

# Chapter 3

## Australia's drug strategies

3.1 Australia's drug strategies have been coordinated through the National Drug Strategy (NDS) since 1985. Recently, the National Ice Taskforce (NIT), the government's response to the NIT's final report and the National Ice Action Strategy (NIAS) have articulated a focus on crystal methamphetamine. This focus has in turn informed the future direction of the NDS, and in particular the current NDS for 2017–2026.

3.2 This chapter considers the NDS, in conjunction with a brief discussion of the NIT's final report and the government's subsequent response to it. The chapter will then examine the NIAS and progress of its implementation since the NIAS was agreed by the Council of Australian Governments (COAG).

### National Drug Strategy

3.3 The NDS has been operating since 1985<sup>1</sup> as a co-operative strategy between the federal, state and territory governments and non-government organisations. In recognition of the important relationship between law enforcement and healthcare providers, the NDS aims to:

...contribute to ensuring safe, healthy and resilient Australian communities through minimising alcohol, tobacco and other drug-related health, social and economic harms among individuals, families and communities.<sup>2</sup>

3.4 The current iteration of the NDS is the first to have a ten year term, whereas previous strategies covered a period of five years.

3.5 The NDS is built upon a 'three pillars' approach. The three pillars of the NDS—demand reduction, supply reduction and harm reduction—are described in the following paragraphs.

### *Demand reduction*

3.6 The demand reduction measures are to:

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1 Formally known as the National Campaign Against Drug Abuse and renamed the National Drugs Strategy (NDS) in 1993. See Intergovernmental Committee on Drugs, *National Drug Strategy 2016–2025 (Draft)*, October 2015, p. 3, [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/73E3AD4C708D5726CA257ED000050625/\\$File/draftnds.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/73E3AD4C708D5726CA257ED000050625/$File/draftnds.pdf) (accessed 6 July 2017).

2 Intergovernmental Committee on Drugs, *National Drug Strategy 2016–2025 (Draft)*, October 2015, p. 3, [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/73E3AD4C708D5726CA257ED000050625/\\$File/draftnds.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/73E3AD4C708D5726CA257ED000050625/$File/draftnds.pdf) (accessed 6 July 2017).

- prevent the uptake and/or delay the use of alcohol, tobacco and other drugs;
- reduce the misuse of alcohol and use of tobacco and other drugs in the community; and
- support people to recover from their dependence on alcohol, tobacco and other drugs, and to reintegrate into the community.

### ***Supply reduction***

3.7 The supply reduction (law enforcement approach) measures aim to:

- prevent, stop, disrupt or reduce the production and supply of illicit drugs to the Australian community; and
- control, manage and/or regulate the availability of legal drugs.

### ***Harm reduction***

3.8 The harm reduction measures seek to reduce the adverse health, social and economic consequences of the use of alcohol, tobacco and other drugs.

### ***National Drug Strategy 2017–2026***

3.9 The NDS for 2017–2026 was endorsed by the newly formed Ministerial Drug and Alcohol Forum (MDAF) (see paragraphs 3.40 to 3.43) on 29 May 2017<sup>3</sup> and released on 19 July 2017.

3.10 The current iteration of the NDS is the first to have a ten year lifespan.<sup>4</sup> It promotes continued co-operation between law enforcement and health services, and prioritises:

- people's access to evidence-based, effective and affordable treatment and support services;<sup>5</sup>
- new data collections and sharing of information across jurisdictions;<sup>6</sup>
- strategies that prevent, delay and reduce the use of alcohol and other drugs (AOD);<sup>7</sup>
- support to communities to identify and respond to alcohol, tobacco and other drug issues;<sup>8</sup>

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3 Ministerial Drug and Alcohol Forum (MDAF), *Communique*, 29 May 2017, p. 1.

4 Australian Government, NDS 2017–2026, p. 3.

5 NDS 2017–2026, p. 19.

6 NDS 2017–2026, p. 20.

7 NDS 2017–2026, p. 21.

8 NDS 2017–2026, p. 22.

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- the reduction of adverse health, social and economic consequences of AOD problems by enhancing harm reduction approaches;<sup>9</sup>
  - the development of responses that restrict and/or regulate the availability of alcohol, tobacco and other drugs;<sup>10</sup> and
  - national co-operation to identify and address AOD problems including the sharing of jurisdictional information, innovative approaches and the development of effective responses.<sup>11</sup>

3.11 The NDS 2017–2026 prioritises populations at higher risk of developing AOD issues, many of which align with the target populations of the NIAS. These include Aboriginal and Torres Strait Islander people; people with co-morbid mental health conditions; young people; older people; people in contact with the criminal justice system; culturally and linguistically diverse populations; and people that identify as gay, lesbian, bisexual, transgender or intersex.<sup>12</sup>

3.12 A number of sub-strategies exist under the NDS. These sub-strategies inform and provide further direction and context on specific AOD issues.<sup>13</sup> These sub-strategies include:

- the NIAS;
- the National Aboriginal Torres Strait Islander Peoples Drug Strategy 2014–2019;
- the National Alcohol and other Drug Workforce Development Strategy 2015–2018;
- National Tobacco Strategy 2012–2018;
- the future iteration of the National Alcohol Strategy, penned to be released later in 2017; and
- the National Pharmaceutical Misuse Framework for Action (which expired in 2015).<sup>14</sup>

3.13 The most recent NDS includes a description of the reformed governance structure of the strategy (a description of the governance structure is at paragraphs 3.40 to 3.46) and the monitoring and progress reporting.

