Special Commission of Inquiry into the drug ‘Ice’

NSW Government response to the Issues Papers
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Preamble

NSW Government drug policies and services are informed by a harm minimisation approach which aligns with the National Drug Strategy and the National Ice Action Strategy and seeks to reduce demand, reduce supply and reduce harm.

The NSW Government recognises that methamphetamine use cannot be considered in isolation from the context of broader social issues in which it occurs. Some of the factors associated with the use of amphetamine type stimulants (ATS) include poverty, interaction with the criminal justice system, domestic and family violence, unstable housing, mental health conditions and trauma.

Although only a very small proportion of the population have recently used methamphetamine, there has been a rapid increase in social and health impacts from ATS use in the NSW community.

The NSW Government recognises that problematic ATS use can have far-reaching consequences for individuals, their families and the community as a whole. For this reason, a broad view of healthcare and social support is necessary when considering the response to this issue.

This document outlines the NSW Government response to the Special Commission’s Issues Papers 1 to 4. Attachment A to this response lists current NSW services and programs aimed at reducing drug supply, use and harm.

Information in this submission is provided by NSW Ministry of Health, the NSW Department of Family and Community Services and Justice, NSW Police Force, the NSW Department of Education, Aboriginal Affairs, Treasury NSW and the NSW Department of Premier and Cabinet.

Terminology

This submission uses the term amphetamine type stimulants (ATS) to refer to crystal methamphetamine, 3,4-Methylenedioxymethamphetamine (MDMA), and other meth/amphetamine type substances.
1 Legislative and policy framework

International conventions

1.1 Australia is a signatory to three international drug conventions: Single Convention on Narcotic Drugs of 1961; Convention on Psychotropic Substances 1971; and the United Nations Convention against illicit traffic in Narcotic Drugs and Psychotropic Substances of 1988. The latter two conventions are most relevant as these specifically target psychoactive substances, such as ATS.

1.2 The Convention of Psychotropic Substances establishes an international control system for psychotropic substances, and includes four schedules in which drugs are placed according their public health risk or therapeutic value. The United Nations Convention against illicit traffic in Narcotic Drugs and Psychotropic Substances provides comprehensive international measures against drug trafficking, including the establishment of an international control regime for precursor chemicals (which are used in the manufacture of prohibited drugs).

1.3 The NSW Government considers the use of penalty notices, cannabis cautions and youth diversion is consistent and compatible with the international drug conventions to which Australia is a signatory.

1.4 Although a number of international jurisdictions that are a party to the Single Convention on Narcotic Drugs (such as Canada and Uruguay) have legalised the recreational use of cannabis, none are believed to have legalised methamphetamine or other ATS-use or possession.

National legislation and standards

1.5 The Narcotic Drugs Act 1967 (Cth) establishes a national framework to both prevent abuse and diversion of controlled narcotics and to ensure the availability of such drugs for medical and research purposes, in accordance with the Single Convention on Narcotic Drugs. However, the Narcotic Drugs Act 1967 (Cth) does not strictly apply to ATS.

1.6 The Commonwealth Criminal Code 1995 contains a number of drug offences, primarily relating to the import and export of prohibited drugs.

1.7 The Crimes (Traffic in Narcotic Drugs and Psychotropic Substances) Act 1990 (Cth) provides that certain Australian Government drug offences have extra-territorial effect, and also provides for specific drug offences that are committed on board Australian aircraft and ships. Additionally the Crimes (Traffic in Narcotic Drugs and Psychotropic Substances) Act 1990 (Cth) incorporates the Convention against illicit traffic in Narcotic Drugs and Psychotropic Substances.

1.8 The Customs (Prohibited Imports) Regulations 1956 (Cth) prohibit the importation of drugs and other prohibited substances except in accordance with strict importation requirements. This includes narcotics, psychotropic drugs and precursor chemicals.
1.9 The Poisons Standard 2019 is a Commonwealth Legislative Instrument that consists of decisions regarding the classification of medicines and poisons into Schedules for inclusion in the relevant legislation of the States and Territories. The Poisons Standard also includes model provisions about containers and labels, a list of products recommended to be exempt from these provisions, and recommendations about other controls on drugs and poisons.

1.10 The Poisons Standard is the legal title of the Standard for the Uniform Scheduling of Medicines and Poisons.

**NSW Legislation**

1.11 The NSW *Drug Misuse and Trafficking Act 1985* (‘DMT Act’) is administered by the NSW Attorney General, except for Part 2A, which is the responsibility of the Minister for Health and Medical Research, jointly with the Minister for Mental Health, and the Minister for Police and Emergency Services. Penalties for drug possession, supply and manufacture/cultivation offences are determined according to quantities of prohibited drugs involved in a particular offence.

1.12 The *DMT Act* Scheduling Committee is responsible for providing advice to the Attorney General on matters relating to the addition, removal or variation of substances and associated threshold quantities listed in Schedule 1 to the Act. The Scheduling Committee is chaired by the NSW Department of Family and Community Services and Justice and comprised of representatives from the NSW Ministry of Health, the Forensic and Analytical Science Service (which is an agency of NSW Health), and the NSW Police Force.

1.13 The Scheduling Committee is currently reviewing Schedule 1 to the *DMT Act*. The aim of the project is to apply a consistent and scientific methodology in determining drug quantities based on potency and relative harm within and across drug classes.

1.14 The *Poisons and Therapeutic Goods Act 1966* (NSW) promotes public health and safety by minimising the risks of harm arising from the prescription, manufacture, sale, supply, administration and use of medicines, poisons and therapeutic goods.

1.15 The *Poisons and Therapeutic Goods Regulation 2008* (NSW) provides the regulatory framework for the control of medicines, poisons and therapeutic goods.

1.16 The *Drug and Alcohol Treatment Act 2007* (NSW):

- provides for the involuntary treatment of persons with a severe substance dependence with the aim of protecting their health and safety
- facilitates a comprehensive assessment of those persons in relation to their dependency
- facilitates the stabilisation of those persons through medical treatment, including, for example, medically assisted withdrawal
gives people the opportunity to engage in voluntary treatment and restore their capacity to make decisions about their substance use and personal welfare.

1.17 The Young Offenders Act 1997 (NSW) enables the NSW Police Force to divert young offenders from court using a range of tools including warnings and Youth Justice Conferencing.

The national policy framework, governance and reporting

1.18 The National Drug Strategy 2017-2026 identifies national priorities relating to alcohol, tobacco and other drugs, guides action by governments in partnership with service providers and the community, and outlines a national commitment to harm minimisation through balanced adoption of effective demand, supply and harm reduction strategies.

1.19 The National Aboriginal and Torres Strait Islander Peoples’ Drug Strategy is a sub-strategy under the National Drug Strategy 2017-2026. It sets the goal of improving the health and wellbeing of Aboriginal and Torres Strait Islander people by preventing and reducing the harmful effects of alcohol and other drugs on individuals, families, and their communities.

1.20 The National Ice Action Strategy 2015 aims to reduce the prevalence of crystal methamphetamine use and resulting harms across the Australian community.

1.21 The Ministerial Drug and Alcohol Forum and the National Drug Strategy Committee (NDSC) are the national governance and oversight mechanisms for the national strategies. Membership reflects the shared responsibility between justice, law enforcement and health.

1.22 Jurisdictions provide updates on progress against the strategies as a standing agenda item for NDSC meetings and the NDSC produces an annual report on progress.

1.23 The NDSC is developing an annual reporting template and data will be sought from jurisdictions as well as other relevant groups and agencies. Five headline indicators are proposed and will draw on established data sources including national population level surveys, criminal justice and national health data sets.

1.24 The NSW Police Force is a signatory to the National Cooperative Scheme on Unexplained Wealth and is working towards its implementation. The Scheme will enhance the capacity of jurisdictions and the Australian Government to seize the assets of criminals as well as providing the NSW Police Force with access to Australian Government information.
2 Prevalence of ATS use, detection and purity

Prevalence of ATS use in NSW

2.1 The National Drug Strategy Household Survey estimated that in 2016, 0.7 per cent of people in NSW had recently used methamphetamine and 2 per cent of people had recently used MDMA. The survey is based on self-report and may underestimate actual use and the exclusion of non-private dwellings, institutional settings and homeless persons from the sampling may affect estimates.

2.2 The latest ‘NSW Recorded Crime Statistics quarterly update’ from the NSW Bureau of Crime Statistics and Research indicates that in the 24 months to March 2019, the number of criminal incidents involving amphetamine possession and/or use increased by 8.4 per cent.

2.3 Health harms relating to methamphetamine use are more common in men, Aboriginal people and people aged 25-44 years.

2.4 Local health district service providers report that at risk populations include vulnerable young people, people exposed to trauma, people with mental illness and people using other drugs.

2.5 Prevalence of ATS use needs to be considered in the context of poly-drug use, as many people who use ATS have a previous or current history of use of other substances, including alcohol. Understanding the patterns and causes of drug related harm must be considered alongside the prevalence of use. In NSW, there has been a decline in use of methamphetamine across the community as a whole, but at the same time harms among certain population groups have increased, as demonstrated by increases in emergency department presentations, hospitalisations and deaths (see sections 3.13 and 3.14).

2.6 There is a high correlation between drug use and those in contact with the criminal justice system. Of those entering NSW correction centres, 31 per cent reported recent use of methamphetamine. Of those, 57 per cent reported daily or almost daily use and 79 per cent reported use at least weekly.

2.7 Wastewater data can provide some insights into the quantities of substances detected in a specific town or region including real time usage data in these quantified areas. Wastewater data can also provide early warning information regarding trends in drug use.

4 Methamphetamine use and related harms in NSW Surveillance report to December 2018 (NSW Health report to be published by 30 June 2019)
5 Methamphetamine use and related harms in NSW Surveillance report to December 2018 (NSW Health report to be published by 30 June 2019)
2.8 Wastewater analysis does not provide definitive information about the levels of substance use or of the impact of substance use in the locations sampled. The limitations of wastewater data include: sampling variation; inability to distinguish between licit and illicit use of substances; changes in sampling methods; short collection periods and an inability to estimate dose. Information from wastewater analysis is most useful when examined in combination with all other sources of information about substance use and harms.

2.9 Surveys of people who use drugs (such as those performed by the National Drug and Alcohol Research Centre), health service data and interviews with those who have experienced harm using clinical toxicology and intensive care surveillance networks can provide further understanding into what may be changing among people who use drugs.

Drug detection, drug purity and ease of access

2.10 The NSW Police Force collects data on drug detection incidents, as well as purity data, street price and penalty notices. NSW Police Force data indicates that between 1 April 2018 and 30 March 2019, there were 46 methamphetamine laboratories and six MDMA laboratories identified by the NSW Police Force. Over the same reporting period 433.4 kg of methamphetamine and 63.1 kg of MDMA was seized.

2.11 The overall detection of methamphetamine and MDMA incidents in NSW increased by 13 per cent from 2014 to 2018 (including supply and possession offences). In the same period, MDMA detections increased by 37 per cent and methamphetamine detections increased by 20 per cent. Overwhelmingly, males were more likely than females to be involved in supply, procession and detections.

2.12 Between 2014 and 2018, people found in possession or involved in the supply of MDMA were mostly likely to be aged between 21 and 30 years. In the same period, people found in possession or involved in the supply of methamphetamine were mostly likely to be aged between 21 and 40 years. A comprehensive breakdown of NSW Police Force incidents can be found at Attachment B.

2.13 Two national monitoring systems, Illicit Drug Reporting System (IDRS) and Ecstasy and related Drugs Reporting System (EDRS), reported in 2018 that methamphetamine was either ‘easy’ or ‘very easy’ to access, generally of a high purity and could be obtained for a relatively low price. In addition, there was a decrease in the proportion of EDRS participants who reported that MDMA tablets and crystal methamphetamine were ‘very easy’ to obtain, albeit powder and capsule availability remained stable, and reports of price and purity remained constant for all forms.

