GLOBAL INDICATORS FOR MONITORING THE ILLICIT DRUG ENVIRONMENT IN NSW

VOLUME I

Bridget Barker, Elizabeth Conroy, Louisa Degenhardt, Jo Kimber and Kate Dolan

National Drug and Alcohol Research Centre
University of New South Wales

This report was commissioned by The Cabinet Office for the NSW Government following the NSW Drug Summit in 1999.

ACKNOWLEDGEMENTS

The success of the current project was dependent upon the collaboration and goodwill of many individuals, agencies and organisations across a broad spectrum. Without assistance of key individuals and stakeholders in identifying relevant indicator data, and without the feedback from these agencies, it would have been difficult to produce a report that could be an accurate and comprehensive document.

We wish to thank the following persons and agencies for their time and assistance, including face to face meetings, telephone and email correspondence, who provided information on the illicit drug-related datasets their agencies managed:

Australian Bureau of Statistics: Peter Burke; Michael Clarke; and Robert Letheby. **Australian Bureau of Criminal Intelligence:** Siobhan Hennessey. **Australian Institute of Criminology:** Toni Makkai and Lisa Collins. **Australian Institute of Health and Welfare:** Narelle Grayson; Katrina Burgess; Mark Cooper-Stanbury; Bradley Grant. Centrecare: Barbara Adair. **Commonwealth Department of Health and Ageing:** Paul Roche and Sonya Jackson. **Family Drug Support:** Tony Trimmingham. **Kids Help Line:** Ian Thomas. **Monash University National Centre for Coronial Information:** Kerryn Mulvenna. **National Centre for HIV Epidemiology and Clinical Research:** Margaret MacDonald and Ann McDonald. **National Drug and Alcohol Research Centre:** Courtney Breen; Fiona Shand; Jan Copeland and Peter Lawrinson. **NSW Attorney General's Department:** Anton Poder and Bruce Flaherty. **NSW Bureau of Crime Statistics and Research:** Tracy Painting; Marilyn Chilvers and Jackie Fitzgerald. **NSW Corrections Health Service:** Richard Matthews; Tony Butler; Christine Callaghan. **NSW Department of Juvenile Justice:** Mark Allerton; Melissa Clarence; Pam King; Liz Henderson. **NSW Department of Corrective Services:** Maria Kevin; Laurie Sobhi; Simon Corben; Angela Bendeich. **NSW Drug Court:** John Castellan and Jennifer Castellan. **NSW Health Department:** Devon Indig; Nick Shiraev; John Lewis; Allan Hodda; David Muscatello; Lee Taylor; John Agland; Kanan Gandecha; Valerie Delpeche; Margaret Thomas; Chris Sharpley; Owen Westcott. **NSW Ministry of Police:** Carolyn Pappas. **NSW Police**: Suzie Forell; Jim Baldwin and Michael Chesworth. **Royal Prince Alfred Hospital, Specialist Advisory Service:** Sarah Hutchinson. **St Vincent's Hospital, Alcohol and Drug Service:** Fran Lowe. **Turning Point Drug and Alcohol Centre:** Paul Dietze. **University of Sydney, General Practice Statistics and Classifications Unit:** Stephanie Knox.

Thanks also go to the following people for their comments and feedback on individual sections of the document: **Section 1 – Preventing Drug Abuse:** Stephanie McKinney (NSW DoCS); Dr Jennifer Gray (NSW Health, DPB); Devon Indig (NSW Health, DPB); Gavin Stewart (NSW Health); Dianne Hudson (NSW TCO, Office of Children & Young People); Elizabeth Cullen (NSW Police); Doug Brown (NSW DCS); Toby Fattore (NSW Commission for Children & Young People); **Section 2 – Young People and Drug Abuse:** Bruce Flaherty (NSW AGD); Elizabeth Callister (NSW DET); Dr Jennifer Gray (NSW Health); Carolyn Pappas (NSW Ministry of Police); Doug Brown (NSW DCS); Toby Fattore

(NSW Commission for Children & Young People); Lyn Stoker (NSW DoCS); **Section 3 – Health Maintenance and Treatment Services:** Dr Jennifer Gray (NSW Health, DPB); Devon Indig (NSW Health, DPB); **Section 4 – Case Management and Coordinated Care:** Dr Jennifer Gray (NSW Health, DPB); Devon Indig (NSW Health, DPB); Doug Brown (NSW DCS); **Section 5 – Training Requirements, Building Skills:** Dr Jennifer Gray (NSW Health, DPB); Devon Indig (NSW Health, DPB); Chris Shipeway (NSW Health, DPB); David Wallace (NSW TAFE); **Section 6 – Breaking the Drugs and Crime Cycle:** Anton Poder (NSW AGD); Bruce Flaherty (NSW AGD); Jenny Bargen (NSW DJJ); Mark Allerton (NSW DJJ); Devon Indig (NSW Health, DPB); **Section 7 – Drugs in Correctional Centres:** Richard Matthews (NSW CHS); Doug Brown (NSW DCS); Maria Kevin (NSW DCS); Mark Allerton (NSW DJJ); **Section 8 – Drugs and Community Action:** Tahn O'Brien (NSW Premiers); **Section 9 – Drugs and Law Enforcement:** Suzie Forrell (NSW Police); Jim Baldwin (NSW Police); Carolyn Pappas (NSW Ministry of Police); Deborah Brill (NSW TCO ODP); Clive Small (NSW Premiers); **Section 10 – Drug Education in Schools and the Community:** Elizabeth Callister (NSW DET); **Section 11 – Drugs in Rural and Regional NSW:** Devon Indig (NSW Health, DPB);

In addition, we would also like to thank all of those people at agencies that provided information regarding datasets, but whose datasets did not meet the criteria for this project (i.e. contain illicit drug related information). We would also like to thank everyone else who was involved in providing information and feedback in the project that did not have the opportunity to be individually acknowledged.

Extensive collaboration undertaken by Mina Candelapas (NSW Cabinet Office of Drug Policy) to ensure the final report was complete was also very much appreciated.

Finally, we wish to thank Dr Don Weatherburn for reading a near final draft of the document, and Professors Ron Penny and Ian Webster for their comments on a final draft of the report.

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ABBREVIATIONS

A&E	Accident and Emergency
ABCI	Australian Bureau of Criminal Intelligence
ACCV	Anti-Cancer Council of Victoria
ACS	Automated Coding System
ADCP	Adult Drug Court Program
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGD	Attorney General's Department
AHS	Area Health Service
AHS	NSW Health Area Health Service
AIC	Australian Institute of Criminology
AIDB	AIDS and Infectious Diseases Branch
AIDR	Australian Illicit Drug Report
AIHW	Australian Institute of Health and Welfare
ANCO	Australian National Classification of Offences
AOD	Alcohol and other Drug
ASGC	Australian Standard Geographical Classification
ASNSW	Ambulance Service of NSW
ASOC	Australian Standard Offence Classification
ASSADS	Australian School Students Alcohol and Drugs Survey
ATSI	Aboriginal and Torres Strait Islander
BBV	Blood Borne Viruses
BDO	1,4-bromo-2,5-dioxyamphetamine
BEACH	Bettering the Evaluation and Care for Health
BOCSAR	Bureau of Criminal Statistics and Research
BTOM	Brief Treatment Outcome Measure
CATI	Computer Assisted Telephone Interviewing
CCIS	Children's Court Information System
CCN	Cannabis Caution Notice
CDAT	Community Drug Action Teams
CDHA	Commonwealth Department of Health and Ageing
CDRT	Child Death Review Team
CHIME	Community Health Information Management Enterprise
CHS	Corrections Health Service
CIS	Client Information System
COAG	Council of Australian Governments
COB	Country of Birth
COD	Causes of Death Collection
COPS	Computerised Operational Policing System
COTSA	Clients of Treatment Service Agencies
CSS	Crime and Safety Survey
D&A	Drug and Alcohol
DAL	Division of Analytical Laboratories
DAPIR	Drug and Alcohol Performance Indicator Reporting

DASAS	Drug and Alcohol Specialist Advisory Service
DCAS	Drugs and Community Action Strategy
DCS	Department of Corrective Services
DET	Department of Education and Training
DJJ	Department of Juvenile Justice
DLE	Drug Law Enforcement
DOB	Date of Birth
DoCS	Department of Community Services
DOTCP	Drug Offenders Compulsory Treatment Pilot
DPB	Drug Programs Bureau
DTMS	Drug Trends Monitoring Group
DUIP	Drug Use in Prison Survey
DUMA	Drug Use Monitoring in Australia
ED	Emergency Department
EDC	Emergency Department Collection
EDIS	Emergency Department Information Systems
FDS	Family Drug Support
GHB	Gamma-hydroxybutyrate (aka GBH)
GP	General Practitioner
GPSCU	General Practice Statistical and Classification Unit
HAT	Homelessness Action Team
HAV	Hepatitis A Virus
HBV	Hepatitis B Virus
HCD	Higher Court Database
HCV	Hepatitis C Virus
HIC	Health Insurance Commission
HIE	Health Information Exchange
HIV	Human Immunodeficiency Virus
HOIST	Health Outcomes Information Statistical Toolkit
ICD-9	International Statistical Classification of Diseases and Other Related Health Problems – 9th revision
ICD-9-CM	International Statistical Classification of Diseases and Other Related Health Problems – 9th revision, Clinical Modification
ICD-10	International Statistical Classification of Diseases and Other Related Health Problems– 10th revision
ICD-10-AM	International Statistical Classification of Diseases and Other Related Health Problems – 10th revision, Australian Modification
ICPC-2	International Classification of Primary Care – 2nd edition
ID	Identification
IDRS	Illicit Drug Reporting System
IDU	Injecting Drug User
IHS	Inmate Health Survey
ISC	Inpatient Statistics Collection
JART	Joint Assessment Review Team
KHL	Kids Help Line
LAC	NSW Police Local Area Command
LCD	Local Court Database
LGA	Local Government Areas
LSD	Lysergic Acid Diethylamide
MATISSE	Monitoring and Other Drug Treatment Information System for Everyone
MCS	Methadone Client Statistics
MDA	3,4-methylenedioxyamphetamine
MDEA	3,4-methylenedioxyethamphetamine (aka Eve)

MDMA	3,4-methylenedioxymethamphetamine (aka Ecstasy)
MERIT	Magistrates Early Referral into Treatment Program
MHOAT	Mental Health Outcome and Assessment Tool
MMT	Methadone Maintenance Treatment
MUNCII	Monash University National Centre for Coronial Information
NCCS	National Criminal Court Statistics
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NCIS	National Coronial Information System
NDARC	National Drug and Alcohol Research Centre
NDCA	National Data Collection Agency
NDD	Notifiable Diseases Database
NDICP	National Deaths in Custody Program
NDSHS	National Drug Strategy Household Survey
NESB	Non-English Speaking Background
NGO	Non-government organisation
NHMD	National Hospital Morbidity Database
NHMRC	National Health and Medical Research Council
NMDS-AODTS	National Minimum Data Set – Alcohol and other Drug Treatment Services
NNDSS	National Notifiable Diseases Surveillance System
NPC	National Prisoner Census
NSCSP	National Survey of Community Satisfaction with Policing
NSDES	National School Drug Education Strategy
NSP	Needle and Syringe Program
ODP	Office of Drug Policy
PaLMS	Pacific Laboratory Medicine Service
PDHPE	Personal Development, Health and Physical Education
PMA	4,-methoxy-1-methylphenylethylamine
POA	Plan of Action
PSB	Pharmaceutical Services Branch
QA	Quality Assurance
RCD	Recorded Crime Statistics Database
RRMA	Rural, Remote and Metropolitan Areas
SAAP	Supported Accommodation Assistance Program
SAIS	Service Access Information System
SANDS	Supplementary Analysis of Nominated Data
SCC	State Crime Command
SHP	Supported Housing Partnership
SSDA	Social Sciences Data Archives
TNF	Ted Noffs Foundation
VBBCDS	Voluntary Blood Borne Virus Communicable Diseases Screening Program
WHO	World Health Organisation
YDCP	Youth Drug Court Program
YOA	Young Offenders Act

QUICK REFERENCE

PREVENTING DRUG ABUSE

Key Issues

1.1. Identification and monitoring of 'at risk' groups

Recommended indicators:

1.1.1. Family and parenting

Number of persons presenting for illicit drug treatment who report living arrangements either 'alone with child (ren)' or with 'spouse /partner and child (ren)' (NSW MDS-AODTS)

1.1.2. Housing

Number of people presenting to illicit drug treatment who specify their usual accommodation status as homelessness (NSW MDS – AODTS)

1.1.3. Employment

Principal source of income for people presenting to illicit drug treatment and length of stay in treatment (NSW MDS-AODTS)

1.1.4. Mental Health

Number of school students self-reporting a mental health problem in conjunction with illicit drug use (ASSADS)

Number of GP presentations with both a mental health and illicit drug use diagnosis (BEACH)

Number of A&E attendances with both a mental health and illicit drug use diagnosis (EDC)

Number of inpatient hospital separations with both a mental health and illicit drug use diagnosis (ISC)

Number of people self-reporting psychological distress as assessed by the BTOM (BTOM)

1.2 Prevention programs

Recommended indicators:

Number of school students exposed to an illicit drug prevention program (DET, Catholic & Independent School Associations)

Proportion of school students reporting illicit drug use (ASSADS)

Number of students case managed as part of the Cabramatta Gateways Anti Drug Strategy (DET)

Proportion of students with improved vocational outcomes following being case managed as part of the Cabramatta Gateways Anti Drug Strategy (DET)

Number of young offenders completing the Life and Employment Skills Training program (DJJ)

Number of clients being case-managed through the Getting It Together Scheme (DoCS)

Number of young people targeted by One Stop Shop (DoCS/Health)

YOUNG PEOPLE AND DRUG ABUSE

Key Issues

2.1 Prevalence of illicit drug use in the general community

Recommended Indicators:

- Number of young people reporting illicit drug use in the past week (ASSADS)
- Number of young people reporting illicit drug use in the past month (ASSADS)
- Number of young people reporting illicit drug use in the past 12 months (ASSADS; NDSHS)
- Number of young people reporting illicit drug use in their lifetime (ASSADS; NDSHS)

2.2 Patterns of illicit drug use

Recommended Indicators:

- Age of first illicit drug use in young people (NDSHS)
- Illicit drug of choice in young people (NDSHS)
- Methods of illicit drug use in young people (NDSHS; IDRS; IDRS: party drugs)
- Frequency of recent illicit drug use in young people (NDSHS; IDRS; IDRS: party drugs; DUMA; Australian NSP Survey)
- Age of first injecting drug use in young people (Australian NSP Survey; IDRS)
- Last drug injected by young people (Australian NSP Survey; IDRS)
- Number of young people who have recently used a needle and syringe after someone else had used it (Australian NSP Survey; IDRS)

2.3 Illicit drugs in an educational setting

Recommended Indicators: None

2.4 Health-Maintenance

Recommended Indicators:

- Number of illicit drug-related phone calls from young people (ADIS; KHL)
- Number of newly acquired hepatitis B and C notifications in young people where IDU was a risk factor (NDD; NNDSS)
- Number of newly acquired HIV notifications in young people where IDU was a risk factor (NDD; National HIV Database)
- Number of illicit drug-related attendances to general practitioners by young people (BEACH)
- Number of illicit drug accident and emergency attendances for young people (EDC)
- Number of illicit drug inpatient hospital separations for young people (ISC; NHMD)
- Number of young drivers identified as being intoxicated with illicit drugs (DAL)
- Number of illicit drug-related deaths in young people (DAL; COD; NCIS)

2.5 Treatment Services

Recommended Indicators:

- Proportion of calls from young people that are referred to treatment (ADIS; KHL)
- Number of young people in treatment for illicit drug-related problems (NSW MDS-AODTS; NMDS-AODTS)
- Number of young people registered for opioid pharmacotherapy treatments (NSW MCS; MCS)
- Number of young people with significant changes in health outcomes as assessed by the BTOM (BTOM)

HEALTH MAINTENANCE AND TREATMENT SERVICES

Key Issues

3.1 Health Maintenance

Recommended indicators:

- Phone calls to telephone help lines regarding drug use problems from users (ADIS; KHL)
- Phone calls to telephone help lines regarding drug use problems from families (ADIS; FDS)
- Phone calls to telephone help lines regarding drug use problems from health professionals (SAS; ADIS)
- Number of needles and syringes distributed (NSW Health AIDB)
- Number of newly acquired HBV and HCV notifications where IDU was a risk factor (NDD; NNDSS)
- Number of newly acquired HIV notifications where IDU was a risk factor (NDD; National HIV Database)
- Number of illicit drug-related attendances to general practitioners (BEACH)
- Number of ambulance attendances at illicit drug-related non-fatal overdoses (NSWAS; National Ambulance Opioid Non-fatal Overdose dataset)
- Number of illicit drug accident and emergency attendances (EDC)
- Number of illicit drug-related inpatient hospital separations (ISC; NHMD)
- Number of drivers identified as being intoxicated with illicit drugs (DAL)
- Number of illicit drug-related deaths (DAL; COD; NCIS)

3.2 Treatment Services

Recommended indicators:

- Proportion of calls to telephone support services referred to treatment (ADIS; FDS; KHL)
- Proportion of detainees reporting the need for treatment (DUMA)
- Number of people in treatment for illicit drug-related problems (NSW NMDS – AODTS; NMDS-AODTS)
- Number of clients registered for opioid pharmacotherapy treatments (NSW MCS; MCS)
- Number of people with significant changes in health outcomes as assessed by the BTOM (BTOM)
- Number of positive drug screens for clients of public methadone services (PaLMS)

CASE MANAGEMENT AND COORDINATED CARE

Key Issues

4.1 Case Management

Recommended indicators:

- Number of methadone/buprenorphine treatment client's assessed on the eight case management domains (DAPIR)
- Number of completed client Brief Treatment Outcome Measure questionnaires received by NSW Health (BTOM)
- Number of offenders accepted into the Magistrates Early Referral into Treatment program (MERIT)
- Number of students case managed as part of the Cabramatta Gateways Anti Drug Strategy (DET)
- Number of students with improved vocational outcomes following being case managed as part of the Cabramatta Gateways Anti Drug Strategy (DET)

4.2 Coordinated Care

Recommended indicators: None

TRAINING REQUIREMENTS: BUILDING SKILLS

Key Issues

5.1 Pharmacotherapy Training

Recommended indicators:

- Number of newly accredited GP methadone prescribers taking methadone clients (DAPIR)
- Number of pharmacotherapy training courses (DAPIR)
- Number of medical practitioners trained in pharmacotherapy (DAPIR)
- Number of pharmacies approved to dispense methadone (NSW Pharmacy Guild)
- Number of pharmacies approved to dispense buprenorphine (NSW Pharmacy Guild)

5.2 NSW Police general AOD training

Recommended indicators:

- Proportion of Cannabis Caution Notices issued with eligibility criteria (NSW Police)
- Proportion of eligible people issued with Cannabis Caution Notices (NSW Police)
- Number of police attending Cannabis Cautioning Scheme training (NSW Police)
- Number of referrals to MERIT by police (NSW Police)
- Number of police attending MERIT training (NSW Police)
- Number of police trainees attending the Diploma of Police Practice Course (NSW Police)

5.3 NSW Health general AOD training

Recommended indicators:

- Number of GPs attending GP training (DAPIR)
- Number of training activities provided by the drug and alcohol clinical nurse consultant in rural NSW (DAPIR)
- Number of agency managers trained via the Non government organisation AOD Treatment Agency Managers Training Project (DPB)
- Number of youth workers trained via the Youth Services Training Scheme Project (DPB)
- Number of workers trained via the NGO ethnic welfare agency training project (DPB)
- Number of rural staff trained via the Priority Frontline Staff Training Project (DPB)
- Number of people trained as part of the MERIT training (DPB)

5.4 NSW DJJ general AOD training

Recommended indicators:

- Number of people trained in Drug Actions (DJJ)
- Number of people trained in Client Services in Alcohol and Drug Work (DJJ)
- Number of people trained in Alcohol and Drug Interventions (DJJ)

5.5 NSW DoCS general AOD training

Recommended Indicators:

- Number of SAAP workers trained in Alcohol & Other Drug Courses (DoCS)

5.6 NSW DET general AOD training

Recommended Indicators:

- Number of customised short courses for frontline workers (DET)
- Number of teachers trained in mentoring as part of the Cabramatta Anti Drug Strategy (DET)

BREAKING THE DRUGS AND CRIME CYCLE

Key Issues:

6.1 Use of caution notices in dealing with minor drug offenders

Recommended Indicators:

- Number of cannabis caution notices issued under the cannabis cautioning scheme (COPS)
- Number of CCN–related calls to ADIS (ADIS)
- Number of warnings issued under the Young Offenders Act for illicit drug offences (COPS)
- Number of cautions issued under the Young Offenders Act for illicit drug-related offences (COPS)
- Number of people referred to youth justice conferences for illicit drug offences (DJJ)
- Number of people accepted for youth justice conferences for an illicit drug offence (DJJ)

6.2 Diversion of drug related offenders into treatment

Recommended Indicators:

- Number of people referred to the Magistrates Early Referral into Treatment program (MERIT)
- Number of people accepted into the MERIT program (MERIT)
- Number of people completing the MERIT program (MERIT)
- Number of people referred to the Youth Drug Court Program (AGD)
- Number of people accepted into the YDCP (AGD)
- Number of people completing the YDCP (AGD)
- Number of people referred to the Adult Drug Court Program (ADCP)
- Number of people accepted into the ADCP (ADCP)
- Number of people completing the ADCP (ADCP)
- Number of closed treatment episodes where source of referral is police/court diversion (NSW MDS-AODTS)

