

Policy related to methylamphetamine in Australia between 2003–04 and 2013–14

It is well recognised that a variety of factors contribute to drug use and how an individual is influenced by their social, cultural, economic and physical environment (Spooner & Hetherington 2004). It is, therefore, unsurprising that drug policy does not exist within a vacuum, but sits within a wider policy environment related to broader economic, social and welfare policy (Ritter et al. 2011). Government effort in various policy spaces will influence and contribute to the patterns of drug use observed in the Australian population. Some spheres of policy will interact more closely with the drug use policy environment than others, for example the Organised Crime Response Plan and the National Needle and Syringe Programs Strategic Framework 2010–2014.

This document provides an overview of the policies and strategies during the time 2003–04 to 2013–14 that were relevant to reducing the prevalence and harms associated with methylamphetamine, both nationally and in each state and territory. The information here is intended to supplement the information presented in *Trends in availability, use and treatment for methylamphetamine in Australia, 2003–04 to 2013–14* (AIHW 2015).

National approach

Since 1985, the National Drug Strategy (NDS) has provided the overarching framework for a consistent and coordinated approach for addressing licit and illicit drug use in Australia. While the strategy has been regularly updated (a total of six times since its inception), to ensure relevance and usefulness to contemporary Australia, there has been no change to the overarching approach. Initially entitled the National Campaign Against Drug Abuse, it was renamed the National Drug Strategy in 1993 (see Box 1 for strategies in effect during the time period 2003–present).

Two iterations of the NDS cover most of the time period considered in this document; the *National Drug Strategy 2004–2009* and the *National Drug Strategy 2010–2015*. These strategies are underpinned by the principle of harm minimisation. Harm minimisation encompasses three components (pillars): demand reduction, supply reduction and harm reduction.

Together, they aim to prevent/reduce: the uptake and misuse of drugs, the production and supply of illicit drugs and the negative social, economic and health consequences of drug use. The strategies also continue to support and develop essential partnerships between the law-enforcement, health and non-government sectors, communities and all levels of government. The *National Drug Strategy 2010–2015* identifies that there is a continuing high domestic production of amphetamine-type stimulant (ATS) drugs, an increasing number of ATS-related arrests and that problematic behaviour and organised crime associated with ATS use are issues of concern.

International factors play a role in shaping national drug policy, and Australia's approach to address illicit drug use and harms recognises international influences and partnerships. The NDS makes mention of the need for international partnerships to aid effective law enforcement, shared best practice and help enhance efforts of neighbouring countries in responding to drug use. Australia engages with international bodies – such as the World Health Organization and the United Nations – and Australian health and law enforcement

agencies and non-government organisations cooperate with their international counterparts. For example, the Australian Crime Commission and New Zealand Customs Service signed a memorandum of understanding in October 2013 to allow the sharing of information (Hughes 2015).

Under the pillar of supply reduction, the NDS conveys the need for the ongoing review of legislation and regulation to ensure laws reflect contemporary illicit drug markets and manufacture (MCDS 2011). Of note, since 2003, there have been a number of amendments to the *Criminal Code Act 1995*, strengthening the serious drug offences framework. These amendments have: placed bans on the importation of additional substances; refined mechanisms for listing new drugs, plants and precursors; made improvements to the emergency determination mechanism; allowed quicker listing of substances; and increased the severity of offences for a number of substances (including phenylpropanolamine, a precursor drug used to manufacture amphetamine).

Other amendments and the introduction of new regulations strengthening law enforcement powers and legislation have also come into effect over the period since 2003. Including, but not limited to: amendments to the *Customs (Prohibited Imports) Regulations 1956*, prohibiting the importation of tablet presses (in effect March 2010) and ice pipes (in effect December 2011) and the adoption of the *Crimes Legislation Amendment (Serious and Organised Crime) Acts (No. 1 and No. 2)* (February 2010).

Box 1: Strategies in place between 2003–04 and 2013–14

National Drug Strategies

The broad aims of these strategies are to prevent and reduce the uptake and misuse of drugs, the production and supply of illicit drugs and the negative social, economic and health consequences of drug use. They address the production and use of methylamphetamine in a number of ways.

