Evaluation of the Impact of Drug Summit Initiatives in Two NSW Regions

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Abbreviations

ABCI	Australian Bureau of Criminal Intelligence
ACS	Automated Coding System (for registering deaths)
ADCP	Adult Drug Court Program
ADIS	Alcohol and Drug Information Service
AGs	NSW Attorney-General's Department
AHS	Area Health Service
AIC	Australian Institute of Criminology
AIDR	Australian Illicit Drug Report
ANCO	Australian National Classisfication of Offences
ANSPS	Australian Needle and Syringe Program Survey
ASOC	Australian Standard Offence Classification
ASSAD	Australian Secondary Schools Alcohol and Other Drug survey
ATSI	Aboriginal and Torres Strait Islander
BOCSAR	Bureau of Crime Statistics and Research
CAN	Court Attendance Notice
CCN	Cannabis Caution Notice
CCRTS	Correctional Centre Release Treatment Scheme
CCS	Cannabis Cautioning Scheme
CDAT	Community Drug Action Team
CHS	Corrections Health Service
COAG	Council of Australian Governments
COB	country of birth
COD	cause of death
COPS	Computerised Operational Policing System
COTSA	Client of Treatment Services Agencies Census
CPPSS	Community Perceptions of Police Services Survey
CSS	Crime and Safety Survey
DAL	Division of Analystical Laboratories
DAPIR	Drug and Alcohol Performance Indicator Reporting System
DCAS	Drugs and Community Action Strategy
DCS	Department of Corrective Services (NSW)
DET	Department of Education and Training (NSW)
DJJ	Department of Juvenile Justice (NSW)
DoCS	Department of Community Services (NSW)
DOCTP	Drug Offenders Compulsory Treatment Pilot
DOHRS	Department of Health Reporting System
DPB	Drug Programs Bureau (NSW Health)
DPPT	Drug Policy & Programs Team (NSW Police)
EDDC	Emergency Department Data Collection
EDW	Enterprise Data Warehouse (NSW Police)
GITS	Getting It Together Scheme
HCV	hepatitis C
HIE	Health Information Exchange
HIV	human immunodeficiency virus
ICD-9	International Classification of Diseases, 9th Revision
ICD-10	International Classification of Diseases, 10th Revision
IDRS	Illicit Drug Reporting System
IDU	injecting drug user
ISC	Inpatient Statistics Collection
JART	Joint Assessment and Review Team (YDCP)
LAC	Local Area Command
LGA	Local Government Area
MCS	Methadone/buprenorphine Client Statistics
MERIT	Magistrates' Early Referral into Treatment program
MIMS	MERIT Information Management System
MMT	Methadone Maintenance Treatment
MRRC	Metropolitan Remand and Reception Centre
NADA	Network of Alcohol and Other Drug Agencies
NAPOOS	Non-admitted Patient Occasions of Service
NCIS	National Coronial Information System
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NGO	Non-government Organisation
NSP	Needle and Syringe Program
NSWADS	NSW Ambulance Data Set
NSWMDS	NSW Minimum Data Set for Drug Treatment System
ODP	Office of Drug Policy (NSW)
PALM	Program for Adolescent Life Management
PDHPE	Person Development, Health and Physical Education
SAIS	Service Access Information System on Treatment Availability
SD	Statistical Division
SLA	Statistical Local Area
SSD	Statistical Subdivision
YDCP	Youth Drug Court Program

Executive Summary

The 1999 New South Wales Drug Summit (hereafter "the Drug Summit") was a significant and innovative approach to the development of drug policy in New South Wales. It brought together a diverse group of people from a range of areas—including members of parliament, experts and professionals, community representatives, families and people with drug problems—to develop new strategies to deal with drugs in the community.

An overall evaluation of the Drug Summit is being coordinated by the New South Wales Office of Drug Policy (ODP), within the Cabinet Office (TCO), to obtain some indication of whether and how the recommendations that arose from the Drug Summit have impacted on the drug problem in New South Wales. As part of this evaluation, the ODP commissioned the Australian Institute of Criminology (AIC) to undertake an analysis of drug indicator data. This was to determine if a longitudinal analysis of pre- and post-Drug Summit drug indicator data in two key New South Wales regions (Western Sydney and Northern Rivers, as defined by Area Health Service boundaries[1]) was feasible. It was also to document the available drug indicator measures for these two regions. The evaluation was not designed to compare the two regions, but simply to provide an indication of the impact of the Drug Summit in one metropolitan and one non-metropolitan region.

The Drug Summit triggered an overall improvement in the number and type of a wide range of drug programs and strategies targeting illicit drugs in the two regions, including in the areas of:

- drug prevention and education;
- drug treatment;
- health and welfare training;
- research; and
- law enforcement (see the summary table of Drug Summit objectives and key indicator data below).

While the number and type of these programs are easily documented and can be directly attributed to the Drug Summit, their actual impacts are in many cases very difficult to determine. This is partly because some of the Drug Summit initiatives commenced only very recently (and so one would not expect major impacts to be discernible as yet) but also because it is difficult to measure anticipated outcomes because prevention programs and strategies are long-term, and meaningful results may not be observable for a

1 See Appendix 1 for a description of each region. Appendix 1 also provides information on the evaluation background (including terms of reference) and selection of the two regions.

generation or more. Measuring outcomes is also affected by the influence of multiple external factors that may impact on trends (both positively and negatively).[2] Finally, little outcome data are available to measure impacts. Most available data are administrative in nature and not designed to explain complex and dynamic issues. Small sample sizes also impact on the reliability of several trend indicators.

Given these limitations, the following are the most significant findings from this report. They relate to the areas of health and law enforcement in the two regions under examination (Western Sydney and Northern Rivers).

- Fewer people now suffer from drug-related harm than they did in 1997. In the past five years in Western Sydney there were declines in the number of drug-related deaths, the number of ambulance attendances at overdoses and the number of illicit drug-related emergency department presentations. Similarly, in Northern Rivers there were decreases in the number of drug-related deaths and the number of ambulance attendances at overdoses.
- At the same time that drug-related harm decreased in the regions, there was an increase in the number of people accessing methadone/buprenorphine pharmacotherapy treatment in the regions. In the public health system, Western Sydney experienced a 65 per cent increase in the number of people accessing these treatment options, while in Northern Rivers the increase was 10 per cent. In the Northern Rivers there was a large increase in the number of people accessing these treatments privately (up by 189 per cent) while in Western Sydney there was a small decline (7 per cent). Increases in the number of people accessing these treatment options are largely because of Drug Summit treatment initiatives in the regions.[3]
- The number of charges for dealing or trafficking in prohibited drugs has varied greatly in both regions since 1999, with no consistent upward or downward trend. Overall, the number of arrests for recorded drug offences has been increasing in both Northern Rivers (36 per cent) and Western Sydney (70 per cent). There are too few data relating to the number of people found guilty or imprisoned for dealing or trafficking in prohibited drugs to draw any firm conclusions.

It should be noted that the majority of data and information collected for this project occurred between May and August 2002. As such, there may be additional Drug Summit-funded programs that have been implemented since this time that are not covered in this report.

2 For example, throughout 2000, particularly at the end of 2000, there was a marked decline across NSW (and elsewhere in Australia) in the amount of available heroin. This impacted on a range of law enforcement and health indicators. While NSW Police made a number of significant heroin seizures at that time, the heroin shortage also corresponded with a decrease in poppy cultivation in Afghanistan (because of the rise of the Taliban) and the resultant shift in the Asian heroin market away from Australia and into Europe to fill the market gap (ABCI 2002).

3 It is not possible to determine the *exact* relationship between Drug Summit treatment options and the numbers of people accessing these treatments in all cases as the relevant data were mostly provided in aggregate form, which did not permit a more penetrating analysis. However, it is reasonable to conclude that the additional people who accessed these treatments did so because of increased treatment availability made possible through Drug Summit funding.

Summary table of the 10 Drug Summit objectives and key indicator data that address these objectives in two NSW regions, Western Sydney and Northern Rivers*

Drug Summit objectives	Western Sydney	Northern Rivers	Key indicator data
1.To prevent the uptake of and addiction to illicit drugs, particularly by young people	insufficient data	insufficient data	• Formal drug prevention and education programs operating in every public school K–12 and in private schools K–10 since the Drug Summit. • Distribution of drug education information and material for the community in each Area Health Service (including pamphlets, games, videos, educational sessions, public forums and youth projects) since the Drug Summit. Relevant materials have been produced by Area Health Services, the Premier's Department (and the Community Drug Action Teams), the Department of Education and Training, the Department of Community Services, and other agencies. • In adult correctional facilities in Western Sydney two formal drug prevention programs have been implemented since the Drug Summit that focus on drug-free living (Drug Education Unit) and family support (Throughcare).
2.To work in partnership with the community to understand and educate with the aim of reducing illicit drug use	insufficient data	insufficient data	• Getting It Together Scheme and the Capacity Building Project implemented by the Department of Community Services in Western Sydney and Northern Rivers, respectively, since the Drug Summit. • Since the Drug Summit, three Community Drug Action Teams now operating in Western Sydney and five in Northern Rivers. • Distribution of community drug information resources since the Drug Summit.
3.To increase access to a comprehensive, high quality and innovative range of treatment and counselling services	achieved	achieved	• Since the Drug Summit, in Western Sydney the number of public and private methadone units has remained unchanged, although the AHS has received funding for up to 100 new methadone dosing spaces. There are now 20.88 additional methadone staff (dosing/case management & methadone to abstinance); 1.5 staff for the Pharmacy Liaison Project; 6.5 new staff for the MERIT program; 0.4 of a GP liaison officer; one service evaluation officer; one Youth Drug Court staff member; one CCRTS project officer (through the CHS); and two additional residential rehabilitation beds. • Since the Drug Summit, in Northern Rivers there is one additional drug/alcohol counsellor; two new methadone/pharmacotherapy clinics; six extra full-time staff for new clinics; one new detoxification unit; one new drug/alcohol area clinical nurse consultant; new drug/alcohol visiting medical officers; one new IT Officer; and eight additional residential rehabilitation beds. Equivalent data from Western Sydney were unavailable at time of reporting. • Between 1997 and 2002, in the public health system in Western Sydney, the number of people accessing methadone/buprenorphine treatment increased by 65%, while in the private system there was a decrease of 7%. In the same period in Northern Rivers there was a 10% increase in people accessing methadone/buprenorphine in the public system, while there was a 189% increase in access to the private methadone/buprenorphine system. • Between 1997–98 and 2001–02, the number of non-admitted patient occasions of service (includes counselling) rose by 51% and 45% in Western Sydney and Northern Rivers, respectively. • Since the Drug Summit in adult correctional facilities in Western Sydney, drug treatment has expanded from counselling and methadone services only to include a further two pharmacotherapies. In Northern Rivers, adult drug treatment has expanded from counselling and methadone services to include an additional pharmacotherapy.
4.To ensure that people who traffic in drugs are detected and penalised	insufficient data	insufficient data	• Overall, the number of charges for dealing or trafficking in prohibited drugs has varied greatly in both regions since the Drug Summit, with no consistent upward or downward trend. The number of charges by each drug type is too small to draw any firm conclusions. • No obvious increase or decrease in the number of people found guilty of dealing or trafficking in a prohibited drug in either region since the Drug Summit. The number of people found guilty is too small to draw any firm conclusions. • There was a small decline in the number of people imprisoned for dealing or trafficking in a prohibited drug between 1997 and 2001, although the numbers are very small, impacting on their reliability.

Drug Summit objectives	Western Sydney	Northern Rivers	Key indicator data
			• Drug detection programs/strategies have expanded in both adult and juvenile correctional facilities across NSW since the Drug Summit.
5.To promote trials of treatmentand support options, evidence-based practice and evaluation of programs	achieved	achieved	• Since the Drug Summit at least 13 state-wide new research projects have been scheduled, are underway or have been completed.
6.To assist people into treatment and away from the criminal justice system and break the cycle of crime and antisocial behaviour	achieved	achieved	• Drug diversion programs established in Western Sydney since the Drug Summit include the Cannabis Cautioning Scheme, the *Young Offenders Act* and the Youth Drug Court Program. • Drug diversion programs established in Northern Rivers since the Drug Summit include the Cannabis Cautioning Scheme, the *Young Offenders Act*, Magistrates' Early Referral Into Treatment and the Drug Offenders Compulsory Treatment Pilot (although this is no longer operating).
7.To reduce the harm caused by risk-taking behaviour associated with drug use	achieved	achieved	• Since 1997–98 in Western Sydney, the number of drug-related deaths fell by 36%; the number of ambulance attendances at overdoses fell by 42%; the number of illicit drug-related emergency department presentations fell by 14%; and the number of illicit drug-related hospital separations increased by 46%. • Since 1997–98 in Northern Rivers, the number of drug-related deaths fell by 45%; the number of ambulance attendances at overdoses fell by 68%; the number of illicit drug-related emergency department presentations rose by 87%; and the number of illicit drug-related hospital separations increased by 28%.
8.To reduce the impact on the community of drug-related crime and antisocial behaviour	insufficient data	insufficient data	• In Western Sydney the number of drug offences increased by 70% between 1997 and 2001, while in Northern Rivers the number of drug offences increased by 36%. • In Western Sydney the number of theft offences increased by 7% between 1997 and 2001, while in Northern Rivers the number of theft offences increased by 9%.
9.To reduce the supply of illicit drugs by promoting best practice intelligence-led policing and close cooperation with law enforcement agencies in other jurisdictions	achieved	achieved	• Intelligence-led policing of illicit drugs has operated in both regions since before the Drug Summit. The State Crime Command continues to work alongside local police officers to assist with large operations.
10.To better equip health and welfare frontline professionals in providing care and management of people with drug problems	insufficient data	insufficient data	• Currently, regional-level data on the number of new methadone/buprenorphine prescribers and pharmacies dosing methadone are insufficient to draw any conclusions. Implemented in mid-2000, NSW Health's Drug and Alcohol Performance Indicator Reporting (DAPIR) system provides a large range of output data on drug/alcohol treatment and training that is useful at a state-wide level.

* The two regions are defined by the Area Health Service boundaries.

1 Health

1.1 Drug-related Harm

Key issue:

- Drug Summit Objective 7: To reduce the harm caused by risk-taking behaviour associated with drug use

Key trend indicators:

- Number of drug-related deaths
- Number of opiate-related deaths
- Number of ambulance attendances at overdose
- Number of illicit drug-related emergency department presentations
- Number of illicit drug-related hospital separations

1.1.1 Background

There are many harmful consequences of drug use, including impacts on drug users, their friends and family, and the broader community. These impacts may be medical, psychological, sociological and/or economic (Manski, Pepper & Petrie 2001). Given the diverse and complex array of potential impacts, there are many ways in which drug-related harm may be measured. In this section, measurement of drug-related harm is limited to morbidity and mortality statistics. These provide a simple, quantitative picture of the direct impacts of drug use on individuals.

1.1.2 Discussion of Key Indicator Trends

In both Western Sydney and Northern Rivers the number of *all* drug-related deaths declined from 1997 to 2002 (Figure 2 on page 49). Between January 1998 and December 2001 the number of drug-related deaths dropped by 36 per cent in Western Sydney and 45 per cent in Northern Rivers. This followed a 62 per cent drop in drug-related deaths across New South Wales in the same period.[4] The *opiate only* death data are more ambiguous at a regional level (particularly for Northern Rivers), partly because the data are available until December 2000 only, but also because the numbers are small (see Figure 2 on page 49). This makes it difficult to draw any conclusions about trends in this data. However, as an indication of trends across New South Wales, between 1997 and mid-1999, the number of opiate-related deaths increased by 75 per cent and thereafter fell by 41 per cent by the end of 2000. Overall, the number of opiate-related deaths in New South Wales increased by three per cent between January 1997 and December 2000.

4 The sharp drop between July–December 2001 and January–May 2002 is exaggerated as the final period represents three months of data only. Despite this, the overall pattern is one of declining mortality.

Between January 1997 and May 2002, the number of ambulance attendances at overdoses also fell—in Western Sydney by 42 per cent and in Northern Rivers by 68 per cent (Figure 3 on page 49). In New South Wales there was a 46 per cent decrease. Similarly, in the same period in Western Sydney the number of illicit drug-related emergency department presentations fell by 14 per cent, corresponding with a 26 per cent decrease across New South Wales. However, throughout this time in Northern Rivers, the number of illicit drug-related emergency department presentations *increased* by 87 per cent. Data that are available on the number of illicit drug-related hospital separations between January 1997 and June 2000 indicate that there was an overall increase in both Western Sydney (46 per cent) and Northern Rivers (28 per cent). In New South Wales there was a 42 per cent increase in the number of illicit drug-related hospital separations in this period.

In summary, much of this data suggest that fewer people now suffer from drug-related harm than did in 1997. Western Sydney has seen declines in the number of drug-related deaths, the number of ambulance attendances at overdoses and the number of illicit drug-related emergency department presentations. In Northern Rivers there have been declines in the number of drug-related deaths and the number of ambulance attendances at overdoses.

The overall decline in drug-related harm may be attributed in part to the impact of the "heroin shortage", which saw a reduction in heroin availability towards the end of 2000. However, the exact cause(s) of these declines is not simply determined, even at a regional level. Extracting and evaluating the effectiveness of particular programs/resources (such as those funded via the Drug Summit) in reducing drug-related harm is not straightforward and relies on ongoing, comprehensive administrative and outcome-focused data collection. While useful for tracking general trends, the available health data sources are necessarily administrative tools and are not designed to examine complex data inter-relationships.

1.2 Treatment

Key issue:

- Drug Summit Objective 3: To increase access to a comprehensive, high quality and innovative range of treatment and counselling services

Key trend indicators:

- Number and type of treatment options available
- Total number of clients on the methadone program (public/private)
- Number of closed treatment episodes by principal drug of concern
- Number of closed treatment episodes by main treatment type
- Number of non-admitted patient occasions of service

1.2.1 Background

Heavy drug users commonly suffer from a range of other conditions, including mental and physical health problems, economic problems and family problems. Research suggests that the psychoactive drugs that some drug users take may have severe and long-term effects on brain functioning that may leave them biologically vulnerable to relapse long after the immediate signs of addiction have been alleviated (Manski, Pepper & Petrie 2001). As such, drug dependence is increasingly seen as a chronic relapsing condition for which permanent abstinence may not be realistic. Accordingly, drug dependence requires long-term management that incorporates a variety of treatment options.

There are many different forms of therapy that can be defined loosely as "treatment"—the most significant types of therapies relevant here include detoxification, cognitive and behavioural (through counselling) and pharmacotherapies. Therapeutic communities are another important form of therapy. Equally, there are various delivery systems in which these therapies may take place: public/private; inpatient/outpatient; individual/group and so on. The large assortment of treatment types and systems reflects the diversity of individual needs: no single treatment regime will help all people.

1.2.2 Discussion of Key Indicator Trends

Many more treatment options have become available since the Drug Summit in the regions. In both Western Sydney and the Northern Rivers there have been staffing, program and infrastructure improvements (Table 1 on page 42). In Western Sydney the most significant improvements include the up to 100 additional methadone spaces, as well as additional staffing positions—there are now over 31 new Drug Summit-funded staff positions in the region across the areas of methadone treatment, pharmacy–GP liaison and the drug courts (including MERIT). The biggest improvements in Northern Rivers include the two new pharmacotherapy clinics, the detoxification unit and the additional six full-time equivalent staff employed to assist in their management. MERIT also provided additional treatment places in the region (see sections 2.3 and A5.13 of this report for detail on the MERIT program).

At the same time that drug-related harm largely decreased in the regions between 1997 and 2002 (see discussion above), there has been a corresponding *increase* in the number of people accessing methadone/buprenorphine pharmacotherapy treatment in the regions (Figure 4 on page 50). In the public health system, Western Sydney experienced a 65 per cent increase in the number of people accessing these treatment options, while in Northern Rivers the increase was more modest at 10 per cent. In Western Sydney in particular, an increase in the number of people accessing this treatment option is largely because of Drug Summit funding and the resultant number of new methadone spaces.

In Northern Rivers there was a huge increase (189 per cent) in the number of people accessing methadone/buprenorphine pharmacotherapy treatment in the private health sector, while in Western Sydney there was a seven per cent decline. The large increase in access to pharmacotherapies in the private health sector in Northern Rivers is almost certainly directly due to Drug Summit treatment initiatives in that region. Such rises in

the total number of people accessing methadone and burpenorphine treatment in the regions reflects a similar rise across New South Wales: between 1997 and 2002 the number of people accessing methadone and buprenorphine treatment in New South Wales increased by around 38 per cent. The steady increase in the number of people accessing these treatment options in all regions is largely due to improved treatment availability since the Drug Summit.[5]

Detoxification and counselling were the most prevalent treatment types in the two regions between July 2000 and December 2001 (by number of closed treatment episodes[6]) (Figure 5 on page 50, and Figure 6 on page 51). There were few closed pharmacotherapy treatment episodes in Western Sydney in this period and none recorded for Northern Rivers—this is because most clients who enter pharmacotherapy treatment receive ongoing care for extended periods of time.[7] Between 1997–98 and 2001–02 the number of non-admitted patient occasions of service (including both closed and ongoing counselling) for people with a drug and/or alcohol problem steadily rose: by 51 per cent and 45 per cent, respectively, in Western Sydney and Northern Rivers (Figure 7 on page 51). This corresponded with a 60 per cent rise across New South Wales. Once again, the steady increase in the number of people accessing these treatment options in all regions is probably due to improved treatment availability since the Drug Summit.

The most common principal drug of concern in Western Sydney (by the number of closed treatment episodes) was "opiates" (Figure 8 on page 52). This was generally true for Northern Rivers too, although cannabis and amphetamines were also commonly recorded as principal drugs of concern in that region (Figure 9 on page 52). The decrease in opiates as the principal drug of concern in both Western Sydney and Northern Rivers, and an increase in amphetamines and cannabis as principal drugs of concern, are broadly consistent with law enforcement data in this report (see discussion at 2.1.2 relating to the number of charges for drug offences) and with the AIC's Drug Use Monitoring in Australia (DUMA) data.[8] Shifts in emphasis between these principal drugs of concern are probably largely due to the impact of the heroin shortage at the end of 2000.

It is worth noting that since the Drug Summit, NSW Health has greatly enhanced the range of available drug and alcohol data. Such data will provide a useful tool for future long-term monitoring and analysis. Two of the most significant data collections to be developed and implemented by NSW Health since mid-2000 are the New South Wales Minimum Dataset for Drug Treatment (NSWMDS; not Drug Summit-funded) and the Drug and Alcohol Performance Indicator Reporting (DAPIR) system. The NSWMDS includes a variety of output and outcome data on administrative, demographic and treatment items. The particular strength of the NSWMDS is that data are consistently

5 It is not possible to determine the *exact* relationship between Drug Summit treatment options and the numbers of people accessing these treatments in all cases as relevant data were mostly provided in aggregate form, which did not permit a more penetrating analysis. However, it is reasonable to conclude that the additional people who accessed these treatments did so because of increased treatment availability made possible through Drug Summit funding.

6 "Closed treatment episode" is a term commonly used in the health sector to describe occasions where a patient has completed a treatment session (as opposed to receiving ongoing treatment).

7 Pharmacotherapies here refer to methadone and burprenorphine.

8 DUMA is primarily a survey of recent drug use among police detainees at specific Australian sites (including at Parramatta). See sections 2.1.2, 4.2 and A5.9 for more detail on DUMA.

recorded across New South Wales AHSs and that they are subject to validity and logic checks. DAPIR combines for the first time a large range of mostly output data in the areas of drug and alcohol treatment and training.

1.3 Harm Reduction

Key issue:

- Drug Summit Objective 7: To reduce the harm caused by risk-taking behaviour associated with drug use

Key trend indicators:

- Number and type of harm reduction programs in place
- Number of syringes dispensed

1.3.1 Background

Harm reduction as a social policy concerning drug use gained popularity in Australia and internationally as a response to the spread of blood-borne viral diseases like acquired immune deficiency syndrome (AIDS) and hepatitis C (HCV) among injecting drug users (Makkai 2000; Riley & O'Hare 2000). At its root, harm reduction attempts to decrease the negative consequences of drug use while also recognising that abstinence may be neither realistic nor desirable for some drug users, especially in the short-term. Since injecting drug use has been identified as the major mode of transmission of HIV/HCV infection in many countries, harm reduction strategies that specifically address injecting drug users have proliferated (Riley & O'Hare 2000; United Nations 2000; Goode & Makkai 2002).

Research demonstrates that blood-borne viral transmissions among injecting drug users can be prevented. Prevention activities that have shown a positive impact on reducing blood-borne viral prevalence and risk behaviour include, among other things, clean injecting equipment via needle and syringe exchange programs (Riley & O'Hare 2000; United Nations 2000). Reviews of the effectiveness of needle and syringe programs in Europe have demonstrated reductions in needle risk behaviours and HIV transmission and no evidence of increases in injecting drug use or other public health dangers in the communities served. Importantly, needle and syringe programs have been shown to serve as points of contact between drug abusers and service providers, including drug treatment programs (United Nations 2000). Provision of sterile needles and syringes is also a simple and inexpensive way to reduce the risk of spreading HIV/HCV infection.

