

# Chapter 3

## The national policy framework

### Introduction

3.1 Whilst over the last 40 years concerns about illicit drugs have largely focused on cannabis, LSD, cocaine and heroin, it is AOSD, particularly methamphetamine and MDMA, that have caused the most disquiet over the last decade. The use of MDMA has risen to a point where Australia is now the largest consumer of MDMA in the world.<sup>1</sup> Newspaper headlines such as 'Our Deadly Ice Age'<sup>2</sup> and 'Scourge of the Ice Age',<sup>3</sup> and television reports such as 'The Ice Age'<sup>4</sup> on *Four Corners* and 'Ice'<sup>5</sup> and 'The Ice Epidemic'<sup>6</sup> on *Sixty Minutes*, have alerted the public to the rising level of AOSD use in the community and the impact that these drugs have on individuals and society more generally.

3.2 The Commonwealth government's response to the increase in importation, manufacture, distribution and use of AOSD in Australia is based upon a range of strategies. This chapter discusses the key drug policy framework in Australia.

### Policy

3.3 Chapter 2 outlined the widespread, entrenched and growing use of AOSD in Australia. In the light of that profile, the complete eradication of the AOSD market in Australia appears a difficult, if not impossible, policy objective. As the Queensland Alcohol and Drug Research and Education Centre argued in its submission to the Committee:

A drug-free society is unachievable and an unrealistic policy goal, particularly where regular intoxication with legal drugs is both permitted and, for commercial reasons, encouraged.<sup>7</sup>

3.4 Australian law enforcement policy is not aimed at the unachievable goal of eradication of illicit drugs. The government's current approach to AOSD, which is

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1 United Nations Office on Drugs and Crime, *2004 World Drug Report*, United Nations Publications, Vienna, 2004.

2 *Sunday Telegraph*, 22 October 2006, p. 83.

3 *The Australian*, 12 October 2006, p. 12.

4 ABC, 'The Ice Age', *Four Corners*, 23 March 2006.

5 Channel 9, 'Ice', *Sixty Minutes*, 9 July 2006.

6 'The Ice Epidemic', *Sixty Minutes*, 10 September 2006.

7 Queensland Alcohol and Drug Research and Education Centre, *Submission 12*, p. 7.

formally articulated in the National Drug Strategy, is to reduce the size and value of the AOSD market.

### ***National Drug Strategy***

3.5 The National Drug Strategy (NDS) was established in 1997, having grown out of the National Campaign Against Drug Abuse, which was founded in 1985. The strategy is aimed at both licit and illicit drugs, with the latter being specifically dealt with under the National Illicit Drug Strategy. The NDS is the responsibility of the Ministerial Council on Drug Strategy. This national policy framework is complemented and supported by, and integrated with, a range of national, state, and territory strategies, plans and initiatives, both government and non-government. One of the key elements of the NDS is cooperation between health, law enforcement and other stakeholders in dealing with issues associated with the use of licit and illicit drugs.

3.6 The basis for the current framework for 2004-09 is:

- supply-reduction strategies to disrupt the production and supply of illicit drugs and for the control and regulation of licit substances;
- demand-reduction strategies to prevent the uptake of harmful drug use, including abstinence-oriented strategies and treatment to reduce drug use; and
- harm-reduction strategies to reduce drug-related harm to individuals and communities.<sup>8</sup>

3.7 The objectives of the NDS 2004-09 are to contribute to reducing drug use and supply and to prevent and minimise harm caused by the use and abuse of licit and illicit drugs. The NDS aims to:

- prevent the uptake of harmful drug use;
- reduce the supply and use of illicit drugs in the community;
- reduce the risks to the community of criminal drug offences and other drug related crime, violence and antisocial behaviour;
- reduce risk behaviours associated with drug use;
- reduce drug-related harm for individuals, families and communities;
- reduce the personal and social disruption, loss of life and poor quality of life;
- reduce loss of productivity and other economic costs associated with harmful drug use;

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8 Ministerial Council on Drug Strategy, *The National Drug Strategy: Australia's integrated framework 2004-2009*, p. 2.

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- increase access to a greater range of high-quality prevention and treatment services;
  - increase community understanding of drug-related harm;
  - promote evidence-informed practice through research, monitoring drug use trends and developing workforce organisation and systems;
  - strengthen existing partnerships and build new partnerships to reduce drug-related harm;
  - develop and strengthen links with other related strategies; and
  - develop mechanisms for the cooperative development, transfer and use of research among interested parties.<sup>9</sup>

### ***National Illicit Drug Strategy***

3.8 The NDS is complemented by the Australian Government's National Illicit Drug Strategy (NIDS), Tough on Drugs. The NIDS pursues an integrated response to the harms caused by illicit drugs to the Australian community across the health, education, family services and law enforcement sectors. Since 1997, this has involved more than \$1 billion of measures aimed at reducing supply and demand for illicit drugs.<sup>10</sup>

3.9 Under the NIDS, funding is provided for a range of supply-reduction measures that are implemented by the Commonwealth law enforcement agencies. This funding is administered by agencies within the Justice and Customs portfolio.

