

The Victorian Government Response to the Recommendations of the Drugs and Crime Prevention Committee Inquiry into Amphetamine and Party Drug Use in Victoria

Background

In May 2004, the Drugs and Crime Prevention Committee (the Committee) delivered the final report on its *Inquiry into Amphetamine and 'Party Drug' Use in Victoria*. The Inquiry was initiated in response to the growing problem of the use of amphetamine-type substances and other drugs used by people in a recreational environment. It examined the nature and extent of use, the consequences of such use and the strategies employed to restrict such use and provide treatment for users.

The 89 Committee recommendations are grouped into the following 10 categories:

1. Law, policing, law enforcement and supply control;
2. Education, training and information provision;
3. Harm minimisation and harm reduction;
4. Media;
5. Partnerships, networking and collaborative strategies;
6. Policy, treatment and service delivery;
7. Specific groups;
8. Rural and regional issues;
9. Ongoing research and data collection; and
10. Funding.

This document responds to each of the 89 recommendations in category rather than numerical order. In some cases, where recommendations are interrelated, the Government's response is provided to that group of recommendations rather than individually.

Consultation

This document has been prepared with input from the Department of Human Services (Drugs Policy and Services Branch and the Office of the Chief Drug Strategy Officer), the Department for Victorian Communities (Aboriginal Affairs, Local Government, Sport and Recreation and Office of Youth), Department of Premier and Cabinet, Department of Education and Training, Department of Justice (Victoria Police, Crime Prevention Victoria, Criminal Law Policy, Justice Policy, Corrections Victoria, Office of the Emergency Services Commissioner, Indigenous Issues and Consumer Affairs Victoria), Department of Infrastructure, Transport Accident Commission and Department of Innovation, Industry and Regional Development.



1. Law, policing, law enforcement and supply control

Recommendation 20: The Committee recommends that the *Drugs, Poisons and Controlled Substances Act 1981* be amended to insert a new offence for possession without lawful excuse of an amount to be specified of precursor chemicals and associated apparatus/equipment used for the manufacture of illicit drugs.

Recommendation 21: The Committee recommends the amendment of Part 3 of Schedule Eleven of the *Drugs, Poisons and Controlled Substances Act 1981* to reduce the pure and dilute quantities for amphetamine and methylamphetamine to be in line with methylenedioxymethamphetamine (ecstasy) in order to control trafficking of MDMA. This would reflect the fact that amphetamine is now more commonly sold in tablet form.

Recommendation 22: The Committee recommends the amendment of Part 3 of Schedule Eleven of the *Drugs, Poisons and Controlled Substances Act 1981* to reduce the dilute quantities of pseudoephedrine to be in line with the current amphetamine and methylamphetamine commercial quantities. This would assist in combating pseudoephedrine diversion from pharmacies.

Recommendation 23: The Committee recommends that the existing offence for the possession of pseudoephedrine without lawful excuse in Part 1 of Schedule Eleven of the *Drugs, Poisons and Controlled Substances Act 1981* be publicised and enforced.

Response to Recommendations 20, 21, 22 and 23

Support in principle. Victoria Police recently established a Drugs Legislation Working Party (DLWP) to review the *Drugs Poisons and Controlled Substances Act 1981*, including future legislative proposals and the regulatory framework governing chemical pre-cursors and equipment. The DLWP works in conjunction with a national working party established by the Commonwealth Minister for Justice and Customs, Senator Chris Ellison, in December 2002.

The DLWP includes representatives from:

- Victoria Police Major Drug Investigation Division;
- Victoria Police Drug and Alcohol Strategy Unit;
- Victoria Police, Legal Policy Unit;
- Department of Human Services, Drugs and Poisons Unit;
- Plastics and Chemicals Industries Association;
- Science Industries Association; and
- The Office of Public Prosecutions.

The Government has referred Recommendations 20-23 to the DLWP for advice.

Recommendation 28: The Committee recommends that appropriate legislation be enacted to require photographic identification to be produced to pharmacists or pharmacy staff for the purchase of two or more packets of non-prescription pseudoephedrine based medications or products (single ingredient or combined product). In all other cases current Pharmacy Industry guidelines and Codes of Practice should be strictly observed and enforced.

Response to Recommendation 28

Support in principle. The Government recognises the seriousness of this issue and agrees that options to further control access from pharmacies need to be actively considered. The Committee's proposal for the use of photographic ID is not likely to be effective but other ways to make the existing Guidelines more effective need to be explored.

The Department of Human Services convenes and chairs the Pseudoephedrine Working Group (PWG), which comprises government, non-government and consumer representation.

The key means of limiting diversion has been through the implementation of a policy developed by the PWG and adopted by the Pharmacy Board of Victoria on storage, sales and promotion of pseudoephedrine-containing medicines. This aims to minimize physical access of products to the public, reduce inventory, minimize promotion and identify suspicious purchase requests irrespective of quantity requested. Under this policy, pharmacists effectively sell only one pack of product.

The Pharmacy Board is actively monitoring compliance of pharmacists with the policy. The PWG has an ongoing role in monitoring the effectiveness of the policy and controls.

The Government acknowledges the legitimate wide-spread need for products containing pseudoephedrine to treat ailments such as colds, flu and hayfever and that attempts so far have been aimed at limiting availability for diversion without unduly inconveniencing members of the public who need the medicine. The Government also recognises that diversion occurs through theft as well as sales.

The PWG has considered the issue raised by the Drugs and Crime Prevention Committee and has advised that it does not support this recommendation. This is based on advice from Victoria Police that criminal groups purchasing pseudoephedrine-containing medicines have ready access to false identification and, therefore, the imposition of the requirement would not be effective. Moreover, people purchasing pseudoephedrine for diversion purposes are not readily identifiable, even to pharmacists, as experience indicates they are indistinguishable from genuine purchasers by sight or inquiry about the condition for which the product is sought.

Given the concerns that continue to be expressed, the Government agrees that further work is required by the PWG in relation to the policy on storage, sale and promotion of pseudoephedrine-containing medicines to further reduce diversion, including being more specific about public access to products in the pharmacy.

The following initiatives are currently being undertaken to support the policy and further address this issue:

- Further cooperation between the Pharmacy Board and Major Drug Investigation Division (MDID) to investigate pharmacists suspected of acting outside the policy.
- Implementation of a strategy to facilitate pharmacy notification via hotline or email to MDID
- Participation in the Minister for Justice and Customs' National Precursor Chemicals Working Group (NCPWG) which has been requested by the recent Chemical Diversion Conference in Melbourne to reconsider, as a matter of urgency, current pharmacy controls on sales of pseudoephedrine-containing products.

- With funding from the Commonwealth through the NPCWG, Victoria Police will be progressing a Crimestoppers campaign around clandestine laboratories and pharmacists' responsibilities relating to sale of pseudoephedrine-containing products.
- Continuing action by MDID and pharmacy organisations to keep issue and responsibilities before pharmacy profession through local presentations and newsletters. This would include feedback to pharmacists on successful prosecutions as a result of notification from pharmacists.
- Members of Victorian working group to push for National Drugs and Poisons Schedule Committee action to reduce the total quantity of pseudoephedrine in packs of products currently allowed to be sold over-the-counter in a pharmacy
- Implementation of training to pharmacy dispensary assistants and pharmacy assistants to alert them to the issue and appropriate responses.
- Consider re-launch of successful pharmacy poster campaign originally carried out in August 2002.

Recommendation 24: The Committee recommends that legislation be drafted to protect endangered children, in particular making it a crime of child abuse, as well as a circumstance of aggravation to a drug offence, if a person manufactures, stores or transports chemicals and/or apparatus used to manufacture prohibited drugs in the presence of children.

Response to Recommendation 24

Not supported. Legislative provision already exists in Victoria to respond to situations in which children may be exposed to illegal drug laboratories, including endangerment offences in the *Crimes Act 1958*. Section 22 creates the offence of conduct endangering life (punishable by up to 10 years imprisonment), while section 23 makes it an offence to place a person in danger of serious injury (punishable by up to 5 years imprisonment).

Further, the issue of child endangerment is already dealt with under the *Children and Young Persons Act 1989* and there are mechanisms in place for the welfare of children.

Victoria does not use aggravating circumstances to change a maximum penalty. Legislation generally sets an appropriate maximum penalty for the most serious class of the offence and specifically directs the court to consider aggravating circumstances in determining the penalty (s.5(2)(g) *Sentencing Act 1991*).

This issue has previously been raised at the November 2003 Ministerial Council on Drug Strategy (MCDS) meeting, and was subsequently referred to the Standing Committee of Attorney's-General (SCAG). SCAG asked the Model Criminal Code Officers' Committee to consider and develop specific offences dealing with endangerment of children in drug laboratories in March 2004.

Recommendation 26: The Committee recommends that the current industry Code of Conduct with regard to the sale and diversion of chemical precursors be established in legislation.

Recommendation 27: The Committee recommends that the proposed mandatory Code of Conduct incorporate the sale of pill presses, to ensure a consistent approach by all manufacturers.

Response to Recommendations 26 and 27

Support in principle. The Victorian Government will give further consideration to the mandatory Code of Conduct, including the sale of pill presses, in consultation with key stakeholders, including industry.

It is imperative that the regulatory framework governing the sale and supply of pre-cursor chemicals and scientific equipment adequately supports the objective of preventing the diversion of materials to the manufacture of illicit drugs, and encourages liaison between industry and law enforcement agencies.

A self-regulatory approach is currently taken to controlling the sale and supply of precursor chemicals and equipment, based on the voluntary Code of Practice for Supply Diversion into Illicit Drug Manufacture. This Code of Practice, developed by Australian law enforcement agencies, the Plastics and Chemicals Industries Association and Science Industry Australia, establishes a common system of practice for Australian scientific suppliers and chemical manufacturers, importers and distributors to:

- protect against the diversion of precursors and equipment into illicit drug manufacture;
- encourage co-operation with law enforcement agencies; and
- educate and train staff about salient issues and procedures.

The DLWP, referred to in the response to Recommendations 20 – 23 in category 1, is currently considering these issues and will provide advice to Government in relation to Recommendations 26 and 27.

Recommendation 30: The Committee recommends that with regard to 'party drugs' police continue their efforts to reduce supply of these drugs through targeting and prioritising action against trafficking.

Response to Recommendation 30

Support in principle. Supply reduction activities of illicit drugs at all levels remains a major focus for Victoria Police who are the lead agency for the enforcement of the *Drugs Poisons and Controlled Substances Act 1981*. For example:

- The Major Drug Investigation Division (MDID) continues to proactively target clandestine laboratory operations in order to disrupt the illicit traffick of 'party drugs'.
- The MDID, Drug Diversion Desk remains a central contact point for Pharmacists who suspect purchases of pseudoephedrine products for use in clandestine manufacture of 'party drugs'.
- The Victoria Police Dog Squad Passive Alert Detection Dogs Pilot was launched on 11 May 2004. This strategy will target persons trafficking and possessing illicit drugs in and around licensed premises, entertainment venues and public spaces.
- Disruption of street level markets will continue through local level police operations such as 'Leader' (Melbourne CBD).
- Roadside testing for drugs other than alcohol will continue and was enhanced by legislation that commences on 1 December 2004 to aid detection of cannabis and amphetamine type substances consumed by drivers.