1.3.2 Discussion of Key Indicator Trends

Within the overall social policy of harm minimisation in New South Wales, NSW Health operate two formal harm reduction programs: the Needle and Syringe Program (NSP) and the Supervised Injecting Place (in Kings Cross only). The NSP, which is the only harm-reduction program operating in the two regions, aims to dispense free clean

needles and syringes to chemists and other needle exchanges for use by drug-injecting users. The NSP did not receive funding via the Drug Summit. However, the number of needles and syringes dispensed in Western Sydney increased between January 1999 and December 2001 by 60 per cent, while in Northern Rivers there was a 21 per cent decrease (Table 2 on page 43).

1.4 Training of Health Professionals

Key issue:

- Drug Summit Objective 10: To better equip health and welfare frontline professionals in providing care and management of people with drug problems

Key trend indicators:

- Number of new methadone/buprenorphine prescribers
- Number of new pharmacies dosing methadone

1.4.1 Background

Alcohol and other drugs training was identified as a significant need in the New South Wales Drug Summit to encourage more health professionals to become involved in the care of people with drug problems (NSW Government 1999). In particular, specific action was required to support enhancement of skills and knowledge in the following five priority practice areas:

- assess alcohol and other drug problems among client groups;
- provide appropriate referral to specialist treatment and support services;
- manage difficult behaviours associated with intoxification of clients;
- participate in case management approaches to quality service delivery; and
- utilise opportunities for brief intervention to effectively communicate information to clients (NSW Health 2001).

1.4.2 Discussion of Key Indicator Trends

Very few data collections were available prior to the Drug Summit that permit a "pre/post" examination of training of health professionals. An estimate of the willingness of these professionals to work in the drug and alcohol field can be obtained via the Methadone/Buprenorphine Client Statistics collection—that is, the numbers of new methadone/buprenorphine prescribers and pharmacies dosing methadone. However, at the regional level the data are not sufficient to draw any conclusions (Table 3 on page 43).

DAPIR now provides a much better picture of what training and assistance health professionals receive in relation to drug and alcohol issues. Useful indicators for future trend analyses include: the number of training activities undertaken, consultancy services used and resources sent. These indicators are currently output-focused and do not measure levels of effectiveness, although there is scope for further development in this area.

1.5 Research into Drug Treatment

Key issue:

- Drug Summit Objective 5: To promote trials of treatment and support options, evidence-based practice and evaluation of programs

Key indicator:

- Number and type of drug treatment research projects

1.5.1 Background

Drug treatment research is necessary to investigate new treatment options that may assist drug users to overcome or reduce their drug habits. It is also necessary to determine treatment options that are most effective in achieving these outcomes so that resources are targeted appropriately. This evidence-based approach to drug treatment has been highlighted as integral to improving drug treatment services across the State (NSW Government 2001).

1.5.2 Discussion of Key Indicator Trends

Since the Drug Summit at least 13 research projects examining the efficacy of different drug treatment options have been scheduled to commence, have commenced, or have been completed (Table 4 on page 44). Two of these projects relate specifically to the Northern Rivers AHS and one to the Western Sydney AHS, while the others are state-wide research projects. The research projects cover, *inter alia*, scientific trials of methadone, naltrexone and buprenorphine. For further information on each of these projects see Appendix 5.7 of this report.

2 Law Enforcement

2.1 Detection and Prosecution of Drug Dealers

Key issues:

- Drug Summit Objective 4: To ensure that people who traffic in drugs are detected and penalised

Key trend indicators:

- Number of charges for dealing or trafficking in a prohibited drug
- Number of people found guilty for dealing or trafficking in a prohibited drug
- Number of people imprisoned for dealing or trafficking in a prohibited drug

2.1.1 Background

Reducing the supply of illicit drugs was a cornerstone theme of the Drug Summit and was considered fundamental to reducing New South Wales' illicit drug problem. In theory at least, reducing the drug supply will affect a number of things, such as making drugs harder to find and riskier and more expensive to obtain. Disrupting supply may also lead to increased property crime to meet the resultant increased unit cost of drugs and may encourage displacement of drug markets elsewhere. Finally, potential illicit drug users may be discouraged from starting and current users may seek treatment or abandon their use altogether (Weatherburn 2000).

NSW Police has the principal role of enforcing drug laws, *reducing the supply of illicit drugs* and reducing drug-related crime in the state (NSW Police 2002). Given this role, it is critical that NSW Police (or indeed any police service) identifies valid and reliable ways of measuring the impact of their drug law enforcement strategies to ensure that they are effectively targeting their resources and producing the desired outcomes. Following the Drug Summit, NSW Police developed a set of performance indicators in an attempt to do just that. These indicators cover a range of drug-related themes and are designed to measure six key policing strategies. The strategy relevant to this section of the report is "limit the supply of drugs" (NSW Police 2002). While measurement of police performance against all indicators is scheduled to begin in 2002–03, NSW Police acknowledges that there is scope to further refine these indicators in the future. In addition, work is being undertaken to confirm the accessibility of appropriate data to inform the indicators (McPherson, personal communication, April 2002 & Forell, personal communication, August 2002).

2.1.2 Discussion of Key Indicator Trends

There are three key indicators that have been used in this report to measure the detection and prosecution of drug dealers in the two regions:

- the number of charges for dealing or trafficking a prohibited drug;
- the number of people found guilty of dealing or trafficking a prohibited drug; and
- the number of people imprisoned for dealing or trafficking a prohibited drug.

For the purposes of presentation, the latter two indicators have been combined in Figure 12 (on page 54) of this report.

What is immediately apparent from Figures 10 and 11 (page 53) is that the number of charges for dealing or trafficking in each drug type is very small in each region. This impacts on the reliability of the data and any potential conclusions drawn. As such, the commentary provided below should be viewed with caution and is indicative only.

Overall, the number of charges for dealing or trafficking in prohibited drugs has varied somewhat in both regions since 1999, with no consistent upward or downward trend. Interestingly, with the exception of an increase in overall charges in both regions in the second quarter of 2001, the regions generally trend in opposite directions.[9] Despite the fact that the two regions do trend in the same direction in the second quarter of 2001, the drug offences are different—in Western Sydney the "spike" can be mostly attributed to a large rise in the number of people charged with dealing or trafficking in amphetamines, whereas in Northern Rivers this spike is due to a combination of mostly dealing or trafficking in cannabis and heroin charges. These differences are probably largely because of intelligence-led policing practices that focus on different drug market problems in the regions. Other notable points are as follows.

- Dealing or trafficking in cannabis charges in Western Sydney did not vary greatly and tended to remain between about 10 to 20 charges per quarter between 1999 and 2000. In Northern Rivers, cannabis charges varied greatly and in the same period numbered fewer than 10 to nearly 40.
- With the exception of the fourth quarter in 2000 and the second quarter of 2002, the number of charges for dealing or trafficking in heroin has remained well below 10 per quarter in Western Sydney and the trend is also consistent with the decline in New South Wales as a whole.[10] However, in Northern Rivers there was much wider variation in the number of charges over the same period (between 0 and 18 charges for any given quarter), as well as a greater overall number of heroin charges. The heroin shortage in 2000 may have contributed to the reduced number of charges for dealing or trafficking heroin in Western Sydney throughout most of 2000 and 2001. Interestingly, in Northern Rivers there was a general *increase* in the number of charges for dealing or trafficking in heroin for most of

9 This pattern was also observable between the regions for all drug offences (see discussion at section 2.2.2 of this report).

10 The number of people charged with dealing or trafficking in heroin in New South Wales steadily declined from 186 in the first quarter of 1999 to a low of 63 in the third quarter of 2001, at the hight of the heroin shortage. Since that time the number has gradually increased again and, at the end of the second quarter of 2002, the number of people charged with dealing or trafficking in heroin in New South Wales was 106.

2000 and in the third quarter of 2001. It is possible that because the region is largely rural there was a delay in the impact of the heroin shortage in that area. Alternatively, policing practices in the region may also have made an impact.

- In Western Sydney the number of dealing or trafficking charges in amphetamines varied substantially, reaching peaks of around 30 charges per quarter in both the third quarter of 1999 and the second quarter of 2001. This second peak corresponds with the heroin shortage and is similar to the sharp increase in amphetamine use observed in police detainees at the DUMA Parramatta site in the same time period (Makkai & McGregor 2002). The overall number of charges in Western Sydney for dealing or trafficking in amphetamines was much greater than in Northern Rivers.

There is no obvious upward or downward trend in the number of people found guilty of dealing or trafficking in a prohibited drug who lived in either Western Sydney or Northern Rivers. Rather, the number of people found guilty fluctuated in both regions between 1997 and 2001. In both regions there was a small decline in the number of people imprisoned for dealing or trafficking in prohibited drugs between 1997 and 2001. However, given the very small number of people found guilty and imprisoned for these offences, it is not meaningful to draw any firm conclusions about this data.

Measuring the performance of drug law enforcement is not simple. The major data collection available in New South Wales that covers crime and illicit drug data is the NSW Police Computerised Operational Policing System (COPS). COPS is primarily a system for recording law enforcement and administrative processes (for example, details of incidents, arrests, charges). It is not designed specifically to understand more complex issues such as the dynamics of the criminal and drug market (Makkai 1999a). However, the NSW Police Enterprise Data Warehouse (EDW) system may be used to retrieve COPS data to inform performance indicators. An additional difficulty is that, because drug offences are *usually* recorded as a result of drug arrests, the recorded rate of drug crime is more a record of policing practices than a true measure of the frequency of illegal drug crime (Chilvers 2000; Makkai 1999a; Weatherburn 2000).

Accurately assessing the effectiveness of law enforcement agencies in tackling the supply of illicit drugs requires reliable data on drug consumption, drug prices, the number of dealers that operate in cities and the responses of dealers to law enforcement operations and opportunities in the legitimate labour market (Manski, Pepper & Petrie 2001). Such data are currently not easily available in New South Wales. This deficit is not unique to New South Wales or Australia and has also been identified in the United States as a particular problem (Manski, Pepper & Petrie 2001). A further factor that confounds examination of the effectiveness of particular law enforcement strategies/activities is that multiple external factors impinging on the drug market cannot be easily separated. This is best illustrated by the recent heroin shortage, already mentioned, which saw a reduction in the availability of heroin (and corresponding increases in price and decreases in purity) in Australia throughout 2000, particularly towards the end of 2000. It is still not clear exactly what the major contributory factor(s) were (ABCI 2002).

2.2 Crime and the Community

Key issue:

- Drug Summit Objective 8: To reduce the impact on the community of drug-related crime and antisocial behaviour

Key trend indicators:

- Number and type of media campaigns to encourage reporting of drug dealers
- Number of drug offences
- Number of theft offences

2.2.1 Background

One of the many issues that became evident during the Drug Summit was a general feeling of powerlessness in the community to do anything about the illicit drug problem and the level of fear around the perceived increase in visibility and impact of illicit drug use (NSW Government 1999). As already outlined above, the relationship between drugs and crime is not straightforward, although many drug-dependent people do resort to property crime to fund their habit.[11] As such, one would expect there to be more theft in areas where there is a high prevalence of drug use. It is therefore still useful to compare theft offences and drug offences (Doak 2001; Makkai 2001).

2.2.2 Discussion of Key Indicator Trends

Crime Stoppers, a specialised unit of the NSW Police, was established in 1989 and provides an important communication link between police and the community for the reporting of criminal activity. Crime Stoppers received additional funding following the Drug Summit to enhance drug crime reporting. There have been two Drug Crime Reporting/Crime Stoppers campaigns to encourage drug crime reporting: Operation NOAH for regional New South Wales communities was launched in May 2000, while Operation NOAH for metropolitan New South Wales was launched in January 2001. The key theme of both campaigns was "with your help, a safer community". The campaigns comprised television and radio commercials, press advertisements, Internet banner ads and outdoor advertising. A range of support materials was also produced (Table 5 on page 44). Since the campaigns were launched, the number of calls to Crime Stoppers on drug-related matters has steadily increased. For example, during the 2000–2001 financial year drug-related reports across New South Wales increased by 77 per cent. Over this same period:

- drug charges made as a result of calls to Crime Stoppers in New South Wales increased by 55 per cent;

11 It is important to note that drug users may fund their drug habits via legal and/or illegal means. For example, most drug users appear to fund their drug habit from paid employment and other legitimate income (Select Committee into the Misuse of Drugs Act 1981, cited in Makkai 1999b).

- drug arrests made as a result of calls to Crime Stoppers increased by 272 per cent; and
- the value of drugs seized as a result of calls to Crime Stoppers increased by around 139 per cent (Crime Stoppers 2001).

Extracting regional-level data is not straightforward. First, Crime Stoppers data is defined by Telstra "collector areas" and not by Local Area Command (LAC), and second, COPS does not capture and disseminate results directly attributed to calls made to Crime Stoppers from the public.

Overall, the number of recorded drug offences has been increasing in both Northern Rivers and Western Sydney (Table 6 on page 45). Between 1997 and 2001 the number of recorded drug offences in Northern Rivers rose by 36 per cent, while in Western Sydney the number rose by 70 per cent over the same period. Increases in the number of recorded drug offences in these regions were greater than the increase observable across the whole of New South Wales (13 per cent) from 1997 to 2001.[12] In both Western Sydney and New South Wales there was a drop in the number of recorded drug offences from 1999 to 2000 and a sharp increase again in 2001. The initial decrease is probably partly due to the impact of the heroin shortage on the drug market in 2000. Similarly, the subsequent increase can be attributed to rises in the use of other, "replacement" drugs. Interestingly, in Northern Rivers the trend in the number of recorded drug offences was opposite, with a sharp rise between 1999 and 2000 and a corresponding decrease in 2001. As already discussed, it is possible that because the region is largely rural there was a delay in the impact of the heroin shortage in that area, and/or that policing activity may have had some impact.

The number of theft offences in each of the regions also increased (with some yearly fluctuations) between 1997 and 2001, although not as dramatically (Table 7 on page 45). In both Northern Rivers and Western Sydney there was an overall increase of nine per cent and seven per cent, respectively. These increases are lower than for New South Wales, where the number of theft offences increased by around 15 per cent.

As discussed above, the exact relationship between drugs and crime is not straightforward and it is very difficult to determine causal links. If drug offences were directly related to theft offences then, where drug offences increased, one would also expect theft offences to do so. The data in Tables 6 and 7 do not necessarily reflect this. For example, in Western Sydney in 2000, where the number of drug offences decreased by 23 per cent from the previous year, the number of theft offences *increased* by 12 per cent. One of the reasons for these discrepancies is that the number of recorded incidents for drug offences in a specific area largely reflects changes in the level of police activity in attempting to apprehend drug offenders in that area. Whereas, theft offences are crimes that are usually reported to police (Doak 2001).

12 The difference between these data and the Crime Stoppers data is because the Crime Stoppers drug charge and arrest data trends are a result of calls to Crime Stoppers only.

2.3 Diversion from the Criminal Justice System

Key issue:

- Drug Summit Objective 6: To assist people into treatment and away from the criminal justice system and break the cycle of crime and antisocial behaviour

Key trend indicators:

- Number and type of diversion programs implemented
- Number of people referred to each program

2.3.1 Background

In Australia, the United States, Canada, the United Kingdom and elsewhere, drug use among offenders and drug-related crime has continued to increase, despite increasingly harsh laws and sentencing options (Makkai 1998; Briscoe & Coumarelos 2000; Lawrence & Freeman 2002). In response to this, and also as a result of prison overcrowding, high recidivism rates among drug abusers and increasing court workloads, treatment-oriented drug courts have been established globally.

In Australia, the concept of drug diversion has been adopted across the states and territories and there has been agreement to investigate implementation of a national approach to diversion (Lawrence & Freeman 2002). The overall aim is to divert offenders who use illicit drugs into treatment in order to address their drug dependency and reduce their criminal activity. In New South Wales, diversion programs vary in the offender profile targeted, the degree of supervision (if any) offered by the court, the treatment offered and the stage in the criminal justice process at which offenders are recruited into treatment (Makkai 1998; Lawrence & Freeman 2002).

The underlying philosophy of diversion programs is that a health and welfare approach is more effective in the long-term because it addresses drug addiction, which is viewed as the cause of offending behaviour (Makkai 1998; Lawrence & Freeman 2002). Actually, research indicates that most offenders begin committing crimes before they begin using illicit drugs and so it is *a priori* unrealistic to expect drug courts to have a profound effect on reducing the rate of initiation into crime as drug courts only deal with offenders (Makkai 1998). However, offenders who are drug users commit more crime than those who are not drug users and so if treatment can reduce the frequency with which individuals commit crimes (there is some evidence that this is the case) then this should reduce the overall number of crimes that the community experiences (Makkai 1998).

2.3.2 Discussion of Key Indicator Trends

Prior to 1999 there were no diversionary programs targeting drug users in New South Wales. In February 1999, just before the Drug Summit, the Adult Drug Court Program (ADCP) commenced operations in Western Sydney. As a direct result of the Drug Summit a further six diversionary programs were implemented—this included amendments to the existing *Young Offenders Act 1997*. These diversionary initiatives

have been operating in Western Sydney and/or Northern Rivers for varying amounts of time. In Western Sydney, the Cannabis Cautioning Scheme (CCS), Young Offenders Act and Youth Drug Court Program (YDCP) are in operation. In Northern Rivers, the CCS, Young Offenders Act, Drug Offenders Compulsory Treatment Pilot (DOCTP) and MERIT programs have been, or are currently, operating (Table 8 on page 45). The use of mandatory assessment and/or treatment by the courts as a condition of bail or other sentencing option, covered under section 36A of the *Bail Act 1978*, is also available in both regions. A summary of each of these programs is provided in Appendix 5.13.

With the introduction of all of the diversionary programs, well over 2,800 people have been referred away from the standard criminal justice system in Western Sydney and Northern Rivers since the Drug Summit (Table 9 on page 46). Around half of those referred to diversionary programs have been referred to drug courts or to MERIT. The remainder have mostly been cautioned or referred to a youth justice conference under both the CCS or the Young Offenders Act.

It should be noted that the number of people referred to most programs greatly exceeds the number of people who complete a program. For example, while 908 people were referred to the ADCP between February 1999 and April 2001, only 457 people were accepted into, and commenced, the program (Taplin 2002). There is a range of reasons why those who are referred to a diversion program may not complete the program. These may include ineligible referrals, no places available at time of referral, unwillingness to participate, absconding and early termination from the program. Only 27 people had "graduated" from the ADCP at the end of April 2001 (Taplin 2002).

While relatively few people will commence, or indeed complete, a program that they have been referred to, for those who do it is an important opportunity to address their drug-taking behaviour and other problems—an opportunity that they may not have had if not referred to a program. In an evaluation of the ADCP, those people who had completed the program had significant improvements in their health, social functioning and drug use, and these improvements were sustained over at least 12 months (Freeman 2002). Some improvements were also observed in those who had participated in the program but had not completed the mandated period of treatment. A further finding was that Drug Court participants had lower rates of theft and drug offences following treatment than those in a control group who were deemed eligible for the program but were sanctioned in the usual way (Lind, Weatherburn & Shuling 2002).

3 Other

3.1 Drug Prevention and Education

Key issues:

- Drug Summit Objective 1: To prevent the uptake of and addiction to illicit drugs, particularly by young people
- Drug Summit Objective 2: To work in partnership with the community to understand and educate with the aim of reducing illicit drug use

Key trend indicator:

- Number and type of prevention and education programs in place
- Number and type of resources/communication strategies distributed/implemented

3.1.1 Background

Broadly defined, prevention programs cover an array of activities intended to prevent, reduce or delay the occurrence of drug-taking or associated complications, such as clinical syndromes of drug dependence and threats to public safety (Manski, Pepper & Petrie 2001). Prevention programs were an important component of the Drug Summit, with early intervention and education strategies providing the focus for discussions.

A diverse range of prevention and education activities is available, particularly those that target the general population. Some of the most commonly used prevention activities include mass media campaigns, family training and counselling, school education programs, mentoring, and collaborative community approaches. Each of these activities was identified at the Drug Summit as potential vehicles for educating the New South Wales community about the dangers of illicit drug use.

3.1.2 Discussion of Key Indicator Trends

Since the Drug Summit, there has been a significant improvement in the number of programs targeting illicit drug (and alcohol) use in New South Wales (Table 10 on page 46). For the first time there are formal prevention and education programs operating in every school in New South Wales and in the community at large. However, measuring the effectiveness of most prevention and education activities is difficult. It is extremely hard to determine the effects on the group of people who are at high risk of becoming involved in illicit drugs because these effects are diluted by the large proportion of people who are unlikely to ever use drugs (even without the benefit of involvement in education/prevention activities). Further confounding this problem is that most prevention programs target risk factors for drug use, rather than the drug use itself, and it may take many years before any positive effects can be detected and

measured. Finally, many education/prevention activities cover a range of issues, of which alcohol and drugs may be just one. Attempting to determine the long-term impacts of part of a broader program is extremely difficult.

3.1.2.1 NSW Health

The AHSs develop and distribute a wide assortment of drug education information and materials for the community, particularly young people. Some of these include pamphlets, leaflets, games, videos, educational sessions, public forums and youth-related projects. There are no means for measuring the true distribution or use of these materials and no data collections that can inform their impact on the community. In addition, it is not easy to determine the precise number of resources developed pre-Drug Summit.

3.1.2.2 Department of Community Services

Following the Drug Summit, the Department of Community Services (DoCS) was charged with developing and administering a number of early intervention programs. Early intervention programs aim to increase resiliency in youth at certain developmental and transitional phases, particularly in the very early years of life and between major schooling stages. The objective of these programs is to prevent problematic drug use later in life. As already highlighted, many of these programs focus on the prevention of risk factors for drug use, rather than the drug use itself and, as such, it is very difficult (nor realistic) to measure the impact of these programs in the short-term, particularly when there are multiple program elements.

DoCS administers two programs that specifically target drug use and risk factors for drug use in the two regions. In Western Sydney the Getting it Together Scheme (GITS) has operated since mid-2000, while in Northern Rivers, the Capacity Building project commenced operating in mid-2002. GITS aims are, among other things, to reduce young people's use/abuse of drugs or alcohol. The Capacity Building project targets families living in Nimbin and aims to provide a range of drug and other education and support services to families in that community. DoCS does not have any existing data collections that can inform longitudinal analyses of the impact of these prevention programs. Program funding is non-ongoing and ongoing data collection is not guaranteed.

3.1.2.3 Department of Education and Training

School drug education aims to provide students with accurate information about drugs and drug use. Students learn safety messages and develop the skills to stay safe around drugs such as alcohol and tobacco. Schools also provide necessary support for youth at risk of using drugs. Drug education is a part of Personal Development, Health and Physical Education (PDHPE) for all students from Kindergarten to Year 10. The PDHPE K–6 and 7–10 syllabuses have been operating state-wide since 1999 and 1991 respectively.

Crossroads: A Personal Development and Health Course is mandatory for all students in Years 11 and 12 in New South Wales government schools. The course provides young people with opportunities to explore personal values about drug-related issues including effects on relationships, safe partying, binge drinking, polydrug use and alcohol and driving. They are taught about responsible behaviour surrounding drug use and the hazardous and harmful effects of drugs, particularly alcohol use. Students also explore the effect of drug use on employment and on personal behaviour, and identify personal and community support networks.

Healing Time: A Drug Education Resource for Aboriginal Students has been developed within the framework of the Department's Aboriginal Education Policy (1996). The resource supports teaching drug education to students from Years 3 to 8. The resource has been tailored to meet the needs of Aboriginal students, but is appropriate for use with all students.

There are currently 153 schools in the Northern Rivers AHS and 86 schools in the Western Sydney AHS. Each school is required to produce an annual school report, which has included information on drug education. Each school report is sent to the relevant District Office where identification of emerging issues is made. There is no aggregated reporting of school information regarding drug education. DET does not maintain centralised data collections of the various ways that drug education is implemented or resources are utilised in schools.

3.1.2.4 Premier's Department

The Drugs and Community Action Strategy (DCAS), developed in response to the Drug Summit, is administered by the Premier's Department. DCAS aims to improve the general awareness of the causes and impacts of drug use; improve the ability of local communities to take action on drug problems in their communities; develop solutions to drug problems that suit the special needs of each community; involve a range of local organisations and community groups to work collaboratively; and trial innovative and new approaches to the drug problem. Community Drug Action Teams (CDATs) are the vehicle for these endeavours (Premier's Department 2001).