### *National strategy on ATS*

3.10 On 23 and 24 February 2006, the Intergovernmental Committee on Drugs, as part of the NDS, endorsed the creation of a national strategy specific to ATS, amphetamine-type substances, or AOSD, as they are generically referred to in this report. The proposed strategy will be based on the ATS National Action Plan, which is currently being developed, and will further implement the strategic goals of the NDS and NIDS and address the challenges of the burgeoning AOSD market in Australia.<sup>11</sup>

3.11 Mr Andrew Stuart, First Assistant Secretary, Population Health Division, Department of Health and Ageing, told the Committee that the implementation of the National AOSD strategy will be similar to that of the cannabis strategy. It will involve extensive consultation and a strong law enforcement component. Among the

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9 The National Drug Strategy website, [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/978CCA3285B6CA42CA25717D000297A4/\\$File/framework0409.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/978CCA3285B6CA42CA25717D000297A4/$File/framework0409.pdf), viewed 7 November 2006.

10 Attorney-General's Department, *Submission 15*, p. 1.

11 *Submission 15*, p. 7.

suggested initiatives is an advertising campaign focusing on crystal methamphetamine or ice.<sup>12</sup>

3.12 According to Mr Stuart, the impetus for the strategy came from research and analysis which showed that, while overall use of amphetamines had declined marginally, the use in Australia of more harmful forms of amphetamine such as base and ice was increasing.<sup>13</sup>

### **Policy and expert bodies**

3.13 The current Australian Government policy on AOSD is informed by a network of government councils, intergovernmental committees and research institutions.

#### ***Ministerial Council on Drug Strategy***

3.14 Established in 1998, the Ministerial Council on Drug Strategy (MCDS) is the peak licit and illicit drug policy and decision-making body in Australia and is responsible for setting strategic policy goals and direction. The MCDS consists of the Commonwealth, state and territory ministers responsible for health and law enforcement, who collectively determine national policies and programs to ensure that Australia has a nationally coordinated and integrated approach to reducing the harm arising from the use of drugs, including AOSD. The council's collaborative approach is 'designed to achieve national consistency in policy principles, program development and service delivery'.<sup>14</sup>

#### ***The Intergovernmental Committee on Drugs***

3.15 The MCDS is supported by the Intergovernmental Committee on Drugs (IGCD). The IGCD consists of senior officers from the health, law enforcement and education portfolios of the Commonwealth, all states of Australia and New Zealand, as well as representatives of the Ministerial Council on Aboriginal and Torres Strait Islander Affairs.

3.16 The IGCD is responsible for:

- policy advice on drug-related matters;
- implementing NDS policies and programs, as directed by the MCDS;
- commissioning work and seeking specialist advice from a variety of sources; and
- ensuring the consistency of policies, strategies and directions in the NDS.

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12 *Committee Hansard*, 19 June 2006, p. 5.

13 *Committee Hansard*, 19 June 2006, p. 5.

14 Department of Health and Ageing, *Submission 16*, p. 2.

3.17 The IGCD works with the Australian National Council on Drugs to provide research and data for policy development.<sup>15</sup>

3.18 The IGCD is currently considering the AOSD National Action Plan of the Australian Crime Commission (ACC). It is proposed that the action plan be used to form the basis of development of a National Strategy on Amphetamine Type Stimulants. The strategy would encompass the range of activities being undertaken under the National Drug Strategy and would highlight gaps, emerging trends and future opportunities.<sup>16</sup>

### ***The Australian National Council on Drugs***

3.19 The Australian National Council on Drugs (ANCD) is a non-government, independent body that provides expert advice on licit and illicit drugs. Collectively, the members of the ANCD represent a wide range of experience and expertise on all aspects of drug policy. The ANCD forges closer links between the government's efforts in policy development and program implementation and the work of the community sector.

3.20 The ANCD also supported the formation of the National Indigenous Drug and Alcohol Committee (NIDAC). The membership of NIDAC includes individuals with expertise in a range of areas that relate to Indigenous alcohol and other drug policy. NIDAC provides the ANCD with advice for government on a range of alcohol and other drug issues that affect Indigenous communities.

3.21 The Committee commends the ANCD for its recently released position paper on methamphetamines and the recommendations made in that paper.<sup>17</sup>

### ***The National Expert Advisory Panel***

3.22 The National Expert Advisory Panel also provides support to the MCDS. A multidisciplinary body, the panel includes representatives from organisations in local government, education, alcohol and tobacco treatment, Indigenous affairs, drug prevention, drug harm reduction and youth affairs. The panel provides expert advice on identifying emerging trends of drug use, and offers advice on priorities and strategies for dealing with specific drugs, including supply reduction, demand reduction and harm reduction.<sup>18</sup>

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15 National Drug Strategy website, <http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/igcd-lp>, viewed 17 October 2006.