Recommendation 29: The Committee takes note that state and interstate highways and major roads act as a conduit for the distribution of illicit drugs, including amphetamine. The Committee therefore recommends the increased surveillance of trucks and other motor vehicles.

Response to Recommendation 29

Support in principle. The Victoria Police Road Safety Task Force is a discrete unit focused on heavy vehicle enforcement. The unit is actively involved in the detection of the transportation and use of illicit drugs within the transport industry. The unit operates in close liaison with interstate enforcement agencies.

Recommendation 25: The Committee believes that both specialist and general police officers and emergency workers should be aware of the dangers associated with clandestine drug laboratories. To this end the Committee recommends the following provisions with regard to police and community education and training:

- a) Police education should ensure that all officers are suitably trained in clandestine drug laboratory awareness and safety procedures.
- b) Emergency service personnel should receive appropriate training with regard to clandestine drug laboratories.
- c) Existing certification courses for clandestine laboratory investigators should be regularly updated to reflect current trends in keeping with the world's best practices.

Response to Recommendation 25

Support in principle. Victoria Police provide specialist training for all clandestine laboratory investigators. Instructions are also issued to general police via the Victoria Police Manual and the provision of information through lectures to recruits and general police by members of the MDID. The Investigators Guide to Pharmaceutical Drug Trafficking, which was released statewide to police in late 2003 also provides guidelines for specialist and general police. MDID is currently seeking National accreditation of the Clandestine Laboratory Investigators Safety Certification Course.

Investigators are regularly updated via internet contact with other investigators, in particular through the USA National Methylamphetamine Chemicals Initiative, the National Working Group on the Diversion of Precursor Chemicals and the annual National Chemical Diversion Congress. The next Congress meeting is scheduled for 19-21 October 2004 in Melbourne. Further trend information is disseminated at an annually held international forensic chemists' forum.

In addition, members of the Victoria Police MDID provide awareness lectures in conjunction with forensic chemists, to Emergency Agencies such as Melbourne Fire Brigade (MFB) and Country Fire Authority (CFA).

The CFA currently has a 'Standing Order' specially dealing with Clandestine Drug Laboratories including the operational command arrangement between CFA and the Victoria Police. Training is currently provided to brigades on the management of a chemical and biological incident (Hazmat), which would vary dependent on the type and risk profile of each brigade. Brigades accredited to combat Hazmat Incidents have appropriate personal protective clothing, training and equipment.

MFB personnel at Station Officer and Senior Station Officer level receive training in the recognition and dealing with fires and explosions in clandestine laboratories. Currently, training is delivered by a Metropolitan Fire and Emergency Services Board (MFESB) representative from either the Community Safety or the Fire Investigation and Analysis sections. MFESB personnel are undertaking Victoria Police courses dealing with Clandestine Laboratories.

Recommendation 3: The Committee recommends that consideration be given to the creation of a new general offence of 'drink spiking' with a sufficient level of penalty to reflect the gravity of this crime. Such an offence should be in addition to and not in substitution of the provisions of Section 53 of the *Crimes Act 1958* (administration of a drug).

Response to Recommendation 3

Support in principle. The offence of drink spiking is currently covered by three provisions.

- Section 19 of the *Crimes Act 1958* provides a penalty of 5 years imprisonment for administering any substance without consent that may interfere substantially with bodily functions including inducing unconsciousness;
- Section 53 of the *Crimes Act 1958* provides for a penalty of 10 years imprisonment for administering a drug or other matter to enable an act of sexual penetration; and
- Section 74 of the *Drugs Poisons and Controlled Substances Act 1981* makes it an offence to administer a drug of dependence to another person

However, the Government accepts the Committee's view that these provisions may not cover all circumstances and may not provide a sufficient penalty for cases involving a sexual motivation but not penetration (for example drink spiking to enable taking of pornographic pictures). It is noted that Section 61 of the UK Sexual Offences Act applies to any form of sexual activity.

Accordingly, the Government will consult with specialists and stakeholders with a view to determining whether the existing provisions need to be broadened as part of the foreshadowed major review of the *Crimes Act 1958*.

In addition, the Government notes that a 'drink spiking' awareness raising initiative has been recently commissioned to focus attention on the issue. The 'Drink Spiking Community Education Campaign', coordinated by Crime Prevention Victoria and funded through the Victorian Law Enforcement Drug Fund (VLEDF), aims to:

- raise awareness about drink spiking (whether via illicit drug, licit drug or unrequested extra alcohol) and the related harms associated with drink spiking (sexual assault, rape, assault, theft, personal injury, illness, etc) in participating venues state-wide;
- increase awareness of and encourage the adoption of protective/preventative practices, behaviours and responsibility in social settings;
- encourage reporting of drink spiking incidents;
- increase access to victims of drink spiking to services for support, counselling and treatment;
- develop a standard resource that can be utilised to establish practical guidelines for industry and services in relation to management of the drink spiking issue. The aim is to have these guidelines adopted as part of the Responsible Serving of Alcohol (RSA) and staff training/accreditation; and

- facilitate cross-agency dissemination of information regarding drink spiking and responsive measures.

The current campaign builds on the 'Keep an Eye Open' community education initiative conducted on this theme in 2002.

Other non-legislative Government initiatives in place which relate to, or will have potential relevance to, the incidence and impact of drink spiking include:

- the Inner City Entertainment Precincts Taskforce (ICEPT) which is an interagency taskforce established to develop a strategic framework for the management of amenity, safety and security in and around inner city entertainment precincts. The taskforce includes representatives from the Government, Victoria Police, and local councils and is currently drafting a discussion paper with options for consideration within which 'drink spiking' has some relevance.
- the 'Drink Spiking Project', being jointly piloted by Victoria Police and the Centre Against Sexual Assault to collect data concerning the offence and those responsible and to provide the community with information on how to get help and raise awareness of the issue.
- The Women's Safety Strategy, a whole-of-government response to violence against women, recognises that drink-spiking is often a premeditated step to sexual assault, which is overwhelmingly experienced by women and perpetrated by men known to them. The Strategy includes a Statewide Steering Committee to Reduce Sexual Assault, which includes Government, police, courts, sexual assault services and men's programs, to improve responses to sexual violence.

Additional initiatives may be considered in response to the imminent release of the findings of the National Drink Spiking Project, funded by MCDS, which aims to estimate the extent of drink spiking.

Recommendation 31: The Committee recommends that the Sentencing Advisory Council undertakes a wide ranging review of the adequacy of penalties and sentences contained in the *Drugs, Poisons and Controlled Substances Act 1981* and other relevant legislation.

Response to Recommendation 31

Support in principle. The Sentencing Advisory Council (SAC) is an independent statutory body with a range of statutory functions in the area of sentencing, including providing advice to the Attorney-General on sentencing matters.

While Government does not have the authority to direct the SAC's work program, this recommendation will be brought to SAC's attention for its consideration, in view of its work load priorities.

Recommendation 45: The Committee recommends a wide-ranging and comprehensive review of security issues and security personnel including but not restricted to security personnel and crowd controllers located at night clubs, dance clubs, venues and 'rave' events. Such a review would concentrate not solely on issues involving security and violence but also those pertaining to health, training and other concerns relating to the industry.

Recommendation 46: The Committee recommends that, subject to the findings of such a review, more stringent requirements be placed on the initial issue and ongoing renewal of a Security/Crowd Controller licence to include the following requirements:

- a) Training modules developed to give a better understanding of illicit substances, their signs and potential hazards.
- b) Training modules developed to give a better understanding of drink spiking, the strategies that can reduce occurrences, and the consequences of non-intervention.
- c) Level 2 First Aid qualification must be maintained as current in order to hold licence (renewed every three years).
- d) CPR refresher must be maintained as current in order to hold licence (recommended renewal every one year).
- e) Mandatory reporting of violent incidents involving crowd controllers for review of their licence holding.
- f) Training in the detection of drug trafficking or distribution at clubs and associated venues.

Response to Recommendations 45 and 46

Support in principle. The Government recently reviewed the *Private Agents Act* and will implement a new Private Security Act on 1 March 2005. The Act contains provision for the Chief Commissioner of Police to set training standards for sectors within the security industry. In addition, an Asset Security Training package that will be implemented on 1 January 2005 will align with the new legislation.

The work of ICEPT (mentioned in the response to Recommendation 3 in category 1) also includes a focus on the matters raised in Recommendation 45.

Victoria Police state that the Asset Security Training Package (ANTA approved) is the security industry accepted package and utilised by Victoria Police Licensing Services Division for licensing purposes. Implementation of this package will occur on 1 January 2005 and will replace the current Asset Security Training Package. Issues contained in this recommendation have formed part of discussion regarding the training content of proposed training standards with an overall view of raising standards of awareness by security practitioners.

First Aid training will be maintained at Level 2 standard and reporting guidelines are currently in place to deal with incidents involving crowd controllers.

The recommendation, particularly (b), is consistent with a component of the Drink Spiking Community Education Campaign, which aims to develop a standard resource that can be utilised to establish practical guidelines for industry and services in relation to management of the drink spiking issue. The aim is to have these guidelines adopted as part of the Responsible Serving of Alcohol and staff training/accreditation.

Recommendation 47: The Committee recommends that random drug testing of security personnel should be undertaken by Police on a regular basis.

Response to Recommendation 47

Not supported. The Report does not provide sufficient evidence to support this recommendation.

The random drug testing of crowd controllers raises a number of complex industrial, technological/scientific, procedural and resourcing issues that require further consideration. The Victorian Security Industry Advisory Council, conceived during the recent review of the *Private Agents Act* and currently being established, will be requested to further examine this matter and report back to Government.

2. Education, training and information provision

Recommendation 35: The Committee recommends that, for the most part, education training and information provision with regard to amphetamines and/or 'party drugs' are most usefully developed for groups, in addition to children and adolescents. These groups should include:

- Teachers and school support staff;
- Parents and parent groups including those from Indigenous and culturally and linguistically diverse communities;
- Police, ambulance officers and other emergency personnel;
- Youth, social and community workers (including culturally appropriate education strategies for those from Indigenous groups);
- Workers from culturally and linguistically diverse communities and agencies;
- Drug and alcohol service workers;
- Residential care workers;
- Doctors, nurses and other health workers;
- Dance club, party venue, outdoor rave staff and promoters;
- Crowd controllers;
- Users and user organisations;
- Local government staff, particularly those working in areas such as recreation, parks and gardens and amenities; and
- Journalists and media representatives.

In particular, these groups and individuals need to be thoroughly informed of the nature and consequences of amphetamines and 'party drugs'. They should also be trained or advised of appropriate ways of assisting a person who appears to be intoxicated through amphetamine and 'party drug' use.