In the Northern Rivers AHS five CDATs (Nimbin, Ballina, Lismore, Kyogle and Casino) have been implemented, while in Western Sydney three CDATs (Parramatta/ Holroyd, Auburn and Blacktown) are in operation. None of these CDATs was operating prior to August 2000. Each of the CDATs include representatives from government, non-government and community organisations that work together to take action on drug-related concerns in their community. Specifically, they are designed to:

- identify drug-related problems in their community;
- identify gaps in relevant local services;
- work with community organisations to meet needs;
- develop plans to address these needs; and
- contribute to an evaluation of the DCAS.

Typically, the CDATs in Northern Rivers and Western Sydney have produced drug education materials and/or arranged public seminars on drugs, as well as organising community events and activities. There are also attempts to facilitate improved service delivery between sectors and available services. The Premier's Department indicates that they have also produced a range of information material for use by CDATs and other stakeholders. These include the *Drug Smart Z-Card* for young people, the *Family Matters* booklet for parents, a quarterly newsletter on community drug action and a range of information sheets. While it is difficult to determine precise distribution to AHS regions, overall production numbers and agency distribution figures are available.

DCAS is currently being evaluated by the Premier's Department, with the final evaluation report due in June 2003. The final report will examine approaches developed for measuring the longer-term impact of the strategy. At this stage, indicators used in the evaluation are largely output-focused (for example, numbers of CDATs, numbers of meetings), although the evaluation team is also attempting to develop some outcome indicators.

The Premier's Department advises that there are no ongoing data collections that can inform the impact of CDATs in the two regions or broader New South Wales community. While basic output data is kept on the range of CDATs and their activities, little outcome data is available at this stage.

3.2 Corrections

Key issues:

- Drug Summit Objectives 1, 3, 4, 5, 7 and 10

Key trend indicators:

- Number and type of prevention programs available and number of people accessing each program in correctional settings
- Number and type of treatment options available and number of people accessing each option in correctional settings
- Number and type of strategies for detecting drug traffickers in correctional settings

3.2.1 Background

In New South Wales, drug treatment for prisoners is managed by three major agencies, the Department of Corrective Services (DCS) (adults), the Department of Juvenile Justice (DJJ) (juveniles), and the Corrections Health Service (CHS), which reports to NSW Health. DCS operates a specialist program and services that assist inmates reduce the harm associated with substance use. It also educates inmates on safer practices relating to substance use, universal infection control issues and healthy lifestyles (DCS 2001). DJJ operates similar programs in their corrections centres. CHS also offers a

range of programs to assist prisoners, including services for prisoners who are drug-dependent. Broadly, these services include assessment, detoxification and pharmacotherapy treatments.

In Northern Rivers there is one adult correctional facility in Grafton (the Grafton Correctional Centre) and one juvenile facility (Acmena), also in Grafton. There are six adult facilities located in Western Sydney: the Metropolitan Remand and Reception Centre; Silverwater Correctional Centre; Parklea Correctional Centre; Parramatta Correctional Centre; Parramatta Transitional Centre; and Mulawa Correctional Centre (a women-only facility). A further two pre-release centres that access the AHSs are Glen Innes (Northern Rivers) and Emu Plains Correctional Centre (Western Sydney). There are no correctional facilities for juveniles in Western Sydney.

3.2.2 Discussion of Key Indicator Trends

DCS, CHS and DJJ maintain a range of administrative information on adult and juvenile inmates within New South Wales correctional facilities. The drug information includes, among other things:

- drug detection data;
- data on the types of prevention and treatment programs in place; and
- where relevant, the numbers of inmates accessing these programs.

Generally, data is difficult to obtain for individual correctional centres as agency information management systems are mostly set up to report aggregate (state-wide) data. This is particularly true for much of the largely paper-based data available prior to about 1999–2000. Since the Drug Summit, DCS, CHS and DJJ have improved their data management systems and data is now available electronically. Extracting data for individual correctional centres is still not straightforward but is slowly improving.

Since the Drug Summit, a greater number of drug prevention, treatment and detection programs are available (Tables 11 and 12 on page 47, and Table 13 on page 48). In adult correctional centres in Western Sydney there are now two formal drug prevention programs that focus on drug-free living (Drug Education Unit) and family support (Throughcare, at Bolwara House). Neither of these programs was available prior to 2000. In Western Sydney adult drug treatment has expanded from counselling and methadone services only to include naltrexone and buprenorphine, while in Northern Rivers buprenorphine services have been added (although the number of inmates accessing these treatment options in both regions are few at this stage).

Before the Drug Summit there were no specialist alcohol and other drug counsellors working in juvenile justice in Northern Rivers. However, since 2000 two specialist alcohol and other drug counsellors have been employed: one at the Acmena Juvenile Justice Centre in Grafton, and the other at the Lismore Juvenile Justice Community Service.[13] Each counsellor currently sees around 18 to 20 clients each month. In Western

13 Acmena Juvenile Justice Centre was opened in 1999. The Lismore JJCS encompasses Tweed Heads to Grafton region.

Sydney the Blacktown Intensive Program Unit has employed one specialist alcohol and other drug counsellor since 1997.[14] From 1997 to 2001 the counsellor's workload increased from about 23 new clients per year to 41.

As highlighted above, drug detection programs/strategies have expanded in both adult and juvenile correctional facilities considerably since the Drug Summit. More meaningful trend analyses of all data will be possible in the future.

It should be noted that DJJ conducts a range of training programs each year for health and welfare professionals. In particular, the Psychological and Specialist Services Unit of DJJ has conducted regular training for its psychologists and alcohol and other drug counsellors, while its Nursing Health Services Unit provides training for its nursing staff. DJJ has core competencies for these professional staff. Between 1997 and 2001 the number of psychologists and alcohol and other drug counsellors undertaking training increased from 245 to 583—this represents an increase of some 138 per cent.[15]

14 The Blacktown IPU encompasses the LGAs of Blacktown, Parramatta, Penrith, Blue Mountains, Hawkesbury and Holroyd. Clients are referred by the Children's Court and Juvenile Justice Community Services for supervision and counselling intervention.

15 This is all training undertaken, not just alcohol and other drug training.

4 Other Relevant Data

There are a number of other data sources available that cover illicit drug use. These data sources are national collections, from which certain New South Wales data may be extracted. The collections include the National Drug Strategy Household Survey (NDSHS), Drug Use Monitoring in Australia (DUMA), Illicit Drug Reporting System (IDRS), Australian Secondary Schools Alcohol and Other Drug Survey (ASSAD), Australian Illicit Drug Report (AIDR) and the Client of Treatment Services Agencies Census (COTSA). As identified below, there are limitations with each of these data collections that severely reduce their utility. Aside from any other factors, several of these collections are largely administrative tools and are not designed to explain complex interactions. As such, they are unable to be applied in any meaningful way to assess the impact of Drug Summit initiatives.

4.1 National Drug Strategy Household Survey (NDSHS)

Following the National Drug Strategy in 1985 the Commonwealth Department of Health and Ageing (as it is now called) funded a national survey, the National Drug Strategy Household Survey (NDSHS) to determine levels of licit and illicit drug use among the Australian population. The NDSHS is conducted every two to three years and includes detailed questions on illicit drug use, although as it focuses on an activity in which relatively few people engage, its usefulness is limited by the small sample size (Makkai 1999a). Prior to the 1998 survey, the *national* sample was in the order of 3,000. In 1998 it was increased to 10,000 and in 2001 almost 27,000. Even with increases in sample size, within-state samples at the regional level are too small for meaningful conclusions to be drawn. Given these limitations, the NDSHS is not recommended for analysis.

4.2 Drug Use Monitoring in Australia (DUMA)

This data collection commenced in Queensland, Western Australia and New South Wales in 1999. In New South Wales there is only one site (at Parramatta) that is relevant here. The data are recorded quarterly by the AIC through voluntary interviews with individuals who have been brought into designated police stations within the previous 48 hours. The data collection is designed to:

- monitor self-reported drug use with cross-validation from urinalysis tests;
- determine the extent to which individuals have been using illicit drugs at the time of the arrest;
- determine the nature of the illicit drug market;
- measure the demand for treatment among those in police cells; and

- provide a mechanism for supplementary surveys, enabling more detailed studies of specific aspects of the illicit drug market and criminality.

Comprehensive reporting of DUMA data is available in Makkai and McGregor (2002). Where relevant, DUMA data is provided in this report for comparative purposes.

4.3 Illicit Drug Reporting System (IDRS)

The Illicit Drug Reporting System (IDRS) is an annual collection that commenced in Sydney in 1996. It combines a range of indicators from different sources about illicit drug use. There are three primary sources of data:

- key informant interviews;
- key indicator data (that is, arrest data for drug offences, ambulance data, toxicology data, and drug and alcohol agency data; and
- an annual survey of injecting drug users (Makkai 1999a).

IDRS data are not recommended for analysis here as they are collected from two New South Wales sites only: south-west Sydney and Kings Cross.

4.4 Australian Secondary Schools Alcohol and Other Drugs Survey (ASSAD)

The Australian Secondary Schools Alcohol and Other Drugs Survey (ASSAD) collects a range of data on self-reported criminal and delinquent activity, including illicit drug use. Like the NDSHS, ASSAD suffers from small sample size and is conducted only every few years—the last survey was completed in 1999. This collection is not recommended for analysis.

4.5 Australian Illicit Drug Report (AIDR)

The Australian Illicit Drug Report (AIDR) is a national report on illicit drugs. The report is compiled from data on drug offence arrests provided by the states and territories and so is really a report from secondary sources.

4.6 Client of Treatment Services Agencies Census (COTSA)

The Client of Treatment Services Agencies Census (COTSA) is a data collection designed to monitor the number and types of treatment services used by clients—it includes information about drug-dependent clients. The census is not regularly conducted and was only undertaken in 1995 and 2001. COTSA data are not reported at a regional level and this level of data would be difficult to extract. Given the establishment of the NSWMDS, which includes much of the information contained in COTSA, it is unlikely that this census will be conducted again. It is not recommended for analysis.

Appendix 1: Project Background and Terms of Reference

Introduction

On 22 June 2001 the ODP invited the AIC to submit a tender to participate in an evaluation of the Drug Summit initiatives. The Drug Summit was a significant and innovative approach to drug prevention, treatment and law enforcement practices. It brought together members of parliament, experts and professionals, community representatives, families and people with drug problems, to develop new strategies to deal with drugs in the community. These strategies were articulated in the *NSW Drug Summit 1999 Government Plan of Action* (NSW Government 1999) and restated and emphasised in the July 2001 progress report *NSW Drug Summit Partnerships for Change* (NSW Government 2001).

Following the Drug Summit, the ODP was established within the Cabinet Office to oversee implementation of the agreed program of drug policies, services and other initiatives articulated in the *NSW Drug Summit 1999 Government Plan of Action*. One of

Drug Summit Plan of Action Statement of Objectives

1. To prevent the uptake of and addiction to illicit drugs, particularly by young people.
2. To work in partnership with the community to understand and educate with the aim of reducing illicit drug use.
3. To increase access to a comprehensive, high quality and innovative range of treatment and counselling services.
4. To ensure that people who traffic in drugs are detected and penalised.
5. To promote trials of treatment and support options, evidenced-based practice and evaluation of programs.
6. To assist people into treatment and away from the criminal justice system and break the cycle of crime and antisocial behaviour.
7. To reduce the harm caused by risk-taking behaviour associated with drug use.
8. To reduce the impact on the community of drug-related crime and antisocial behaviour
9. To reduce the supply of illicit drugs by promoting best practice intelligence-led policing and close cooperation with law enforcement agencies in other jurisdictions.
10. To better equip health and welfare frontline professionals in providing care and management of people with drug problems.

the Office's key responsibilities was to undertake an overall evaluation of Drug Summit initiatives. As such, the ODP developed an evaluation framework to:

> *...obtain some indication of whether and how the recommendations in the* NSW Drug Summit 1999 Government Plan of Action *have contributed to improving the drug problem in NSW.*
> (Cabinet Office research brief to AIC, p. 1)

The overall evaluation framework comprised four phases, one of which the AIC successfully tendered to conduct: an evaluation of the impact of Drug Summit initiatives in two New South Wales regions. The regional evaluation aimed to examine the Drug Summit's 10 objectives, as defined in the box above (Cabinet Office research brief to AIC, pp. 5–8).

Terms of Reference

The AIC's tender addressed the availability of appropriate drug indicators that permitted a pre- and post-Drug Summit longitudinal analysis. The AIC's research brief was to:

> - *Ascertain if a longitudinal analysis of pre- and post-Drug Summit drug indicator data in two key NSW regions is feasible.*
> - *Document the available drug indicator measures for the two regions.*
> (Cabinet Office research brief to AIC, p. 2)

More specifically, the AIC was required to produce a report that addressed the frequency, utility and availability of data and that documented the following:

- whether a pre/post-Drug Summit longitudinal analysis is feasible based on available data;
- the data that should be employed for such an analysis;
- information about the available data, such as how often the data is collected, methods of data collection, the nature of the data, and by what agency it is collected;
- the contact person who will be able to give annual updates for each of the data sets being recommended for the analysis;
- any limitations in the data such as the ability to attribute causality to Drug Summit initiatives if changes are found in the data over time;
- a statistical report of the data being recommended for the analysis, including graphical and tabular presentation and appropriate statistical analysis; and
- whether data sets will be made available to the Cabinet Office to enable a statistical analysis of trends to be conducted or, alternatively, whether the groups who own the data will be willing to undertake such an analysis on behalf of the ODP (Cabinet Office research brief to AIC, p. 3).

Drug Indicator Data

Indicator data were sought from all relevant agencies (outlined below) and covered themes relevant to the 10 Drug Summit objectives:

- drug prevention and treatment programs;
- detection and prosecution of drug dealers;
- drug diversion initiatives;
- research into drug treatment;
- drug harm reduction;
- reducing drug-related crime impact on the community; and
- training of health professionals (Cabinet Office research brief to AIC pp. 5–8).

A summary discussion of key indicators and data trends is provided in Chapters 1 to 4—all relevant tables and figures are in Appendix 3. These indicators provide the most useful "snapshot" of illicit drug trends and their impact on the community. More detail about these and other useful indicators can be found in Appendix 5. An inventory of all key and useful indicators mentioned in the report is in Appendix 6.

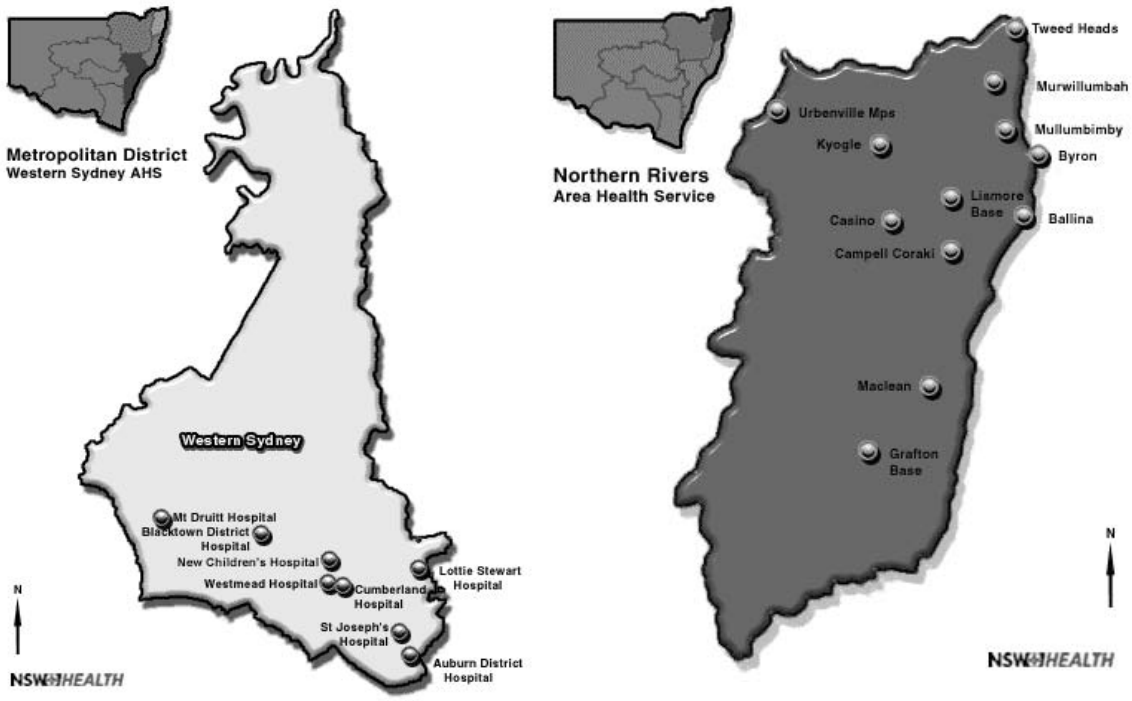
Selection of Two NSW Regions

The tender required selection of one metropolitan and one non-metropolitan region for analysis. To maximise available information while also minimising cost, selection of the regions was undertaken using the following key criteria:

- the region already had significant programs in place;
- the region had innovative and/or pilot programs in place which generate data not be available elsewhere; and
- the region's population size was sufficient to measure impacts.

In consideration of these criteria, the metropolitan region chosen for analysis was Western Sydney (as defined by the Western Sydney AHS). The non-metropolitan region selected was Northern Rivers (as defined by the Northern Rivers AHS) (Figure 1). In Western Sydney there are two drug courts and associated treatment/diversion activities, while in Northern Rivers there is the court diversion scheme (MERIT). Also, both regions have correctional centres and sufficient populations to measure program impacts.

Figure 1: Western Sydney and Northern Rivers Area Health Services



Source: NSW Health web site, http://www.health.nsw.gov.au/iasd/areas/

As the jurisdictional boundaries are different between government sectors, for the purposes of analysis, the Local Government Areas (LGAs) of each AHS were used as the basis for the analyses. The Western Sydney AHS is comprised of the following LGAs:

- Auburn;
- Baulkham Hills;
- Blacktown;
- Holroyd; and
- Parramatta.

The Northern Rivers AHS comprises:

- the cities of Grafton and Lismore;
- the municipality of Casino; and
- the shires of Ballina, Byron, Copmanhurst, Kyogle, Maclean, Pristine Waters, Tweed and Richmond.

Except where otherwise indicated in the report, all data reflect these boundaries.

Appendix 2: Project Methodology

The basic project methodology can be broken into four major stages: agency consultations, regional site visits, compilation and analysis of the performance indicator inventory, and reporting. It should be noted that the AIC maintained close contact with the National Drug and Alcohol Research Centre (NDARC), which undertook "phase 4" of the evaluation (an examination of available global illicit drug indicators), throughout the project. This informal arrangement proved fruitful in that it fostered exchange of ideas and promoted ongoing discussion of findings. This had the added advantage of validating information obtained separately by the AIC and NDARC. The arrangement also facilitated more effective agency consultations. For the most part, the AIC and NDARC attended the same agency meetings and, where this was not possible, exchanged relevant information so that "double-up" meetings with agencies were avoided.

Agency Consultations

Initial contact was made with the ODP to determine the range of state agencies to approach in relation to the project. It was jointly determined that the following agencies would be contacted to provide appropriate performance indicator data and/or regional contact details:

- NSW Department of Health, Drug Programs Bureau;
- NSW Police, Drugs Program Coordination Team;
- NSW Department of Corrective Services;
- NSW Department of Juvenile Justice;
- NSW Department of Education and Training;
- NSW Corrections Health Service;
- NSW Attorney-General's Department, including the Bureau of Crime Statistics; and
- NSW Premier's Department.

The ODP wrote to each of these agencies advising them of the project and seeking their assistance in supplying the AIC with the contact details of relevant agency staff.

NSW Attorney-General's Department, NSW Department of Health, NSW Police

The AIC met with key staff from the NSW Attorney-General's Department's Crime Prevention Division (CPD), the Department of Health's Drug Programs Bureau (DPB) and the NSW Police Drug Policy and Programs Team (DPPT) in May 2002 to discuss

the availability of drug performance indicator data in their agencies. Each agency indicated that it was important for the AIC to meet with regional contacts to obtain detailed information about the range of programs and indicator data in the two regions. The DPB provided the AIC with the regional drug and alcohol coordinators' contact details; the DPPT provided the Richmond (Lismore) and Parramatta Local Area Command (LAC) contact details; and the CPD provided contact information for the adult and youth drug courts and MERIT.

In addition, the DPPT and CPD recommended that the AIC discuss crime and policing data with the NSW Police Chief Statistician and key personnel in the Bureau of Crime Statistics and Research (BOCSAR), respectively. Accordingly, the AIC met with the NSW Police Chief Statistician in May 2002 to discuss the Computerised Operational Policing System (COPS) and other crime data. NDARC met with several staff from BOCSAR in May 2002 and provided the AIC with relevant information about BOCSAR's data collections, including their court appearances, recorded crime and adult drug court databases. The AIC had a follow-up meeting with BOCSAR in June 2002 to further discuss key issues relevant to the two regions.

During the meetings the DPB and NSW Police Chief Statistician indicated that they would be happy to undertake any statistical analysis of indicator data on behalf of the Cabinet Office. Both stated they were reluctant to release unit record data as the relevant datasets were extensive and difficult to navigate. They also felt that they were in a better position to undertake the analyses because they understood the strengths and limitations of the data.

The AIC maintained regular contact with staff in each agency throughout the course of the project to ensure that data and information collected by the AIC were relevant and appropriate, and interpreted correctly. Also, a common outcome of all meetings (both at central office and regional levels) was the identification by meeting participants of other relevant contacts. Effectively, this meant that for each subject area there were up to eight contacts that would be met with or spoken to over the telephone. While this proved time-consuming, it also ensured that information collected throughout the project was corroborated and validated.

NSW Department of Corrective Services (and Corrections Health Service)

The AIC met with key staff from the NSW Department of Corrective Services (DCS) and Corrections Health Service (CHS) in May 2002 to discuss the availability of corrections performance indicator data. The DCS indicated that information about their programs had been largely centralised and that it would add little value to the project for the AIC to undertake site visits to district offices. The DCS and CHS suggested that it would be more effective for the AIC to liaise directly with the central office to obtain this information. The DCS provided some program information at the initial meeting and directed the AIC to additional material. The DCS indicated that they were willing to provide the Cabinet Office (AIC) with data for analysis.

NSW Department of Community Services, NSW Department of Education and Training, NSW Premier's Department

The AIC met with staff at the NSW Department of Community Services (DoCS), NSW Department of Education and Training (DET) and the NSW Premier's Department in May 2002 to discuss the availability of performance indicator data relevant to the project. Following discussions about program indicator data with staff in these agencies, the AIC obtained all necessary program information via the central offices.

NSW Department of Juvenile Justice

In June 2002 the AIC met with seven Department of Juvenile Justice (DJJ) staff, covering the broad range of programs administered by DJJ, including prevention, treatment, diversion, research and training. Follow-up telephone meetings were made with several other staff working in the areas of drug detection, case management and education. At the recommendation of DJJ, the AIC and NDARC also approached the Judicial Commission for information about the youth drug court database and Mr Anton Poder, Attorney-General's Department, about drug court and MERIT indicators.

The Department agreed to provide the AIC with relevant information.

Regional Site Visits

The AIC visited the Northern Rivers and Western Sydney regions as part of its fieldwork.

Northern Rivers (Lismore)

While in Lismore, the AIC met with Mr David Reilly, Manager, Alcohol and Other Drugs, Northern Rivers AHS; Messers John Scantelton, Peter Didcott and Kevin Roberts of MERIT; Detective Inspector Bryan Boulton, Crime Manager, Richmond LAC; and Ms Megan Passey, Chief Investigator, MERIT Evaluation Project. Discussions with these people centered on the availability and utility of drug indicators and drug indicator data, as well as general information about the ease (or otherwise) of collecting drug-related information in the region. Each meeting was semi-structured and followed the "indicator checklist" (see Appendix 7). However, relevant issues beyond the checklist were also pursued where necessary.

Additional contacts obtained and followed up by the AIC included Mr Barry Evans, manager of The Buttery rehabilitation centre; Mr Gareth Daniels, GP Project Officer, Northern Rivers AHS; and Dr David Helliwell, a Northern Rivers AHS general practitioner with expertise in treating drug-dependent people.

Western Sydney (Parramatta)

During the site visit to Western Sydney, the AIC met with Dr Jon Currie, Manager, Alcohol and Other Drugs, Western Sydney AHS; Messrs John Castellan and Dave Lewis, Registrars of both the adult and youth drug courts, respectively; Detective Inspector Philip Close, Crime Manager, and Sergeant Karen Ritchie, Research Analyst, Parramatta LAC; and Ms Jude Eccles and Mr Tony Eardley, the Youth Drug Court Evaluation Project. As in Lismore, discussions centred on the availability and utility of drug indicators and drug indicator data, as well as general information about the collection of drug-related information in the region. Again, each meeting was semi-structured and followed the indicator checklist.