National Drug Strategies between 2003–04 and 2013–14:

- The National Drug Strategy 2010–2015: A framework for action on alcohol, tobacco and other drugs
- The National Drug Strategy: Australia's integrated framework 2004–2009
- National Drug Strategic Framework 1998–99 to 2002–2003: Building partnerships.

Complementary sub-strategies between 2003–04 and 2013–2014

There are a number of sub-strategies developed under the NDS to address illicit drugs, ATS drugs or precursor chemicals specifically. These may contribute to the reduction in demand, supply and harm patterns related to amphetamines observed over time.

Complementary sub-strategies under the NDS 2010–2015:

- National Illicit Drugs Strategy
- National Aboriginal and Torres Strait Islander Peoples Drug Strategy.

Complementary sub-strategies under the NDS 2004–2009:

- National Amphetamine-Type Stimulant Strategy 2008–2011
- National Corrections Drug Strategy 2006–2009

(continued)

Box 1: Strategies in place between 2003–04 and 2013–14 (continued)

- National Drug Strategy Aboriginal and Torres Strait Islander People's Complementary Action Plan 2003–2009
- National Strategy to Prevent the Diversion of Precursor Chemicals into Illicit Drug Manufacture (2003–04 to 2007–08).

Complementary sub-strategies under the NDS Framework 1998–99 to 2002–2003:

- National Action Plan on Illicit Drugs 2001–2002–03
- National Illicit Drugs Strategy.

Sub-strategies

There are a number of sub-strategies developed under the NDS that assist in establishing a consistent approach to policy and program development across jurisdictions (MCDS 2004). Several of these sub-strategies address illicit drugs, ATS drugs or precursor chemicals specifically (see Box 2) and may contribute to reducing the demand, supply and harm patterns related to amphetamines observed over time.

Strategies relating specifically to meth/amphetamine

The *National Amphetamine-Type Stimulant Strategy 2008–2011* (endorsed in 2008) was developed in response to increased production, use, purity and harms of ATS in Australia, observed over the prior 10–15 years (MCDS 2008) – there is no current national ATS strategy.

The *National Strategy to Prevent the Diversion of Precursor Chemicals into Illicit Drug Manufacture* (the National Precursor Strategy) was also funded (\$5.4 million for 2003–08 and in 2007 the Commonwealth provided a recurrent annual funding of \$1.1million) to reduce the supply of precursor chemicals used to produce illicit drugs in clandestine laboratories.

As part of the 2007–08 federal budget, the government provided one-off funding of \$22.9 million for the *Amphetamine-Type Stimulants Grants Program (ATSGP)* which aimed to increase the capacity of drug treatment services to meet the needs of amphetamine-type stimulant (ATS) users and improve access to quality treatment (Miller et al. 2009). The ATSGP also included \$79.5 million for development specifically to non-government organisations (Miller et al. 2009). In 2009, the National Amphetamine Type Stimulant Training Program commenced, which aimed to build the capacity of these service providers in meeting the needs of ATS users, provide early intervention and referral to support services (Hughes 2015).

The National Drugs Campaign

Many national initiatives are funded and/or implemented under the NDS framework (see Box 2). These initiatives are aimed at building the capacity of health, education and law enforcement sectors and include interventions to prevent drug-related harm (MCDS 2004). Over the period of time from 2003, this included phases 2 to 5 of the National Drugs Campaign and a grants program specifically for ATS (see Box 2).

The National Drugs Campaign is a media campaign aimed at reducing illicit drug use among young Australians by increasing their knowledge of the negative consequences of drug use (DoH 2015). The focus of the campaign has varied depending on trends in drug use and emerging drugs (DoH 2015) (see Box 2). Evaluation of earlier phases of the campaign

revealed that the campaign effectively reached its target audience, reinforced the negative consequences of drug use to its intended audience and facilitated discussion about illicit drugs between parents and young people (Miller et al. 2009).

Phase 3 of the campaign, October to November 2007, primarily focussed on meth/amphetamine, particularly crystal methamphetamine. Evaluation post phase 3 indicated that young Australians aged 13–24 had less positive perceptions of speed (the powder form of meth/amphetamines), were more likely to associate speed with mental health problems and addiction and were less likely to be ‘at risk’ of accepting an offer of speed, compared with September 2004 (prior to phase 2) (SRC 2008).