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9 NDS 2017–2026, p. 23.

10 NDS 2017–2026, p. 24.

11 NDS 2017–2026, p. 25.

12 NDS 2017–2026, pp 25–29.

13 NDS 2017–2026, p. 38.

14 NDS 2017–2026, p. 38.

*Monitoring and progress reporting*

3.14 The NDS 2017–2026 outlines the reporting of NDS activities. Annual progress reports will be released by the MDAF which will provide information on:

- jurisdictional and national activities;
- identify AOD trends; and
- emerging issues based on best available data.<sup>15</sup>

3.15 The National Drug Strategy Committee (NDSC) will provide a more detailed progress report to the MDAF, which will subsequently be submitted to COAG every three years. These detailed reports will be released in conjunction with the release of findings from the National Drug Strategy Household Survey (household survey) and will be evaluated against key measures of success. These detailed progress reports will be released in 2018, 2021, 2024 and in 2027.<sup>16</sup>

3.16 Finally, the NDSC will also conduct a mid-point review of the NDS in 2021–2022 to determine new priorities, and identify emerging issues and challenges.<sup>17</sup>

*Measures of success*

3.17 The three-year detailed progress reports of the NDS will include new measures of success that illustrate its progress. The five headline indicators are:

- **Increasing the average age of uptake of drugs, by drug type.** This indicator will be informed by the 2016 household survey's baseline data. This data shows that currently the average age of uptake for illicit drugs is 19.7 years; alcohol is 17.3 years; and smoking is 16.4 years.
- **Reduction of the recent use of any drug of people living in households.** Again, this measure will be informed by the 2016 household survey and seeks to see the household use of illicit drugs in the last 12 months reduced to less than 15.6 per cent; the harmful use of alcohol over a lifetime to less than 17.1 per cent and in the short time to less than 37.3 per cent; and the daily use of tobacco<sup>18</sup> to less than 12.2 per cent.
- **Reduction in arrestees' illicit drug use in the month before committing an offence for which they are charged.** The 2013–14 baseline data from the Drug Use Monitoring in Australia (DUMA) will be used to measure whether detainees who have tested positive for drug use has decreased over time. As of 2013–14, 73 per cent of detainees who participated in DUMA had tested positive for drug use.

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15 NDS 2017–2026, p. 40.

16 NDS 2017–2026, p. 40.

17 NDS 2017–2026, p. 40.

18 By those aged 14+ years.

- **Reduction in the number of victims of drug-related incidents.** This measure aims to see a reduction in the number of victims<sup>19</sup> of both illicit drug-related incidents (9.3 per cent) and alcohol-related incidents (22.2 per cent). This measure will be informed by 2016 household data.
- **Reduction in the drug-related burden of disease, including mortality.** Baseline data from the 2011 Australian Burden of Disease Study will be used to determine whether the NDS has successfully reduced diseases caused by illicit drugs (1.8 per cent), alcohol (5.1 per cent) and tobacco (9 per cent).<sup>20</sup>

3.18 In addition to the detailed benchmarks listed above, annual progress reports will include supplementary indicators to monitor the implementation, progress and emerging AOD issues. These indicators include:

- illicit drugs and precursor chemicals seized;
- the availability of illegal drugs, as perceived by people who use illegal drugs;
- the purity of illegal drugs;
- the evaluation data from current policy interventions, programs and projects;
- Hepatitis C virus and HIV/AIDS incidence;
- Opioid pharmacotherapy clients;
- drug treatment episodes;
- diversion of licit drugs;
- coronial data sources;
- wastewater analysis;
- the Illicit Drug Data Report; and
- the Alcohol and other Drug attributable hospital admission and ambulance attendances.<sup>21</sup>

3.19 The committee's view in relation to measuring success, in the context of law enforcement strategies, is discussed in chapter 5.

3.20 Further details relating to the NDS will be discussed in the second report which align with the NDS's demand reduction and harm reduction pillars.

### **The National Ice Taskforce's final report and the government response**

3.21 On 8 April 2015, the Abbott government announced the creation of the NIT. It was established to provide advice to government on the impacts of crystal

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19 Reported over the previous 12 month period.

20 NDS 2017–2026, p. 41.

21 NDS 2017–2026, p. 42.

methamphetamine use in the Australian community and assist with the development of the NIAS.<sup>22</sup>

3.22 Three experts were appointed to the taskforce:

- Mr Ken Lay APM, former Chief Commissioner of Victoria Police;
- Associate Professor Sally McCarthy, Medical Director of the Emergency Care Institute, the New South Wales (NSW) Agency for Clinical Innovation, and a senior emergency physician at the Prince of Wales Hospital in Sydney; and
- Professor Richard Murray, Dean of the College of Medicine and Dentistry at James Cook University.<sup>23</sup>

3.23 The NIT was overseen by the Minister for Justice, the Hon. Michael Keenan MP and then Minister for Rural Health, Senator the Hon. Fiona Nash.<sup>24</sup>

3.24 The final report of the NIT was delivered to Prime Minister Malcolm Turnbull on 9 October 2015 and released publicly on 6 December 2015.<sup>25</sup>

3.25 The NIT made 38 recommendations under five priority areas:

- support families, communities and frontline workers (eight recommendations);
- target prevention (four recommendations);
- tailor services and support (11 recommendations);
- strengthen law enforcement (eight recommendations); and
- improve governance and build better evidence (seven recommendations).<sup>26</sup>

3.26 In December 2015, the government released a two page response to the NIT's report. The government's response announced a package addressing the five priority areas detailed in the NIT's report. A significant part of the package was the announcement of an additional \$285.2 million to fund programs that would 'reduce the demand for ice and the harm it is causing through the delivery of locally-based and targeted solutions'.<sup>27</sup> A further \$13 million was also included for the introduction of

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22 Department of the Prime Minister and Cabinet (PM&C), *The National Ice Taskforce*, <https://www.dpmc.gov.au/domestic-policy/taskforces-past-domestic-policy-initiatives/national-ice-taskforce> (accessed 22 September 2016).