6.3 Drugs and Law enforcement

Recommended Indicators: Refer to Section 9

DRUGS IN CORRECTIONAL CENTRES

Key Issues
7.1 Prevalence of illicit drug use
- Recommended indicators:
  - Number of people reporting illicit drug use in prison (IHS; DUI)
  - Number of people reporting injecting drug use in prison (IHS; DUIP)

7.2 Availability of illicit drugs
- Recommended indicators:
  - Number of illicit drug detections (DCS; DJJ)
  - Number of positive urine screens for illicit drugs (DCS)

7.3 Health maintenance
- Recommended indicators:
  - Number of notifications for hepatitis B, C and HIV where IDU was identified as a risk factor (CHS; DJJ)
  - Number of illicit drug-related non-fatal overdoses (DCS)
  - Number of illicit drug-related fatal overdoses (CHS)

7.4 Treatment Services
- Recommended indicators:
  - Number of detoxification clients (DAPIR; DJJ)
  - Number of methadone clients (DAPIR; DJJ)
  - Number of naltrexone clients (DAPIR; DJJ)
  - Number of buprenorphine clients (DAPIR)

7.5 Illicit drug offences
- Recommended indicators:
  - Number of prisoners whose primary offence was an illicit drug offence (NSW Inmate Prison Census; National Prison Census)
  - Number of custodial sentences imposed for juveniles appearing before the Children's Court for illicit drug offences (DJJ)

DRUGS AND COMMUNITY ACTION

Key Issues
8.1 Drugs and Community Action Strategy
- Recommended indicators:
  - Number of Community Drug Action Teams (NSW Premiers Department)
  - Composition of CDAT team members (NSW Premiers Department)
  - Number of CDAT projects (NSW Premiers Department)

DRUGS AND LAW ENFORCEMENT

Key Issues

9.1 Extent of disruption to illicit drug supply

Recommended indicators:

- Number of arrests/recorded criminal incidents for providers (RCD)
- Number of arrests for providers (AIDR)
- Number of charges for providers (COPS)
- Number of convictions for providers appearing before the NSW court system (LCD; HC CCIS)
- Number and weight of illicit drug seizures (COPS; AIDR)
- Purity of illicit drug seizures (DAL; AIDR)

9.2 Illicit drug user's perceptions of illicit drug supply disruption

Recommended indicators:

- Illicit drug users' perceived purity of illicit drugs (IDRS; IDRS: party drugs)
- Illicit drug users' perceived changes in purity of illicit drugs over the past 6 months (IDRS; IDRS: party drugs)
- Illicit drug users' perceived availability of illicit drugs (IDRS; IDRS: party drugs)
- Illicit drug users' perceived changes in availability of illicit drugs over the past six months (IDRS; IDRS: party drugs)
- Illicit drug users' perceived prices of illicit drugs (IDRS; IDRS: party drugs)

9.3 Crimes associated with illicit drug use

Recommended indicators:

- Number of arrests/recorded criminal incidents for property offences (RCD)
- Proportion of arrestees who test positive for illicit drugs (DUMA)
- Proportion of participants reporting criminal activity in the month preceding the interview (IDRS; IDRS: party drugs)
- Proportion of participants with non-illicit drug offences (YDCP; MERIT)

9.4 Community perceptions of illicit drug problems

Recommended indicators:

- Proportion of people who perceive illegal drugs to be a problem in their local area (National survey of community satisfaction with policing)
- Proportion of calls to Crime Stoppers that are illicit drug-related (Crime Stoppers)

9.5 Drug law enforcement practices are compatible with community protection and harm reduction

Recommended Indicators:

- Number of move-on directions (RCD)

9.6 Breaking the drugs and crime cycle

Recommended indicators: Refer to Section 6.

DRUG EDUCATION IN SCHOOLS AND THE COMMUNITY

Key Issues

10.1 School drug education program

Recommended indicators:

- Number of students receiving illicit drug education (DET, Catholic & Independent Schools; DJJ)

10.2 Education for families and the community

Recommended indicators: None

DRUGS IN RURAL AND REGIONAL NSW

Key Issues

11.1 Prevalence of illicit drug use

Recommended indicators: None

11.2 Health Maintenance

Recommended indicators:

- Number of illicit drug-related phone calls from rural and regional NSW (ADIS; FDS; KHL)
- Number of illicit drug-related phone calls from rural and regional health professionals in NSW (DASAS)
- Number of illicit drug-related HBV, HCV and HIV infections in rural and regional NSW (NDD)
- Number of illicit drug-related presentations to general practitioners from rural and regional NSW (BEACH)
- Number of ambulance attendances at non-fatal overdose events from rural and regional NSW (NSWAS)
- Number of illicit drug accident & emergency attendances from rural and regional NSW (EDC)
- Number of illicit drug hospital separations from rural and regional NSW (ISC)
- Number of needles and syringes distributed from rural and regional NSW (AIDB)
- Number of illicit drug-related deaths from rural and regional NSW (DAL; COD; NCIS)

11.3 Treatment Services

Recommended indicators:

- Number of people in treatment for illicit drug problems in rural and regional NSW (NSW NMDS – AODTS)
- Number of people registered for opioid pharmacotherapy treatments in rural and regional NSW (NSW MCS)
- Number of people with significant changes in health outcomes as assessed by the BTOM in rural and regional NSW (BTOM)

11.4 Law enforcement

Recommended Indicators:

- Number of people diverted from the criminal justice system in rural and regional NSW (Refer to Section 6 of the report)
- Number of arrests, charges and convictions for providers in rural and regional NSW (Refer to Section 9 of the report)

INTRODUCTION

As a result of considerable community concern surrounding the use, availability and harms of illicit drug use in New South Wales (NSW), in May 1999 the NSW Government convened a Drug Summit to discuss these issues, and produced a series of recommendations for action to ameliorate them. In response to these recommendations, the NSW Government developed a Plan of Action (POA), which comprised eleven sections replicating the working groups who took part in the Summit. The Plan outlined the response of the NSW Government to the Summit's recommendations and the ways in which it would address them.

Over the ensuing three years, the NSW Government provided $176 million in additional funding to carry out these initiatives. This brought the Government's expenditure on drug related programs to close to $500 million over four years. The NSW Office of Drug Policy (ODP) was established within the NSW Cabinet Office. Part of the ODP's role was to oversee the implementation of the POA, and of the effectiveness of the initiatives put in place.

A key component of this initiative was the requirement of Drug Summit-funded agencies to define project level performance indicators. All agencies which received funding were required to define performance indicators and to evaluate Drug Summit funded projects against these indicators.

As part of the Drug Summit evaluation, the National Drug and Alcohol Research Centre (NDARC) was funded to identify and catalogue all known indicators that could be utilised for monitoring the illicit drug environment in NSW[1]. These indicators were mapped against the eleven sections of the Drug Summit POA in order to advise the ODP of a valid, comprehensive, and effective method of evaluating whether NSW Drug Summit initiatives have contributed to a global improvement in the illicit drug problem in NSW.

The current report is the result of over ten months of extensive liaison and collaboration with agencies and organisations across NSW, and comprises two volumes. The first follows the structure of the Drug Summit Plan of Action, and has mapped all potential indicators that were identified against each of the content areas of the POA. The second is a catalogue of the major indicator data sources that were identified. The outline of these two sections is briefly summarised below. Before doing these, we will discuss the concept of an "indicator", the types of indicators available and some of the key issues that need to be considered in any monitoring of illicit drug use or related harms.

[1] In addition to this individual project level evaluation, the ODP planned a second regional evaluation which comprised a longitudinal analysis of illicit drug indicator data (time pre and post Drug Summit) in two regions.

INDICATORS OF THE ILLICIT DRUG ENVIRONMENT

By the term "indicator" we mean "that which serves to indicate or give a suggestion *of* something". In other words, an indicator is an indirect measure of a variable of interest. With respect to illicit drugs, variables of interest are often difficult to quantify, and even if they can be easily quantified, they may be difficult to measure in a reliable and exact fashion. Indicator data are therefore approximate and often imperfect measures of a particular event or outcome.

The World Health Organisation (WHO, 1999) further classifies indicators according to their function - structural, process or outcome.

Structural indicators provide qualitative information (i.e. yes or no) on the basic structures that are considered necessary for implementing a policy. That is, they merely check whether the basic structures exist but do not evaluate the functioning of these structures.

Process (output) indicators provide quantitative information by assessing the performance of structural indicators. They allow for the assessment of the effectiveness and efficiency of mechanisms and activity that have been put into place. Phase 1 and 2 of the evaluation component of the 1999 NSW Drug Summit would have been primarily concerned with this level of investigation. However it is important to note that monitoring process indicators (such as the number of frontline workers trained) by their nature will not be able to inform whether there has been any change in **outcomes** (such as number of illicit drug users accessing treatment/receiving better treatment etc).

Thus, **outcome indicators** provide quantitative information on the achievement of the major objectives of a policy (such as reducing the demand for and supply of illicit drugs, as well as minimising the harms to the user and the community). They measure the results achieved (e.g. number of illicit drug-related overdoses, hospital admissions, treatment episodes and seizures) and the changes that can be linked to the implementation of a policy. Ideally, they allow for the comparison between the situation at the time the indicator is used and the situation a few years before and therefore comment on the progress achieved.

From the above discussion, it is clear that the major focus of this report is to identify outcome indicators in NSW, and nationally, that can globally reflect the illicit drug situation over the course of time pre and post drug summit. However, since outcome indicators are not available for some of the eleven sections (such as prevention, training and education), it is important to note that output indicators are alternatively mentioned and assessed for recommendation. In addition, due to the nature of the Drug Summit, some indicators will only be able to reflect data from post-Drug Summit, since the Drug Summit assisted in identifying gaps in data collected.

The quality (and usefulness) of any indicator can be affected by a broad range of factors. These include:

- The accuracy with which the indicator reflects the variable of interest;

- The accuracy with which the indicator is collected;
- The reliability with which the indicator is collected;
- The time period over which the indicator has been collected (in this case, whether the indicators cover both the pre and post Drug Summit time period);
- Whether the indicator can differentiate between licit and illicit drugs;
- The extent to which the indicator can differentiate between illicit drugs (such as the more "traditional" or well-known drug classes [heroin, cocaine, methamphetamine, cannabis], more recently identified "party drugs" [ecstasy, MDA, ketamine, GHB] and other emerging drugs [BDO, PMA]);
- The ability of the indicator to monitor state-wide and national trends.

In the first part of this report indicators are recommended based on the abovementioned key issues. This is judged on the information made available to NDARC through liaison with the relevant agencies.

More comprehensive information pertaining to the datasets, from which the indicator is extracted, is available by referring to the catalogue of datasets found in volume 2 of this report. Examples of additional information that is collected by the majority of datasets, and which is relevant for monitoring includes: type of illicit drug; the age and sex of those who use illicit drugs; method of use; employment status; ATSI status; ethnicity; accommodation type; source of income; and educational attainment. These data items allow for the potential generation of a large number of different indicators as well as more complex manipulations of data than have been outlined in this volume. However it is important to note that the more breakdowns performed on the data increases the potential for missing data and smaller numbers and as a result unreliable findings.

Further data issues to consider that are relevant include:

- The representativeness of the data, be it of the general population, the broader community of illicit drug users, or injecting drug users;
- The ability of data to provide information about non-injecting drug users;
- The ability of the data to provide information about minority groups;
- The ability of the data to provide information about regional variations;
- The ability to detect change; and
- Whether causal attribution can be ascertained.

These issues are discussed more fully below.

Representativeness of the data

To consider the first point, indicator data are generally obtained from routine data collection systems (such as survey and administrative datasets) that have been designed to a greater or (often) lesser degree as collection systems for the monitoring of the phenomena they are involved with. For example, the primary aim of administrative datasets is to support and facilitate the provision of a service. Although data may be routinely collected, it is often from a non-random population and is only one by-product of the service (Trewin, 2001). This means that the data items may: be limited; change over time; not be tailored to research use; be recorded manually and/or electronically; lack stringent quality checks for missing or

incorrectly entered data; and not be completely comparable with definitions used by other agencies.

Second, while survey datasets have the advantage of being targeted to the population of interest, they may or may not use random selection, have a sufficient population size, sufficient geographic coverage, include participants from all potential resident types, have a high response rate or a closed questionnaire design. These factors all impact on the ability to draw accurate conclusions about some issues. For example, although a survey or program may target injecting drug users, it cannot be automatically assumed that this information is representative of all people who inject drugs. The ability of the data to generalise to the broader population of injecting and non-injecting drug users and the general community therefore depends not only on data quality issues but the purpose of the dataset from which the indicator data is drawn.

Information provided regarding non-injecting drug use

Due to the significant harms associated with injecting drug use (IDU), there is an emphasis of policy and programs (hence datasets) to record the outcomes associated with IDU. As a result there is less information available on the more widespread non-injecting use of illicit drugs (Trewin, 2001). However, endeavours have been made to assist in filling this information gap, an example being the Party Drugs Initiative of the Illicit Drug Reporting System (IDRS).

Information provided about minority groups

Many datasets collect some manner of information on minority groups (defined by a variety of criteria including ethnicity, country of birth, language spoken at home or ATSI status). Although the ability of datasets to reliably comment on these groups is not a focus of this report, it is important to note that the small number of respondents usually contained within each category may limit the use of the information (Trewin, 2001). In addition, although minority groups such as the homeless and mentally ill are amongst the more disadvantaged groups in society, generally datasets do not have the potential to record these items despite the acknowledged associations between these factors and illicit drug use.

Information provided about geographic location

The majority of datasets also collect geographic information, usually postcode data, and while some agencies release post-code data, many agencies prefer to release and publish data at the statistical local area (SLA) level. Although the ability of datasets to provide reliable sub-state information is also not a focus of this report, it is important to note that some survey datasets do not record sub-state data (such as the IDRS) or if they do (such as the

National Drug Strategy Household Survey - NDSHS) the numbers are generally considered too small to provide reliable sub-state data on illicit drug use and related harms (Trewin, 2001).

The ability to detect a "real" change

The ability to detect change is influenced by the size of the sample. Given that some indicators reflecting illicit drug use and related harms involves small numbers (e.g. the number of overdoses in a month), this leads to potential problems in ascertaining statistically significant differences over time. In addition, if there are perceivable changes in an indicator over time, it is important to note that they may be due to changes in the way the data has been recorded and/or measured (i.e. artificial artefacts of the data recoding process) (Spooner, Hall & Lynskey, 1999).

Attributing causal inferences

Finally, if change can be reliably detected, the next question is whether causal attribution can be ascertained. That is, did the policy initiative contribute to the observed changes alone or did other factors alone or in combination (such as national strategies, international strategies or local phenomena e.g. heroin shortage) or was it due to the cyclical nature of drug use? Unless randomised controlled trials are conducted it is impossible to establish causality (Spooner, Hall & Lynskey, 1999). Thus, caution should be exercised when commenting on why there are observed changes in the data.

CONCLUSIONS

All of the data issues mentioned above serve to illustrate that the monitoring of data over time, and in the "real world" (i.e. outside of studies and experiments), is a complicated task. There is a myriad of factors influencing the quality of available data. However, if all the caveats are considered, and multiple indicators point to the same finding, researchers and policy makers are able to more confidently draw conclusions about the data. This is the premise of the IDRS and the model recommended for interpreting findings from illicit drug-related data.

This publication has attempted to highlight key *global* indicators worth monitoring, from both state and national datasets. For the purposes of identifying global indicators that are easily understood, in this report all indicators are referred to in terms of numbers or proportions.

Many indicators described in this report have not been recommended for the purposes of *globally monitoring* the illicit drug problem in NSW. These indicators may, however, have utility for evaluating programs or for agencies reporting requirements. Thus if an indicator is not

recommended in this document, this should not be taken to mean that either the indicator or the program it is taken from cannot be used for other monitoring purposes.

A final consideration that should be highlighted is that although efforts were made to present the most accurate information about each dataset, all the strengths and limitations of a dataset may not become apparent until the dataset is actually used. When data from the recommended indicators are analysed, it is suggested that this potential caveat is kept in mind, since these indicators may not be as easily manipulated as originally thought.

VOLUME 1: INDICATORS FOR MONITORING THE EFFECTIVENESS OF THE PLAN OF ACTION

Volume 1 aims to map the indicators identified against the above eleven sections to aid in the evaluation of the Government's performance in responding to issues in these areas.

For further details on the Government's Plan of Action, please go to the Cabinet Office of Drug Policy website (http://www.druginfo.nsw.gov.au). To download the report, go to the following address: http://www.druginfo.nsw.gov.au/pdf/plan.pdf.

The structure of Volume 1 is as follows:

1. Preventing Drug Abuse
2. Young People and Drug Abuse
3. Health Maintenance and Treatment Services
4. Case Management, Co-ordinated Care, Service Standards
5. Training Requirements: Building Skills
6. Breaking the Drugs and Crime Cycle
7. Drugs in Correctional Centres
8. Drugs and Community Action
9. Drugs and Law Enforcement
10. Drug Education in Schools and the Community
11. Drugs in Rural and Regional NSW

VOLUME 2: CATALOGUE OF IDENTIFIED INDICATOR DATA SOURCES

The second volume of the report comprises a catalogue of all of the available NSW and national datasets that were identified during the course of the project, which contain illicit drug-related information.

The dataset descriptions are based on publicly available information (hardcopy and electronic) that NDARC reviewed and agency feedback. It is important to note that the degree of detail in the data descriptions differed amongst agencies.

The catalogue describes the following:

- Title of dataset
- Data custodian
- Purpose of data collection
- Population/Sample included

- Data items
- Data format
- Geographic level
- Years available
- Sample size
- Data collection
- Reporting
- Access
- Data uses
- Strengths
- Limitations
- Future developments
- Reference
- Contact information

1 PREVENTING DRUG ABUSE

Key Issues

1.1. Identification and monitoring of 'at risk' groups

Recommended indicators:

1.1.1. Family and parenting

Number of persons presenting for illicit drug treatment who report living arrangements either 'alone with child (ren)' or with 'spouse /partner and child (ren)' (NSW MDS-AODTS)

1.1.2. Housing

Number of people presenting to illicit drug treatment who specify their usual accommodation status as homelessness (NSW MDS – AODTS)

1.1.3. Employment

Principal source of income for people presenting to illicit drug treatment and length of stay in treatment (NSW MDS-AODTS)

1.1.4. Mental Health

Number of school students self-reporting a mental health problem in conjunction with illicit drug use (ASSADS)

Number of general practitioner presentations with both a mental health and illicit drug use diagnosis (BEACH)

Number of A&E attendances with both a mental health and illicit drug use diagnosis (EDC)

Number of inpatient hospital separations with both a mental health and illicit drug use diagnosis (ISC)

Number of people self-reporting psychological distress as assessed by the BTOM (BTOM)

1.2 Prevention programs

Recommended indicators:

Number of school students exposed to an illicit drug prevention program (DET, Catholic & Independent School Associations)

Proportion of school students reporting illicit drug use (ASSADS)

Number of students case managed as part of the Cabramatta Gateways Anti Drug Strategy (DET)

Proportion of students with improved educational/vocational outcomes following being case managed as part of the Cabramatta Gateways Anti Drug Strategy (DET)

Number of young offenders completing the Life and Employment Skills Training program (DJJ)

Number of clients being case-managed through the Getting It Together Scheme (DoCS)

Number of young people targeted by One Stop Shop (DoCS/Health)

Prevention of illicit drug use involves identifying factors that place people at risk of developing and maintaining an illicit drug use problem as well as implementing prevention programs designed to minimise the development of illicit drug use problems in the community.

1.1 IDENTIFICATION AND MONITORING OF 'AT RISK' GROUPS

Although there are a number of risk factors associated with illicit drug use (such as chaotic home environments, ineffective parenting, lack of mutual attachments, inappropriate behaviour, poor school performance, poor social skills, affiliations with deviant peers, perceptions of approval of drug using behaviours in peers), it is difficult to define what proportion of the population can be considered 'at risk' of developing problems with illicit drug use (National Institute on Drug Abuse, 1997). Monitoring broad social indicators is not meaningful as these indicators both reflect and impact on a number of factors and the contribution of these factors to problematic drug use cannot be determined. Monitoring social factors (such as family and parenting, housing, employment and mental health) within the population of illicit drug users is more useful as it can help inform early intervention strategies. The selection of these four factors is based on their inclusion in NSW Health Case Management Guidelines for Clients Receiving Pharmacotherapy and because they can be operationally defined at a population level and are therefore amenable to monitoring.

1.1.1 FAMILY AND PARENTING

Four agencies were identified as potential sources of data: NSW Department of Community Services (DoCS), NSW Police Service, NSW Commission for Children and Young People and NSW Department of Health.

Number of child protection reports to the DoCS that identify illicit drug use as a concern

DoCS operate a 24-hour state-wide telephone line for the reporting of care and protection matters relating to children and young people. All reports are monitored through the Client Information System (CIS). Parental alcohol or other drug use can be recorded as a reason for a child protection report however no distinction is made between alcohol and illicit or prescription drugs and no information is recorded regarding the nature of the concern. While parental alcohol and other drug use is a common concern in child protection matters, it is usual for it to co-exist with other concerns, for example domestic violence or financial problems. These concerns will be prioritised differently among DoCS caseworkers. Additionally, as there are a limited number of fields against which multiple concerns can be recorded in the CIS, the actual incidence of reports where alcohol and/or other drugs is a factor is likely to be significantly under-reported.

