

LONG TERM SOLUTIONS - A SEVEN POINT PLAN FOR ACTION AGAINST DRUGS

The New South Wales Government considers there are seven key action areas with potential for long term innovative solutions in the battle against illicit drugs. There is no easy fix - solving the drug problems requires forward thinking, and ongoing commitment and hard work by all Governments and the community.

The 7 key strategic action areas for attacking the drug problem are:

Preventing Drug Abuse : Enhanced Prevention and Early Intervention

Targeted early childhood interventions in vulnerable and disadvantaged families and communities can make all the difference in equipping young people to resist drug abuse. This should begin before birth and be a top priority until the child is 3 years old.

Establishment of a new “*National First Three Years Foundation*” and expansion of the NSW *Families First* program across NSW would target these vulnerable children.

Key support must also continue at critical developmental and transitional stages in the lives of children and young people.

Fast-tracking of New Treatments: A National Scheme

The investigation, approval, and availability of new treatments like naltrexone, buprenorphine, LAAM, and others must be expedited to bring help as quickly as possible to those who want to leave their addiction behind. Much more work needs to be done to find ways of helping people, over time, to get off drug substitution programs such as methadone, and into healthy drug- free lifestyles.

Better Service Delivery : A National Training Program

A new national training program is needed to properly equip health and welfare professionals with necessary expertise in providing treatment to drug and alcohol dependent patients. There is a need for more people with specialty in this area, for incentives for workers to become involved, and for minimum national standards.

Better Case Management of Drug Misuse

It is not enough simply to have access to the latest treatments. Drug users receiving treatment need to be supported in all areas of their lives. That means health needs coordinated with education, vocational training, housing, childcare and other services, including law enforcement and correctional services. This applies especially to former prisoners seeking to adapt to a drug free lifestyle after release.

Breaking the Drugs and Crime Cycle

Too many young people are being caught up in the justice system through experimentation and involvement in drugs. *Commonwealth funding* is needed to allow the *nationwide establishment of Drug Courts and other diversion schemes*. These schemes need to link young people and their families with a comprehensive range of support services to

assist in resolving drug problems. Youth unemployment is a critical causal factor in drug abuse that needs to be addressed at a national level.

Community Drug Action Teams

It is important to get organised at a state and national level. But what is also needed is people on the ground making sure that plans translate to action in local communities. Community Drug Action Teams will bring together local councils, local community groups, local business, local police, and State Government agencies to identify local drug problems, work out community based solutions and help deliver these solutions.

Defending our Frontiers: A National Strategy

100 percent of Australia's heroin and cocaine is imported across our borders. Cocaine looms as the next great threat. We have got to work together to keep drugs out, and we need committed Commonwealth resources.

NSW is better equipped than ever before to blitz drug dealing and drug crime within its own borders, but without enough Commonwealth resources committed to stopping drug imports at the borders, providing sophisticated intelligence, high levels of cooperation tackling whole drug trafficking networks from source to distribution, then NSW and other States are destined to fight a losing battle.

General Principles

The seven key action areas are consistent with the agreed National Drug Strategic Framework. The New South Wales Government considers that the seven innovative action proposals will be far more productive if there can be national agreement on approaches in these areas; if there is greater national consistency in what are the agreed best outcomes of anti drug initiatives; and provided there is greater Commonwealth funding, coordinated with the needs and programs within States and Territories.

National Approaches :

All Australian Governments - Commonwealth, State, Territory and Local Governments - should be encouraged to increase the levels of co-operative and co-ordinated development, and implementation of initiatives and services in the fight against drugs.

National Consistency :

So far as is practicable there should be consistency in policy across Governments and services based on agreed and desirable outcomes. Commonwealth, State, and local policies should be consistent with the agreed National Drug Strategy agreed upon by Police and Health Ministers. There also needs to be more alignment between National, State and Local processes.

Improved Commonwealth Funding :

The recent increases in Commonwealth funding under the National Illicit Drug Strategy are commendable, but further enhancements are needed in the areas of prevention, treatment, diversion, law enforcement and research if the States and Territories are to be able to make any headway in tackling the increase in drug misuse, drug overdoses, the availability of drugs, and the threats posed by new drugs.

Commonwealth funding needs to be provided in accordance with State and Territory priorities, with funding allocation and management of services to remain the province of the States and Territories. It is particularly important that the States and Territories identify an agreed and consistent set of funding priorities, so far as practicable depending on the specific needs of each jurisdiction.

ENHANCED PREVENTION AND EARLY INTERVENTION

Objective

Expand integrated family, community, child and youth support services to prevent drug use in vulnerable and disadvantaged families, with children, to strengthen those families, and to improve the life outcomes of those children and young people.