Response to Recommendation 35

Support in principle. The Department of Human Services funds a number of education, training and information provision activities about amphetamines and 'party drugs', which have been developed for special groups. These include:

- funding the "RaveSafe", peer education initiative that targets drug users who attend rave parties;
- funding the Victorian Drug Users Association, VIVAIDS, to conduct workshops for injecting drug users around amphetamine misuse;
- providing information and advice to promoters and event coordinators about running safer dance parties;
- developing a Code of Practice between Government and promoters/operators of dance parties to minimise harm and increase safety for patrons;
- providing broad-based community education, and community development activities and advocacy to health and welfare professionals, students, the general public and the media via the Australian Drug Foundation (ADF). This includes a website, alerts, fact sheets and pamphlets on illicit drugs, including amphetamines and ecstasy;
- funded the Victorian Association of Community Controlled Health Organisation (VACCHO) to develop a range of information materials and resources for the indigenous community on specific drugs. VACCHO produced a range of posters and facts sheets about tobacco, alcohol, inhalants, speed, yarrdi (marijuana) and heroin. These have been distributed to agencies and services across the state;

- funding the Cambodian, Laotian and Vietnamese Initiative, which target these communities via education workers providing culturally sensitive drug and alcohol information, training and consultation, including information about amphetamine and ecstasy;
- providing statewide professional development about 'party drugs' to Alcohol and Other Drug workers;
- funding the Illicit Drug Community Education and Advertising Campaign, which targeted young people 15-18 years through television and other media sources, providing information on ecstasy, cannabis and heroin; and
- funding a range of family oriented information, education, and counselling services concerning amphetamine and 'party drug' usage.

Education, training and information provided to prison based drug and alcohol service workers, is consistent with the education, training and information provided to community based drug and alcohol workers by the Department of Human Services.

The Victorian Government has a comprehensive drug education approach in schools. We spend \$3.85 million each year on drug education in schools.

Parents of school age children also participate in drug education activities and as a result they believe they will be better able to address drug-related issues with their children.

The Get Wise Program is a world class program that is research based.

The Auditor General in his March 2003 report into drug education in Victorian Government schools found that our programs have:

"successfully increased the amount and quality of drug education provided in Victorian Government schools. Almost all government schools now have an Individual School Drug Education Strategy (ISDES). These are well designed and comply with the Department's developmental guidelines."

Every Government school has now developed an Individual School Drug Education Strategy.

Recommendation 36: The Committee recommends that relevant professional bodies should examine the adequacy of current training regarding amphetamine and 'party drug' use and should determine the basic level of knowledge on amphetamine and 'party drug' use appropriate to their professions.

Recommendation 37: The Committee recommends that in-service and multi-disciplinary training on drug issues include amphetamine and 'party drug' use. Within training and education programmes for personnel working in the field, instruction should be provided giving accurate and comprehensive knowledge of harm minimisation policy and practice.

Recommendation 38: The Committee recommends that sufficient and appropriate ongoing training be given to medical, nursing and ancillary staff with regard to amphetamines and 'party drugs'.

Response to Recommendations 36, 37 and 38

Support in principle. Turning Point Alcohol and Drug Centre¹ has undertaken a training needs analysis for workers in the alcohol and other drug services field. Training programs in both 'designer' drug training and amphetamines were then incorporated in the Alcohol and Other Drug Workforce Development Strategy, which was supported by the Workforce Steering Committee.

Nine statewide professional development training courses on amphetamines were recently delivered to workers in the alcohol and other drug services field as part of the Victorian Government Workforce Development Strategy. A further nine 'party drug' training courses will be delivered to this field during 2004-05.

The Victorian Alcohol and Drug Workforce Development Strategy has also identified the need to deliver Alcohol and Other Drug training to generalist workforces including medical, nursing and ancillary staff. In 2004-05, four 'party drug' forums (two metropolitan and two regional) are proposed and will target medical, nursing and ancillary staff.

In addition, a minimum qualification strategy is to be implemented by 1 July 2006 in respect to workers in the alcohol and drug service agencies funded by the Department of Human Services. The strategy includes the requirement for all workers to have specific Alcohol and Other Drugs training that includes competencies addressing harm minimisation policy and practice and basic pharmacology that includes designer drugs.

Victoria Police currently provide drug and harm minimisation training to all levels. In addition, specialist training courses are provided to operational members whose roles include speaking to the community on drug issues, and School Resource Officers.

The Department of Education and Training is currently conducting a review of drug education curriculum and resources with a particular focus on the issue of amphetamines and party drug use. This will include an examination of the training needs of teachers.

Recommendation 39: The Committee recommends that the curricular for medical, nursing and health workers incorporate sufficient information, education and training on alcohol and drug-related issues, in particular amphetamine and 'party drug' issues.

Response to Recommendation 39

Support in Principle. The Department of Human Services currently supports the Alcohol and Other Drugs workforce via a number of initiatives including:

- subsidising General Practitioners up-skilling posts in Alcohol and Other Drugs;
- subsidising General Practitioners to attend continuing professional development activities related to Alcohol and Other Drugs; and
- piloting of the Advanced Physician training post in Addiction Medicine.

In addition, the Department of Human Services is exploring mechanisms for engaging with the education sector in order to ensure that the curricula meet the needs of the health sector.

¹ The Department of Human Services funds Turning Point Alcohol and Drug Centre as the key Victorian research unit to develop research concerning alcohol and other drugs as required. The priorities for research are determined annually between the Department and Turning Point, and, as such, the Drug and Crime Prevention Committee's recommendations will be taken into account in this priority setting.

An Education Liaison Committee will be established to provide advice on strategies to address issues related to both undergraduate and postgraduate education of the health and human services workforce, and to, therefore, improve liaison and influence with the education sector.

Increasing curriculum components regarding alcohol and drug related issues would need to be discussed and approved by the course accrediting body, the Nurses Board of Victoria and course providers, the University sector, the Council of Nursing Deans and the Vocational Education Training sector.

Recommendation 40: The Committee recommends that users, including occasional users and poly-drug users, should be provided with accurate and relevant information in relation to the effects of amphetamine and 'party drug' use and how to obtain help when needed. Such an approach provides pathways and access points to treatment services.

Recommendation 41: The Committee recommends that strategic and targeted information about amphetamines and 'party drugs' which is tailored to a range of users in different settings and contexts (eg. Clubs, raves, schools, universities, workplaces, sports and community clubs) be made readily available, particularly to young people.

Recommendation 42: The Committee recommends the provision of a diverse range of relevant and available information and harm reduction messages to individuals. These should be facilitated through a variety of avenues including written guidelines, websites, email alerts and mobile telephone messages, and be accessible through peer networks.

Response to Recommendations 40, 41 and 42

Support in principle. The Government recognises the importance of developing and disseminating strategic and targeted information in relation to the effects of amphetamine and 'party drugs' usage to a range of individuals in a range of settings.

The Department of Human Services works closely with, and recurrently funds, the Victorian Drug User Organisation, the Australian Drug Foundation, and Turning Point Alcohol and Drug Centre, to provide accurate, relevant and targeted information to a diverse audience in relation to the effects of amphetamine and 'party drug' use and how to obtain help, as required. Services and initiatives include funding:

- a campaign about the effects and risks of gamma hydroxybutyrate (GHB), currently being developed;
- 'Ravesafe via VIVAIDS to develop and deliver peer education about amphetamine, and 'party drug' use to individuals and organisations involved in the rave scene. This includes provision of information, education and support at raves to provide a safer dance party environment, an internet newsletter, and peer education workshops;
- VIVAIDS to conduct workshops for injecting drug users around amphetamine misuse;
- the ADF and the DrugInfo Clearinghouse to develop and provide broad-based and specific community education to health and welfare professionals, students, the general public and the media as well as and community development activities and advocacy. This includes a website, alerts, fact sheets and pamphlets on illicit drugs, including amphetamines and ecstasy website;

- Turning Point Alcohol and Drug Centre to provide confidential information, counselling and referral about a broad range of substances, including amphetamines and 'party drugs' via Directline 18000 888 236;
- the Victorian Government Drugs website www.drugs.vic.gov.au to provide information about specific drugs, locations of drug treatment services throughout Victoria and where to get help for information, counselling and referral;
- VACCHO in 2003, to develop a range of information materials and resources for the indigenous community on specific drugs, including a range of posters and facts sheets about tobacco, alcohol, inhalants, speed, yarrdi and heroin. These have been distributed to agencies and services across the state;
- the Illicit Drug Community Education and Advertising Campaign 2002, which targeted young people 15-18 years, and the general public, by providing information about heroin, cannabis and ecstasy via a range of sources including, television, radio, leaflets, posters, convenience posters and the campaign website www.drugs.vic.gov.au. The Campaign also included a speakers' bureau, directory of drug services and a Helpline staffed 24 hours 7 days a week. Service continues through the website, directory of services and Directline assistance; and
- the development of a Code of Practice for Running Safer Dance and Rave Parties for promoters/operators of dance parties to minimise harm and increase safety for patrons.

In addition, the Department of Human Services funds the Community Offenders and Advice and Treatment Service (COATS). COATS undertakes assessments, provides alcohol and drug treatment plans and purchases any necessary treatment from community-based alcohol and drug treatment agencies for parolees and offenders who receive community based dispositions or a Combined Custody and Treatment Order.

The Department of Human Services also recognises that needle and syringe program sites should be included as points for the distribution of targeted information and harm reduction messages. This could be achieved as part of the workforce development program provided by the Association of Needle and Syringe Programs (ANEX) and under its existing Funding and Service Agreement with the Department of Human Services.

Victoria Police currently produces a range of resources available to young people (in several languages) and also includes relevant material on the Victoria Police internet web site.

Corrections Victoria offers a range of information and support to prisoners in relation to amphetamine and 'party drug' use, including via:

- Drug and Alcohol Harm Reduction Programs in Victorian Prisons which include the provision of information associated with drug use whilst in prison and on release. The programs address a wide range of substance usage, including amphetamine type substances. The goals of such programs are to reduce the harm associated with drug use in prison and on release into the community. Further, all prisoners, irrespective of offence, will be made aware of all available Substance Use Programs and the various referral pathways to assist prisoners to make decisions regarding treatment programs at a later stage in their sentence.
- Prison Overdose Education and Prevention Workshops which were introduced to increase awareness of overdose factors and overdose prevention, management and response strategies to illicit drug use. The workshops are run by the community based peer organisation VIVAIDS.
- Prisoner Peer educators in Alcohol and other Drug issues which aim to increase knowledge among prisoners about the harms associated with drug/alcohol use and behaviours that put them at risk of harm (both inside and outside prison), including

amphetamine type substances. The introduction of drug and alcohol prisoner peer educators aims to reduce the risk of overdose and transmission of blood borne viruses in prison and on release to the community.

- The Transition Assistance Program which provides prisoners approaching the end of their sentence with information and direct assistance to ease the transition from custody to the community. A drug and alcohol module is delivered as part of this program, and provides information to prisoners about how to access a range of community-based drug treatment services.