16 Australian Federal Police, *Submission 6*, p. 3.

17 Australian National Council on Drugs, *Methamphetamines*, 31 January 2007.

18 Australian National Council on Drugs website, <http://www.ancd.org.au/about/ndsf.htm>, viewed 17 October 2006.

### ***National Drug Research Centres***

3.23 The National Drug Research Centres (NDRCs) provide information about emerging drug issues and trends for the MCDS and the IGCD. NDRCs are located at the University of New South Wales (UNSW) and Curtin University in WA.

3.24 Research is also undertaken by other organisations such as Turning Point, which is affiliated with the UNSW and Curtin University research centres, the University of Melbourne and the National Centre for Education and Training in the Addictions at Flinders University; the latter is jointly assisted by the Department of Health and Ageing and the South Australian Government.

3.25 The Queensland Alcohol and Drug Research and Education Centre (QADREC), based at the University of Queensland, is another leading research agency on AOSD in Australia. QADREC contributes Queensland data to the national monitoring systems: the Illicit Drug Reporting System and the Party Drugs Initiative. A comprehensive study, commissioned by the National Drug Law Enforcement Research Fund, into the MDMA market in Australia has recently been completed by QADREC. QADREC is also currently undertaking longitudinal studies of treatment and non-treatment samples of regular amphetamine users.<sup>19</sup>

3.26 The National Drug and Alcohol Research Centre (NDARC), is provided with regular assistance from Customs. This cooperative approach includes continuous contribution to the preparation of NDARC's Illicit Drug Reporting System, which covers trends and developments in key AOSD and other drug markets and supports specifically-targeted research projects.

### ***The Department of Health and Ageing***

3.27 The Department of Health and Ageing (DoHA) primarily fulfils a policy and research role; however, its work is not limited to these areas. The department described its role to the Committee in the following way:

Our role in Commonwealth health is to work with other Commonwealth agencies including across education, law enforcement and family and community services as well as to work with a similar array of portfolios in the states and territories. We also manage the secretariat for the Ministerial Council on Drug Strategy. We have largely a policy role and a research role with some national coordination. We do fund some programs, but principally the responsibility for funding of treatment services lies with the states and territories.<sup>20</sup>

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19 Queensland Alcohol and Drug Research and Education Centre, *Submission 12*, p. 1.

20 Mr Andrew Stuart, First Assistant Secretary, Population Health Division, Department of Health and Ageing, *Committee Hansard*, 5 June 2006, p. 48.

3.28 DoHA supported the recent conference on amphetamines in Australia, organised by Anex, and provides funding for the Australian Institute of Health and Welfare.<sup>21</sup>

### ***The Australian Institute of Health and Welfare***

3.29 The Australian Institute of Health and Welfare (AIHW) has been at the forefront of research into drug use in Australia. Since 1998, the AIHW has conducted a survey of Australian households to determine the prevalence in the community of tobacco, alcohol and other substances.<sup>22</sup> The latest survey, in 2004, is widely quoted in AOSD research in Australia.<sup>23</sup>

### ***Other research institutions***

3.30 Other research institutions and NGOs that provide research and policy development in the area of AOSD include the Australian Institute of Criminology and the New South Wales Bureau of Crime Statistics and Research. Universities and private think tanks, such as the Australia Institute, are also significant and important contributors.

## **Conclusion**

3.31 The NDS encompasses a wide range of initiatives aimed at reducing supply and demand for a range of licit and illicit drugs and the physical, mental and social harms that flow from their use. The following chapter examines demand- and harm-reduction strategies.

3.32 A number of witnesses indicated to the Committee that they held particular concerns about the balance of effort that emerges from the current Australian policy mechanisms and settings. Mr Michael Lodge, the General Manager of the New South Wales Users and AIDS Association, said:

We think there should be a better balance in resources between the three components of the Australian approach to harm minimisation so that demand reduction and harm reduction get an equal share. We would suggest that they are more effective around drug policy than supply reduction.<sup>24</sup>

3.33 The Committee notes that the question of the best or most effective policy balance is a vexed one, and one that underlies any assessment of the adequacy of the response to AOSD by Australian LEAs. The discussion of demand and harm

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21 Australasian Amphetamines Conference, Darling Harbour, 28-29 September 2006.

22 Mr Mark Cooper-Stanbury, Head, Population Health Unit, Australian Institute of Health and Welfare, *Committee Hansard*, 5 June 2006, p. 2.

23 *Committee Hansard*, 5 June 2006, p. 2.

24 *Committee Hansard*, 13 October 2006, p. 63.

reduction in the following chapter provides important context for the discussion of supply reduction in chapters 5 and 6.