Expand intervention services which should be provided before birth and be a top priority until the child is 3 years. Support needs to continue with targeted interventions at critical developmental and transitional stages in the lives of children and young people so that the risk of drug taking behaviour at any critical point is substantially reduced.

Develop and promote of *more effective education strategies* across the country which lead to a reduction in drug use behaviour, especially by school aged children, and provide help as soon as a young person takes drugs.

Rationale:

Targeted early childhood interventions in vulnerable and disadvantaged families can make all the difference in equipping young people to resist drug use, as they grow older. Evidence has shown that young children in vulnerable families are at greater risk of developing drug addiction than members of the population as a whole.

Research shows that the *first three years of a child's life are critical* for developing their capacity to deal with the vicissitudes of life and to be a successful member of society.

Research also shows that the *great majority of physical brain development occurs by the age of three*. The negative impact of stress and trauma on brain function and the influence of early environment on brain development are long lasting – and its impact is felt across a number of domains including drug abuse, crime, mental illness and emotional difficulties.

Although there still needs to be a better understanding of why kids take drugs, evidence shows that *certain risk factors*, such as poverty, substance abuse within the family or poor parenting skills, *can be an indicator* of future drug use and other forms of social dislocation.

Government *interventions at critical transitional points* when *young people may be engaging in risky behaviour* is therefore an important way of dealing with potential/actual drug abuse, and interventions to help homeless, unemployed, truanting or depressed young people may provide beneficial drug prevention outcomes.

Investments by Government, communities and business in prevention and early intervention programs can produce significant long term reductions in drug taking by young people, a whole range of positive social benefits, and significant long term financial savings for the whole community, by reducing future involvement in drugs and crime and increasing the social contribution made by these young people.

And evidence from the United States indicates that long term financial savings to combined Government jurisdictions – local, State, Federal – has in some programs, exceed short term cost of intervention programs by a factor of four.

NSW: What is being done

Families First – This \$19M initiative is now being trialed within 3 areas of NSW: the Mid-North Coast, the Far North Coast and South West Sydney. Families First targets families with children under 8 years of age providing parents with regular support and help in the home from a visiting nurse after a child's birth and then regular visits from a trained volunteer. The *Families First program* provides a useful precedent model and NSW offer assistance and information on the program to other States in developing similar models.

It involves four types of services all based on parental choice and local neighbourhoods : Early Childhood Health Visitors, Volunteer Home Visitors, Early Intervention Teams, and Local Development Programs which bring parents in local communities together.

The *Family Volunteer Home visits* component involves trained local experienced parents visiting families in their homes and helping to provide advice or assistance, such as advice on where to get help about medical or drug issues. The *Early Intervention Teams* come in where the families is having real difficulties, for example in dealing with drug problems and provides immediate assistance.

NSW also has a number of *telephone counselling services* to help people with drug related problems, including the Alcohol and Drug Information Service, Family Drug Support run by the Trimmingham Foundation, and Centacare which offers advice to parents about a broad range of issues.

Commonwealth: What is being done

The Commonwealth has :
funded the piloting of a home visitation scheme, Good Beginnings
allocated \$17.5 million under the National Illicit Drug Strategy to establish a National School Drug Education Strategy
Released a report (in March) on Pathways to Prevention : Early Intervention and Developmental Approaches to Crime Prevention identifying risk and protective factors associated with anti social and criminal behaviour.

The Commonwealth should include the States in the development and delivery of these types of programs to ensure consistency with State based approaches.

ENHANCED PREVENTION AND EARLY INTERVENTION WHAT NEEDS TO BE DONE

Much greater Commonwealth funding for programs which strengthen vulnerable families with children as a means of preventing drug use by children and young people now and in the future is urgently required.

The Commonwealth should provide funding for State based programs like the NSW Families First program so that it can deliver much greater assistance to those in need, particularly in rural and regional areas. NSW is already investing \$48 million over the next four years to expand Families First statewide, and *asks the Commonwealth for \$17.5 million over that period*. That would pay for the entire cost of volunteer home visitation by Families First statewide, to be progressively introduced over that period.

