

Queensland

Drug Strategy

2006-2010



Queensland
Government

Queensland Drug Strategy 2006-2010
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A message from the Premier

Drug and alcohol abuse can severely damage people's health and wellbeing or even kill them. It can wreck families. And it can lead to social disharmony and crime.

We know that healthy communities thrive when the responsibility for good health is actively shared by individuals, families and businesses.

The Queensland Government will continue to strive to reduce the level of damaging drug use in the community through its commitments to national drug strategies and through innovative and co-ordinated government policies and programs.

We are committed to reducing the harm caused by legal and illegal drugs.

The *Queensland Drug Strategy 2006 to 2010* re-confirms that commitment and recognises the role of others, including non-government organisations and the Queensland community. We need to work in many different ways to improve the health of all people and reduce the risks of drug and alcohol use.

The *Queensland Drug Strategy* is consistent with the nationally agreed approach.

In 2000 Queensland released *Beyond a Quick Fix: Queensland Drug Strategic Framework 1999/00 to 2003/04*, a whole-of-Government strategic framework to guide efforts to reduce illicit drug use and harms, to cut tobacco smoking, and to reduce hazardous and harmful alcohol consumption.

The *Queensland Drug Strategy* builds on *Beyond a Quick Fix* and recent key achievements of the Queensland Government including:

- Australia's toughest tobacco legislation
- drug diversion programs
- volatile substance misuse trial programs
- mandatory responsible service of alcohol training for new licensees.

Many of our broader programs aim to tackle some of the factors that can cause social disadvantage. These programs will continue to support the *Queensland Drug Strategy* in an effort to reduce drug and alcohol abuse.



Peter Beattie MP
Premier and Minister for Trade

October 2006

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Overarching goal

To improve health, social and economic outcomes by preventing and reducing the harmful effects of drug useⁱ in Queensland.

Purpose

The *Queensland Drug Strategy 2006 to 2010* has been developed to outline and coordinate Queensland Government activities that aim to reduce the harm associated with drug use.

These activities include supply reduction strategies such as law enforcement targeting amphetamine laboratories, demand reduction strategies such as social marketing campaigns and treatment for people with drug-related problems, and harm reduction strategies such as the availability of sterile injecting equipment.

The *Queensland Drug Strategy* specifically relates to the Queensland Government priorities for improving health care and strengthening services to the community, and protecting our children and enhancing community safety.

Context

The *Queensland Drug Strategy* replaces *Beyond a Quick Fix*, which was the *Queensland Strategic Drug Framework from 1999/00 to 2003/04*. The *Queensland Drug Strategy* builds upon many of the enduring principles and priorities identified in *Beyond a Quick Fix* and provides more contemporary initiatives and programs to tackle the complex issues surrounding drug use.

In addition to ongoing prevention programs and treatment services, a number of innovative programs and policies were established under *Beyond a Quick Fix*, including:

- *Meeting Challenges, Making Choices* (MCMC) to address the issue of alcohol use in discrete Indigenous communities
- diversionary programs to intervene in the criminal justice cycle for illicit drug offenders, and to provide the opportunity for treatment
- the *Volatile Substance Misuse* trial to provide new responses to the inhalation of dangerous substances, and
- tobacco legislative reforms to prohibit smoking at indoor public places and at many outdoor areas, and restrict the retail display of tobacco products.

The harmful effects of drug use – such as illness, injury and premature death – impact significantly on Queensland families, communities and the economy. Beyond the personal and family stories of drug-related tragedy, is the added burden to the community of increased costs to the health system, police service and criminal justice system.

During the last five years, in recognition of the need for prevention and early intervention, a number of significant whole-of-Government initiatives have been established in Queensland that target social disadvantage and, consequently many of the causes of drug problems. These initiatives include policies such as *Education and Training Reforms for the Future*, *Community Renewal and Supportive Families*, and in relation to Indigenous issues, the *Queensland Government's Framework Agreements*, *Meeting Challenges Making Choices*, *Partnerships Queensland: Future Directions Framework for Aboriginal and Torres Strait Islander Policy in Queensland 2005-2010* (Partnerships Queensland), and the *Strategic Policy for Aboriginal and Torres Strait Islander Children and Young People's Health 2005-2010*.

i. Throughout this document the use of the term "drug" refers to the full spectrum of psychoactive drugs including alcohol; tobacco; illegal drugs such as cannabis, amphetamines, ecstasy and designer drugs, heroin, cocaine and hallucinogens; performance and image enhancing drugs; the unsanctioned use of prescription drugs; and volatile substance misuse including petrol (sniffing) and aerosol cans (chroming).