Indicator: Number of child protection reports to the Department of Community Service that identify illicit drug use as a concern (DoCs)

Comment: Not available

Number of incidents recorded by police involving a child/young person at risk and an associated factor of illicit drug use

NSW Police record their activity on the Computerised Operational Policing System (COPS). Data from COPS can be extracted by incident type and associated factor. Child protection matters can be coded using a number of different incident types and associated factors although it is generally recorded as an incident of 'child/young person at risk'. Contextual information relating to illicit drugs is commonly coded as an associated factor of 'drug and alcohol'; there are separate factors for alcohol and drugs but these do not appear to be used with any reliability. From January 2001 there was a substantial increase in the number of 'child/young person at risk' incidents being recorded on COPS. This is likely to coincide with the introduction of the data fields in COPS and/or education of police officers regarding changes to the child protection legislation.

Indicator: Number of incidents recorded by police involving child/young person at risk and an associated factor of illicit drug use (COPS)

Comment: Not recommended

Number of case reviews where parental illicit drug use was identified as a risk factor in a child's death

The Child Death Review Team (CDRT) is an independent body co-located with the NSW Commission for Children and Young People. The team is responsible for monitoring all child deaths with the purpose of informing prevention strategies. For deaths determined to be a result of abuse, neglect or suspicious of abuse or neglect, a case review is undertaken based on various agency files (such as DET, DoCS, Health, DJJ). One of the risk factors analysed in a case review is parental history of alcohol and other drug abuse however no distinction is made between alcohol and illicit or prescription drugs. For the 2000-01 financial year, 21 case reviews were conducted. There was insufficient information available for two children. For the remaining 19 children, 14 came from families who had carers with a history of alcohol and/or other drug abuse (NSW Child Death Review Team, 2001). Because this information is

reported only for those cases selected for review, it is not possible to describe annual trends in child deaths with an associated risk factor of parental substance abuse.

Indicator: Number of case reviews where parental illicit drug use was identified as a risk factor in a child's death (CDRT) Comment: Not available

Number of pregnant women receiving pharmacotherapy treatment

NSW Health do not collect information on the incidence of drug related child protection matters, however, information is available on the number of persons presenting to treatment agencies who are either pregnant via the NSW Methadone/Buprenorphine Client Statistics (NSW MCS) collection or who live with children via the NSW Minimum Data Set for Alcohol and Other Drug Treatment Services (NSW MDS - AODTS). Refer to section 3 and the catalogue of data descriptions for a more complete review of these datasets. Although limited to the treatment seeking population, this information provides a description of the broader needs of those seeking treatment and can be used to inform service configuration and program development. A system that is able to flag persons with a compromised capacity to cope with parenting and family pressures due to drug use not only has the potential to circumvent possible harm to children and families but might also reduce further drug use resulting from these pressures. A potential vehicle for such monitoring is the Midwives Data Collection which collects information on all women giving birth in NSW public hospitals. Currently this collection does not contain any indicators regarding illicit substance use. The number of women receiving pharmacotherapy treatment is not recommended for monitoring since this variable is not reliably recorded (Devon Indig, personal communication).

Indicator: Number of pregnant women receiving pharmacotherapy treatment (NSW MCS) Comment: Not recommended

Number of persons presenting for illicit drug treatment who report living arrangements either 'alone with child (ren)' or with 'spouse/partner and child (ren)

Since data from the NSW MDS-AODTS is available since 2000, this indicator is only able to comment on the post-drug summit environment.

> Indicator: Number of persons presenting for illicit drug treatment who report living arrangements either 'alone with child (ren)' or with 'spouse/partner and child (ren)' (NSW MDS-AODTS)
>
> Comment: Recommended

1.1.2 HOUSING

Number of clients seen by the Homelessness Action Team who have an illicit drug problem

The NSW Department of Housing coordinate two projects applicable to persons with problematic substance use: the Supported Housing Partnership (SHP) program and the Homelessness Action Team (HAT). HAT routinely assesses for alcohol or other problems and although this information is recorded on their database, no distinction is made between alcohol, illicit and prescription drugs nor does it distinguish between those with current versus previous substance problems. In 2000-01, 31 percent of the clients seen by HAT had a drug or alcohol problem. The SHP program facilitates formal agreements between community housing agencies and health/welfare agencies to assist people with mental health, disability and substance use concerns live independently. Examples of such partnerships include the Youth Drug Court Program (YDCP) and the Magistrates Early Referral into Treatment (MERIT) program. Whilst the Office of Community Housing monitors the number and type of partnerships for internal purposes, the proportion of partnerships that involve illicit drug treatment is not readily extracted. As the SHP program is state funded and focuses on medium to long term accommodation, the NGOs involved do not report program activity to the National Data Collection Agency (NDCA – see below).

> Indicator: Number of clients seen by the Homelessness Action Team who have an illicit drug problem (HAT)
>
> Comment: Not available

Number of people who report illicit drug use as the main reason for seeking support through SAAP services

Non-government organisations providing crisis and short term accommodation under the national Supported Accommodation Assistance Program (SAAP) provide demographic and other information on their client base to the NDCA. NDCA monitors the main reasons for people seeking assistance through SAAP, one of which is substance abuse. Substance abuse is not further defined between alcohol and illicit or prescription drugs.

Indicator: Number of people who report illicit drug use as the main reason for seeking support through SAAP services (NDCA)

Comment: Not available

Number of people presenting to illicit drug treatment who specify their usual accommodation status as homelessness

As with family and parenting, the NSW MDS-AODTS contains a data field for usual residence (past 3 months) of persons seeking treatment. As noted previously, the main limitation with this data set is that it represents just a proportion of the total population of drug users. Given that homelessness can be a barrier to participation in treatment this represents a significant bias. However, in the absence of a more comprehensive data set, it does provide an indication of the level of need for housing support, particularly in the context of appropriate service delivery and retention in treatment. This indicator is only able to comment on the post-drug summit environment.

Indicator: Number of people presenting to illicit drug treatment who specify their usual accommodation status as homelessness (NSW MDS - AODTS)

Comment: Recommended

1.1.3 EMPLOYMENT

Number of people presenting to Centrelink with illicit substance dependence disorders

Employment services in NSW are delivered through the Commonwealth government organisation, Centrelink, and a number of brokerage services. Centrelink do no collect information regarding substance use from their clients.

Indicator: Number of people presenting to Centrelink with illicit substance dependence disorders Comment: Not available

Principal source of income of people presenting to illicit drug treatment and length of stay in treatment

NSW MDS - AODTS contains information regarding the principal source of income of persons presenting to treatment. As for housing, employment status can lead to difficulties in accessing treatment (for example, costs associated with attending treatment or work commitments conflicting with service hours of operation). For this reason, it is recommended that this indicator be placed in context with length of stay in treatment and treatment type. This indicator is only able to comment on the post-drug summit environment.

Indicator: Principal source of income of persons presenting to treatment and length of stay in treatment for each treatment type (NSW MDS - AODTS) Comment: Recommended

1.1.4 MENTAL HEALTH

Number of school students self-reporting a mental health problem in conjunction with illicit drug use

The Australian School Students Alcohol and Drugs Survey (ASSADS) included a NSW supplement in 1996, 1999 and 2002 which provides an index of mental health problems to accompany the detailed illicit substance use data. ASSADS is recommended for monitoring since it is able to provide a population estimate of the prevalence of mental health problems and illicit drug use in NSW school students aged between 11 and 17 years. This indicator is able to comment on both the pre- and post-drug summit environment. Refer to section 2 and 3 and the catalogue of data descriptions for a more complete review of this dataset.

Indicator: Number of school students self-reporting a mental health problem in conjunction with illicit drug use (ASSADS) Comment: Recommended

Number of people undergoing community based mental health assessments with illicit drug problem

NSW community based mental health services conduct standardised assessments using the Mental Health Outcome and Assessment Tool (MHOAT). The MHOAT includes assessment of substance use problems. However, the substance use section is not extracted as part of this data collection. It is planned that by 2003 systematic community data should be available on substance use for all mental health clients, both inpatient and ambulatory since funding has been provided to collect, link and report to NSW Health Department's Health Information Exchange (HIE) data warehouse on a quarterly basis.

Indicator: Number of people undergoing community based mental health assessments with illicit drug problem (HIE) Comment: Not available

Number of general practitioner presentations with both a mental health and illicit drug diagnosis

The Bettering the Evaluation and Care of Health (BEACH) project collects information about patients seen by a rolling random sample of general practitioners (GPs) in Australia. Data are coded using the International Classification of Primary Care

– 2nd Edition (ICPC-2) diagnostic codes. Data collected includes mental health and illicit drug use diagnoses. The two main limitations of the dataset are that: the drug codes most frequently used by GPs are non-specific, making it difficult to discriminate between drug classes; and only problems being managed or presenting at the current episode of care are recorded, so that history of diagnoses are not. Since data is available since 1998, this indicator is able to comment on both the pre- and post-drug summit environment. Refer to section 3 and the catalogue of data descriptions for a more complete review of this dataset.

Indicator: Number of GP presentations with both a mental health and substance use diagnosis (BEACH) Comment: Recommended

Number of accident and emergency attendances with both a mental health and an illicit drug diagnosis

The Emergency Department Collection (EDC) collects information on the majority of accident and emergency attendances (A&E) in NSW. Data are coded using the International Classification for Diseases – 9th revision, clinical modification (ICD-9-CM). An episode of care relating to illicit drug use can be coded three ways: non-dependent/dependent drug use disorder, drug psychoses and poisoning (accidental, intentional, undetermined). To ensure that all relevant mental health and illicit drug presentations are included, all mental health codes unrelated to illicit drug use (such as depression, schizophrenia etc.) but occurring with an illicit drug use code should be included. The main limitation of the EDC dataset is the likelihood of under-reporting of illicit drug-related presentations due to the inherent limitations of ICD-9-CM and the nature of coding in A&E departments. Refer to section 3 and the catalogue of data descriptions for a more complete review of this dataset. This indicator is recommended for monitoring since it provides an estimate of the prevalence of the dual diagnosis of mental health and illicit drug use at an A&E care level. Since data is available since 1996, this indicator is able to comment on both the pre- and post drug summit environment.

Indicator: Number of accident and emergency attendances with both a mental health and illicit drug use diagnosis (EDC) Comment: Recommended

Number of inpatient hospital separations with both a mental health and illicit drug diagnosis

The Inpatient Statistics Collection (ISC) collects information on all inpatient hospital separations. Data are coded using ICD-9-CM and ICD-10th revision Australian modification (ICD-10-AM). ICD-10 codes illicit drug presentations in two ways: as mental and behavioural disorders (acute intoxication, harmful use, dependence etc.) and poisonings (accidental, intentional and undetermined). To ensure that all relevant mental health and illicit drug presentations are included, all mental health codes unrelated to illicit drug use (such as depression, schizophrenia etc.) but occurring with an illicit drug use code should be included. The main limitations of this dataset relate to the inherent limitations of the ICD-9-CM and ICD-10-AM systems. Refer to section 3 and the catalogue of data descriptions for a more complete review of this dataset. This indicator is recommended for monitoring since it provides an estimate of the prevalence of the dual diagnosis of mental health and illicit drug use for inpatients. Since data is available since 1993, this indicator is able to comment on both the pre- and post drug summit environment.

Indicator: Number of inpatient hospital separations with both a mental health and illicit drug diagnosis (ISC) Comment: Recommended

Number of people self-reporting psychological distress as assessed by the BTOM

The Brief Treatment Outcome Measure (BTOM) collects treatment outcome information on all new patients to opioid pharmacotherapy treatment in NSW. Data are coded according to NSW MDS-AODTS (principal drug of concern) and BTOM subscales (psychological distress score). The main limitations of this dataset are the recency of implementation; and that it is presently limited to only one treatment modality. This indicator is recommended for monitoring since it provides an estimate of the prevalence of the psychological distress in opioid pharmacotherapy patients over time. Since state-wide data is available since 2002, this indicator is only able to comment on the post-drug summit environment. Refer to section 3 and the catalogue of data descriptions for a more complete review of this dataset.

Indicator: Number of people self-reporting psychological distress as assessed by the BTOM (BTOM)

Comment: Recommended

1.2 PREVENTION PROGRAMS

Prevention programs aim to promote resiliency at critical developmental and transitional phases with the objective of preventing problematic substance use at a later stage. Prevention programs are classified in terms of their target audience. *Universal programs* are designed for the general population – such as students in schools and the general community; *selective programs* target groups at risk or subsets of the general population – such as the children of drug users, poor school achievers or youth in rural areas; and *indicated programs* are designed for people who are already experimenting with drugs or who exhibit other risk-related behaviours (National Institute on Drug Abuse, 1997).

Number of school students exposed to an illicit drug prevention in programs

Schools offer unique opportunities to reach all populations and also serve as important settings for informing specific subpopulations at risk for drug abuse about the harmful effects of illicit drug use. As part of the National School Drug Education Strategy 1999-2003 Government, Catholic and Independent schools in NSW all aim to have 'no illicit drugs in schools' through educating about the harm of drug misuse, providing a safe school environment and involving parents and the community. There are no outcome indicators collected as part of the illicit drug prevention/education strategy in NSW schools. Monitoring the output indicator - number of students who receive illicit drug education - may be used for monitoring; however it does not have the ability to inform on any changes students may experience as a result of the prevention/education strategy.

Indicator: Number of school students exposed to an illicit drug use prevention program Comment: Output indicator that may be used

Proportion of school students who have knowledge about illicit drugs and their harms following the prevention/education program

Although it would be ideal to have a measure of change of student's attitudes and behaviours regarding illicit drugs, measuring this change would not be appropriate as many students would already have the attitudes which the lessons are attempting to produce. Similarly, many students would also not have used illicit drugs prior to lessons and assessing a decrease in illicit drug use might be difficult to determine. Additionally, the development of attitudes and behaviours will be dependent on a range of influences other than school programs. An example of a potential outcome indicator is the proportion of school students

who have knowledge about illicit drugs and their harms following the prevention/education program.

Indicator: Proportion of school students who have knowledge about illicit drugs and their harms following the prevention/education program Comment: Not available

Proportion of school students reporting illicit drug use

An indirect indicator of the impact of the prevention/educations strategy could be measured by monitoring the changes in school students' illicit drug use via ASSADS. The major limitations of this survey are that it is an indirect indicator of the prevention strategies; it is conducted irregularly - every three years – and only includes people who are attending school. Refer to section 2 and the catalogue of data descriptions for a more comprehensive review of this dataset. This indicator is able to comment on the pre- and post-drug summit environment.

Indicator: Proportion of school students reporting illicit drug use Comment: Recommended

Number of student's case managed as part of the Cabramatta Gateways Anti Drug Strategy

The Department of Education and Training (DET) offers the Gateways programs to 12-17 year old students at risk of not completing Year 12 to a satisfactory level. This prevention program has been in place since 2001. This indicator may be used for monitoring since it provides a measure of the utilisation of a "selected prevention program" in the community. However, since this is an output indicator it is unable to provide information on the outcomes of the prevention program. Thus, it should be used in conjunction with the outcome data that is also collected. This indicator is only able to comment on the post-drug summit environment.

Indicator: Number of students case managed as part of the Cabramatta Gateways Anti Drug Strategy Comment: Output indicator that may be used

Proportion of student's with improved educational/vocational outcomes following being case-managed as part of the Cabramatta Gateways Anti Drug Strategy

The DET also collect outcome data relating to the case-management component of the Gateways program. Breakdowns available include: the number of students deciding to return to school, the number of students who enrol in alternative education settings, the number of students that are given work experience placements and the number of students who obtain full and part time work. This indicator is recommended for monitoring since it is able to inform on the outcomes of the prevention program. This indicator is only able to comment on the post-drug summit environment.

Indicator: Proportion of students with improved educational/vocational outcomes following being case-managed as part of the Cabramatta Gateways Anti Drug Strategy (DET) Comment: Recommended

Number of young offenders completing the Life and Employment Skills Training

The Department of Juvenile Justice (DJJ) offers the "Life Skills and Employment Skills Training for Young Offenders". This program is aimed at 15 to 18 year old clients of DJJ living in the community and subject to supervised court orders. It targets young people who are experiencing difficulty in gaining access to mainstream pathways, but who are reasonably prepared for education, training and employment. It is delivered by Non Government Organisations (NGOs) and operates in 11 locations. Nominated Juvenile Justice Centres also utilise this program. This indicator is may be used for monitoring since it provides a measure of the utilisation of an "indicated prevention program" in the community. However, since this is an output indicator it is unable to provide information on the outcomes of the prevention program. That is, did the young offenders experience any sustainable changes as a result of the program (which will help to contribute to the prevention of illicit drug misuse)? This indicator is only able to comment on the post-drug summit environment.

Indicator: Number of young offenders completing the Life and Employment Skills Training program Comment: Output indicator that may be used

Number of young offenders improving on a Life Skill scale post-prevention program

An example of a potential outcome indicator of the "Life Skills and Employment Skills Training for Young Offenders" worthwhile regularly monitoring is the number of young offenders improving on a Life Skill scale following completion of the prevention program. However, this indicator is not available.

Indicator: Number of young offenders improving on a Life Skill scale post-prevention program. Comment: Not available

Number of young offenders gaining and maintaining employment post-prevention program

Another example of a potential outcome indicator for the "Life Skills and Employment Skills Training for Young Offenders" worthwhile regularly monitoring is the number of young offenders gaining and maintaining employment following completion of the prevention program. However, this indicator is not available.

Indicator: Number of young offenders gaining and maintaining employment post-prevention program Comment: Not available

Proportion of women referred to the Families First program with maternal illicit drug problems

The Families First program provides support services to parents who are expecting new babies and caring for young children. Services include family worker services, supported playgroups, volunteer home visiting services and community programs. Families First is being progressively implemented in NSW, with a view to being fully implemented across the state by 2004. Families First will collect data on population outcomes (health and wellbeing), as well as data on clients and services funded by Families First (through DoCS and Health). Although there is no state-wide data yet, maternal drug and alcohol dependence is expected to the included through the Integrated Perinatal Care in the future. However, there is no distinction in the IPC between maternal licit and illicit dependence, thus even if the indicator were available it would not be recommended. There is a possibility that this may be amended in the

future (personal communication with Julie Young, The Cabinet Office). Thus, presently this program is unable to provide data on either output or outcome indicators relating to illicit drug use.

Indicator: Proportion of women referred to the Families First program with maternal illicit drug problems Comment: Not available

Number of clients being case managed through the Getting It Together Scheme

The Getting It Together Scheme provides case management to young people (aged 12-18 years) with complex problems that need intensive support. It is designed to link young people to existing services and programs where possible. The Getting It Together Scheme operates through NGOs in 12 locations across NSW. Data collection has recently been implemented and includes: (i) percentage of clients referred to a drug and alcohol intervention; (ii) brokerage for drug and alcohol; and (iii) percentage of clients with drug and alcohol issues on entry who reduce their drug and alcohol profile or their risk on exit. There is no further differentiation into type of drug being used. The major limitations of this data collection are: that the dataset is unable to differentiate between licit and illicit drugs (i.e. alcohol and other drugs); data is collected but not systematically entered into an electronic database and the project only has fixed term funding (3 years) and therefore ongoing data collection is not guaranteed. The following indicator is recommended – percentage of clients with drug and alcohol issues on entry who reduce their drug and alcohol profile or their risk on exit. Since data has been collected since 2001, this indicator is only able to comment on the post-drug summit environment.

Indicator: Percentage of clients being case managed through the Getting It Together Scheme who have reduced their illicit drug profile or their risk on exit(DoCS) Comment: Recommended

Proportion of clients reducing their illicit drug profile on exiting the Getting It Together Scheme

As mentioned an example of a potential outcome indicator of the Getting it Together Scheme worthwhile regularly monitoring is the proportion of clients with illicit drug problems on entry who reduced their illicit drug profile on exiting the prevention program. However, this indicator is not available.

Indicator: Proportion of clients reducing their illicit drug profile on exiting the Getting It Together Scheme (DoCS) Comment: Not available

Number of young people targeted by the One Stop Shop program

One Stop Shop is a joint pilot program between NSW Health and the DoCs to improve the health and wellbeing of adolescents in rural areas, their knowledge of and access to drug and alcohol youth services. Three different models are being piloted: (a) a school-based youth pilot project at High Schools in the Cessnock area of the Hunter; (b) a mobile youth service operating through a number of townships in the Greater Murray Area Health Service; and (c) a community based model at Armidale in the New England Area Health Service. Relevant data items collected include the number of young persons targeted, number of resources produced/distributed, and the number of referrals of young people to services. Limitations of this data set include: (a) sample restricted to 3 rural locations; (b) programs are pilots only and ongoing data collection is not guaranteed; (c) data are not directly comparable across the 3 different models; and (d) the projects all focus on capacity building of local service providers and primarily do not provide services directly to young people. The following indicator – number of young people being targeted by One Stop Shop - may be used for monitoring since it provides a measure of the utilisation of a "selective prevention program" in the community. However, since this is an output indicator it is unable to provide information on the outcomes of the One Stop Shop prevention program. That is, what proportion of young people with an illicit drug problem reduced their illicit drug profile after accessing the service? Since data has been collected since 2001, this indicator is only able to comment on the post-drug summit environment.

