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**SUBMISSION TO THE PARLIAMENTARY JOINT COMMITTEE ON THE  
AUSTRALIAN CRIME COMMISSION**

FROM: Dept Health & Ageing

**Inquiry into Amphetamines and Other Synthetic Drugs (AOSD)**

APPROVED FOR PUBLICATION:  
SECRETARY: 

**Department of Health and Ageing**

**a. Trends in the production and consumption of AOSD in Australia and overseas.**

**Australia**

The 2004 National Drug Strategy Household Survey reported an increase in recent use (in the last 12 months) of methamphetamine from 2.1% in 1995 to 3.2% in 2004. There was also an increase in people who had ever used methamphetamines (from 5.4% in 1993 to 9.1% in 2004).

Research into use of different types of methamphetamines over the past five years found that:

- *Speed* was the form most commonly used (approximately 60%)
- *Base* was also quite commonly used (approximately 40%); and
- *Ice* initially had low use but this figure increased sharply (from approximately 12% in 2000 to 45% in 2003-04)

(The above figures do not add up to 100% due to some interviewees using more than one type of methamphetamine)

According to research undertaken by the National Drug and Alcohol Research Centre (NDARC) the market for these drugs in Australia has undergone radical changes since the late 1990s with the emergence of the new, more pure forms of methamphetamine (*base* and *ice*). The health and social consequences associated with these more pure forms of methamphetamine are of concern to governments across Australia.

(Source: The Sydney methamphetamine market: Patterns of supply, use, personal harms and social consequences. Monograph Series No. 13. McKetin, McLaren, Kelly)

NDARC, in its report, noted that poor mental health among methamphetamine users was particularly pronounced, with two-thirds experiencing some degree of mental health disability and one in five suffering severe disability in their mental health functioning. Common problems included increased aggression, agitation, depression and symptoms of psychosis.

The estimated number of regular methamphetamine users in Australia in 2004 was 102,600 or 10.3 per 1000 persons aged 15 to 49 years. Of these regular methamphetamine users, it was estimated that there were 72,700 dependent methamphetamine users or 7.3 per 1000 population aged 15-49 years.

(Source: Estimating the Number of Regular Dependent Methamphetamine Users in Australia, Technical Report No. 230. McKetin, McLaren, Kelly, Hall and Hickman).

According to the 2003-04 Alcohol and Other Drug Treatment Services National Minimum Dataset, 14,208 (11%) of clients admitted to closed treatment (where there is a specified timeframe) listed amphetamines as their principal drug of concern. Injecting accounted for 79% of closed treatment episodes within this group compared to all other drugs of concern, where injecting accounted for only 22%.

The 2004 National Drug Strategy Household Survey reported that recent ecstasy use (in the last 12 months) over the period 1995 to 2004 rose from 0.9% to 3.4%. One in eight persons aged 20 – 29 years had used ecstasy in the last 12 months. The 20–29 years age group had the highest proportion and number of persons ever using ecstasy compared with all other age groups. There were approximately 100,000 more recent ecstasy users in 2004 when compared with 2001.

### **Overseas**

There is a global trend towards use of amphetamines and other manufactured drugs as opposed to plant-derived substances such as heroin.

The 2005 UN World Drug Report notes that:

- In comparison with other data presented in the report, Australia has a substantially higher rate of amphetamine use than the other countries listed including the UK (1.6%), USA (1.4%), Netherlands (0.6%) and Canada (0.6%).
- The annual prevalence of ecstasy in Australia was 3.4% of the population aged 15-64 years in 2001. According to the report the rates for Australia are well above those presented for the UK (2.0%), the Netherlands (1.5%), USA (1.1%) and Canada (0.9%).

The accuracy of Australian data compared to other countries is such that Australia appears to have some of the highest levels of illicit drug use, and in relation to amphetamines and ecstasy, the highest reported in the world. Such comparisons conceal what are likely to be substantial under estimates of use in other countries, many of whom often do not provide such comprehensive and transparent data. The above statements should therefore be interpreted with caution.

### **b. Strategies to reduce the AOSD market in Australia.**

#### ***Ministerial Council on Drug Strategy (MCDS)***

The MCDS consists of Commonwealth, State and Territory Ministers, responsible for health and law enforcement to collectively determine national policies and programs to ensure that Australia has a nationally coordinated and integrated approach to reducing the harm arising from the use of drugs. The Council's collaborative approach has been designed to achieve national consistency in policy principles, program development and service delivery.