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6 Australian Drug Trends 2018: Key Findings from the National Ecstasy and Related Drugs Reporting System (EDRS) Interviews

7 Australian Drug Trends 2018: Key Findings from the National Illicit Drug Reporting System (IDRS) Interviews
3  Problematic ATS use has broad ranging impacts

Defining harmful or problematic ATS use

3.1 From a clinical perspective, harmful or high risk ATS use relates to the pattern and frequency of use of the substance, dose, route of administration and level of concurrent use of other substances. High risk use is use that results in negative impacts on overall health and wellbeing and psychosocial functioning. Harmful use is generally characterised by a pattern of more frequent use, injected use and use of higher doses.

3.2 The International Classification of Diseases used in NSW hospitals (ICD-10) includes relevant definitions of harmful use of psychoactive substances, including ATS:

- **F15.1: Harmful use.** A pattern of psychoactive substance use that is causing damage to health. The damage may be physical or mental.

- **F15.2: Dependence syndrome.** A cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

- **F15.3: Withdrawal state.** A group of symptoms of variable clustering and severity occurring on absolute or relative withdrawal of a psychoactive substance after persistent use of that substance. The onset and course of withdrawal are time-limited and related to the type of substance and dose being used immediately before cessation or reduction of use.

- **F15.4: Withdrawal state with delirium.** A condition where the withdrawal state as defined in F15.3 is complicated by delirium. Convulsions may also occur.

- ATS use leading to other health conditions such as psychosis are also harmful (F15.5, F15.6, F15.7).

3.3 The Diagnostic and Statistical Manual of Mental Disorders also provides an evidence-based consensus definition of substance use disorder.

3.4 Current data is able to distinguish between substance use and patterns of related harm. The key distinction is recognising that patterns of occasional use in the general community may not reflect patterns of more harmful use in a sub-group of the population.

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8 Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (American Psychiatric Association, 2013)
9 Methamphetamine use and related harms in NSW Surveillance report to December 2018 (NSW Health report to be published by 30 June 2019)
3.5 Drawing a distinction in the data between harmful and non-harmful use can assist in identifying levels of need for treatment service responses. The National Drug Strategy Household Survey records data about frequency of use, type of ATS used, route of administration.\textsuperscript{10}

**Impacts on health**

3.6 There are physical, mental and infectious disease risks associated with ATS use. These may also be compounded by polysubstance use, which is often the case for ATS users. For example, regular users may experience:

- poor physical health including disturbed sleep, weight loss, increased blood pressure, palpitations and chest pains, hyperthermia, dental problems, injection related problems (e.g. skin infections) among people who inject the drug, and nasal irritation among people who snort the drug. Serious medical problems may include heart disease, kidney failure, liver failure, seizures and stroke.

- poor mental health, including depression and anxiety. The prevalence of psychosis among methamphetamine users is significantly higher than among the general population. Dependent ATS use has a high risk of methamphetamine-induced psychosis.\textsuperscript{11}

- increased risk of blood borne viruses such as HIV, hepatitis B and hepatitis C due to high risk sexual behaviours and through unsafe injecting practices.

3.7 Methamphetamine use can affect fetal development. Methamphetamine use during pregnancy has also been associated with bleeding during pregnancy, early labour and miscarriage.

3.8 People who use ATS at harmful levels are particularly vulnerable to negative social impacts which can compound health and social outcomes, marginalisation and create challenges for delivering appropriate interventions. Impacts include intergenerational patterns of substance use and related problems such as trauma, polysubstance use, poverty, unemployment, homelessness, domestic and family violence, child protection issues and other social problems.

3.9 Drug use can also be associated with self-harm and harm of others.\textsuperscript{12}

**Impacts on mortality**

3.10 Psychostimulant-induced deaths (which included amphetamine type substances) increased rapidly from 51 deaths in 2010 to 197 deaths in 2016 in NSW. This is


\textsuperscript{12} Darke S., Kaye S., Dufflo J Lappin J, Suicide Life Threat Behavior. 2019 Feb;49(1):328-337
consistent with the rapid increase in methamphetamine-related harm seen in other data sources.\textsuperscript{13}

3.11 Two data sources relating to deaths indicate a differential impact of methamphetamine, and psychostimulants generally, between metropolitan and regional NSW. Information on cause of death indicated that in 2016, regional areas of NSW had a higher rate of psychostimulant-induced death than major cities. Forensic toxicology data where methamphetamine was detected indicates a similar pattern for the period 2012 to 2018. These results should be interpreted with caution due to the small numbers reported. Further, detection of a substance at the time of death does not imply that the substance was the underlying or associated cause of death.\textsuperscript{14}

**Impacts on children and families**

3.12 Substance use, including ATS, has significant and multi-faceted impacts on families. A systematic review and meta-analysis of longitudinal studies\textsuperscript{15} found that exposure of children to violence was correlated to the development of substance use later in life. The review also found that drug users had higher rates of maltreatment as children and psychological distress than the general population,\textsuperscript{16} demonstrating the cycle of trauma and abuse that can occur in families and the comorbidities of mental health and substance misuse disorders.

3.13 Children whose parents use ATS may be exposed to changes in parent anxiety and mood; unsafe people and environments; and violence. Other potential impacts include child neglect, impacts on a child’s social functioning and emotional regulation and separation from family and community.

3.14 If the family is transient or homeless, this may affect whether a child’s basic needs are met, and can reduce their ability to participate in education, sporting and recreational activities. Longer term impacts on education are evident for children that experience a lack of school stability.

**Impacts on the health system: emergency presentations and hospitalisations**

3.15 The number of methamphetamine related emergency department (ED) presentations in NSW increased from 1,278 in 2011-12 to 4,525 in 2017-18, with a peak of 5,144 in 2015-16.

3.16 The rate of methamphetamine related hospital admissions in NSW also increased rapidly from 22 per 100,000 population in 2011-12 to 118 per 100,000 population in 2017-18, with a peak of 134 per 100,000 population in 2016-17.

\textsuperscript{13} Methamphetamine use and related harms in NSW Surveillance report to December 2018 (NSW Health report to be published by 30 June 2019)

\textsuperscript{14} Methamphetamine use and related harms in NSW Surveillance report to December 2018 (NSW Health report to be published by 30 June 2019)


\textsuperscript{16} Child Abuse Review Vol. 27: 344–360 (2018), Wiley Online Library, DOI: 10.1002/car.2534
Impacts on family and community services and justice services

3.17 Many families known to the NSW Department of Family and Community Services and Justice who use ATS face financial hardship. This can lead to housing instability and homelessness.

3.18 Regular drug use is associated with homelessness, involvement in the criminal justice system and experience of mental health issues. In 2017-18, almost 72,000 people accessed specialist homelessness services in NSW. Of these, more than 11 per cent (8,165 people) reported drug and alcohol use.

3.19 In 2018, there were 347,581 criminal charges finalised in NSW courts. Of these, 9 per cent (31,335) were prohibited drug offences (e.g. possession, supply, manufacture) and 3.5 per cent (12,244) were drug offences involving ATS. These statistics do not represent the full impact on the criminal justice system, as drug use can often be a factor in other criminal offending, in particular property crime and violent offences.

Environmental impacts

3.20 In NSW, local councils have the regulatory responsibility for the management of residual contamination and other hazards as a result of the operation of illicit clandestine drug laboratories. Councils are required to use provisions of the Local Government Act 1993 to ensure that the owner undertakes the remedial action to return residential premises to a state that is fit for human habitation.

3.21 National guidance is available on the public health risks from clandestine drug laboratories and NSW guidelines assist those responsible for remediation of clandestine drug laboratories.

4 Harm minimisation guides NSW drug policy

4.1 NSW Government drug policies aligns with the National Ice Action Strategy and the National Drug Strategy and services are informed by a harm minimisation approach, which seeks to reduce demand, reduce supply and reduce harm.

4.2 Attachment A provides details of NSW Government services.

Demand reduction: treatment

4.3 Evidence-based treatment available to ATS users range from brief intervention, psychosocial supports, day programs and longer-term residential rehabilitation.


18 BOCSAR data request jh19-17491


programs. Psychosocial treatment options tend to be the most effective for people with drug use and dependence. For ATS users this includes counselling services such as those offered in the Stimulant Treatment Program, cognitive behaviour therapy, motivational interviewing and supported day programs.

4.4 The evidence on pharmacological treatment of methamphetamine dependence and withdrawal is still emerging. Lisdexamfetamine and N-acetylcysteine are currently being examined as potential therapies through multi-site randomised controlled trials examining the management of methamphetamine use.

4.5 Involuntary treatment should remain as a treatment of last resort for ATS use. For individuals whose severe methamphetamine dependence has resulted in impaired decision-making capacity, for whom no other treatment options have worked and who are at risk of serious harm, current treatment options include the Involuntary Drug and Alcohol Treatment Program.

4.6 While some centralised training and support for NSW clinicians is in place, responsibility for the delivery of integrated treatment services is most appropriate at the local health district level. This is because patients present to NSW Health services in different ways and for different reasons, and some patients have complex needs (particularly in relation to poly drug use and comorbidities such as mental health).

4.7 The principles for management of patients in an acute crisis are the same regardless of whether the patient presents with a mental health crisis or acutely intoxicated with any particular substance.

**Demand reduction: community education and programs**

4.8 Drug education is mandatory in NSW Government schools. Age-appropriate education is provided through the Kindergarten to Year 10 Personal Development Health and Physical Education curriculum, and Life Ready course for Year 11 and 12 students.

4.9 NSW Health provides the community with factual and non-judgemental drug information through online information and resources. Information and support is also available by telephone through the Alcohol and Drug Information Service.

4.10 Community Drug Action Teams (CDATs) are funded by NSW Health to provide diverse, locally relevant prevention programs addressing the drug information and support needs of young people. Stakeholders perceive that CDATs improve community awareness and knowledge about drug and alcohol related harm and deliver significant community engagement and impacts.

4.11 In 2016, the Crystal Methamphetamine Community Education Program, funded by NSW Health and delivered by the Alcohol and Drug Foundations, conducted ten community forums and developed resources and training for front line workers. CDATs

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also had a specific focus on crystalline methamphetamine and conducted 24 local events.

Supply reduction

4.12 Research suggests that when a sufficient quantity of drugs is removed there is an impact on the market. For example, the Australian heroin shortage of 2001 was hypothesised to have been caused by law enforcement interdiction and was associated with decreases in heroin use, expenditure and fatal overdoses from which, using drug seizure data as a proxy indicator for supply the market appears not to have recovered.

4.13 The seizure of drugs internationally has also shown a reduction in Australian drug supply. For example, seizure of 25 tonnes of safrole and piperonal (MDMA precursors) in 2009 contributed to a global ecstasy shortage. In Australia, MDMA availability and purity appeared to reach an unprecedented low in 2010.

4.14 The NSW Government plans to introduce a two year pilot of Drug Supply Prohibition Orders. The court-issued Order will empower police to search certain persons or their vehicles or homes at any time without a warrant for any evidence of drug supply or manufacture, if police have reasonable grounds to suspect that there is evidence of drug-related crime. An application for an order may be made in relation to any person convicted of a serious drug offence, such as supply or manufacture of an indictable quantity, in the past ten years. The Order will enable police to target convicted drug dealers who are considered likely to continue to engage in drug supply, without having to apply for multiple court warrants. The pilot will operate across four police commands: Bankstown Police Area Command, Coffs-Clarence Police District, Hunter Valley Police District, and Orana Mid-Western Police District. Orders made will remain in force for the duration of the pilot program, after which the results will be assessed to inform the future operation of the powers. Consistent with the exercise of any NSW Police Force power, Drug Supply Prohibition Orders will be subject to oversight by the Law Enforcement Conduct Commission.

4.15 All jurisdictions have controls to restrict the possession and sale of precursor chemicals. In most jurisdictions this involves recording the sales of scheduled precursor chemicals through end user declarations (EUDs). EUDs contain details of transactions including identification information, details of the precursor chemical including quantity, and the intended use of the precursor chemical. Continued development and implementation of the EUDs Online will contribute to further reduction in manufacture. It will provide real time data on a national basis for the sale and supply of precursor chemicals and equipment, national harmonised schedules for precursors and equipment and a national framework for the maintenance of schedules.