Further contacts were provided during the site visit and the AIC later held telephone meetings with Ms Natalie Short, an administrator with the youth drug court; Mr Larry Pierce, Executive Director, Network of Alcohol and Other Drug Agencies; and the NSW Users and AIDS Association.

Performance Indicator Inventory

The AIC documented much of the available, regularly used indicators and data collections relevant to the pre- and post-Drug Summit initiatives in Western Sydney and Northern Rivers. Two templates were used to aid data collection. The first consisted of a drug indicator "checklist" (Appendix 7), which was based on a list of possible indicators that the ODP were interested in examining and were provided in the project brief. The second, a metadata template, was used to identify information about the available data collections (Appendix 8). Both templates were used as the basis for discussions with agency contacts and to record data elements. The metadata template was developed jointly with NDARC to provide a consistent approach to data collection and to better facilitate data comparability.

Performance Indicator Analysis

Following compilation of the inventory, an analysis of the indicator data was undertaken. The data were subject to simple frequency analysis to obtain a broad understanding of the trends. More sophisticated analyses of key data (health and police) were not possible as unit record data were unavailable.

Reporting

The AIC maintained regular contact with the ODP during the course of the project. Reporting of results was phased over the project's duration with several major reporting points. These were:

- consultation briefings following agency consultations;
- consultation briefings following site visits;
- an interim report on the inventory and other data collections; and
- the final report

The AIC provided key agency contacts with early drafts of the report for input. The ODP also provided agencies with a formal opportunity to respond to the draft report—where necessary, comments have been taken up by the AIC.

Appendix 3: Tables and Figures

Tables

Table 1: Number and type of treatment options available in Western Sydney and Northern Rivers

Agency	Pre-Drug Summit (1999)	Post-Drug Summit
NSW Health		
Western Sydney AHS[5]	• Two public methadone units	• Two public methadone units
	• Two private methadone units (until 1997)	• One private methadone unit • 50 additional methadone dosing spaces[1] • 20.88 additional methadone staff (dosing/case management and methadone abstinence) • 1.5 staff for new Pharmacy Liaison Project • 6.5 staff positions for the Magistrates' Early Referral into Treatment (MERIT)[2] • 0.4 GP liaison service • One service evaluation officer • One st aff position for Youth Drug Court • One staff position for CCRTS project[3] • Two new *Wayback* beds (for MERIT)[4]
Northern Rivers AHS	• 11 community drug and alcohol counsellors	• 12 community drug and alcohol counsellors
	• Old methadone clinic (Cedar Court, Lismore)	• New methadone & other pharmacotherapy clinic (Riverlands Centre, Lismore) • New methadone & other pharmacotherapy clinic (Grafton)
	• Five full-time staff equivalents	• 11 full-time staff equivalents • Riverlands Centre and Detoxification Unit, Lismore • Visiting Medical Officers (drug and alcohol) • Area Clinical Nurse Consultant (drug and alcohol) • Information and IT Officer • MERIT (Lismore and Tweed Heads)
	• The Buttery therapeutic community, 24 beds	• Additional six MERIT beds and two general beds

Source: Western Sydney and Northern Rivers AHS files

1 The WS AHS indicate that a further 50 places have been funded via the Drug Summit but that they cannot be accommodated within the existing methadone units. They have said that there is a need for an additional methadone clinic to be established and for funding to be increased to a level commensurate with running a methadone clinic.

2 MERIT will commence operations in the Parramatta Court in November and there are anticipated to be 6.5 full-time equivalents. Should funding be continued in 2003–04, MERIT will be established at the Blacktown Court with an additional 5.0 full-time equivalents.

3 This position resides with the Corrections Health Service but is a resource available to methadone patients being released from prison to the Western Sydney AHS.

4 Wayback is a non-government organisation that provides residential rehabilitation to problem drug users. All NGOs within the Western Sydney AHS, including Wayback, also received capital funding to assist with computer equipment as part of the Drug Summit.

5 In addition to the Drug Summit-funded treatment options in the Western Sydney AHS (as outlined in Table 1), the AHS also received 5.34 staff positions for the Adult Drug Court Program and an additional eight residential rehabilitation beds for the Adult Drug Court Program (located at Wayback).

Table 2: Number of needles and syringes dispensed by public sector agencies, Western Sydney and Northern Rivers, January 1999 to December 2001

Year	Western Sydney	Northern Rivers
January to June 1999	233,059	322,936
July to December 1999	272,074	243,166
January to June 2000	342,510	280,725
July to December 2000	415,898	282,083
January to June 2001	415,898	257,745
July to December 2001	372,495	256,426

Source: Needle and syringe programs (NSP–Public)

Table 3: Number of new methadone/buprenorphine prescribers and new pharmacies dosing methadone, Western Sydney and Northern Rivers, January 1999 to June 2002*

Year	Western Sydney		Northern Rivers	
	Prescribers	*Pharmacies*	*Prescribers*	*Pharmacies*
January to June 1997	5	1	0	0
July to December 1997	0	1	2	2
January to June 1998	0	1	5	0
July to December 1998	0	0	3	2
January to June 1999	0	1	2	3
July to December 1999	3	0	1	3
January to June 2000	n/a	1	n/a	1
July to December 2000	4**	0	8**	0
January to June 2001	3	1	4	0
July to December 2001	0	0	3	0
January to June 2002	0	6	0	1

Source: Methadone/buprenorphine client statistics

* Numbers quoted for methadone/buprenorphine prescribers are an estimate only as they include only those prescribers who have clients. Numbers quoted for new pharmacies dosing methadone are an estimate as changes of name are assumed to be new pharmacies.

** These data represent the number of new prescribers for the 12-month period from January to December 2000 (January to June 2000 data unavailable)

n/a not available

Table 4: Summary of drug treatment research projects, New South Wales

Agency	Research project	Status
Department of Corrective Services	The prison opiate dependence treatment trial	current
	Cost–benefit study of the NSW prison methadone program	current
	Follow-up study of the subjects in the randomised control trial of the NSW Prison Methadone Maintenance Treatment	current
	Audit of prison drug treatment and control funds	current
	Evaluation of the impact of methadone maintenance treatment on criminal activity in NSW	postponed
	Trial of buprenorphine in NSW correctional centres	cancelled
	Evaluation of the Drug Free Wings at Parramatta Correctional Centre (now at Parklea), Cessnock, POISE Emu Plains and Long Bay	current
Corrections Health Service	Trial of buprenorphine in NSW correctional centres	cancelled
Department of Juvenile Justice	Evaluation of video-based intervention to reduce risk of blood-borne disease transmission with young offenders	completed
	Trial of brief interventions for cannabis use with young offenders	current
	Comparison of two contrasting drug treatment programs for young offenders	current
NSW Health		
Northern Rivers AHS	Drugs in Pregnancy Program	current
	Magistrates' Early Referral into Treatment (MERIT): Preliminary findings of a 12-month court diversion trial for drug offenders	completed
Western Sydney AHS	Evaluation of the Youth Drug Court Program	current

Source: Agency files

Table 5: Number and type of media campaigns to encourage reporting of drug dealers in New South Wales

Campaign	Campaign elements/materials	Pre-Drug Summit (1999)	Post-Drug Summit
Operation NOAH for regional NSW (Crime Stoppers)	• TV and radio commercials • press advertisements • Internet banner advertisements • outdoor advertising • information brochures (including for people from a non-English-speaking background) • posters • road banners • magnets	✖	launched May 2000
Operation NOAH for metropolitan NSW (Crime Stoppers)	• TV and radio commercials • press advertisements • Internet banner advertisements • outdoor advertising • information brochures (including for people from a non-English-speaking background) • posters • road banners • magnets	✖	launched January 2001

✖ = unavailable

Source: Crime Stoppers

Table 6: Number of drug offences in Western Sydney, Northern Rivers and New South Wales, 1997–2001[1,2,3]

	1997	1998	1999	2000	2001
Western Sydney	1,383	1,790	1,966	1,509	2,350
Northern Rivers	1,499	1,661	1,702	2,177	2,041
New South Wales	21,728	24,327	24,653	23,431	26,378

Source: NSW recorded crime statistics, 1997–2001, Recorded Criminal Incidents, Bureau of Crime Statistics and Research

1 Drug offences include: possession and/or use of cocaine; possession and/or use of narcotics; possession and/or use of cannabis; possession and/or use of other drugs; dealing, trafficking in cocaine; dealing, trafficking in narcotics; dealing, trafficking in cannabis; dealing, trafficking in other drugs; cultivating cannabis; importing drugs; other drug offences.

2 Western Sydney region is defined here by the Statistical Subdivisions (SSDs) of Central Western Sydney, Baulkham Hills and Blacktown. Northern Rivers is defined by the Statistical Divisions (SDs) of Richmond-Tweed and Tweed.

3 Data comprise **all** drug offences (including offences committed by people who did not reside in the specified SSDs).

Table 7: Number of theft offences in Western Sydney, Northern Rivers and New South Wales, 1997–2001[1,2,3]

	1997	1998	1999	2000	2001
Western Sydney	44,505	42,056	44,146	49,382	47,622
Northern Rivers	11,126	11,984	11,832	12,589	12,179
New South Wales	402,159	425,720	419,552	459,283	460,750

Source: NSW recorded crime statistics, 1997–2001, Recorded Criminal Incidents, Bureau of Crime Statistics and Research

1 Theft offences include: break and enter—dwelling; break and enter—non-dwelling; possess implements; receiving; goods in custody; motor vehicle theft; steal from motor vehicle; steal from retail store; steal from dwelling; steal from person; stock theft; fraud; other theft.

2 Western Sydney region is defined here by the SSDs of Central Western Sydney, Baulkham Hills and Blacktown. Northern Rivers is defined by the SDs of Richmond-Tweed and Tweed.

3 Data comprise **all** theft offences (including offences committed by people who did not reside in the specified SSDs).

Table 8: Number and type of diversion programs implemented in Western Sydney and Northern Rivers

Program	Pre-Drug Summit (1999)	Post-Drug Summit
Cannabis Cautioning Scheme	✗	✓
Young Offenders Act 1997 [1]	✓	✓
Drug Offenders Compulsory Treatment Pilot	✗	✓
Adult Drug Court Program[2]	✓	✓
Youth Drug Court Program	✗	✓
MERIT	✗	✓
Mandatory assessment/treatment (section 36A, *Bail Act 1978*)	✗	✓

✓=implemented; ✗=not implemented

1 Amendments to the Act to include drug offences commenced in April 2000.

2 The Adult Drug Court Program commenced in February 1999.

Table 9: Number of people referred to each diversion program

Program	Total number of people referred
Cannabis Cautioning Scheme	
Western Sydney	661[4]
Northern Rivers	426[4]
Young Offenders Act 1997[1]	
Western Sydney	163[5]
Northern Rivers	235[5]
Drug Offenders Compulsory Treatment Pilot (Northern Rivers only)	#
Adult Drug Court Program (Western Sydney only)[2]	908[6]
Youth Drug Court Program (Western Sydney only)[3]	119[7]
MERIT (Northern Rivers only)	302[8]
Mandatory assessment/treatment (section 36A, *Bail Act 1978*)	**

1 Drug offences included in the Act in April 2000.

2 The Adult Drug Court Program commenced in February 1999. Figures cover the Western Sydney, Southwestern Sydney and Wentworth AHSs.

3 Figures cover the Western Sydney, Southwestern Sydney and Wentworth AHSs.

4 Source: COPS. Data from April 2000 to June 2002.

5 Source: COPS. Figures include all people (juveniles) cautioned and referred to youth justice conferencing from April 2000 to June 2002.

6 Source: Taplin (2002). Data from February 1999 to April 2001. Subsequent data unavailable for this report—see Appendix 5.13 for more detail.

7 Source: NSW Government (2002). July 2000 to December 2001 data only. 2002 data unavailable for this report—see Appendix 5.13 for more detail.

8 Source: Scantleton et al. (2002). Data from July 2000 to May 2002.

This program operated for 12 months only from July 2000 in four LACs. In the pilot's lifetime fewer than 10 cautions were ever issued and it was discontinued. For more detail see Appendix 5.13.

** Data unavailable for this report—see Appendix 5.13 for more detail.

Table 10: Number and type of drug prevention and education programs in place in Western Sydney and Northern Rivers

Drug prevention/education program	No. of people accessing each program	
	Pre-Drug Summit (1999)	*Post-Drug Summit*
Department of Community Services		
Getting It Together Scheme (Western Sydney only)	n/a	101[1]
Capacity Building (Northern Rivers only)	n/a	n/a[2]
Department of Education and Training		
Person Development in Health and Physical Education (years K–10, both public/private schools)	n/a	All students
Crossroads (years 11–12, public schools only)	n/a	All students
Healing Time (for indigenous students in years 5–6, both public/private schools)	n/a	All Indigenous students
NSW Health Department		
Range of prevention programs of which drug use may be one element	Unknown	Unknown
NSW Premier's Department		
Community Drug Action Teams (CDATs)		
Western Sydney (three CDATs)	n/a	Precise figures unavailable but may be estimated
Northern Rivers (five CDATs)	n/a	Precise figures unavailable but may be estimated

Source: Agency files

1 2001–02 financial year figures only

2 Program only implemented July 2002

n/a not applicable

Table 11: Number and type of prevention programs available in adult correctional centres in Western Sydney and Northern Rivers, and number of people accessing each program[1]

Prevention program	No. of people accessing each program	
	Pre-Drug Summit (1999)	*Post-Drug Summit*
General drug education (includes general and culturally appropriate targeted workshops)	all inmates	all inmates
Drug Education Unit (Parramatta Correctional Centre only[2])	n/a	30
Throughcare (Bolwara House)	n/a	20

Source: DCS files

1 People who accessed each program may not have resided within either of the two regions prior to imprisonment.

2 This Unit was recently relocated to Parklea Correctional Centre.

n/a not applicable

Table 12: Number and type of treatment programs available in adult correctional centres in Western Sydney and Northern Rivers, and the number of occasions of service/people receiving treatment in each program[1]

Treatment option	Occasions of service	
	Pre-Drug Summit (1999)	*Post-Drug Summit*
Drug and alcohol counselling (through DCS)[2]		
Northern Rivers (Grafton)	–	1,004
Western Sydney (MRRC, Parklea)	–	3,032
Total	–	4,036
	Number of people receiving treatment	
Methadone Maintenance Treatment (through CHS)[3]		
Northern Rivers (Grafton)	#	34
Western Sydney (MRRC, Mulawa, Parklea, Parramatta Correctional Centre, Silverwater)	#	368
Total	#	402
Naltrexone (through CHS)		
Western Sydney (Mulawa, Parklea)	n/a	2
Total	n/a	2
Buprenorphine (through CHS)[4]		
Northern Rivers (Grafton)	n/a	2
Western Sydney (MRRC, Silverwater)	n/a	14
Total	n/a	16

Source: CHS files

1 People who accessed each program may not have resided within either of the two regions prior to imprisonment.

2 DCS were unable to provide a breakdown of figures by alcohol/drug type. Relates to detoxification only.

3 Figures provided represent average number of people receiving methadone maintenance treatment since 2000.

4 Figures provided do not include people involved in the trial.

Pre-2000 data are aggregated across the service (31 sites in New South Wales). A breakdown by centre is not easily obtainable as the data were recorded using a paper-based system. In 1997–98 an average of 685 people were on the prison methadone maintenance treatment at any one time, while in 1998–99 this figure rose to 800. In 2001–02 the average number of people receiving methadone maintenance treatment across the service was 945.

n/a not applicable

Table 13: Number and type of strategies for detecting drugs in adult and juvenile correctional centres in Western Sydney and Northern Rivers

Drug detection strategy	Pre-Drug Summit (1999)	Post-Drug Summit
Visitor screening	✓	✓
Lock-down searches	✓	✓
Mail searches	✓	✓
Drug detector dog teams	✗	✓
Drug interdiction units (covering drug trafficking interdiction operations; criminal activity by correctional staff; and drug intelligence information)[1]	✗	✓
Urinalysis[1]	✗	✓
ARUNTA telephone system[2]	✗	✓

Source: DCS/DJJ files

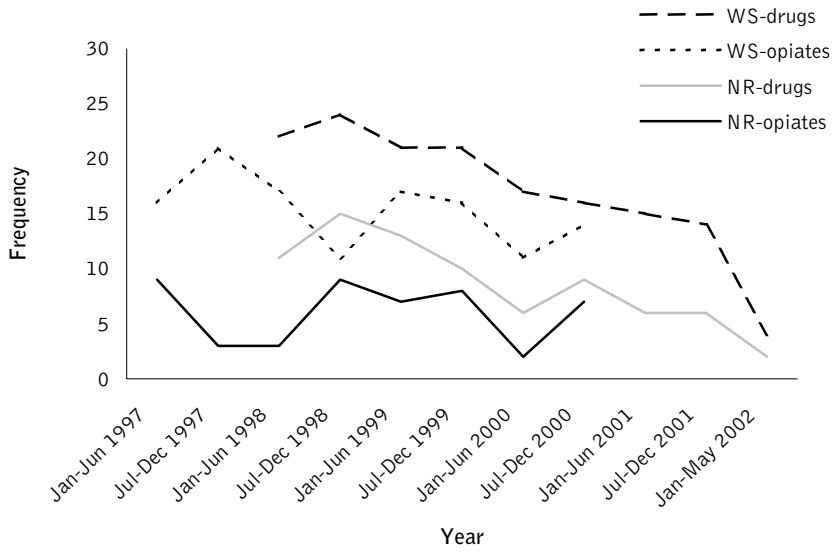
✓=available; ✗=unavailable

1 Currently operating in adult centres only.

2 Proposed for juvenile centres but program not yet operating. Program is a telephone screening system.

Figures

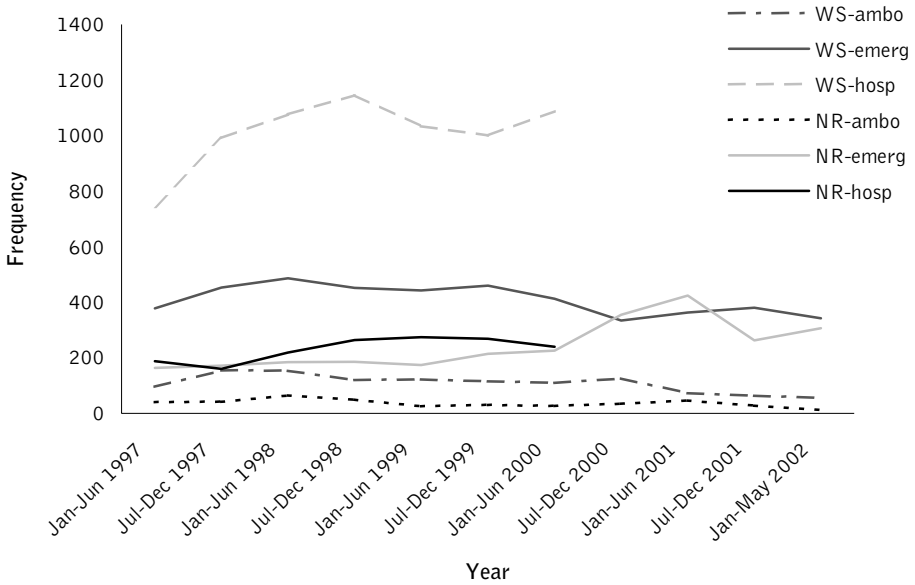
Figure 2: Number of opiate and drug-related deaths, Western Sydney and Northern Rivers, January 1997 to May 2002[1]



Sources: Division of Analytical Laboratories and the Australian Bureau of Statistics

1 Jan 1998 to May 2002 data available only for number of drug-related deaths. Jan 1997 to Dec 2000 data available only for opiate-related deaths.

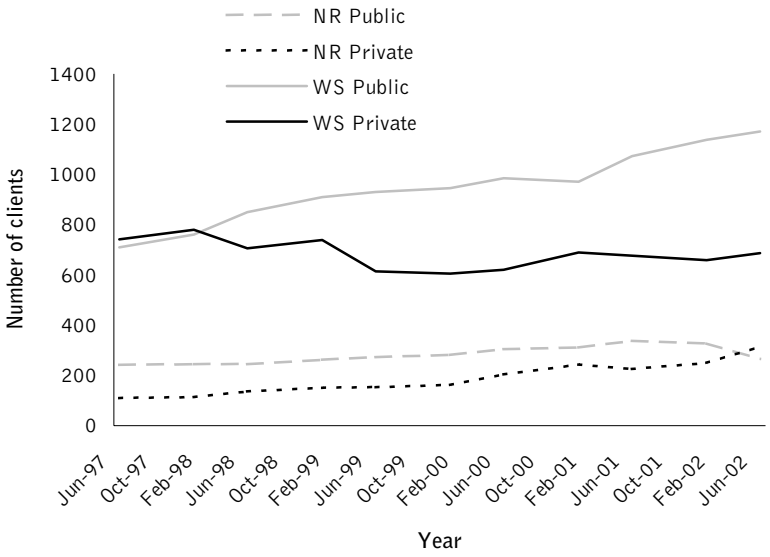
Figure 3: Number of ambulance attendances at overdose, illicit drug-related emergency department presentations and illicit drug-related hospital separations, Western Sydney and Northern Rivers, January 1997 to May 2002[1]



Sources: NSW Ambulance dataset, Emergency Department Data Collection and Inpatient Statistics Collection

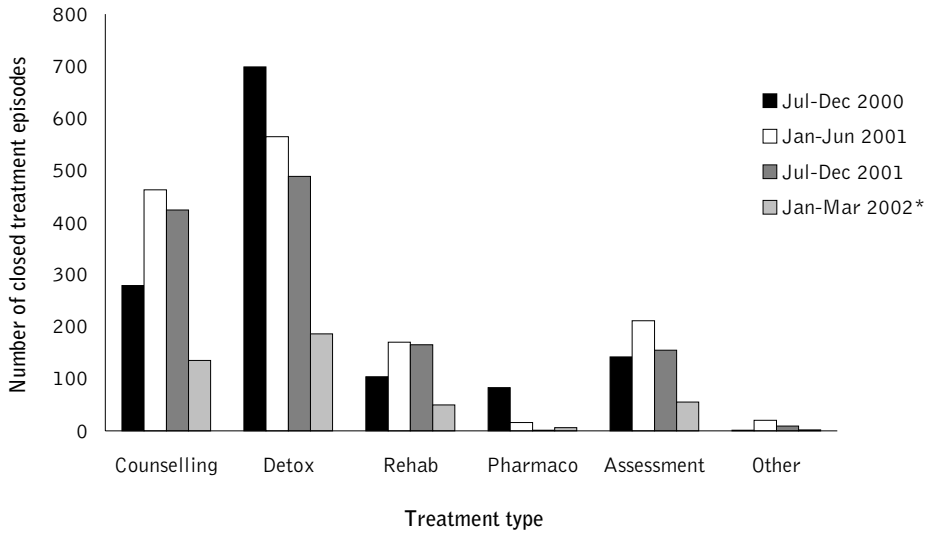
1 Jan 1997 to Jun 2000 data available only for number of illicit drug-related hospital separations.

Figure 4: Number of clients on methadone/buprenorphine program (public/private), Western Sydney and Northern Rivers, June 1997 to June 2002



Source: Methadone/buprenporphine client statistics

Figure 5: Number of closed treatment episodes by main treatment type, Western Sydney, July 2000 to March 2002[1]

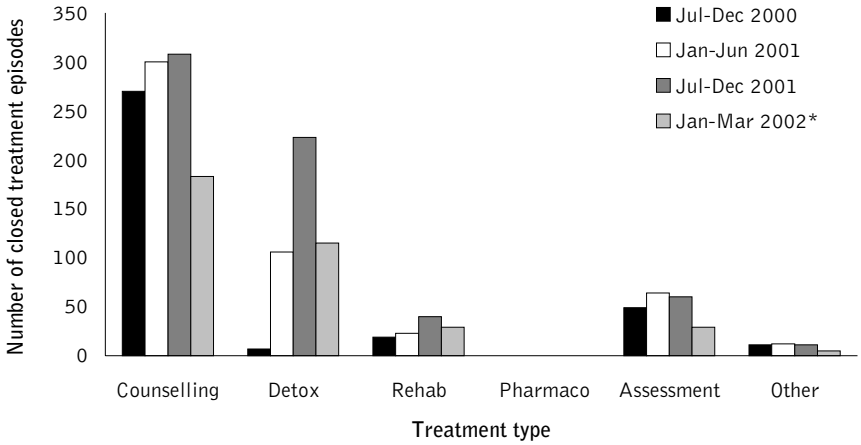


Source: NSW Minimum Dataset for Drug Treatment

1 "Other" includes consultation activities, information and education and other treatment types.

* Three months of data available only at time of reporting.

