

SENATE STANDING COMMITTEE ON LEGAL AND CONSTITUTIONAL AFFAIRS
ATTORNEY-GENERAL'S PORTFOLIO

Group: 3

Program: 1.6

Question No. SBE14/031

Senator Xenophon asked the following question at the hearing on 20 November 2014:

Mr Anderson: The Intergovernmental Committee on Drugs is the body that brings together health, law enforcement and other government sectors to consider having a holistic response to illicit drug issues as well as other drug issues. In particular, under the auspices of that committee there is work underway to look at both current initiatives in health and other sectors in Australia as well as possible priority areas for future work.

Senator XENOPHON: Could you on notice provide whatever information you can on that—in particular, looking at best practice models in terms of drug rehabilitation and whether that acts to reduce the demand for drugs. That is probably a good thing in terms of reducing the power of organised crime.

Mr Anderson: I am not sure that taking it on notice will actually achieve much because the work is still underway.

Senator XENOPHON: Could you advise us what stage that work is at and when there might be a body of work that can be referred to in respect of public policy—even the time frame. That could be the subject of further questions.

Mr Anderson: Yes. Because it is a multi-sector group within government, it does have to go through a range of different governance processes in the health stream, health ministers and law enforcement ministers. I will see what we can provide by way of information.

The answer to the honourable senator's question is as follows:

The Department of Health is best placed to answer questions regarding best practice models for drug rehabilitation and their efficacy in reducing demand for drugs.

The Intergovernmental Committee on Drugs (IGCD) has agreed that methamphetamine is a priority issue.

As an initial step, in the second half of 2014, the IGCD mapped activities across the law enforcement and health sectors to respond to methamphetamine use and associated harm, to determine the scope of activities and to identify any gaps in current responses and opportunities for increased sharing of information on successful responses. Activities were mapped under the three pillars of harm minimisation as set out in the National Drug Strategy 2010-15: supply reduction, demand reduction and harm reduction. The main findings were as follows:

- Across jurisdictions and within health and law enforcement sectors, the majority of activities and resources do not target specific drugs or drug use.

- Law enforcement undertakes most supply reduction initiatives. The most common activities focus on drug supply disruption and dismantling improvised drug manufacturing sites. In a number of states and territories, police also undertake some demand and harm reduction activities. These predominantly focus on community education and training staff to assist in managing people affected by methamphetamine.
- The most common demand reduction initiatives are non-drug specific community drug education programs, including work with secondary school students, community forums and some peer education activities. In particular, Victoria is undertaking 'ice' specific campaigns, forums and programs. The most common demand reduction activity relates to drug diversion programs which are also non-drug specific.
- There are a range of harm reduction activities, including needle and syringe programs and various types of treatment. These are all non-drug specific.
- Two methamphetamine-specific treatment guides have been produced: 'Treatment approaches for users of methamphetamine – a practical guide for frontline workers' (2008) produced by the Commonwealth, and 'Methamphetamine dependence and treatment' (2009) by Turning Point, an NGO.