The Department of Education is conducting a review of drug education curriculum and resources. This will include a review of amphetamines and 'party drug' use and how well the current issue is being addressed. It will evaluate the need for activities and information relating to amphetamine and 'party drugs' for secondary students and appropriate year levels.

3. Harm minimisation and harm reduction

Recommendation 60: The Committee strongly recommends that the Government initiates the introduction of retractable single dose syringes.

Response to Recommendation 60

Support in principle. The Commonwealth Government's Retractable Needle and Syringe Technology Initiative pilot program is currently being delivered in Victoria, New South Wales and Queensland. The pilot involves providing injecting drug users with a supply of retractable syringes in addition to the usual supply of non-retractable syringes.

The Commonwealth Government is conducting an economic evaluation. The Victorian Government will need to consider any cost implications to changes in policies regarding distribution of needles and syringes under the needle and syringe program.

Recommendation 61: The Committee believes that increasing access to blood-borne virus prevention equipment is of priority and recommends a number of strategies to be implemented including:

- a) establishment of new Needle and Syringe Program outlets including pharmacy-based outlets;
- b) further and ongoing funding for after-hours Needle and Syringe Program services; and
- c) attaching Needle and Syringe Program services to other after-hours services.

Response to Recommendation 61

Support in principle. There has been a steady increase in needle and syringe distribution through registered Needle and Syringe Program (NSP) outlets since 2001, rising to a total of 5.9 million in 2003-2004.

Currently, there are approximately 180 NSP outlets in Victoria, half in metropolitan Melbourne and half in regional and rural Victoria. Of these, 18 are funded to provide NSP services, although sterile injecting equipment is provided to all registered NSP outlets free of charge for distribution to injecting drug users (IDU). Funded services include 14 fully funded Primary NSPs and four partially funded Secondary NSPs, with all but two Primary NSPs and one partially funded Secondary NSP located in metropolitan Melbourne. Most Secondary NSPs operate from community health services and, outside metropolitan Melbourne, hospital accident and emergency departments. Sterile injecting equipment is also available from numerous pharmacies throughout Victoria on a retail basis.

In rural and regional Victoria, 24-hour access is available where NSPs operate from hospital accident and emergency departments. In metropolitan Melbourne, however, after-hours and weekend access is provided through mobile services run by Primary NSPs, but these do not operate beyond midnight. One avenue currently being explored for the provision of cost-effective after-hours access is that of dispensing machines located in conjunction with Primary Healthcare services. An evaluation of New South Wales vending machines, where approximately 90 vending machines have been in operation for up to ten years, will help inform this discussion.

Drug Treatment and Health Protection Services is currently engaged in a project to determine the current level of needle and syringe commerce through retail pharmacies and to involve Primary NSPs in canvassing pharmacies in their catchments, providing them with information about NSP and IDU issues and increasing their capacity to provide education, information and referral services to their IDU customers.

Recommendation 62: The Committee recommends that as a hepatitis C prevention measure, Human Services Victoria supplies Needle and Syringe Program outlets with a range of sterile injecting equipment including sterile water and filters for distribution to clients.

Response to Recommendation 62

Support in principle. The Australian NSP Survey indicated that in 2003 66% of Victorian injecting drug users (IDU) surveyed were hepatitis C (HCV) positive. The national prevalence was 58%. The survey clearly demonstrates that a significant percentage of Victorian injecting drug users share items such as sterile water, spoons, tourniquets and filters, thus placing themselves at greater risk of HCV infection.

NSPs in Victoria are supplied with needles and syringes and alcohol swabs. Sterile water was provided in the early days of the program but was withdrawn due to budgetary constraints. Some Primary NSPs continue to provide additional injecting paraphernalia such as sterile water, spoons, filters and tourniquets on a cost recovery basis or as funds permit.

The Government will need to consider the resource implications attached to this recommendation.

Recommendation 48: The Committee recommends that a regulatory framework for dance and club venues and indoor and outdoor 'raves' be established that mandates the appropriate management of these facilities and locations. This should include but not be restricted to:

- a) Adequate ventilation and sensible climate controls (generous airflow, and ambient temperature around dance areas to be of a comfortable level for high exertion).
- b) Well ventilated seated areas ('chill-out' space) sufficient for the expected patronage.
- c) The ready availability of free potable cold tap water, and where appropriate isotonic drinks.
- d) For venues or events that cater for less than 500 patrons, a Level 2 First Aid qualified staff person should be in attendance. The requisite standard of first aid equipment should be provided.
- e) For venues or events of more than 500 patrons, a Level 2 First Aid (or higher) trained staff member should be assigned the specific duty of patron care (monitoring for concerning signs of drug influences, intoxication or overdose and providing appropriate care).
- f) Venue managers and promoters should take responsibility for the care of drug affected patrons where health risk is imminent until such patrons are delivered into the care of ambulance officers, emergency services workers or other suitably qualified staff. In particular, venue or event staff should not evict patrons who appear to be drug affected or at risk until the first aid staff person has been consulted.
- g) It is recommended that a comprehensive manual of patron care be developed to govern the detailed management and treatment of patrons who may be affected by amphetamine, 'party drug' and/or poly-drug use.

Recommendation 49: The Committee recommends that appropriate licensing agents regularly inspect clubs and associated venues for compliance with the regulations as established in Recommendation 48.

Recommendation 55: The Committee recommends that commensurate with their powers and responsibilities, local councils should ensure raves, dance parties and clubs and other venues fulfil the appropriate regulatory requirements applicable to the conduct of such activities. These include but are not restricted to issues such as the availability of medical advice and support, ventilation and appropriate use of space, availability of free drinking water, food, toilets, chill-out spaces, transport and generally amenity considerations (such as parking and noise).

Response to Recommendations 48, 49 and 55

Not supported. The Government endorses working in partnership with dance and club venue operators to ensure appropriate management of these facilities. Currently, legislation and regulations, local statute laws and local Government by-laws and regulations govern the organisation and conduct of dance parties. Further, in March 2004 the Victorian Minister for Health announced the development of the 'Code of Practice for Running Safer Dance and Rave Parties', currently being developed by the Working Group for Running Safer Rave and Dance Parties. Its membership includes representatives from Victoria Police, VIVAIDS, the medical profession, Liquor Licensing Victoria, and dance party promoters and venue operators, including Melbourne Park and Earthcore.

The Department of Human Services has also funded Ravesafe via VIVAIDS to develop auditing tools and provide assistance to event coordinators and venue operators with this process, and has developed voluntary guidelines with industry promoting free or low cost drinking water in clubs and licensed venues.

Government will evaluate compliance by industry to the voluntary guidelines. The Department of Human Services recognises Government may need to return to consideration of a regulatory framework if the evaluation shows a lack of compliance by industry.

Recommendation 50: The Committee recommends the valuable contribution of peer network organisations such as RaveSafe in providing information, training and practical assistance at events, clubs and other venues. The Committee recommends that these services be expanded and adequately funded to meet the current needs.

Response to Recommendation 50

Support in Principle. The Government recognises the important role that peer education plays in disseminating harm reduction information about drug usage in a variety of settings. Accordingly, the Department of Human Services recurrently funds VIVAIDS to deliver the Ravesafe initiative, which provides peer education via peer educators who provide information and education to rave party-goers about safe drug use practices in a way relevant and acceptable to their culture; and conducts workshops aimed at young people who are involved in, or likely to be involved in, the rave scene.

This Committee's recommendation for expansion will be considered by Government within the context of the new Victorian Drug Strategy 2004-07.

Recommendation 58: The Committee recommends that the provision of accurate information in relation to the contents of pills submitted for testing be available to medical support staff, through a system of 'alerts' provided by Victoria Police Forensic Science Laboratories.

Response to Recommendation 58

Support in Principle. The Victorian Government is considering a feasibility study into how existing information on pills, scientifically tested by the Victorian Police Forensic Services Centre and kept on the National Illicit Tablet Database could be made available more broadly to health and medical staff and law enforcement agencies. Victoria Police advise that 'real time analysis' is difficult to achieve and may, therefore, be of limited use to medical support staff who need to deal with patients on a case by case basis.

Recommendation 59: The Committee recommends that pill testing kits should not be available to the public as they are potentially a dangerous and inaccurate tool to measure the content of particular pills.

Response to Recommendation 59

Support in principle. The Government agrees that the usefulness of self-testing kits as a quality control measure is limited and has taken expert advice from the Premier's Drug Prevention Council (PDPC) on this issue. The Government agrees with the PDPC's advice that banning the kits would not be an effective strategy. Evidence indicates that banning has the potential to increase interest and use by young people, and is likely to drive pill testing underground. The Government will therefore look into what would be the most effective communication vehicles and target audiences to provide information about the risks and limitations of pill testing kits.

Recommendation 51: The Committee recommends that appropriate educational material in a variety of forms, including signage, leaflets and posters, be clearly displayed and available at clubs and associated venues, including 'raves'. Such material and signage should include warnings and alerts as to the risk associated with amphetamine and 'party drug' use.

Response to Recommendation 51

Support in principle. In addition to the activities outlined in Recommendations 40, 41 and 42 in category 2, which also respond to this recommendation, the Victorian Government acknowledges that appropriate educational messages should not only be about the harms, risks and effects of self-administration of these substances but also incidents such as drink spiking.

Crime Prevention Victoria, Department of Justice, currently coordinates the Drink Spiking Community Education Campaign, as noted in response to Recommendation 3 in category 1.

Of most relevance here is the design and dissemination of appropriate materials to raise awareness of drink spiking in licensed venues. This occurs through the placement of signage as part of a "narrowcasting" strategy, aimed at three target groups: men, women, and licensees.

Recommendation 56: The Committee recommends that those local government authorities, licensees and club owners who have not produced or are not currently a member of a Licensee and Safety Accord or equivalent should endeavour to formulate or become part of such an accord.

Response to Recommendation 56

Support in principle. Guidelines for the establishment of Liquor Licensing Forums and Accords were published by Consumer Affairs Victoria, Victoria Police and Municipal Association of Victoria in 25 May 2004, encouraging the establishment of licensing forums and safety accords across the state. Safety accords are only one initiative in a licensing forum. Accords are voluntary so while this is encouraged, mandatory accords are not feasible.

In addition, ICEPT will be considering this recommendation in its work.

Recommendation 57: The Committee recommends that all accords should also include reference to and strategies for managing illicit drugs, particularly amphetamines and 'party drugs'. To date, most Licensee Accords concentrate solely on alcohol.

Response to Recommendation 57

Support in principle. The Guidelines launched on 25 May 2004 for the establishment of Liquor Licensing Forums and Accords contain recommendations to develop Accords across the State. It is recognised these do concentrate solely on alcohol however there are two draft documents which address illicit drugs specifically:

- a) Victoria Police is presently drafting internal Best Practice Advice in Reducing the Supply of Illicit Drugs in Dance Events and Licensed Premises for police; and
- b) The Department of Human Services is developing a Code of Practice for Running Safer Rave and Dance Parties including Late Night Licensed Venues.