Figure 6: Number of closed treatment episodes by main treatment type, Northern Rivers, July 2000 to March 2002[1]

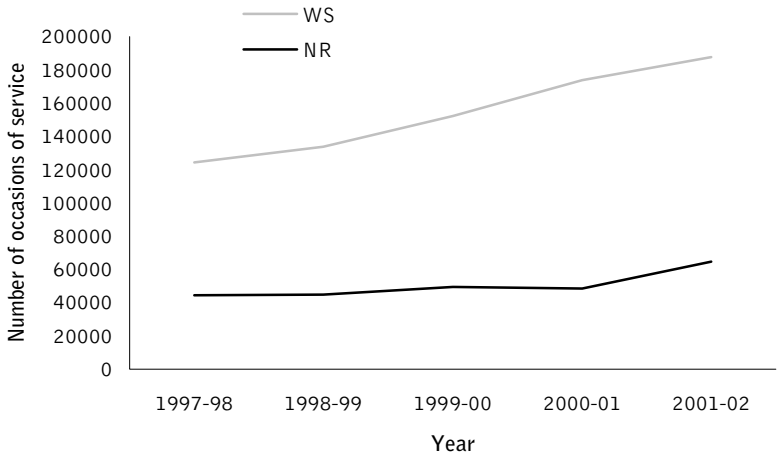


Source: NSW Minimum Dataset for Drug Treatment

1 "Other" includes consultation activities, information and education and other treatment types.

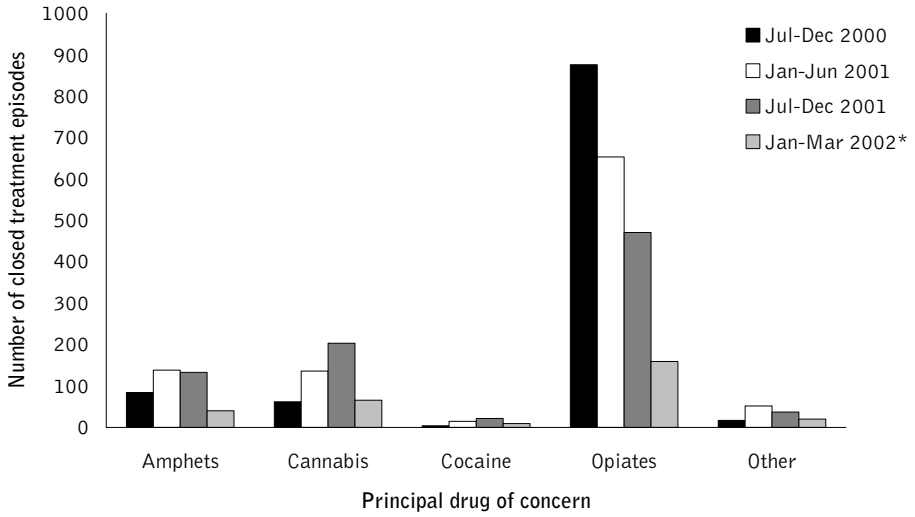
* Three months of data available only at time of reporting.

Figure 7: Number of non-admitted patient occasions of service for drug and alcohol problems, Western Sydney and Northern Rivers, 1997–98 to 2001–02[1]



Source: NSW Department of Health Reporting System (DOHRS)

Figure 8: Number of closed treatment episodes by principal drug of concern, Western Sydney, July 2000 to March 2002[1]

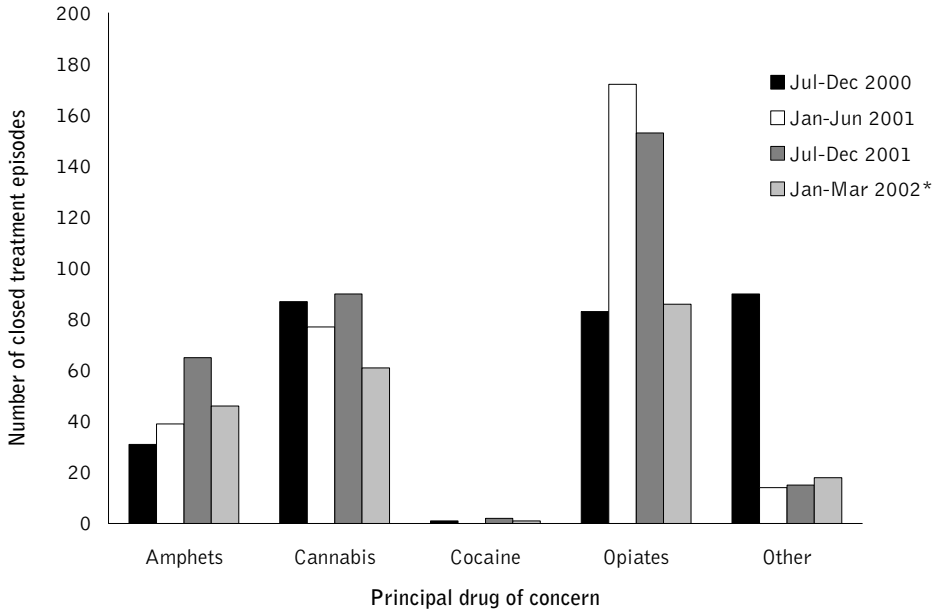


Source: NSW Minimum Dataset for Drug Treatment

1 "Amphets" includes amphetamines and amphetamine-related substances; "Other" includes benzodiazepines, hallucinogens and other drugs.

* Three months of data available only at time of reporting.

Figure 9: Number of closed treatment episodes by principal drug of concern, Northern Rivers, July 2000 to March 2002[1]

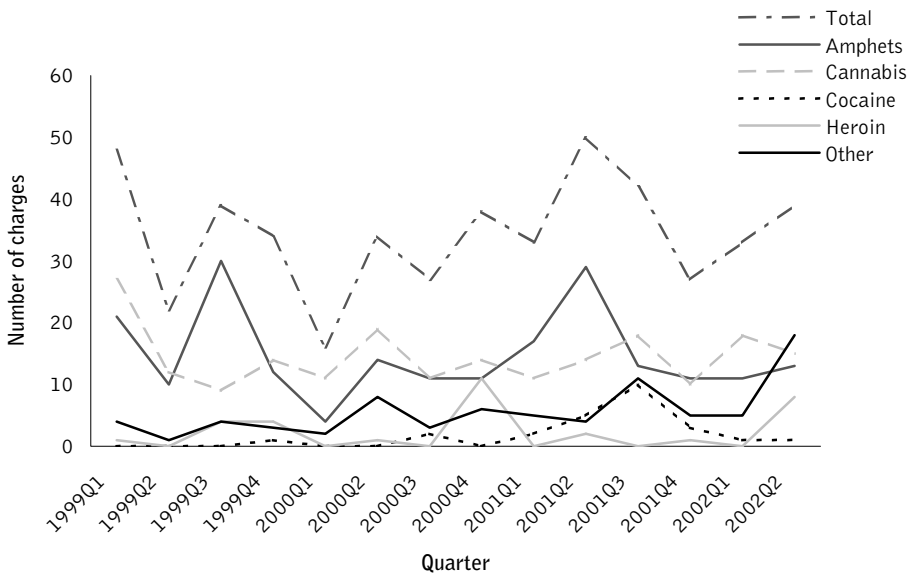


Source: NSW Minimum Dataset for Drug Treatment

1 "Amphets" includes amphetamines and amphetamine-related substances; "Other" includes benzodiazepines, hallucinogens and other drugs.

* Three months of data available only at time of reporting.

Figure 10: Number of deal or traffic charges in a prohibited drug, Western Sydney, 1999 to 2002[1,2,3]



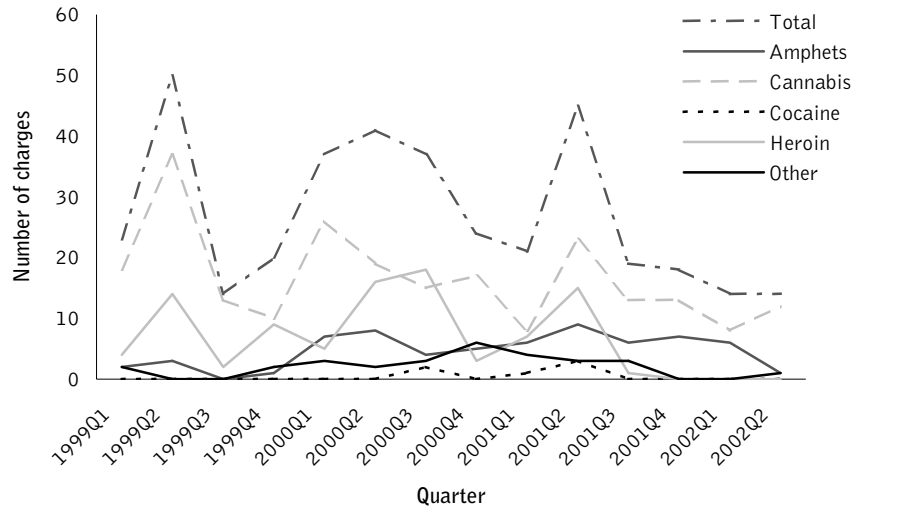
Source: Computerised Operational Policing System (COPS)

1 "Other" category includes COPS categories of ecstacy, hallucinogen, methadone, precursor and other drug.

2 Western Sydney region is defined here by the LACs of Blacktown, Quakers Hill, The Hills, Mount Druitt, Holroyd, Rosehill and Parramatta. Northern Rivers is defined by the LACs of Richmond and Tweed/Byron.

3 Data comprise **all** deal/traffic in a prohibited drug offences (including offences committed by people who did not reside in the specified LACs).

Figure 11: Number of deal or traffic charges in a prohibited drug, Northern Rivers, 1999 to 2002[1,2,3]



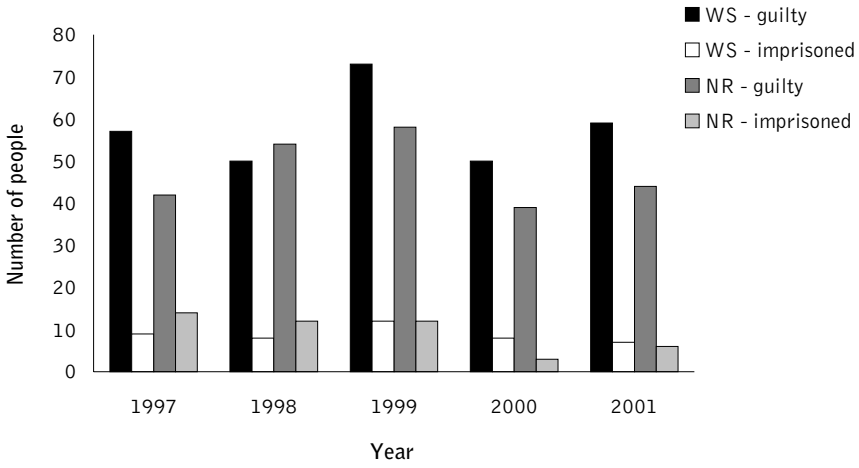
Source: COPS

1 "Other" drug category includes COPS categories of ecstacy, hallucinogen, methadone, precursor and other drug.

2 Western Sydney region is defined here by the LACs of Blacktown, Quakers Hill, The Hills, Mount Druitt, Holroyd, Rosehill and Parramatta. Northern Rivers is defined by the LACs of Richmond and Tweed/Byron.

3 Data comprise **all** deal/traffic in a prohibited drug offences (including offences committed by people who did not reside in the specified LACs).

Figure 12: Number of people found guilty and imprisoned for dealing or trafficking in a prohibited drug in Western Sydney and Northern Rivers, 1997 to 2001[1,2]



Source: NSW Local Criminal Courts Statistics, 1997–2001, persons found guilty by SSD of residence, Bureau of Crime Statistics and Research

1 Western Sydney region is defined here by the SSDs of Central Western Sydney and Blacktown. Northern Rivers is defined by the SSD of Richmond-Tweed.

2 Data comprise only those data for people found guilty or imprisoned who **resided** within each of the specified SSDs.

Appendix 4: Summary Table of Report Elements

Summary table of elements that the Office of Drug Policy required the AIC to report on as part of the regional evaluation

Indicator data	1	2	3	4	5‡	6	7
Health							
Drug-related harm	✓	Table 1, App. 6	App. 10	App. 9	App. 10	App. 3	NSW Health undertook analysis
Treatment	✓	Table 2, App. 6	App. 10	App. 9	App. 10	App. 3	NSW Health undertook analysis
Harm reduction	✓	Table 3, App. 6	App. 10	App. 9	App. 10	App. 3	NSW Health undertook analysis
Training	✓	Table 4, App. 6	App. 10	App. 9	App. 10	App. 3	NSW Health undertook analysis
Research	✓	Table 5, App. 6	n/a*	n/a*	n/a*	App. 3	Agencies provided relevant information
Law enforcement	✓						
Detection and prosecution	✓	Table 6, App. 6	App. 10	App. 9	App. 10	App. 3	NSW Police and Bureau of Crime Statistics and Research undertook analyses
Crime and the community	✓	Table 7, App. 6	App. 10	App. 9	App. 10	App. 3	NSW Police undertook analysis
Diversion	✓	Table 8, App. 6	App. 10	App. 9	App. 10	App. 3	Data obtained from unpublished/ published reports or agency files
Other	✓						
Prevention/education	✓	Table 9, App. 6	n/a*	n/a*	n/a*	App. 3	Agencies provided relevant information
Corrections	✓	Table 10, App. 6	n/a**	n/a**	n/a**	App. 3	Agencies provided relevant aggregated data

App. = Appendix

‡ It is difficult to determine the exact causal relationship between many Drug Summit initiatives and key indicator trends. Reasons for this difficulty include: insufficient data (either through small sample size and/or data unavailable, data not de-aggregated for regional-level analysis); availability of administrative-only data (rather than outcome data); impact of other environmental/external factors; and long-term outcomes that cannot easily be measured in the three years since the Drug Summit.

* No specific data collection available but information obtained from relevant agency files.

** Department of Corrective Services, Department of Juvenile Justice and the Corrections Health Service provided relevant data from a range of files and data systems. Much of this data are aggregated state-wide and are difficult to break down to specific regions.

1. Whether a pre/post-Drug Summit longitudinal analysis is feasible based on available data.
2. The data that should be employed for such an analysis.
3. Information about the available data, such as how often the data is collected, methods of data collection, the nature of the data, and by what agency it is collected.
4. The contact person who will be able to give annual updates for each of the data sets being recommended for the analysis.
5. Any limitations in the data such as the ability to attribute causality to Drug Summit initiatives if changes are found in the data over time.
6. A statistical report of the data being recommended for the analysis, including graphical and tabular presentation and appropriate statistical analysis.
7. Whether data sets will be made available to enable a statistical analysis of trends to be conducted or, alternatively, whether the groups who own the data will be willing to undertake such an analysis.

Appendix 5: Detailed Indicator Information

A5.1 Treatment

Key issues:

- Drug Summit Objective 3: To increase access to a comprehensive, high quality and innovative range of treatment and counselling services

Useful indicators:

- Number and type of treatment options available
- Number and type of new treatment options introduced
- Number and type of counselling facilities available
- Number of admissions and separations for each hospital by principal and secondary diagnoses
- Number of new and repeat occasions of service
- Number of counselling episodes for each community health centre
- Number of people in each treatment option
- Current prescribers for each treatment option
- Main use of buprenorphine
- Primary opioid drug of dependence
- Other drugs perceived by client to be a health concern
- Previous treatment for opioid dependence other than methadone/buprenorphine
- Waiting time to access treatment
- Number of people testing positive to heroin, cocaine, amphetamines, cannabis and other drugs
- Method of finding out about treatment services
- Ease of finding out about treatment services
- Advice provided at treatment service about different ways of dealing with health problems
- Provision of health education material
- Professionalism and manner of treatment service staff
- Explanations from treatment service staff about drugs/treatment received
- Outcomes of a non-government organisation treatment program
- Number of non-dosing service contacts (methadone clients only)
- Number of clients case managed (methadone clients only)
- Number of new treatment plans written (methadone clients only)
- Number of new treatment agreement contracts signed (methadone clients only)
- Number of clients on the methadone program
- Number of places in the methadone program
- Number of clients commencing in the methadone program
- Number of calls received to the Service Access Information System
- Number of referrals calls to the Service Access Information System
- Number of appointments made calls to the Service Access Information System
- Number of information-only calls to the Service Access Information System
- Number of assessments (Residential Rehabilitation)
- Number of admissions (Residential Rehabilitation)
- Number completed rehabilitation program (Residential Rehabilitation)
- Bed occupancy rate (Residential Rehabilitation)
- Principle drug of concern
- Method of use
- Number of closed episodes by treatment type
- Source of referral
- Referral to another service
- Reason for treatment cessation

NSW Department of Health

There are several regularly collected and used data sources that NSW Health are the custodians for that can be used to inform treatment of drug users in the two regions. These data sources include: Inpatient Statistics Collection (ISC); Department of Health Reporting System (DOHRS); DOHRS—Non-Admitted Patient Occasions of Service (NAPOOS); Methadone/Buprenorphine Client Statistics (MCS); Methadone Urinalysis (MU); NSW Minimum Data Set for Drug Treatment (NSWMDS); Drug and Alcohol Performance Indicator Reporting (DAPIR); and the Service Access Information System on Treatment Availability (SAIS). With the exception of the NSWMDS, DAPIR and SAIS, each of the data collections existed prior to the Drug Summit. All of the collections are administrative tools that (generally) provide varying degrees of detail on client demographics and clinical information.

Client Surveys

The Northern Rivers AHS has conducted two surveys of treatment service clients to examine client perceptions of treatment services received. For one centre, Riverlands Pharmacotherapy Unit, a survey was run in both 1999 and 2001, and so can provide some trend information. However, the survey of clients at the Nimbin Pharmacotherapy Unit was conducted in 2001 only. These surveys will provide a useful baseline for future analyses and will assist the Units to identify possible service improvements.

The Western Sydney AHS conducted a treatment services client survey several years ago but there are no recent follow-up surveys.

Non-government Treatment Programs

There are also a small number of relevant data collections from non-government organisations (NGOs) in the two regions. Discussions with Larry Pierce, Executive Director, Network of Alcohol and Other Drug Agencies (NADA), indicated that the Ted Noffs Foundation in Western Sydney, and The Buttery in Northern Rivers, maintain useful data collections on clients who attend treatment programs in their organisations. NADA itself also maintains an overall data collection on treatment services within the NGO sector.

Ted Noffs Foundation

The Ted Noffs Foundation is an NGO that provides help to young people and their families. The Foundation's focus is on drug and alcohol abuse but they also cover a range of related social issues. They run a number of programs for youth in need, one of which—the Program for Adolescent Life Management (PALM)—operates in Western Sydney. Another—PALM North Coast—recently began operating out of Coffs Harbour

and accepts clients from the Northern Rivers region. PALM is an intensive residential rehabilitation program for 14–18-year-olds who are drug dependent and experiencing substance-use-related difficulties.

The Ted Noffs Foundation recently implemented a database, the "Assessment Tool", which provides data on client demographics, previous and current drug use, criminal activity, mental and physical health and social life. Reporting from this database commenced in July 2001. Prior to the introduction of this system, the organisation maintained paper-based records; it would be time-consuming to collate the data and the records are not necessarily complete (Ted Noffs Foundation, personal communication, July 2002).

The Buttery

The Buttery, located near Byron Bay, is an intensive residential rehabilitation center that has been treating adults addicted to drugs and alcohol since 1978. The Buttery offers two treatment programs, one of eight weeks and the other of three months duration. Both programs address addiction and abstinence issues, self-esteem, relationships, social functioning and relapse prevention.

The Buttery has in place a basic database that includes information on clients up to departure (such as, client demographics, length of stay, completion of program phases), although it was only implemented in 1999. It is the only NGO that has conducted an outcomes study of past clients (Pierce, personal communication, June 2002). This study, undertaken in May–June 2002, covers clients who received treatment at The Buttery between June 1997 and February 2001 and examines past and current drug use, risk behaviour, crime, relationships and health. The study suffers from a small, possibly unrepresentative sample and presents cumulative data only, but it does provide a rare glimpse of treatment program outcomes in one NGO (Didcott & Evans 2002; Didcott, personal communication, June 2002).

Network of Alcohol and Other Drug Agencies

NADA is the peak body of NGOs in New South Wales. Following the Drug Summit, NADA was given overall responsibility for enhancing information technology, data management and reporting of alcohol and drug data within the New South Wales NGO sector. To this end, NADA spearheaded a project that entailed development of an Internet site for the alcohol and drug NGO sector, including, among other things, a secure online database for the NSWMDS for drug and alcohol services reporting and SAIS. The web site (and databases) went fully live in December 2000 and have been successfully integrated with the public sector data management systems (NADA 2001). The database will provide a useful means of analysing long-term treatment services data across the NGO sector in the future.

Comment

Many of the indicators outlined above, particularly those from DAPIR and the NSWMDS, will provide a useful tool for future long-term monitoring and analytical purposes. It should be noted that this list is not intended to be definitive, but it does contain some of the most frequently used treatment indicators. The particular strengths of these indicators are that they represent data from both the government and non-government sectors and much of the data are reliable as they are subject to validity and logic checks. Combined, they provide a picture of activity within the NSW treatment services sector. It should be noted that methadone client data is not currently part of the NSWMDS, although it may be incorporated into this data collection in the future.

The ISC, DOHRS, and DOHRS–NAPOOS data collections are severely limited in their utility as they provide essentially basic throughput information in the public healthcare system. However, the collections are long-standing and, in the absence of any other long-term data collections, are the best measure of treatment services for drug-dependent people over time at this stage.

Together, the MCS and MU provide more detailed data about people receiving methadone and buprenorphine treatment. Both collections pre-date the Drug Summit and so permit trend analysis. The main strength of the collections is that they include data on clients in both the public and private sectors.

A5.2 Summary of Useful Treatment Indicators in Two Regions

INDICATORS	CALENDAR YEAR				
	1997	*1998*	*1999*	*2000*	*2001*
Number and type of treatment options available	✓	✓	✓	✓	✓
Number and type of new treatment options introduced	✓	✓	✓	✓	✓
Number and type of counselling facilities available	✓	✓	✓	✓	✓
Number of admissions and separations for each hospital by principal and secondary diagnoses	✓	✓	✓	✓	✓
Number of new and repeat occasions of service	✓	✓	✓	✓	✓
Number of counselling episodes for each community health centre	✓	✓	✓	✓	✓
Number of people in each treatment option	✓	✓	✓	✓	✓
Current prescribers for each treatment option	✓	✓	✓	✓	✓
Main use of buprenorphine	✓	✓	✓	✓	✓
Primary opioid drug of dependence	✓	✓	✓	✓	✓
Other drugs perceived by client to be a health concern	✓	✓	✓	✓	✓
Previous treatment for opioid dependence other than methadone/buprenorphine	✓	✓	✓	✓	✓
Waiting time to access treatment	✓	✓	✓	✓	✓
Number of people testing positive to heroin, cocaine, amphetamines, cannabis and other drugs	✓	✓	✓	✓	✓
Method of finding out about treatment services	✗	✗	✓	✗	✓
Ease of finding out about treatment service	✗	✗	✓	✗	✓
Advice provided at treatment service about different ways of dealing with health problems	✗	✗	✓	✗	✓
Provision of health education material	✗	✗	✓	✗	✓
Professionalism and manner of treatment service staff	✗	✗	✓	✗	✓
Explanations from treatment service staff about drugs/treatment received	✗	✗	✓	✗	✓
Outcomes of a non-government organisation treatment program	✓	✓	✓	✓	✓
Number of non-dosing service contacts (methadone clients only)	✗	✗	✗	✓	✓
Number of clients case managed (methadone clients only)	✗	✗	✗	✓	✓
Number of new treatment plans written (methadone clients only)	✗	✗	✗	✓	✓
Number of new treatment agreement contracts signed (methadone clients only)	✗	✗	✗	✓	✓
Number of clients on the methadone program	✗	✗	✗	✓	✓
Number of places in the methadone program	✗	✗	✗	✓	✓
Number of clients commencing in the methadone program	✗	✗	✗	✓	✓
Number of calls received to the Service Access Information System	✗	✗	✗	✓	✓
Number of referrals calls to the Service Access Information System	✗	✗	✗	✓	✓
Number of appointments made calls to the Service Access Information System	✗	✗	✗	✓	✓
Number of information-only calls to the Service Access Information System	✗	✗	✗	✓	✓
Number of assessments (Residential Rehabilitation)	✗	✗	✗	✓	✓
Number of admissions (Residential Rehabilitation)	✗	✗	✗	✓	✓
Number completed rehabilitation program (Residential Rehabilitation)	✗	✗	✗	✓	✓
Bed occupancy rate (Residential Rehabilitation)	✗	✗	✗	✓	✓
Principle drug of concern	✗	✗	✗	✓	✓
Method of use	✗	✗	✗	✓	✓
Number of closed episodes by treatment type	✗	✗	✗	✓	✓
Source of referral	✗	✗	✗	✓	✓
Referral to another service	✗	✗	✗	✓	✓
Reason for treatment cessation	✗	✗	✗	✓	✓

✓=data available; ✗=data unavailable

A5.3 Harm Reduction

Key issues:

- Drug Summit Objective 7: To reduce the harm caused by risk-taking behaviour associated with drug use

Useful indicators:

- Number and type of harm reduction programs in place
- Number of syringes dispensed
- Number of pharmacotherapy clients with positive status of HCV/HIV
- Number of illicit drug-related emergency department presentations by drug type
- Number of people who injected drugs for the first time each year
- Frequency of injecting drug use in past month
- Frequency of using new sterile needle and syringe in past month
- Frequency of using a needle and syringe after someone had used it in past month
- Frequency of obtaining needles and syringes from chemists/exchanges
- Percent of injecting drug users with positive status of HCV/HIV
- Exchange rate of needles and syringes
- Number of client visits to each harm reduction program
- Number of people disposing of needles by type
- Frequency of provision of educational services/materials
- Number of referrals to treatment services
- Number of ambulance attendances at overdose events

Harm Reduction Indicators in Two Regions

There is a broad range of indicators available for analysis in relation to harm reduction common to both the Western Sydney and Northern Rivers AHS regions that can be used to observe the prevalence and levels of awareness of risk-taking behaviour among injecting drug users. These indicators reflect agency administrative output measures through to patterns of injecting drug use among users. The indicators derive from two main sources: the Needle and Syringe Distribution data collection (Needle and Syringe Program [NSP], NSW Health) and the Australian Needle and Syringe Program Survey (ANSPS), conducted annually by the National Centre in HIV Epidemiology and Research, University of New South Wales.