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4.16 The EUDs Online will also provide a renewed national forum for the management of harmonised schedules of precursor chemicals and equipment, ongoing attention to emerging precursors, pre-precursors and methods of manufacture and ongoing cooperation with industry.

4.17 The Poisons and Therapeutic Goods Act 1966 (NSW) and the Poisons and Therapeutic Goods Regulation 2008 (NSW) provide for strict control on the prescribing and supply of stimulant medication such as dexamfetamine, lisdexamfetamine and methylphenidate. Stimulant medications are in Schedule 8 to the NSW Poisons List and the national Poisons Standard, and are commonly prescribed for Attention Deficit Hyperactivity Disorder. Whilst methamphetamine is a Schedule 8 stimulant medication prescribed for ADHD (e.g. Desoxyn®) in other countries such as the United States of America, there is no medicine containing methamphetamine registered by the Therapeutic Goods Administration in Australia.

4.18 Unlawful diversion of stimulant medication occurs when a person prescribed/dispensed the stimulant unlawfully supplies these to the illicit market. This is more likely to occur if an authorised practitioner or pharmacist provides excessive quantities of the medication, or does not observe good professional practice by supplying only in a quantity or for a purpose that accords with therapeutic standards.

4.19 Unlawful diversion may also occur when a pharmacist dispenses forged prescriptions for stimulant medication. This can be reported through the NSW Ministry of Health’s website, although reports of forgery are very low (zero reports in 2017, three reports in 2018, zero reports in 2019 to date), potentially because reporting of lost/stolen or forged prescriptions to the Ministry of Health is not mandatory. It is an offence under the Poisons and Therapeutic Goods Regulation 2008 (NSW) for a pharmacist to dispense a drug of addiction on prescription if it appears to have been forged or fraudulently obtained. It is an offence under the DMT Act 1985 to forge or alter a prescription or to attempt to obtain prescription drugs by false representations.

4.20 Reporting of lost or stolen drugs of addiction such as stimulant medication by persons authorised to be in possession such as doctors, pharmacists, wholesalers and hospitals, is mandatory under the Poisons and Therapeutic Goods Regulation 2008 (NSW). Very few reports of diversion of stimulant medication from licensed wholesaler/manufacturer, authorised practitioners or pharmacists have been made.

4.21 From 2016, it became mandatory for pharmacists to record the details of sales of over-the-counter packs of pseudoephedrine, a precursor to methamphetamine, in an online, real-time electronic form, aimed to monitor and reduce medicines/precursors sourced from pharmacies for methamphetamine production in clandestine laboratories.

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26 Poisons and Therapeutic Goods Regulation 2008 (NSW) clause 86(1)(f)
27 Drug Misuse and Trafficking Act 1985 (NSW) section 15
28 Drug Misuse and Trafficking Act 1985 (NSW) section 16
29 Poisons and Therapeutic Goods Regulation 2008 (NSW) clause 124
30 Poisons and Therapeutic Goods Regulation 2008 (NSW) clause 24
**Harm reduction: diversion programs**

4.22 Some examples of diversionary programs include the Magistrates Early Referral into Treatment (MERIT) program, available in most Local Courts in New South Wales, that provides the opportunity for adult defendants with substance use problems to work, on a voluntary basis, towards rehabilitation as part of the bail process (discussed in Attachment A). The NSW Drug Court is a specialist court that operates in three locations - Parramatta, Toronto and Sydney - and takes referrals from Local and District Courts of offenders who are dependent on drugs and are eligible to participate in a holistic treatment program.

4.23 Research suggests that issuing penalty notices for use or possession of ATS, point-of-detection or police-based diversion programs can provide an opportunity for the delivery of education, brief intervention or, for those who require more intensive intervention and counselling.\(^{31}\) For example, people who receive a caution for a cannabis use/possession offence are less likely to have relationship problems, be denied a job or to have a change to their employment status (e.g. termination) when compared to those who receive a charge response for a cannabis use/possession offence.\(^{32}\)

4.24 Diversion programs can result in significant resource savings to the criminal justice system and police. For example, Baker and Goh estimated that in 50 per cent of cases when a cannabis caution was issued in NSW, police saved an average of 1.5 hours at the time of drug detection, and in 30 per cent of cases (being the estimated number of cases that would have proceeded to a contested hearing following a plea of not guilty) saved an average of 14 hours of police court preparation time.\(^{33}\)

4.25 While use of cautionary schemes and penalty notices has many benefits, there are some risks when they are tied to mandatory treatment programs. Drug treatment in some cases may be clinically unnecessary.

**Harm reduction: medically supervised injecting centre**

4.26 The Uniting Kings Cross Medically Supervised Injecting Centre (MSIC) commenced operation in May 2001. It was the only supervised injecting centre in Australia until the trial of a Medically Supervised Injecting Room commenced in mid-2018 in North Richmond, Victoria.

4.27 Several evaluations have confirmed the achievement of the MSIC aims.\(^{34}\) This includes the treatment of overdoses and the ability of the MSIC to provide a highly

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marginalised population with access to a range of health and social services, including admission to treatment. In the last quarter of 2018, amphetamines were used in 31 per cent of visits to the MSIC.

4.28 The most recent Statutory Review of the relevant legislation that governs the MSIC (Part 2A of the DMT Act) conducted in 2016 concluded that there was sufficient need for a Centre in the local area and made no recommendations for further change.

4.29 Internationally, there are three models of drug consumption facilities:

- **Specialised**: Specialised consumption facilities offer a range of services directly related to supervised consumption, including the provision of hygienic injecting materials, advice and referral to health and social services, intervention in case of emergencies and a space where drug users can remain under observation after drug consumption. The Sydney MSIC is an example.

- **Integrated**: The majority of drug consumption rooms in Europe are integrated in low-threshold facilities. Supervision of drug consumption is one of several survival-oriented services offered at the same premises, including provision of food, showers and clothing to those who live on the streets, counselling and drug treatment.

- **Mobile**: Mobile facilities provide a geographically flexible deployment of a specialised service, and typically cater for a limited number of clients in comparison to fixed premises.

**Harm reduction: music festivals**

4.30 Following a number of deaths at a music festival in September 2018, the NSW Government convened an expert panel to advise on improving safety at music festivals. In response to the panel’s report, the NSW Government has:

- introduced a new music festival licensing scheme for certain music festivals, which commenced on 1 March 2019;\(^\text{35}\)

- introduced a new criminal offence targeting drug dealers whose supply of a prohibited drug causes the death of a person to whom the drug was supplied;\(^\text{36}\)

- established a six month trial into the use of penalty notices for low level drug possession at, or near, certain music festivals which commenced on 26 January 2019;\(^\text{37}\)

- developed ‘Guidelines for Music Festival Event Organisers: Music Festival Harm Reduction’ to support event organisers to deliver safer music festivals;\(^\text{38}\)

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\(^{35}\) *Liquor Amendment (Music Festivals) Regulation 2019*

\(^{36}\) See: Section 25C, *Crimes Act 1900* (NSW)

\(^{37}\) See: *Criminal Procedure Amendment (Penalty Notices for Drug Possession) Regulation 2019* (NSW)

deployed retrieval teams and local health district medical teams to high-risk festivals; and

developed a targeted social media campaign and funded additional peer-based harm reduction programs in music festival settings.

Harm reduction: other approaches

4.31 Increasing use of technology provides new opportunity for early intervention. St Vincent’s Hospital Network is evaluating the feasibility and efficacy of the S-Check App. The app provides brief intervention for people who use ATS and who have not previously had treatment. It provides physical and psychosocial assessments to increase knowledge and awareness to change behaviour, reduce harms, and encourage treatment seeking before problematic use becomes entrenched.

5 Some client groups face different challenges

Culturally appropriate approaches for Aboriginal people

5.1 The NSW Government recognises the importance of a holistic approach to addressing substance use. Holistic responses are trauma-informed, incorporate social and emotional wellbeing, and take employment, housing and education into account. As examples, the NSW Government offers the Ngara Nura and Yallul Kaliarna programs. Ngara Nura provides an intensive learning for male inmates to address substance misuse or other addictive behaviours, as well as the factors underlying their addiction, misuse or dependence. The Yallul Kaliarna program was established to provide an opportunity for female offenders to explore the impact drugs and alcohol have had on their lives.

5.2 OCHRE (Opportunity, Choice, Healing, Responsibility and Empowerment), the NSW Government’s community-focussed plan for Aboriginal Affairs, recognises the importance of reconnection with culture and identity and healing to addressing intergenerational trauma. Aboriginal Affairs NSW has held a number of forums to meet with Aboriginal communities and discuss their healing needs and has produced a number of publications to assist with co-design and community participation in evaluation.

5.3 As part of the Closing the Gap refresh, the Council of Australian Governments recognised “the need for governments to work collaboratively and in genuine partnership with Aboriginal and Torres Strait Islander peoples”. Local decision-making within OCHRE places Aboriginal people at the centre of service design and allows communities to have a genuine voice in service delivery. Regional alliances are an example of local decision-making by Aboriginal people.

5.4 NSW Government and regional alliances enter into agreements (Accords) that define the relationship between government and participating Aboriginal communities. Accords include negotiated and agreed priorities, key actions to achieve desired outcomes, timeframes, resources, responsibilities and define what success will look like. Over time regional alliances will have more decision-making powers.

5.5 The Maranguka Justice Reinvestment project in Bourke used a model that focuses on prevention, diversion and community development that address the underlying causes of crime. An impact assessment showed improvements in indicators for family strength, youth development and adult empowerment. Key attributes of the program were reported to include local ownership, flexible funding and an outcomes focus.

**People leaving custody**

5.6 Individuals exiting custody often face concurrent challenges such as unstable housing and legal issues. These may present barriers to engaging in treatment, as community based treatment programs may require a stable housing situation and residential programs may exclude someone with current or outstanding legal matters.

5.7 In addition, the barriers to successful reintegration into the community faced by all young people are their criminogenic risk factors which are associated with recidivism. These include:

- antisocial attitudes, behaviour and beliefs;
- antisocial associates and peer relations;
- history of antisocial and criminal behaviour;
- family disfunction and unstable stable accommodation;
- lack of engagement with education and employment;
- lack of engagement with leisure and recreation activities; and
- substance abuse.

5.8 Young people may experience difficulties with ongoing access to specialist support services (including health services) particularly once they finish a community supervision order. This is exacerbated in many rural or regional areas, as specialist services may be located a considerable distance from the young person and their carers.

5.9 Community Corrections focuses on addressing criminogenic risks for the offenders they supervise in the community. Community Corrections deliver interventions to offenders using a range of motivational and cognitive behavioural techniques to address problematic behaviour.

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The Justice Health and Forensic Mental Health Network NSW provide clinical handovers to services both prior to and post release, in order to facilitate continuity of support for people with drug and alcohol issues leaving custody.

**People who have multiple health and social support needs**

Many clients engage with a range of services across their lifetime and navigating the service system itself can be traumatic. Multidisciplinary and multiagency service responses and a well-connected service system can respond to concerns early and improve pathways of care and referral processes. Examples include multi-disciplinary case conferences, wrap-around services and capacity building for staff who are working with people experiencing the impacts of both drug and alcohol and domestic and family violence.

Domestic and family violence services are undergoing significant change (NSW Health Violence and Neglect Redesign Framework and the NSW Domestic Violence Blueprint for Reform) although these reforms are not directly related to ATS use.

‘Their Futures Matter’ is a cross-government reform delivering whole-of-system changes to better support vulnerable children and families. It identifies connecting service systems across agencies as being vital to the success of responding as early as possible to support complex families.

A common challenge for housing providers is appropriate allocation of housing for lower income households who are also experiencing drug and alcohol issues. Due to the safety of other clients, those who appear under the influence of ATS are usually not eligible for Specialist Homelessness Services crisis accommodation. However, it can be difficult for those with substance use to resolve their addiction without a safe and stable housing environment.

Clients who are ATS users can become repeat recipients of temporary accommodation. Government housing services attempt to assist this client group with private rental accommodation as a first option, as this often provides the client with an increased sense of control and choice with their housing.