A National First Three Years Foundation should be established. Governments and the community need to invest in long term solutions – and the best investment is made at the outset of a young child's life. The proposed Foundation would assist families with information about the first three years, and advise Governments and the community on ways to support the first three years, and on the impact of Government policies. *\$10 million over three years is required*, and it is recommended that the Commonwealth, States, Local Government, and the corporate and community sector jointly fund this initiative. (see Attachment A)

A National Children and Youth Help Line identified and funded as a national initiative, is required, funded by Commonwealth, State and Territory governments, so that young people anywhere in Australia, on a 24 hour basis, can get urgent telephone counselling about their problems, including drug problems. The existing *Kids Help Line service* operating out of Queensland can only answer 50% of the 25,000 calls. The total cost could be divided between all jurisdictions at about \$3 million annually, and could be funded for a three year period and then evaluated.

There needs to be better sharing of data and research across the country on prevention and early intervention services and programs. A national agreement and protocol for sharing existing data and research on early intervention services and programs should be drawn up, jointly, by the key Ministerial Councils (Ministerial Council on Drug Strategy, the Australian Health Ministers Conference, the Community Services Ministers Conference, and the Ministerial Council on Employment Education Training and Youth Affairs).

Information and Education About Drugs

There needs to be a better articulation of the “harm minimisation” policy in drug strategies, to ensure a clearer understanding that it involves minimising harm to both the individual and the community.

An agreed *national framework for community and school anti – drug information and education on drugs* so that clearer and more effective messages about the harm of drugs are sent with consistent messages at national, state and local levels.

All Australian Governments should *review current school based intervention programs* and the efficacy/outcomes of current drug education programs.

FAST TRACKING OF NEW TREATMENTS: A NATIONAL SCHEME

Objective :

To provide more treatment services and a more flexible treatment system that better enables drug abusers to leave their addiction behind by :

expanding the range of drug substitution treatments available in health services, private practice and prisons;

fast tracking the evaluation and introduction of new treatments such as buprenorphine, naltrexone and LAAM, and encouraging the Commonwealth to expedite the necessary approval processes;

improve current drug substitution programs such as methadone treatment programs in all jurisdictions to encourage people to get off these programs and into healthy drug free lifestyles

trailing of new treatment approaches and new treatment regimes.

Emphasis on *both* innovative pharmacotherapy treatments and innovative behavioural treatments.

Rationale:

Demand on treatment agencies has increased well beyond capacity as the availability and demand for heroin, and now cocaine, has increased.

Drug overdose deaths continue to increase annually, and significantly.

Studies have shown that \$1 in treatment provides a return of up to \$7 to the community, mainly in reductions in crime.

Methadone maintenance has been the corner stone of treatment in the management of opioid dependency and studies show clearly that it substantially reduces the involvement of users in crime – moreover the better the quality of methadone management, the greater the levels of crime reduction.

But increasing numbers of new innovative approaches are becoming available to increase and improve the outcomes of drug treatment.

NSW: What is being done

13,000 methadone places are provided in NSW – and this is increasing by 8% p.a.- but significant demand is unmet and resources are stretched - often methadone is dispensed without optimum support and counselling services. NSW is also the only jurisdiction which provides a methadone treatment program for prisoners.

35% of methadone treatments are provided through the public hospitals/clinics and 65% through the private sector (GP's, private clinics and pharmacies). 17- 18 % of pharmacies provide methadone – a rate similar to Victoria and Queensland.

Greater participation by pharmacies and GPs in dealing with “stabilised” patients, would enable the public sector to deal with some of the unmet demand from new and difficult clients.

Methadone services have been reviewed and action is being taken to refine and improve delivery programs. Naltrexone (Rapid Opiate Detoxification) and buprenorphine trials have been funded and are underway. An additional \$16.4m will be spent over the next 4 years to expand treatment services.

Commonwealth: What is being done

The Commonwealth Government provides funding for the cost of the methadone drug in NSW – *but not for the cost of delivery and associated services* – except insofar as costs are borne by the Medicare system where GPs are dispensing the methadone. Drug users are required to pay a small fee when accessing their methadone through the private sector – but not in the public hospital system.

However it is understood the *Commonwealth is trialling a “Medicare cap”* in relation to methadone patients receiving treatment from GPs, which would mean that GPs would get one lump sum each year for methadone treatments. It is understood Victoria is opposed to this approach, as it may have adverse treatment implications.

The Commonwealth has allocated \$50 million over four years *directly* to non government organisations (NGO) to establish and operate new programs and enhance existing programs. Most of these programs are based on the non-use of pharmacotherapies. \$4 million over 3 years nationally has been allocated to review, monitor and evaluate treatments.

A national project examining the health outcomes of a range of treatment modalities has commenced. \$1.3 million provided under NIDS to evaluate the effectiveness of treatment for opioid dependency. NDARC is doing this. NSW trials will be included.