The licensing forum and accords are designed to encompass all licensed venues such as packaged liquor or vigneron who would not see strategies for management of illicit drugs as relevant.

Recommendation 43: The Committee recommends that a Review of the current provision of public and private transport services, including taxi services, be undertaken with the aim of ensuring that adequate provision is made so people, especially young people, can return to their homes directly after attending nightclubs, dance venues and outdoor 'raves', particularly in high activity precincts.

Recommendation 44: The Committee recommends that consideration should be given to the extension of public transport hours that service such high activity precincts.

Response to Recommendations 43 and 44

Support in principle. The Government welcomes the Committee's observation that effective transport has an important harm minimisation role in the use of alcohol, amphetamines and other 'party drugs'.

Melbourne has 3,600 taxis operating in the metropolitan area, and is adding 100 new 'green top' taxis per annum. These new taxis are available for hire between 3pm and 7am and will alleviate waiting times in periods of high demand, such as Friday and Saturday nights.

On Friday and Saturday nights, NightRider buses depart from Swanston Street on nine routes. Services depart every hour, and are coordinated with all services arriving in the city around the same time. This allows customers to easily transfer between services. For example, a customer wanting to travel from Chapel Street to Epping can catch the bus returning from Frankston to the City and then immediately transfer to the Epping service.

It is 11 years since the NightRider service was introduced. The Department of Infrastructure will undertake to conduct a review into the provision of midnight to dawn services and examine options for their improvement. NightRider fares and routes will be examined as part of this review. While extending the hours of operation of the train network would not be cost effective, improving the NightRider service may be a cost effective way of significantly enhancing the quality of midnight to dawn services in Melbourne.

Recommendation 52: The Committee recommends that a manual be developed for events managers and promoters which details all appropriate legal, regulatory and harm reduction strategies required in organising events such as 'raves' and dance parties.

Response to Recommendation 52

Support in principle. As part of the development of the Code of Practice for Running Safer Dance and Rave Parties, as noted in response to Recommendation 48 in category 3, information will be developed for events managers and promoters including that concerning the legal and regulatory requirements and harm reduction strategies required in organising events such as raves and dance parties.

Victoria Police is presently drafting Best Practice Advice in Reducing the Supply of Illicit Drugs in Dance Events and Licensed Premises.

Recommendation 53: The Committee recommends that consideration be given to the Transport Accident Commission (TAC) providing voluntary testing of people for both alcohol and amphetamine at 'raves' and outdoor dance parties.

Response to Recommendation 53

Not supported. The Victorian Government acknowledges the significance of research identifying the range of physical, psychological and social consequences of illicit substance use and the associated road safety risks. However, the Government does not believe that it would be effective to provide voluntary amphetamine testing at 'rave' and outdoor dance venues, either as a road safety strategy or a harm minimisation strategy.

Currently the TAC provides voluntary alcohol testing to support its sponsorship activities. This activity is conducted based on the rationale that it is difficult for individuals to objectively judge their level of intoxication and that by providing advice, individuals can make more informed judgements regarding their ability to drive. There are clear road safety gains to be made by increasing the availability of alcohol-testing opportunities and the TAC is currently exploring opportunities to pilot the placement of alcohol-testing devices in licensed venues.

The voluntary testing of alcohol is viable primarily because the consumption of alcohol is legal and the testing tool for alcohol is reliable and inexpensive.

In contrast, there are several barriers to the implementation of voluntary testing of amphetamines. These include:

- the cost and availability of a reliable testing tool for amphetamines is prohibitive;
- many individuals will be reluctant to submit to voluntary testing because typically, individuals will believe they are aware of what substances they have ingested and will not require confirmatory testing;
- there is a threshold at which it is legal to drive after alcohol consumption, however, any use of amphetamines is illegal and there are no guidelines with regard to its safe use, although any amount above zero reduces the driver's ability to drive safely; and
- the TAC is a government organisation and consideration needs to be given with regard to its legal obligations regarding test results.

4. Media

Recommendation 32: The Committee recognises the valuable role the media play in disseminating information on important issues and its contribution to social policy debates. However, the Committee exhorts the media to report amphetamine and 'party drug' use sensitively and responsibly. In particular the Committee urges that the media:

- avoid publishing or presenting 'how to' primers on amphetamine and 'party drug' use;
- avoid targeting particular ethnic groups in its coverage of amphetamine and 'party drug' use;
- avoid stigmatising and marginalizing young people who engage in drug use; and
- do not identify particular young people or their families without their express and informed consent.

Response to Recommendation 32

Support in principle. The Government agrees that the content and style of media presentation of "party drug" issues has a powerful influence on drug use and associated harms and supports the call for improved reporting. These harms result both from unintentional encouragement to try these drugs and the social stigmatisation of users. The aim of efforts to promote responsible reporting in this area should be to reduce both these outcomes. The non-identification of young people without consent should be standard practice covered by existing guidelines on reporting of children.

The chief way in which Government can act on this recommendation is to work with funded providers of drug education and information to ensure that they provide relevant materials, advice and feedback to journalists and editors. The Government believes that promotion of relevant aspects of current guidelines could assist in this area (including the Guidelines on Gender Portrayal, which are mandatory for Government media work) but that an overly prescriptive approach could be counter-productive.

Recommendation 33: The Committee acknowledges that there are divisions of opinion as to the appropriate nomenclature to refer to 'party drugs' and their use. Indeed, the Committee recognises the problematic use of the term 'party drugs' in itself. Nonetheless, the Committee recommends that the media should not in any way use terms or refer to these drugs in such a way that glamorises, appears to condone or encourages their use.

Response to Recommendation 33

Support in principle. Consistent with the response to Recommendation 32 above, the Government shares the Drugs and Crime Prevention Committee's concern that the media should not purposely or inadvertently glamorise or promote use of these drugs through the terminology employed. While acknowledging that nomenclature is problematic, Government believes that broad guidelines or advice could be developed to ensure that more consistent and, where appropriate, more specific terms are used. Government will review its own information and advertising materials in this context.

Recommendation 34: The Committee recommends that the peak agencies in alcohol and drug service delivery and information provision develop more sophisticated and informed responses and advocacy to the media on the issue of amphetamines and 'party drugs'.

Response to Recommendation 34

Support in Principle. The Department of Human Services currently funds the ADF and the Victorian Alcohol and Drug Association (VAADA) in their role as peak bodies.

5. Partnerships, networking and collaborative strategies

Recommendation 1: The Committee recognises drug-related issues will not be resolved without community awareness and participation, cross-agency partnerships and collaboration between all tiers of government, research bodies, service providers, user groups and peer networks, clubs, event organisers and promoters, and local communities. A well-informed community can respond to the complex issues in a more flexible and resourceful manner. The Committee recommends that this can be achieved through:

- a) implementation and better use of formal and informal networks at an international, national, state and local government policy level;
- b) public awareness campaigns that are evidence based;
- c) targeted information on amphetamine and 'party drug' use tailored to the needs and requirements of individual communities; and
- d) meaningful engagement with the media (electronic, print and broadcast) on alcohol and drug issues as outlined in Recommendation 34, p.458.

Response to Recommendation 1

Support in principle. Further to the response provided to Recommendations 40, 41 and 42 in category 2 and Recommendation 34 in category 4, there are already well-established formal linkages between intra and inter-state departments with responsibility around alcohol and drug issues. Within State Government, the Departments of Human Services, Education, Justice, Premier and Cabinet, Treasury and Finance and Victoria Police are members of the Interdepartmental Committee on Drugs (IDC), which meets regularly to provide advice to Government. The Intergovernmental Committee on Drugs (IGCD), comprising senior officers representing health and law enforcement in each Australian jurisdiction meets regularly to support the work of the MCDS, which is chaired by the Commonwealth Government and sets national policy on alcohol and drugs.

Recommendation 2: The Committee recognises the concerns of many drug service agencies that they do not receive adequate information or data with regard to current trends in amphetamine and 'party drug' related issues or they receive such information far too late to be of practical assistance. The Committee recommends, therefore, the timely and systematic dissemination and sharing of information, data, research findings, evidence of best practice and current trends in the area of amphetamines and 'party drugs'.

Response to Recommendation 2

Support in principle. The Department of Human Services prepares and distributes the Drugs, Policy and Services Branch Quarterly Report, which provides data trend analysis to all alcohol and drug treatment agencies. The ADF ClearingHouse disseminates evidence of best practice, research findings and current trends in the area of amphetamines and 'party drugs' as this becomes available. Drug seizure information is available via Victoria Police forensic statistics.

6. Policy, treatment and service delivery

Recommendation 63: The Committee recommends that the government develop and implement a new strategic integrated framework for the delivery of drug treatment services that should be circulated to all relevant state and local government departments, service agencies and user groups working in alcohol and drug services. The framework should:

- a) be co-ordinated by the Department of Human Services;
- b) be supported by sustained and realistic funding;
- c) have the capacity to respond to changing circumstances such as the trend of increasing use of amphetamine-type stimulants and 'party drugs';
- d) be developed in partnership with service providers and people most affected;
- e) incorporate mechanisms to ensure improved co-ordination of services support to individuals;
- f) incorporate a research base and evaluation and monitoring process; as outlined in Recommendation 66, p.629; and
- g) incorporate the capacity to map and describe the changing base of services provided in the state.

In developing the framework consideration must be given to current system deficits, particularly:

- crisis response, including quick access to detoxification;
- services appropriate to people with dual diagnoses;
- youth-specific services;
- services targeting poly-drug use, especially involving use of amphetamine-type stimulants;
- services appropriate to people from culturally and linguistically diverse communities;
- services relevant to Indigenous people including holistic healing centres; and
- equitable access to services in rural and regional areas.

Response to Recommendation 63

Support in principle. The current drug treatment service system is integrated via the Framework for Service Delivery which addresses all of the requirements listed above, within a limited budget.

In 2003 the Department of Human Services Drugs Policy and Services Branch commissioned a 'Service System Review' (SSR). The purpose of the SSR was to review and make suggestions for changes to the drug treatment service system so that the most cost-effective, appropriate and equitable system can be implemented within the constraints of the limited healthcare dollar. The SSR was completed in September 2003 and is currently under consideration. The review made numerous recommendations concerning the focus of drug treatment, the nature of the target group, access to the service system and about the nature and arrangements of the service elements that should comprise the service system.

In addition, the Department of Human Services is currently undertaking a Youth Service System Review and a Rural and Regional Service System Review (RRSW) to focus on improvements to these aspects of the service system.

The Chief Drug Strategy Office is currently developing Victoria's Drug and Alcohol Strategy 2004-07 to address the problem of drug misuse and minimise the negative impacts on

individuals directly affected, their families and the broader community. The Strategy will provide a framework for a coordinated integrated approach to drug issues, including drug treatment services.