Indicator: Number of young people targeted by One Stop Shop (NSW Health/DoCS)

Comment: Output indicator that may be used

Proportion of young people reducing their illicit drug profile on exiting the One Stop Shop program

As mentioned an example of a potential outcome indicator of the One Stop Shop program worthwhile regularly monitoring is the proportion of clients with illicit drug problems on entry who reduced their illicit drug profile after accessing the prevention program. However, this indicator is not available.

Indicator: Proportion of young people reducing their illicit drug profile after accessing the One Stop Shop program (NSW Health/DoCS)

Comment: Not available

1.3 AVAILABILITY OF INDICATOR DATA

	Financial Year				
Recommended indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Number of persons presenting for illicit drug treatment who report living arrangements either 'alone with child(ren)' or with 'spouse/partner and child(ren)' (NSW MDS-AODTS)	×	×	×	✓	✓
Number of people presenting to illicit drug treatment who specify their usual accommodation status as homelessness (NSW MDS-AODTS)	×	×	×	✓	✓
Principal source of income for people presenting to illicit drug treatment and length of stay in treatment(NSWMDS)	×	×	×	✓	✓
Number of school students self-reporting a mental health problem in conjunction with illicit drug use (ASSADS)	×	✓	×	×	✓
Number of general practitioner presentations with both a mental health and illicit drug use diagnosis (BEACH)	×	✓	✓	✓	✓
Number of accident and emergency attendances with both a mental health and illicit drug use diagnosis (EDC)	✓	✓	✓	✓	✓
Number of hospital separations with both a mental health and substance use diagnosis (ISC)	✓	✓	✓	✓	✓
Number of people self-reporting psychological distress as assessed by the BTOM ()	×	×	×	✓	✓
Number of school students exposed to an illicit drug prevention program (DET, Catholic & Independent Schools)	✓	✓	✓	✓	✓
Proportion of school students reporting illicit drug use (ASSADS)	×	✓	×	×	✓

	Financial Year				
Recommended indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Number of students case managed as part of the Cabramatta Gateways Anti Drug Strategy (DET)	×	×	×	1/2	✓
Proportion of students with improved educational/vocational outcomes following being case managed as part of the Cabramatta Gateways Anti Drug Strategy (DET)	×	×	×	1/2	✓
Number of young offenders completing the Life and Employment Skills Training program (DJJ)	×	×	1/2	✓	✓
Percentage of clients being case-managed through the Getting It Together Scheme who have reduced their illicit drug profile or their risk on exit (DoCS)	×	×	×	×	✓
Number of young people targeted by One Stop Shop (DoCS/Health)	×	×	×	×	✓

2 YOUNG PEOPLE AND DRUG ABUSE

Key Issues

2.1 Prevalence of illicit drug use in the general community

Recommended Indicators:

- Number of young people reporting illicit drug use in the past week (ASSADS)
- Number of young people reporting illicit drug use in the past month (ASSADS)
- Number of young people reporting illicit drug use in the past 12 months (ASSADS; NDSHS)
- Number of young people reporting illicit drug use in their lifetime (ASSADS; NDSHS)

2.2 Patterns of illicit drug use

Recommended Indicators:

- Age of first illicit drug use in young people (NDSHS)
- Illicit drug of choice in young people (NDSHS)
- Methods of illicit drug use in young people (NDSHS; IDRS; IDRS: party drugs)
- Frequency of recent illicit drug use in young people (NDSHS; IDRS; IDRS: party drugs; DUMA; Australian NSP Survey)
- Age of first injecting drug use in young people (Australian NSP Survey; IDRS)
- Last drug injected by young people (Australian NSP Survey; IDRS)
- Number of young people who have recently used a needle and syringe after someone else had used it (Australian NSP Survey; IDRS)

2.3 Health-Maintenance

Recommended Indicators:

- Number of illicit drug-related phone calls from young people (ADIS; KHL)
- Number of newly acquired hepatitis B and C notifications in young people where IDU was a risk factor (NDD; NNDSS)
- Number of newly acquired HIV notifications in young people where IDU was a risk factor (NDD; National HIV Database)
- Number of illicit drug-related attendances to general practitioners by young people (BEACH)
- Number of illicit drug accident and emergency attendances for young people (EDC)
- Number of illicit drug inpatient hospital separations for young people (ISC; NHMD)
- Number of young drivers identified as being intoxicated with illicit drugs (DAL)
- Number of illicit drug-related deaths in young people (DAL; COD; NCIS)

2.4 Treatment Services

Recommended Indicators:

- Proportion of calls from young people that are referred to treatment (ADIS; KHL)
- Number of young people in treatment for illicit drug-related problems (NSW MDS-AODTS; NMDS-AODTS)
- Number of young people registered for opioid pharmacotherapy treatments (NSW MCS; MCS)
- Number of young people with significant changes in health outcomes as assessed by the BTOM (BTOM)

Different agencies have adopted different age ranges when defining a young person. In order to include all possible data sources and incorporate the range of programs available, a young person is defined in this report as being between the ages of 12 and 25 years (i.e. persons who are of or over 12 years of age and under 25 years of age), which is in keeping with the 1989 Youth Advisory Council Act definition (personal communication with Douglas Brown, DCS). Within this age range, examples of further possible age breakdowns include: 12-15 years, 16-18 years and 19-25 years.

There are a number of surveys available that provide information relating to the prevalence of illicit drug use, the characteristics of individuals who use illicit drugs and patterns of illicit drug use by young people in NSW. These surveys can be categorised as general population surveys that are nation-wide - such as National Drug Strategy Household Survey (NDSHS) and ASSADS - and specific drug using sub-population surveys that use sentinel sites in capital cities - such as IDRS and IDRS-party drugs module, the Australian Needle and Syringe Program Survey (Australian NSP Survey) and the Drug Use Monitoring in Australia (DUMA). It is important to note that apart from ASSADS, the remaining surveys mentioned are not specifically targeted to young people, that is, the age ranges include adults as well (typically 18 – 40 years).

2.1 PREVALENCE OF ILLICIT DRUG USE

Reducing the prevalence of drug use is a key feature of many policies at local, national and international levels. Prevalence is a measure of how many drug users there are in a country or community and how they are distributed across the population. This measure is useful in assessing whether existing responses match the scale of the problem and whether they are directed at the relevant sections of the problem (European Monitoring Centre for Drugs and Drug Addiction, 2002). Population surveys are often the best source of information in assessing the prevalence of drug use in the general population. However, these surveys are typically limited by: the under representation of those who have adopted a lifestyle of which drug use is an integral part; the under-reporting of drug use by respondents; the infrequency of the studies; changes in questions and sampling methodology between studies; time delays in the release of this data; and the lack of relevance for the results at the individual community level (Canadian Community Epidemiology Network on Drug Use, 2000). In addition, with the exception of cannabis, the prevalence of illicit drug use within the community is very low in Australia. As a result, it is very difficult (due to limited reliability and large margin of error of estimates) to accurately ascertain the prevalence of illicit drug use unless very large samples are used in the surveys. With these considerations in mind, general population surveys are useful for monitoring drug use practices and patterns; however caution should be applied when interpreting the results. In Australia there are two national surveys that measure the prevalence of illicit drug use in young people: the NDSHS and ASSADS.

Surveys of drug using populations are a useful source of information for assessing the prevalence of illicit drug use in specific groups. However, these surveys are typically limited by convenience (i.e. non-random) sampling methods. Convenience samples of illicit drug users collected regularly can provide rich data on patterns of use amongst these groups. The limitation of such samples is that it is never known to what extent such users are representative of all drug users.

Number of young people reporting illicit drug use in the past week

Information regarding the prevalence of drug use (licit, over the counter and illicit substances) in school students (aged between 12 and 17 years) in NSW is collected by the ASSADS dataset which is managed by the NSW Health Department and NSW Cancer Council. ASSADS collects information on illicit drug use in the previous week, previous month, previous 12 months and lifetime. Refer to the dataset description in volume 2 for potential data breakdowns. To date, the results of the 1996 and 1999 NSW components of ASSADS have not been released. Strengths of ASSADS include: it is the only national survey of the prevalence of illicit drug use by school students; a strict sampling methodology; a self-completed anonymous questionnaire which minimises under-reporting of drug use; cleaning for data integrity and validity; and ASSADS is being conducted for a third time in 2002 which allows for monitoring of trends over time. The major limitations of ASSADS data are: that the data are not be representative of all adolescents as the target population is students currently in school; the largest group lost to sample were older students absent on the school day; neither of the NSW components of the surveys have been released and the delay between data collection. In addition to ASSADS, NSW Health and NSW Cancer Council conducted triennial studies on drug use in school students from 1983 to 1992. However, the results from these studies are not comparable with ASSADS since the questions in each set of studies are different. The number of young people reporting illicit drug use in the past week in NSW and Australia from ASSADS is recommended for monitoring as it provides a measure of prevalence of recent illicit drug use by school students.

Indicator: Number of young people reporting illicit drug use in the past week in NSW and Australia (ASSADS) Comment: Recommended

The NDSHS is Australia's most comprehensive national survey on drug issues. The NDSHS contains questions on drug-related knowledge, awareness, attitudes, use and behaviours. The data collected is intended to provide information on the prevalence,

attitudes and correlates of legal and illegal drug use to inform policies and programs. The 2001 NDSHS was the seventh in a series of approximately triennial national prevalence surveys that began in 1985 (1985, 1988, 1991, 1993, 1995, 1998 to 2001). As with the ASSADS, licit, over the counter and illicit drug use history is obtained. The NDSHS targets Australians aged 14 years and over. Age breakdowns differ between the series, for example in 1998 breakdowns of interest included: 14-19, and 20-29, whereas 2001 breakdowns of interest included: 14-24 and 25-39. However, these discrepancies in age breakdowns can be overcome by recoding and reanalysing the unit record file data. Refer to the dataset description in volume 2 for potential data breakdowns. Using the NDSHS in conjunction with the ASSADS for measuring the prevalence of illicit drug use in young people is important because by limiting the age range, school surveys exclude any initiation of drug use outside this range, which gives an artificially low age for when the recruitment of new users typically occurs. Surveys of the general population show that the average age of first use illicit drug use, which is typically cannabis, is usually around 18, and that the highest lifetime prevalence rates are often after young people leave school – among 20-24 year olds (European Monitoring Centre for Drugs and Drug Addiction, 2002).

The strengths of the NDSHS are: that it provides a comprehensive overview of the prevalence of illicit drug use on a national level since 1985; as well as strict editing procedures and random sampling methodology. Some caveats of the NDSHS are that: marginalised and/or chaotic drug users may be underrepresented as the household sampling methodology does not capture individuals living in unstable accommodation or institutional settings; in addition these drug users may be concentrated in a small number of geographic areas; changes were made in the wording of the question regarding lifetime use in the 2001 survey from previous surveys; variation in response rates between surveys may introduce biases (for example it was 50% in the 2001 survey and 56% in the 1998 survey); lack of sensitivity to emerging drug trends if a drug is not already a part of the survey (e.g. ecstasy/designer drugs are grouped together with no separate category for ketamine); the sample size of the surveys prior to 2001 are considerably smaller and thus drawing conclusions about specific subpopulations such as young people or injecting drug users at are best done at a national level (as apposed to a state level) and even then the national figures should be interpreted with caution. As a result of this last limitation only national estimates of the NDSHS data will be considered in this section. The NDSHS indicator for is not recommended for monitoring since 2001 was the first year the question was asked and so there is no data available for monitoring over time.

Indicator: Number of young people reporting illicit drug use in the past week in Australia (NDSHS) Comment: Not recommended

Number of young people reporting illicit drug use in the past month

The number of young people reporting illicit drug use in the past month in NSW and Australia from ASSADS is recommended for monitoring as it provides a measure of prevalence of recent illicit drug use by school students. The NDSHS indicator is not recommended for monitoring since 2001 was the first year the question was asked and therefore there is no data available for monitoring over time. However, this indicator will provide worthwhile data at a national level in the future. Refer to section 2.1.1 and the catalogue of data descriptions for a more complete review of these datasets.

Indicator: Number of students reporting illicit drug use in the past month in NSW and Australia (ASSADS) Comment: Recommended

Indicator: Number of young people reporting illicit drug use in the past month in Australia (NDSHS) Comment: Not recommended

Number of young people reporting illicit drug use in the past 12 months

The number of students reporting illicit drug use in the past month in NSW and Australia from ASSADS is recommended for monitoring as it provides a measure of prevalence of recent illicit drug use by school students. The NDSHS indicator is recommended for monitoring since it provides a measure of prevalence of recent illicit drug use in the general population. However, this indicator will provide worthwhile data at a national level in the future. Refer to section 2.1.1 and the catalogue of data descriptions for a more complete review of these datasets.

Indicator: Number of students reporting illicit drug use in the past 12 months in NSW and Australia (ASSADS) Comment: Recommended

Indicator: Number of young people reporting illicit drug use in the past 12 months in Australia (NDSHS)

Comment: Recommended

Number of young people reporting illicit drug use in their lifetime

The number of students reporting illicit drug use in the past month in NSW and Australia from ASSADS is recommended for monitoring as it provides a measure of prevalence of lifetime illicit drug use in school students. The NDSHS indicator is recommended for monitoring since it provides a measure of prevalence of lifetime illicit drug use in the general population. Refer to section 2.1.1 and the catalogue of data descriptions for a more complete review of these datasets.

Indicator: Number of students reporting illicit drug use in their lifetime in NSW and Australia (ASSADS)

Comment: Recommended

Indicator: Number of young people reporting illicit drug use in their lifetime in Australia (NDSHS)

Comment: Recommended

Number of young people reporting injecting drug use in the past 12 months

This indicator of recent injecting drug use in the general population is not recommended for monitoring on a national level due to the small sample size of the injecting drug use group since they are unlikely to be captured by this survey and also because of smaller sample sizes of prior surveys. Refer to section 2.1.1 and the catalogue of data descriptions for a more complete review of this dataset.

Indicator: Number of young people reporting injecting drug use in the past 12 months in NSW and Australia (NDSHS)

Comment: Not recommended

Number of young people reporting injecting drug use in their lifetime

This indicator of lifetime injecting drug use in the general population is not recommended for monitoring on a national level due to the small sample size of the injecting drug use group since they are unlikely to be captured by this survey and also because of smaller sample sizes of prior surveys. Refer to section 2.1.1 and the catalogue of data descriptions for a more complete review of this dataset.

Indicator: Number of young people reporting injecting drug use in their lifetime Australia (NDSHS)

Comment: Not recommended

2.2 PATTERNS OF ILLICIT DRUG USE

Patterns of illicit drug use in the general population and specialist drug user groups are useful for monitoring as they help provide an idea of the context in which illicit drug use occurs which is important information for preventative and therapeutic strategies.

Age of first illicit drug use in young people

This indicator is recommended for monitoring since it provides a measure of age of first illicit drug use in the general population. This question is asked for each of the illicit drugs recorded in the NDSHS, so that age of first ever illicit drug use as well as age of

first use of all illicit drugs can be ascertained. Refer to section 2.1.1 and the catalogue of data descriptions for a more complete review of these datasets.

Indicator: Age of first illicit drug use (NDSHS) Comment: Recommended

Illicit drug of choice in young people

Illicit drug of choice, or "favourite drug", is useful for monitoring since it provides an indication of illicit drug preference in young people in the general population. Refer to section 2.1.1 and the catalogue of data descriptions for a more complete review of these datasets.

Indicator: Illicit drug of choice (NDSHS) Comment: Recommended

Methods of illicit drug use in young people

Methods of illicit drug use include: smoked, snorted, swallowed and injected. The NDSHS asks respondents for the method of drug use for a range of illicit drugs over the past 12 months. The NDSHS indicator is recommended for monitoring since it provides a measure of the routes of illicit drug administration in the general population. Refer to section 2.1.1 and the catalogue of data descriptions for a more complete review of these datasets.

Indicator: Method of illicit drug use in young people in Australia (NDSHS)

Comment: Recommended

The IDRS is a national strategic early warning system for emerging illicit drug trends. It provides a coordinated approach to the monitoring of the price, purity and availability, of the main illicit drug types with a particular emphasis on injecting drug users in Australian capital cities. The IDRS has been conducted in NSW since 1996 and in all Australian states and territories since 1999. Capital cities are the focus of recruitment since new trends in drug markets are more likely to emerge in large cities rather than regional or rural areas. The IDRS dataset is managed by NDARC. The IDRS data collection is comprised of three methods: a quantitative survey of IDU; a qualitative survey of key informant interviews with professionals working within the IDU field; and examination of existing secondary indicator data. This unique approach to data collection is based on the fact that convergent trends from three data sources increases the confidence in the reliability and validity of a trend than using once source alone. Eligibility criteria for the IDU sample includes: injecting drug users aged between 18 and 45 attending sentinel metropolitan Needle and Syringe exchange clinics over a 2-week period. Refer to the dataset description in volume 2 for potential data breakdowns. The study is designed to be sensitive to trends, provide timely data and provide information for more detailed research. The strengths of this dataset include: very sensitive to emerging drug trends; it is a national collection which applies the same methodology across jurisdictions and over time; timely data; extensive cleaning data; and that it stimulates further research. The limitations of this dataset include: the convenience sampling at sentinel sites limits generalisations to the wider population of injecting drug users and the general population (let alone sub groups such as young people of whose numbers are small and only capture part of the population e.g. 18-25); being conducted only in capital cities limits generalisations to regional and rural areas; and because of the nature of the sample participants are predisposed towards exhibiting behaviours that are more frequent and extreme than the general population. Despite these caveats, the IDRS indicator is recommended for monitoring since it provides information regarding drug use in a sentinel group of injecting drug users.

Indicator: Method of illicit drug use in young people (IDRS)

Comment: Recommended

The IDRS party drugs module is a strategic early warning system for emerging illicit drug trends in ecstasy and other party drugs. It provides a coordinated approach to the monitoring of the price, purity and availability, of party drugs in three Australian capital cities. The IDRS party drugs module has been conducted on an annual basis since 2000 in NSW, QLD and SA. The IDRS party drugs module dataset is managed by the NDARC.

Similar to the IDRS the IDRS party drugs module data collection comprises three methods. For the purposes of the IDRS, a "party drug" is considered to include any drugs that are routinely used in the context of entertainment venues such as nightclubs or dance parties that are not readily monitored by the IDRS. Eligibility criteria for the party drugs sample includes: ecstasy users in capital cities aged between 18 and 45 who are recruited through advertisement in entertainment magazines and the snowballing method. Refer to the dataset description in volume 2 for potential data breakdowns. The strengths of this dataset include: very sensitive to emerging drug trends; data are collected using the same methodology in several states; extensive cleaning of data; and provides hypotheses for future research. The limitations of this dataset include: the convenience sampling at sentinel sites limits generalisations to the wider population of party drug users and the general population (let alone sub groups such as young people of whose numbers are small and only capture part of the population e.g. 18-25); and being conducted only in capital cities limits generalisations to regional and rural areas. Despite these caveats, the IDRS indicator is recommended for monitoring since it provides information regarding drug use in a sentinel group of party drug users.

Indicator: Method of illicit drug use in young people (IDRS: party drugs)
Comment: Recommended

Frequency of recent illicit drug use in young people

The population and specialist studies' measurement of the frequency of illicit drug use varies widely (as highlighted below with the different wording of similar questions). These indicators are recommended for monitoring since they provide a measure of the recent frequency of illicit drug use and injecting drug use in the general population and targeted groups of injecting and party drug users.

The NDSHS frequency of recent illicit drug use indicator (i.e. how often do you use illicit drugs) is recommended for monitoring on a national basis since it provides a measure of the frequency of recent illicit drug use in the general population; however it is not recommended for monitoring on a NSW basis due to the smaller sample sizes from the prior years. Refer to section 2.1.1 and the catalogue of data descriptions for a more complete review of these datasets.

Indicator: Frequency of recent illicit drug use in young people (NDSHS)

Comment: Recommended

Despite the limitations acknowledged in Section 2.2.3 the frequency of recent illicit drug use indicators (i.e. number of days used each illicit drug in the past 6 months) from the IDRS surveys are recommended for monitoring since they are able to provide an insight into the frequency of recent illicit drug use in sentinel groups of illicit drug using young people.

Indicator: Frequency of recent illicit drug use in young people (IDRS)

Comment: Recommended

Indicator: Frequency of recent illicit drug use in young people (IDRS: party drugs)

Comment: Recommended

The DUMA survey is a study of drug use amongst detainees who have been charged with a criminal offence. The purpose of DUMA is to enhance understanding of the supply and demand for illicit drugs among detainees at a local level while providing comparable data at a national level. DUMA has been conducted since 1999 in NSW, Queensland and Western Australia and since 2002 in South Australia and Victoria. DUMA is a quarterly collection which involves voluntary interviews and urinalysis with individuals who have been brought to designated police stations within the previous 48 hours. The pilot system began in January 1999 and two police stations in New South Wales (Bankstown and Parramatta) were included in mid 1999. Refer to the dataset description in volume 2 for potential data breakdowns. Urine samples are also taken as a means of validating self-reported use. The strengths of this dataset include: the data being collected using the same methodology; extensive cleaning of data; and timely data. The limitations of this dataset include: the convenience sampling at sentinel sites limits generalisations to the wider population of injecting drug users and the general population (let alone sub groups such as young people of whose numbers are small and only capture part of the population e.g. 18-25); and because of the nature of the sample participants are predisposed towards exhibiting behaviours that are more frequent and extreme than the general population; and that it is not possible to draw causal attributions regarding

the association between drug use and crime. Despite these caveats, the DUMA frequency of recent illicit drug use indicator (i.e. How many days used each illicit drug in the past month) is recommended for monitoring since it provides information regarding drug use in a sentinel group of injecting drug users.