FAST TRACKING OF NEW TREATMENTS - WHAT NEEDS TO BE DONE

A new *joint \$100 million Commonwealth/State National Drug Treatments and Research Program*, including pharmacological and behavioural treatment, should be established. The program requires :

Funding

New and significant Commonwealth funding is required to meet growing unmet demand for treatment places in the public health system and the private sector. NSW demand for methadone places is increasing by about 8 percent p.a. and increasing demand for alternative treatments, such as naltrexone and buprenorphine, are expected in the future.

A *Commonwealth commitment to fund* not only new abstinence based strategies (which is all that the National Illicit Drug Strategy funds) but also the *new treatment strategies and appropriate support services* linked to methadone management and management of methadone withdrawal.

Commonwealth agreement that funding for drug treatment programs in State jurisdictions should be on a co-operative basis based on *jointly agreed overall program* approaches, and on the basis of a clearly identified State/Territory needs assessment, so that funding is more effectively targeted and achieves better outcomes;

Fast Tracking

A *commitment by all jurisdictions* to fast track trials of innovative treatments

Faster Commonwealth Therapeutics Goods administration approvals for new treatments: Reckitt and Coleman have submitted an application for registration of buprenorphine, - approval should be fast tracked so consideration regarding listing on the Pharmaceutical Benefits Scheme can then be considered.

Faster Commonwealth listing of approved new treatments on the Pharmaceutical Benefits Scheme . For example, Orphan Australia, the Australian Distributor of Naltrexone, has indicated its intention to apply on 1 June 1999 for listing of that drug under the PBS, but that outcome will not occur until 1 February 2000 under current procedures. Orphan Australia have suggested this time frame could be reduced.

Some of the drugs now being trialed and submitted for approval have been canvassed as possible treatment options for more than 15 years – there should be an avoidance of any further delays so that flexible and more appropriate treatments for different classes of drug abusers can be provided as soon as possible.

Private Sector Involvement

Agreed approaches on private sector involvement in trials, evaluations, integrated service delivery, and accountabilities.

Encouragement of pharmacies and GPs to participate in all drug treatment programs at a national level backed up by appropriate support and a capacity to refer difficult clients back to the public sector. This is particularly important in rural and regional areas.

Treatment Delivery, Research and Trials

A cooperative National Research program on treatments and rehabilitation outcomes.

Promotion of trials in prisons of new and innovative treatment programs, and exchange of evaluation data between jurisdictions. In all jurisdictions very significant numbers of prisoners have been jailed for drug offences and there are significant opportunities during incarceration to promote a range drug treatment programs and reduce drug taking. *These programs and trials also need to be linked with post release treatment services and probation and parole service outcomes.*

Commonwealth funding for evaluation trials : naltrexone, buprenorphine, and other treatments, including trials in correctional institutions, linked to medical/counselling programs is essential.

Targeted population based treatment programs for young people, Aboriginal people, women, residents of rural and remote communities, and people from a Non English Speaking Background, which link the drug substitution programs and or behavioural programs with integrated multidisciplinary service provision programs.

The value of methadone as a stabilisation strategy is recognised but further development of programs to develop effective means of assisting people to get off methadone by additional support and counselling is required, and supplementation of current methadone services with counselling and multidisciplinary case management teams needs to be assisted through appropriate funding.

Growing polydrug use and the growing availability of cocaine as a cause of increased mortality and overdose, demands *urgent and innovative treatment responses and funding for research.*

Cannabis treatment programs, particularly for young people, need to be developed and funded as a matter of urgency, bearing in mind recent surveys indicating an increasing use of cannabis by young people.

Wherever practicable, providing services at needle and syringe exchanges which link the drug user to information, counselling, treatment and other rehabilitative services, including housing support services. Recent surveys have indicated up to 25% of opiate users may be homeless.

BETTER SERVICE DELIVERY AND OUTCOMES A NATIONAL TRAINING PROGRAM

Objectives:

To provide better care and management of drug abusers across all service providers through development of a *National Drug and Alcohol Training Program* for all professionals working in the field.

Rationale:

Many clients are not receiving best practice care and management. Current service providers are not always sufficiently skilled in drug and alcohol management.

New South Wales is facing a critical shortage in medical and nursing drug and alcohol specialists; new services opening are unable to attract suitably qualified staff due to insufficient numbers.

Treatment and service providers need to be brought up to speed with the increasing range of treatment approaches available for drug users, and how they should best be delivered, including delivery in context of other support services.

NSW: What is being done

Post-graduate courses in drug and alcohol counselling are available, along with TAFE courses including a Diploma or Certificate IV course in Community Services (Alcohol and other Drug Work) and specialist modules in diploma courses in Community Welfare and Youth Work, among others.