Recommendation 64: The Committee recognises that there is a high proportion of people who use amphetamines who also have a condition affecting their mental health. Some such people fall too easily 'between the cracks' of government and community agencies dealing specifically with alcohol and drug or specifically with mental health issues. The Committee therefore recommends as part of the Treatment Strategy outlined in Recommendation 63, p.610:

- a) That a central body be established within the Department of Human Services to co-ordinate the integration and smooth delivery of services pertaining to people with dual diagnoses of mental health and drug use.
- c) That in establishing this body reference should be made to the Western Australian Joint Services Development Unit as outlined in Chapter 20 of this Report.
- d) That the proposed body facilitate the training of workers in both the mental health and drug service fields to recognise the issues pertaining to dual diagnoses.

Response to Recommendation 64

Not supported. The increasing prevalence of co-morbid mental health and substance abuse problems in Victoria is recognised as a critical service development issue for state-wide mental health and drug and alcohol treatment service systems, which continue to work closely together on joint issues. Accordingly, the Victorian Government has developed a statewide initiative aimed at building the capacity of mental health and alcohol and other drug services to respond to these issues. This initiative comprises four dual diagnosis lead teams, one in each metropolitan region. Monitored by Orygen and the Youth Substance Abuse Service, each of the teams is linked to dual diagnosis workers located in each rural region. Key activities include developing local networks; training, consultation and modelling of good practice through direct clinical intervention; and shared care arrangements.

In addition, a Youth Dual Diagnosis Strategy targets young people (16–25 years old) with a diagnosed mental illness and serious substance abuse issues and aims to:

- promote greater collaboration between child and adolescent mental health services (CAMHS) and youth alcohol and drug treatment services;
- enhance the confidence and skills of workers in CAMHS and youth drug and alcohol treatment services in assisting young people with a dual diagnosis; and
- provide direct treatment and support to a small number of young people who have a complex presentation of both mental illness and problematic alcohol and drug use.

Further, in June 2004 the Minister for Health announced the appointment of a six member Multiple and Complex Needs Panel to ensure a coordinated approach to services to treat Victoria's most problematic and hard to deal with health and welfare clients. A separate body, therefore, is not necessary and would work against the above.

Recommendation 65: The Committee acknowledges that there is an ongoing debate as to whether treatment for amphetamine use and addiction requires specialised services. The Committee therefore recommends that a pilot service be established to trial the use of separate facilities and treatment strategies for amphetamine users.

Response to Recommendation 65

Not supported. The Victorian Alcohol and Other Drug Treatment Service System provides treatment and support for all substance use disorders and considers that the treatment of amphetamines is core business for the Victorian Alcohol and Other Drug Treatment Service System.

Recommendation 54: The Committee recognises that the problems amphetamine and 'party drug' users experience are caused by a range of social and economic variables as well as the use of the drug itself. The Committee therefore recommends that a key focus of Government policy should be the development of programs which engage vulnerable groups in recreation, leisure, family strengthening and support, and community projects to support health, safety and economic well-being generally. Such programs should be targeted at a local level. Such programs should be supported along the continuum of prevention, early intervention and treatment services for groups and individuals that are vulnerably to substance misuse.

Response to Recommendation 54

Support in principle. Government recognises the importance of strengthening local level programs that engage vulnerable groups and individuals in activities such as recreation, leisure, family strengthening and support. The establishment of the Department for Victorian Communities will assist communities to plan and implement community projects to support health, safety and economic well-being generally. By working with communities to help them understand their social, economic and environmental assets, the Department of Victorian Communities will help build strong communities throughout Victoria and thereby contribute to improved health, safety and economic well being.

In addition, the Office for Youth is the key agency driving a whole-of-government agenda in relation to young people in Victoria. The whole of government youth policy statement 'Respect' recognises that support for vulnerable young people must take into account a broad range of physical, mental and emotional factors that impact on their health and well being. Respect provides the framework for the development of policy and program responses that are, and will, continue to address the recreation, leisure, family strengthening and support needs of vulnerable young people. In this regard, the Office for Youth, in collaboration with Sport and Recreation Victoria, is working to ensure provision of a number of programs aimed at supporting quality sport and recreation participation opportunities in the community.

Recommendation 4: The Committee recommends that there be a Review of service provision for those young people who, having turned eighteen years of age, can no longer continue to receive assistance or participate in programmes designed to assist them with their amphetamine and 'party drug' use.

Response to Recommendation 4

Not supported. The Department of Human Services funds youth alcohol and drug agencies, via the Victorian Alcohol and Drug Treatment Service System, to respond to any young person with an identified alcohol and drug use issue problem up to the age of 21. After the age of 21, the individual has the opportunity of accessing alcohol and drug programs for amphetamine and 'party drug' use at a number of adult focused alcohol and drug agencies.

7. Specific groups

Recommendation 6: The Committee recommends that specific, culturally appropriate training and resources on amphetamine and 'party drug' use be provided to Koori alcohol and drug workers.

Response to Recommendation 6

Support in principle. The Department of Human Services currently funds the delivery of a training program in advanced case management and advanced counselling at Certificate IV level for Aboriginal alcohol and drug workers and an induction program accompanied by a resource package suitable for the aboriginal alcohol and drug workforce. The Department has also funded:

- the About Better Communication about Drugs (ABCD) Program, which focuses specifically on Koori parenting and young people's alcohol and drug use, currently being developed; and
- VACCHO to develop a range of information materials and resources for the indigenous community on specific drugs. VACCHO produced a range of posters and facts sheets on drugs including tobacco, alcohol, inhalants, speed, yandi (marijuana) and heroin. These have been distributed to agencies and services across the state.

Recommendation 7: The Committee recommends the need for Koori-specific holistic healing centres to be funded to adequately cater for the specific cultural needs of Indigenous communities with regard to substance abuse issues as described in this Report and this Committee's previous Reports into Public Drunkenness and Volatile Substance Abuse.

Response to Recommendation 7

Support in principle. The Department of Human Services is currently leading the development of a Koori Youth Drug and Alcohol Healing Service as part of an election commitment made by the Victorian Government in 2002. Consultation and development of this project is underway through:

- the Koori Drug Strategy Advisory Committee;
- a project steering group and capital working group;
- consultancy report on service recommendations (following and incorporating a literature review and community consultations);
- ongoing community consultations; and
- newsletter updates.

The Department of Justice is currently coordinating the Government's further work on the issues raised in the Parliamentary Inquiry into Public Drunkenness. As part of this, the Department of Human Services is working together with the Koori Community Alcohol and Drug Resource Centre (KCADRC) to develop service models and costing options for improving these services.

While more research is needed to determine the detail of a revised model, it is proposed that KCADRC funding be increased to more adequately support these services to provide both a safe shelter to sober up as well as services for the broader health needs of clients, including proactive education and prevention work.

The Department of Human Services will continue to work with the KCADRCs to address current service problems and develop options for improving service provision. As part of a broader submission in response to the Public Drunkenness Inquiry, further work is being done in relation to the service model and funding options for the improvement of the KCADRCs.

Recommendation 8: The Committee recommends that the development and funding of Koori-specific leisure facilities, including youth, sport and recreation clubs and programs, be extended in order to provide structured activities that will engage young people, enhance their self-esteem, promote Indigenous culture and tradition and develop a sense of community.

Response to Recommendation 8

Support in principle. Government recognises the importance of developing and funding Koori-specific leisure facilities to provide structured activities for young people. For example, Sport and Recreation Victoria employs two Indigenous Development Officers, one in each Victorian Aboriginal and Torres Strait Islander Commission Region, to assist indigenous people, especially young indigenous people, engage in sport and recreation and have access to quality infrastructure both within an indigenous environment and within the broader sport and recreation community.

Aboriginal Affairs Victoria has provided funding to a large number of Indigenous community organisations under the Community Infrastructure Program. Most Indigenous communities have developed local programs, with a leisure, recreation or cultural component, which are delivered from these organisations. Aboriginal Affairs Victoria has also funded Indigenous multipurpose sport and recreation infrastructure in Shepparton (Rumbalara Football and Netball Club) and is currently negotiating the development of an indoor multipurpose sports facility in Melbourne's northern suburbs.

Recommendation 5: The Committee recommends that specific culturally appropriate training and resources on amphetamines and 'party drug' use be provided to parents, families, agencies and personnel working with people from culturally and linguistically diverse communities.

Response to Recommendation 5

Support in Principle. Government recognises that culturally appropriate training and resources on amphetamines and 'party drug' use is a valuable resource for parents, families, agencies and personnel working with people from culturally and linguistically diverse communities. For example, the Department of Human Services funds the Cambodian, Laotian and Vietnamese Initiative, which targets these communities via education workers providing culturally sensitive drug and alcohol information, training and consultation, including information about amphetamine and ecstasy.

The ABCD Program aims to equip parents with the communication skills, parenting practices, information and strategies to help them build positive, trusting relationships with their early adolescent children and help them prevent, and/or cope with adolescent drug use. Culturally sensitive and specific patient education and written resources have been translated into five specifically targeted language groups; Arabic, Vietnamese, Turkish, Spanish and Macedonian.

Education and information about specific drugs are also available on the Victorian Government drugs website in a number of community languages.

Recommendation 9: The Committee recommends that in the development of drug policy and the delivery of drug services, particularly in the area of amphetamines and 'party drugs', the needs and requirements of specific groups, including young people, women, gay men and lesbians be taken into account where appropriate.

Response to Recommendation 9

Support in principle. The Victorian alcohol and drug service system aims to provide quality health services that are accessible and appropriate for all. This means ensuring that alcohol and drug services are gender sensitive and responsive to the needs of clients; that choices for treatment and care are available; that services are delivered in a timely manner; that service providers are accountable; that services do not stigmatise patients; and that the best possible standards of care are used.

These services also demonstrate a greater sensitivity and responsiveness to clients' past and current life situations and an increased awareness of differences in the way people seek help.

For example, with reference to women, gender-sensitive services view women's alcohol and drug treatment needs within the broader context of the social and economic factors and constraints that impact on their lives. Services in Victoria, include:

- Women's alcohol and drug supported accommodation services, which provide short-term support in a safe, drug-free environment to women who have undergone a drug withdrawal program or who need assistance to control their alcohol and drug use. Support is provided for 3-12 months to assist with the transition to independent, drug free living. These services also provide accommodation and support to dependent children, so women can focus on overcoming problematic drug use and developing independent living skills;
- An antenatal and postnatal support service for women and their children;
- A 15-bed residential rehabilitation service for women and their children;
- the New Life Program, a service that provides mutual support groups, counselling and referral; and
- drug consultation and community education for women with alcohol and drug issues.

8. Rural and regional issues

Recommendation 10: The Committee recommends that a specific Rural and Regional Drug Strategy be developed and implemented by Human Services Victoria in collaboration with the Australian Rural Centre for Addictive Behaviours and other relevant rural and regional based agencies and workers.

Response to Recommendation 10

Not supported. The Department of Human Services rural regions currently develop their own Regional Alcohol and Other Drug Strategic Plans and, in doing so, form partnerships that include local government and government-funded alcohol and drug agencies. In addition, the Australian Rural Centre for Addictive Behaviours provides consultation and support to regional Alcohol and Other Drug Strategic Plans, and support and consultancy to Alcohol and Other Drug treatment service providers.