The Queensland Government is also committed to a national approach to addressing drug use. The Australian Government, in collaboration with State and Territory Governments has updated the national drug strategy. The *National Drug Strategy 2004-2009* provides a framework for national action, and reinforces a commitment to the principles of harm minimisation and prevention. The strategy is available on-line at www.nationaldrugstrategy.gov.au.

The *Queensland Drug Strategy* is consistent with the *National Drug Strategy*, and focuses on the particular context and needs of Queenslanders.

Non-government role and voice

Government has an important part to play in preventing and reducing the harmful effects of drug use through its role as a legislator, service provider, leader, educator and funder of programs. Government, however, cannot tackle this issue alone.

A partnership approach has been one of the hallmarks of Australia's and Queensland's approach to drug issues. The development and maintenance of effective working relationships with non-government organisations, community controlled organisations, the private sector, and education and research centres for a range of initiatives – including the delivery of treatment and rehabilitation services, prevention programs, community education, training and workforce development, and research – will continue under the *Queensland Drug Strategy*.

The delivery of effective drug and alcohol interventions and activities also depends on the day-to-day work of teachers, police, social workers, general practitioners, Indigenous health workers, mental health and health promotion workers, and many other dedicated staff in community organisations across the State.

Implementation of the *Queensland Drug Strategy* cannot occur without the participation of non-government organisations. In addition to ongoing consultation, a special session of the Queensland Drug Co-ordinating Committee (which is the primary overseeing body for drug policy in Queensland), will be held prior to a midpoint review of the *Queensland Drug Strategy*. This session will canvass non-government sector views on the implementation of the strategy, suggestions for improvement, and ideas for future directions.

Other state-based mechanisms for collaborating with the professional, non-government and community sectors include the *Queensland Tobacco Control Information Network* (including its "Burning Issue" bulletin), *Opioid Treatment Reference Group*, *State-wide Mental Health Network*, *Healthier Universities Program*, *Communities that Care Reference Group*, and *Good Sports Partnership*.

The Australian National Council on Drugs (ANCD) provides a non-government voice at the national level. The ANCD has membership drawn from around the nation, including Queensland, and from a wide range of experience and expertise on various aspects of drug policy such as treatment, rehabilitation, education, family counselling, law enforcement, research and work at the coalface in community organisations. The ANCD provides Ministers with expert advice of matters connected with licit and illicit drugs. It provides non-government input, to facilitate and enhance partnership between government and non-government and community sectors in the development and implementation of policies and programs to address drug-related harms.

Drug use in Queensland

Despite the widely held perception that drug-related problems are mainly caused by the use of illicit drugs, tobacco and alcohol are responsible for the most harm associated with drugs in our community.

It is estimated that tobacco smoking and alcohol consumption account for 93% of all drug-related death and illness. This, however, does not negate the effect of illicit drug use on the community, including overdose deaths, involvement in crime, drug induced mental health disorders, and the transmission of HIV/AIDS and other blood-borne viruses.

The cost of drug use in Australia has been estimated at \$34.5 billion per annum. On a population basis, the annual cost of drug use to the Queensland community reached \$6.5 billion.¹ These costs include health care, loss of productivity, law enforcement, crime, and the impact of premature death.

Each year, drug use in Queensland accounts for 4,300 deaths – almost one in five of all deaths in the State – and over 55,000 hospital admissions.²

Alcohol

Although the consumption of alcohol is an accepted and common practice among Queenslanders, drinking behaviours in Queensland are among the riskiest in Australia.³ Increasingly, young people aged between 14 and 24 years are consuming alcohol in a risky manner, especially high-risk (or “binge”) drinking in young women.³ Drinking above the recommended National Health and Medical Research Council guidelinesⁱⁱ for low-risk drinking increases both short and long-term problems, including heart disease, liver disease and stroke, injury, disability, and death.