Some Area Health Service D& A Directors (e.g. Central Coast and South East Sydney) are running special drug and alcohol training for GPs within their areas.

Commonwealth: What is being done

\$3 million has been allocated under NIDS to better train and equip front-line workers (including GPs, hospital staff and police officers).

The Commonwealth commissioned the National Centre for Education and Training on Addiction (NCETA) to undertake a scoping exercise to determine the focus and extent of training programs already being conducted for front line professionals and to identify the gaps in current activities across Australia. Following this scoping exercise, a list of recommendations and funding priorities for professional education and training has been compiled, but the recommendations have yet to be implemented. Specialist drug and alcohol areas to be targeted include dual diagnosis and working with youth.

**BETTER SERVICE DELIVERY :
A NATIONAL TRAINING PROGRAM**

WHAT NEEDS TO BE DONE

The Commonwealth and States should develop a *National Training Program* for professionals working with drug clients and drug offenders. This should be jointly developed by Ministerial Council on Education, Employment, Training and Youth Affairs, and the Ministerial Council on the Drug Strategy. It should encompass and provide a national framework of training programs to :

increase the level of specialisation in the drug and alcohol field and to improve the skills levels of health related staff in the drug and alcohol field.

increase the level of drug and alcohol training provided for a range of disciplines in universities and colleges.

significantly expand the number and range of practitioners in a variety of fields able to address drug and alcohol problems.

Provide incentive for doctors and nurses to specialise in drug and alcohol.

Provide broad based training in drug and alcohol for workers outside the health field including workers in the welfare, housing, education, (eg. School counsellors, law enforcement, corrections services, and in community organisations.

Provide training for doctors, nurses and other professionals who may be dispensing new drug treatments such as Naltrexone, Buprenorphine or LAAM.

Provide training in case management for professionals working in all areas in the drug and alcohol field.

BETTER CASE MANAGEMENT OF DRUG USERS

Objective

To provide better and coordinated case management and broadening of services to help people using drugs or at risk into healthy drug free lifestyles.

Rationale

Drug users receiving treatment need to be supported in all areas of their lives. That means assistance with education and vocational training, housing, childcare and other services. This applies especially to former prisoners seeking to adapt to a drug free lifestyle after release.

The linkage between drug abuse and homelessness, for example, appears significant. One recent report has suggested that one third of homeless people in Sydney are dependent on or abuse drugs and one fifth are dependent on or abuse opiates.

The Commonwealth/State Coordinated Care Trials for the Frail Aged provides a good example of coordinated case management and cooperative pooling of funds to focus on the needs of a particular population group. The 11 trials around Australia pool funds from Medicare, MBS, PBS, HACC, hospitals and private insurance to provide delivery

One key overseas model is the Netherlands "Social addiction care program". The program assists drug users to achieve a drug free lifestyle by addressing the social, economic and health problems they may be facing.

Key features of that program :

a comprehensive assessment of each client entering treatment

assessment of needs re housing, child care, employment, life skills training, and education and health based treatment

provision of dedicated places in public housing employment, skills training, life skills and education programs for treatment clients

a compliance contract between the client and the agency providers. Ongoing treatment is dependent upon the client undertaking the employment, education and training opportunities provided.

These types of programs would be of particular benefit to drug offenders in prison, representing 75% of NSW inmates, and drug offenders leaving prison and re-entering society, and those on community corrections programs, probation or parole.

NSW : What is being done?

Trialling Drug Courts. The NSW Drug Court is providing case management of drug offenders coming through the program and integrated service delivery. This is coordinated primarily by the Probation and Parole Service representative on the *Drug Court team*, with the drug offender being linked to programs operated by the Departments of Health, Housing, and Employment and Training, the Commonwealth Rehabilitation Service and NGOs.

Innovative and integrated state responses to localities with particular socio - economic problems, problems of drug abuse and high youth unemployment have been trialed through the "place management" approaches at Cabramatta, Redfern/Waterloo, Kings Cross, and Canterbury/Bankstown.

BETTER CASE MANAGEMENT OF DRUG USERS

Innovative and Integrated Service delivery should be promoted, funded and enhanced in all jurisdictions as a means of dealing with the complex problems of people using drugs or at risk of drug use in all jurisdictions.

Better evaluation : All service delivery, whether by Governments or NGOs, should be more rigorously assessed against agreed outcomes than has been the case to date.

