criminologist,
Australian Institute of Criminology, currently PhD Scholar
National Centre for Epidemiology and Population Health
The Australian National University

Commander Dave Blizzard, Executive Director
Mr Kerry MacDermott, Senior Adviser, National Coordination
Commonwealth Law Enforcement Board

Commander John Dau
Detective Acting Superintendent Steve Lancaster, Coordinator
Regional Investigations
ACT Region, ACT Federal Police

Mr Michael Moore, MLA
Australian Parliamentary Group for Drug Law Reform

Mrs Kate Carnell, Chief Minister
Minister for Health and Community Care

Mr Simon Latimer, Senior Advisor
Mr Gary Dawson, Senior Advisor
Minister for Health and Community Care

Mr Martin Van Der Kleij
Ms Debbie Stanford, Outcomes Development Unit
Department of Health and Community Care

Mr Roger Hughes, Manager, National Drug Strategy Unit
Mr James Fox, Director, Tobacco and Alcohol Strategies Section
Dr Linda Gowing, Acting Director, Illicit Drug Strategies Section
Mr Brendan Gibson, Director, Evaluation of the National Drug Strategy
Commonwealth Department of Health & Family Services

Ms Karen O'Rourke, Principal Government Lawyer, Criminal Law Reform
Ms Katherine Merrifield, Senior Government Lawyer

Mr Geoff McDonald, Senior Adviser, Criminal Law Reform, federal representative Model Criminal Code Officers Committee
Federal Attorney-General's Department

26 November 1996

Dr Gabriele Bammer, National Centre for Epidemiology for Population Health
Australian National University

Ms Leila Bailey
Drugs in the Family

Site Visit: Assisting Drug Dependents Inc.

Mr Richard Refshauge, President
Ms Liz Skinner, Service Director
Ms Deborah Felton, Program Manager , Drug Referral and Information Centre
Ms Jude Byrne, ACTIV League Coordinator
ACT Injecting Drug Users League Peer Program
Mr Perry Fletcher, Program Manager, ACT Needle Exchange Program,
AIDS Mobile Unit
Ms Libby Bailey, Arcadia Program Manager, Arcadia House Withdrawal Centre
Ms Cathy MacFarlane, Data Program Unit, ADD Inc. Organisational Data Collection and Monitoring System

Western Australia

4 February 1997

Mr Michael Daube, Chairman, Task Force on Drug Abuse
Mr Terry Murphy, Acting Director, Central Drug Coordination Office
Mr Greg Swensen, Acting Coordinator, Drug Data Coordination Unit,
Central Drug Coordination Unit
Ministry of Premier and Cabinet

5 February 1997

Professor Tim Stockwell, Director
Dr Wendy Loxley, Senior Research Fellow
Mr Simon Lenton, Research Fellow
National Centre for Research and Prevention of Drug Abuse
Curtin University of Technology

Assistant Commissioner Bill Mott, Crime Operations
Superintendent Ron Carey, Superintendent, Community Services Command
Acting Detective Inspector Kim Porter, Officer in Charge, Drug Squad
Western Australia Police Service

* Dr Byran Stokes, Acting Chief Medical Officer, Executive Director/Personnel Health Services
Dr Paul Psalia-Savona, Acting General Manager, Public Health Services
Dr Allan Quigley, Medical Consultant/Clinical Director, Alcohol and Drug Authority
Mr Michael Jackson, Director, Environmental Health
Mr Maurice Swanson, Director, Health Promotional Services
Mr Shane Houston, General Manager, Office of Aboriginal Health
Mr Kevin Larkins, Director, Operational Management, Non-Government services
Western Australia Health Department

6 February 1997

Dr David Joyce, Senior Lecturer in Pharmacology
University of Western Australia

Mr Lynton Piggott, A/Manager, Central Treatment Services
Western Australian Alcohol and Drug Authority

Mr Gerry Gibson, Director, Policy Programs and Projects Directorate
Offender Management Division, Ministry of Justice

Mr John Garnaut, Superintendent Health and Physical Education;
Chair, School Drug Education Taskforce
Mr Iain Cameron, Consultant, Health Education
Mr Richard Crane, School Drug Education Project Leader
Education Department of Western Australia

*Mr Peter Osborn, Senior Program Coordinator
Mr David Northcott, General Manager
Ms Li-Anne Carroll, Residential Coordinator
Perth City Mission 'Yirra', Youth Substance Abuse Program

7 February 1997

Site Visit: Holyoake Institute, The Australian Institute on Alcohol and Addictions

Ms Jan Battley, Executive Director
Ms Lorraine Smith, Coordinator, Adolescent Program
Ms Kaz Hannelly, Counsellor/Coordinator, Corrections Program
Ms Sharon Deslandes, Coordinator, Parent Talk Program