About 80% of Queenslanders drink alcohol, and 40% of drinkers usually drink at risky or high-risk levels.³ Queenslanders have reduced their drinking over the last decade, but continue to have one of the highest rates of alcohol-related deaths and hospitalisations in Australia (behind the Northern Territory and Western Australia).² Alcohol continues to be linked with a large proportion of serious road accidents and violent crime. Each year, an estimated 812 deaths and 20,900 hospital admissions are due to alcohol misuse.²

Almost 40% of the Queensland Indigenous population abstain from drinking alcohol, more than the general population at around 20%.² However, of those Indigenous people who do drink, 81% usually do so in a risky manner.² That is, about half of all Indigenous adults are drinking in ways that jeopardise their health compared to one third of the general population. Alcohol-related death rates of Indigenous people in some remote communities are over 21 times the general Queensland rate.²

ii. Australian Alcohol Guidelines: low-risk (up to 4 standard drinks per day for males, and 2 standard drinks per day for females), risky (5-6 standard drinks per day for males and 3-4 standard drinks per day for females), and high-risk (7+ standard drinks per day for males and 5+ standard drinks per day for females). More information is available on-line at www.alcohol.gov.au.

■ Tobacco

While smoking rates have declined over recent decades, tobacco use remains Queensland's leading cause of preventable death and illness. Of particular concern is that the Queensland daily smoking rate remains above the national average, and the male smoking rate is the second highest of all Australian jurisdictions.³ Smoking among young women is also of concern because of the impact it has on their health, maternal health and pregnancy outcomes.

In 2004, 20% of Queenslanders aged 14 years and over were daily smokers. Males and females aged 20-29 years were the largest group of daily smokers (30%), with 30-39 year olds following (23%).³ There also remains a clear relationship between socio-economic status and smoking, with people in blue collar occupations, the unemployed and those with less formal education smoking at significantly higher rates than people in white collar jobs and those with tertiary qualifications.³

Each year, an estimated 3,400 deaths and 30,450 hospital admissions are due to tobacco smoking. Occupied bed days in Queensland hospitals for smoking-related conditions cost more than \$137 million per annum.²

It is estimated that up to 50% of Indigenous adults smoke, which is more than double the smoking rate for the total Queensland population. Indigenous people also start smoking at an earlier age and are generally less successful when trying to quit. The smoking-related death rate for Indigenous people is more than twice the Queensland average, and smoking-related hospital admissions are 2.4 times higher for Indigenous people than the State average.²

■ Illicit drugs

Self-reported use of any illicit drug in Queensland in 2004 was similar to the national average and slightly higher than NSW and Victoria, although deaths from opioid drug use in Queensland are the second lowest of the Australian States and Territories.^{2,3}

The illicit drug most widely used by Queenslanders is cannabis, with approximately 12% reporting use of cannabis in the past 12 months.³ The group with the highest prevalence for cannabis use is aged 14-24 years, with rates in this age group (32% males and 25% females), approximately double the rate of the entire Queensland population aged over 14 years (13%). In discrete Indigenous communities in Queensland, cannabis use has been highlighted as an issue of concern.

Amphetamines are used by around 3% of the population and heroin by 0.2% (in the past 12 months). It is estimated that there are 18,700 injecting drug users in Queensland, representing 20.5% of the 90,800 injecting drug users nationwide.¹ Each year, an estimated 90 deaths and 4,100 hospital admissions in Queensland are due to illicit drug use.²

Queensland records a disproportionate number of arrests for certain types of drug offences. For example, seizures of clandestine drug laboratories have doubled over the past four years, and are now over six-times higher than the seizure rates for other jurisdictions. It should be noted, however, that the higher number of clandestine drug laboratory detections in Queensland compared with other places does not necessarily imply a higher volume of methamphetamine production in this State, as most of these detections are small portable laboratories.