A *National Case Management Program* should be established by the Commonwealth to fund and promote :

Cross sectoral team based approaches to case management

Enhanced national approaches to innovative and integrated service delivery

Co-ordinated care/case management trials and evaluations

Customised and locally driven interventions across age, gender and locational dimensions

Specific case management programs for drug offenders/misusers in prison, leaving prison, on probation/parole or on community corrections programs.

New integrated service delivery approaches for managing drug dependent mothers and fathers, and their children should be developed and funded co-operatively by the Commonwealth and the States, based on evidence of successful approaches in Australia and overseas, particularly as *substance abuse is recognised as one of the two most important issues in child protection.*

BREAKING THE DRUGS AND CRIME CYCLE

Objectives:

To help young people and young adults experimenting with drugs avoid being caught up in the justice system by linking them to other support services, assisting them into healthy drug free lifestyles, and assisting them with employment and training opportunities.

To reduce the level of drug related crime now and in the future, and to reduce the demand for drugs by these young people.

Rationale:

Too many young people and young adults are caught up in the justice system through early involvement in crime and drug use. There is an urgent need to address the underlying factors related to this outcome.

Youth unemployment is one of the most important causes, and must be recognised as a key factor in drug abuse – employment is therefore of critical importance in the treatment and prevention path. *Other factors* include: poor school performance, truancy, low levels of vocational skills, low self esteem, poor family relationships, mental health problems, boredom, and social dislocation.

The *National Drug Strategy 1998/99 – 2002/3* also notes that low income and homelessness are risk factors for harmful drug use. Similarly, the National Drug Strategy's "patterns of Drug Use in Australia 1985 – 95" noted that heroin users are predominantly male, unemployed and in their '20's. Unemployed and young are also characteristics found in amphetamine and cocaine users. *Prima facie*, there may be a decrease in drug use with a nationwide campaign targeting youth unemployment, particularly targeting areas with a known hard drug problem.

Interventions also need to be tailored to individuals as well as to specific populations, and to be closely linked to mental health strategies and suicide prevention. For example, US studies have shown that treatment is highly cost effective in tackling drug problems for heavy drug users, who consume a major share of the drug supply. Providing treatment for heavy drug users may have potential to significantly lower demand.

The Drug Court model is one example of a tailored intervention targeted at the more serious drug user. There is ample evidence from the United States of the efficacy of drug Courts in reducing drug related crime, rehabilitating drug misusers, and avoid costly incarcerations. (US studies have suggested Drug Courts can provide substantial savings in the criminal justice system – for every \$1 spent on the Miami Drug Court, it is estimated \$7 is saved.)

As a result, the *US Federal Department of Justice* contributed \$31.3 million to drug courts in state and local jurisdictions in the 1997 financial year, and has appropriated \$30 million for the 1998 financial year.

NSW : What is Being Done

Unlike many other proposals regarding illicit drugs in this country, Drug Courts represent a genuine innovation which is neither speculative nor untested. The results that Drug Courts are able to deliver, however, depend heavily on the quality of treatment services and other support that they provide. The NSW Government is fully committed to the success of its drug court pilot, and has allocated \$12 million for a two year trial.

All States and territories should be encouraged to invest in this form of diversionary scheme, and it is imperative that the Commonwealth demonstrate national leadership on the issue.

The NSW Youth Conferencing Scheme also provides an ideal opportunity for early intervention and provides a mechanism for case management.

Commonwealth : What is Being Done?

In 1994 the Commonwealth National Drug Crime Prevention Fund commissioned a study of “diversion practice” by the Alcohol and Other Drugs Council of Australia. ADCA's report in 1997 recommended establishment of a “National Diversion Office” and a “National Diversion Fund”, a “National Diversion Clearinghouse” and a funding for demonstration projects.

Little action appears to have flowed from these recommendations – other than a further examination of diversion practice by the MCDS and APMC.

BREAKING THE DRUGS AND CRIME CYCLE WHAT NEEDS TO BE DONE

The Commonwealth, States and Territories should develop a *general diversion framework targeting young people* at all points in the criminal justice system, and providing for appropriate responses and management of at risk and vulnerable young people who may be using drugs, for example at the police level, in juvenile, youth or adult courts, in adult prisons, and in community corrections.

The Commonwealth should facilitate the establishment of a *National Drug Court Network*, including *Juvenile Drug Courts*, in each jurisdiction, with the Court and the additional treatment services required, *funded jointly* by the Commonwealth and the State or Territory *on a dollar for dollar basis*.

A *National Youth Diversion Scheme* should be established, funded by the Commonwealth to enable States and Territories to *trial and evaluate targeted Youth Justice Diversion schemes* linking at risk young people and young people using drugs with key support services, education services, training and employment opportunities.