There can be varying housing needs for specific cohorts of clients and those with unresolved drug and alcohol use is a challenging cohort. Addressing the needs of drug and alcohol users can be complicated further when there are other layers of disadvantage experienced by the client, such as for people experiencing mental health comorbidities as previously discussed.

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44 Royal Commission into Institutional Response to Child Sexual Abuse, 2017
Information and support for family and friends

5.17 Best practice in healthcare for young people includes family involvement in treatment and prevention programs, programs that offer youth friendly environments and services that offer multiple and innovative access points.  

5.18 A number of initiatives to provide practical support for families were funded through the 2016 NSW Drug Package. These include:

- provision of targeted support for the families of young people seeking support in six local health districts/speciality health networks;
- a ‘Your Service’ Hub directory to provide information about support services for families;  
- de-escalation resources;
- workforce development; and
- capacity building for Family Drug Support to enhance sustainability of its telephone services and reporting systems.

5.19 Aboriginal families are likely to have some unique support and information needs, relevant to culturally specific constructions of family and kinships roles. NSW Health is undertaking work to produce information materials in consultation with Aboriginal families impacted by the substance use of a loved one to address some of the unique information needs of this group.

5.20 Involving consumers and their families can increase person-centred approaches that take account of the person’s life experiences. NSW Health engages with consumers through a drug and alcohol Consumer Reference Group, Health Consumers NSW and the NSW Users and AIDS Association.

6 Stigma and discrimination

The importance of language

6.1 Best practice is to recognise the needs of the person as a whole and to focus on the behaviour that needs to be addressed or on clinical need. Non-stigmatising language will contextualise substance use disorders and substance dependence as a medical condition.

6.2 Specialist clinicians are more likely to recommend policies involving a therapeutic response instead of punishment for individuals described as ‘a person with a substance use disorder’ instead of ‘a substance abuser’. Framing harmful use as a medical condition can minimise stigma as it removes the element of blame for the

person using ATS. In this context, continued substance use is a symptom of a medical condition.

Training and resources

6.3 Some stigma faced by clients in the health system can arise from lack of confidence or skills in managing the presenting issues or assumptions about substance use. NSW Government agencies have put in place a range of training and resources to support staff including:

- The NSW Practice Framework, which guides Family and Community Service and Justice child protection practice and recognises that language impacts on the quality of the worker/client relationship and in turn, opportunities to mitigate risk and build safety for children.
- The Alcohol and Other Drugs online practice kit to support Family and Community Service and Justice child protection practitioners to better respond to families where drugs and/or alcohol feature.
- A Stigma, Discrimination and Injecting Drug Users online training module for health professionals is available through Health Education and Training Institute for all NSW Health staff.

6.4 The Language Matters resource developed by the Network of Alcohol and other Drug Agencies gives basic guidance on how to shift to “person-centred” language to avoid stigmatising people seeking treatment.47

7 Workforce issues

Health workforce

7.1 The NSW Alcohol and Other Drug (AOD) workforce is multidisciplinary with its workers acquiring a range of qualifications in alcohol and other drugs, community services, psychology, social work and counselling. This includes the:

- specialist workforce, whose core role involves preventing and responding to drug and alcohol-related harm; and

- generalist workforce, whose core focus is not specific to drug and alcohol, but who nonetheless are involved in responding to drug and alcohol-related harm (e.g. ambulance officers, emergency department clinicians and general practitioners).

7.2 The Australian Health Practitioner Regulation Agency is the organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia.

7.3 A number of professions in the AOD workforce are subject to credentialing. Individual professional registration bodies include: The Australian Psychological Society; The Royal Australian College of General Practitioners; Pharmacy Board of Australia; The Australian College of Nursing; The Royal Australasian College of Physicians; The Royal Australian and New Zealand College of Psychiatrists; and Australian Association of Social Workers.

7.4 The National Centre for Education and Training on Addiction has identified that a substantial proportion of the AOD workforce nationally do not hold formal AOD-specific qualifications; the workforce generally has other clinical, social services or related training.

7.5 There are a variety of training options available at both accredited and non-accredited levels including Statement of Attainment, Certificates III and IV, which are available to the NSW AOD workforce through TAFE and private training institutions.

7.6 There are challenges in attracting and retaining drug and alcohol staff in the non-government sector. This includes succession planning in an ageing workforce, access to training and professional development, and patterns of uncertain and short-term funding arrangements which impact on the sector’s ability to recruit and retain high quality staff and to plan and deliver services. NGOs face strong competition for their staff from some fee-for-service private rehabilitation clinics and local health districts as they offer higher wages.

7.7 The Aboriginal workforce within Aboriginal Community Controlled Health Services and in mainstream services and agencies is critical to the success of drug and alcohol programs and services in Aboriginal communities. The Aboriginal drug and alcohol workforce needs to continue to grow to assist mainstream services and Aboriginal community controlled organisations. While the Aboriginal workforce in NSW has grown rapidly, it is still relatively small and there is limited Aboriginal addiction medicine capacity in NSW, and few Aboriginal psychologists or nurses.

Health training and workforce development

7.8 The National Alcohol and Other Drug Workforce Development Strategy provides the national framework and the Network of Alcohol and Drug Agencies (NADA) Workforce Development Plan provides direction for building the NGO workforce capacity.

7.9 The NSW Health, Aboriginal Health Plan 2012-2023 and Good Health – Great Jobs Aboriginal Workforce Strategy 2016-2020 are policy approaches to strengthening the Aboriginal health workforce. All NSW Health staff undertake training to improve understanding of the barriers to accessing health services, including the Respecting the Difference training.

7.10 The specialist workforce is supported to respond to those impacted by ATS through professional development and support to developing knowledge, skill and capacity. Initiatives include:

- Support for clinicians through the Drug and Alcohol Specialist Advisory Service and Drug and Alcohol Consultation Liaison services in hospitals and Health Pathways for general practitioners.
- Clinical toxicologists support the Poisons Information Centre (PIC) which receives many calls for advice from both patients and emergency department medical staff. The clinical toxicology network and the PIC are important resources for management of ATS related toxicity.
- Partnerships with professional bodies such as the Chapter of Addiction Medicine to develop specialist training; Royal Australasian College of General Practitioners and Mental Health Professionals Network to develop and administer webinars and interactive training on the management of methamphetamine related presentations.
- Workforce Development Grants for NGO service providers through NADA.
- Training through the Health Education Training Institute.

7.11 As part of the 2015 Methamphetamine election commitment, ATS specific workforce development included:

- Aboriginal workforce seminars to assist in improving support for clients, their family or friends.51
- Whole-of-Health Masterclasses on the management of methamphetamine related presentations, targeted at frontline health staff, ambulance and targeted general practitioners.
- Mandatory training to support staff in their work and ensure their safety.

**First responders**

7.12 NSW Police Force has adopted STOPAR (Stop, Think, Observe, Plan, Act and Review) De-Escalation as a principle approach toward resolving high risk incidents and reducing critical incidents.

7.13 Police officers deal with people under the influence of alcohol, prescribed restricted or prohibited drugs on a regular basis. As a result of this experience most police can recognise when a person is adversely affected by a substance.

7.14 The NSW Police Force interacts with children and families usually as a result of a traumatic occurrence, predominately domestic violence related incidents. During these interactions police use their experience to identify person(s) who may be affected by ATS.

51 Evaluation Report Crystal Methamphetamine Community Education Program. ARTD Consultants, 2017
7.15 The impact of dealing with individuals under the influence of ATS is significant for first responders, particularly resulting from behavioural disturbance, psychosis symptomatology and other impacts experienced as a result of stimulant toxicity.

7.16 First responders need ongoing support to manage drug use overall, not just methamphetamine and receive training in the management of acute behavioural disturbance, irrespective of the cause.

7.17 The NSW Police Force have a number of training courses that include sessions specific to drug use. These include:

- The Safe Custody Course
- Six Minute Intensive Training sessions
- Mandatory Continuing Police Education Training Package.

**School education**

7.18 School counselling staff are provided with additional training to build their capacity to better support students at risk of drug related harm. Training in motivational interviewing is delivered to school counselling staff after their initial training and they have gained some experience ‘on the job’ in their role. Motivational interviewing is then used by the school counsellor when they are better positioned to incorporate this important counselling technique.

7.19 Where necessary, school counselling staff liaise with specialist practitioners to develop individual case management strategies. In this case the work of the school counsellor and external provider is complementary.

7.20 NSW Education also has the following policies for schools:

- The Drugs in Schools Policy and the supporting documents "Drugs in Schools: Procedures for managing drug related incidents" and "Young people and Drugs: a guide for school staff to support students", sets out requirements for schools to plan and implement appropriate responses to drug related incidents, with an emphasis on prevention through drug education and safe and supportive school environments, and intervention and support for students who may be involved.

- The School Counselling Service Manual is a guide to good practice for school counselling staff. It includes information guidelines for school counselling staff when dealing with drug related incidents.

- Incident Notification and Response Policy and procedures set out the requirements for all departmental employees to promptly notify and respond in the event of an incident, including incidents relating to drugs in schools. Incident notification enables the department to act to provide early intervention and management and support where required.
8 NSW Government collects data and undertakes research

Data: NSW Department of Family and Community Services and Justice

8.1 The NSW Department of Family and Community Service and Justice collects information about incidents involving young people through the Juvenile Justice Client Information Management System. Intelligence collected about young people and drug testing is stored in the Intel database.

8.2 Intelligence analysts from the Drug and Firearms Squad assess drug availability on a routine basis by referring to NSW Police Force data on drug detections; price and purity data; and referring to external agency reports such as Drug Use Monitoring in Australia, National Drug and Alcohol Research Centre, Australian Crime Commission and the Australian Institute of Health and Welfare.

8.3 The End User Declaration system operates in most States and Territories in Australia in some form or another. The End User Declaration Online system will be a national, real time system. It is anticipated to be in place by the end of 2020.

8.4 Some NSW Police Force data is included in Attachment B.

Data: NSW Health

8.5 NSW Health routinely collects data on people who access health services. This data can be used to identify particular groups that may be presenting with greater ATS harms. Emergency department presentations and hospital admissions are analysed by various variables including: gender, age and Aboriginal status.\(^{52}\)

8.6 Routinely collected data sets include information obtained in relation to emergency department presentations, hospital admissions, alcohol and other drug treatment services, and deaths. Routinely collected data sources include: NSW Public Health Rapid, Emergency Disease and Syndromic Surveillance system; NSW Admitted Patient Data Collection; and Alcohol and Other Drugs Treatment Services National Minimum Data Set.

8.7 More detailed clinical information can also be obtained from clinical information systems such as electronic medical records. NSW Health also gathers information from other NSW Government agencies and national data sets to assist in understanding ATS use and related harms.

8.8 NSW Health is currently strengthening surveillance, program monitoring and evaluation by developing a linked Alcohol and Other Drug Outcomes Register that will facilitate the planning, delivery and evaluation of drug and alcohol services across government and non-government services state-wide.

\(^{52}\) Methamphetamine use and related harms in NSW Surveillance report to December 2018 (NSW Health report to be published by 30 June 2019)
8.9 By linking data from across the system, NSW Health will gain a better understanding of patient characteristics and patterns of service utilisation, and importantly, longer-term health and social outcomes. Enhancing the level of clinical information that can be routinely linked to the existing administrative data will also lead to a better understanding of the quality of service delivery and impact of clinical services on client outcomes state-wide.

8.10 NSW Health is also planning to enhance surveillance for serious drug related illness through emergency departments and intensive care units, to inform clinical management, safety risk management and complement existing surveillance systems.

8.11 NSW Health provides data to the AIHW for annual national public reporting. Some information is released publicly by NSW Health, such as through the methamphetamine surveillance report. HealthStats NSW includes data on methamphetamine related emergency department presentations and hospitalisations.

Data: NSW Department of Education

8.12 Data is not collected centrally by the Department of Education regarding the number of students seeking support or counselling within community agencies, private practices, clinics, or the school counselling service due to use of illicit drugs, including ATS. However, the department does hold some related data, in particular around incident reporting, suspension from attendance at school, and contacts with the Child Wellbeing Unit.