Indicator: Frequency of recent illicit drug use in young people (DUMA)

Comment: Recommended

The purpose of the Australian NSP Survey is to systematically monitor HIV and Hepatitis C virus (HCV) infection and related risk behaviours among people who inject drugs. It targets all clients who attend sentinel NSP sites across Australia during a one-week period aged 18 and over. It has been conducted annually since 1995, and is managed by the National Centre for HIV Epidemiology and Clinical Research (NCHECR). Refer to the dataset description in volume 2 for potential data breakdowns. The strengths of this dataset are: sensitive to emerging trends; national data collection; consistent approaches to sampling across years; the length of time (7 years) over which the study has been conducted; NSP clients represent a heterogeneous population of injecting drug users; and minimal missing data. The Australian NSP Survey data are limited by: the convenience sampling at sentinel sites precludes generalisations to the wider population of injecting drug users and the general population (let alone sub groups such as young people whose numbers are small and only capture part of the population e.g. 18-25); and because of the nature of the sample participants are predisposed towards exhibiting behaviours that are more frequent and extreme than the general population. Despite these caveats, the Australian NSP Survey frequency of recent illicit drug use indicator (i.e. how often did you inject in the past month) is recommended for monitoring since it provides information regarding drug use in a sentinel group of injecting drug users.

Indicator: Frequency of recent illicit drug use in young people (Australian NSP Survey)

Comment: Recommended

Age of first injecting drug use in young people

The NDSHS indicator of age of first injecting drug use is not recommended for monitoring on a state-wide or national level due to the small sample size of the injecting drug use group since they are unlikely to be captured by this survey and also because of smaller sample sizes of prior surveys. Refer to section 2.1.1 and the catalogue of data descriptions for a more complete review of this dataset.

Indicator: Age of first injecting drug use (NDSHS)
Comment: Not recommended

The Australian NSP Survey and the IDRS indicators are recommended for monitoring since they provide a measure of the age of first injecting drug use in targeted groups of injecting drug users. Refer to sections 2.2.4, 2.2.3 and the catalogue of data descriptions for a more complete review of these datasets.

Indicator: Age of first injecting drug use (Australian NSP Survey)
Comment: Recommended

Indicator: Age of first injecting drug use (IDRS)
Comment: Recommended

Last drug injected by young people

The Australian NSP Survey and the IDRS indicators are recommended for monitoring since they provide a measure of injecting practices and drug availability from sentinel groups of injecting drug users. Refer to sections 2.2.4, 2.2.3 and the catalogue of data descriptions for a more complete review of these datasets.

Indicator: Last drug injected (Australian NSP Survey)

Comment: Recommended

Indicator: Last drug injected (IDRS)

Comment: Recommended

Number of young people who have recently used a needle and syringe after someone else

Three surveys of interest ask questions about recent (in the past month or past 12 months) needle sharing behaviours, the NDSHS, the IDRS and Australian NSP Survey. Each of these questionnaires asks several questions about needle sharing behaviour ranging from number of times respondents have used a needle after someone else recently to, how long ago did this happen, have people reused needles after the respondents have used them, has their been sharing of other injecting equipment etcetera. The NDSHS indicator of number of young people who have recently used a needle and syringe after someone else had used it is not recommended for monitoring on a state-wide or national level due to the small sample size of the injecting drug use group since they are unlikely to be captured by this survey and also because of smaller sample sizes of prior surveys. Refer to section 2.1.1 and the catalogue of data descriptions for a more complete review of this dataset. The number of young people who have recently (in the past 12 months) used a needle and syringe after someone else had used it from the Australian NSP Survey and IDRS is recommended for monitoring as it is a measure of harmful injecting practices in sentinel groups of injecting drug users.

Indicator: Number of young people who have recently used a needle and syringe after someone else (NDSHS)

Comment: Not recommended

Indicator: Number of young people who have recently (in the past month) used a needle and syringe after someone else had already used it (Australian NSP Survey)

Comment: Recommended

Indicator: Number of young people who have recently (in the past month) used a needle and syringe after someone else had already used it (IDRS)

Comment: Recommended

2.2.1 ILLICIT DRUGS AND THE EDUCATIONAL SETTING

As mentioned in Section 1 as part of the NSDES 1999-2003 aim of 'no illicit drugs in schools' there is a strategy for illicit drug education in Government, Catholic and Independent schools in NSW. However there are no standardised guidelines for dealing with illicit drug incidents in schools, although each sector's approach is very similar.

The only illicit drug-related data collected by the DET is from the Ted Noffs Foundation (TNF) Schools program. DET does not collect any data relating to illicit drug-related incidents or counselling (apart from TNF) in schools. If available this information would provide valuable input into the development of appropriate prevention and intervention strategies. DET provides state-wide guidelines for the management of illicit-drug-related incidents in government schools which require that principals must immediately suspend students in possession of an illegal drug. As part of the resolution to the suspension, the principal is required to ensure that appropriate student welfare strategies have been applied and documented; ensure that all appropriate support personnel available within the school system and externally have been involved; ensure that discussion has occurred with the student and parent or caregiver; as well as clear expectations of what is required of the student in future. All action taken is recorded (Personal communication with Elizabeth Callister, DET). There is currently no mechanism in place to monitor the number of suspensions relating to illicit drug use in government schools.

Number of suspensions/incidents relating to students illicit drug use in schools

Indicator: Number of suspensions/incidents relating to students illicit drug use in schools

Comment: Not available

Number of students presenting to counselling with illicit dug issues

The TNF Schools Program was initially developed to help students suspended from school because of an incident involving drugs. The program is designed as a counselling service and information regarding alcohol and other drug issues is obtained for counselling purposes rather than to determine trends in illicit drug use. The program was expanded in 1998 to cover students at risk of suspension and students at risk of drug use. The objectives of the program are to enhance life management skills, reduce the risk of self-harm through alcohol and other drugs use, and reduce problem behaviours resulting from drug use. The TNF Schools Program is currently operating in government and non-government schools. Data is collected on the number of students seen, and primary reason for seeing the counsellor. Data is collected by TNF and reported to the DET who own the data. The strength of this data is that it provides a measure of self reported problems associated with drugs in school students. The data is limited by several factors, including: the non-random sample of students; small sample size; the fact that the data is not always from the same schools; students may access counselling for reasons other than their own illicit drug use; the varying number of students; and the inability of the data to discriminate between new/repeat visit and single/group visit. Based on these limitations the number of students presenting to TNF counselling with an illicit dug problem is not recommended for monitoring. Another potential indicator is the number of students presenting to government school guidance counsellors with illicit drug issues. However, there is currently no mechanism in place to monitor this information.

Indicator: Number of students presenting to counselling with illicit drug issues (TNF/DET)

Comment: Not recommended

Indicator: Number of students presenting to counselling with illicit drug issues (DET)

Comment: Not available

2.3 HEALTH MAINTENANCE

Refer to Section 3.1 for discussions of the following health maintenance indicators that can be broken down by age to reflect the young people's category.

Number of illicit drug-related phone calls from young people

The indicator of illicit drug-related phone calls from young people to Kids Help Line (KHL) is recommended for monitoring since it provides a measure of harm associated with young people's illicit drug use. The indicator of illicit drug-related calls from young people to the Alcohol and Drug Information Service (ADIS) is not recommended for monitoring since age information is unreliable due to missing data. Refer to section 3.1.1 and the catalogue of data descriptions for a more complete review of these indicators and datasets.

Indicator: Number of illicit drug-related calls from young people (KHL) Comment: Recommended

Indicator: Number of illicit drug-related calls from young people (ADIS) Comment: Not recommended

Number of newly acquired Hepatitis B Virus and HCV Notifications among young people where IDU was a risk factor

The number of notifications of newly acquired hepatitis B virus (HBV) and hepatitis HCV in young people where IDU has been identified as a risk factor is recommended for monitoring since it provides a measure of harm associated with young people's illicit drug use. Refer to section 3.1.5 and the catalogue of data descriptions for a more complete review of these indicators.

Indicator: Number of newly acquired hepatitis B virus and HCV virus notifications in young people where IDU was a risk factor (NDD)

Comment: Recommended

Indicator: Number of newly acquired hepatitis B virus and HCV virus notifications in young people where IDU was a risk factor (NNDSS)

Comment: Recommended

Number of newly acquired HIV notifications where idu was as a risk factor

The number of newly acquired HIV notifications in young people where IDU has been identified as a risk factor is recommended for monitoring since it provides a measure of harm associated with young people's illicit drug use. Refer to section 3.1.5 and the catalogue of data descriptions for a more complete review of these indicators.

Indicator: Number of newly acquired HIV notifications in young people where IDU was a risk factor (NDD)

Comment: Recommended

Indicator: Number of newly acquired HIV notifications in young people where IDU was a risk factor (National HIV Database)

Number of illicit drug-related attendances to GPs by young people

The number of illicit drug-related attendances to GPs by young people is recommended for monitoring because it provides a measure of morbidity and management of illicit drug problems in general practice. Refer to section 3.1.6 and the catalogue of data descriptions for a more complete review of these indicators and datasets.

Indicator: Number of illicit drug-related attendances to GPs by young people (BEACH) Comment: Recommended

Number of ambulance attendances at illicit drug-related non-fatal overdoses occurring in young people

The number of ambulance attendances at illicit drug-related non-fatal overdoses occurring in young people in NSW and Australia are not recommended for monitoring since the quality of recording of age data is very poor. Refer to section 3.1.7 and the catalogue of data descriptions for a more complete review of these indicators and datasets.

Indicator: Number of illicit drug-related non-fatal overdoses occurring in young people (ASNSW) Comment: Not recommended

Indicator: Number of illicit drug-related non-fatal overdoses occurring in young people (National Ambulance Non-fatal Opioid Overdoses) Comment: Not recommended

Number of illicit drug A&E attendances for young people

The number of illicit drug-related A&E attendances in young people is recommended for monitoring as it provides a measure of the morbidity of illicit drug

use. Refer to section 3.1.8 and the catalogue of data descriptions for a more complete review of these indicators and datasets.

Indicator: Number of illicit drug-related A&E attendances for young people (EDC)

Comment: Recommended

Number of illicit drug inpatient hospital stays for young people

The number of illicit drug-related hospital separations in young people in NSW and Australia is recommended for monitoring since it provides a measure of morbidity associated with illicit drug use. Refer to section 3.1.10 and the catalogue of data descriptions for a more complete review of these indicators and datasets.

Indicator: Number of illicit drug-related inpatient hospital separations for young people (ISC)

Comment: Recommended

Indicator: Number of illicit drug-related inpatient hospital separations for young people (NHMD)

Comment: Recommended

Number of young drivers identified as being intoxicated with illicit drugs

Monitoring the number of drivers identified as being intoxicated with illicit drugs is recommended since the Division of Analytical Laboratories (DAL) dataset is able to provide timely data on this potentially very dangerous consequence of illicit drug use. Refer to section 3.1.11 and the catalogue of data descriptions for a more complete review of these indicators and datasets.

Indicator: Number of young drivers identified as being intoxicated with illicit drugs (DAL)

Comment: Recommended

Number of illicit drug-related deaths among young people

Monitoring the number of illicit drug-related deaths in young people from DAL is recommended since this dataset is able to provide timely data for NSW. Monitoring the number of illicit drug-related deaths in young people from Causes of Death (COD) collection and National Coroners Information System (NCIS) are both recommended because of their ability to provide national data with different strengths. COD can provide data over a long period of time whereas NCIS can provide more complete data due to the breadth of data recorded. Refer to section 3.1.12 and the catalogue of data descriptions for a more complete review of these indicators and datasets.

Indicator: Number of illicit drug-related deaths in young people (DAL)

Comment: Recommended

Indicator: Number of illicit drug-related deaths in young people (COD)

Comment: Recommended

Indicator: Number of illicit drug-related deaths in young people (NCIS)

Comment: Recommended

Number of young people attending NSPs

This indicator is not recommended for monitoring due to the present problems concerning the reliability of the data as well as the problems with extracting the data (due to its paper format). Refer to section 3.1.12 for a more complete review of NSP data collected.

Indicator: Number of young people attending NSPs (NSW Health AIDB)
Comment: Not recommended

2.4 TREATMENT SERVICES

Treatment can be conceptualised in three ways: demand for services, utilisation of services and outcomes of drug treatment. Indicators across these three areas will be evaluated.

2.4.1 TREATMENT SERVICE DEMAND

Indicators of service demand are important to monitor since they reflect the number of people who report the need for treatment and who may or may not be receiving treatment. Despite the importance of service demand indicators for planning therapeutic services, there are a paucity of available indicators.

Proportion of young people referred into treatment via the Service Access Information System

The proportion of young people referred into treatment via the Service Access Information System (SAIS) is not recommended for monitoring due to the inconsistent and unreliable data. Refer to section 3.2.1 and the catalogue of data descriptions for a more complete review of this indicator and dataset.

Indicator: Proportion of young people referred into treatment via the SAIS (SAIS)

Comment: Not recommended

Proportion of drug information line calls from young people that are referred to treatment

The proportion of calls from young people calling KHL that are referred to treatment is recommended for monitoring since it may be used as an indirect indicator of treatment service demand for this group. The ADIS indicator is not recommended for monitoring since the age information is not reliable. Refer to section 3.1.1 and 3.2.2 and the catalogue of data descriptions for a more complete review of these indicators and datasets.

Indicator: Proportion of calls from young people that are referred to treatment (KHL)

Comment: Recommended

Indicator: Proportion of calls from young people that are referred to treatment (ADIS)

Comment: Not recommended

Number of referrals to treatment for young people attending NSPs

The number of referrals for young people attending NSPs to treatment is not available for monitoring since age is not recorded for referrals in the NSP proforma. Refer to section 3.1.12 for a more complete review of the data collected about NSPs.

Indicator: Number of referrals to treatment for young people attending NSPs (NSW Health AIDB)

Comment: Not available

2.4.2 TREATMENT UTILISATION

Number of young people in drug treatment for an illicit drug-related problem

The number of young people in drug treatment for an illicit drug-related problem in NSW and Australia are recommended for monitoring since they provide a measure young people's treatment utilisation for illicit drug problems. Refer to section 3.2.5 and the catalogue of data descriptions for a more complete review of these indicators and datasets.

Indicator: Number of young people in treatment for illicit drug problems (NSW MDS-AODTS)

Comment: Recommended

Indicator: Number of young people in treatment for illicit drug problems (NMDS-AODTS)

Comment: Recommended

Number of young people registered for opioid pharmacotherapy treatments

The number of young people registered to opioid pharmacotherapy treatments in NSW is recommended for monitoring since it reflects the utilisation of opioid

pharmacotherapy treatment by young people. The national dataset cannot be used for Australian comparisons since demographic data (such as age) is not collected. Refer to section 3.2.6 and the catalogue of data descriptions for a more complete review of these indicators and datasets.

Indicator: Number of young people registered for opioid pharmacotherapy treatments (NSW MCS)

Comment: Recommended

Indicator: Number of young people registered for opioid pharmacotherapy treatments (MCS)

Comment: Not available

2.4.3 TREATMENT OUTCOMES

Number of young people with significant changes in health outcomes as assessed by the BTOM

The number of people with significant changes in health outcomes as assessed by the BTOM is recommended for monitoring as it provides a measure of the outcome of pharmacotherapy treatment in young people. Refer to section 3.2.7 and the catalogue of data descriptions for a more complete review of this indicator and dataset.

Indicator: Number of young people with significant changes in health outcomes as assessed by the BTOM (BTOM)

Comment: Recommended

Number of young people attending public methadone services with positive drug screens

The number of young people attending public methadone services with positive drug screens is not available for monitoring since age is not recorded by the Pacific Laboratory Medicine Services (PaLMS) Toxicology dataset. Refer to section 3.2.8 and the catalogue of data descriptions for a more complete review of this indicator and dataset.

Indicator: Number of young people attending public methadone services with positive drug screens (PaLMS)

Comment: Not available

2.5 AVAILABILITY OF INDICATOR DATA

	Financial Year				
Recommended indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Number of young people reporting illicit drug use in the past week in NSW and Australia (ASSADS)	×	✓	×	×	✓
Number of young people reporting illicit drug use in the past month in NSW and Australia (ASSADS)	×	✓	×	×	✓
Number of young people reporting illicit drug use in the past 12 months in NSW and Australia (ASSADS)	×	✓	×	×	✓
Number of young people reporting illicit drug use in the past 12 months in Australia (NDSHS)	✓	×	×	✓	×
Number of young people reporting illicit drug use in their lifetime in NSW and Australia (ASSADS)	×	✓	×	×	✓
Number of young people reporting illicit drug use in their lifetime in Australia (NDSHS)	✓	×	×	✓	×
Age of first Illicit drug use in young people in Australia (NDSHS)	✓	×	×	✓	×
Illicit drug of choice in young people in Australia (NDSHS)	✓	×	×	✓	×
Methods of illicit drug use in young people in Australia (NDSHS)	✓	×	×	✓	×
Methods of illicit drug use in young people (IDRS)	✓	✓	✓	✓	✓

	Financial Year				
Recommended indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Methods of illicit drug use in young people (IDRS: party drugs)	×	×	✓	✓	✓
Frequency of recent illicit drug use in young people in Australia (NDSHS)	✓	×	×	✓	×
Frequency of recent illicit drug use in young people (IDRS)	✓	✓	✓	✓	✓
Frequency of recent illicit drug use in young people (IDRS: party drugs)	×	×	✓	✓	✓
Frequency of recent illicit drug use in young people (DUMA)	×	×	✓	✓	✓
Frequency of recent illicit drug use in young people (Australian NSP Survey)	✓	✓	✓	✓	✓
Age of first injecting drug use in young people in Australia (NDSHS)	✓	×	×	✓	×
Age of first injecting drug use in young people (IDRS)	✓	✓	✓	✓	✓
Age of first injecting drug use in young people (Australian NSP Survey)	✓	✓	✓	✓	✓
Last drug injected by young people (Australian NSP Survey)	✓	✓	✓	✓	✓

	Financial Year				
Recommended indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Last drug injected by young people (IDRS)	✓	✓	✓	✓	✓
Number of young people who have recently used a needle after someone else had already used it in Australia (NDSHS)	✓	×	×	✓	×
Number of young people who have recently used a needle after someone else had already used it (Australian NSP Survey)	✓	✓	✓	✓	✓
Number of young people who have recently used a needle after someone else had already used it (IDRS)	✓	✓	✓	✓	✓
Number of illicit drug-related phone calls from young people (KHL)	✓	✓	✓	✓	✓
Number of illicit drug-related phone calls from young people (ADIS)	✓	✓	✓	✓	✓
Number of newly acquired hepatitis B and C notifications in young people where IDU was a risk factor (NDD)	✓	✓	✓	✓	✓
Number of newly acquired hepatitis C notifications in young people where IDU was a risk factor (NNDSS)	✓	✓	✓	✓	✓
Number of newly acquired HIV notifications in young people where IDU was a risk factor (NDD)	✓	✓	✓	✓	✓
Number of newly acquired HIV notifications in young people where IDU was a risk factor (National HIV Database)	✓	✓	✓	✓	✓

	Financial Year				
Recommended indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Number of illicit drug-related diagnoses for young people attending general practitioners (BEACH)	×	✓	✓	✓	✓
Number of illicit drug-related accident and emergency attendances for young people (EDC)	✓	✓	✓	✓	✓
Number of illicit drug-related inpatient hospital separations for young people (ISC)	✓	✓	✓	✓	✓
Number of illicit drug-related inpatient hospital separations for young people (NHMD)	✓	✓	✓	✓	✓
Number of young drivers identified as being intoxicated with illicit drugs (DAL)	✓	✓	✓	✓	✓
Number of illicit drug-related deaths in young people (DAL)	✓	✓	✓	✓	✓
Number of illicit drug-related deaths in young people (COD)	✓	✓	✓	✓	✓
Number of illicit drug-related deaths in young people (NCIS)	×	×	✓	✓	✓
Proportion of calls from young people that are referred to treatment (KHL)	✓	✓	✓	✓	✓
Number of young people in treatment for illicit drug-related problems (NSW MDS-AODTS)	×	×	×	✓	✓

	Financial Year				
Recommended indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Number of young people in treatment for illicit drug-related problems (NMDS-AODTS)	×	×	×	✓	✓
Number of young people registered for opioid pharmacotherapy treatments (NSW MCS)	×	✓	✓	✓	✓
Number of young people with significant changes in health outcomes as assessed by the BTOM (BTOM)	×	×	×	✓	✓

3 HEALTH MAINTENANCE AND TREATMENT SERVICES

Key Issues

3.1 Health Maintenance

Recommended indicators:

- Number of illicit drug-related phone calls from users (ADIS; KHL)
- Number of illicit drug-related phone from families (ADIS; FDS)
- Phone calls to telephone help lines regarding drug use problems from health professionals (SAS; ADIS)
- Number of needles and syringes distributed (NSW Health AIDB)
- Number of newly acquired HBV and HCV notifications where IDU was a risk factor (NDD; NNDSS)
- Number of newly acquired HIV notifications where IDU was a risk factor (NDD; National HIV Database)
- Number of illicit drug-related attendances to GPs (BEACH)
- Number of ambulance attendances at illicit drug-related non-fatal overdoses (NSWAS; National Ambulance Opioid Non-fatal Overdose dataset)
- Number of illicit drug A&E attendances (EDC)
- Number of illicit drug-related inpatient hospital separations (ISC; NHMD)
- Number of drivers identified as being intoxicated with illicit drugs (DAL)
- Number of illicit drug-related deaths (DAL; COD; NCIS)

3.2 Treatment Services

Recommended indicators:

- Proportion of calls to telephone support services referred to treatment (ADIS; FDS; KHL)
- Proportion of detainees reporting the need for treatment (DUMA)
- Number of people in treatment for illicit drug-related problems (NSW NMDS – AODTS; NMDS-AODTS)
- Number of clients registered for opioid pharmacotherapy treatments (NSW MCS; MCS)
- Number of people with significant changes in health outcomes as assessed by the BTOM (BTOM)
- Number of positive drug screens for clients of public methadone services (PaLMS)

3.1 HEALTH MAINTENANCE

Monitoring trends in illicit drug-related morbidity and mortality data are essential for assessing the type and magnitude of the harms associated with illicit drug use and their distribution by demographics (such as age, sex, location, ethnicity etc). This information can then be used for planning preventive and therapeutic health services so that resources are concentrated on the populations experiencing the most harmful effects of illicit drug misuse. However, similar to indicators for treatment and crime, multiple counts for the same person, if not taken into account can distort inferences about morbidity trends. In addition, health care data are often limited to the most severe health consequences of drug use, which only represent the tip of the iceberg (United Nations Office for Drug Control and Crime Prevention, 2000).