23 National Ice Taskforce (NIT), *Final report*, 2015, p. 1.

24 NIT, *Final Report*, 2015, p. 1.

25 PM&C, *The National Ice Taskforce*, <https://www.dpmc.gov.au/domestic-policy/taskforces-past-domestic-policy-initiatives/national-ice-taskforce> (accessed 22 September 2016).

26 NIT, *Final report*, 2015, pp vi–xv.

27 Commonwealth of Australia, *Taking action to combat ice*, December 2015, p. 1.

new Medicare Benefits Schedule items for Addiction Medicine Specialists.<sup>28</sup> In total, \$298.2 million was allocated over four years from 1 July 2016.<sup>29</sup>

3.27 The government response also included:

- \$24.9 million for family and community support programs, such as 220 new Community Drug Action Teams and online resources for parents, students, teachers and community organisations;
- new targeted communications through the National Drugs Campaign and enhanced school education programs;
- \$241.5 million for the delivery of treatment services via the Primary Health Networks (PHNs), expanding early intervention support through online counselling and information;
- \$5 million for the Australian Criminal Intelligence Commission (ACIC) to deploy officers abroad and increase co-operation with China;
- \$10 million to be invested from the proceeds of crime (PoC) account to develop a National Criminal Intelligence System;
- \$1 million for the development of a national 'Dob in a Dealer' campaign; and
- \$18.8 million for better research, the development of new guidelines and the improvement of the collection and quality of data.<sup>30</sup>

3.28 After the release of the NIT's final report and the government's response, the Minister for Justice discussed the measures focused on supply reduction. The minister stated that the NIT's report highlighted the need to 'improve on intelligence collection and to also go after the money'; he reiterated that the government has achieved this aim by placing ACIC intelligence officers abroad and through a new national unexplained wealth regime.<sup>31</sup>

3.29 The minister's comments also emphasised the need to focus on reducing demand for crystal methamphetamine:

Law enforcement are doing a magnificent job, but it's very clear that whilst we're doing everything we can on the supply side—and with seizures up, we've had seizures of over \$1 billion of this insidious drug. But it is very clear from the Taskforce report that we need to do more on the demand side. So whilst we're tackling supply, if demand still exists at such a record

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28 Commonwealth of Australia, *Taking action to combat ice*, December 2015, p. 1.

29 Department of Health (DoH), *Government response to the Final Report of the National Ice Action Taskforce*, <http://www.health.gov.au/internet/main/publishing.nsf/Content/MC15-009596-national-ice-taskforce> (accessed 22 September 2016).

30 Commonwealth of Australia, *Taking action to combat ice*, December 2015, pp 1–2.

31 The Hon. Malcolm Turnbull MP, Prime Minister, the Hon Michael Keenan MP, Minister for Justice, Senator the Hon Fiona Nash, Minister for Rural Health, Joint Doorstop Interview (Joint Doorstop Interview), *Transcript*, Sydney, 6 December 2015, p. 3.

rate, it's going to be impossible for law enforcement to retain control of supply. And, of course, the best thing that we can do to help our law enforcement agencies is to stop people from using this drug in the first place.<sup>32</sup>

3.30 The then Minister for Rural Health announced that any current contracts with AOD treatment services would be extended to mid-2017 while the sector transitions to the new PHN-led model. In addition, the minister highlighted that the government would give specific attention to Indigenous treatment services and that PHNs would work closely with the Aboriginal community-controlled health organisations.<sup>33</sup> The minister stated that the government was supportive of all 38 of the NIT's recommendations and would incorporate these into the government's response, and an agreed response between the Commonwealth and the state and territory governments.<sup>34</sup>

3.31 Upon the release of the NIT's report, Mr Lay asserted that law enforcement will play a very important role in drug policy because of illegal importations, profits and the international responses required to address the illicit drug trade. He highlighted, however, that '[p]olice cannot, will not and will never arrest their way out of this problem. It is far more difficult than that'.<sup>35</sup> He expressed his delight that the government's response to the NIT's report initiates a 'real shift' to support families, facilitate targeted prevention, help users and develop research.<sup>36</sup>

3.32 Associate Professor McCarthy supported the recommendations and the government's response because:

...the impact we expect to see is a very broad impact on all drug use and particularly alcohol which is a great scourge as well and causes a lot of presentations to emergency departments and dysfunction and adverse consequences in the community. We expect to see that when we see a crystal methamphetamine intoxicated person, that there will be much more accessible intervention available, and hopefully at an earlier phase of their use... we anticipate the measures taken as a whole will really support the work of emergency departments, general practitioners, all parts of the health sector, in being able to identify and intervene earlier.<sup>37</sup>

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32 Joint Doorstop Interview, *Transcript*, Sydney, 6 December 2015, p. 3.