Commonwealth and State Youth Diversion Schemes should particularly *target areas of high youth unemployment*, and should be linked with vocational education, and employment and training partnerships, and be evaluated on training, education and employment outcomes, as well as on crime reduction and drug use outcomes. Ideally they should also be linked with other support services such as housing and community services.

Prosecutorial Diversion Schemes should also be examined, and the Standing Committees of Attorneys General should be asked to report on the effectiveness of these types of diversion schemes overseas.

COMMUNITY DRUG ACTION TEAMS

Objective

To promote community based planning and collaborative action (mobilisation) on local drug issues, involving the local councils, community organisations, local businesses, and the local arms of State Government agencies through a network of Community Drug Action Teams in all jurisdictions.

A three year *National Communities Drug Prevention Fund* should be established to promote and assist these *local problem solving teams across the country*.

Rationale:

Community ownership and involvement in drug programs is essential. Flexible community based approaches enable a more effective targeting and pooling of available resources and are more likely to be sustainable, and resource efficient.

Drug use prevention and management needs to be tailored to the local area, taking into account local economic, social, environmental and cultural factors.

Both the USA (Community Coalitions) and the UK (Drug Action Teams) Governments have been promoting this model. In the US the aim is to build "community coalitions" to fight drug abuse and develop new local initiatives to reduce substance abuse, particularly among youth. The US Government is providing \$20m for this each year for the next two years, rising to \$40m in 2001.

In the UK, Drug Action Teams are intended to be the main vehicle for ensuring local resource collaboration and joint action. The concept of community participation was also included in Victoria's Turning the Tide Report.

The National Drug Strategy Framework (1998/9 – 2002/3 identifies the building of partnerships between the three tiers of Government as priority area for future action.

NSW: What is being done

NSW is trialling Community Drug Action Teams in Fairfield and Redfern and is planning to trial additional teams in Dubbo and the Central Coast.

Broader local place management models to coordinate overall responses to strengthen local communities are also being encouraged through integrated place management projects in Cabramatta, Redfern, Kings Cross, Bankstown and Moree.

Commonwealth: What is being done

The National Community Based Approach to Drug Law Enforcement Project has provided funding for trials of Drug Action Teams in Fairfield (NSW), Morwell (Vic) and Geraldton and Mirrabooka (WA). Evaluation is presently underway to assess the effectiveness of these trials.

\$4.8 million dollars of the total NIDS package has been allocated to fund community partnership initiatives.

**COMMUNITY DRUG ACTION TEAMS
WHAT NEEDS TO BE DONE**

All jurisdictions should promote the establishment of Community Drug Actions which:

have good leadership

broad inclusive membership

build local partnerships

have strong linkages to other local crime prevention, social development and employment initiatives

link in with complementarity Commonwealth and State initiatives, such as place management or regional coordination programs

The Commonwealth establish a specific National Communities Drug Prevention Fund to promote and assist local communities establishing Drug Action Teams. A budget of \$20 million over three years could prompt a significant local contribution in the fight against drugs.

Commonwealth, State and Territory arms of *Local Government and Shires Associations* should be asked to promote the establishment of these teams through local government.

DEFENDING OUR FRONTIERS: A NATIONAL STRATEGY (DISRUPTING AND REDUCING SUPPLY)

Objective

To better resource, target and coordinate the defence of our frontiers in order to significantly reduce the quantity of illicit drugs coming into the country, and especially to prevent looming new threats such as cocaine and the use of new technologies which may facilitate trafficking and money laundering.

Rationale:

100% of heroin and 100% of cocaine in Australia is imported through our frontiers.

The limited effectiveness of law enforcement supply side initiatives to date must be recognised – about 90% of all drugs coming across our frontiers are getting in - police suggest only 10 % of imported drugs are intercepted, and even significant additional resources will not be able to achieve a radical change in this scenario.

NSW, especially Sydney, remains the favoured point of entry for heroin and cocaine, which represents 62% of all customs detections, 64% of the total weight of heroin detections, and 78% of the total weight of all cocaine detections in Australia. (*Source : Australian Illicit Drug Strategy Report*). The stabilising of demand for cocaine in US could also mean a higher targeting of the Australian market by cocaine traffickers. Amphetamine importation into Australia may also increase.

The *1995/96 Australian Illicit Drugs Report* said “increased trade liberalisation in South east Asia with resultant expanding air and sea transportation routes, and the reductions in the number of Australian Customs service personnel at the barrier are also factors likely to facilitate the expansion of heroin trafficking in Australia.”