Research and evaluation

8.13 Treasury Circular ‘TC18-03 Program Evaluation’ applies to all general NSW Government agencies and Government businesses:

- NSW Government agencies are expected to conduct periodic evaluations of all their programs and services to assess their continued relevance, relationship to government and cluster priorities, and efficiency and effectiveness in delivering outcomes.

- NSW Government agencies are required to proactively and publicly release the findings of program evaluations, unless there is an overriding public interest against disclosure of the information.

8.14 The NSW Program Evaluation Guidelines set evaluation standards for NSW Government agencies. The most rigorous and effective program evaluations are those that comprehensively assess whether a program:

- was implemented as intended (process evaluation)
- achieved the intended outcomes (outcome evaluation)
- has identified economic benefits and costs (economic evaluation).

8.15 Supporting the NSW Government, the Treasury’s Centre for Evidence and Evaluation provides evaluation design advice and facilitates evaluation capability building.
Examples of evaluations that relate to ATS include:

- **Police**: The penalty notice trial for low-level drug possession at, or near, certain music festivals will be evaluated by the Bureau of Crime Statistics and Research from August 2019.

- **Correctional centres**: The “Changing Habits and Reaching Targets” drug and alcohol program is currently undergoing evaluation. The program aims to help the young person to address thinking patterns, examine motivations and re-evaluating potential consequences of their actions and develop skills such as problem solving and effective coping strategies to assist them to maintain behavioural change and prevent relapse.

- **Department of Education**: The X-Roads life skills program, which includes a focus on drugs and alcohol, has an evaluation plan in place. The administrative and process evaluations have been completed to inform improvements to the delivery of the program. Outcome and longitudinal evaluation are not yet completed.

- **Aboriginal Strategic Coordination Unit**: Dhina Yuwali, a drug and alcohol program focusing on Aboriginal young offenders is currently being reviewed.

- **NSW Health**: Service evaluation will be undertaken to determine the impact and outcomes of methamphetamine NGO treatment services funded through the 2015 Methamphetamine election commitment.

8.16 NSW Health has delivered a number of clinician led research and development initiatives that are designed to build the evidence-base for clinical practice and models of care, including:

- The NSW Drug and Alcohol Clinical Research and Improvement Network, a collaborative network of AOD services engaged in clinical research.

- Translational Research Grants Scheme designed to accelerate the development of research capability and evidence translation within the NSW public health system.

- The Alcohol and Other Drugs Early Intervention Innovation Fund supports the development of early intervention models with a particular focus on young people with problematic AOD use.

9 **Funding, purchasing and performance**

**Commonwealth funding**

9.1 Under the National Health Reform Agreement the states, territories and the Australian Government are jointly responsible for funding public hospital services. The Australian Government has a range of responsibilities, including primary health care, the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme.
9.2 The Australian Department of Health directly funds drug and alcohol treatment provision in the non-government sector through funding streams historically known as the NGO Treatment Grants Program and the Substance Misuse Service Delivery Grants. The Department of Prime Minister and Cabinet also provide funding to local Indigenous communities to implement local solutions to alcohol and substance use issues. In response to the National Ice Action Strategic, in 2015 the Australian Government announced an additional $241.5 million for Primary Health Networks to commission drug and alcohol treatment services. The 2019-20 budget included $45 million per year for PHNs for a further three years for drug and alcohol treatment.

9.3 According to an Australian Government review published in 2014, the Australian Government funded 31 per cent of all drug and alcohol treatment (through the drug and alcohol treatment grants program, primary care, contribution to public hospitals, the PBS and allied health programs), state/territory governments funded 49 per cent of treatment and private funding (philanthropy, client fees, private hospitals) accounted for 20 per cent of funding.

### Purchasing models

9.4 Different funding models and service providers can contribute to complex service delivery systems and models, in particular for the consumer. Better co-ordination between state and Australian Government funding has the potential to strengthen the service system.

9.5 NSW’s approach to commissioning services from NGO or community-based organisations (‘commissioning for outcomes’) recognises that traditional grants or input-based service contracts are often not tailored to delivering outcomes. Accordingly, the NSW Government encourages the use of alternative funding and payment/contracting models, better targeted to the nature of services and what will be most effective to produce the desired outcomes.

9.6 The ‘commissioning for outcomes’ approach is sufficiently broad to encompass a wide range of options for service delivery models (e.g. place based, population based, cohort based etc.), funding models (with elements of input, output, and outcome based payment mechanisms all possible, depending on the context), financing models (including bringing together NGOs with private investors), and procurement models that bring these elements together (from traditional models where government sets clear parameters up front, to more flexible, interactive, or co-design-based models that attempt to bring greater innovation into the process).

9.7 Each of the opportunities to improve AOD funding in Issues Paper 4 are therefore capable of being explored, and realised, within the current commissioning framework, with the exception of Commonwealth/State coordination. Here, the necessary enablers for successful joint commissioning are both the formal/legal structures of, as well as

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the practical working relationships between, responsible Commonwealth and State
bodies.

9.8 In considering how to more suitably structure funding arrangements with NGOs careful
consideration should be given to the desired outcomes, and how the service system
would be best structured to deliver these, before considering what funding or
contracting model is most suitable to deliver the desired outcomes.

9.9 Different funding models (e.g. activity-based, output-based, outcomes-based, or
combinations of these) are likely to be more appropriate in different contexts. In
particular, payment by outcomes approaches require a clear understanding of the risks
involved in different service models, and which party is best placed to bear or pay for
those risks. If these risks are not understood, it can drive risk averse provider
behaviour rather than innovation. Particular attention should be paid to:

- the degree of understanding about what works to deliver outcomes
- the degree to which desired outcomes are under the control of service
  providers
- the ease with which outcomes can be measured

9.10 Social impact investment (SII) is a funding model that seeks to generate measureable
social impact, alongside financial returns. Payments under SII are based on the
achievement of outcomes. Therefore, outcomes achieved by the program are carefully
measured, generating a critical evidence-base for what works in programs. Delivering
these programs through an SII approach would also facilitate risk-sharing with private
investors and/or service providers, allowing government to focus more on funding
programs with demonstrable results (i.e. a more efficient use of funding).

9.11 Within NSW Health, Activity Based Funding is designed to cover activity in public
hospital and community health settings. Activity Based Funding is a fully absorbed
funding methodology that funds NSW public health services, including hospital based
and community or non-admitted services. The drug and alcohol treatment system is
funded for business as usual activity under this model.

9.12 Population planning tools, such as the Drug and Alcohol Service Planning model,
provide high level and indicative information that can support decision-making. Other
factors such as population demographics, changing patterns of drug use, new
treatment evidence, funding from different levels of government, local service needs
and health system innovation are considered.

9.13 NSW Health has used the outputs of the Drug and Alcohol Services Planning model,
along with other service utilisation analyses, to inform activity purchasing discussions
with LHDs from the 2019-20 fiscal year onwards. This analysis has contributed to a
greater focus on the equity of access to all drug and alcohol-related treatment services
across NSW local health districts and networks, and a better understanding of the
relative mix of services needed by setting, for example in the admitted, non-admitted
ambulatory and residential setting. It has resulted in greater emphasis on enhancing the provision of non-admitted drug and alcohol treatment services.

9.14 The Australian Department of Health is developing a National Treatment Framework which will describe the types of alcohol and other drug treatments available. This will assist jurisdictional health departments to commission drug and alcohol services.

**Monitoring performance and increasing service quality**

9.15 NSW Government agencies are expected to conduct periodic evaluations of all their programs and services to assess their continued relevance, efficiency and effectiveness in delivering outcomes. This is in addition to an assessment on its relationship to NSW Government, and specific cluster priorities.

9.16 Contracts for treatment services offered by the NGO sector are monitored to ensure funding is used for its specified purpose. Funding to local health districts is negotiated through an annual Service Agreement process. Activity is monitored and managed through a performance management framework.

9.17 NSW Health is strengthening the clinical governance, performance management and monitoring of NSW Health NGO services. A set of core indicators have recently been implemented across all contracts to monitor service quality and patient safety, which includes an indicator for a system of monitoring of client reported outcomes in funded NGOs. The Australian Department of Health has also developed a National Quality Framework for Drug and Alcohol Treatment Services.

9.18 NSW Health has developed drug and alcohol clinical care standards (focusing on intake, assessment, care planning, risk identification and monitoring, treatment progress and outcomes, discharge and transfer of care), along with associated measures to describe current practice and promote quality improvement in these core processes of treatment and care. Once fully implemented, these standards and measures will promote better practice.

9.19 The Clinical Outcome and Quality Improvement Project has developed an outcome measurement tool that is being implemented in all local health districts as part of the electronic medical record. Data will become available from this project to measure and compare clinical outcomes at a patient and service level.

9.20 While this work is still at an early stage, these approaches will help drive better patient outcomes. This clinical outcome data will be particularly useful once it has been incorporated into the state-wide linked Alcohol and other Drug Outcomes Register and analysed to better understand what form of key performance indicator(s) would be best suited to delivering improved health outcomes.

9.21 Improving linkages and engagement with the primary care sector can help to normalise support and reorient away from crisis intervention. NSW Health engages with general practitioners about a variety of addiction related topics through the Royal Australian College of General Practitioners.
10 Collaboration and referral across agencies

Cross agency collaboration

10.1 The NSW Police Force and the NSW Ministry of Health co-chair the NSW Cross Agency Alcohol and Other Drugs Forum, established in 2017. The group supports the Ministerial Drug and Alcohol Forum and the National Drug Strategy Committee, providing a mechanism by which there could be cross-agency consultation and input into national and state alcohol and other drugs policy and program matters.

10.2 NSW Justice, the NSW Police Force and NSW Health collaborate on the management of the Magistrates Early Referral into Treatment (MERIT) program. A state-wide interagency committee is used to oversee and monitor this program.

10.3 NSW Police Force and NSW Health established a Memorandum of Understanding in 2018 to provide guiding principles for both agencies to work collaboratively when delivering services to people with mental health problems. It provides a framework to guide staff (including emergency department staff) to work together to best meet the clinical and safety needs of the patient and the staff involved in their care.

10.4 Specialist Homelessness Services support collaboration through the District Homelessness Implementation Groups. District Implementation and Coordinating Committees integrate housing and mental health issues and other services relevant to the local context. These networks are designed to ensure that people can access a coordinated response that meets their needs.

10.5 As part of the NSW Homelessness Strategy, a key focus is on creating an integrated, person-centred response through increasing access to AOD services for people experiencing homelessness. This response provides clear pathways and links into appropriate housing options to improve health and housing outcomes following treatment. This is based on the understanding that when housing is linked to appropriate clinical and rehabilitation support, people are better able to overcome the impact of AOD misuse (and associated mental health issues) and live independently.

Referral to health services

10.6 People can access alcohol and other drug treatment services through hospital emergency departments, contacting local health district intake lines, the 24-hour Alcohol and Drug Information Service (ADIS), or direct referral from primary care and other agencies such as the NSW Department of Family and Community Services and Justice.

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54 NSW Health - Police Force Memorandum of Understanding 2018.
10.7 There is evidence to suggest that family engagement produces positive outcomes including improved engagement in treatment, preventing relapse and providing social benefits.\textsuperscript{55}

**Child protection referral pathways**

10.8 NSW Government services are guided by their responsibility as Mandatory Reporters under the *Children and Young Persons Care and Protection Act 1998* (NSW). While use of ATS should not automatically warrant an assessment of risk of harm, it should be considered an indicator for referral into appropriate treatment.

10.9 The Mandatory Reporter Guide (MRG) provides guidance on how to report suspected child abuse and neglect to Family and Community Services and Justice Helpline or the Child Wellbeing Units. The MRG requests reporters to prioritise a category under Carer Concern by selecting one of the three alternatives: Substance Use, Mental Health or Domestic Violence.