33 Joint Doorstop Interview, *Transcript*, Sydney, 6 December 2015, p. 3.

34 Joint Doorstop Interview, *Transcript*, Sydney, 6 December 2015, p. 5.

35 Joint Doorstop Interview, *Transcript*, Sydney, 6 December 2015, p. 4.

36 Joint Doorstop Interview, *Transcript*, Sydney, 6 December 2015, p. 5.

37 Joint Doorstop Interview, *Transcript*, Sydney, 6 December 2015, p. 8.



3.33 Associate Professor McCarthy also highlighted the importance of research to assist the AOD sector with an understanding of what works, what is the most effective action and whether it is of value.<sup>38</sup>

3.34 Dr Nadine Ezard, from Saint Vincent's Hospital added that:

...the idea that we will have a treatment sector that can detect early, respond early and then refer into treatment rather than just having some specialised treatment centres scattered around the country, means that we can build a comprehensive response for early intervention and treatment.<sup>39</sup>

3.35 At the time of NIT's release, the Minister for Rural Health wrote that focus on the supply side of the crystal methamphetamine problem would continue, however '[n]ow it is time to focus on reducing demand' as doing so will 'help cripple the ice dealer's model by reducing demand for their despicable product'. Further:

If we can reduce the market by helping the biggest clients give up their habit, demand will drop. If we can educate our children not to ever try ice, there will be less young people coming into the ice market to replace those exiting it.

Credible studies suggest improved aftercare -- ongoing counselling and meetings for recovering addicts who have completed rehabilitation programmes -- could be an important key to keeping those users off the drug and out of the drug market.

Of course, different treatment is appropriate for different people and different levels of addiction, which is why we're having the local Primary Health Networks decide which method of treatment is best for their area -- enlisting local knowledge instead of Canberra ivory-tower policy.<sup>40</sup>

## **The National Ice Action Strategy**

3.36 Following the release of the NIT and the government's response, the government published the NIAS. This strategy was agreed by the COAG on 11 December 2015. The NIAS includes a package encompassing five areas, allocating \$298.2 million in new funding over four years from 1 July 2016. The five targeted areas of the package are:

- local communities and family support programs;
- enhanced targeted prevention activities for at risk populations;
- investment in further treatment services via the PHNs and in Addiction Medicine Specialists (\$241.5 million);

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38 Joint Doorstop Interview, *Transcript*, Sydney, 6 December 2015, p. 8.

39 Joint Doorstop Interview, *Transcript*, Sydney, 6 December 2015, p. 9.

40 Senator the Hon. Fiona Nash, 'Determined To Shatter The Ice Problem', *Huffington Post*, 6 December 2015, [http://www.huffingtonpost.com.au/fiona-nash/post\\_10682\\_b\\_8726420.html](http://www.huffingtonpost.com.au/fiona-nash/post_10682_b_8726420.html) (accessed 30 September 2015).

- further investments in law enforcement activities; and
- additional funding for research into crystal methamphetamine and other illicit drugs.<sup>41</sup>

3.37 The NIAS identifies its main priority as supporting those families and communities directly impacted by the harms caused by crystal methamphetamine use. To achieve this goal, it states that the solution to Australia's crystal methamphetamine problem is reducing the demand for the drug, by targeting 'prevention efforts towards high-risk populations, increase investment in treatment with improvements in how treatment programmes are delivered'.<sup>42</sup> Law enforcement remains a critical element of the strategy, by stopping the supply of crystal methamphetamine through activities focused on 'increasing the use of intelligence and international cooperation, as well as directly targeting organised crime groups and criminal networks'.<sup>43</sup>

3.38 Finally, the NIAS highlights the importance of improving the collection of data and evidence to inform policy responses, as well as requiring regular reporting to ensure Commonwealth, state and territory governments track the impact of their efforts.<sup>44</sup>

3.39 A principal feature of the NIAS is the allocation of \$241.5 million to PHNs to commission AOD treatment services.<sup>45</sup> In February 2016, the Department of Health (DoH) announced that there would be a phased implementation to prepare PHNs for this additional responsibility. These AOD services will complement the PHNs' role in the coordination of Commonwealth funded mental health programs at a local level, as well as build linkages with primary care.<sup>46</sup> The DoH has developed an AOD treatment program to assist PHNs with the commissioning process and share evidence on best practice drug and alcohol treatment services.<sup>47</sup>

#### *Ministerial Drug and Alcohol Forum*

3.40 Another key feature of the NIAS is the establishment of the MDAF. The MDAF brings together ministers from the health and justice portfolios across

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41 Council of Australian Governments (COAG), *National Ice Action Strategy (NIAS)*, 2015, p. 22.

42 COAG, *NIAS*, 2015, p. 22.

43 COAG, *NIAS*, 2015, p. 22.

44 COAG, *NIAS*, 2015, p. 22.

45 This funding is not exclusively directed to crystal methamphetamine specific services. See, Professor Rebecca McKetin, *Drug and Alcohol Review*, May 2016, pp 247–249.

46 DoH, *Drug and Alcohol Treatment Service PHN Circular 1–4 February 2016*, [http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Circular1\\_AOD](http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Circular1_AOD) (assessed 28 July 2017).

47 DoH, *Drug and Alcohol Treatment Service PHN Circular 1–4 February 2016*, [http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Circular1\\_AOD](http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Circular1_AOD) (accessed 28 July 2017).