Comment

The utility of several harm reduction indicators is severely limited. Discussions with NSW Health staff about the NSP indicators highlighted two major problems. First, while this information was collected by the NSP in central office, it was paper-based and would require considerable time and resources to collate electronically. Second, the data quality was considered highly variable because it derived from a large range of both public and private outlets, which impacted on the ability of each AHS to provide

complete information to central office. In some instances no information has been provided to central office for some time. NSW Health is currently addressing these problems in a review of the NSP data system. Their objective is to improve the quality and relevance of the data, without increasing the burden on staff. As part of this process they are investigating revising the type of data collected from agencies and may recommend mandatory recording of a minimum number of certain data elements (which are yet to be determined).

There is also some concern over the reliability of the indicator, *number of ambulance attendances at overdose events*, particularly in relation to under-reporting of incidences and data coding being undertaken by a diverse range of clinical and clerical staff.

There are also some limitations with the ANSPS indicators that must also be mentioned. First, most of these indicators rely on self-report, which may not provide an accurate picture of harm reduction behaviour in the injecting drug-user population. Furthermore, they are a selected sample of the total population of injecting drug users, which may bias any analyses of the data. Finally, while the ANSPS can provide some very useful trend information on harm reduction issues at a state-wide level, at a regional level the sample sizes are very small and, thus, analyses of this data are not necessarily meaningful.

A5.4 Summary of Useful Harm Reduction Indicators in Two Regions

	CALENDAR YEAR				
INDICATORS	*1997*	*1998*	*1999*	*2000*	*2001*
Number and type of harm reduction programs in place	✓	✓	✓	✓	✓
Number of syringes dispensed	✓	✓	✓	✓	✓
Number of pharmacotherapy clients with positive status of HCV/HIV	✓	✓	✓	✓	✓
Number of illicit drug-related emergency department presentations by drug type	✓	✓	✓	✓	✓
Number of people who injected drugs for the first time each year	✓	✓	✓	✓	✓
Frequency of injecting drug use in past month	✓	✓	✓	✓	✓
Frequency of using new sterile needle and syringe in past month	✓	✓	✓	✓	✓
Frequency of using a needle and syringe after someone had used it in past month	✓	✓	✓	✓	✓
Frequency of obtaining needles and syringes from chemist/exchanges	✓	✓	✓	✓	✓
Per cent of injecting drug users with positive status of HCV/HIV	✓	✓	✓	✓	✓
Number of client visits to each harm reduction program	✓	✓	✓	✓	✓
Exchange rate of needles and syringes	✓	✓	✓	✓	✓
Number of people disposing of needles by type—returned to exchange, public disposal unit, burn, unsafe disposal, unknown	✓	✓	✓	✓	✓
Frequency of provision of educational services/materials	✓	✓	✓	✓	✓
Number of referrals to treatment services	✓	✓	✓	✓	✓
Number of ambulance attendances at overdose events	✓	✓	✓	✓	✓

✓=data available

A5.5 Training of Health Professionals

Key issues:

- Drug Summit Objective 10: To better equip health and welfare frontline professionals in providing care and management of people with drug problems

Useful indicators:

- Number and type of training programs in place for health and welfare professionals
- Number of professionals accessing programs
- Number and type of resource tools available for professionals accessing programs
- Number of new methadone/buprenorphine prescribers
- Number of new pharmacies dosing methadone
- Perception of GPs of effectiveness in helping patients achieve change in drug-taking habits
- Confidence of GPs in providing advice to patients on assessment, detox, counselling, referral and brief interventions
- Number of brief interventions provided in 2001 compared with 1999
- Perception of GPs on effectiveness of interventions
- Number of GPs who have used information provided in the Drug and Alcohol Manual
- Number of GPs who have read information provided in drug and alcohol articles in *GPSpeak*
- Number of GPs who attended the drug and alcohol weekend workshops at Byron Bay in 2000 and 2001
- Number of GPs who completed the Methadone Prescribers Accreditation
- Number of GPs interested in spending time in the detox, pharmacotherapies, rehabilitation and drug and alcohol community
- Number of consultation meetings—joint AHS/Div GPs
- Number of GPs attending GP training
- Number of newly accredited GP methadone prescribers taking methadone clients
- Number of GPs who called the GP consultancy service
- Number of GPs sent resources
- Number of patients who receive shared care between GP and alcohol and other drug services
- Number of service contacts performed by the drug and alcohol counsellor
- Number of clients seen by the drug and alcohol counsellor
- Number of training activities held by the clinical nurse consultant

Health Training Indicators in Two Regions

Discussions with staff at both the Northern Rivers and Western Sydney AHSs indicated that there is little or no available information and/or data concerning training, particularly outcome information, for health and welfare professionals prior to 1999. There were no ongoing training data collections prior to 1999 in either AHS. This means that an in-depth longitudinal analysis of the effectiveness of pre- and post-Drug Summit training programs in these two regions is not possible.

While an in-depth longitudinal analysis is not possible at this stage, new systems put in place as a direct result of the Drug Summit will permit some ongoing monitoring of this sector in the future. The best data source to monitor training of, and links between, health and welfare professionals is currently DAPIR, managed by NSW Health. This system commenced monthly and quarterly reporting in July 2000 and covers a range of indicators across health training and treatment services. It also provides links between sectors that was found wanting prior to the Drug Summit. It is a particularly useful system for monitoring Drug Summit initiatives as it distinguishes between Drug Summit and non-Drug Summit programs. The one major system drawback is that it reports "throughput" information only (that is, numbers of people in training, numbers of people referred into treatment and so on) and not outcome information (that is, satisfaction levels with certain programs and so on). However, it will still be a very useful tool to obtain a range of information about health and welfare professionals that was not available (or at least easily obtainable) prior to its implementation.

Outcome information/data on training is beginning to be undertaken at the AHS level. The Northern Rivers AHS conducted a survey (the Formative Evaluation) of its GPs in 2001 that attempted to gauge the knowledge, confidence and willingness of GPs to deal with patients with demonstrable alcohol and other drug problems. At this stage the AHS has no firm plans to undertake regular (annual) surveying of GPs (or other health and welfare professionals) on this subject as it is considered labour and resource-intensive. However, in-depth information obtained via the surveys is extremely useful in identifying possible weaknesses and/or deficits in the training of GPs and could be undertaken, say, every three years without placing too much of a burden on AHS resourcing. There is also room for including questions for other professionals in the field.

Comment

A comment was made by staff at one of the AHSs on the utility of the indicator *number of patients who receive shared care between GP and alcohol and other drug services*. Concern was expressed over how meaningful and useful this indicator was because of the difficulty in determining what "shared care" constitutes and how it should be recorded. Currently, this information is not systematically recorded. GPs may receive numerous calls or have contact with many staff on any given day in relation to patients with alcohol and drug problems. Sometimes this information is recorded in diaries at a medical practice or sometimes not at all, particularly when GPs are conducting business outside practice hours. Judging by the level of concern about the usefulness of this indicator, it should be more tightly defined or at least viewed with considerable caution.

A5.6 Summary of Useful Health Training Indicators in Two Regions

INDICATORS	CALENDAR YEAR 1997	1998	1999	2000	2001
Number and type of training programs in place for health and welfare professionals	✗	✗	✗	✗	✓
Number of professionals accessing programs	✗	✗	✗	✗	✓
Number and type of resource tools available for professionals accessing programs	✗	✗	✗	✗	✓
Number of new methadone/buprenorphine prescribers	✓	✓	✓	✓	✓
Number of new pharmacies dosing methadone	✓	✓	✓	✓	✓
Perception of GPs of effectiveness in helping patients achieve change in drug-taking habits	✗	✗	✗	✗	✓
Confidence of GPs in providing advice to patients on assessment, detox, counselling, referral and brief interventions	✗	✗	✗	✗	✓
Number of brief interventions provided in 2001 compared with 1999	✗	✗	✓	✗	✓
Perception of GPs on effectiveness of interventions	✗	✗	✗	✗	✓
Number of GPs who have used information provided in the Drug and Alcohol Manual	✗	✗	✗	✗	✓
Number of GPs who have read information provided in drug and alcohol articles in *GPSpeak*	✗	✗	✗	✗	✓
Number of GPs who attended the drug and alcohol weekend workshops at Byron Bay in 2000 and 2001	✗	✗	✗	✗	✓
Number of GPs who completed the Methadone Prescribers Accreditation	✗	✗	✗	✗	✓
Number of GPs interested in spending time in the detoxification, pharmacotherapies, rehabilitation and drug and alcohol community	✗	✗	✗	✗	✓
Number of consultation meetings—joint AHS/Division of GPs	✗	✗	✗	✓	✓
Number of GPs attending GP training	✗	✗	✗	✓	✓
Number of newly accredited GP methadone prescribers taking methadone clients	✗	✗	✗	✓	✓
Number of GPs who called the GP consultancy service	✗	✗	✗	✓	✓
Number of GPs sent resources	✗	✗	✗	✓	✓
Number of patients who receive shared care between GP and alcohol and other drug services	✗	✗	✗	✓	✓
Number of service contacts performed by the drug and alcohol counsellor	✗	✗	✗	✓	✓
Number of clients seen by the drug and alcohol counsellor	✗	✗	✗	✓	✓
Number of training activities held by the clinical nurse consultant	✗	✗	✗	✓	✓

✓=data available; ✗=data unavailable

A5.7 Research into Drug Treatment

Key issues:

- Drug Summit Objective 5: To promote trials of treatment and support options, evidence-based practice and evaluation of programs

Useful indicator:

- Number and type of drug treatment research projects

Drug Research in Two Regions

A few agencies indicated that they had undertaken research on drug-related issues, a small number of which related specifically to drug treatment. Drug treatment research is not usually undertaken at the regional level, but is more frequently carried out at the state agency level and so reflects information/data from areas across the state. Most of the research that was identified by agencies appeared to involve collaborative arrangements between one or more other organisations.

Department of Corrective Services

Four drug treatment research projects were identified by DCS. These included three projects that were in progress and one project that had been abandoned. A further two research projects were identified by NDARC as current projects in New South Wales prisons. Each project is briefly outlined below.

The Prison Opiate Dependence Treatment Trial

This current research project is a collaborative arrangement between NDARC, St Vincent's Hospital Sydney Ltd, and the National Centre in HIV Epidemiology and Clinical Research. The project aims to compare effects of Naltrexone maintenance, methadone maintenance and drug-free usual care (counselling) among heroin-using inmates. The main outcome measures are retention in treatment, heroin use, HIV and HCV incidence, fatal overdose and re-incarceration.

To enter the study inmates must be opiate-free and have undergone detoxification. All participants undergo urine testing and are denied contact visits and contact with other inmates. They are then randomly assigned to one of the three treatment options. Participants are followed up at six, 12 and 24 months for assessment (NDARC web site).

The trial includes all correctional centres with methadone maintenance programs and commenced in November 2001—it will conclude in 2004. There are no results to date (Kate Dolan, NDARC, personal communication, August 2002).

Cost–benefit Study of the NSW Prison Methadone Program

The cost–benefit study of prison methadone treatment is a joint research project between NDARC and St Vincent's Hospital, Sydney. The project aims to measure prison methadone treatment both in terms of the net cost of the program and the cost per life year gained from the prevention of HCV and HIV infection. More specifically, the objectives of the project are to:

- estimate the costs of a prison methadone program (using the program in New South Wales as a basis) including fixed costs associated with start-up and variable or marginal costs associated with changes in the scale of provision;
- estimate the savings in health care expenditures associated with the reduction in HCV and HIV infection brought about by the prison methadone program in New South Wales;
- estimate the net costs (costs of the program less savings in hospital care) and cost per life saved of the prison methadone program in New South Wales;
- estimate the net costs and cost per life year gained from extending the prison methadone program in New South Wales beyond its current capacity; and
- estimate the broader social benefits associated with reduced heroin injecting in prison brought about by the prison methadone program in terms of heroin overdose rates, related deaths and re-incarceration (NDARC web site).

This research project is yet to commence, although it should be concluded in 2003 (Kate Dolan, NDARC, personal communication, August 2002).

Evaluation of the Impact of Methadone Maintenance Treatment on Criminal Activity in New South Wales

The evaluation, managed jointly by BOCSAR and NDARC, is a project that incorporates DCS data with data on methadone clients who are not in correctional centres. The project aims to compare clients' offending behaviour in and out of methadone treatment. The project has stalled due to methodological issues and the project managers are not sure whether it will continue (Bronwyn Lind, BOCSAR, personal communication, July 2002).

Trial of Buprenorphine in New South Wales Correctional Centres

This research project was to have been undertaken by NSW Health, NSW Corrections Health Service and NDARC but has been deferred because of poor recruitment numbers (Maria Kevin, DCS, personal communication, July 2002).

Follow-up Study of the Subjects in the Randomised Control Trial of the New South Wales Prison Methadone Maintenance Treatment

The aim of this project is to assess the impact of methadone treatment for all subjects via records on the rates of re-incarceration, retention in treatment and mortality/cause of death. A further aim is to assess the impact of methadone treatment for subjects on HIV/HCV incidence and heroin use (NDARC web site). The project commenced in 2000 and will conclude in 2003. There are no results to date (Kate Dolan, NDARC, personal communication, August 2002).

Audit of Prison Drug Treatment and Control Funds

This research study will collate information about supply-reduction and demand-reduction programs in Australian prisons throughout all states and territories. The audit commenced in 2002 and will conclude in 2003. There are no results to date (Kate Dolan, NDARC, personal communication, August 2002).

Evaluation of the Drug Free Wings

This research project is designed to evaluate the Drug Free Wings at Parramatta Correctional Centre (now Parklea), Cessnock, POISE Emu Plains and at Ngara Nura at Long Bay. This evaluation commenced in March 2001 and is ongoing (Suzi Morris, DCS, personal communication, August & December 2002).

Corrections Health Service

See "Trial of Buprenorphine in New South Wales Correctional Centres" above.

Department of Juvenile Justice

Evaluation of Video-based Intervention to Reduce Risk of Blood-borne Disease Transmission with Young Offenders

This evaluation was conducted between 2000 and 2001.

Trial of Brief Interventions for Cannabis Use with Young Offenders

This trial, proposed and designed before the Drug Summit, commenced in 2000 and is ongoing. The project is not funded via the Drug Summit.

Comparison of Two Contrasting Drug Treatment Programs for Young Offenders

This study commenced in 2000 and is ongoing.

NSW Health

Drugs in Pregnancy Program

The Drugs in Pregnancy Program aims to improve outcomes for pregnant women with substance issues, and their offspring. Planning for the program commenced in May 2001 (Northern Rivers AHS 2002).

Magistrates' Early Referral into Treatment (MERIT): Preliminary Findings of a 12-month Court Diversion Trial for Drug Offenders

This was a joint research project between the Northern Rivers AHS and MERIT team. The associated research paper is currently under review with the journal *Drug and Alcohol Review*.

Evaluation of the Youth Drug Court Program

The YDCP is currently being evaluated by the Social Policy Research Centre (University of NSW). The evaluation has several components, including statistical monitoring, a legal issues review, a costs study and an outcomes study (Jude Eccles and Tony Eardley, SPRC, personal communication, June 2002).

A5.8 Summary of Drug Treatment Research

Agency	Research project	Status
Department of Corrective Services	The prison opiate dependence treatment trial	current
	Cost–benefit study of the NSW prison methadone program	current
	Evaluation of the impact of methadone maintenance treatment on criminal activity in NSW	current
	Follow-up study of the subjects in the randomised control trial of the NSW Prison Methadone Maintenance Treatment	current
	Audit of prison drug treatment and control funds	current
	Trial of buprenorphine in NSW correctional centres	cancelled
	Evaluation of the Drug Free Wings at Parramatta Correctional Centre (now at Parklea), Cessnock, POISE Emu Plains and Long Bay	current
Corrections Health Service	Trial of buprenorphine in NSW correctional centres	cancelled
Department of Juvenile Justice	Evaluation of video-based intervention to reduce risk of blood-borne disease transmission with young offenders	completed
	Trial of brief interventions for cannabis use with young offenders	current
	Comparison of two contrasting drug treatment programs for young offenders	current
NSW Health		
Northern Rivers AHS	Drugs in Pregnancy Program	current
	Magistrates' Early Referral into Treatment (MERIT): Preliminary findings of a 12-month court diversion trial for drug offenders	completed
Western Sydney AHS	Evaluation of the Youth Drug Court Program	current

A5.9 Detection and Prosecution of Drug Dealers

Key issues:

- Drug Summit Objective 4: To ensure that people who traffic in drugs are detected and penalised

Useful indicators:

- Number and type of media campaigns to encourage reporting of drug dealers
- Number of charges for dealing or trafficking in a prohibited drug
- Number of offences for dealing or trafficking in a prohibited drug
- Number of people found guilty for dealing or trafficking in a prohibited drug
- Number of people imprisoned for dealing or trafficking in a prohibited drug
- Number of drug seizures
- Quantity/weight of drugs seized
- Price and purity of drugs
- Number of cannabis crops destroyed
- Number of clandestine laboratories dismantled
- Number of drug gangs dismantled
- Number of criminal networks disrupted
- Number of arrests and charges under the *Police Powers (Drug Premises) Act 2001*

Drug Supply Indicators in Two Regions

The LACs that correspond best with the Western Sydney AHS include Blacktown, Quakers Hill, The Hills, Mount Druitt, Holroyd, Rosehill and Parramatta. Richmond and Tweed/Byron LACs correspond closely with the Northern Rivers AHS. Owing to time and budgetary constraints, site visits were made only to the Richmond and

Parramatta LACs, to obtain their perspectives on drug law enforcement and data issues. These two LACs revealed both similarities and differences in drug law enforcement practices. At the Richmond LAC (which includes Lismore, Casino, Kyogle, Nimbin, Ballina, Evans Head and surrounding districts), policing of the illicit drug market, particularly the cannabis market, is one of the major activities undertaken in that region. Police target "hot spots" based on information and intelligence to identify major problem areas. Given the clandestine nature of drug crime, the exact magnitude of the illicit drug market is unclear.

All police have a responsibility to enforce drug laws as part of their broader duties. In addition, drug-related operations may be conducted in the relevant LACs by or with specialist officers from the State Crime Command. There are only three specialist drug law enforcement officers attached to the Richmond and Tweed/Byron LACs (attracting professionals to rural locations is a problem faced by all sectors).

In Parramatta, police use a risk management approach to target particular criminal activities. Officers in the LAC consider that illicit drugs have a significant involvement in most crime categories in Parramatta and information or intelligence concerning the supply, manufacture or use of drugs is followed up as a priority. In addition, assistance obtained from other specialist areas (for example, the State Crime Command task forces) where appropriate. Officers also note that illegal drug activity is a factor in many of their operations targeting other types of crime in the area.

Parramatta is a site for the Drug Use Monitoring in Australia (DUMA) project. Statistics from police detainees tested at Parramatta indicate that the majority of detainees tested, test positive to a wide variety of drugs. In Parramatta in 2001, three-quarters of all male and female police detainees tested, tested positive to at least one of the following drugs: amphetamines, benzodiazepines, cannabis, cocaine and opiates. Almost half (45 per cent) of males and more than half of females (54 per cent) tested, tested positive to multiple drugs (Makkai & McGregor 2002).

Despite the problems already outlined, the indicators listed above are the major measures currently available to assess NSW Police efforts to reduce the supply of illicit drugs. Generally, smaller, regional analyses of these indicators are more useful than state-wide analyses as they can detect subtle changes over time (although see the discussion below). Also, frequent, up-to-date measurements of indicators enable more sensitive and timely adjustments to policy (Weatherburn 2000).

Comment

The *Police Powers (Drug Premises) Act 2001* gives police the power to arrest people operating from fortified drug houses as well as persons acting as drug house lookouts or guards. As the Act was only implemented in 2001, statistics regarding the number of persons charged under this Act are only available for one year. Trend analyses will be possible in the future.

As already discussed, it is not possible to determine the proportion of all illicit drug dealers/traffickers apprehended by police, nor the proportion of all illicit drugs imported and seized. However, *taken as a whole, and over time,* these indicators can be used to assess the general degree of the problem and should also help to reduce the level of error when identifying trends.

A5.10 Summary of Useful Drug Supply Indicators in Two Regions

INDICATORS	CALENDAR YEAR				
	1997	*1998*	*1999*	*2000*	*2001*
Number and type of media campaigns to encourage reporting of drug dealers	✓	✓	✓	✓	✓
Number of charges for dealing or trafficking in a prohibited drug	✓	✓	✓	✓	✓
Number of offences for dealing or trafficking in a prohibited drug	✓	✓	✓	✓	✓
Number of people found guilty for dealing or trafficking in a prohibited drug	✓	✓	✓	✓	✓
Number of people imprisoned for dealing or trafficking in a prohibited drug	✓	✓	✓	✓	✓
Number of drug seizures	✓	✓	✓	✓	✓
Quantity/weight of drugs seized	✓	✓	✓	✓	✓
Price and purity of drugs	✓	✓	✓	✓	✓
Number of cannabis crops destroyed	✓	✓	✓	✓	✓
Number of clandestine laboratories dismantled	✓	✓	✓	✓	✓
Number of drug gangs dismantled	✓	✓	✓	✓	✓
Number of criminal networks disrupted	✓	✓	✓	✓	✓
Number of arrests and charges under the *Police Powers (Drug Premises) Act 2001*	✗	✗	✗	✗	✓

✓=data available; ✗=data not applicable

A5.11 Crime and the Community

Key issues:

- Drug Summit Objective 8: To reduce the impact on the community of drug-related crime and antisocial behaviour

Useful indicators:

- Number and type of media campaigns to encourage reporting of drug dealers
- Number and per cent of drug-related calls to Crime Stoppers
- Number and per cent of drug-related arrests resulting from calls made to Crime Stoppers
- Number and per cent of drug-related charges resulting from calls to Crime Stoppers
- Number of drug offences
- Number of theft offences
- Number of people/households who identify illegal drugs as a problem
- Number of people/households who identify property offences as a problem
- Number of people/households who identify illegal drugs as the main problem
- Number and per cent of people who perceive illegal drugs to be a problem in their local area
- Number and per cent of people who feel/don't feel safe at home
- Number and per cent of people who feel/don't feel safe in local area

Impact on Community Indicators in Two Regions

There are two regularly conducted surveys that measure perceptions and levels of fear within the community in New South Wales—the Crime and Safety Survey and the Community Perceptions of Police Services Survey.

Crime and Safety Survey (CSS)

The Australian Bureau of Statistics manages this survey and it has been conducted in New South Wales on an annual basis since 1990 as part of the Australian Bureau of Statistic's (ABS) Monthly Population Survey. Information is collected from both

individuals and households about their experiences of selected crimes and crime reporting behaviour, and from individuals about their perceptions of crime problems in the local area (ABS 2001). Published data is aggregated at the state-wide level, although it is possible to obtain information at the statistical division level, which would permit regional analysis—the ABS charges a fee to extract this data. The Bureau of Crime Statistics and Research (BOCSAR) undertook an in-depth regional analysis of the 1995 and 1996 data but they do not plan to undertake any further such analyses in the near future, partly because of the costs involved (Bronwyn Lind, personal communication, June 2002).