■ Dual diagnosis

The term dual diagnosis refers to the co-occurrence of substance use and mental health disorders and problems. In treatment settings, the prevalence of dual diagnosis is high. Within the alcohol and drug treatment sector, the prevalence of dual diagnosis is estimated to be 40%, although this varies across treatment populations. For example, it is estimated that 80% of dependent drug users experience some level of mental health distress or problems.^{4,5} In particular, the misuse of alcohol, cannabis and psychostimulants is associated with affective, anxiety and psychotic disorders. Within the mental health service sector, the prevalence of dual diagnosis is estimated to be as high as 75%. Whilst estimates vary, it is generally accepted that between 50%–70% of mental health clients have co-occurring drug use issues.^{6,7}

Compared to people with either a substance use or mental health disorder, people with a dual diagnosis experience a greater range of complex social problems. People with a dual diagnosis experience higher levels of relapse, readmissions to hospital, self harm, suicide and difficulties in complying with care and treatment plans. The complexity of issues makes diagnosis, treatment and care more demanding and challenging for alcohol and drug and mental health treatment services.

■ Volatile substance misuse

Volatile substance misuse refers to the deliberate inhalation of a gas or fumes released from a substance at room temperature for the purpose of intoxication. There are over 250 substances that can be inhaled and many of them are easily accessible and used in every day life. Some examples include aerosols such as spray paints, deodorants, insect spray, air-fresheners, and solvents such as glue, paint thinners, and petrol.

The extent of volatile substance misuse is difficult to estimate as the frequency and type of behaviour varies significantly over time. Anecdotal information recently collected in five Queensland locations suggests that users are predominantly Indigenous and aged 12-17 years. Spray paint is used primarily in urban areas and petrol in some rural and remote Indigenous communities. There is evidence of spikes in activity in some communities which may be influenced by the presence of “ring leaders” from another community. Volatile substance misuse is often accompanied by other drug use such as drinking.

The Crime and Misconduct Commission recently evaluated a trial of additional police powers and ‘places of safety’ which was implemented by the Queensland Government in response to increasing concern about volatile substance misuse. The trial powers allowed police to detain a person under suspicion of using, or using, volatile substances and convey them to a place of safety. A place of safety can include a hospital, the person’s home, a relative or friend’s home or a designated place of safety. For the Queensland trial, designated places of safety were located in inner Brisbane, Logan, Townsville, Mt Isa and Cairns. The evaluation found that police powers were a useful component of a response to volatile substance misuse, and provided recommendations for a therapeutic response which could address the immediate as well as the underlying causes of volatile substance misuse.

Principles and scope

The *Queensland Drug Strategy* adopts the following principles:

- whole-of-Government approach
- collaboration and partnership with non-government and community sectors
- harm minimisation, including a balance between supply reduction, demand reduction, and harm reduction strategies
- prevention, including broad-based interventions to address common determinants of social and health problems
- evidence-based approaches.

The scope of the *Queensland Drug Strategy* includes all drug use, in recognition of common causal factors and the significant impacts of these substances on individuals, families, and the community.

The whole-of-Government and partnership approach recognises that the causes of drug use and their impact on communities do not fit neatly into compartments. A range of Government departments, non-government organisations, community controlled organisations and the private sector must work collaboratively and effectively across traditional boundaries to address these issues.

Australia's harm minimisation approach focuses on both licit and illicit drugs and includes preventing anticipated harm and reducing actual harm. Harm minimisation is consistent with a comprehensive approach, involving a balance between supply reduction, demand reduction, and harm reduction strategies. It encompasses:

- **supply reduction** strategies to disrupt the production and supply of illicit drugs, and the control and regulation of legal substances
- **demand reduction** strategies to prevent the uptake of harmful drug use, including abstinence orientated strategies and treatment to reduce drug use
- **harm reduction** strategies to reduce drug-related harm to individuals and communities.¹

Prevention refers to measures that prevent or delay the uptake of drug use as well as measures that protect against risk and reduce harm associated with drug supply and use. Prevention also includes initiatives to address the common causes of social and health problems.⁸ It has become clear that drug use is but one of a number of social and health problems that share common determinants, and that these problems tend to cluster in vulnerable individuals and population groups. Equally, it is clear that wide-ranging and broad-based interventions are needed to address these problems in an integrated way across the whole community⁸ (*see also text box page 8*).

Policy and practice that has been developed from sound research and evaluation will build our knowledge, support effective options, and assist the development of new initiatives. Inquiry and openness to new options, balanced with rigour in the design and implementation of initiatives, can also lead to fresh solutions.