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jurisdictions to coordinate alcohol and drug policies, and law enforcement strategies. Its deliberations and recommendations will be reported to COAG. Initially, the MDAF will 'oversee the development, implementation and monitoring of Australia's national drug policy framework', including the NIAS and the NDS.<sup>48</sup>

3.41 The DoH informed the committee that the MDAF is co-chaired by the Commonwealth Ministers for Health and Justice. According to the DoH, the establishment of the MDAF is a consolidation of the governance and ministerial arrangements around drugs and alcohol; governance had previously been separately reported through health ministers and justice ministers.<sup>49</sup> The NIAS establishes a requirement for departments to provide progress reports on the implementation of the strategy to COAG. COAG will then determine whether these progress reports are made public.<sup>50</sup>

3.42 According to the Attorney-General's Department (AGD), the COAG Health Council, the COAG Law, Crime and Community Safety Council, and the MDAF all report to COAG on the NIAS. This approach was implemented because:

Not every issue is relevant for all of us around the table in health and justice, so hence the three streams—so you have the whole health stream going up from officials up to ministers, you have the law and justice stream going from officials up to ministers, you have the combined one in the centre for the key issues where it is important for health and justice issues to be considered and then that all reports up to COAG first ministers. So, as I say, in summary, you have all of the great on-the-ground operational cooperation—we have heard from our colleagues; it is at an all-time high in terms of Commonwealth, state and territory cooperation—and then you have this governance structure that is bringing it up through officials into the political level.<sup>51</sup>

3.43 The MDAF has met twice since its establishment, on 16 December 2016 and 29 May 2017. The communiques from these two meetings reference discussions on a range of matters relating to the NIAS across the health and law enforcement sectors. A key consideration of the MDAF was the NDS 2016–2025 which was endorsed by the forum at its second meeting.<sup>52</sup> Other key developments included:

- the progress of the NIAS, including the availability of a new online education and prevention resource via the Positive Choices portal;

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48 COAG, *NIAS*, 2015, p. 26.

49 Dr Wendy Southern, Deputy Secretary, DoH, *Committee Hansard*, 24 March 2017, p. 23.

50 Dr Southern, DoH, *Committee Hansard*, 24 March 2017, p. 23.

51 Ms Catherine Hawkins, First Assistant Secretary, Attorney-General's Department, *Committee Hansard*, 24 March 2017, p. 34.

52 MDAF, *Communique*, 29 May 2017, p. 1.

- expansion of AOD treatment services through Online Counselling, funding through the PHNs and increased capacity in services offered by the states and territories;
- introduction of new Medicare items for Addiction Medicine Specialists;
- strengthening efforts to combat serious and organised crime;
- improving timeliness and quality of data collections; and
- the ongoing development of a national precursor chemical tracking system (Ne-EUD) and the improvement and harmonisation for precursor chemicals and equipment;
- the establishment of a new National Centre of Clinical Excellence for Emerging Drugs of Concern, which was anticipated in coming months;
- the roll out of Local Drug Action Teams and the *Cracks in the ice* website;
- a national phone line to act as a single point of contact for individuals and families seeking support, information and counselling for drugs; and
- the implementation of a quality framework to provide consistent and appropriate treatment in accordance with best practice.<sup>53</sup>

#### *The National Drugs Strategy Committee*

3.44 In addition to the MDAF, there is the NDSC, which reports to the MDAF. The committee is co-chaired by the Commonwealth DoH and the AGD. The NDSC was referred the work of the former Intergovernmental Committee on Drugs, which was abolished by the Law, Crime and Community Safety Council in October 2016.<sup>54</sup>

3.45 The NDSC consists of senior officials from across the health, justice and law enforcement portfolios from each jurisdiction. These officials will consider alcohol and other drug policies.<sup>55</sup>

#### *Working groups*

3.46 An initiative detailed in the NDS 2017–2026 is the NDSC's authority to establish time limited and expert working groups. These working groups will undertake work on particular projects and issues, and provide ongoing policy advice on AOD issues. The membership of these groups will be inclusive of members from the non-government, research, treatment, intelligence and public health sectors.<sup>56</sup>

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53 MDAF, *Communique*, 16 December 2016, pp 1–2.

54 Law, Crime, and Community Council, *Communique*, 21 October 2016, p. 2.

55 NDS 2017–2026, p. 35.

56 NDS 2017–2026, p. 36.

## Initial response to the National Ice Taskforce's report and the National Ice Action Strategy

3.47 Overall, the public's initial response to the NIT and the NIAS was positive. In general, commentators were supportive of the shift in both focus and funding from a supply reduction approach to treatment services. However, some commentators were concerned that the NIAS did not provide an adequate balance between reducing demand and harm minimisation. Others felt that the harm minimisation approaches advocated by the NIAS will not be sufficient.

### *Renewed harm minimisation focus*

3.48 The Public Health Association of Australia (PHAA) commented that by 'funding treatment as a main focus of the government's response to the issue of ice there is a much greater likelihood of a reduction in harm associated with the use of this drug'<sup>57</sup> and that:

For too long Australia has paid lip-service to harm reduction while focussing most of the funding and effort on just the supply reduction aspect. This announcement marks the first steps in a sensible return to re-align funding, focus and efforts into moving away from a largely prohibitionist approach to the much more effective approach of harm minimisation.<sup>58</sup>

3.49 Mental Health Australia (MHA) welcomed the NIT's report and highlighted the links between methamphetamine use and mental illness. MHA argued that the NIT report ensures 'closer integration between the mental health system and the alcohol and drug treatment systems...[to ensure] a service that is built around the needs of individuals who require support'.<sup>59</sup>

3.50 Professor Margaret Hamilton from the University of Melbourne and Professor Adrian Dunlop from the University of Newcastle wrote that the NIT's report provided 'an opportunity for action'.<sup>60</sup>

However, many key issues raised in the report still require adequately resourced strategies; this applies especially to specific plans for Indigenous communities. Mixed funding by the federal and state governments makes it challenging to achieve the necessary coherence of response. The Primary

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57 Ms Amy Coopes, 'Health at the heart of ice strategy', *Croakey*, 7 December 2015, <https://croakey.org/health-at-the-heart-of-ice-strategy/> (accessed 5 October 2016).