10.10 Referral pathways for children and families are historically oriented around crisis support. Under Their Futures Matter, work is underway to redesign the intake, assessment and referral processes that connect vulnerable children and families to appropriate services, with a focus on earlier intervention and family preservation and restoration.

Special Inquiry into the drug ‘Ice’
NSW Government response to the Issues Papers

Attachment A – NSW strategies, services and programs
1 NSW whole of government strategies

The NSW Domestic and Family Violence Blueprint for Reform

1.1 The NSW Domestic and Family Violence Blueprint for Reform: 2016 – 2021 sets out the direction to prevent violence, intervene early, support victims and hold domestic violence perpetrators accountable. The Blueprint recognises that many families who experience domestic and family violence also have complex needs including drug and alcohol addiction. Action areas of the Blueprint touch on the intersection of risk factors (such as drug use) and domestic violence.

1.2 Blueprint Action 1 focuses on prevention and includes:
- The $20 million Domestic and Family Violence Innovation Fund was established as an action of the Blueprint. The fund covers a range of primary prevention activities targeting at-risk cohorts and specific areas of NSW with a high prevalence and/or incidence of domestic and family violence.
- Currently, three Domestic and Family Violence Innovation Fund projects aim to enhance perpetrator accountability and change their behaviour. Whilst not explicitly established to address ATS or other drug use, these projects offer referral to specialised drug and alcohol services to perpetrators accepted into the program if indicated.

1.3 Blueprint Action 3 focuses on supporting victims and includes:
- Safer Pathway supports victims with timely and appropriate services to keep them safe, increase resilience and meet their needs. It works to offer victims tailored, coordinated services based on their needs and the level of threat to their safety, and reducing the need for victims to re-tell their story. Alcohol and drug use are recognised in NSW as risk factors for domestic and family violence and all victims referred into Safer Pathway have a risk assessment administered, a tool which asks about the perpetrators substance abuse, including alcohol or other drugs. This information is shared with specialist domestic and family violence workers who contact victims to offer safety planning, information and coordinated support.
- Safer Pathway has been found to improve coordinated service delivery for victims at threat and at serious threat. Service coordination may involve referral for victims to specialist alcohol and other drug services.
- Victims assessed at serious threat are referred to Safety Action Meetings, fortnightly meetings attended by government agencies and local service providers to coordinate service responses for victims rated ‘at serious threat’. NSW Health participates in these meetings, including, where possible, representation from drug and alcohol and mental health services. Safety Action Meeting members develop tailored, time-specific Safety Action Plans to prevent or reduce the threat of further assault or harm to victims and their children. Where substance abuse is identified in relation
to perpetration, government agencies and service providers are able to offer referral for treatment.

- Work is underway to expand referral pathways into Safer Pathway from non-statutory actors and an upcoming place-based pilot will trial the potential effectiveness of referral into the program via different community-based services, including health providers that work with clients presenting with substance abuse issues, if appropriate.

1.4 Blueprint Action 5 focuses on holding perpetrators accountable and includes:

- The Automatic Referral Pathway (ARP) to the Men’s Telephone Counselling Referral Service. The ARP involves all adult male over 18 years who are persons of interest in domestic and family violence incidents, who are subject to an application for an Apprehended Domestic Violence Order or charge, being referred automatically (without their consent) by the NSW Police Force to the telephone counselling service and provide appropriate referrals to local programs and services, including alcohol and other drug services where indicated.

- The NSW Government has expanded Men’s Behaviour Change interventions from 18 programs to 35 with a particular focus of new programs in previously un-serviced areas including rural and remote areas and areas with high rates of domestic and family violence offending. Addressing perpetrators needs (including untreated substance abuse) in a coordinated manner is a key component of the program, including provision of alcohol and other drug treatment and counselling.

Their Futures Matter

1.5 Their Futures Matter is a cross-government reform delivering whole-of-system changes to better support vulnerable children and families. The guiding vision is to significantly improve life outcomes for current and future generations of children and families.

1.6 The approach to the reform involves:

- placing children and families at the centre of everything we do. Their needs are considered first, to determine the support they require

- using an investment approach to focus on achieving large-scale benefits for individuals and the system, now and into the future

- leading a whole-of-government approach to transform the lives of vulnerable children, young people and families.
2 Diversionary programs

2.1 Youth on Track is a voluntary early intervention scheme for 10 – 17 year-olds which identifies young people at risk of long-term involvement in the criminal justice system. Case managers from contracted Non-Government Organisations (NGO) coordinate service delivery for the young person, and facilitate access to drug and alcohol counselling if this is found to be an issue for the young person during a comprehensive assessment of their needs.

2.2 Young people may be referred to a Youth Justice Conference, administered by Juvenile Justice under Part 5 of the NSW Young Offenders Act 1997. The participants of the conference discuss an ‘outcome plan’ for the young person, which may involve referral to treatment for drug and alcohol use. However an outcome plan cannot require a young person to attend treatment, as acceptance into a treatment program is dependent on decisions made during intake and assessment that are outside the control of the young person, and it would be unfair for them to be negatively impacted as a result of a service’s decision not to accept them.

2.3 The NSW Government funds bail support and remand interventions to help young people meet their bail conditions, including resources to help young people access drug and alcohol services.

2.4 Juvenile Justice operates the Bail Assistance Line which is an early intervention program with the primary aim of reducing the number of young people entering custody on remand by diverting them into safe, cost effective accommodation in the community. The program also provides case management support.

2.5 A Place to Go aims to improve supports and deliver a better response for 10-17 year-olds entering and exiting the juvenile justice system, with a focus on young people in remand. It delivers a coordinated and multiagency service solution to support vulnerable young people with sourcing accommodation to avoid remand, to receive education and mental health support.

2.6 There are two rural residential adolescent drug and alcohol rehabilitation services funded by Juvenile Justice to provide an intensive drug and alcohol program in a residential setting for up to twelve weeks: Junaa Buwa, in Coffs Harbour and Mac River, in Dubbo.

- These two services have a maximum capacity of eight young people each (16 young people maximum capacity). The 2015 Young People in Custody Health Survey found that 58 per cent of young people surveyed in Juvenile Justice NSW Centres met the criteria for a substance abuse disorder in the previous 12 months, which is over 100 individuals who may be suitable for a referral to a drug and alcohol service.

- The services also require young people to have completed detoxification prior to admission. This can be supervised by Justice Health & Forensic Mental Health Network (JH&FMHN) staff if the young person is referred from custody, but there are few adolescent detoxification facilities for young people referred from a community setting.

2.7 The MERIT program is an interagency initiative involving the Department of Family and Community Services and Justice (lead agency), NSW Health, NSW Police Force
and the Chief Magistrates Office. The program aims to break the drug-crime cycle by diverting eligible offenders into treatment and rehabilitation programs addressing illicit drug use problems early in the legal process. The intended outcomes for participants and the community are decreased offending behaviour, decreased drug use, improved health and social functioning and increased community protection.

- MERIT is available in 62 Local Courts in NSW, which covers around 80 per cent of charged defendants. Drug Court is located in three District Courts in NSW and participants are limited to residence in Local Government Areas surrounding the courts.

- The MERIT program reports annually on health outcome and linked recidivism data and evaluations have been published on the program since commencement in 2000.\(^1\),\(^2\)

- In 2018 approximately 52 per cent of MERIT clients referred are principal stimulant uses, with over 87 per cent of these being accepted onto the program. One third did not complete the program due to non-compliance with program conditions, which was greater than all other principal drug types.

- Increasing capacity of the MERIT program to extend coverage, and expanding access to young people would enhance the impact of this proven program.

### 3 Health services and programs

3.1 The NSW Health is developing an Alcohol and Other Drugs Strategy. As with all jurisdictions, it will align with the National Drugs Strategy (NDS), respond to emerging substance use patterns, issues and harm and include targeted responses for priority populations.

3.2 NSW Health delivers an integrated care system to ensure that individuals in need of drug and alcohol treatment have access to a full spectrum of services from acute care and general health services through to specialist public services and the non-government sector. Treatment is provided by multidisciplinary clinical teams including specialist doctors, nurses and allied health staff. Comprehensive assessments at intake and admission are designed to identify comorbidities and inform global care plans.

3.3 Local health districts and specialty health networks deliver a range of alcohol and other drug treatment services including:

- withdrawal management (detoxification), as inpatient and outpatient services;

- hospital drug and alcohol consultation liaison;

- outpatient and community based counselling;

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- case management;
- care coordination;
- day program rehabilitation treatment; and
- opioid substitution treatment.

3.4 Examples of integrated and holistic models available in NSW Health include:

- **Hospital Drug and Alcohol Consultation Liaison Services** located at some major hospitals across NSW, build the capacity of generalist hospital staff to recognise and manage drug and alcohol presentations. An evaluation of these services found that more than one-third of people presenting to NSW hospitals have a drug and alcohol problem in need of some level of intervention. Drug and alcohol consultation liaison services have been found to reduce the level of hospital readmission.

- **The Continuing Coordinated Care Program** for people with multiple needs such as mental illness, social isolation or homelessness. This program provides care coordination and support to access treatment services for a range of comorbidities and social issues.

- **The Assertive Community Management Program** focuses on longer-term needs of individuals by focussing beyond short-term dependence on the holistic health and welfare needs through more assertive and multidisciplinary interventions.

3.5 All NSW Health drug and alcohol services are able to respond to people who present with ATS related issues, along with any other presenting drug and alcohol issue. NSW health also offers substance specific services and more tailored programs. Examples include:

- **The Stimulant Treatment Program** provides clinical support for clients to improve the health and social outcomes of people who use amphetamines through psychosocial support services such as counselling and relapse prevention. Services are located at St Vincent’s Hospital Darlinghurst and at the Hunter New England, Illawarra Shoalhaven, Mid North Coast, Northern NSW, and Western Sydney local health districts.

- **The Involuntary Drug and Alcohol Treatment** (IDAT) provides involuntary treatment as a last resort for people with severe substance dependence where other less restrictive means have not been effective or are not appropriate. Involuntary inpatient treatment exists under the NSW Drug and Alcohol Treatment Act 2007. The two IDAT services are located in Northern Sydney – Herbert Street Clinic, Royal North Shore Hospital, Northern Sydney Health District and Orange, Bloomfield Hospital, Western NSW Local Health District.

- **Substance Use in Pregnancy Services** provide drug and alcohol treatment and support to pregnant women and their child for up to two years after birth. These services are funded in: Hunter New England, Nepean Blue Mountains, South Western Sydney, Illawarra Shoalhaven,
South Eastern Sydney, Sydney, Western NSW and Western Sydney. Enhancements were provided to the following local health districts to build capacity in existing services: Central Coast, Far West, Mid North Coast, JH&FMHN, Murrumbidgee and North Sydney.

- **Youth specific services** provide access to psychosocial support and withdrawal management in some services. Youth addiction clinical support is provided through a youth addiction fellowship and a youth clinical network. Youth specific services are located in the following local health districts and speciality network: Central Coast, Hunter New England, Nepean Blue Mountains, South Western Sydney, Western NSW and Sydney Children’s Network.

- **Residential rehabilitation care for women with children** The NSW Drug Package also provided an additional $8 million over four years to increase residential rehabilitation for women with dependent children. This funding has been allocated to services in Orange, Malabar and Wyong. NSW Health funds six NGO residential rehabilitation services across NSW to accommodate women with children.

- In emergency departments, mental health clinicians provide assessment and clinical care for patients face-to-face or by video conference. **Psychiatric Emergency Care Centre** (PECC) services are located in larger emergency departments and provide 24/7 access to mental health clinicians on site who undertake mental health assessments and support emergency department staff to manage the care of people with mental health problems who present to the emergency department. PECCs also provide four to six bed inpatient units for short-term inpatient care.

- St Vincent’s Hospital commenced the **Psychiatric Alcohol and Non-Prescription Drug Assessment** (PANDA) Unit within the Emergency Department to address projected growth in emergency presentations for mental health and drug and alcohol presentations.

- The **Centre for Care and Innovation for Children and Adolescents affected by Drugs and Alcohol** provides services for children, adolescents and families.