Number of illicit drug-related phone calls from users

The ADIS is a 24-hour, state-wide telephone information service which provides information, counselling, assistance and referral for NSW residents and professionals alcohol and other drug use. The ADIS dataset is managed by the St Vincent's Hospital Alcohol and Drug Service and NSW Health, DPB. Data are available since 1995 to present. Refer to the dataset description in volume 2 for potential data breakdowns. The strength of the dataset is that it provides reliable and timely data on drug use information. The main limitations of the dataset are the non-mandatory fields, such as age, preclude reliable monitoring and the inability to enter in new types of drugs due to the set fields (e.g. ketamine and GHB etc. would be entered into the other designer drugs field in the drugs involved category).

KHL is a national telephone counselling service for young people aged 5 to 18 years. The KHL caller dataset is managed by KHL. Data are available from 1991 to present. Refer to the dataset description in volume 2 for potential data breakdowns. The strength of this dataset is that valuable information relating to young people's problems. The main limitation of this dataset is that notification of illicit drugs is not mandatory. Instead a drug use category pertaining to either user or friend is selected and information about the call can be entered as free text. Types of drugs recorded can be extracted but this is resource intensive. In addition, as data collection in telephone services is oppurtunistic, it is not possible for all data fields to be completed.

The number of illicit drug-related phone calls from users is recommended for monitoring since it provides a measure of users concerns. Although this sample is not representative of the drug-using population in NSW it will provide trend data on the types of concerns people have, expressed need for counselling, emerging drug trends and referral patterns.

Indicator: Number of illicit drug-related calls from users (ADIS)

Comment: Recommended

Indicator: Number of illicit drug-related calls from illicit drug users (KHL)

Comment: Recommended

Number of illicit drug-related phone calls from families

Information regarding telephone information and support for families of people misusing illicit drugs is collated by ADIS and FDS. Refer to section 3.1.2 for a review of the ADIS dataset. Family Drug Support (FDS) provides a 24-hour telephone support to families affected by drug issues. The FDS dataset is managed by Family Drug Support. Data are available from 1998 to present. The majority of callers are from immediate families in NSW. However, the service caters for all states in Australia and users, friends and extended families. Refer to the dataset description in volume 2 for potential data breakdowns. The strength of this data is that it is a measure of families' concern in the community. Limitations of this data include: lack of sensitivity to new drug trends due to family members being less likely to know the exact nature of the drug use and the fact that the telephone call record sheet does not provide field options for emerging drugs (such as ketamine, MDA & GHB). In addition to these datasets, Parent Line was also explored as a possible source of information of family concern relating to illicit drug use. However, an examination of the number of illicit drug-related calls received by the service in 2001 revealed that the size of the sample was not large enough for trend analysis. Refer to the catalogue of data descriptions for a more complete review of this dataset.

The number of illicit drug-related phone calls from families as measured by ADIS and FDS are recommended for monitoring since they provide a measure of the family concern relating to illicit drugs in the community.

Indicator: Number of illicit drug-related calls from families (FDS)

Comment: Recommended

Indicator: Number of illicit drug-related calls from families (ADIS)

Comment: Recommended

Indicator: Number of illicit drug-related calls from families (Parent Line)

Comment: Not recommended

Number of illicit drug-related calls from health professionals

Information regarding the telephone information and support for illicit drugs is collated by ADIS and the NSW Drug and Alcohol Specialist Advisory Service (DASAS). The NSW DASAS is a 24-hour drug and alcohol telephone consultative service for health professionals in rural and regional NSW. The DASAS has been recently incorporated into ADIS at St Vincent's Hospital so as to increase the efficiency of the service and improve the data collection methods. Data are available from 1995. Refer to the dataset description in volume 2 for potential data breakdowns. The health professionals that access the DASAS are predominantly doctors and nurses. The DASAS is also available to health professionals from the ACT and NT; however the utilisation of this service from these territories is minimal. The strengths of this dataset are that it is able to provide an indicator of the type and level of concern associated with illicit drug use presentations to general practitioners and rural health staff, which are the focus of this service; and that missing data about calls are followed up with the paging service to ensure minimal information is at least recorded. The limitations of this dataset include: incomplete information on calls which has thought to have been due to lack of incentives for the doctors, who provide the service, to record the information. The ADIS and DASAS indicators are recommended for monitoring since they provide measures of concern relating to illicit drugs for health professionals.

Indicator: Number of illicit drug-related calls from health professionals (ADIS)

Comment: Recommended

Indicator: Number of illicit drug-related calls from health professionals (DASAS)

Comment: Recommended

Number of needles and syringes distributed

Information regarding needle and syringe distribution is collated by the public and private needle and syringe distribution datasets by NSW Health AIDS and Infectious Diseases Branch (AIDB). The AIDB is responsible for monitoring the number of needles and syringes distributed through the public Needle and Syringe program (via the Public needle and syringe distribution dataset), as well as monitoring sales of injecting equipment through pharmacies in NSW (via the Private needle and syringe distribution dataset). Reliable data are available since 1994. Quarterly monitoring, postcode and Area Health Service (AHS) level, as well as public and private breakdowns allow for timely monitoring of changes and comparisons at a local level. Strengths of this dataset include: reliable data are available since 1994 with quarterly and AHS breakdowns which allows for the monitoring of trends over time and geography. Limitations include: not being able to track individual's use of the needles and syringes distributed and that the proforma is not always completed by some AHS. Monitoring the numbers of needles and syringes distributed publicly and privately is recommended as it is an indicator of the level of injecting drug use in the community.

Indicator: Number of needles and syringes distributed (Private Needle & Syringe Distribution)

Comment: Recommended

Indicator: Number of needles and syringes distributed (Public Needle & Syringe Distribution)

Comment: Recommended

Number of newly acquired HBV and HCV notifications where IDU was a risk factor

People with a history of injecting drug use are at significantly greater risk of acquiring HBV, HCV and HIV than the general population (National Centre in HIV Epidemiology and Clinical Research, 2002). Although sharing of injecting equipment continues to be the

most common mode of transmission for HCV and HBV in Australia, it infrequently results in HIV (Communicable Diseases Network, 2002). Information regarding IDU related communicable diseases such as HBV, HCV and HIV is collated by the NSW Notifiable Diseases Database (NDD) which is managed by the NSW Health Department Communicable Diseases and Control Branch. Data are available since 1993. HBV and HCV incident (i.e. newly acquired) and unspecified (i.e. timing of infection is unknown) notifications for each state/territory are collated by the National Notifiable Diseases Surveillance System (NNDSS) which is managed by the Communicable Diseases Network of Australia. Data are available since 1991. The state/territory health departments also report the number of IDU-related blood borne viruses (BBV) cases to NCHECR for inclusion in their annual report. HIV cases are notified on a monthly basis through the state/territory health departments to the National HIV database which is managed by the NCHECR. Data are available since 1985. Refer to the dataset description in volume 2 for potential data breakdowns.

The main strength of the IDU-related BBV datasets is that they are able to provide recent and long-term data on patterns of BBV transmission and the number of incident and unspecified cases. This provides useful information for developing and evaluating IDU-related BBV prevention programs. The major limitations of monitoring IDU-related BBV is that notified cases are likely to only represent a proportion of the total number of cases that have occurred. This is because notifications are a reflection of testing patterns (usually voluntary) rather than true disease incidence. In addition, persons in drug and alcohol programs are more likely to be tested and therefore there is an inherent bias of persons with IDU risk. Furthermore, due to recent enhanced surveillance methods (in terms of HCV) newly acquired HCV infections were poorly recorded until 2000 when NSW Health introduced enhanced surveillance through local public health units to determine newly acquired infections in the previous 24 months. Thus, if the NDD only reliably captures risk factors for the past two years for HCV, then monitoring the number of newly acquired cases of HCV (as opposed to the number of IDU-related HCV cases) may be an alternative for assessing longer-term trends (since the majority of HCV have been found to be IDU-related). The following indicators are recommended for monitoring since they provide a measure of BBV risk behaviour associated with illicit drug use. These datasets are all able to comment on both the pre- and post-drug summit environment.

Indicator: Number of newly acquired HBV and HCV notifications where IDU was a risk factor (NSW NDD)

Comment: Recommended

Indicator: Number of newly acquired HBV and HCV notifications where IDU was a risk factor (NNDSS)

Comment: Recommended

Number of newly acquired HIV notifications where IDU was a risk factor

The following indicators are recommended for monitoring since they provide a measure of harm associated with illicit drug use.

Indicator: Number of newly acquired HIV notifications where IDU was a risk factor (NSW NDD)

Comment: Recommended

Indicator: Number of newly acquired HIV notifications where IDU was a risk factor (National HIV Database)

Comment: Recommended

Number of illicit drug-related presentations to GPs

Information regarding illicit drug-related general practice presentations is collated within the Bettering the Evaluation and Care of Health (BEACH) dataset which is managed by the University of Sydney General Practice and Statistics Classification Unit. BEACH monitors general practice activity from patients attending a rolling sample (20 GPs recording per week) of approximately 1000 GPs randomly selected annually across Australia from HIC Medicare records. Data are available from April 1998 to present. Three advantages of this dataset are: random selection of GP's; conducted nationally and it is the only data collection of its kind. Refer to the dataset description in volume 2 for potential data breakdowns. The main limitation of this dataset is that specificity for type of illicit drug (such as cocaine, amphetamine, cannabis and ecstasy) as well as type of problem (e.g. abuse, dependence) is completely reliant upon the GPs recording practices; and problems are only recorded if they are presenting or being managed (therefore history of illicit drug use will not be recorded). Due to the lack of force fielded answers,

the recorded drug problems tend to be non-specific, limiting trend analysis to the monitoring of illicit drugs as a group (with the exception of heroin which appears to be consistently reported). The number of illicit drug-related presentations is recommended for monitoring because it provides a measure of morbidity and management of illicit drug problems in general practice.

Indicator: Number of illicit drug-related attendances to GPs (BEACH)

Comment: Recommended

Number of ambulance attendances at illicit drug-related overdoses

Information regarding ambulance attendances at overdoses is collated within the Ambulance Service of NSW (ASNSW) dataset and is managed by NSW Health. Data are available from 1995 to present. Refer to the dataset description in volume 2 for potential data breakdowns. The strength of this dataset is that it reliably captures non-fatal drug overdoses on a state-wide basis. Limitations of this dataset include: a large amount of missing data for personal information (such as age and sex) which preclude reliable breakdowns; and heroin overdose data being based on the administration of naloxone and as such may include non-heroin related cases (such as GHB overdoses) that were administered naloxone and may exclude heroin related cases that were not administered naloxone since not all ambulance officers are authorised to administer this drug.

Investigators from Turning Point Drug and Alcohol Centre in Victoria, in conjunction with other researchers and jurisdictional ambulance data managers, have been funded by the National Health and Medical Research Council to develop a national surveillance system of ambulance attendances at non-fatal opioid overdose events. To date, they have access to all relevant jurisdictional data from 1998 to present and anticipate reporting on this data by late 2002. Refer to the dataset description in volume 2 for potential data breakdowns. The number of ambulance attendances at illicit drug-related non-fatal overdoses is recommended for monitoring since it provides a measure of morbidity associated with illicit drug use, in particular heroin use.

Indicator: Number of ambulance attendances at illicit drug-related non-fatal overdoses (ASNSW)

Comment: Recommended

Indicator: Number of ambulance attendances at illicit drug-related non-fatal overdoses (National Ambulance Opioid Non-fatal Overdoses)

Comment: Recommended

Number of illicit drug-related A&E attendances

Information regarding A&E attendances is collated within the EDC which is managed by the Epidemiology and Surveillance Branch of NSW Health. Diagnoses are coded according to ICD-9-CM and data are available since 1996. Refer to the dataset description in volume 2 for potential data breakdowns. Strengths of this dataset include: provides timely information on illicit drug-related hospital activity. Limitations of this dataset include: figures are likely to underestimate the true incidence of drug-related presentations to emergency departments and should be considered indicative only. This is due to several things, such as the: the circumstances of the presentation cannot be determined if the diagnosis is an injury code; unlike inpatient hospital admissions, codes are entered by a variety of A&E staff who are not trained clinical coders; the diagnosis may not be determined until admission, so that a symptom may only be recorded in A&E; inconsistent coding practices between hospitals; and the lack of specificity of ICD-9-CM illicit drug related codes. That is, ICD-9-CM is most suitable for the monitoring trends in general illicit drug classes such as opioids, cocaine, cannabis and amphetamines as opposed to the emerging party drugs (such as ecstasy, MDA, GHB & ketamine). Presently, there is no national collection of A&E data. The number of illicit drug A&E attendances is recommended for monitoring since it provides a measure of morbidity associated with illicit drug use.

Indicator: Number of illicit drug A&E attendances (EDC)

Comment: Recommended

Number of illicit drug-related inpatient hospital stays

Information regarding inpatient hospital separations is collated within the ISC which is managed by the Information and Management Support Branch of NSW Health. Diagnoses are coding according to the ICD-9-CM and ICD-10-AM coding systems. Reliable data are available from 1993 to present. Refer to the dataset description in volume 2 for potential data breakdowns.

The strengths of this dataset include: that the data are presumed to be very reliable due to the editing of data and the use of clinical coders. There is no missing data due to strict information requirements. There are several potential confounders for illicit drug-related data from ISC: data is limited to what is reported in medical records (that is, data depends on accurate and complete recording by clinicians); data is coded using ICD-10-AM (and ICD-9-CM for earlier years) which has inherent limitations: the main ones being that ICD-10-AM does not focus on the identity of the drug(s) involved, rather on the circumstance of morbidity such as poisoning or mental & behavioural disorders due to drug use; ICD codes are limited by their lack of specificity for illicit drugs (e.g. ICD-10-AM is unable to distinguish between amphetamines, ecstasy and emerging drugs such as ketamine & GHB); data only relate to inpatients, and as a result are likely to underestimate the number of acute illicit drug-related morbidities requiring treatment since the majority of these types of cases will be treated within accident and emergency departments; and a record is included for each separation, not for each patient, so patients who separate more than once have more than one record in the database.

National inpatient hospital separations data are collated within the National Hospital Morbidity Database (NHMD) by the Australian Institute of Health and Welfare (AIHW). Refer to the dataset description in volume 2 for potential data breakdowns. Data availability, strengths and weaknesses are in accordance with the ISC dataset. The number of illicit drug inpatient hospital separations is recommended for monitoring since it provides a measure of the morbidity associated with illicit drug use.

Indicator: Number of illicit drug inpatient hospital separations (ISC)

Comment: Recommended

Indicator: Number of illicit drug inpatient hospital separations (NHMD)

Comment: Recommended

Number of drivers identified as being intoxicated with illicit drugs

State-wide data regarding illicit drug-related intoxication in drivers is collated within the DAL dataset which is managed by NSW Health DAL and DPB. Data are available since 1992. This indicator is recommended for monitoring since the DAL dataset is able to provide timely data on illicit drug-related driver intoxication which can be used as an effective early warning system for this potentially very dangerous consequence of illicit drug use. This indicator is able to comment on the pre- and post-drug summit environment.

Indicator: Number of drivers identified as being intoxicated with illicit drugs (DAL)

Comment: Recommended

Number of illicit drug-related deaths

State-wide data regarding illicit drug-related mortality data are collated within the DAL dataset which is managed by NSW Health DAL and DPB. Data are available since 1992. Refer to the dataset description in volume 2 for potential data breakdowns. The strength of this dataset is that it provides timely data on illicit drug-related deaths which in turn can be used as an effective early warning system The major limitation of this dataset is that is indicative only as it provides a different classification to the cause of death compared with the ABS for overdose deaths and this is because the decision of the cause of death is not usually made available until the coroner specifically assigns it at a later stage.

National data regarding illicit drug-related deaths is collated within two mechanisms: the COD Collection which is managed by the Australian Bureau of Statistics (ABS) and the NCIS which is managed by the Monash University National Centre for Coronial Information (MUNCII).

The COD data are available since 1979 and is reported on an annual basis. Data are coded according to International Classification of Diseases, ninth and tenth revisions (ICD-9 & ICD-10) which are different to the ICD versions used in the hospital setting. Deaths registered from 1st January 1997 have been coded using the tenth revision, ICD-10. Deaths registered from 1979 to 1998 have been coded in ICD-9. Refer to the dataset description in volume 2 for potential data breakdowns. The major strength of this dataset is that it provides nationally comparable data on illicit drug-related deaths over a long period of time. In addition with the introduction of ICD-10 and the Automated Coding System (ACS) for processing deaths registered from 1st January 1997, more detailed information is now available for deaths where the use of drugs was a direct cause or contributory factor. The ACS has enabled efficient production of multiple

causes of death statistics, together with more consistent coding practices. The introduction of ICD-10 has enabled the ABS to provide more detail on drugs than was previously available from earlier revisions of the ICD. From 1997, data for deaths involving drugs are available for the underlying cause which directly led to death (drug-induced) as well as any associated conditions, such as poisoning by particular drugs that contributed to death (multiple causes). Although ICD-10 does not have a unique poison code for all drugs, many drugs of interest can be identified by cross-tabulating the appropriate external cause of death code (underlying cause) by poison code (multiple cause). For example, of a coroner determined the death to be an accidental cocaine overdose, the death would be assigned ICD-10 codes of X42 as the underlying cause (accidental poisoning) and T40.5 as the poison code (poisoning by cocaine). The ABS also employs a series of quality control checks to ensure compilation of reliable causes of death statistics.

There are a number of conditions and constraints which limit mortality coding and need to be taken into account when analysing or interpreting drug-induced death data. Among these factors are ICD coding rules, the availability of toxicology results, the inconsistent terminology used by medical certifiers and the completeness of data provided within the medical certificate. For drug-related deaths, the ICD does not focus on the identity of the drug(s) involved, rather on the circumstance of death. For example, drugs that were determined to be directly caused by drug use could be classified as being due to external causes (assault, accident, suicide) or due to mental disorders associated with drug use. As a result of this different focus the codes assigned may not be unique to any specific drugs. For example, under ICD-10 rules, deaths due to an accidental overdose of cannabis, cocaine or heroin would all be assigned an underlying cause code of X42 (accidental poisoning by narcotics and hallucinogens). The extent to which specific ICD codes can be used to identify individual drugs depends on the nature of the death. Prior to 1997 only the underlying cause of death was coded. Comparability of COD data over time is affected by a number of factors including the introduction of ICD-10 and ACS.

For the NCIS data are available since July 2000 for every state and territory except QLD which was brought online on 1st January 2001, and uploads coronial data on a daily basis, thereby removing the time lag with existing systems. NCIS was developed because of the lack of a means to systematically identify and retrieve clusters of similar coronial cases hampered coroners' ability to identify trends on a national basis. For example, in some jurisdictions coronial records were based on a manual filing system. Refer to the dataset description in volume 2 for potential data breakdowns. The major strength of NCIS is that it is a world first electronic national database for coronial information. It has the potential to enhance the amount, consistency, accessibility and timeliness of data available on the role of drugs in coronial deaths in Australia. The NCIS Drugs module is able to identify key risk factors and monitor outcomes which will contribute to the reduction in preventable deaths and making better health care decisions. A comprehensive quality assurance (QA) program, undertaken by the QA officer, is in place with three areas of focus: completeness, timeliness and validity and reliability. Limitations of NCIS include as data is uploaded to the NCIS following local entry from each of the eight jurisdictions in Australia, there are occasional instances of coding errors, missing fields and documents not being attached to records. However, quality assurance activities that are in place aim to minimise these potential weaknesses.

A future development of NCIS is that the ABS will be reporting ICD causes of death codes, however due to the time lag at the ABS (12 months) the immediate utility of this change is not known.

Monitoring the number of illicit drug-related deaths from DAL is recommended since this dataset is able to provide timely data for NSW on the severest form of harm associated with illicit drug use. Monitoring the number of illicit drug-related deaths from COD and NCIS are both recommended because of their ability to provide national data over long periods of time (COD) and with extensive detail (NCIS).