The Department of Human Services is currently undertaking a RRSW, to focus on improvements to the service system, such as the focus of drug treatment, the nature of the target group, access to the service system and the nature and arrangements of the service elements that should comprise the service system.

Recommendation 11: The Committee recommends that such a Strategy should provide a 'continuum of response' from prevention, early intervention, treatment and rehabilitation for rural and regional Victorians.

Response to Recommendation 11

Support in Principle. While Government does not support recommendation 10, it emphasises that a 'Continuum of response' is addressed in all existing regional Alcohol and Drug strategic plans. The philosophy of harm minimisation underpins all Alcohol and Other Drug client responses. This includes prevention, early intervention, treatment and rehabilitation.

Recommendation 12: The Committee recommends that consideration be given to the establishment of specialist drug withdrawal, treatment and residential rehabilitation services in major regional centres, especially for young people.

Response to Recommendation 12

Support in Principle. The existing Victorian Alcohol and Drug service system already provides a number of drug withdrawal, treatment and residential rehabilitation services to rural Victoria. The Victorian Government Drug Initiative saw the establishment of an array of new Residential Rehabilitation Withdrawal services across Victoria in the last two years, particularly for youth. These include:

- a new Rehabilitation Pilot Program accommodating up to 16 young people at any one time and 72 young people in total per annum in Kilmore;
- two new youth residential withdrawal services in Ballarat and Geelong; and
- an innovative community based withdrawal service for the Gippsland Region.

Recommendation 13: The Committee recognises the importance of research into rural and regional alcohol and drug use issues by local researchers. The Committee therefore recommends the establishment of a Rural and Regional Drug Research and Information Institute to be attached to the Australian Rural Centre for Addictive Behaviours based in Warrnambool, Victoria. Such an Institute should collect and disseminate rural and regional data with regard to alcohol and drug use and undertake quantitative, qualitative, social and evaluation research. Such research will inform drug policy and practice to benefit rural and regional communities.

Recommendation 14: The Committee recommends that the Rural and Regional Drug Strategy and the Rural and Regional Drug Research Institute be evaluated after the initial three-year period of operation.

Recommendation 15: The Committee recommends that the Rural and Regional Drug Strategy, the Australian Rural Centre for Addictive Behaviours (ARCAB) and the Rural and Regional Drug Research Institute be adequately funded.

Response to Recommendations 13, 14 and 15

Support in principle. The Department of Human Services recognises the importance of research into rural and regional alcohol and other drug issues. ARCAB received funding for a two year period ending in 2003. The Department of Human Services funds Turning Point Alcohol and Drug Centre as the key Victorian research unit to develop alcohol and other drug research. The priorities for research are determined annually by the Department and, as such, the Drug and Crime Prevention Committee's recommendations will be taken into account when it sets its research priorities.

Recommendation 16: The Committee recommends that a considerable amount of rural and regional workers' time is spent in travelling long distances between the home agency and clients or service providers within their region. Additionally, it is acknowledged that workers may need on occasion to travel to Melbourne to attend meetings, training sessions and other work-related commitments. The Committee therefore recommends that any funding of rural alcohol and drug services should provide an adequate amount of specifically allocated funding for travel and training. Staffing levels should also take into consideration the absence of workers and the lost time through travel.

Response to Recommendation 16

Support in principle. Under the Victorian alcohol and other drug unit cost funding for alcohol and other drug services, recognition is given to the travel required by workers in both rural/regional and metropolitan locations. In addition:

- as part of the Alcohol and Other Drug Workforce Development Strategy all training offered is free to Alcohol and Other Drug workers and all training programs are offered in both metropolitan and rural locations; and
- two of the four "core" competencies required by all workers as part of their induction to the sector are available via Department of Human Services funded flexible learning.

The Department of Human Services is also making a significant investment in training and recognition of current competency for Alcohol and Other Drug workers. The Workforce Development Strategy offers a range of free training and professional development opportunities as well as developing sector retention, recruitment and accreditation strategies.

Alcohol and Other Drug agencies have shown an ongoing commitment to professional minimum standards for employees and the service as a whole, and therefore, the Department would expect backfill costs to be met from within operational budgets.

Recommendation 17: The Committee recommends that the state Minister for Health propose to the Australian Health Ministers' Council that the federal government give consideration to providing incentives to attract and retain adequately trained and experienced staff in the alcohol and drug area in rural and regional Victoria.

Response to Recommendation 17

Support in principle. The Australian Health Ministers Council is not the appropriate forum to consider this issue. The MCDS is the more appropriate forum and has identified workforce development as a priority in the National Drug Strategy 2004-2009. In addition, the Department of Human Services is:

- offering Post Graduate Scholarships in the Alcohol and Other Drugs field;
- scholarships for Koori students to work Alcohol and Other Drugs field; and
- piloting for Chapter of Addiction Medicine incorporating rural/regional rotations.

Recommendation 18: The Committee recommends that rural and regional representatives be included in all policy and decision making procedures in relation to alcohol and drug issues in Victoria. This should include but not be restricted to membership of relevant policy making committees and decision-making bodies. Wherever practicable, such participation should be facilitated via technology that enables the worker or staff person to contribute from their home base.

Response to Recommendation 18

Support in principle. Victoria has a number of peak organisations representing Alcohol and Drug treatment agencies throughout the state of Victoria, which include rural representation as part of their mandate. These include:

- VAADA – Victorian Alcohol and Drugs Association;
- ANEX – The Association of Needle and Syringe Programs;
- VIVAIDS – Victorian Drug Users Association; and
- APSU – Association of Participating Service Users.

In addition, regular provider network meetings, facilitated and supported by the Department of Human Services, are held in rural Victoria.

The Victorian Government policy commitment has been the inclusion of, and consistent representation from, peak bodies or other organisations on regional and statewide forums and reference groups, working parties and steering committees. Wherever possible, the Government supports travel and other necessary expenses through the program budget.

Recommendation 19: The Committee recommends that further investigation and evaluation be undertaken into the desirability and effectiveness of relocating people with drug-related problems from Melbourne to rural and regional Victoria to access services that are already over-stretched.

Response to Recommendation 19

Not supported. Victoria has a range of metropolitan and regional based services in order to provide clients with a choice of location for their treatment. Evidence to date indicates that many rural clients choose to attend treatment in a location removed from their current alcohol and other drug-using environment. This applies equally to some metropolitan clients.

9. Ongoing research and/or data collection

Recommendation 66: The Committee recommends that a research program and agenda to address amphetamines and 'party drugs' be developed. This should be undertaken by the relevant agency of the Victorian Department of Human Services in association with Turning Point Alcohol and Drug Centre and other suitable research agencies.

Recommendation 67: The Committee recognises a substantial level of research has been undertaken in relation to amphetamine and 'party drug' use. Nonetheless, there is a noticeable absence of research that targets specific user groups, treatment issues and the effectiveness of program delivery. The Committee therefore recommends that the research agenda outlined in Recommendation 66 should focus its priorities on the research issues which have been identified in the practice and academic literature and also reflected in the expert opinion of those who gave evidence to this Inquiry. Such issues have been highlighted in this Report.

Response to Recommendations 66 and 67

Support in principle. In addition to the research undertaken by Turning Point Alcohol and Drug Centre, the PDPC hosted a research forum on 'party drugs' on 16 August 2004. The purpose of the forum was to develop a research agenda on 'party drugs', including prevention, and to provide advice to the PDPC on future research priorities. Over 25 participants including the top researchers into 'party drugs' from across Australia as well as representatives from enforcement and health and the club industry participated in the forum.

Recommendation 68: The Committee recommends that there is a need for comprehensive and timely quantitative data that, while centralised and co-ordinated, is also disaggregated at state, rural and regional and local levels. Such data should include that drawn from police, ambulance, hospital and research agencies and community agencies such as Needle and Syringe Programs. The data will be used to inform evidence based best practice in this area.

Recommendation 69: The Committee recommends that such data should be made available and accessible to all tiers of government and appropriate research agencies. This is essential for any ongoing capacity by local governments in particular to address drug and alcohol issues, including those posed by psychostimulant drugs such as MDMA and amphetamines.

Response to Recommendations 68 and 69

Support in principle. The Department of Human Services prepares and distributes the Drugs, Policy and Services Branch Quarterly Report, which provides data trend analysis to all alcohol and drug treatment agencies. The ADF Clearinghouse disseminates evidence of best practice, research findings and current trends in the area of amphetamines and 'party drugs' as this becomes available. Further, drug seizure information is available via Victoria Police forensic statistics.

In addition, the Department of Human Services is currently undertaking a Drug Trend Analysis project, which is addressing the collection of Alcohol and Other Drug data in a central database. Several data sources have already been collected including hospital (Emergency and Admission) treatment data and coronial data. Data can be viewed at state, rural, metropolitan and local government levels. These will be made available to all funded agencies.

Recommendation 70: The Committee recommends that emergency hospital presentation and admissions data be disaggregated to more accurately reflect specific drug use, particularly within the rubric of amphetamines and 'party drugs'. Emergency hospital presentation and admissions data currently bundle incidences of drug overdose into the catchall 'other drug' category, unless they are primarily heroin-related or alcohol-related. This aggregation masks rather than illuminates the drug issues associated with amphetamines, 'party drugs', pharmaceuticals and some other substances.

Response to Recommendation 70

Support in principle. The Department of Human Services already monitors GHB presentations to hospitals and reports these on a quarterly basis and the Victorian Emergency Minimum Dataset (emergency admissions) is currently being analysed as part of the Drug Trend Analysis project being undertaken by the Department of Human Services.

Recommendation 71: The Committee recommends that ongoing research continue to be undertaken with regard to the duration and effects of the so-called 'heroin drought' and its aftermath.

Response to Recommendation 71

Support in principle. The Department of Human Services commissioned research in 2002 on the duration and effect of the 'heroin drought' on injecting drug users. This research contributed significantly to the successful Victorian Government Temezapam Initiative. As a result, drug trends post the 'heroin drought' continue to be monitored. In addition, the Department of Human Services funds Turning Point Alcohol and Drug Centre to:

- produce the drug statistics handbook, 'Patterns of Drug Use and Related Harm', which provides information on emerging drug trends, and the "Heroin Overdose Non-Fatal Overdose Research" report; and
- develop research concerning alcohol and other drugs, as required.

The following projects currently funded by the National Drug Law Enforcement Research Fund complement Victorian research:

- an analysis of the causes, effects and implications of the heroin shortage in the Australian Capital Territory, New South Wales and Victoria (National Drug and Alcohol Research Centre, Australian Institute of Criminology and Turning Point Alcohol and Drug Centre); and
- an analysis of the causes, effects and implications of the heroin shortage (Degenhardt).

Recommendation 72: The Committee recommends that research be undertaken into the long-term effects of the ingestion of MDMA/ecstasy including physical, psychiatric, cognitive and behavioural effects.