Site Visit: Western Australia Alcohol and Drug Authority
Carrellis Centre

Mr Carlo Calogero, A/General Manager
Mr Chris Baldwin, A/Director, Treatment Services
Dr Allan Quigley, A/Principal, Medical Officer
Mr Lynton Piggott, Manager, Central Treatment Services
Ms Sue Burgmann, Coordinator, Alcohol and Drug Information Services
Ms Myra Browne, Principal Education Officer

***Site Visit: Palmerston Centre , Drug Research and Rehabilitation Association**

Ms Pam McKenna, Director
Ms Heather Less, Centre Coordinator

New South Wales

14 April 1997

Professor Timothy Rohl, BA MComm (NSW), FAIM, MACE
Director, Australian Institute of Police Management
Director, Australian Graduate School of Police Management

Professor Wayne Hall, Executive Director
Dr Lisa Maher, Senior Research Assistant
National Drug and Alcohol Research Centre
University of New South Wales

Mr Nicholas Richard Cowdery, QC, BA, LLB
New South Wales Director of Public Prosecutions

15 April 1997

Ms Elizabeth Callister, Manager, Drug and Cancer Education,
Student Welfare Directorate
Mr John MacDonald, Drug Education Consultant, Shellharbour District
New South Wales Department of Education

Dr Alex Wodak, Director, Alcohol and Drug Service
St Vincent's Hospital

Professor Ian Webster, Professor of Public Health
University of New South Wales

Superintendent Frank Hansen, Chief of Staff, Office of the Deputy Commissioner,
(Field Operations)
Commander Mal Brammer, Internal Affairs
New South Wales Police Service

* Dr Greg Chesher, MSc, PhD, Honorary Fellow
National Drug and Alcohol Research Centre

*** Site Visit: Kirketon Road Centre**

Dr Ingrid van Beek, Director
Dr James Blogg, Assistant Director

*** Site Visit: Oasis Youth Support Network, The Salvation Army**

Lt Paul Moulds, Director
Mr John Drew, Manager, Programs
Ms Sherene Hicks, Street Worker
Mr Phil Bebbington, Street Worker
Ms Lindsay Johnson, Team Leader, Case Management
Mr David Fredicks, Vocational Trainer

16 April 1997

Mr Richard Walsh, Chairman, Ministerial Advisory Committee on Alcohol, Tobacco and Other Drugs
Ms Patricia Ward, Principal Policy Officer, Drug Treatment Unit
Mr Bruce Flaherty, Drug Treatment Unit
Dr Jennifer Gray, Principal Policy Officer, Illicit Drugs and Health Unit
Ms Kate Purcell, Principal Policy Officer, Tobacco and Health Unit
Ms Sandra Fleischmann, Minister's Office
Centre for Disease Prevention and Health Promotion

* Ms Deborah Allen, Manager, Drug and Alcohol Services
New South Wales Department of Corrective Services

*** Site Visit: Cabramatta Community Centre**

Mr Mark Hankin, Youth Development Counsellor/Homeless
Mr Luat Ngyuen, Parents Youth, Drug and Alcohol Project
Mr Brad Schutz, AIDS Project

Ms Barbara Furlong, Youth Services Coordinator

Queensland

11 August 1997

Ms Christine Henderson, Acting Senior Education Officer, Behaviour Unit
Mr Rod Ballard, Coordinator (Health Issues Section)
Education Queensland

Mr Keith Evans, State Manager, Alcohol, Tobacco and Other Drug Services
Queensland Department of Health

The Hon. Vince Lester, MLA, Chairman
Mr Gordon Nuttall, MLA, Deputy Chairman
Mr Bill Baumann, MLA
Mr Frank Carroll, MLA
Mr Ray Hollis, MLA
Mr Stephen Robertson, MLA
Mr David Groth, Research Director
Ms Kerryn Newton, Principal Research Officer
Ms Veronica Rogers, Senior Research Officer
Ms Maree Lane, Executive Assistant
Parliamentary Criminal Justice Committee
Legislative Assembly of Queensland

Site Visit: Alcohol and Drug Service
The Prince Charles Hospital and District Health Service

Professor John Sanders
Professor of Alcohol and Drugs, Department of Psychiatry,
University of Queensland
Director, Royal Brisbane Hospital Alcohol and Drug Service
Clinical Director, Alcohol and Drug Service, The Prince Charles Hospital and District Health Service