3.6 **Other relevant programs available to support families include:**

- **Whole Family Teams** provide integrated wrap around family support services to reduce risk, keep families together and reduce potential for adverse childhood experiences or mitigate their impacts.

- **Family Referral Services** assist children, young people, and families who do not meet the statutory threshold for child protection intervention, but would benefit from accessing specific services to address current problems, prevent escalation, and foster a protective and nurturing environment. Services link vulnerable children, young people in need of assistance, and their families, with the most appropriate available support services in their local areas.
– **Child Wellbeing Units** provide direct support and advice to health workers about how to respond to any level of child protection or wellbeing concern, primarily via a 1300 telephone number.

– **Prenatal conferencing** where available, this service is a collaborative arrangement between Family and Community Services and Justice and local health districts to promote early engagement and interagency planning with pregnant women and families at risk of their newborns entering out-of-home care at birth. Prenatal conferencing aims to engage families early in collaborative case planning to avoid a crisis response at birth, and to minimise the need for assumption of the infant into out of home care.

– **Healthy Homes and Neighbourhoods**: an interagency collaboration within Sydney Local Health District for delivering integrated care for children, young people and their families. The program provides long-term care coordination for vulnerable families with health and social care needs who require multi-agency support.

3.7 NSW Health also provides the Drug and Alcohol Specialist Advisory Service line; a free 24 hour, 7 days a week telephone service for health professionals in NSW who require access to specialist advice on the clinical diagnosis and management of drug and alcohol issues. The service supports local health districts and general practitioners in regional and remote areas where drug and alcohol specialist services are limited.

3.8 The NSW Government invested $225.3 million into the delivery of alcohol and other drug services in 2018-19

4 **Services and programs in correctional settings**

4.1 Justice Health and Forensic Mental Health provide clinical staff and clinics in each of the six Juvenile Justice Centres which provide detoxification and withdrawal services. Juvenile Justice psychologists work collaboratively with JH&FMHN staff, and provide psychological services to assist young people during withdrawal and detoxification.

4.2 Young people in custody also have access to

– discharge/exit planning with a Juvenile Justice caseworker in custody, including relapse prevention planning.

– transitioning to Juvenile Justice case management in the community, for those continuing on a supervised order.

– a JH&FMHN Community Integration Team to coordinate care for young people who have mental health problems and/or problematic drug and alcohol use, commencing while they are in custody and extending three months after their release.
4.3 Young people in custody also have access to the following drug and alcohol related programs, all of which contain information on harm-minimisation:

- **Changing Habits and Reaching Targets** (CHART) is designed to implement evidence-based practice to improve effectiveness in interventions by Juvenile Justice case workers with young people during supervision. The program aims to help the young person to address thinking patterns, examine motivations and re-evaluating potential consequences of their actions and develop skills such as problem solving and effective coping strategies to assist them to maintain behavioural change and prevent relapse. CHART focuses on the links between beliefs, attitudes and offending behaviour using a skills-oriented, cognitive behavioural approach and active, participatory learning methods.

- **X-roads** is an interactive, cognitive-behavioural intervention. It is designed for young people assessed as having significant substance misuse issues. X-Roads is a strengths based intervention, allowing facilitators to work collaboratively with a young person to develop personal insights, identify strengths and learn skills to address their substance misuse. The intervention can also be delivered to young people who have been identified as requiring additional intervention after completing the CHART module ‘Alcohol & other drug education’.

- **Dthina Yuwali**: an Aboriginal-specific Alcohol and Other Drugs program based on the relationship between substance use and pathways to offending. The program is based on cultural learning and utilises learning circles, cultural representations of concepts to facilitate learning, and the use of Elders/respected community members throughout the program. Dthina Yuwali explores the change process, managing emotions related to change, and focuses on relapse prevention and maintenance.

- The goals of the program are: motivating participants in considerations of change around substances use and offending; reduction of harm associated with substance use and offending; encouraging participants to consider that intervention and change is based on a continuum, and to reinforce that all participants have something to learn and teach (cultural learning).

4.4 Justice Health and Forensic Mental Health delivers a range of programs:

- **Connections program** provides pre and post-release support to patients with ATS leaving publicly-run correctional centres. A treatment plan is developed with the patient who is supported for four weeks to assist with links to community services and support networks including Medicare, Centrelink, State Debt Recovery, housing, clothing, household goods, reconnecting with family, medical appointments. Demand for the program outstrips capacity.
- Substance Use in Pregnancy and Parenting Services provide early and assertive bio-psychosocial management of pregnant women and transition support post-release.

- The Continuing Coordinated Care program is a state-wide program delivered by the NGO sector that provides wrap-around support services for people who are currently in or recently exited from drug and alcohol treatment. The model of care was developed in recognition of the additional needs of clients with substance dependence. Services includes individualised, flexible support to access or maintain connections with drug and alcohol and other health services, living skills, housing tenancy support, vocational and educational support, and assistance to maintain or renew family and community connections.

- The Drug and Alcohol Treatment Services program provides funding to 11 NGOs to deliver 17 services including residential treatment, day programs, outreach and aftercare to clients exiting custody.

4.5 The NSW Department of Family and Community Services and Justice has a number of strategies for the prevention ATS entry into correctional facilities. These strategies include: Regular drug detection dog searches of all juvenile justice centres, monitoring of phone calls and visitors, as well as intelligence provided by persons internal and external to Juvenile Justice.

4.6 Regular drug testing of young people in custody is undertaken including:

- Saliva, urine and breath testing may be conducted on young people in juvenile justice centres.

- All young people who have been in custody for 42 days or longer are eligible for random testing. 30 per cent of all eligible young people are randomly tested each month. The time delay is so that any drug/s that may have been taken prior to admission can have time to work out of the young person’s system. If there is a positive saliva test this is followed up with a urine test for confirmation of the presence of drug/s.

- Targeted testing: A young person may be targeted for a number of reasons: leave, incident, request from security & intelligence, Serious Young Offenders Review Panel (SYORP), indication from the drug detection dog, work release, attending external education/program, drug paraphernalia located, or suspicion of taking an illicit substance and behavioural observation.

5 Services and programs in the school setting

5.1 Drug education is mandatory in NSW Government schools. Age-appropriate education is provided through the Kindergarten to Year 10 PDHPE curriculum, and Life Ready course for Year 11 and 12 students.

5.2 This ensures that drug education begins before children and young people are likely to face situations when they make decisions about drug use and before behavioural 

patterns have become established. This drug education in NSW government schools reflects the whole of government harm minimisation approach. It aims to promote resilience, and build on knowledge, skills, attitudes and behaviours to enable young people to make responsible, healthy and safe choices.

5.3 Schools play an important role in support enhancing and building the wellbeing of every child. Every staff member contributes to the wellbeing of children and young people in their school. In addition, the NSW Government schools has counsellors with a range of materials and additional training to assist students who seek help.

5.4 The Department’s school counselling service provides a mechanism for young people to self-refer as needed. Students may also be referred by a teacher, a parent or carer.

5.5 At the direction of the principal the school counsellor school psychologist can complement and extend drug education that takes place in the classroom through the provision of counselling assistance to students, advice to teachers and involvement with professional learning activities for students, teachers and parents.

5.6 Drug and alcohol counselling is a complex issue that is addressed in a developmental manner through both programs delivered either individually or in groups as an education strategy, or through intervention when supportive treatment focused counselling is required for an individual.

5.7 There is a strong focus on developing sound life skills for example, communication, decision-making and interpersonal skills and in supporting the establishment of good mental health through self-awareness, self-esteem and healthy habits including an understanding of the dangers of drugs.

5.8 To continue this work, commencing 2019-20 the government will invest an additional $88 million over four years to provide every public high school with two dedicated experts to ensure students have access to vital mental health and wellbeing support.

6 Services and programs in community settings

6.1 The NSW Government understands the importance of safe and stable housing to not only assist in recovery from substance abuse, but to ensure people feel empowered to live fulfilling lives, achieve their potential, and participate fully in society. The Department of Family and Community Services and Justice delivers a range of housing assistance to support the most vulnerable people in our community and to help break the cycle of disadvantage.

6.2 Future Directions for Social Housing (2016-2025) sets out the NSW Government’s 10-year vision to deliver more social and affordable housing and improve tenant outcomes. Future Directions is underpinned by three strategic priorities, including:

- more social housing;
- more opportunities, support and incentives to avoid and/or leave social housing; and

6.3 The Specialist Homelessness Services (SHS) program is the primary NSW Government response to homelessness. NGOs are funded to deliver a range of services to support people who are experiencing homelessness or at risk of becoming homeless, including young people, families, single men, and single women, with or without children. Services may include outreach, case management, links to education and training, crisis and transitional accommodation.

6.4 SHS are required to provide responses to targeted client groups, which for some SHS includes people with drug and alcohol issues. All SHS providers who provide intensive responses for clients with complex needs are required to work with the client to undertake multidisciplinary case planning, where multiple providers work together to wrap-around the services needed to address the client’s needs. This could include treatment and support for drug and alcohol problems.

6.5 NSW Health delivers three homelessness services designed to prevent people exiting health services into homelessness. Two programs are delivered by St Vincent’s Speciality Health Network: Way2Home provides coordination of assertive outreach support, focused on helping clients access and sustain long-term supported housing solutions; and Coordinated Exit Planning from Emergency Departments is a service that aims to reduce the number of people who may leave an emergency department with nowhere to live. The third program, the Homelessness Mental Health Program, is delivered by Illawarra Shoalhaven Local Health District. It provides support for people with a mental illness who are either at risk of, or are homeless.

7 Policing strategies and programs

7.1 NSW Police Force is currently developing an internal Illicit Drug Strategy, aligned to the National Drug Strategy.

7.2 Identifying the manufacturers of ATS is a strategy used by NSW Police Force. In the 12 months from 1 April 2018 to 30 March 2019 there were 46 methamphetamine laboratories and 6 MDMA laboratories identified by NSW Police Force.

7.3 The quantity of ATS seized is also a measure of the success of the NSW Police Force in curbing the supply of the drugs and can be readily measured. Over the same reporting period there was 433kg and 63kg of methamphetamine and MDMA seized respectively.

7.4 The NSW Police Force investigates gangs and groups involved in a vast range of offences including drug supply and manufacture. This is done through more traditional investigative strategies mainly resulting in the prosecution of offenders. There is no doubt this is a deterrent and extremely necessary.

7.5 Strike Force (SF) Raptor has a specific focus on outlaw motorcycle gangs. This is an intelligence driven, proactive, high impact response to crime including breaking the drug supply networks. The more traditional tactics described above remain critical to SF Raptor operations however a more strategic approach is taken through a wide range of initiatives and partnerships with agencies such as the Australian Taxation Office, Human Services, Border Force with the focus being to disrupt and disable these gangs operating.
7.6 NSW Crime Stoppers uses a number of strategies to reduce or disrupt the production and supply of ATS, such as the Dob in a Dealer campaign and Ice reporting advertising campaign. These campaigns are designed to raise the agenda of Ice as a serious community issue and encourage the reporting of drug supply and manufacture to police via Crime Stoppers. The campaigns have a particular focus in rural and regional communities.

7.7 The campaigns are presented through the eyes of the caller, supporting the credibility of the caller, and showing people that they can relay this information confidentially. The campaigns include the Crime Stoppers phone number, and are displayed in Police stations, bus stops, hospitals, and in newspapers. The campaigns are also frequently posted on social media, by the Crime Stoppers Facebook, Instagram and Twitter pages. Advertising on multiple platforms ensures a wider audience are educated about ATS issues.

7.8 The NSW Police Force has established at least one Regional Enforcement Squad in each rural region which will have the capacity to target drug offences (when identified as a priority/need).