■ Prevention – broad-based interventions to address common determinants of social and health problems

A combination of structural determinants and individual risk and protective factors influences drug use and drug-related problems. For example, a child growing up in a family in which heavy drinking is accepted (risk factor), is more likely to use alcohol and develop alcohol-related problems as they grow up. While a child that completes their schooling (protective factor), is less likely than a child who does not complete school, to develop alcohol or other drug-related problems. However, the presence or absence of any one individual risk or protective factor does not 'cause' drug use. Rather it is the combination of factors and the timing of their occurrence, in particular at transitional ages such as moving into or out of adolescence, that increases or decreases the likelihood of drug use.

The Queensland Government is addressing the common determinants of social and health problems through a range of initiatives including:

- *Education and Training Reforms for the Future* which aims to give every Queensland child the opportunity to access the very best education possible so that they reach their full potential (Department of Education and the Arts)
- *Supportive Families* (Department of Communities)
- *Breaking the Unemployment Cycle* (Department of Employment and Training)
- *Reducing Suicide: The Queensland Government Suicide Prevention Strategy 2003-2008* which aims to implement a whole-of-community approach to suicide prevention, underpinned by focused, integrated, and collaborative across government action (Queensland Health)
- child health policies and programs which aims to give children the best start to life, a supportive, nurturing and safe environment in which to grow, and quality treatment and monitoring when needed (Queensland Health)
- *Community Renewal* program (Department of Housing)
- *Youth Arts Mentoring Program* (Department of Education and the Arts)
- *Partnerships Queensland: Future directions framework for Aboriginal and Torres Strait Islander Policy in Queensland 2005-2010* (Department of Communities)
- *Meeting Challenges, Making Choices* (Department of Communities)
- *Responding to Homelessness* which aims to improve existing responses and better integrated services for people at risk of homelessness (Department of Housing)
- *Queensland Strategy for Chronic Disease 2005-2015* (Queensland Health)
- *Queensland Crime Prevention Strategy – Building Safer Communities* (Department of Communities)
- Neighbourhood Police Beats and other community policing initiatives (Queensland Police Service).

Priorities

While the *Queensland Drug Strategy* provides a policy framework for all Queensland Government activities to address drug-related harm, the seven priorities for action over the next four years include:

1. Alcohol, young people and young adults
2. Tobacco control
3. Indigenous alcohol and drug use
4. Treatment services, including services for those with a dual diagnosis
5. Volatile substance misuse, vulnerable and marginalised young people
6. Effective law enforcement, including liquor licensing
7. Innovative criminal justice approaches.

1. Alcohol, young people and young adults

- Develop and implement social marketing campaigns to support and encourage the choice to not drink or to drink within low risk guidelines. Campaigns will focus on specific population groups including those identified through research as being at high risk of alcohol-related harm and receptive to change (eg. the *Young Women and Alcohol Campaign* for 18-22 year olds).
- Enforce the *Liquor Act 1992* to prevent and detect possible breaches by minors through the delivery of targeted and highly visible compliance operations including at the Schoolies Festival; and enforce a state-wide ban on the advertising of drink promotions for on-premises consumption.
- Implement the *State-wide Safety Action Plan* including the imposition of a state-wide 3am lockout and stricter liquor licence conditions on all operators trading in Queensland.
- Support the implementation of the *Code of Practice for the Responsible Service, Supply and Promotion of Alcohol* which seeks to ensure liquor is served in a responsible manner and details how licensees and staff can identify and control the risks associated with the supply of liquor. The Code, among other things, indicates that premises should not promote drinking games or serve alcohol in other than standard measures.
- Deter drink driving by implementing education campaigns for specific population groups including, for example, males (17-24 years and 30-39 years), and undertaking police screening and detection operations.
- Implement the *Queensland School Drug Education Strategy* by developing school and community responses to alcohol and other drug use, and constructively intervening with students involved in unsanctioned drug use at school.
- Implement workforce enhancements for the delivery of alcohol interventions (screening, brief intervention and counselling) and prevention programs.
- Deliver the *Good Sports* program which encourages sporting clubs to adopt responsible service of alcohol practices.