Further evaluation of phase 3 found young Australians who recognised the ice (crystal methamphetamine) television commercials were more likely to identify ice as being addictive, have unpredictable effects and make a person paranoid than those not recognising the commercial (SRC 2008). Nearly all (96%) respondents aged 13–24 answered ‘definitely no’ to whether or not they would accept an offer of ice by a friend in 2007 (SRC 2008). Phases 4 and 5 of the campaign focused on ecstasy rather than ice, and between 2010 and 2011 there was no change in young Australians’ perceptions of ice (SRC 2011).

Box 2: Complementary programs/initiatives

National Illicit Drug Diversion Initiative (IDDI)

Amphetamine-Type Stimulants Grants Program (ATSGP)

Non-Government Organisation Treatment Grants Program (NGOTGP)

National Drugs Campaign – Illicit (phases since 2003):

2005 (phase 2) Targeting marijuana, ecstasy and speed

2007 (phase 3) Targeting ice, also targeting marijuana, ecstasy and speed

2009–2010 (phase 4) Targeting ecstasy and other illicit drugs used by young Australians

2010–2011, 2011–2012 (phase 5) Targeting ecstasy and other illicit drugs used by young Australians.

State and territory drug policy

While the Australian government is responsible for the coordination and development of national policy; state and territory governments are responsible for the development, implementation and evaluation of drug policy, as well as police, health and education services within their jurisdiction (Ritter et al. 2011). Drug policies, programs and initiatives vary by jurisdiction, with some states and territories placing a greater focus on addressing illicit drugs and meth/amphetamines than others. For example, Victoria and New South Wales were the only jurisdictions to have amphetamine-specific strategies. Drug use, availability and treatment patterns may be influenced by variations in state and territory government efforts, and especially for treatment data where a large proportion of services are located/episodes occur in one jurisdiction, for example New South Wales.

Table 1 below, provides a list of key policies in each state and territory that fall within the period from 2003 to 2014.

Table 1: State and Territory drug policies from 2003 to 2014

State/territory	Policy
New South Wales	NSW Health Drug and Alcohol Plan 2006–2010 Amphetamine, Ecstasy and Cocaine: A Prevention and Treatment Plan 2005–2009
South Australia	South Australian Drug Strategy 2011–2016 South Australian Suicide Prevention Strategy 2012–2016 South Australian Drug Strategy 2005–2010
Queensland	Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019 Queensland Drug Action Plan 2011–2012 Queensland Health Policy: Service Delivery for People with Dual Diagnosis (co-occurring mental health and alcohol and other drug problems). Queensland Drug Strategy 2006–2010 Protecting the Future: Reducing Illicit Drug Use and Harm: Queensland Illicit Drug Action Plan 2003–2004 to 2006–2007
Victoria	Reducing the Alcohol and Drug Toll: Victoria's Plan 2013–2017 Victoria's Alcohol and Drug Workforce Framework: Implementation Plan 2012–15 Victorian Drug Strategy 2013–2017 Victoria's Alcohol and Drug Workforce Framework: Strategic Directions 2012–22 Whole of Government Victoria Alcohol and Drug Strategy Victorian Drug Strategy 2006–09 Victorian Amphetamine-Type Stimulant (ATS) and Related Drugs Strategy 2009–2012
Western Australia	Drug and Alcohol Interagency Strategic Framework 2011–2015 Illicit Drug Support Plan 2012–2015 (supporting document to the Drug and Alcohol Interagency Strategic Framework for Western Australia 2011–2015) WA Drug and Alcohol Strategy 2005–2009 WA Illicit Amphetamine Summit—Government Action Plan 2007
Northern Territory	Stronger Futures in the Northern Territory: A Ten Year Commitment to Aboriginal People in the Northern Territory (2012) Northern Territory Poisons and Dangerous Drugs Act (2012) Strategic Directions for 2009–12 for the Northern Territory Priority Action Area 3: Targeting Smoking, Alcohol and Substance Abuse.
Australian Capital Territory	ACT Alcohol, Tobacco and Other Drug Strategy 2010–2014 ACT Alcohol, Tobacco and Other Drug Strategy 2004–2008
Tasmania	Everybody's Business: A Strategic Framework for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Averting Alcohol, Tobacco and Other Drug Use (2013) Tasmanian Drug Strategy 2013–2018 Tasmanian Drug Strategy 2005–2009

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