Mr Michael Walsh, Manager
Ms Margaret Holtham, Assistant Director of Nursing
Mr James Needham-Walker, Clinical Nurse Consultant/Coordinator,
Biala Methadone Clinic
Dr Charles Genn, Senior Medical Officer, Biala Methadone Clinic
Mr Michael Jenner, Clinical Nurse Consultant/Coordinator,
Chermside Methadone Clinic
Ms Majella Jordon, Director Community Teams
Ms Estelle Parker, Social Worker, Youth Community Team
Ms Michelle Denton, Clinical Nurse Consultant,
Royal Brisbane Hospital Alcohol and Drug Service

12 August 1997

Mr David Curd, Drug and Alcohol Coordination Unit
Ms Ann Stevens, Drug and Alcohol Coordination Unit
Operations Support Command
Queensland Police Service

Dr Ann Roche, Director, The Queensland Alcohol and Research Centre and Education Centre of the Department of Social and Preventive Medicine
The University of Queensland

Mr Bob Aldred, Chief Executive Officer
Alcohol and Drug Foundation-Queensland

Mr Mark Fairbairn, Senior Adviser Offender Policy (Alcohol, Drugs and Health)
Dr Tony Falconer, Queensland Corrective Services Commission Consultant, Health and Medical
Queensland Corrective Services Commission

Mr Paul Rutledge, Acting Deputy Director of Public Prosecutions
Special Counsel National Crime Authority
Queensland Office of Director of Public Prosecutions

Mr John Costanzo, Director, Criminal Law, Policy and Legislation Division
Queensland Department of Justice

13 August 1997

Site Visit: Fairhaven Drug and Alcohol Rehabilitation Centre, The Salvation Army

Major Kevin Holland, Manager
Ms Ethel Webber, Duty Sister
Mr David Hatchman, Program Supervisor

14 August 1997

Mr Jack Lester, Drug and Alcohol Counsellor, Numinbah Correctional Centre Queensland Corrections

* Ms Gillian McIllwan, Acting Director
Alcohol and Drug Services, Gold Coast Hospital

Site Visit: Mirikai Drug and Alcohol Rehabilitation Centre
The Gold Coast Drug Council Inc.

Ms Mary Alcorn, Director
Ms Libby Newcombe, Program Coordinator
Ms Kerryn Brook, Counsellor
Mr James McGregor, Counsellor
Ms Kiki Gallagher, Counsellor
Ms Pauline Smith, Counsellor
Ms Kate Oosthuizen, Weekend Supervisor

* No reply to request for confirmation

Appendix 7: List of Overseas Meetings/Contacts

Overseas Study Tour Contacts

Den Haag, Netherlands

Ms Anemiek van Bolhuis, Ministry of Health, Welfare and Sports
Mr Peter Kortenhorst, Ministry of Justice
Mr Nico Schaar, Ministry of Justice
Mr Tom van Oorschot, Ministry of Foreign Affairs

Amsterdam, Netherlands

Dr Karel F. Gunning MD, President, Dutch National Board of Drug Prevention

Mr Peter van Dalen, Jellinek Addiction Centre

Mr Ernst Buning, GG & GD, Municipal Health Service, International Affairs Drugs

Ms Marianne Groen, Regenboog Needle Exchange

Mr Dany Kesteloot, MDHG

Mr Don Linszen, Academical Medical Centre

Zoetermeer, Netherlands

Mr John Oosterbroek and Mr Andre Ram,
National Central Bureau Interpol, Criminal Intelligence Division, Dutch Police

Utrecht, Netherlands

Mr Karel van Duyvenbooden, GAVO Project of Centrum Maliebaan

Mr Anno Sportel, Drop In Centre Hoog Catharijine

Bern, Switzerland

The Honourable Marc Suter, Member of the National Council

Ms Edith Bachmann,
Secretary of the Committee for Social Security and Public Health of the National Council

Dr Valentin Roschacher, Head of Section, Central Office of Narcotics
Federal Office of Police

The Honourable Fritz Schiesser, Member of the Council of States

Mr Paul J. Dietschy,Vice Director
Mr Bernhard Meili, Deputy Head of the Section Drug Intervention
Dr Martin Luzi Buechi
Federal Office of Public Health

Mr Benedict de Cerjat, Deputy Head of the Political Division II

Dr Valentin Roschacher, Head of Section, Federal Office of Public Health
Dr Margaret Rihs-Middel, Deputy Head of Analysis and Research Division, Federal Office of Public Health, Federal Department of Foreign Affairs
Mr Stefano Lazzarotto, Federal Department of Foreign Affairs

Dr Robert Hammig and Mr Peter Gerber
KODAI

Lausanne, Switzerland

Dr Dominique Hausser, MD, Swiss Federal Institute of Technology

Dr Jean-Pierre Gervasoni, MD, Project Leader
Institute of Social and Preventive Medicine, University of Lausanne