■ 2. Tobacco control

- Enforce the *Tobacco and Other Smoking Products Act 1998*, including public and industry education and support, compliance operations, on-the-spot fines, and prosecutions.
- Develop and implement anti-smoking and quit smoking social marketing campaigns to alert the public to the dangers of smoking, and to encourage and support smokers to quit. The campaigns will focus on specific population groups including, for example, adult smokers, young people, parents and pregnant women.
- Implement the *Queensland School Drug Education Strategy* by developing school and community responses to alcohol and other drug use, and constructively intervening with students involved in smoking at school.
- Implement workforce enhancements for the delivery of quit smoking assistance and smoking prevention programs.
- Strengthen the capacity of Queensland Health's Quitline telephone service to provide clinical assessments, quit smoking assistance, and call-back counselling.
- Train and support health professionals in the delivery of quit smoking assistance and support for Indigenous clients (eg. the *SmokeCheck* program) and non-Indigenous clients (eg. *Helping Smokers Quit* program).
- Implement a comprehensive smoking management policy for all public hospitals and Queensland Health facilities, including smoking restrictions, nicotine replacement therapy for inpatients, and a staff quit smoking program.

■ 3. Indigenous alcohol and drug use

- Expand the reach of community-based initiatives and programs under the *Meeting the Challenges of Substance Misuse* strategy to address alcohol and drug use and related problems (including underlying causes), among adults and young people in Indigenous communities.
- Continue to work collaboratively with relevant Community Justice Groups and Councils to develop and implement improved alcohol management arrangements.
- Develop and implement a multi-faceted awareness raising and community development program aimed at reducing the demand for alcohol in Indigenous communities.
- Provide community-based programs, eg. the *Indigenous Event Support Program*, to promote culturally appropriate anti-smoking messages at community sporting and cultural events.
- Support the *Rio Tinto Child Health Partnership* to enhance existing health promotion and prevention programs for Foetal Alcohol Syndrome, and prevent drinking and smoking during pregnancy.
- Investigate the factors that influence young urban Indigenous women to initiate, maintain or stop smoking and drinking while pregnant and while caring for young children. Using this research, work in partnership with urban communities to encourage and support positive behaviour change.

- Implement the *Champions' Program and Negotiation Tables* process with a focus on alcohol demand reduction and child safety initiatives, and ensuring that outcomes from negotiation tables are actioned in a timely and effective manner.
- Implement the *Indigenous Risk Impact Screen and Brief Intervention (IRIS)*, to enable alcohol and drug workers and community workers to screen Indigenous clients for risks associated with drug use, provide assistance and make appropriate referrals.
- Continue to implement the *Enhanced Model of Primary Health Care* for remote communities to promote health through a person's life, and to prevent and detect the main risk factors which lead to chronic diseases, in particular alcohol consumption and smoking.
- Implement workforce enhancements for the delivery of alcohol and drug prevention and treatment services for *Meeting Challenges Making Choices* communities and other Indigenous communities.

■ 4. Treatment services, including services for those with a dual diagnosis

- Implement workforce enhancements for the delivery of alcohol and drug treatment, including screening, comprehensive assessment, detoxification, early and brief intervention, counselling, joint case management to address dual diagnosis issues, and pharmacotherapy treatments.
- Implement the *Strategic Plan for People with Dual Diagnosis* to support integrated care, enhanced service delivery and better outcomes for clients.
- Develop and implement a new *Illicit Drug Use by Offenders Policy* and related drug strategy to help to address the challenges of minimising harm and reducing drug use by prisoners. The aim is to create a healthier, safer prison environment and reduce drug-related harm within, and when they leave, prison.
- Continue to resource non-government organisations to provide quality alcohol and drug treatment services, including residential treatment and rehabilitation, in the community.
- Implement an *Amphetamine Education Resources Package* to assist health professionals in the delivery of brief assessment and treatment interventions, including the provision of practical client information materials, for amphetamine use and withdrawal.
- Implement national clinical guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn.
- Design and implement a sustainable quality assurance initiative for Queensland Health alcohol and drug services to support the delivery of appropriate and effective treatment to clients.
- Support the introduction of new evidence-based and cost-effective treatment modalities for alcohol, tobacco, and other drug use problems as they become available.