Indicator: Number of illicit drug-related deaths (DAL) Comment: Recommended

Indicator: Number of illicit drug-related deaths (COD) Comment: Recommended

Indicator: Number of illicit drug-related deaths (NCIS) Comment: Recommended

Number of clients attending NSPs

The NSW Health AIDB monitors the number of client visits to NSPs. This information is reported on a quarterly basis to NSW Health. At present it is in paper format. This data has been collected since 1988. Refer to the dataset description in volume 2 for potential data breakdowns. The strength of this data are that it provides a measure of the utilisation of this health maintenance service. The limitations of this data include: the paper format means that it would require considerable time and resources to collate electronically and the data quality is considered to be highly variable due to problems in AHS processing data from the large range of public and private outlets. NSW Health is currently addressing these concerns in a review of the NSP data system.

This indicator is not recommended for monitoring due to the present problems in extracting the data and the questionable reliability of the data.

Indicator: Number of clients attending NSPs (NSW Health, AIDB)
Comment: Not recommended

3.2 TREATMENT SERVICES

Monitoring trends in treatment data are useful for assessing the types of clients accessing services and the illicit drug-related problems they are presenting with. However it is important to note that treatment data may represent the availability of treatment facilities and the number of those with substance use disorders that are motivated to seek help rather than true prevalence of the problem. There is also a concern when the same person begins treatment multiple times without being tagged in the system as the same person (Canadian Community Epidemiology Network on Drug Use, 1999). In addition, treatment attendance can be viewed as a classic lagged indicator. It has been estimated that a heroin user will typically access treatment provision around 4 years after the first use of the drug. A change in treatment attendance numbers, therefore, is likely to reflect changes in patterns of drug use 3 or 4 years ago rather than reflecting contemporary new use (Griffiths, Vingoe, Hunt, Mounteney, & Hartnoll, 2000). An exception to this rule regarding treatment attendance numbers is the occurrence of a dramatic market change, such as the recent heroin shortage, which is likely to propel people into treatment earlier than usual. Treatment options include detoxification, rehabilitation programs and therapeutic communities, outpatient counselling, support groups, methadone and buprenorphine maintenance treatment and naltrexone treatment. Please note that for the purposes of this report treatment does not include: episodes of care provided by GPs, A&E and inpatient hospitals; since this is covered in the health maintenance section.

3.2.1 TREATMENT SERVICE DEMAND

Indicators of service demand are important to monitor since it reflects the number of people who report the need for treatment and who may or may not be receiving treatment.

Proportion of clients referred into treatment via the SAIS

Information regarding the number of referral calls for drug and alcohol treatment and the appointments made is collated within the Service Access Information System (SAIS) which is managed by the NSW Health DPB. The SAIS categorises places and unfilled appointments in drug and alcohol treatment agencies which can be filled by other agencies that need to refer a client into treatment. Data are available since 2001. Presently the SAIS data are thought to be of low quality due to the many technical problems with the website. This in turn has decreased the confidence of agencies in using the service. Currently the SAIS is being reviewed so as to improve its functionality. The number of people referred into treatment via the SAIS is not recommended for monitoring due to the inconsistent and unreliable data.

Indicator: Proportion of clients referred into treatment via the SAIS (DAPIR)

Comment: Not recommended

Proportion of calls to telephone support services referred to treatment

The proportion of calls to telephone support services referred to treatment is recommended for monitoring since it may be used as an indication of the number of persons experiencing problems relating to drug use who have an expressed need for referral. ADIS, FDS and KHL all monitor the number and type of referrals for clients accessing their services. All of these telephone services search for referral options via agency databases. However, caution should be used when interpreting results since personal information may not be reliably recorded since the personal information fields are not mandatory. Refer to section 3.1.1 and 3.1.2 and the catalogue of data descriptions for a more complete review of these datasets.

Indicator: Number of referrals to drug treatment for clients accessing service (ADIS)

Comment: Recommended

Indicator: Number of referrals to drug treatment for clients accessing service (FDS)

Comment: Recommended

Indicator: Number of referrals to drug treatment for clients accessing service (KHL)

Comment: Recommended

Number of referrals to treatment for clients of NSP clinics

NSW Health AIDB monitors the number the number of referrals for clients attending NSPs. This information is reported on a quarterly basis to NSW Health. At present it is in paper format. This data has been collected since 1988. The strength of this data are that it provides a measure of demand for treatment in this select group of injecting drug users. Limitations of this data include: that it is currently it is in paper format; the referral field for drug treatment does not specify which type of treatment; demographic information is not available; and the reliability is questionable. This indicator is not recommended for monitoring due to the present problems in extracting the data and the questionable reliability of the data.

Indicator: Number of referrals to treatment for clients of NSP programs (NSW Health AIDB)

Comment: Not recommended

Proportion of detainees reporting the need for treatment

Information regarding detainee's drug treatment history is collated within DUMA. Although DUMA data are limited by its sentinel sampling methods, the proportion of detainees who report the need for treatment is recommended for monitoring since it provides a measure of treatment demand in this select population of detainees.

Indicator: Proportion of detainees reporting the need for treatment (DUMA)

Comment: Recommended

3.2.2 TREATMENT SERVICE UTILISATION

Number of clients with closed treatment episodes for illicit drug problems

Information regarding drug treatment is collated within the NSW MDS – AODTS which is managed by the NSW Health DPB. The purpose of the NSW MDS-AODTS is to monitor the drug and alcohol treatment service sector, which includes clients of publicly funded government and non-government drug and alcohol treatment service agencies (excluding methadone). The NSW MDS – AODTS is updated on a monthly basis and data are available since 1st July 2000. The unit of measurement used by the collection is a closed treatment episode. A closed treatment episode refers to the period of contact, with defined dates of commencement and cessation, between a client and a treatment provider. Data are collected by clinicians at the commencement and completion of treatment. Refer to the dataset description in volume 2 for potential data breakdowns.

The main strength of this dataset is that it can provide ongoing state-wide data on drug treatment services. This allows for the regular monitoring of characteristics (and patterns) of treatment seeking in clients. In addition, the quality assurance program assures that the available data are of the highest quality possible. The main limitations of this dataset are that it: relies on clinicians to provide the correct information, data only covers publicly funded agencies, methadone is excluded as it has its own data collection and the recency of data collection. At present the reporting of data are internal. National treatment data are collated within the National Minimum Data Set for Alcohol and Other Drug Treatment Services (NMDS-AODTS) which is managed by the AIHW. The aim of the NMDS-AODTS is to aggregate standardised Commonwealth, state and territory data so that national information about clients accessing alcohol and other drug treatment, service utilisation and treatment programs can be reported. Data availability, strengths and limitations are in accordance with the NSW MDS-AODTS. The NSW MDS-AODTS is reported to the NMDS-AODTS annually.

Prior to the NMDS – AODTS, the Clients of Treatment Service Agencies (COTSA) dataset was used to provide information on the utilisation of drug and alcohol treatment

services. COTSA was a national census of alcohol and drug treatment agencies, excluding methadone. The main strengths of this dataset were the routine data collection methods and the high response rate for client information. The main limitations of this dataset are the: sporadic (i.e. 1990, 1992, 1995, 2001) and once a year (i.e. census) data collection methods. This indicator is not recommended for monitoring since COTSA is unlikely to continue with the introduction of the NMDS – AODTS.

Indicator: Number of people with closed treatment episodes for illicit drug problems (NSW MDS-AODTS) Comment: Recommended

Indicator: Number of people with closed treatment episodes for illicit drug problems (NMDS AODTS) Comment: Recommended

Indicator: Number of people in treatment for illicit drug-related problems (COTSA) Comment: Not recommended

Number of clients registered for opioid pharmacotherapy treatments

Information regarding methadone/buprenorphine applications for prescriptions, changes in program details and notifications of terminations are collated by the NSW MCS which is managed by the NSW Health Department Pharmaceutical Services Branch (PSB) and Drug Programs Bureau (DPB). The NSW MCS data collection is based on NSW Health PSB data which, amongst other things, monitors the authorities issued for schedule 8 prescribing drugs such as methadone and buprenorphine. Data are available since 1999. NSW MCS data breakdowns available include: type of pharmacotherapy treatment (methadone or buprenorphine); client demographics, drug use and treatment history, prescriber details, dosing point details and administrative information (e.g. date of last dose, quantity of last dose, correctional details, proposed starting dose, first date on program).

The strengths of this data collection are: reliable data entry and due to the nature of strict controls relating to the use of schedule 8 drugs the database accurately reflects the number of clients who are prescribed and receiving these drugs. The limitations of this data collection are that client exits and transfers are often received late or not at all; and dosing point location is not updated and therefore this information is of questionable quality. In addition, it is important to note that increases in program numbers may be due to increased funding of program spaces (which was one of the drug summit initiatives) as well as increased demand for treatment. The NSW MCS data are reported on an annual basis to the Commonwealth Department of Health and Aged Care MCS collection. Data are available since 1986; however the current system has been in place since 1999. The strength of this dataset is that it reflects the number of clients who are registered with a prescriber, and who are collecting doses of both buprenorphine and methadone, nationally. The limitation of this dataset it cannot be broken down separately into buprenorphine and methadone statistics, as some states do not separate their collection. The indicators number of clients registered to opioid pharmacotherapy treatments (such as methadone & buprenorphine) are recommended for monitoring since they reflect the utilisation of these programs at a state and national level.

Indicator: Number of clients registered to opioid pharmacotherapy treatments (NSW MCS) Comment: Recommended

Indicator: Number of clients registered to opioid pharmacotherapy treatments (MCS) Comment: Recommended

3.2.3 TREATMENT OUTCOMES

Number of people with significant changes in health outcomes as assessed by the BTOM

Information regarding treatment outcomes is collated within the BTOM which is managed by the NSW Health DPB and NDARC. The BTOM is a longitudinal multi-dimensional case management tool that measures changes associated with treatment at 3, 6 and 12-month periods. The BTOM trial began in November 2000 and state-wide implementation began in January 2002. At present the BTOM has been rolled out across

NSW in opioid pharmacotherapy treatment programs. However, it has been designed for all treatment types (including detoxification, counselling and rehabilitation, in addition to opioid pharmacotherapy). Breakdowns available for measuring changes in health outcomes from baseline to 3 months include: psychological distress score, social distress score, blood borne virus risk score, number of arrests, number of classes of drugs used.

The main strength of this data are that the BTOM represents the first time in any jurisdiction in Australia that it has been attempted to implement a routine treatment outcome monitoring system that is standardised and uniform across the state which allows for comparisons across treatment agencies, treatments, drug types and client demographics. This dataset is limited by the recency of state-wide collection; that it is presently only available in public methadone services; and that follow up data will be subject to significant selection bias. However, the BTOM has the potential to be a valuable monitoring tool in the future. For example, in the future there is opportunity for other publicly and privately funded services to implement the BTOM. It is also important to note that causal attributions between the provision of treatment and significant improvement on the BTOM cannot be made with this data alone and would require further investigation before making this assumption. The number of people with significant changes in health outcomes as assessed by the BTOM is recommended for monitoring as it provides a measure of the outcome of pharmacotherapy treatment.

Indicator: Number of people with significant changes in health outcomes as assessed by the BTOM (BTOM) Comment: Recommended

Number of positive drug screens for clients of public methadone services

Information regarding the use of drugs whilst on the public methadone program is available from the PaLMS database which is managed by the Royal North Shore Hospital Pacific Laboratory Medicine Services (PaLMS). Data are available in a computerised format since 1996. PaLMS data are reported back regularly to the methadone clinics for compliance purposes and a reporting mechanism has recently been set up with the NSW Health DPB. Breakdowns include: methadone clinic, AHS and date of test. Using the clients name and DOB (if recorded) may allow for tracking of patients over time).

The strengths of this dataset include: providing an indirect measure of compliance and therefore efficacy of treatment; and the data also provides a good idea of what is available on the streets due to the nature of this drug using group. The limitations of this dataset include: no policy for random or regular testing in public methadone clinics (thus testing practices vary widely in methodology and frequency); data most likely represents most chaotic clients which is not representative of the total methadone clients available; lack of demographics (such as age and sex) limits assumptions about clients; and lack of unique identifier precludes reliable tracking of patients over time. The number of

positive drug screens for clients of public methadone services is recommended for monitoring since it provides a measure of outcome of pharmacotherapy treatment as well as a measure of illicit drug use in this select group of illicit drug users.

Indicator: Number of positive drug screens for clients of public methadone services (PaLMS) Comment: Recommended

3.3 AVAILABILITY OF INDICATOR DATA

	Financial Year				
Recommended indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Number of illicit drug-related calls from illicit drug users (ADIS)	✓	✓	✓	✓	✓
Number of illicit drug-related calls from drug users (KHL)	✓	✓	✓	✓	✓
Number of illicit drug-related calls from families (ADIS)	✓	✓	✓	✓	✓
Number of illicit drug-related calls from families (FDS)	×	✓	✓	✓	✓
Number of illicit drug-related calls from health professionals (SAS)	✓	✓	✓	✓	✓
Number of illicit drug-related calls from health professionals (ADIS)	✓	✓	✓	✓	✓
Number of needles and syringes distributed through public and private programs (AIDB)	✓	✓	✓	✓	✓
Number of newly acquired HBV and HCV notifications where IDU is a risk factor (NSW NDD)	✓	✓	✓	✓	✓
Number of newly acquired HBV and HCV notifications where IDU is a risk factor (NNDSS)	✓	✓	✓	✓	✓
Number of newly acquired HIV notifications where IDU is a risk factor (NSW NDD)	✓	✓	✓	✓	✓

	Financial Year				
Recommended indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Number of newly acquired HIV notifications where IDU is a risk factor (National HIV Database)	✓	✓	✓	✓	✓
Number of illicit drug-related attendances to GPs (BEACH)	×	✓	✓	✓	✓
Number of ambulance attendances at illicit drug-related non-fatal overdoses (ASNSW)	✓	✓	✓	✓	✓
Number of ambulance attendances at illicit drug-related non-fatal overdoses (National Ambulance Illicit Drug Overdose dataset)	×	✓	✓	✓	✓
Number of illicit drug-related A&E attendances (EDC)	✓	✓	✓	✓	✓
Number of illicit drug-related inpatient hospital separations (ISC)	✓	✓	✓	✓	✓
Number of illicit drug-related inpatient hospital separations (NHMD)	✓	✓	✓	✓	✓
Number of illicit drug-related deaths (DAL)	✓	✓	✓	✓	✓
Number of illicit drug-related deaths (COD)	✓	✓	✓	✓	✓
Number of illicit drug-related deaths (NCIS)	×	×	✓	✓	✓

	Financial Year				
Recommended indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Proportion of calls to telephone support services referred to treatment (ADIS)	✓	✓	✓	✓	✓
Proportion of calls to telephone support services referred to treatment (FDS)	×	✓	✓	✓	✓
Proportion of calls to telephone support services referred to treatment (KHL)	✓	✓	✓	✓	✓
Proportion of detainees who report the need for treatment (DUMA)	×	×	✓	✓	✓
Number of people in treatment for illicit drug-related problems (NSW MDS-AODTS)	×	×	×	✓	✓
Number of people in treatment for illicit drug-related problems (NMDS-AODTS)	×	×	×	✓	✓
Number of clients registered to opioid pharmacotherapy treatments (NSW MCS)	×	✓	✓	✓	✓
Number of clients registered to opioid pharmacotherapy treatments (MCS)	✓	✓	✓	✓	✓
Number of people with significant changes in health outcomes as assessed by the BTOM (BTOM)	×	×	×	×	✓
Number of positive drug screens for clients of methadone services (PaLMS)	✓	✓	✓	✓	✓

4 CASE MANAGEMENT AND COORDINATED CARE

Key Issues
4.1 Case Management
Recommended indicators:
Number of methadone/buprenorphine treatment client's assessed on the eight case management domains (DAPIR)
Number of completed client BTOM questionnaires received by NSW Health (BTOM)
Number of offenders accepted into the Magistrates Early Referral into Treatment program (MERIT)
Number of students case managed as part of the Cabramatta Gateways Anti Drug Strategy (DET)
Number of students with improved vocational outcomes following being case managed as part of the Cabramatta Gateways Anti Drug Strategy (DET)
4.2 Coordinated Care
Recommended indicators: None

4.1 CASE MANAGEMENT

Number of methadone/burprenorphine treatment clients assessed on the eight case management domains

Case management of clients receiving methadone and buprenorphine treatment is standardised across NSW and is defined as the coordination of comprehensive care, ancillary services and regular treatment reviews (NSW Health Drug Programs Bureau, 2002). The case management model covers eight domains:

- Psychiatric treatment;
- Risk behaviour management (eg HIV/HCV);
- Employment;
- Housing;
- Education and training;
- Family and parenting;
- Relationships; and
- Financial issues.

MBT clients are reviewed against the eight domains of case management as part of their treatment reviews on at least a quarterly basis and each AHS reports monthly aggregates to NSW Health via the Drug and Alcohol Performance Indicator Reporting (DAPIR), a web-based data collection tool. The number of clients assessed on the 8

case management domains is recommended for monitoring since it provides a measure of case management of MBT clients. It is important to note that although the wording of this indicator has recently been revised (from the number of clients case managed); the content for the new indicator is broadly the same as the previous one. .

Indicator: Number of methadone/buprenorphine treatment client's assessed on the eight case management domains (DAPIR) Comment: Recommended

Number of completed client BTOM questionnaires received by NSW Health

In addition to the standardised NSW Health DAPIR case management statistics, BTOM provides an avenue for collating regular centralised monitoring of case management of this clientele at a baseline, 3-monthly, 6-monthly and ongoing basis. Refer to section 3.2.7 and the catalogue of data descriptions for a review of this specific drug treatment outcomes case management tool. The number of completed client BTOM questionnaires received by NSW Health is recommended for monitoring since it provides a measure of opioid pharmacotherapy case management over time.

It is important to note that NSW Health can only ensure that the public methadone and buprenorphine treatment sector provide case management to clients. NSW Health encourages the private sector to case manage their clients (by using the BTOM), however they are not required to do so. Case management activities, such as these, help to standardise and improve the quality of care that patients receive by providing inbuilt mechanisms.

Indicator: Number of completed client BTOM questionnaires received by NSW Health (BTOM) Comment: Recommended

Number of offenders accepted into the MERIT program

Offenders accepted into the MERIT program are case managed as part of the program. Refer to Section 6.2.1 and the catalogue of data descriptions for a more detailed description of this dataset. The MERIT database collects case management data

such as identified case management issues and what additional services have been provided. In addition to providing comprehensive care to this group, this information helps to inform the level and type of resources that are required. The number of offenders accepted into the MERIT program is recommended for monitoring since it provides a measure of offender case management.

Indicator: Number of offenders accepted into the MERIT Program (MERIT) Comment: Recommended

Number of students case managed as part of the Cabramatta Gateways Anti Drug Strategy

This indicator may be used for monitoring since it provides a measure of the utilisation of a "selected prevention program" in the community. Refer to Section 1 – Preventing Drug Abuse for more information on this indicator.

Indicator: Number of students case managed as part of the Cabramatta Gateways Anti Drug Strategy Comment: Output indicator that may be used

Proportion of students with improved vocational outcomes following being case-managed as part of the Cabramatta Gateways Anti Drug Strategy

This indicator is recommended for monitoring since it is able to inform the outcomes of the prevention program. Refer to Section 1 – Preventing Drug Abuse for more information on this indicator.

Indicator: Proportion of students with improved vocational outcomes following being case-managed as part of the Cabramatta Gateways Anti Drug Strategy (DET)

Comment: Recommended

4.2 COORDINATED CARE

In addition to case management of people in pharmacotherapy and diversion programs, coordinated care models are being developed for persons with multiple needs. Primarily this relates to shared care between GPs and specialist alcohol and other drug (AOD) treatment providers and integrated care trials. Although the co-morbid presentation of AOD and other mental health problems has been identified as a significant issue, there is currently no monitoring of shared care arrangements between mental health and AOD professionals.

Number of patients who received shared care between General Practitioner and alcohol and other drug services

The aim of the GP project is to increase the participation and effectiveness of GPs in providing drug and alcohol treatments and improve collaboration between the public health sector services and GPs. Specifically, this dedicated support to GPs is designed to increase the number of GPs providing drug treatments; increased access to treatment for people with drug related health problems; increase in competence and confidence of GPs in providing drug treatments; improved collaboration between general practitioners and public health sector services in the detection, treatment and rehabilitation of people with drug related health problems. The GP project includes consultation meetings between the area health services and GP divisions, training of GPs in the management of AOD problems, availability of expert advice to assist GPs in the management of AOD problems providing GPS with resources; and promoting shared care between GPs and other services. Each AHS has a GP liaison officer position to coordinate the project within their area. NSW Health DPB monitors the GP project, via DAPIR. The indicator - number of patients who received shared care between GP and AODTS - is limited for monitoring purposes due to the: difficulty in determining what shared care constitutes; the lack of systematic recording by GPs of shared care (due to definition problems and the nature of a general practice); and the inability of the indicator to distinguish shared care arrangements based on licit and illicit drug type. For these reasons it is not recommended for monitoring.

