

**Joint Committee on the Australian Crime Commission**  
*Amphetamines and other synthetic drugs*

**Senator Ludwig questioned whether the Institute had made any recommendations direct to the Minister for Health and Ageing in relation to the household drug strategy (or any other matter), as provided for under the Institute's legislation.**

Some discussion ensued on the nature of the Institute's role in this regard, and the following points of clarification are offered for the benefit of the Committee.

Under its Act, the Institute's functions primarily relate to the collection and production of information, statistics and research into health and welfare-related matters in Australia. The Institute has a broad program of work to fulfil these functions, ranging from data classification, standards and definitions through data compilation and analysis to research and evaluation. Its findings are published, so that all stakeholders are able to use the information in a range of ways to inform community discussion and policy design and evaluation.

Under section 5 (k) of its Act, the AIHW has the capacity to "make recommendations to the Minister on the prevention and treatment of diseases and the improvement and promotion of the health and health awareness of the people of Australia". The Institute has never specifically exercised its capacity to make a direct recommendation to the Minister in line with this section. Rather, it has disseminated its findings through publication.

The Institute also maintains regular engagement with the federal Departments of Health and Ageing, and Family and Community Services and Indigenous Affairs, as well as related state and territory departments, to contribute information and evidence to the policy process.

These government departments (as well as many other bodies) draw on the information and findings published by the AIHW to inform the development of policy and to weigh up priorities for action.

Specifically, in the case of the household drug survey, the Institute's published report *National Drug Strategy Household Survey 2004* disseminated the findings of the survey which were then used by the Department of Health and Ageing to inform priorities and policy development.

The Institute recognises that it could in principle choose to make direct recommendations to the Minister, for example, where it believed the body of evidence was not understood or was being interpreted or applied inappropriately; it has not felt the need to do so to this point. Rather, it has ensured that its evidence is widely available and provided to the key government bodies responsible for policy development and implementation.

## *Questions on Notice*

### **1. Question from Mr Kerr (pg 7)**

**If only 0.6 percent of the population are injecting drug users and 3.2 per cent are using amphetamines, you cannot have 60 per cent of amphetamines users injecting. So something must be wrong.**

Mr Cooper-Stanbury agreed to provide a Venn diagram

#### **AIHW response:**

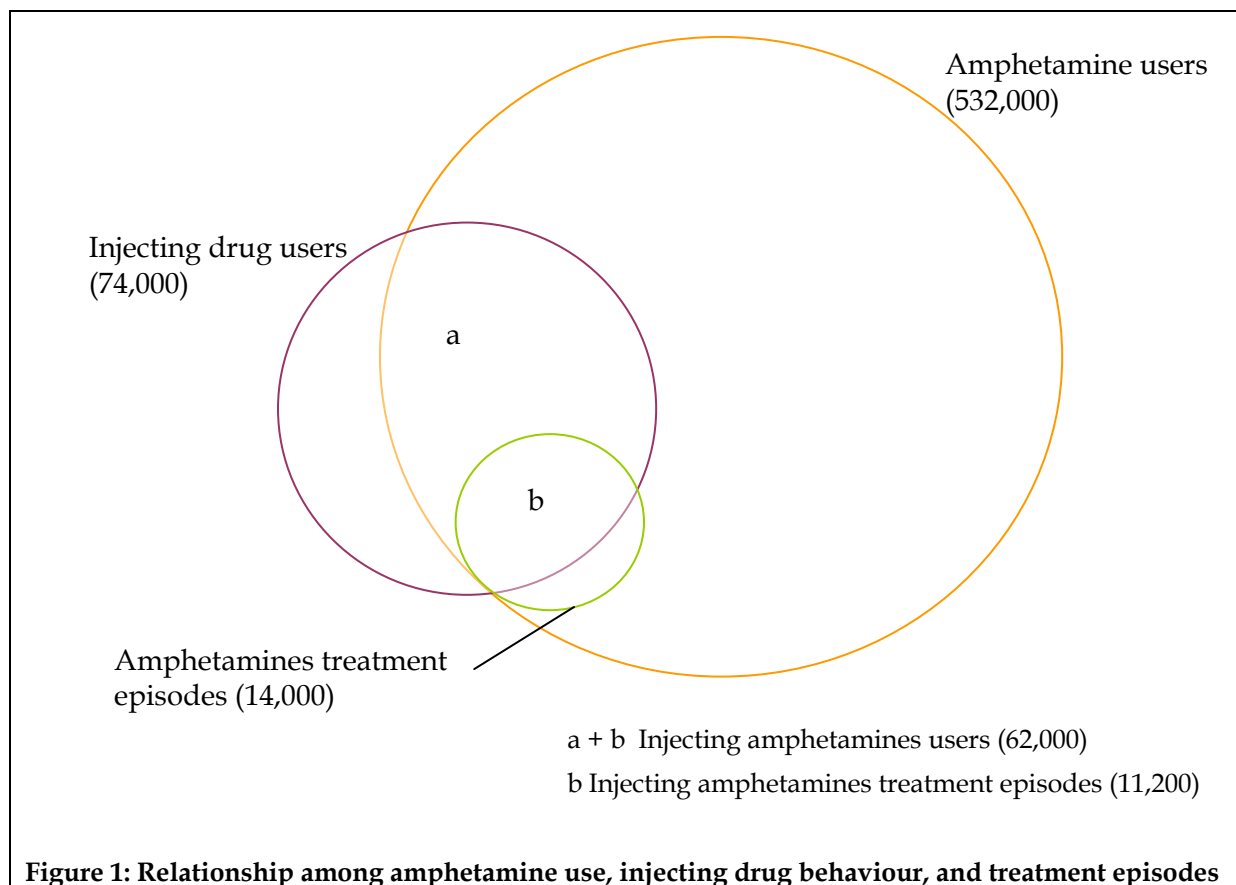
The AIHW has published a range of figures on amphetamines use and injecting drug use. In summary, the National Drug Strategy Household Survey shows that:

- 3.2% of the adult population, or about 532,000 Australians, were recent users of amphetamines in 2004.
- Of these, 18%, or approximately 95,000 persons, had injected amphetamines at some time in the past (but not necessarily the past 12 months).
- In 2004, an estimated 74,000 adults (0.4%) were current injecting drug users (that is, injected in the past 12 months).
- Of these, around 84% (or 62,000) had injected amphetamines in the past 12 months.

The data from the Alcohol and Other Drug Treatment Services National Minimum Data Set show that:

- In 2003-04 there were 14,200 treatment episodes for which the client nominated amphetamines as the principal drug of concern.
- Of these, around 79% (or 11,200) nominated injecting as the method of use.
- On the other hand, of the 35,700 episodes for which the client nominated injecting as the method of use, 40% were for amphetamines.

These statistics are represented graphically below.



## 2. Question from Mr Richardson. Pg 9

**Similarly, 14-15 year olds would be starting to drink more frequently or regularly than using amphetamines. Is that right?**

This question was answered, but Mr Cooper-Stanbury offered to provide a risk analysis of alcohol consumption patterns of young people.

### AIHW response:

The AIHW had not previously published estimates of risky alcohol consumption for younger Australians. The following tables are offered in response to Mr Richardson's query.

**Table 1: Long-term alcohol risk, persons aged 12 years and over, Australia, 2004**

| Age group | Abstainers <sup>(a)</sup> | Level of risk <sup>(b)</sup> |       |           |
|-----------|---------------------------|------------------------------|-------|-----------|
|           |                           | Low risk<br>(per cent)       | Risky | High risk |
| 12-15     | 67.6                      | 31.0                         | 0.9   | 0.5       |
| 16-17     | 22.6                      | 69.0                         | 6.0   | 2.4       |
| 18-19     | 12.9                      | 68.5                         | 11.9  | 6.8       |
| 20-29     | 10.6                      | 74.7                         | 10.4  | 4.3       |
| 30-39     | 11.0                      | 78.9                         | 7.6   | 2.4       |
| 40-49     | 11.2                      | 79.0                         | 6.9   | 3.0       |
| 50-59     | 15.0                      | 76.0                         | 6.4   | 2.6       |
| 60+       | 25.0                      | 68.6                         | 4.7   | 1.7       |

(a) Not consumed alcohol in the last 12 months.

(b) For males, the consumption of up to 28 standard drinks per week is considered 'Low risk', 29 to 42 per week 'Risky', and 43 or more per week 'High risk'. For females, the consumption of up to 14 standard drinks per week is considered 'Low risk', 15 to 28 per week 'Risky', and 29 or more per week 'High risk'.

Source: 2004 National Drug Strategy Household Survey.

**Table 2: Short-term alcohol risk, persons aged 12 years and over, Australia, 2004**

| Age group | Abstainers <sup>(a)</sup> | Low risk | Risky and high risk <sup>(b)</sup> |                  |                 |
|-----------|---------------------------|----------|------------------------------------|------------------|-----------------|
|           |                           |          | At least yearly<br>(per cent)      | At least monthly | At least weekly |
| 12–15     | 67.6                      | 24.4     | 3.6                                | 3.1              | 1.3             |
| 16–17     | 22.6                      | 34.1     | 15.7                               | 17.7             | 9.9             |
| 18–19     | 12.9                      | 25.6     | 14.7                               | 27.3             | 19.5            |
| 20–29     | 10.6                      | 28.4     | 20.5                               | 26.3             | 14.2            |
| 30–39     | 11.0                      | 42.7     | 21.9                               | 16.4             | 8.0             |
| 40–49     | 11.2                      | 51.4     | 18.1                               | 11.6             | 7.6             |
| 50–59     | 15.0                      | 60.8     | 11.4                               | 7.6              | 5.1             |
| 60+       | 25.0                      | 64.5     | 5.2                                | 2.5              | 2.9             |

(a) Not consumed alcohol in the last 12 months.