Community Perceptions of Police Services Survey (CPPSS)

This survey provides a range of information, including the way in which the community perceives the police service, their own safety, and problems in the community and neighbourhood. The ABS conducted this survey quarterly using its Population Survey Monitor from 1995 through to 2000 but decided to discontinue the survey as a result of a review of its Household Survey Program (SCRCSSP 2002). Regional data is available but ABS charges a fee to extract this information. AC Neilsen recently replaced the ABS as the service provider and will be continuing the survey from late 2002 (Jim Baldwin, personal communication, May 2002). It is anticipated that the first set of results will be available in 2003. It should be noted that timing, methodology, sample size and coverage of the two surveys may differ and so direct comparisons between data will not necessarily be possible (SCRCSSP 2002). However, general trends from survey to survey may still be evident.

There are a small number of indicators from the NSW Police Crime Stoppers program that can measure the impact of media campaigns to engage community participation in reporting drug-related offences and information. It should be noted that these indicators cannot be used to measure actual levels of drug-related crime as they essentially monitor willingness to report crime. The data are also defined by Telstra "collector areas" and so would be more easily analysed at a state-wide level.

Indicators measuring actual theft and drug offences are also included in the analysis. The exact relationship between illicit drug use and crime is somewhat problematic as much of the discussion on the links is anecdotal or based on localised studies (Makkai & McGregor 2002). Most organisational data, including COPS data, do not link drug offences and other criminal activity. More particularly, the data do not allow for interrogation of the proportions of property offenders who commit an offence to support their drug habit (Makkai 1999a). However, studies of offenders have shown that drug-using property offenders commit more crimes than non-drug-using property offenders and so it is reasonable to expect high levels of theft to be recorded in areas with high levels of drug offending (Doak 2001; Makkai 2001).

Comment

While data informing indicators from the CSS and CPPSS surveys are indicative of the general community's sense of fear and perception of levels of crime, they are not easily accessible as the ABS charges a fee to extract relevant regional data. In addition, due to the changeover in survey service provider in 2000–01, there are no directly comparable CPPSS data currently available for a post-Drug Summit analysis.

As already noted, indicators from the NSW Police Crime Stoppers program measure the impact of media campaigns to engage community participation in reporting drug-related offences and information. The theft and drug offending indicators can assist in measuring the impact of drug-related crime on the community. While the number of theft offences reported to police is almost certainly an underestimate of the true levels of theft, it is nevertheless indicative of the general levels of offending in the community.

A5.12 Summary of Useful Impact on Community Indicators in Two Regions

	CALENDAR YEAR				
INDICATORS	*1997*	*1998*	*1999*	*2000*	*2001*
Number of media campaigns to encourage reporting of drug dealers	✓	✓	✓	✓	✓
Number and per cent of calls to Crime Stoppers regarding drug-related reports	✓	✓	✓	✓	✓
Number and per cent of drug-related arrests resulting from calls made to Crime Stoppers	✓	✓	✓	✓	✓
Number and per cent of drug-related charges resulting from calls to Crime Stoppers	✓	✓	✓	✓	✓
Number of drug offences	✓	✓	✓	✓	✓
Number of theft offences	✓	✓	✓	✓	✓
Number of people/households who identify illegal drugs as a problem	✓	✓	✓	✓	✓
Number of people who identify property offences as a problem	✓	✓	✓	✓	✓
Number of people who identify illegal drugs as the main problem	✓	✓	✓	✓	✓
Number and per cent of people who perceive illegal drugs to be a problem in their local area	✓	✓	✓	✓	✗
Number and per cent of people who feel/don't feel safe at home	✓	✓	✓	✓	✗
Number and per cent of people who feel/don't feel safe in local area	✓	✓	✓	✓	✗

✓=data available; ✗=data unavailable

A5.13 Diversion from the Criminal Justice System

Key issue:

- Drug Summit Objective 6: To assist people into treatment and away from the criminal justice system and break the cycle of crime and antisocial behaviour

Useful indicators:

- Number and type of diversion programs implemented
- Number of cannabis cautions issued per year under the Adult Cannabis Cautioning Scheme compared to the number of charges (relevant police actions) for cannabis in the year prior to the scheme
- Number of relevant cannabis charges (possess, use, possess implement) per year
- Number of diversions under the *Young Offenders Act 1997* for cannabis and other illicit drugs compared with the number of non-diversions for all juvenile drug offences
- Number of minor drug offenders charges pre/post-Drug Offenders Compulsory Treatment Pilot (DOCTP)
- Number of closed treatment episodes where source of referral is police or court diversion compared with the number of people eligible prior to the initiative

Adult Drug Court Program indicators

- Total number of people referred
- Number of people assessed
- Number of people deemed ineligible
- Number of people declined (treatment places unavailable/unwilling to participate)
- Number of people accepted into program
- Referral offence(s) of participants
- Problem drug(s) of participants
- Number of participants who have graduated
- Number of participants who have breached while on the program
- Number of participants who have been removed from the program (self- and court-removed)
- Number and type of treatment services received by participants
- Outcome of treatment services received by participants (number completed/not completed)
- Amount of time on the program
- Number of participants who have had positive urines (by drug type) while on the program
- Number of participants who have reoffended while on the program
- Penalty at commencement and completion of program

Youth Drug Court Program indicators

- Total number of people referred
- Number of people assessed
- Number of people deemed ineligible
- Number of people declined (treatment places unavailable/unwilling to participate)
- Number of people accepted into program
- Referral offence(s) of participants
- Problem drug(s) of participants
- Number of participants who have graduated
- Number of participants who have been removed from the program (self- and court-removed)
- Number and type of treatment services received by participants
- Outcome of treatment services received by participants (number completed/not completed)
- Amount of time on the program
- Number of participants who have reoffended while on the program
- Penalty at completion of program

Magistrates' Early Referral into Treatment indicators

- Total number of people referred
- Source of referral
- Number of people assessed
- Number of people deemed ineligible
- Number of people declined (treatment places unavailable/unwilling to participate)
- Number of people accepted into program
- Referral offence(s) of participants
- Problem drug(s) of participants
- Number of participants who have graduated
- Number of participants who have breached while on the program
- Number of participants who have been removed from the program (self- and court-removed)
- Number and type of treatment services received by participants
- Outcome of treatment services received by participants (number completed/not completed)
- Amount of time on the program
- Number of participants who have reoffended while on the program
- Number of participants who have offended post-program
- Penalty at completion of program

Diversion Indicators in Two Regions

Diversion initiatives have been operating in Western Sydney and Northern Rivers for varying amounts of time. In Western Sydney, the Cannabis Cautioning Scheme, *Young Offenders Act 1997* and the Adult and Youth Drug Court Programs are in operation. In Northern Rivers, the Cannabis Cautioning Scheme, *Young Offenders Act 1997,* the Drug Offenders Compulsory Treatment Pilot (DOCTP) and Magistrates' Early Referral into Treatment (MERIT) program have been, or are currently, operating. The use of mandatory assessment and/or treatment by the courts as a condition of bail or other sentencing option, covered under section 36A of the *Bail Act 1978*, is also available in both regions.

Cannabis Cautioning Scheme

The Cannabis Cautioning Scheme is one of five strategies that form part of the Council of Australian Governments (COAG) Illicit Drug Diversion Initiative. The scheme arose from the Drug Summit and commenced in April 2000. The scheme provides for formal cautioning of adult offenders apprehended by the police for minor cannabis offences. Its aim is to assist offenders to consider the legal and health ramifications of their cannabis use and to seek treatment and support.

Under the scheme, police have the discretion to issue an adult offender with a Cannabis Caution Notice (CCN) if:

- the offence relates to the personal use of no more than 15g of cannabis leaf;
- there are no concurrent criminal offences;
- the adult has no prior convictions for drug offences or offences of violence or sexual assault; and
- the adult admits to the offence.

The CCN contains information on the legal and health consequences of cannabis use and a dedicated contact number (Alcohol and Drug Information Service, or ADIS) for referral to treatment. In September 2001 a mandatory education session (to be provided by ADIS) was introduced for offenders receiving a second cannabis caution.

Cannabis cautions are recorded on COPS as part of the routine recording of police activity. ADIS also records the number of calls received and education sessions delivered as a result of CCNs, although to date the number of calls has been extremely small (15 calls answered between October and December 2001). The six-month progress report on the scheme suggested that the reasons why people did not voluntarily call ADIS after receiving a first caution might include:

- offenders mistaking the ADIS number for a police service rather than health service;
- offenders finding the experience of being cautioned as sufficient impetus to change; and
- offenders perceiving that they do not require treatment.

The number of cautions issued by police is reported to the Cabinet Office by the NSW Police DPPT, while the number of calls received by ADIS is reported by Drug Programs Bureau, NSW Health Department.

Young Offenders Act 1997

The *Young Offenders Act 1997* was amended to include drug offences following the Drug Summit. The amendments, enacted in April 2000, allow police to issue a warning or caution or to organise a youth justice conference in lieu of commencing court proceedings against juvenile offenders. The maximum age for the juvenile criminal jurisdictions in New South Wales is under 18 years of age. Under the Young Offenders Act, funding is targeted at a number of projects, some of which operate in the two regions. These projects include additional alcohol and other drugs counsellors (from the Department of Juvenile Justice) and rehabilitation/detoxification beds. Across New South Wales, 10 DJJ counsellors and two rehabilitation programs are funded as part of this scheme. The COPS database provides for the reporting of the number of diversions (warnings, cautions and conferences) issued for drug offences under the Young Offenders Act.

Youth justice conferencing is monitored by the DJJ. It has advised that the proportion of drug-related young offenders participating in youth justice conferencing is not easily extracted from the Department's records and the sample size would be too small for any meaningful regional analyses.

Drug Offenders Compulsory Treatment Pilot

The Drug Offenders Compulsory Treatment Pilot was another diversion initiative arising from the Drug Summit. The Pilot operated between July 2000 and June 2001 in four LACs, including those of Richmond and Tweed/Byron (which are both part of the Northern Rivers region). The aim of the Pilot was to assist adult offenders in overcoming their drug problems and prevent drug use leading to other criminal offences by using a combined NSW Police and NSW Health response. Under the Pilot, police in the trial sites could caution adult offenders using or in possession of not more than half the small quantity of a prohibited drug (other than cannabis leaf) that was deemed to be for personal use. The caution was conditional upon offenders agreeing to attend a nominated health agency for assessment and to undertake at least one session of a treatment program.

Only a small number of cautions were ever issued through the pilot scheme (fewer than 10 for all jurisdictions over the Pilot's lifetime) and it was discontinued. The small number of cautions issued was largely due to the very tight definition of the entry criteria (for example, no previous criminal offence, no concurrent offence) and the simultaneous operation of the MERIT program (see below) in each of the areas, which offered a diversionary alternative for certain people.

Adult Drug Court Program (ADCP)

The Adult Drug Court of New South Wales commenced operations at the Parramatta court complex in February 1999. Its aim is to reduce the level of criminal activity that results from drug dependency. It incorporates a combination of close supervision and therapeutic treatment in order to achieve this aim. The ADCP's catchment area is similar to that of the Youth Drug Court Program (YDCP) (see below). A full description of the ADCP can be found in Freeman, Lawrence and Doak (2000). However, it can be briefly summarised as follows.

The ADCP is a "post-sentence" diversionary option. To be accepted into the ADCP an offender must be found to be "eligible". They must be adult, highly likely to be sentenced to full-time imprisonment if convicted, must have indicated that they will plead guilty to the offence, must be drug dependent and must reside in the Western Sydney catchment area. A person is not deemed eligible if he or she is charged with a violent conduct/sexual offence and/or is suffering from a mental illness. The ADCP takes approximately 12 months to complete and consists of three phases:

- Phase 1, stabilisation (three months);
- Phase 2, consolidation (three months); and
- Phase 3, reintegration (six months).

Treatment commitments, frequency of urine drug screens and court report-back sessions are reduced as the participant progresses through the program and specific criteria that need to be achieved in order to move between phases are present. The number of referrals exceeds the number of places on the program and a "lottery" system exists to determine who is successful in gaining a place.

The ADCP is separate to the COAG diversion initiatives and has its own database and reporting mechanism. A quick start-up time for the Drug Court meant that court staff were unable to properly consider their information needs prior to the court's commencement—the database was also designed without a review/redesign phase. As such, the database was designed mainly for evaluation purposes rather than the needs of the Drug Court team (Lawrence & Freeman 2002). The database is no longer utilised for program monitoring because of the difficulty in extracting information. Indicators that are regularly monitored are restricted to the number and type of referrals, accepted cases and finalised cases, and are collated manually. This information is reported monthly to the NSW Attorney-General's Department (AGs) as cumulative totals based on the year of entry to the program.

Trend information on relevant indicators is unavailable because Drug Court staff are unable to extract the data from their system and do not currently report trend information. BOCSAR were approached to analyse the idle data but declined due to the significant investment of time involved in the cleaning of the data prior to analysis (see discussion below on data quality).

The Drug Court of NSW, in conjunction with the NSW Judicial Commission, has developed a new database, which was due for implementation on 1 July 2002. Only current matters will be transferred from the existing database to the new database, making it difficult to monitor changes in indicators over time. Also, assumptions behind some of the indicators have changed, which will also impact on any future longitudinal monitoring. However, the new database will enable the Drug Court to provide quarterly and annual reports similar to those produced by BOCSAR during the evaluation period. The number and type of indicators to be reported against are still being discussed.

Data quality is also problematic. BOCSAR reported that during the evaluation period, information entered onto the database was often inconsistent or missing and a significant amount of time was invested in cross-checking the database information against the paper files (personal communication to Conroy, NDARC, 2002; Freeman 2002). In contrast, the Drug Court asserts the data are highly reliable because they are entered by a long-standing staff member. It is possible that data entry has improved since the evaluation period ended in July 2000. Discussions are yet to be had with the Judicial Commission regarding in-built quality control features of the new database. This would improve the reliability of data collected.

Youth Drug Court Program (YDCP)

The YDCP was formed as a result of the Drug Summit and receives funding under the Illicit Drug Diversion Initiative. The program, a pre-sentence diversion option, began operating in July 2000 in two children's courts, at Cobham and Campbelltown. While the courts are physically located just outside the boundaries of the Western Sydney AHS, the client intake captures juveniles from this AHS (as well as from the South Western Sydney and Wentworth AHSs). The program combines intensive judicial supervision, case management and drug treatment for juveniles aged 14 to 18 years charged with a serious criminal offence resulting from drug/alcohol use. Program duration is for a minimum of six months. The program involves a number of agencies including AGs, DoCS, DET, NSW Health, DJJ, Legal Aid and NSW Police. A representative from each of the four main agencies (DJJ, NSW Health, DET, DoCS) comprises the Joint Assessment and Review Team (JART). JART is responsible for conducting the assessments and developing and reviewing the individualised treatment plans. These go beyond traditional "treatment" and include case management and supervision. Each young person has a program manager (from DJJ) who monitors compliance with the legal mandate of the program, and a case manager (from DoCS) who is responsible for implementing the treatment plan. The young person might also be assigned a counsellor (from DJJ or NSW Health).

A court database is operational and monthly reports are provided to AGs. The court database contains court outcome and charge information as well as other court case-related variables. This database is for registry purposes. At this stage treatment information is not contained within the database but AGs have indicated that this information may be included in the future (personal communication to Conroy, NDARC 2002).

DJJ maintains a database, which incorporates some of the information contained within the court database and additional information obtained from the DJJ's JART member (each JART member also maintains their own information). The database contains demographic and referral information only. DJJ reports quarterly to AGs.

A third formal reporting mechanism, through Drug Programs Bureau, NSW Health, to the COAG Illicit Drug Diversion Initiative, also exists. JART and the AHS provide separate quarterly reports to Drug Programs Bureau. DJJ includes information on referral patterns, some items from the NSWMDS, offence history and treatments received, not all of which is quantitative. NSW Health reports on the utilisation of the health-funded day programs and stabilisation unit. Again, this is not always quantitative.

The absence of a centralised monitoring system has been noted as a significant problem in the evaluation of the YDCP (Eccles & Eardley, personal communication, June 2002) and agency staff across sectors have also commented on this issue. Data are not easily obtained and there is significant duplication in the collation and reporting of indicators. A separate but important issue is that the numbers of participants entering and completing the program is small, which impacts on the reliability of any statistical analyses.

Magistrates' Early Referral into Treatment (MERIT)

The MERIT program also arose out of the Drug Summit and was the first court-based diversion scheme set up in a rural area. It is the only pre-plea program in New South Wales. The program, which began in July 2000, is based at the Lismore Local Court, with a catchment area encompassing the Northern Rivers local courts of Lismore, Casino, Kyogle, Ballina, Byron Bay and Mullumbimby. The program is now being rolled out progressively to all New South Wales AHSs, with a completion date for roll out of June 2003. The program's aim is to divert suitably motivated offenders, who meet certain eligibility requirements, from the criminal justice system into drug treatment programs. MERIT is distinguished from other diversion programs in that the defendant is not required to enter a plea of guilty or that there be a determination of guilt made before participation in MERIT is offered to the defendant. In addition, the program is voluntary and there are no negative consequences if a person chooses to withdraw from it—if this situation arises, the case is finalised by the court according to normal process (Scantleton & Didcott 2001).

MERIT in the Northern Rivers AHS is considered to be working very well. The program is accepted by the various health agencies, police and the courts and its success relies strongly on effective working relationships between these sectors. The MERIT team in Northern Rivers considered that MERIT's success could be duplicated across the state, and indicated that it was running successfully in a number of AHSs. Improvements can still be made to the program to enhance program outcomes. In particular, the MERIT team would like an increase in referrals at time of arrest, which would cut down on court time and costs (Peter Didcott and John Scantleton, personal

communication, June 2002). NSW Police supports this scheme and is working with its frontline officers to increase their capacity to refer clients, where appropriate, at time of arrest.

The MERIT Information Management System (MIMS) was implemented concurrently with the program and has the potential for the collection and comparative analysis of state-wide MERIT program data. The dataset includes the NSWMDS and, in the future, will also cover the COAG diversion data set (see below). Quarterly reporting of program statistics for all current MERIT programs operating in the state is compiled by the Drug Programs Bureau, NSW Health, as part of its reporting requirements for the COAG Illicit Drug Diversion Initiative. The reporting format continues to be reviewed and improved.

There have been difficulties in developing a minimum dataset for COAG diversion. At this stage, MERIT is in the best position to provide regular reporting and has taken over responsibility for developing the dataset. A data dictionary has recently become available, although it will need ongoing review.

Mandatory Assessment and/or Treatment by the Courts as a Condition of Bail or Other Sentencing Option

Apart from the specific diversion initiatives described above, and outside the jurisdictions of these initiatives, the courts have the capacity to refer offenders to drug and/or mental health services for assessment, education or treatment. The NSWMDS contains a field for the reporting of clients whose source of referral is police diversion, court diversion or other correctional or criminal justice setting. At a state level, this indicator would be inflated by the specific court diversion programs in place at selected regions and would therefore be more useful at a local level or interpreted in conjunction with court diversion indicator data. However, it should be noted that ascription of a referral to police or court is sometimes unreliable, particularly over time. In addition, it would be difficult to separate referral for assessment only from treatment (Bruce Flaherty, personal communication, August 2002).

Comment

Six of the seven diversion programs highlighted in this report arose as a direct result of the Drug Summit and, as such, there are few pre-existing data collections that can be used to analyse long-term trends in a meaningful way. The ADCP was the only diversion program not resulting from the Drug Summit but it was only implemented about three months before the summit, in 1999.

The drug court indicators listed above will provide a useful monitoring tool for future analyses. These indicators reflect the broad nature of each program and, while it is not possible to directly compare the indicators across programs (because of the different underlying program philosophies and target populations), some very general comparisons are possible. Many of the problems relating to the drug court data systems highlighted in this section should be rectified.

There is currently available some published evaluations/papers of the ADCP that provide in-depth analyses of the program (Briscoe & Coumarelos 2000; Freeman, Lawrence & Doak 2000; Freeman 2001; Taplin 2002; Freeman 2002; Lind, Weatherburn & Shuling 2002; Lawrence & Freeman 2002). The evaluations cover the administrative process; demographics, health, wellbeing and satisfaction of participants; and a cost-effectiveness study. Both YDCP and MERIT are currently being evaluated and the same broad elements are being covered in each evaluation. The final reports for both are due shortly. Recent examinations of these two programs can be found in Flick and Eardely (2001), Scantleton and Didcott (2001) and Scantleton et al. (2002).

Data for monitoring the mandatory assessment and/or treatment by the courts as a condition of bail or other sentencing option is available in the NSWMDS, which began reporting in mid-2000. Data examining those people who would have been eligible for diversion under this system prior to its implementation would be available via court statistics, although extraction of this information would be difficult and resource-intensive and so is not recommended.

There is little value in analysing the DOCTP, as too few offenders were eligible for diversion under this scheme and it is no longer in operation.

A5.14 Summary of Useful Diversion Indicators in Two Regions

INDICATORS	CALENDAR YEAR 1997	1998	1999	2000	2001
Number and type of diversion programs implemented	✓	✓	✓	✓	✓
Number of cannabis cautions issued per year under the Adult Cannabis Cautioning Scheme compared to the number of charges (relevant police actions) for cannabis in the year prior to the scheme	✓	✓	✓	✓	✓
Number of relevant cannabis charges (possess, use, possess implement) per year	✓	✓	✓	✓	✓
Number of diversions under the *Young Offenders Act 1997* for cannabis and other illicit drugs compared with the number of non-diversions for all juvenile drug offences	✓	✓	✓	✓	✓
Number of minor drug offenders charges pre/post-Drug Offenders Compulsory Treatment Pilot	✗	✗	✗	✓	✓
Number of closed treatment episodes where source of referral is police or court diversion compared with the number of people eligible prior to the initiative	✗	✗	✗	✓	✓
Adult Drug Court Program					
• Total number of people referred	✗	✗	✓	✓	✓
• Number of people assessed	✗	✗	✓	✓	✓
• Number of people deemed ineligible	✗	✗	✓	✓	✓
• Number of people declined (treatment places unavailable/unwilling to participate)	✗	✗	✓	✓	✓
• Number of people accepted into program	✗	✗	✓	✓	✓
• Referral offence(s) of participants	✗	✗	✓	✓	✓
• Problem drug(s) of participants	✗	✗	✓	✓	✓
• Number of participants who have graduated	✗	✗	✓	✓	✓
• Number of participants who have breached while on the program	✗	✗	✓	✓	✓
• Number of participants who have been removed from the program (self- and court-removed)	✗	✗	✓	✓	✓
• Number and type of treatment services received by participants	✗	✗	✓	✓	✓
• Outcome of treatment services received by participants (number completed/not completed)	✗	✗	✓	✓	✓
• Amount of time on the program	✗	✗	✓	✓	✓
• Number of participants who have had positive urines (by drug type) while on the program	✗	✗	✓	✓	✓
• Number of participants who have reoffended while on the program	✗	✗	✓	✓	✓
• Penalty at commencement and completion of program	✗	✗	✓	✓	✓
Youth Drug Court Program					
• Total number of people referred	✗	✗	✗	✓	✓
• Number of people assessed	✗	✗	✗	✓	✓
• Number of people deemed ineligible	✗	✗	✗	✓	✓
• Number of people declined (treatment places unavailable/unwilling to participate)	✗	✗	✗	✓	✓
• Number of people accepted into program	✗	✗	✗	✓	✓
• Referral offence(s) of participants	✗	✗	✗	✓	✓
• Problem drug(s) of participants	✗	✗	✗	✓	✓
• Number of participants who have graduated	✗	✗	✗	✓	✓
• Number of participants who have been removed from the program (self- and court-removed)	✗	✗	✗	✓	✓
• Number and type of treatment services received by participants	✗	✗	✗	✓	✓
• Outcome of treatment services received by participants (number completed/not completed)	✗	✗	✗	✓	✓
• Amount of time on the program	✗	✗	✗	✓	✓
• Number of participants who have reoffended while on the program	✗	✗	✗	✓	✓
• Penalty at completion of program	✗	✗	✗	✓	✓
Magistrates' Early Referral into Treatment					
• Total number of people referred	✗	✗	✗	✓	✓
• Source of referral	✗	✗	✗	✓	✓
• Number of people assessed	✗	✗	✗	✓	✓
• Number of people deemed ineligible	✗	✗	✗	✓	✓
• Number of people declined (treatment places unavailable/unwilling to participate)	✗	✗	✗	✓	✓
• Number of people accepted into program	✗	✗	✗	✓	✓
• Referral offence(s) of participants	✗	✗	✗	✓	✓
• Problem drug(s) of participants	✗	✗	✗	✓	✓
• Number of participants who have graduated	✗	✗	✗	✓	✓
• Number of participants who have breached while on the program	✗	✗	✗	✓	✓
• Number of participants who have been removed from the program (self- and court-removed)	✗	✗	✗	✓	✓
• Number and type of treatment services received by participants	✗	✗	✗	✓	✓
• Outcome of treatment services received by participants (number completed/not completed)	✗	✗	✗	✓	✓
• Amount of time on the program	✗	✗	✗	✓	✓
• Number of participants who have reoffended while on the program	✗	✗	✗	✓	✓
• Number of participants who have offended post-program	✗	✗	✗	✓	✓
• Penalty at completion of program	✗	✗	✗	✓	✓

✓=data available; ✗=data unavailable

A5.15 Drug prevention and education

Key issues:

- Drug Summit Objective 1: To prevent the uptake of and addiction to illicit drugs, particularly by young people
- Drug Summit Objective 2: To work in partnership with the community to understand and educate with the aim of reducing illicit drug use

Useful indicators:

- Number and type of prevention and education programs in place
- Number and type of resources/communication strategies distributed/implemented
- Range of available prevention products and resources

Community Drug Action Teams

- Number of Community Drug Action Teams
- Range of materials/activities/projects produced by Community Drug Action Teams
- Target groups
- Number and type of agencies participating
- Number of local action plans developed
- Number of Community Drug Action team meetings
- Number of regional Drug Advisory Meetings
- Demographics on CDAT members
- Media coverage generated by CDATs

Prevention/Education Indicators in Two Regions

A broad range of illicit drug prevention/education activities and programs are in place in New South Wales. These activities and programs are administered by a number of different agencies, principally NSW Health, DoCS, DET and the Premier's Department. Most of the activities and programs commenced operation after the Drug Summit so, at this stage, there are limited available data and/or information. In all cases there are no ongoing data collections that can be meaningfully used to assess the impact of these programs on the community.