58 Ms Amy Coopes, 'Health at the heart of ice strategy', *Croakey*, 7 December 2015, <https://croakey.org/health-at-the-heart-of-ice-strategy/> (accessed 5 October 2016).

59 Mental Health Australia, 'Report from Ice Taskforce welcomed', *Media release*, 4 December 2015.

60 Professor Margaret Hamilton and Professor Adrian Dunlop, "'Ice" (crystal methamphetamine): concerns and responses', *Australian Medical Journal*, 204 (4), 7 March 2016, p. 137.

Health Networks will need to rapidly develop the capacity to engage with GPs, and specialist drug and alcohol services if they are to play a key role.<sup>61</sup>

3.51 Broadly, commentators were supportive of the NIT and the NIAS because they mark a transition from the previous policy focus on law enforcement initiatives to a response focused on health initiatives.

### ***Primary Health Networks and service delivery***

3.52 The PHAA also supported the use of the PHNs to allocate funds for treatment services because the PHNs 'have the ability to ensure that the funding is directed appropriately, to deal with overlap of other drug dependency and to see comorbidities are dealt with in the most effective manner'.<sup>62</sup>

3.53 The Australasian Therapeutic Communities Association (ATCA) was less supportive of the announcement that the PHNs would be used to distribute funds to AOD services. ACTA described the PHNs as 'incredibly patchy' and:

Many are still in a changeover state from Medicare locals and not properly developed...How are those resources going to flow through the PHNs when many would not even have relationships with the community organisations that are doing alcohol and other drug work?<sup>63</sup>

3.54 Professor Rebecca McKetin, in the *Drug and Alcohol Review*, wrote that although there was a warm reception to the NIT's report, many from the health sector 'were bewildered by the lack of detail or strategy accompanying the response'. Further, the announcement that the new funding would be distributed via the PHNs was a cause of angst amongst those in the sector.<sup>64</sup> Professor McKetin cautioned against the use of the PHNs, noting:

This is an entirely new and uncharted funding model for the AOD sector in Australia, and a surprising shift given that the core business of the PHNs is to increase the efficiency and effectiveness of primary care medical services provided to patients...they have no significant prior experience providing treatment services for AODs.<sup>65</sup>

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61 Professor Margaret Hamilton and Professor Adrian Dunlop, "'Ice' (crystal methamphetamine): concerns and responses', *Australian Medical Journal*, 204 (4), 7 March 2016, p. 137.

62 Ms Amy Coopes, 'Health at the heart of ice strategy', *Croakey*, 7 December 2015, <https://croakey.org/health-at-the-heart-of-ice-strategy/> (accessed 5 October 2016).

63 Mr Eamonn Duff, 'Malcolm Turnbull pledges \$300 million funding for drug treatment services', *The Sydney Morning Herald*, 6 December 2015.

64 Professor McKetin, 'Will the Australian Government's response to its 'National Ice Taskforce' deliver more treatment as promised', *Drug and Alcohol Review*, 35, May 2016, p. 247.

65 Professor McKetin, 'Will the Australian Government's response to its 'National Ice Taskforce' deliver more treatment as promised', *Drug and Alcohol Review*, 35, May 2016, p. 247.

3.55 Professor McKetin explained that the government's announcement was unclear about the 'nature and scope of services' because allocation of funding would be based on the local needs of each PHNs, and that:

Although this new model of funding has the potential to provide a more integrated service platform at a local level, a significant risk lies in what PHNs may not know about existing AOD treatment infrastructure, including their knowledge about best practice in the field, evidence-based treatment and the gaps in knowledge in encouraging better management of patients with substance use problems in both primary care and specialist AOD services. It may also leave existing service providers out-of-the-loop and result in sub-optimal assessment and commissioning of specialised AOD patient care.<sup>66</sup>

3.56 Professor McKetin also advised that it was unknown whether funding will be available to existing specialist non-government AOD treatment services. Additionally, the breakdown of the amount of funding announced (\$241.5 million) across the 31 PHNs over four years equates to under \$2 million per PHN, per year.<sup>67</sup> Professor McKetin was concerned that:

It is easy to imagine the Ice Taskforce funding being absorbed in a homogenous model of service provision, catering to the base common denominator across competing health priorities, leaving limited scope for funding or providing specialist non-Government AOD services for either methamphetamine use or for other drug use.<sup>68</sup>

3.57 However, Professor McKetin also remarked that the announcement 'provides the opportunity to develop new and more flexible models of treatment and service provisions' that will 'foster a multidisciplinary approach to help address associated physical, mental and social comorbidities'.<sup>69</sup> For patients, it will also provide a broader range of services that are better integrated, and provide continuum of care. Finally, she said the new funding model would provide individual PHNs the ability to 'commission local services that are most effective and appropriate given the local context'.<sup>70</sup>

3.58 In May 2016, Dr Alex Wodak and Mr Matthew Frei wrote in the *Medical Journal of Australia* that the illicit drug market in Australia is continuing to grow, despite measures being taken by governments to address the issue. They argued that this situation highlights the disproportionate allocation of funding to law enforcement measures: approximately two-thirds of drug-related spending is directed to law enforcement, with only nine per cent on prevention, 21 per cent on treatment and two per cent on harm minimisation. Despite this reliance on law enforcement

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66 Professor McKetin, *Drug and Alcohol Review*, 35, May 2016, p. 247.