Recommendation 73: The Committee recommends that further research be undertaken into the nature and effects of 'amphetamine psychosis'.

Recommendation 74: The Committee recommends that in conducting research on amphetamines and 'party drugs' the complexities associated with poly-drug use need to be taken into consideration in addition to any single focus on specific drugs and/or groups of drugs.

Recommendation 78: The Committee recommends that more in-depth social research be undertaken into specific populations of users that have been identified as high risk. These may include but are not restricted to groups such as transport and other workers for whom amphetamines serve a 'functional' purpose, party/club drug users, Indigenous people, people of culturally and linguistically diverse backgrounds, homeless and street based drug users, women, gay men and lesbians.

Response to Recommendations 72, 73, 74 and 78

Support in principle. The Committee's recommendations will be taken into account when the Department of Human Services and Turning Point Alcohol and Drug Centre next determine the annual priorities for research.

Recommendation 75: The Committee recommends that research on the use, impact and diversion of prescription medication such as Ritalin/dexamphetamine for the treatment of Attention Deficit Hyperactivity Disorder among school-age children be undertaken.

Response to Recommendation 75

Support in principle. Ritalin and dexamphetamine tablets/capsules are the pharmaceutical stimulants used to treat Attention Deficit Hyperactivity Disorder (ADHD) in children. They are also used for other clinical indications, including adult ADHD, and narcolepsy, so evidence of misuse by other than schoolchildren, for instance injecting drug users, may not indicate that the source is diversion of drugs used to treat childhood ADHD. There has, however, been a 24-fold increase in the supply of Attention Deficit Hyperactivity Disorder (ADHD) pharmaceutical stimulants in the last ten years.

Information provided by the Department of Education, indicates that there is no evidence of diversion in Victorian schools. The Department provides schools with guidelines and advice in relation to the administration, distribution and safe storage of medications.

Potential Research could include a study about diversion and inappropriate use from the experience of paediatricians, child psychiatrists, and general practitioners who hold permits to treat ADHD with these medications. Accordingly, a study of prescribers may provide a further indication of the extent of the problem, and form the basis for developing general guidelines about the appropriate prescribing and control of supply through accounting of rate of use, and avoiding replacement of 'lost' prescriptions or drugs, to prevent diversion and misuse.

Recommendation 76: The Committee recommends that research into the possible links between methamphetamine use and violent behaviour be further investigated.

Response to Recommendation 76

Support in principle. While there is no clear link between methamphetamine use and violent behaviour, the Government recognises the paucity of research around methamphetamine use and violent behaviour, and that there is only a range of anecdotal evidence to support such a relationship. The Department of Human Services will take into account these recommendations in consultation with Turning Point Alcohol and Drug Centre, at the next priority setting. In addition, Government will refer this recommendation to the MCDS for consideration.

Recommendation 77: The Committee recommends that further research be undertaken into effective treatment interventions, including the development of new pharmacotherapies and medications and their appropriate application. Specifically, ongoing research into possible amphetamine substitution treatments be investigated and evaluated if trialled.

Recommendation 79: The Committee acknowledges that there are many uncertainties as to why amphetamine users in particular may or may not access treatment services. The Committee recommends that further research should be undertaken to ascertain the reasons for this reluctance.

Recommendation 81: The Committee recommends that funding be made available to enable community and local agencies such as Needle and Syringe Program outlets to undertake small-scale research to identify 'hidden' populations of amphetamine injectors and to implement appropriate strategies to reach them.

Response to Recommendations 77, 79 and 81

Support in principle. In addition to the research undertaken by Turning Point Alcohol and Drug Centre, the PDPC is developing a research agenda around future research priorities. See response to Recommendations 66 and 67 in category 9.

Recommendation 80: The Committee recommends that further research be undertaken into the difficulties faced by ambulance officers with regard to the transportation to emergency facilities and/or hospitals of people who have overdosed after having ingested amphetamines, 'party drugs' and other drugs.

Response to Recommendation 80

Support in principle. The Metropolitan Ambulance Service is represented on the Heroin Overdose Prevention Committee and the Working Group for the Code of Practice to Run Safer Raves and Dance Parties, convened by the Department of Human Services. This provides the opportunity to monitor the circumstances in which people affected by amphetamines and 'party drugs' are transported to hospital and of difficulties experienced.

Recommendation 82: The Committee recommends that amphetamine and 'party drug' users should be consulted as part of any research and treatment agenda that is developed, recognising that the demography of the typical 'party drug' users is different from that of those who normally access drug treatment services.

Response to Recommendation 82

Support in principle. The Department of Human Services recognises the valuable contribution made by users and users groups when developing and implementing alcohol and other drug policy. Users and user groups are represented on a variety of working groups and advisory bodies to Government.

Recommendation 83: The Committee recommends that all publicly funded programs established to address amphetamine and 'party drugs' abuse have a requirement for evaluation to determine their effectiveness.

Recommendation 84: The Committee recommends the rigorous and ongoing evaluation of all publicly funded school and community based drug education programs.

Response to Recommendations 83 and 84

Support in principle. The Department of Human Services undertakes ongoing research, evaluation and review of alcohol and other drug treatment services, projects and programs to ensure continuous improvement in the quality and effectiveness of services offered to clients as well as improved community outcomes.

This ongoing research and evaluation indicates the outcomes and effectiveness of treatment models, the effect of a treatment versus punitive approach to drug use, and whether health-based approaches are reducing disease and preventing injury and death amongst drug users. The research and evaluation also informs service planning and development and predicts drug trends and behaviour in the community and the demand for alcohol and drug services.

In addition, the Department of Education has developed and is implementing a project to provide tools to evaluate and monitor drug education programs in schools on an ongoing basis.

10. Funding

Recommendation 85: The Committee recommends that to address amphetamine and 'party drug' use it is imperative that adequate funding be provided for:

- a) Data collection, research and evaluation initiatives established subject to the proposed research agenda to be co-ordinated by the Department of Human Services as outlined in Recommendation 66;
- b) Training programmes co-ordinated through the Department of Human Services
- c) An adequate level of ongoing funding for key agencies working in the area of amphetamine and 'party drug' use, including: RaveSafe; Pt'chang Non Violence Group, Youth Substance Abuse Service; DrugInfo Clearing House (Australian Drug Foundation) and the Turning Point Alcohol and Drug Centre; and
- d) That budget allocations to drug and alcohol services take into consideration the time needed for workers to undertake professional development and keep abreast of current research developments in the area of amphetamine and 'party drugs'.

Response to Recommendation 85

Support in principle. This recommendation has been addressed in the responses provided to Recommendations 66 in category 9, Recommendations 35, 36, 37, 38 and 39 in category 2, and Recommendation 16 in category 8. The Department of Human Services works closely with, and recurrently funds, key agencies to provide a range of alcohol and other drug services.

Recommendation 86: The Committee recommends that funding continue to be provided on a triennial basis wherever possible for appropriate community projects and programs.

Response to Recommendation 86

Support in principle. The Department of Human Services funds alcohol and service provider agencies on a triennial basis to enable a greater emphasis on planning, collaborative problem-solving and continuous improvement.

Recommendation 87: The Committee recommends that further funding be made available to key Needle and Syringe Program outlets in metropolitan, regional and rural settings to improve their capacity to provide primary health care and other brief interventions to current injectors.

Response to Recommendation 87

Support in Principle. See response to Recommendation 61 in category 3. In addition, the Department of Human Services has established and funded five primary health services for street-based drug users in key areas where there is concern about the impact of injecting drug use, including in: Footscray, Melbourne CBD, Collingwood, St Kilda and Dandenong. The services deliver:

- a safe place for street-based drug users to access assistance, receive attention on a non-appointment basis and obtain respite from drug use and the drug-using environment;
- pharmacotherapy prescribing services, treatment linkages, needle and syringe provision, wound care, screening for blood borne viruses, sexual health screening and facilities such as showers and washing machines; and

- mobile outreach services to promote access to treatment and support and to link drug users to home-based and residential withdrawal, counselling and pharmacotherapy options.

These services work closely with NPS's (in some cases sharing a location) and other health and community services within the local Primary Care Partnership to link clients into mainstream services.

Recommendation 88: The Committee recommends that funding for drug and alcohol programs needs to acknowledge the high probability of 'changing drug use patterns and trends', such as those that occurred as a result of the so-called 'heroin drought'. It is therefore imperative that any funding for drug and alcohol programs and initiatives, and funding arrangements, are 'flexible' enough to allow agencies to provide services and responses to emerging drug use trends.

Response to Recommendation 88

Support in principle. The Department of Human Services regularly monitors drug trends from a range of databases and reports these to Government and the Alcohol and Other Drug sector. The Victorian Alcohol and Other Drug Service system, therefore, recognises that alcohol and drug programs need to acknowledge the high probability of changing drug use patterns and trends that have occurred as a result of the so called 'heroin drought', and the service sector responds accordingly in recognition that this is core business. The Department of Human Services has recently undertaken a review of the current Alcohol and Other Drug service system to ensure that future service development will continue to respond to changing drug use patterns.

Recommendation 89: The Committee recommends that the State Government's municipal 'hot spot' drug programs continue to be funded subject to ongoing evaluation.

Response to Recommendation 89

Support in principle. The Local Drug Strategy Initiative which includes 'hot spot' drug programs has secured a second round of funding from March 2004 to December 2006. Projects funded are those focusing on local responses to drug users and their impact on the local community, rather than on measures that might prevent the uptake of drug use. Most focus on preventative work. The strategies are highly diverse in nature, scope and target specific populations.

List of Abbreviations

ABCD	About Better Communication about Drugs Program
ADF	Australian Drug Foundation
ADHD	Attention Deficit Hyperactivity Disorder
ANEX	Association of Needle and Syringe Programs
CAMHS	Child and Mental Health Services
CFA	Country Fire Authority
COATS	Community Offenders Advice and Treatment Service
DLWP	Drugs and Legislation Working Party
GHB	Gamma-hydroxybutyrate
HCV	Hepatitis C Virus
ICEPT	Inner City Entertainment Precincts Taskforce
IDC	Interdepartmental Committee on Drugs
IDU	Injecting Drug Users
IGCD	Intergovernmental Committee on Drugs
KCADRC	Koori Community Alcohol and Drug Resource Centres
MCDS	Ministerial Council on Drug Strategy
MDID	Major Drug Investigation Division
MDMA	Methylenedioxymethamphetamine
MFB	Melbourne Fire Brigade
MFESB	Metropolitan Fire and Emergency Services Board
NSP	Needle and Syringe Programs
PDPC	Premier's Drug Prevention Council
PWG	Pseudoephedrine Working Group
RRSW	Rural and Regional Service System Review

SAC	Sentencing Advisory Council
SCAG	Standing Committee of Attorney's General
SSR	Service System Review
TAC	Transport Accident Commission
VAADA	Victorian Alcohol and Drug Association
VACCHO	Victorian Association of Community Controlled Health Organisation
VIVAIDS	Victorian Drug Users Association
VLEDF	Victorian Law Enforcement Drug Fund