Geneva, Switzerland

Mr Rob Moodie, Director, Country Support UNAIDS, United Nations

Zurich, Switzerland

Mr Kurt Spitznegel, Chief of Criminal Investigation
Dr Rudolf Hauri-Bionda, Institute of Forensic Medicine
Kantourspolitzeri Zurich (State Police)

Stockholm, Sweden

Mr Roger Holmberg, European Cities Against Drugs

Mr Ulf Malmstrom and Ms Ingrid Wennerberg
National Board of Health and Welfare

Chester Ekberg, Head of Division. International Secretariat
Mr Walter Kego, Detective Superintendent, Head of Drug Intelligence Unit
Mr Tom Jensen, Police Inspector, Methods Division Drug Prevention
Swedish National Police Board

Ms Ake Setreus and Mrs Lena Nyberg
National Board of Health and Welfare

Ms Agneta Dreber, The National Institute of Public Health

Bengt Forssman, Maria Ungdom, Detox and Counselling Youth Centre

Mr Olle Norgren, Director of Education
National Agency for Education Information Department

Guildhall, London, UK

Mr Peter Rigby, CBE, JP, Chairman
Ms Alyson Morley, Policy Adviser
Ms Rosemary Morley, Policy Adviser
London Drug Policy Forum

London, UK

Mr Stephen Rimmer, Director
Central Drugs Coordination Unit, Privy Council Office

Mr John Glaze, Home Office, Action Against Drugs Unit

Mr Bernard Lane, Home Office, Drugs Prevention Unit

Mr Martin Raven, Drugs and International Crime Directorate
Foreign and Commonwealth Office

Professor Gerry Stimson
Dr Brain Wells
Mr Paul Turnball
Dr Christine Franey
Centre for Research on Drug and Health Behaviour

Mr John Strang, Director
Dr Michael Farrell
Maudsley Hospital Drug Dependence Services, National Addiction Centre

Mr Jon Bright, Director of Field Operations, Crime Concern

Greater Manchester, UK

Ms Mandy Broadbent, Head of Department, Marketing and Projects
Mr Paul Robertson, Chief Executive of TACADE
TACADE

Manchester, UK

Mr Paul Cook, Member of the Association of Chief Police Officers
Drug Subcommittee and the Drugs and Organised Crime Working Group
Greater Manchester Police, Community Affairs Department

Liverpool, UK

Mr James Kay, Director, Health Wise

Individual Overseas Contacts

Glasgow, Scotland

Mr David Byrce, Project Leader, Carlton Athletic Recovery Group

Mrs A. Lawson, Project Leader, Police Addiction Service

Councillor Des McNulty, Chair of Crime and Drugs Subcommittee
Glasgow City Council

London

Mr Derek Plumbly, CMG, Foreign Commonwealth Office
International Drugs Coordinator, Director, Drugs and International Crime

Mr Albert Pacey, CBE, QPM, Director-General
National Criminal Intelligence Service

Mr John Gaze, Home Office Drugs Division

Mr Stephen Pike, Action Against Drugs Unit, Home Office

Mr Roy Penrose, National Coordinator
Regional Crime Squad of England and Wales

Jersey, Channel Islands

Mr Anthony Renouf, Director, State of Jersey Customs and Excise

Mr Paul Marks, Assistant Chief Officer, States of Jersey Police

Mr Steve Harvey, Director, Health Promotion, Health and Social Services

Mr David Kaye, Strategy Manager, Crime and Drug Strategy Unit

Mr Stephen Cole, Deputy Chief Officer, States of Jersey, Customs and Excise

British Columbia, Canada

Mr Peter Engstad, Director, Policy Analysis Division
Coordinated Law Enforcement Unit, Ministry of Attorney-General

3rd European Conference Against Drug Abuse
Oslo, Norway on 1-5 June 1997

Dr. Michael McEvoy, Medical Officer
Alcohol Advisory Council of New Zealand, New Zealand

Ms Nancy Hampton, Senior Social Worker
Noongah, Alcohol & Substance Abuse Service
Western Australia, Australia

Professor Rudiger Meyenberg, Department of Political Science
European Integration Drug Research and Prevention Program
Oldenburg University, Germany

Mr Peter Moss, Social Worker,
Serenity Lodge, Rockingham
Western Australia, Australia

Dr. Elisabeth de Marees van Swinderen
Dutch National Board of Drug Prevention
The Netherlands

Professor Helge Waal, Department of Psychiatry
University of Oslo, Norway

Rowdy Yates, Director
University of Stirling Scotland
United Kingdom

Hans Emblad
Chairman, International Consortium of Non-government Agencies

On the Prevention of Drug Abuse
Switzerland