- **5. Volatile substance misuse, vulnerable and marginalised young people**
 - Expand and enhance the response to volatile substance misuse (VSM) through the development of state-wide responses and broader service system development. This will include developing local level strategies that reflect local needs and capacities.
 - Implement prevention and early intervention strategies including:
 - continuation of the current police powers to search, seize and dispose of a volatile substance
 - provision of education and resources informing retailers about their legislative requirements concerning the sale of potentially harmful substances (it is an offence for retailers to sell or supply a potentially harmful substance that will be ingested or inhaled, or supplied to another person)
 - development of education resources to support parents, communities, police, schools, health professionals, emergency services, child safety and family support agencies
 - support the use and evaluation of OPAL™ fuel in selected communities to restrict the supply of sniffable products in those locations
 - support the delivery of intervention and diversionary activities for young people and adults who are using alcohol and other substances in selected areas of Cape York.
 - Provide VSM safe recovery services (formerly known as place of safety services) in areas with high levels of inhalant use (inner Brisbane, Logan, Townsville, Mount Isa and Cairns) and develop appropriate responses in two new locations. Safe recovery services will provide a safe place for young people affected by VSM to recover as well as a coordinating point from which to address the underlying complex needs of the young people who engage in VSM.
 - For the localities listed above, continue the current police powers to take a person affected by VSM to a safe recovery service.
 - Implement longer term responses that address the underlying causes of VSM including case management and referral to the broader service system, Indigenous health services, mental health services, family support and child protection if necessary.
 - Provide training in *A/MS*, a brief intervention alcohol and drug instrument for health workers to assist young people at risk.

■ 6. Effective law enforcement, including liquor licensing

- Enforce the *Drugs Misuse Act 1986* by targeting recidivist and high-level synthetic drug and cultivated drug traffickers; distributors and runners of precursor chemicals; producers and distributors of hydroponically grown cannabis; and confiscating the assets and wealth derived from illicit drug enterprises.
- Continue multi-sectorial strategy development to prevent the diversion of pharmaceuticals and pre-cursor chemicals for illicit drug manufacture and use.
- Conduct joint operations with other law enforcement agencies and actively share intelligence for a range of policing activities, in particular, the supply of amphetamine type stimulants, and the diversion of pharmaceuticals and pre-cursor chemicals into the illicit market.
- Complete the *Impaired Driving Legislative Review* to examine future options for drink and drug driving countermeasures including, for example, public education campaigns and referral of offenders to education and intervention programs.
- Implement the *2006 Road Safety Summit* outcomes impacting on drink and drug driving, namely:
 - impoundment of vehicles where the driver has committed more than one drink driving offence
 - Breath Alcohol Concentration limits for all supervisors of drivers with a learners permit
 - immediate licence suspension for high risk drink drivers
 - alcohol interlocks
 - drug driving legislation.
- Continue to provide intelligence driven random and targeted breath testing operations at the equivalent rate of one test for every licensed driver in Queensland.
- Expand the *Liquor Enforcement and Proactive Strategies* (LEAPS) program to other locations in Queensland to address alcohol-related violence and disorder in and around licensed premises.
- Enforce the *Liquor Act 1992*, through the delivery of targeted and highly visible compliance operations and the establishment of a dedicated flying squad.
- Increase the Liquor Licensing workforce across the State.

■ 7. Innovative criminal justice approaches

- Commence a new illicit drug diversion program, the Queensland Magistrates' Early Referral Into Treatment (QMERIT) Program, in a number of pilot locations, with suitably motivated and eligible drug offenders offered the opportunity to participate in treatment prior to being sentenced in court.
- Continue the state-wide Police Diversion Program, where a police officer may divert an eligible offender who has committed a minor cannabis offence to an appropriate treatment.
- Continue the Illicit Drugs Court Diversion Program, where offenders charged with possession of minor amounts of any illicit drug may be diverted by a magistrate to treatment.
- Continue the Drug Court Program, where drug offenders are assisted to overcome their drug dependence and associated criminal behaviour through court enforced and supervised treatment.
- Implement an Indigenous alcohol diversion program in a number of pilot locations to divert defendants charged with alcohol-related offences to treatment and case management in order to reduce alcohol-related harm to the individual and the community.
- Continue to evaluate the implementation and effectiveness of the range of Queensland-based drug diversion programs.