7.9 The NSW Police Force has developed a series of resources for Aboriginal communities called ‘Not Our Way’. The campaign aims to increase the communities’ awareness and knowledge of the drug and associated harms, empower communities to respond and encourage them to seek help and support. It provides advice for parents, families and friends of Aboriginal people with a pharmaceutical, ice or heroin dependency.
Special Inquiry into the drug ‘Ice’
NSW Government response to the Issues Papers

Attachment B – NSW Police Force data
Overall Drug Detection Incidents with an identified POI (includes supply and possess offences): (Note: ‘Other’ includes all other drug types)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>26,246</td>
<td>28,056</td>
<td>29,189</td>
<td>27,951</td>
<td>28,869</td>
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<tr>
<td>Mdma (Ecstasy)</td>
<td>2,730</td>
<td>3,014</td>
<td>3,573</td>
<td>3,641</td>
<td>3,732</td>
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<tr>
<td>Methyl/Amphetamine</td>
<td>7,394</td>
<td>8,990</td>
<td>9,660</td>
<td>8,184</td>
<td>8,851</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>35,513</strong></td>
<td><strong>39,008</strong></td>
<td><strong>40,095</strong></td>
<td><strong>38,584</strong></td>
<td><strong>40,183</strong></td>
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Drug Detection Incidents with an identified POI (includes supply and possess offences) - By Police Region:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Region</th>
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<th>2017</th>
<th>2018</th>
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</thead>
<tbody>
<tr>
<td>Other</td>
<td>Central Metro</td>
<td>6,004</td>
<td>6,458</td>
<td>6,692</td>
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<td>Northern</td>
<td>6,690</td>
<td>6,737</td>
<td>6,631</td>
<td>6,307</td>
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<td></td>
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<td>Mdma (Ecstasy)</td>
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<td>113</td>
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<td>Methyl/Amphetamine</td>
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<td>1,856</td>
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<td>814</td>
<td>796</td>
<td>618</td>
<td>759</td>
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Drug Detection Incidents with an identified POI (includes supply and possess offences) – By ATSI status:

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<thead>
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<th>Drug Name</th>
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<th>2018</th>
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<td>Mdma (Ecstasy)</td>
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<td>48</td>
<td>41</td>
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<td>777</td>
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<td>788</td>
</tr>
<tr>
<td></td>
<td>Non-ATS1</td>
<td>6,251</td>
<td>7,215</td>
<td>7,510</td>
<td>6,187</td>
<td>6,523</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>841</td>
<td>1,333</td>
<td>1,632</td>
<td>1,559</td>
<td>1,824</td>
</tr>
</tbody>
</table>
### Drug Detection Incidents with an identified POI (includes supply and possess offences) – By Gender:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Person Gender</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>FEMALE</td>
<td>4,951</td>
<td>5,608</td>
<td>6,044</td>
<td>5,741</td>
<td>6,076</td>
</tr>
<tr>
<td></td>
<td>MALE</td>
<td>22,065</td>
<td>23,216</td>
<td>23,833</td>
<td>22,961</td>
<td>23,603</td>
</tr>
<tr>
<td></td>
<td>UNKNOWN</td>
<td>73</td>
<td>107</td>
<td>88</td>
<td>91</td>
<td>140</td>
</tr>
<tr>
<td>Mdma (Ecstasy)</td>
<td>FEMALE</td>
<td>454</td>
<td>561</td>
<td>784</td>
<td>841</td>
<td>953</td>
</tr>
<tr>
<td></td>
<td>MALE</td>
<td>2,322</td>
<td>2,502</td>
<td>2,873</td>
<td>2,860</td>
<td>2,807</td>
</tr>
<tr>
<td></td>
<td>UNKNOWN</td>
<td>17</td>
<td>18</td>
<td>21</td>
<td>30</td>
<td>49</td>
</tr>
<tr>
<td>Methyl/Amphetamine</td>
<td>FEMALE</td>
<td>1,835</td>
<td>2,243</td>
<td>2,600</td>
<td>2,363</td>
<td>2,417</td>
</tr>
<tr>
<td></td>
<td>MALE</td>
<td>5,814</td>
<td>7,042</td>
<td>7,435</td>
<td>6,103</td>
<td>6,737</td>
</tr>
<tr>
<td></td>
<td>UNKNOWN</td>
<td>15</td>
<td>27</td>
<td>19</td>
<td>21</td>
<td>37</td>
</tr>
</tbody>
</table>

### Drug Detection Incidents with an identified POI (includes supply and possess offences) – By Age:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Age range</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>&lt;18</td>
<td>2,151</td>
<td>2,200</td>
<td>2,279</td>
<td>2,196</td>
<td>2,284</td>
</tr>
<tr>
<td></td>
<td>18-20</td>
<td>3,865</td>
<td>4,107</td>
<td>3,891</td>
<td>3,921</td>
<td>3,717</td>
</tr>
<tr>
<td></td>
<td>21-30</td>
<td>8,622</td>
<td>9,709</td>
<td>9,957</td>
<td>9,983</td>
<td>10,539</td>
</tr>
<tr>
<td></td>
<td>31-40</td>
<td>6,215</td>
<td>6,577</td>
<td>6,766</td>
<td>6,621</td>
<td>6,692</td>
</tr>
<tr>
<td></td>
<td>41-50</td>
<td>4,475</td>
<td>4,425</td>
<td>4,446</td>
<td>4,236</td>
<td>4,477</td>
</tr>
<tr>
<td></td>
<td>51-60</td>
<td>1,858</td>
<td>2,000</td>
<td>1,960</td>
<td>1,869</td>
<td>1,994</td>
</tr>
<tr>
<td></td>
<td>61-70</td>
<td>444</td>
<td>434</td>
<td>524</td>
<td>426</td>
<td>573</td>
</tr>
<tr>
<td></td>
<td>71+</td>
<td>57</td>
<td>62</td>
<td>56</td>
<td>87</td>
<td>69</td>
</tr>
<tr>
<td>Mdma (Ecstasy)</td>
<td>&lt;18</td>
<td>141</td>
<td>122</td>
<td>231</td>
<td>217</td>
<td>193</td>
</tr>
<tr>
<td></td>
<td>18-20</td>
<td>799</td>
<td>896</td>
<td>997</td>
<td>930</td>
<td>991</td>
</tr>
<tr>
<td></td>
<td>21-30</td>
<td>1,427</td>
<td>1,618</td>
<td>1,871</td>
<td>1,982</td>
<td>2,031</td>
</tr>
<tr>
<td></td>
<td>31-40</td>
<td>306</td>
<td>327</td>
<td>464</td>
<td>454</td>
<td>392</td>
</tr>
<tr>
<td></td>
<td>41-50</td>
<td>132</td>
<td>127</td>
<td>153</td>
<td>174</td>
<td>181</td>
</tr>
<tr>
<td></td>
<td>51-60</td>
<td>47</td>
<td>44</td>
<td>40</td>
<td>54</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>61-70</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>71+</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Methyl/Amphetamine</td>
<td>&lt;18</td>
<td>118</td>
<td>139</td>
<td>134</td>
<td>107</td>
<td>110</td>
</tr>
<tr>
<td></td>
<td>18-20</td>
<td>518</td>
<td>644</td>
<td>646</td>
<td>377</td>
<td>388</td>
</tr>
<tr>
<td></td>
<td>21-30</td>
<td>2,764</td>
<td>3,361</td>
<td>3,599</td>
<td>2,744</td>
<td>2,984</td>
</tr>
<tr>
<td></td>
<td>31-40</td>
<td>2,566</td>
<td>3,055</td>
<td>3,544</td>
<td>3,109</td>
<td>3,238</td>
</tr>
<tr>
<td></td>
<td>41-50</td>
<td>1,495</td>
<td>1,714</td>
<td>1,792</td>
<td>1,718</td>
<td>2,011</td>
</tr>
<tr>
<td></td>
<td>51-60</td>
<td>325</td>
<td>527</td>
<td>532</td>
<td>526</td>
<td>524</td>
</tr>
<tr>
<td></td>
<td>61-70</td>
<td>72</td>
<td>71</td>
<td>133</td>
<td>84</td>
<td>92</td>
</tr>
<tr>
<td></td>
<td>71+</td>
<td>4</td>
<td>9</td>
<td>14</td>
<td>16</td>
<td>3</td>
</tr>
</tbody>
</table>
The NSW Police Force also holds the following kinds of data

<table>
<thead>
<tr>
<th>Data</th>
<th>Information related to this data</th>
</tr>
</thead>
</table>
| Purity Data                 | a. *The type of data:* intelligence analysts supporting the Drug and Firearms Squad receive data from, Forensic and Analytical Science Services (FASS) NSW Health  

b. *The form it is kept in:* the data is provided in the form of a Microsoft Excel spreadsheet with one row of data provided for each drug sample tested by FASS.  

c. *How might the data assist:* intelligence analysts supporting the Drug and Firearms Squad collate this information on a quarterly basis.  

d. *Restrictions:* not all drugs seized by police are submitted to FASS and not all drugs submitted to FASS are quantified (assessed for purity). This potential inaccuracy is mitigated by using all available purities and calculating of mean and range. This data is disseminated on an annual basis to the Australian Crime Commission for publication in the open source Illicit Drug Data Report.  

e. Under the *Drugs Misuse and Trafficking Regulation 2011* only drug samples above commercial quantities or those seized via controlled operations are analysed for purity |
| Street Price                | a. *The type of data:* intelligence analysts supporting the Drug and Firearms Squad manually extract data on the street price of a variety of quantities of methamphetamine. This information is extracted from the narratives of drug detection incidents and information reports submitted by police from all over NSW.  

b. *The form it is kept in:* the data is retained on the Drug and Firearms Squad Intelligence shared network drive in the form of a Microsoft Excel spreadsheet.  

c. *How might the data assist:* intelligence analysts supporting the Drug and Firearms Squad collate this information on a yearly basis to create a Drug Price Guide for a variety of drug types, including methamphetamine.  

d. *Restrictions:* data is based on reports to police officers and may not be representative of actual street prices. This potential inaccuracy is mitigated by the use of all available prices range of price is provided, in lieu of a single price. This data is disseminated on an annual basis to the Australian Crime Commission for publication in the open source Illicit Drug Data Report. |
| Penalty Notices/Criminal Infringement Notices | Data is being progressively compiled for all music festivals since Australia Day 2019. As at 10 April 2019, police have issued 187 Criminal Infringement Notices (CINs) for drug possession at music festivals. This compares to 234 charges for drug possession at the same festivals. |
Using the above figures, 44 per cent of people who would previously have been charged for drug possession have instead been given penalty notices.

<table>
<thead>
<tr>
<th>Drug Information</th>
<th>Information about weight and type of drug is routinely collected for all drug detection incidents regardless of the legal process applied.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply and manufacture of ATS</td>
<td>In NSW chemicals/precursors and equipment identified as at risk of diversion for the purposes of manufacturing illicit drugs are regulated through the DMTA. Suppliers are required to obtain and store End User Declarations (EUDs) from buyers which identify the items to be purchased and the reason for doing so.</td>
</tr>
<tr>
<td>Random Roadside Drug Testing</td>
<td>Every three months the Random Drug Testing Unit receives a report from Forensic and Analytical Science Service (FASS) detailing statistics on the samples sent to it from positive roadside screening. The report indicates ATS is present in 63 per cent of all samples. The report also shows that MDMA is present in 10 per cent of all samples. When ATS only is present, it is 38 per cent of all samples. When poly drug use is observed the most common combination is ATS and THC at 20 per cent of all samples. This data source is available for all roadside drug testing samples once secondary laboratory (confirmatory) testing has been completed.</td>
</tr>
</tbody>
</table>

Drug driving is measured through:
- Number of drivers detected through Driving under the Influence (DUI) drug events.
- Number of drivers detected through oral fluid presence offences.
- Number of drivers involved in fatal collisions where the presence of drugs is detected through blood sample analysis.

| Driving Under the Influence | A sample period from February/March 2008 was compared to February/March 2015. It was analysed for both frequency and concentration of methamphetamine in DUI driving matters. This data showed that frequency of methamphetamine in DUI driving rose from an average involvement of 22 in 65 events per month to 70 in 110 events. At the same time the concentration levels rose on average from 40 per cent with a concentration level of more than 0.1 MG/L to 68 per cent at the same toxicity level of more than 0.1 MG/L. This indicates a sharp rise in use and concentration. This data is currently not digitised and relies on manual collation. |