NSW Health

Discussions with staff in the two AHSs demonstrated the difficulties in measuring the impact of illicit drug prevention programs/activities. The first problem identified was the definition of an illicit drug prevention program/activity. Most "prevention" activities administered and/or run by the AHSs covered a range of issues, including both alcohol and illicit drugs. Other issues included general risk-taking behaviour, such as reckless driving and vandalism. Separating out the impact of individual program elements will require in-depth, resource-intensive and long-term studies. There are no plans to undertake this kind of research.

A separate issue identified was the difficulty in developing alcohol and drug prevention programs that accommodated a range of community views—some in the community are strongly committed to "harm minimisation" principles whereas others are staunchly in favour of a "zero tolerance" approach.

The AHSs develop and distribute a wide assortment of drug education information and materials for the community, particularly young people. Some of these include pamphlets, leaflets, games, videos, educational sessions, public forums and youth-related projects. There are no means for measuring the true distribution or use of these materials and no data collections that can inform their impact on the community. In addition, it is not easy to determine the precise number of resources developed, particularly in less recent times.

Department of Community Services

Following the Drug Summit, DoCS was charged with developing and administering a number of early intervention programs. Early intervention programs aim to increase resiliency in youth at certain developmental and transitional phases, particularly in the very early years of life and between major schooling stages. The objective of these programs is to prevent problematic drug use later in life. As already highlighted, many of these programs focus on the prevention of risk factors for drug use, rather than the drug use itself. For example, the Primary to High School Transition Pilot Program (which is not located in either of the regions) aims to identify and avoid the structural, social and personal issues that lead to early departure from the schooling system (which is a risk factor for later drug abuse). As discussed, it is very difficult to measure the impact of these programs in the short-term, particularly when there are multiple program elements.

DoCS administers two programs in the regions that specifically target drug use and risk factors for drug use. In Western Sydney the Getting it Together Scheme (GITS) has operated since mid-2000, while in Northern Rivers the Capacity Building project began in mid-2002. GITS aims are, among other things, to reduce young people's use/abuse of drugs or alcohol. The Capacity Building project targets families living in Nimbin and aims to provide a range of drug and other education and support services to families in that community.

DoCS does not have any existing data collections that can inform any longitudinal analysis of the impact of their prevention programs. Staff at DoCS indicated that program funding was largely non-ongoing and that ongoing data collection was not guaranteed.

Department of Education and Training

School drug education aims to provide students with accurate information about drugs and drug use. Students learn safety messages and develop the skills to stay safe around drugs such as alcohol and tobacco. Schools also provide necessary support for youth at risk of using drugs. Drug education is a part of Personal Development, Health and Physical Education (PDHPE) for all students from Kindergarten to Year 10. The PDHPE K–6 and 7–10 syllabuses have been operating state-wide since 1999 and 1991 respectively.

Crossroads: A Personal Development and Health Course is mandatory for all students in Years 11 and 12 in New South Wales government schools. The course provides young people with opportunities to explore personal values about drug-related issues including effects on relationships, safe partying, binge drinking, polydrug use and alcohol and driving. They are taught about responsible behaviour surrounding drug use and the hazardous and harmful effects of drugs, particularly alcohol use. Students also explore the effect of drug use on employment and on personal behaviour, and identify personal and community support networks.

Each school is required to produce an annual school report, which has included information on drug education. Each school report is sent to the relevant District Office where identification of emerging issues is made. There is no aggregated reporting of school information regarding drug education. DET does not maintain centralised data collections of the various ways that drug education is implemented or resources are utilised in schools.

DET provides professional development activities, materials and guidelines for teachers and other professionals in the government sector to support young people who are affected by alcohol and/or other drugs. Since the Drug Summit, there has been a particular focus on cannabis issues and schools have received information reports and pamphlets. Schools also provide counselling for students who have drug-related issues. However, schools are not required to report on the numbers of students the counsellors see for specific drug issues.

Drugs and Community Action Strategy

The Drugs and Community Action Strategy (DCAS), developed in response to the Drug Summit, is administered by the Premier's Department. DCAS aims to improve the general awareness of the causes and impacts of drug use; improve the ability of local communities to take action on drug problems in their communities; develop solutions to drug problems that suit the special needs of each community; involve a range of local organisations and community groups to work collaboratively; and trial innovative and new approaches to the drug problem. Community Drug Action Teams (CDATs) are the vehicle for these endeavours (Premier's Department 2001).

CDATs usually include representatives from government, non-government and community organisations who work together to take action on drug-related concerns in their community. Specifically, they are designed to:

- identify drug-related problems in their community;
- identify gaps in relevant local services;
- work with community organisations to meet needs;
- develop plans to address these needs; and
- contribute to an evaluation of the DCAS.

Typically, CDATS produce flyers, pamphlets and brochures as drug education materials; organise community events and activities; and facilitate improved service delivery between sectors and available services.

DCAS is currently being evaluated by the Premier's Department, with the final evaluation report due in June 2003. This will report on the approaches developed for measuring the longer-term impact of the strategy. At this stage, indicators used in the evaluation are largely output-focused (numbers of CDATs, numbers of meetings and so on), although the evaluation team is also attempting to develop some outcome indicators.

The Premier's Department advises that there are no ongoing data collections that can inform the impact of CDATs in the two regions or broader New South Wales community. While basic output data is kept on the range of CDATs and activities, little outcome data is available—any data that are maintained are paper-based and would require between four weeks and three months to collate, depending on the type of data required.

Comment

The CDAT indicators listed above are not recommended for analysis in this report, although they may be useful for future analyses as they provide an indication of the breadth of information available on CDATs. The Premier's Department advise that there are some limitations with these indicators. For example, not all projects and activities are documented or reported by CDATs; some CDATs may cease operation; local action plans developed by CDATs may not be used; and outcome information is not collected in a standard way. Also, at the time of this study details about the CDAT participants were not always complete.

A5.16 Summary of Useful Prevention Indicators in Two Regions

	CALENDAR YEAR				
INDICATORS	*1997*	*1998*	*1999*	*2000*	*2001*
Number and type of prevention programs in place	✓	✓	✓	✓	✓
Range of available prevention products and resources	✓	✓	✓	✓	✓
Community Drug Action Teams					
• Number of Community Drug Action Teams	×	×	×	✓	✓
• Range of materials/activities produced by Community Drug Action Teams	×	×	×	✓	✓
• Target groups	×	×	×	✓	✓
• Number and type of agencies participating	×	×	×	✓	✓
• Number of local action plans developed	×	×	×	✓	✓
• Number of Community Drug Action Team meetings	×	×	×	✓	✓
• Number of regional Drug Advisory meetings	×	×	×	✓	✓
• Demographics on CDAT members	×	×	×	✓	✓
• Media coverage generated by CDATs	×	×	×	✓	✓

✓=data available; ×=data unavailable

A5.17 Corrections

Key issues:

- Drug Summit Objectives 1, 3, 4, 5, 7 and 10

Useful indicators:

- Number and type of prevention programs
- Number of people accessing each prevention program
- Number and type of treatment options available
- Number of people accessing each treatment option
- Number and type of new strategies introduced for detecting drug traffickers
- Number and type of harm reduction programs in place
- Number of people accessing each harm reduction program
- Number and type of research projects conducted
- Number and type of training programs in place for health and welfare professionals
- Number of professionals accessing each program
- Number and type of resource tools available for professionals
- Number of clients assessed in Drug Summit-funded detoxification units
- Number of ambulatory detoxification clients
- Number of inpatient detoxification clients
- Number of clients referred to the drug and alcohol counsellor
- Number of clients commenced on methadone treatment
- Number of new treatment contracts signed for methadone clients
- Number of methadone clients being case managed
- Number of current clients on methadone program
- Number of clients commenced on naltrexone
- Perceptions of prisoners about drug use in prison

Corrections Indicators in Two Regions

Correctional centres in New South Wales are largely organised to minimise the importation, distribution and use of non-prescription drugs among inmates. However, it is recognised that many prisoners have a history of drug use and that some will continue to take drugs during incarceration (Butler et al. in press; Kevin 2000). Given this situation, it is necessary for correctional centres to manage drug use in prison to prevent, or at least limit, the harms associated with drug use.

In Northern Rivers there is one adult correctional facility, the Grafton Correctional Centre, and one juvenile facility, Acmena (also located in Grafton). In Western Sydney there are six adult facilities: the Metropolitan Remand and Reception Centre (MRRC); Silverwater Correctional Centre; Parklea Correctional Centre; Parramatta Correctional Centre; Parramatta Transitional Centre; and Mulawa Correctional Centre (a women-only facility). There are no correctional centres for juveniles in Western Sydney.

DCS, DJJ and CHS maintain a range of administrative data on adult and juvenile inmates within New South Wales correctional facilities. The drug data include, among other things, information about the types of treatment programs in place and, where relevant, the number of inmates accessing these programs.

Currently, there are no long-term annual data collections that can inform inmates' use and/or perceptions of illicit drugs in either adult or juvenile facilities, although there are a small number of mostly recent surveys that may provide some useful benchmarks for future analyses. These surveys include state-wide data only. The surveys include the Inmate Health Survey, conducted in 1996 and 2001 by CHS (report of 2001 data is due shortly); the Addressing the Use of Drugs in Prison survey (DCS), conducted in 1998 and 2000 (report of 2000 data is due shortly); and the 1999 Survey of Alcohol and Other Drug Use Amongst NSW Juvenile Justice Detainees, a collaborative project between NDARC, Macquarie University and the DJJ. At this stage this survey is considered a "one-off", but the DJJ has not ruled out running the survey in the future.

Comment

Data available through the NSW Health DAPIR reporting system, which only commenced reporting from mid-2000, will provide a useful basis for future analyses of CHS data. Information and data about prisoners' perceptions of drug use in prison include prisoners' use of non-prescription drugs (both in and out of prison), risk-taking behaviour, perceptions of prison drug culture, offending history and health status. Combined, the indicators listed provide a broad overview of drug treatment options, drug detection initiatives and health training offered by DCS, CHS and DJJ in correctional facilities in the two New South Wales regions.

A5.18 Summary of Useful Corrections Indicators in Two Regions

INDICATORS	CALENDAR YEAR				
	1997	*1998*	*1999*	*2000*	*2001*
Number and type of prevention programs in place	✓	✓	✓	✓	✓
Number of people accessing each prevention program	✓	✓	✓	✓	✓
Number and type of treatment options available	✓	✓	✓	✓	✓
Number of people accessing each treatment option	✓	✓	✓	✓	✓
Number and type of counselling facilities available	✓	✓	✓	✓	✓
Number of people accessing each counselling facility	✓	✓	✓	✓	✓
Number and type of new strategies introduced for detecting drug traffickers	✓	✓	✓	✓	✓
Number and type of diversion programs implemented	✓	✓	✓	✓	✓
Number of people in each type of diversion option	✓	✓	✓	✓	✓
Number and type of harm reduction programs in place	✓	✓	✓	✓	✓
Number of people accessing each harm reduction program	✓	✓	✓	✓	✓
Number and type of research projects conducted	✓	✓	✓	✓	✓
Number and type of training programs in place for health and welfare professionals	✓	✓	✓	✓	✓
Number of professionals accessing each program	✓	✓	✓	✓	✓
Number and type of resource tools available for professionals	✓	✓	✓	✓	✓
Number of clients assessed in Drug Summit-funded detoxification units	✗	✗	✗	✓	✓
Number of ambulatory detoxification clients	✗	✗	✗	✓	✓
Number of inpatient detoxification clients	✗	✗	✗	✓	✓
Number of clients referred to the drug and alcohol counsellor	✗	✗	✗	✓	✓
Number of clients commenced on methadone treatment	✗	✗	✗	✓	✓
Number of new treatment contracts signed for methadone clients	✗	✗	✗	✓	✓
Number of methadone clients being case managed	✗	✗	✗	✓	✓
Number of current clients on methadone program	✗	✗	✗	✓	✓
Number of clients commenced on naltrexone	✗	✗	✗	✓	✓
Perceptions of prisoners about drug use in prison (DCS Addressing the Use of Drugs in Prison Survey/CHS Inmate Health Survey)[1]	✗	✓	✗	✓	✓

✓=data available; ✗=data unavailable

[1]The CHS Inmate Health Survey was also conducted in 1996.

Appendix 6: Indicator Checklist Used to Compile Indicator Inventory

Prevention Programs

Outputs/activities	(✓/ ×)	Data-source	Short/medium-term indicators	(✓/ ×)	Data-source
No. of prevention programs/products/ resources available			Levels of understanding about the risks of drug use in target groups/community		
No. of people accessing prevention programs			% of target groups/community that perceive that it is OK to use drugs		
No. of mentoring programs implemented			Levels of community understanding of drug issues		
No. of prevention programs that involve working with the community			Levels of community support for drug prevention initiatives		

Treatment Programs

Outputs/activities	(✓/ ×)	Data-source	Short/medium-term indicators	(✓/ ×)	Data-source
No. of treatment options available			Waiting time to access treatment/ counselling		
No. of counselling facilities available			Drug users' perceptions about the range of services available		
No. of innovative/new treatment options introduced					
No. of people accessing innovative/new treatment options					

Detection and Prosecution of Drug Dealers

Outputs/activities	(✓/ ×)	Data-source	Short/medium-term indicators	(✓/ ×)	Data-source
No. of new strategies introduced for detecting drug traffickers			Perceptions about likelihood of being caught for trafficking drugs		
Implementation of media campaigns to encourage reporting of drug dealers			Number of dealers reported		
			Number of dealers apprehended		
			Police perceptions about ease of detecting and apprehending dealers		
			No. of new targets identified		
			No. and percentage of targets investigated and prosecuted		
			No. of drug gangs disrupted		

Diversion initiatives

Outputs/Activities	(✓/ ×)	Data-source	Short/Medium Term Indicators	(✓/ ×)	Data-source
No. of diversion programs implemented			No. of people diverted into treatment/ education by Police		
No. of minor drug offenders charges pre/post Drug Offenders Compulsory Treatment Pilot					

Research into Drug Issues

No. of research projects conducted	(✓/ ×)	Data-source

Harm Reduction

Outputs/activities	(✓/ ×)	Data-source	Short/medium-term indicators	(✓/ ×)	Data-source
No. of harm reduction programs in place			Rates of risk-taking behaviour such as needle-sharing, discarding of needles in careless manner, injecting alone, not calling ambulance at overdose etc.		
No. of people accessing harm reduction programs			Drug users attitudes to calling ambulance if overdose		
			Levels of awareness of the risks of needle-sharing		
			Rates of use of needle exchanges		
			No. of discarded needles		

Reducing Drug-related Crime Impact on Community

Outputs/activities	(✓/ ×)	Data-source	Short/medium-term indicators	(✓/ ×)	Data-source
No. of media campaigns to encourage reporting of drug dealers			Community perceptions of levels of visible drug activity		
			Level of community fear of drug and drug-related crime		
			Community rating of police performance in dealing with drug-related crime		

Training of Health Professionals

Outputs/activities	(✓/ ×)	Data-source	Short/medium-term indicators	(✓/ ×)	Data-source
No. of training programs in place for health and welfare professionals			Confidence levels of professionals to manage/care for drug users		
Number of professionals accessing programs			Knowledge of professionals about drug-related issues		
No. of resource tools available for professionals			Willingness of professionals to get involved in the care of people with drug problems		
			Perceptions of professionals regarding the efficacy of programs		

Appendix 7: Metadata Template Used to Collect Information about Data Collections

Data source	
Organisation	
Contact	Name: Position: Department: Mailing address: Telephone: Facsimile: Email: Internet:
Purpose (aims)	
Description (context)	
Data items held	
Data format	Unit of measurement: (client/case/episode/presentation/number/other) Smallest unit of time: (time of day/day/month/year (calendar/financial)) Coding system used: (ICD-9/ICD-10/other)
Geographic level	(National/state/regional/LGA/AHS/postcode/street/building/other)
Years referenced	
Sample size	
Missing data	Years: Fields:
Data collection	Daily/weekly/fortnightly/monthly/quarterly/biannual/annual/other Method of collection: Data entered by:
Reporting	Reports issued monthly/quarterly/annually/none Released internal/external Paper/Internet Time delay to release: Data fed into other reporting systems: no/yes (if "yes", specify)
Access	Contact person: Lowest level of data released: Time to process request: Cost: Available to Office of Drug Policy for trend analysis? Owners willing to undertake analysis on behalf of ODP?
Indicators	Indicators used for program monitoring/evaluation pre-Drug Summit Indicators used for program monitoring/evaluation post-Drug Summit
Reliability	
Data uses	
Strengths	
Limitations	
Evaluations	
Future developments	
Reference(s)	

References

Australian Bureau of Criminal Intelligence (ABCI) 2002, *Australian Illicit Drug Report 2000–01*, Australian Bureau of Criminal Intelligence, Sydney.

Australian Bureau of Statistics (ABS) 2001, *Crime and Safety New South Wales*, cat. no. 4509.1, ABS, Canberra.

Briscoe, S. & Coumarelos, C. 2000, "New South Wales Drug Court: Monitoring report", *Contemporary Issues in Crime and Justice*, no. 52, Bureau of Crime Statistics and Research, Sydney.

Butler, T., Levy, M., Dolan, K. & Kaldor, J. in press, *Drug Use and its Correlates in an Australian Prisoner Population*, NSW Corrections Health Service, Sydney.

Chilvers, M. 2000, "Regional analysis of crime trends in NSW 1999", *Crime and Justice Statistics*, Bureau of Crime Statistics and Research, Sydney.

Crime Stoppers 2001, *Progress Report May 2001*, NSW Police, Sydney.

Department of Corrective Services (DCS) 2001, *NSW Department of Corrective Services Annual Report 2000–01*, NSW Department of Corrective Services, Sydney.

Didcott, P. & Evans, B. 2002, "Buttery outcome study", paper presented at the *Building Tomorrow's Services on Today's Information NADA Conference*, 20–21 June 2002, Sydney.

Doak, P. 2001, *Drug and Theft Offences in Cabramatta Local Area Command: 1998–2000*, Crime and Justice Statistics, NSW Bureau of Crime Statistics and Research, Sydney.

Flick, M. & Eardley, T. 2001, *Evaluation of the NSW Youth Drug Court Pilot Program: A Report for the Youth Drug Court Monitoring and Evaluation Committee*, Social Policy Research Centre, University of New South Wales, Sydney.

Freeman, K., Lawrence, R. & Doak, P. 2000, "New South Wales Drug Court evaluation: Program and participant profiles", *Contemporary Issues in Crime and Justice*, no. 50, Bureau of Crime Statistics and Research, Sydney.

Freeman, K. 2001, "New South Wales Drug Court evaluation: Interim report on health and wellbeing of participants", *Contemporary Issues in Crime and Justice*, no. 53, Bureau of Crime Statistics and Research, Sydney.

Freeman, K. 2002, *New South Wales Drug Court Evaluation: Health, Well-Being and Participant Satisfaction*, Bureau of Crime Statistics and Research, Sydney.

Goode, S. & Makkai, T. 2002, "Australia", in K. McElrath (ed.), *HIV and AIDS: A Global View*, Greenwood Press, Westport, Connecticut.

Kevin, M. 2000, *Addressing the Use of Drugs in Prison: A Survey of Prisoners in New South Wales*, Research Publication no. 44, NSW Department of Corrective Services, Sydney.

Lawrence, R. & Freeman, K. 2002, "Design and implementation of Australia's first drug court", *The Australian and New Zealand Journal of Criminology*, vol. 35, no. 1, pp. 63–78.

Lind, B., Weatherburn, D. & Shuling, C. 2002, *New South Wales Drug Court Evaluation: Cost-effectiveness*, Bureau of Crime Statistics and Research, Sydney.

Makkai, T. 1998, "Drug courts: Issues and prospects", *Trends and Issues in Crime and Criminal Justice*, no. 95, Australian Institute of Criminology, Canberra.

—— 1999a, "Linking drugs and criminal activity: Developing an integrated monitoring system", *Trends and Issues in Crime and Criminal Justice*, no. 109, Australian Institute of Criminology, Canberra.

—— 1999b, "Drugs and property crime", in *Australian Illicit Drug Report, 1997–1998*, Australian Bureau of Criminal Intelligence, Canberra.

—— 2000, "Harm reduction in Australia: Politics, policy and public opinion", in J.A. Inciardi & L.D. Harrison (eds), *Harm Reduction: National and International Perspectives*, Sage Publications, Thousand Oaks, California.

—— 2001, "Drug use amongst police detainees: Some comparative data", *Trends and Issues in Crime and Criminal Justice*, no. 191, Australian Institute of Criminology, Canberra.

Makkai, T. & McGregor, K. 2002, *Drug Use Monitoring in Australia: 2001 Annual Report on Drug Use Among Police Detainees*, Research and Public Policy Series, no. 41, Australian Institute of Criminology, Canberra.

Manski, C.F., Pepper, J.V. & Petrie, C.V. (eds) 2001, *Informing America's Policy on Illegal Drugs: What We Don't Know Keeps Hurting Us*, National Academy Press, Washington DC.

Network of Alcohol and Other Drug Agencies (NADA) 2001, *NADA Information Technology Project Final Report*, Network of Alcohol and Other Drug Agencies, Sydney.

Northern Rivers AHS 2002, *Drug and Alcohol Services, Clinical Nurse Consultant & Nurse Education Project Quarterly Report*, January–March 2002.

NSW Government 1999, *NSW Drug Summit 1999 Government Plan of Action,* NSW Government, Sydney.

—— 2001, *NSW Drug Summit Partnerships for Change,* report of progress (July 2001), NSW Government, Sydney.

—— 2002, *Quarterly Report on NSW Programs Relating to the Illicit Drug Diversion Initiative of the Council of Australian Governments: 1 October–31 December 2001*, NSW Government, Sydney.

NSW Health 2001 *Training Needs Review Report*, NSW Health Department, Sydney.

—— 2002, *NSW Illicit Drug Lay Enforcement Performance Indicators*, NSW Police Service, Sydney.

Premier's Department 2001, *NSW Drugs and Community Action Strategy*, Information Sheet, Premier's Department, Sydney.

Riley, D. & O'Hare, P. 2000, "Harm reduction: Policy and practice", *Prevention Researcher*, vol. 7, no. 2, pp. 4–8.

Scantleton, J. & Didcott, P. 2001, *Magistrates' Early Referral into Treatment (MERIT) Program: Annual Report 2000–2001*, Northern Rivers Area Health Service, Sydney.

Scantleton, J., Linden, J., Boulton, B. & Didcott, P. 2002, "Magistrates' Early Referral into Treatment Program: A cooperative approach addressing drug addiction and recidivism", paper presented at *Second Australasian Conference of Drugs Strategy*, Perth, 7–9 May.

Steering Committee for the Review of Commonwealth/State Service Provision (SCRCSSP) 2002, *Report on Government Services 2002*, Productivity Commission, Canberra, http://www.pc.gov.au/gsp/2002/index.html.

Taplin, S. 2002, *New South Wales Drug Court Evaluation: A Process Evaluation*, Bureau of Crime Statistics and Research, Sydney.

United Nations 2000, *Preventing the Transmission of HIV Among Drug Abusers: A Position Paper of the United Nations System*, www.unaids.org/publications/documents/specific/injecting/Hraids.doc.

Weatherburn, D. 2000, "Performance indicators for drug law enforcement", *Contemporary Issues in Crime and Justice*, no. 48, Bureau of Crime Statistics and Research, Sydney.