Controls at the customs barrier are weak. In 1997, it was revealed that only 3 in every 10,000 cargo containers were searched by police and customs officials. In February 1998, the NSW Police Service advised that only 2% of all international flights entering Sydney are searched for heroin, cocaine and other illicit drugs. The ABCI has estimated that whereas Australian authorities search 0.03% of cargo entering Australia, the equivalent US figure is about 3%. That is, the US searches 100 times more incoming cargo containers on a proportional basis.

Commonwealth: What is being done

The development of the National Heroin Supply Reduction Strategy and National Supply Reduction Strategy for Drugs Other than Heroin approved by the MCDS in 1998 provide a framework for national, coordinated and intelligence/technology based approach to supply reduction.

These strategies provide a good basis for a national approach to protecting Australia's borders and with a commitment of funds, implementation could be fast tracked. The

Commonwealth National Initiatives Drug Strategy restored some of the funding cuts to Commonwealth customs and law enforcement agencies but much more is needed.

**DEFENDING OUR FRONTIERS : A NATIONAL STRATEGY
(DISRUPTING AND REDUCING SUPPLY)
WHAT NEEDS TO BE DONE**

The Commonwealth should make further *strategic investments* in defending Australian frontiers, to radically reduce supply coming into the country. In November 1997, the Federal Government restored \$43.9 million of \$110 million cut from Federal law enforcement agencies. In March 1998 another \$50 million was restored. A further \$100 million is required to further restore and meaningfully supplement previous budget allocations.

The Commonwealth needs to enhance our law enforcement capacities by :

Increased funding for the Australian Federal Police

Deployment of more AFP officers overseas to give Australia a greater intelligence presence at the source of drug imports

Refocusing the NCA to make it a more effective operational law enforcement body, in line with the findings of the Parliamentary Joint Committee.

Strengthening Interpol and other international law enforcement links to counter the international drug trade

Promoting greater numbers of joint State and Federal task forces targeting drug traffickers - such as the Joint Federal/State Task force on Asian Crime Group in NSW.

Promoting, with the States and Territories a "seamless web of investigations" by law enforcement agencies so that entire drug trafficking import and distribution networks are taken out in a coordinated way – and not just parts of the network

The Commonwealth need to stop more drugs at the border by :

Increased funding for Customs Service so it can increase inspection rates and interception rates to US standards.

Improved profiling to identify cargo likely to be concealing drugs

Increasing the number of random searches of cargo and passengers

Increase the number of drug detection dogs at international airports

Strengthen air and sea surveillance resources around the coastline

The Commonwealth also needs to help States prevent drug trafficking and the violence associated with high level trafficking by :

- Closing loopholes in Commonwealth regulations governing firearms and prohibited weapons to reduce access to these weapons by drug traffickers
- Increasing the penalties associated with illegal imports of firearms, pistols and prohibited weapons into Australia – which are currently no different from smuggling any other illegal import
- Examine the current laws governing deportation of drug traffickers who are not citizens so that high level drug traffickers are automatically deported
- Investigate the possible capacity for drug trafficking and money laundering through the Internet and E Commerce

- Expanding Commonwealth powers to confiscate the assets of drug traffickers to the standards set in NSW legislation.

The MCDS and the APMC should be asked to :

expedite implementation of the National Heroin Reduction Supply Strategy and the National Supply Reduction Strategy for Drugs Other than Heroin;
Urgently develop specific supply control strategies related to the looming threat of cocaine and amphetamines imports;
Report annually on the effectiveness of the strategies, particularly in outcome terms, the resourcing requirements of the strategies and on any delays in implementation, to the Leaders Forum and COAG;

The Commonwealth, States and Territories should cooperatively promote the development of a *single national crime database* on the drug trade and the APMC should be asked to develop a proposal for action within 12 months.

A *national cooperative drug surveillance system* should be fast tracked and established as soon as possible. The MCDS should report on this matter to COAG at the next meeting of COAG.

Preventing Drug Trafficking and Money Laundering :

States and Territories recognize that the National Illicit Drug Strategy (NIDS) is providing funding for an Asia Pacific Money Laundering Secretariat, and for other anti tax evasion and money laundering initiatives.

However States and Territories have noted recent concerns expressed regarding the potential for possible misuse of new E Commerce and internet technologies, particularly as a potential means for E commerce trade in drug and laundering of criminal profits through international transactions across the Internet.

The States and Territories urge the Commonwealth to investigate safeguards to prevent the misuse of such technologies, to develop appropriate means of investigating and prosecuting drug traffickers who use these technologies, and to establish appropriate cooperation with other countries whose citizens may be involved from offshore in crime in Australia.