67 Professor McKetin, *Drug and Alcohol Review*, 35, May 2016, p. 248.

68 Professor McKetin, *Drug and Alcohol Review*, 35, May 2016, p. 248.

69 Professor McKetin, *Drug and Alcohol Review*, 35, May 2016, p. 248.

70 Professor McKetin, *Drug and Alcohol Review*, 35, May 2016, p. 248.

strategies, the authors pointed out that Australia's illicit drug market continues to expand and:

Not only are illicit drugs easy to obtain but prices have fallen and many newly identified psychoactive drugs have appeared, often more dangerous than older drugs. Over recent decades, drug-related deaths, disease, crime, corruption and violence appear to have increased.<sup>71</sup>

3.59 Dr Wodak's and Mr Frei's article discussed key recommendations made by the NIT, and was generally supportive of its focus on treatment and funding through the PHNs. However, the authors expressed concerns that these strategies exist within a drug treatment system that is an 'inflexible, poor quality system with limited capacity'.<sup>72</sup> Further, they argued that it is unclear whether the distribution of funds through PHNs 'will be distributed effectively given the fragmented nature of the Australian drug treatment systems'.<sup>73</sup> The authors also questioned the NIT's emphasis on education, arguing the government and community have unrealistic expectations of drug education's ability to reduce demand; generally the gains from education campaigns are modest or temporary. The authors stated that '[d]rug education must be credible for the target audience, which is hard to achieve in an environment of drug prohibition'.<sup>74</sup> Finally, the authors expressed their support for supervised consumption facilities in areas of high drug consumption to provide information to users about harm reduction and treatment.<sup>75</sup>

### ***Balance between demand reduction and harm reduction***

3.60 A more critical response to the National Ice Action Plan<sup>76</sup> (NIAP) was expressed by Mr Bill O'Loughlin, former Chair of Harm Reduction Victoria. In an opinion piece, Mr O'Loughlin argued that the NIAP returned Australia to 'an old and failed drug response' that:

...exclusively focuses on strategies for preventing people from beginning to use ice and getting users to stop by providing increased and easier access to treatment. It is the old mantra: 'Don't take drugs and, if you do, then stop'.<sup>77</sup>

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71 Dr Alex Wodak and Mr Matthew Frei, 'Beyond ice: rethinking Australia's approach to illicit drugs', *Medical Journal of Australia*, 206 (4), pp 151–152.

72 Dr Wodak and Mr Frei, *Medical Journal of Australia*, 206 (4), pp 151–152.

73 Dr Wodak and Mr Frei, *Medical Journal of Australia*, 206 (4), pp 151–152.

74 Dr Wodak and Mr Frei, *Medical Journal of Australia*, 206 (4), pp 151–152.

75 Dr Wodak and Mr Frei, *Medical Journal of Australia*, 206 (4), pp 151–152.

76 The National Ice Action Plan refers to the combination of the NIT's report, the government's response and the NIAS.

77 Mr Bill O'Loughlin, 'The National Ice Action Plan is a setback to all that has been achieved in drug policy', *The Guardian*, 7 December 2015, <https://www.theguardian.com/commentisfree/2015/dec/07/the-national-ice-action-plan-is-a-setback-to-all-that-has-been-achieved-in-drug-policy> (accessed 6 October 2016).



3.61 He wrote that the three pillars of Australia's NDS were ignored, despite being essential and effective components to Australia's drug policy. Mr O'Loughlin argued that the NIAP not only ignores harm reduction but that harm reduction was not a feature in the NIT's community consultations.<sup>78</sup> Additionally, Mr O'Loughlin felt that the NIT's report:

...reframes and reinterprets harm reduction by focusing on the harms created by ice and uses this as evidence for the need for treatment services. This is a serious and dangerous reinterpretation of government policy, and of what is accepted by specialists in the field.<sup>79</sup>

3.62 Furthermore, Mr O'Loughlin opined that the report does not address the fact that young people do not communicate with older people or professionals about their drug use, and only seek support when they are in trouble. In some circumstances, young people will be 'quietly and furtively using ice and the report does not give attention to ways to reach them effectively'.<sup>80</sup> His article drew attention to models that already exist which encourage conversations between peers who have experience with crystal methamphetamine use that 'creates a unique space in which people can talk about their drug use and allows for a conversation that encourages safety and wellbeing'.<sup>81</sup>

### Committee view

3.63 Two months after the committee first initiated its inquiry into crystal methamphetamine in the 44<sup>th</sup> Parliament, the Commonwealth government announced the commencement of the NIT. The committee's inquiry was conducted in parallel with the NIT's inquiry, and for this reason much of the evidence and issues discussed in the NIT's final report correlate with the evidence received by the committee. The committee's re-initiated inquiry provided an opportunity to consider the NIT's report, as well as the government's response to it through its action plan outlined in the NIAS.

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78 Mr Bill O'Loughlin, 'The National Ice Action Plan is a setback to all that has been achieved in drug policy', *The Guardian*, 7 December 2015, <https://www.theguardian.com/commentisfree/2015/dec/07/the-national-ice-action-plan-is-a-setback-to-all-that-has-been-achieved-in-drug-policy> (accessed 6 October 2016).

79 Mr O'Loughlin, 'The National Ice Action Plan is a setback to all that has been achieved in drug policy', *The Guardian*, 7 December 2015, <https://www.theguardian.com/commentisfree/2015/dec/07/the-national-ice-action-plan-is-a-setback-to-all-that-has-been-achieved-in-drug-policy> (accessed 6 October 2016).