(b) For males, the consumption of 7 or more standard drinks on any one day. For females, the consumption of 5 or more standard drinks on any one day.

Source: 2004 National Drug Strategy Household Survey.

### 3. Question from Senator Ludwig. Pg 13

**Can you take on notice to provide an overview of the work you may have done with the AFP, the ACC and the various state police and other bodies in respect of the Illicit Drug Diversion Initiatives?**

#### **AIHW response:**

The AIHW has ongoing relationships with various Australian Government and state and territory government agencies. The nature and extent of these collaborations vary from project to project, and examples are:

- The ACC referencing AIHW publications in the Illicit Drug Data Report
- The National Drug Law Enforcement Research Fund commissioning the AIHW to include additional questions in the 2001 National Drug Strategy Household Survey, and to subsequently provide analysis of the questions
- The Australian Institute of Criminology being represented on the National Drug Strategy Household Survey technical advisory group (convened by AIHW)
- The AIHW being represented on the [former] Monitoring and Evaluation Coordination Committee of the Intergovernmental Committee on Drugs
- The AIHW presenting findings of the National Drug Strategy Household Survey series and the Alcohol and Other Drug Treatment Services National Minimum Data Set to the Intergovernmental Committee on Drugs

- The AIHW being represented on a range of drug-related reference groups and steering committees (for example, the National Cannabis Strategy data reference group, and the National Alcohol Strategy research advisory group).
- The AIHW manages and coordinates the Alcohol and Other Drug Treatment Services National Minimum Data Set. Copies of all statistical collections are provided to the Intergovernmental Committee on Drugs.
- On behalf of the Ministerial Council on Drug Strategy, the AIHW undertook a feasibility study ascertaining the availability, location and information content of current data collection on drug and alcohol issues for Aboriginal and Torres Strait Islander people. The Australian Institute of Criminology and the Australian Crime Commission were both involved in this project.
- Under the National Co-morbidity Initiative, the AIHW undertook a project to identify, review and report on the current state of data collections relating to people with coexisting substance use and mental health disorders in Australia.

#### **4. Questions from Senator Ludwig (handed to the AIHW at the end of the hearing)**

##### **4.1 Do you receive feedback about the successful or other use of the information or research that is provided, from the AFP, ACC, state police, or other law enforcement agencies?**

##### **AIHW response**

Opportunities for feedback and advice have been created by AIHW in inviting law enforcement agencies onto various AIHW advisory groups.

AIHW has regular communication with various law enforcement agencies and is aware of use by them of AIHW data. Examples include:

- AIHW population data on drug use are regularly used in reports by the Australian Crime Commission and the Australian Institute of Criminology.
- All AIHW reports relating to drug use and drug treatment are provided to all members of the Intergovernmental Committee on Drugs.
- AIHW regularly participates in and presents at major national conferences attended by people from law enforcement agencies, health agencies as well as related researchers.
- Superintendent Frank Hanson (NSW Police), then Chair of the Intergovernmental Committee on Drugs, launched the 2002-03 AIHW report on Alcohol and Other Drug Treatment Services National Minimum Data Set.

Also please see response to question on 'interaction with law enforcement agencies'.

#### **4.2. Do you receive feedback from agencies about the type of information that is available in this area?**

##### **AIHW response**

The AIHW regularly seeks, obtains and uses data and information from law enforcement agencies. Examples include:

- Annual reports from the Alcohol and Other Drug Treatment Services National Minimum Data Set include data and information from a range of other sources. These sources include the Australian Crime Commission, the Australian Institute of Criminology and the Australian Customs Service.
- The AIHW's regular reports on *Statistics on Drug Use in Australia* provide a summary of major drug use statistical collections including a range of law enforcement sources (for instance, Australian Bureau of Criminal Intelligence, Australian Crime Commission and the Australian Customs Service).
- The AIHW, on behalf of the Ministerial Council on Drug Strategy, undertook a feasibility study ascertaining the availability, location and information content of current data collections on drug and alcohol issues for Aboriginal and Torres Strait Islander people. The Australian Institute of Criminology attended a project workshop and the Australian Crime Commission provided input to ensure that the descriptions of their data holdings were accurate.
- The AIHW, under the National Co morbidity Initiative, undertook a project to identify, review and report on the current state of data collections relating to people with co-existing substance use and mental health disorders in Australia. The Australian Institute of Criminology provided expert advice on this project.