Monitoring progress

The *Queensland Drug Strategy* will be effective if:

- our drug policies and programs reflect a whole-of-Government approach, use a partnership approach, are based on harm minimisation principles, promote prevention, and are evidence-based
- information about coordinated service delivery, policies and programs is shared across Government agencies both through the Queensland Drug Coordinating Committee and interagency discussion
- individual programs and activities are evaluated and the outcomes of implementation and evaluation inform the further development of drug policy and other Government strategies.

In addition, during the four-year period of the *Queensland Drug Strategy*, Queensland Health will monitor key drug prevalence and harm trend data including smoking rates, levels of risky and high-risk drinking, illicit drug use, drug-related deaths and drug-related hospitalisation. By the end of the *Queensland Drug Strategy* it is expected that there will be positive changes in the key trend data.

The primary source of Australian drug trend data is the *National Drug Strategy Household Survey* series. Queensland Health will continue to invest in the implementation of this triennial survey, including support for additional survey personnel to reach more Queensland households.

In Queensland, the primary body for overseeing drug policy is the Queensland Drug Coordinating Committee (QDCC). Government agencies with representatives on the QDCC are:

- Queensland Health (chair)
- Department of the Premier and Cabinet
- Queensland Police Service
- Department of Justice and Attorney-General
- Department of Corrective Services
- Department of Communities
- Department of Education and the Arts
- Department of Tourism, Fair Trading and Wine Industry Development
- Commission for Children and Young People and Child Guardian.

The QDCC will monitor the *Queensland Drug Strategy*, and specifically, it will:

- identify emerging drug policy issues and support relevant Government Departments to develop timely and effective responses to these issues
- in the context of a harm minimisation strategy, consider the risk and protective factors approach when identifying the most appropriate range and mix of interventions required to implement the Government's policies to reduce the harm from alcohol, tobacco and other drugs
- use expertise within Government and community to identify and develop appropriate policy responses
- coordinate whole-of-Government responses to national drug forums such as the Ministerial Council on Drugs Strategy and the Inter-Governmental Committee on Drugs, through the Queensland representatives on these bodies
- review evaluation reports from drug programs across Government.

An update on the implementation of the *Queensland Drug Strategy* will be provided by the QDCC to the Government by September 2008 (three months following mid-point) and by June 2011 (six months following end-point).

Since 2000, the Queensland Government has also developed and released a series of "Action Plans" to address tobacco, illicit drug and alcohol use.⁹ These plans provide detailed information about the individual substances, as well as information on specific programs, legislative reforms, workforce development, and research priorities. Implementation and monitoring of the Action Plans will continue under the *Queensland Drug Strategy*.

Funding

The implementation of drug-related policy and programs is a complex area that requires input and participation from a wide range of Government and non-government agencies, at local, state and national levels. The Queensland Government provides substantial resources for initiatives and activities that progress the overarching goal and priorities of the *Queensland Drug Strategy*. These initiatives range from law enforcement, though to drug diversions programs, to social marketing campaigns and treatment services.

Over the next four years, the *Queensland Drug Strategy* will continue to provide a framework to guide funding decisions in the broad range of sectors, including non-government service providers, that contribute to reducing drug-related harm.

Commitment to consultation

Under the *Queensland Drug Strategy*, targeted consultation on specific issues of interest to the general public and industry will be undertaken. Furthermore, to inform the development and implementation of alcohol and drug interventions and programs, there will be appropriate consultation with Indigenous stakeholders including people living in regional and urban centres as well as remote communities.

A range of consultative structures, including the Government's *Get Involved* on-line consultation initiative, already exist. Regular additional consultation will occur on a Departmental basis.

An example of effective community consultation on drug issues is that of the recent review of Queensland's tobacco legislation. A Discussion Paper was released for public and key stakeholder consultation, and members of the general public were encouraged to submit their views on the future of smoking restrictions in Queensland via the *Get Involved* website and in writing. The total number of submissions received from industry, health groups and the general public was more than 1,300. All of these submissions were considered in the drafting process for Queensland's new tobacco legislation.



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