80 Mr O'Loughlin, 'The National Ice Action Plan is a setback to all that has been achieved in drug policy', *The Guardian*, 7 December 2015, <https://www.theguardian.com/commentisfree/2015/dec/07/the-national-ice-action-plan-is-a-setback-to-all-that-has-been-achieved-in-drug-policy> (accessed 6 October 2016).

81 Mr O'Loughlin, 'The National Ice Action Plan is a setback to all that has been achieved in drug policy', *The Guardian*, 7 December 2015, <https://www.theguardian.com/commentisfree/2015/dec/07/the-national-ice-action-plan-is-a-setback-to-all-that-has-been-achieved-in-drug-policy> (accessed 6 October 2016).

3.64 As noted earlier, the NIT and the NIAS appear to mark a substantial shift in how Australia responds to illicit drugs and the treatment of people with substance abuse issues. The committee is fully supportive of the 38 recommendations in the NIT's final report and the NIAS. The committee commends the government's substantial investment of \$298.2 million for AOD treatment, the shift in emphasis to demand reduction strategies and the strengthening of collaboration between jurisdictions.

3.65 Bringing together health and law enforcement ministers and agencies, through the MDAF, the NDSC and formalised in the NDS 2017–2026, is an important and vital step in the development of a coherent response to the harms of crystal methamphetamine use. If crystal methamphetamine use is to be successfully addressed, health and law enforcement agencies must work in collaboration on AOD matters. The changes to the governance structure brought about by the establishment of the MDAF and NDSC reinforce the key message that demand for crystal methamphetamine and the harm it causes are primarily a health issue. While law enforcement agencies play a key role in targeting the manufacture, importation and distribution of illicit drugs, the committee shares the view that this is not an issue we can arrest our way out of.

3.66 The committee supports the announcement in the NDS 2017–2026 that the MDAF will make its annual progress reports publicly available. However, it is not clear whether the more detailed, three-year progress reports and the mid-point review of the NDS will also be made publicly available. The committee supports the public release of these reports and the mid-term review, and considers this important so that the efficacy of the NDS, and its sub-strategies, such as the NIAS, can be fully assessed.

3.67 In this report, the committee has assessed a number strategies found in the NIAS, and for this reason, considers it important to ensure the actions in the NIAS are properly reported on. For this reason, the committee proposes that the progress reports include the following items:

- updates on the implementation and achievement of actions outlined in the NIAS, with reference to qualitative and/or quantitative key performance indicators as appropriate;
- identification of legislative changes either made or required to implement the NIAS;
- reporting on steps taken to enhance federal and international co-operation between health and law enforcement agencies;
- data on the prevalence of crystal methamphetamine use, particularly among vulnerable groups;
- information on new and existing treatment options, their accessibility (for example, their location and capacity), and cost (to both government and patients);

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- statistics from the justice system, including the number of crystal methamphetamine prosecutions, convictions and rates of recidivism in each Australian jurisdiction;
  - updates on the implementation and efficacy of drug courts and drug diversionary programs;
  - updates on local initiatives implemented through the PHNs; and
  - the quantum of funding derived from PoC and allocated to initiatives to address crystal methamphetamine use.

3.68 The committee believes that the information outlined above must be considered in conjunction with data on the price, purity, availability and seizures of crystal methamphetamine. In this regard, the committee acknowledges the important work of the ACIC and the information presented in its annual *Illicit Drug Data Reports*. These reports are a valuable source of law enforcement data; however, as the ACIC itself noted, law enforcement data should be read in conjunction with findings from other sources such as DUMA and academic research.<sup>82</sup>

3.69 The committee notes New Zealand's reporting mechanisms on its cross-agency plan of action to tackle the harms caused by methamphetamine and commends this approach to the MDAF. From 2010 to 2015, the New Zealand Department of the Prime Minister and Cabinet has reported annually on indicators and progress of its *Tackling methamphetamine: an Action Plan*. The New Zealand reporting arrangements could inform the MDAF and its planned future reporting.<sup>83</sup>

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82 Australian Criminal Intelligence Commission, *Illicit Drug Data Report 2015-16*, June 2017, p. 3.

83 New Zealand Department of the Prime Minister and Cabinet, 'Methamphetamine – indicators and progress reports', *Publications*, 17 December 2015, <https://www.dPMC.govt.nz/publications/methamphetamine-indicators-and-progress-reports> (accessed 7 July 2017).

**Recommendation 1**

**3.70** The committee recommends that all progress reports and the mid-point review provided to the Ministerial Drug and Alcohol Forum and Council of Australian Governments on the implementation of the National Drug Strategy 2017–2026 and its sub-strategy, the National Ice Action Strategy (NIAS), are made publicly available, and include but are not limited to:

- reporting on the implementation and achievement of actions outlined in the NIAS, with reference to qualitative and/or quantitative key performance indicators as appropriate;
- reporting on steps taken to enhance co-operation between health and law enforcement agencies;
- data on the prevalence of crystal methamphetamine use, particularly among vulnerable groups;
- information on new and existing treatment options, their accessibility and cost (to both government and patients);
- statistics from the justice system, including the number of crystal methamphetamine prosecutions, convictions and rates of recidivism in each Australian jurisdiction;
- reporting on the implementation and efficacy of drug courts and drug diversionary programs;
- reporting on local initiatives implemented through the Primary Health Networks; and
- the quantum of funding derived from proceeds of crime and allocated to initiatives to address crystal methamphetamine use.