## ***National Drug Strategy***

The National Drug Strategy (NDS) is the responsibility of the Ministerial Council on Drug Strategy. It is a national policy framework that is complemented, supported and integrated with a range of national, state, territory, government and non-government strategies, plans and initiatives. One of the key elements of the NDS is the cooperation between health, law enforcement and other key stakeholders in dealing with the issues associated with use of licit and illicit drugs.

The NDS is complemented by the Australian Government's National Illicit Drug Strategy.

## ***National Illicit Drugs Strategy***

The 'Tough on Drugs' National Illicit Drugs Strategy (NIDS) is an integrated approach to drug policy across the health, education, family services and law enforcement sectors which includes a balanced package of measures aimed at reducing the supply of and demand for, illicit drugs, including AOSD. Listed below are examples of the work being undertaken under the NIDS:

## ***National Drugs Campaign***

Phase 1 of the National Drugs Campaign was first launched in March 2001 and targeted parents of 8 to 17 year olds. It was designed to encourage parents to talk to their children about drugs. The campaign provided information, strategies and support to parents to assist them in their role of preventing drug use amongst their children and teenagers.

The second phase of the National Drugs Campaign was launched on 17 April 2005 and built on the achievements of the first phase of the campaign which reached parents, teenagers and the wider community. The second phase continued to target parents, but primarily focused on youth aged 13 to 17 years.

The Phase 2 campaign conducted in 2005 consisted of: print, television and cinema advertisements targeting young people and their parents; youth marketing activities to promote credible alternatives to drug use and encourage positive lifestyles; resource materials with practical information for parents, information materials for service providers and stakeholders; and communication activities to address the specific needs of people from non-English speaking backgrounds and Indigenous Australians.

The total funding allocated to the National Drugs Campaign was approximately \$30 million, over the two phases of campaign activity.

### ***National Psychostimulants Initiative***

As part of the 2003-04 Federal Budget, \$2 million over two years was allocated under the National Illicit Drug Strategy to the National Psychostimulants Initiative. An additional \$3.1 million was allocated in the 2004-05 Budget. Total funding now allocated to the Initiative is \$5.1 million over five years, from 2003-04 to 2007-08.

Work being undertaken under the Initiative is across three broad themes:

- identifying good practice models for treatment;
- providing training and support for GPs and health workers; and
- providing information for at-risk youth and families.

### ***National Comorbidity Initiative***

\$9.7 million over five years from 2003-04 to 2007-08 has been allocated under NIDS for a National Comorbidity Initiative. This Initiative aims to improve coordination across psychiatric/mental health services and drug treatment services, develop best practice guidelines for service delivery, and increase professional education and training.

### ***Illicit Drug Diversion Initiative***

In 1999 the Council of Australian Governments (COAG) agreed to a national approach to diverting non-violent drug offenders away from the criminal justice system and into appropriate assessment, education and treatment services.

Australian Government funding of more than \$340 million from 1999/00 to 2007/08 has been allocated to this approach, implemented as the Illicit Drug Diversion Initiative.

### ***Precursor Chemicals of Interest Initiative***

The Office of Chemical Safety (including the national industrial chemicals regulator, NICNAS) represents the Department of Health and Ageing on the National Working Group (NWG) for the Prevention of the Diversion of Precursor Chemicals.

In contributing to the objectives of the NWG, the Office provides information, reporting and intelligence on the licit movement of precursor chemicals subject to United Nations Drugs Convention and Customs Prohibited Import and Export Controls. This intelligence and information sharing provides an early warning system that facilitates the detection of potential diversion of controlled substances into the manufacture of illicit substances.

In addition to this, the Office through NICNAS has received funding under the National Drug Strategy initiative to develop data sharing IT system. The aim of this system is to facilitate the provision of a complete, national dataset on legitimate holders, use and volumes of industrial chemicals used as precursors that could possibly be diverted for the illicit manufacture of drugs. This system will deliver the means for intelligence sharing and exchange of information in a timely fashion, which is critical to support early detection and to augment knowledge of the licit movement of precursor chemicals throughout Australia and to improve the controls on industrial chemicals used as chemical precursors. The project will also investigate the use of the database and NICNAS to track the legitimate movement of precursor chemicals of interest."

#### **d. The Nature of Law Enforcement Response**

As outlined in the National Drug Strategy, the partnership between the health and law enforcement sectors has broadened the impact of strategies to address drug issues. Many jurisdictions have adopted multi-agency partnerships that encompass prevention, education, treatment, justice, Indigenous affairs, liquor licensing and law enforcement.