Indicator: Number of patients who received shared care between General practitioner and alcohol and other drug services

Comment: Not recommended

Indicator(s) of Coordinated Care Trials

The purpose of Coordinated Care Trials is to test whether multi-disciplinary care planning and service coordination leads to improved health and well-being for people with complex care needs.There are two coordinated (aka integrated) care trials operating in NSW, coordinated by NSW Health - the Rural Integrated Care Trial - and NSW Department of Corrective Services (DCS) - Women in Transition. Both trials target women with problematic substance use. The Rural Integrated Care Trial is aimed at users with moderate needs and is managed in a Northern Rivers rural AHS. It is envisioned that the key agencies and services to be involved will include Divisions of General Practitioners, hospitals, community drug and alcohol services, education, housing and employment services. Key Government and funded non-government agencies will be asked to engage in cooperative resourcing and to pool resources as a new approach to managing clients, funding and implementation in each trial area. Families and carers will be incorporated in the integrated care plan and there will be mechanisms established for their ongoing involvement. The care plan will include a range of support measures to assist family members in their role of enabling the client to meet the set goals. This will include linkages to child and family services and child protection services.

The DCS opened the Bolwara house, located within the grounds of the Emu Plains Correctional Complex, opened in April 2002. It comprises four cottages, able to accommodate a total of 16 female inmates approaching release. Bolwara house provides programs and services aimed at encouraging skills and knowledge about relapse prevention and the development of non-substance dependent lifestyle. The DCS will conduct a process (which will focus on issues such as entry, exit, costs, efficiency, staffing, programs, education, employment and risk management) and clinical evaluation (which will compare clinical outcomes of participants of Bolwara with a control group of inmates) of Bolwara House. Given that these projects are trials, with one of their objectives being to identify appropriate outcome and process indicators, it is not possible to identify indicators for ongoing monitoring at this time.

Indicator: Indicator(s) of Coordinated Care Trials

Comment: Not available

4.3 AVAILABILITY OF INDICATOR DATA

	Financial Year				
Recommended indicators	1997-98	1998-99	1999-00	2000-01	2001-02
Number of methadone/buprenorphine treatment client's assessed on the eight case management domains (DAPIR)	×	×	×	✓	✓
Number of completed BTOM questionnaires received by NSW Health (BTOM)	×	×	×	×	✓
Number of offenders accepted into the MERIT program (MERIT)	×	×	×	✓	✓
Number of students case managed as part of the Cabramatta Gateways Anti Drug Strategy (DET)	×	×	×	1/2	✓
Proportion of students with improved vocational outcomes following being case managed as part of the Cabramatta Gateways Anti Drug Strategy (DET)	×	×	×	1/2	✓

5 TRAINING REQUIREMENTS: BUILDING SKILLS

Key Issues

5.1 Pharmacotherapy Training

Recommended indicators:

- Number of newly accredited GP methadone prescribers taking methadone clients (DAPIR)
- Number of pharmacotherapy training courses (DAPIR)
- Number of medical practitioners trained in pharmacotherapy (DAPIR)
- Number of pharmacies approved to dispense methadone (NSW Pharmacy Guild)
- Number of pharmacies approved to dispense buprenorphine (NSW Pharmacy Guild)

5.2 NSW Police general AOD training

Recommended indicators:

- Proportion of Cannabis Caution Notices issued with eligibility criteria (NSW Police)
- Proportion of eligible people issued with Cannabis Caution Notices (NSW Police)
- Number of police attending Cannabis Cautioning Scheme training (NSW Police)
- Number of referrals to MERIT by police (NSW Police)
- Number of police attending MERIT training (NSW Police)
- Number of police trainees attending the Diploma of Police Practice Course (NSW Police)

5.3 NSW Health general AOD training

Recommended indicators:

- Number of GPs attending GP training (DAPIR)
- Number of training activities provided by the drug and alcohol clinical nurse consultant in rural NSW (DAPIR)
- Number of agency managers trained via the Non government organisation AOD Treatment Agency Managers Training Project (DPB)
- Number of youth workers trained via the Youth Services Training Scheme Project (DPB)
- Number of workers trained via the NGO ethnic welfare agency training project (DPB)
- Number of rural staff trained via the Priority Frontline Staff Training Project (DPB)
- Number of people trained as part of the MERIT training (DPB)

5.4 NSW DJJ general AOD training

Recommended indicators:

- Number of people trained in Drug Actions (DJJ)
- Number of people trained in Client Services in Alcohol and Drug Work (DJJ)
- Number of people trained in Alcohol and Drug Interventions (DJJ)

5.5 NSW DoCS general AOD training

Recommended Indicators:

- Number of SAAP workers trained in Alcohol & Other Drug Courses (DoCS)

5.6 NSW DET general AOD training

Recommended Indicators:

- Number of customised short courses for frontline workers (DET)
- Number of teachers trained in mentoring as part of the Cabramatta Anti Drug Strategy (DET)

Illicit drug training is an important and necessary part of treatment service delivery and for alleviating the harms associated with illicit drug use.

Presently, the majority of training indicators in NSW are "output indicators". As outlined in the introduction, output indicators can provide information on the performance of a program (e.g. number of training programs and number of people trained), but not the impact of the program (e.g. changes in trainees' work practices subsequent to training, and impact upon clients). For the purposes of this project, the majority of training output indicators are categorised as "may be used", but would provide no information on the impact of such initiatives in the absence of outcome indicators (effect of training on attitudes and behaviours) and contextual information (such as total number of people who require training; type & amount of training required to have an impact). However, this does not discount their use by agencies for assessing program objectives and reporting requirements (e.g. phase 1 and 2 of the TCO evaluation).

One exception to the above is the number of general practitioners and pharmacies approved to dispense and prescribe pharmacotherapies. These indicators are more directly related to outcome in that they directly affect access to opioid pharmacotherapy. Examples of "outcome indicators" for pharmacotherapy training would be monitoring the number of people accessing new versus current GPs and pharmacies. These outcome indicators would be able to inform on the outcome of such training – that is, how much does it contribute to increasing the numbers of people in treatment.

Outcome indicators have been identified for this section from NSW Police training program evaluations. A program evaluation itself is not the equivalent of an outcome indicator. However, some evaluations by NSW Police have utilised outcome indicators as part of their evaluation process. Although these indicators are not collected regularly, they could be collected on an ongoing basis in the future to measure the outcomes of training programs.

5.1 PHARMACOTHERAPY TRAINING

The pharmacotherapy prescribers' accreditation course is a training program for medical practitioners in order to become approved prescribers of pharmacotherapies. Prior to the 1999 NSW Drug Summit there were no data collections set up for monitoring training. A mechanism for collecting data on pharmacotherapy training has been set up via DAPIR; however this information has not been systematically reported with the DPB, so if it is request it will take time to pull together. The indicator - number of newly accredited GP methadone prescribers taking methadone clients - is recommended for monitoring since it provides a measure of both pharmacotherapy training and increased access to treatment. Note that this indicator can only comment on the post drug summit environment.

Number of newly accredited GP methadone prescribers taking methadone clients

Indicator: Number of newly accredited GP methadone prescribers taking methadone clients (DAPIR)

Comment: Recommended

Number of pharmacotherapy training courses

Indicator: Number of pharmacotherapy training courses (DAPIR)

Comment: Output indicator that may be used

Number of medical practitioners trained in pharmacotherapy

Indicator: Number of medical practitioners trained in pharmacotherapy (DAPIR)

Comment: Output indicator that may be used

The Pharmacy Guild of Australia NSW Branch implemented the Pharmacy Incentive Scheme in 2000 as part of the 1999 Drug Summit Initiative. This scheme is designed to promote the dispensing of methadone and buprenorphine in pharmacies. This scheme requires that pharmacies register with the guild to claim financial incentives and to help establish the service. The guild also provides compulsory workshops to train pharmacists in dispensing methadone and buprenorphine. The indicator - number of pharmacies approved to dispense methadone and buprenorphine - is recommended for monitoring since it provides a measure of both pharmacotherapy training and increased access to treatment. Note that this indicator can only comment on the post drug summit environment.

Number of pharmacies approved to dispense methadone

Indicator: Number of pharmacies approved to dispense methadone (NSW Pharmacy Guild)

Comment: Recommended

Number of pharmacies approved to dispense buprenorphine

Indicator: Number of pharmacies approved to dispense buprenorphine (NSW Pharmacy Guild)

Comment: Recommended

5.2 NSW POLICE GENERAL AOD TRAINING

The Cannabis Cautioning Scheme Training program for NSW Police is a mandatory education package which was implemented in February 2000. It focuses on procedures to be adopted by police when dealing with adult cannabis offenders who meet the criteria of the NSW Cannabis Cautioning Scheme. It has been designed for use by operational police in Local Area Commands (LACs) and other sections that regularly deal with drug offenders. The following outcome indicators – the proportion of cautions that met eligibility criteria; and the proportion of eligible people who were issued with cautions - were collected as part of the evaluation in the first year of operation. Monitoring these indicators on an ongoing basis provides a measure of the correct application of the cannabis cautioning scheme by police officers. Note that this indicator can only comment on the post drug summit environment.

Proportion of Cannabis Caution Notices issued with eligibility criteria

Indicator: Proportion of Cannabis Caution Notices issued with eligibility criteria (NSW Police)

Comment: Recommended

Proportion of eligible people issued with Cannabis Caution Notice

Indicator: Proportion of eligible people issued with Cannabis Caution Notices (NSW Police)

Comment: Recommended

Number of Police attending Cannabis Cautioning Scheme Training

Indicator: Number of Police attending Cannabis Cautioning Scheme Training (NSW Police)

Comment: Output indicator that may be used

In July 2000 the NSW Police Drug Policy and Programs Team (DPPT) implemented an educational package on the Magistrates Early Referral into Treatment (MERIT) program. This package trains police officers (and other local stakeholders) on the nature and operation of the MERIT program from a policing perspective. It highlights the eligibility criteria and correct procedures for police to make a bail referral to the MERIT program of suitable persons for drug-related offences. It also details the potential advantages of police referral to the MERIT Team prior to the offender's court appearance. As part of the evaluation process, the DPPT obtain summarised statistics on the number of police referrals for each MERIT site (versus other forms of referrals). Monitoring this indicator on an ongoing basis will provide information on how police officers are utilising the MERIT program and also provide a measure of identifying those LACs that are not making many referrals to MERIT via police bail. Note that this indicator can only comment on the post drug summit environment.

Number of referrals to MERIT by Police Local Area Command

Indicator: Number of referrals to MERIT by Police (NSW Police)

Comment: Recommended

Number of Police attending MERIT Training

Indicator: Number of Police attending MERIT Training (NSW Police) Comment: Output indicator that may be used

The Diploma of Police Practice is a component of the Constable Education Program. It was introduced in 1998 to replace the Police Recruit Education Program. The course is attended by all new constable recruits to the NSW Police Service. The course is currently delivered over a two year period in five Sessions. The curriculum is divided into discrete subject areas with drug related subjects being delivered in Session One and Session Two. Illicit drug components feature significantly in five of the DPP subjects: policing and crime prevention; introduction to policing; society, law and practice; policing road safety; and simulated patrol assessment centres. Note that this indicator is able to comment on both the pre- and post-drug summit environment.

Number of Police trainees attending the Diploma of Police Practice

Indicator: Number of Police trainees attending the Diploma of Police Practice Course (NSW Police) Comment: Output indicator that may be used

5.3 NSW HEALTH GENERAL AOD TRAINING

Number of GPs attending GP training

The GP project was implemented in 2001 by NSW Health and has been designed to increase the participation and effectiveness of GP's in providing drug and alcohol treatments and improve collaboration between public health sector services and GPs. Refer to section 4.2.1 for a more complete review of this project. The indicator – number of GPs attending GP training reflects training throughput within the GP project yet it is unable to quantify the outcome of this training such as increased treatment places at a primary care level. Note that this indicator can only comment on the post drug summit environment.

Indicator: Number of GPs attending GP training (DAPIR)

Comment: Output indicator that may be used

Number of training activities provided by the rural drug and alcohol clinical nurse consultant

This Drug and Alcohol (D&A) Clinical Nurse Consultant project was funded via Drug Summit Enhancements. The aim of this position is to increase the drug and alcohol expertise of nurses within rural Area Health Services through training, clinical consultancy, supervision, quality activities and research. This position is intended to support the implementation of the AOD policy for Nursing Practice in NSW and may or may not involve direct client services. Reporting has occurred on a quarterly basis, since 2001, via DAPIR. The number of training activities refers to the total number of individual or group training activities held by the clinical nurse consultant during the reporting period. Training activities might be a formal education session or it may be an activity conducted in a clinical setting. Note that this indicator can only comment on the post drug summit environment.

Indicator: Number of training activities provided by the drug and alcohol clinical nurse consultant in rural NSW (DAPIR)

Comment: Output indicator that may be used

Number of agency managers trained via the NGO AOD Treatment Agency Managers Training Project

The NGO AOD Treatment Agencies Agency Managers Training Project is a work-based training program for NGO treatment agency managers. The project will enable managers of NGO treatment services to better support staff development in the areas of D & A client assessment and referral. A set of tools to assist staff and managers to assess and increase their competency in the skill of assessing and referring clients will be distributed to NGOs as part of the project. The Project commenced in January 2001. Note that this indicator can only comment on the post drug summit environment.

Indicator: Number of agency managers trained via the NGOP AOD treatment Agency Managers Training Project (DPB)

Comment: Output indicator that may be used

Number of youth workers trained via the Youth Services Training Scheme Project

The Youth Services training Scheme Project aims to increase recognition of AOD problems in clients presenting at youth services, and reduce AOD related harm by enhancing service provider's capacity to engage in assessment, brief intervention and referral to appropriate mainstream agencies. The project focuses on developing organisational supports to enhance capacity in frontline youth workers by providing training, information sessions, workshops and forums. The project is managed by Youth Action and Policy Association in conjunction with NSW Health. The Project commenced in December 2001. Note that this indicator can only comment on the post drug summit environment.

Indicator: Number of youth workers trained as part of the Youth Services Training Scheme Project (DPB)

Comment: Output indicator that may be used

Number of workers trained via the NGO ethnic welfare agency training project

The NGO Ethnic Welfare Agency Training Project aims to increase recognition and early intervention for people with AOD needs presenting at multicultural and ethno-specific agencies, and to reduce AOD related harm through the use of assessment, brief interventions and referral to appropriate mainstream agencies. The project commenced in November 2001. Note that this indicator can only comment on the post drug summit environment.

Indicator: Number of workers trained as part of the NGO ethnic welfare agency training project (DPB)

Comment: Output indicator that may be used

Number of rural staff trained via the Priority Frontline Staff Training Project

The Rural Frontline Staff Training Project aims to enhance and develop cross-sectoral approaches to the management of AOD issues for rural, non-specialist Government and funded NGO agencies. The project achieve this by enhancing and increasing AOD problems in clients presenting at services and reducing AOD related harm through the use of assessment, brief interventions, referral to appropriate agencies and case management. This project is coordinated by the Premiers Department and managed and conducted regionally in the following five rural locations: Riverina/Murray, Western NSW, South East/Illawarra, North Coast and New England. To date, training has only been conducted in the Southern/Illawarra region for the 2002 period, and therefore data are only available for this one site. Note that this indicator can only comment on the post drug summit environment.

Indicator: Number of rural staff trained as part of the Priority Frontline Staff Training Project (DPB)

Comment: Output indicator that may be used

Number of people trained via the MERIT Training

A self-directed learning package for MERIT Teams has been finalised. NSW Health DPB has provided formal training and support to MERIT teams on two occasions during the MERIT Forum and will be assisting MERIT teams in 2003 with the implementation of the learning program. Note that this indicator can only comment on the post drug summit environment.

Indicator: Number of people trained as part of MERIT Training (DPB)

Comment: Output indicator that may be used

5.4 NSW DJJ GENERAL AOD TRAINING

Number of people trained in Drug Actions

DJJ has provided a "Drug Actions" training program as part of the Certificate IV in Juvenile Justice since 1999. Training covers the following areas: pharmacology; drug classification; effects, intoxication and overdose; administration; dependence and tolerance;

polydrug use; and withdrawal and detoxification. This course is attended by Youth Officers and Juvenile Justice Officers. Note this indicator is only able to briefly comment on the pre-drug summit environment.

Indicator: Number of people trained in Drug Actions (DJJ) Comment: Output indicator that may be used

Number of people trained in Client Services in Alcohol and Drug Work

DJJ has provided a "Client Services in Alcohol and Drug Work" training program as part of the Certificate IV in Juvenile Justice since 1999. Training covers the following areas: models for understanding drug use and dependence; services; legislation and confidentiality; personal attitudes; harm minimisation; assessment; communication skills; managing detoxification; and referrals. This course is attended by Youth Officers and Juvenile Justice Officers. Note this indicator is only able to briefly comment on the pre-drug summit environment.

Indicator: Number of people trained in Client Services in Alcohol and Drug Work (DJJ) Comment: Output indicator that may be used

Number of people trained in Alcohol and Drug Interventions

DJJ has provided an "Alcohol and Drug Interventions" course since 2001. This course is attended by predominantly by specialist staff such as Alcohol and Drug workers and Psychologists. Training covers the following areas: Cognitive behavioural therapy; motivational interviewing; grief and loss; the change process; responding to crisis and emergency situations; relapse prevention; and harm minimisation. Note this indicator is only able to comment on the post-drug summit environment.

Indicator: Number of people trained in Alcohol and Drug Interventions (DJJ) Comment: Output indicator that may be used

5.5 NSW DOCS GENERAL AOD TRAINING

Number of SAAP workers trained in the Alcohol &Other Drug courses

DoCS have been providing five 2-3 day training course in AOD for their SAAP workers since 2000. The five training courses include: An introduction to alcohol & other drugs; Motivational interviewing and relapse prevention for alcohol & other drugs; CPR for alcohol & other drug related first aid; Parents who are substance users and child protection; and Parents who are substance users and child protection – An interagency approach to risk management. Since this is an output indicator it can only inform on training course throughput and not outcomes. Note this indicator is only able to comment on the post-drug summit environment.

Indicator: Number of SAAP workers trained in the Alcohol & Other Drug courses (DoCS)
Comment: Output indicator that may be used

5.6 NSW DET GENERAL AOD TRAINING

Number of customised short courses for Frontline workers

TAFE NSW provides short courses in alcohol and drugs which are customised to local needs to provide for frontline workers, particularly those in rural areas or outlying metropolitan areas. Students include, for example, workers from Area Health Services, Aboriginal Health Services and non-government agencies such as Anglicare, Lifeline and St Vincent de Paul,. Since this is an output indicator it can only inform on training course throughput and not outcomes. Since the courses have been available since 1999, this indicator is able to briefly comment on the pre-drug summit environment.

Indicator: Number of short courses for Frontline Workers (DET)
Comment: Output indicator that may be used

Number of teachers trained in mentoring as part of the Cabramatta Gateways Anti Drug Strategy

As part of the Cabramatta Gateways Anti Drug Strategy which focuses on providing case-management to students at risk of not completing year 12, the DET provides training in

mentoring for teachers. The six main components of the program are: enhancing drug education opportunities for students and staff; identifying and case managing at risk students; individual education plans for students; vocational and life skills courses; training and development of mentors; family and community development strategies. Data is available since 2001. Since this is an output indicator it can only inform on training course throughput and not outcomes. Note this indicator is only able to comment on the post-drug summit environment.

Indicator: Number of teachers trained in mentoring as part of the Cabramatta Gateways Anti Drug Strategy (DET) Comment: Output indicator that may be used

5.7 AVAILABILITY OF INDICATOR DATA

	Financial Year				
Recommended indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Number of newly accredited GP methadone prescribers taking methadone clients (DAPIR)	×	×	×	✓	✓
Number of pharmacotherapy training courses (DAPIR)	×	×	×	✓	✓
Number of medical practitioners trained in pharmacotherapy (DAPIR)	×	×	×	✓	✓
Number of pharmacies approved to dispense methadone (NSW Pharmacy Guild)	✓	✓	✓	✓	✓
Number of pharmacies approved to dispense buprenorphine (NSW Pharmacy Guild)	✓	✓	✓	✓	✓
Proportion of Cannabis Caution Notices issued with eligibility criteria (NSW Police)	×	×	✓	✓	✓
Proportion of eligible people issued with Cannabis Caution Notices (NSW Police)	×	×	✓	✓	✓
Number of police attending Cannabis Caution Scheme Training (NSW Police)	×	×	✓	✓	✓
Number of referrals to MERIT by police (NSW Police)	×	×	×	✓	✓

	Financial Year				
Recommended indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Number of police attending MERIT training (NSW Police)	×	×	×	✓	✓
Number of police trainees attending the Diploma of Police Practice Course (NSW Police)	1/2	✓	✓	✓	✓
Number of GPs attending GP training (DAPIR)	×	×	×	✓	✓
Number of training activities provided by the drug and alcohol clinical nurse consultant in rural NSW (DAPIR)	×	×	×	✓	✓
Number of agency managers trained via the non government organisation AOD treatment Agency Managers Training Project (DPB)	×	×	×	1/2	✓
Number of youth workers trained as part of the Youth Services Training Scheme Project (DPB)	×	×	×	×	✓
Number of workers trained as part of the NGO ethnic welfare agency training project (DPB)	×	×	×	×	1/2
Number of rural staff trained as part of the Priority Frontline Staff Training Project (DPB)	×	×	×	×	1/2
Number of people trained as part of the MERIT training (DPB)	×	×	×	×	×
Number of people trained in Drug Actions (DJJ)	×	1/2	✓	✓	✓

	Financial Year				
Recommended indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Number of people trained in Client Services in Alcohol and Drug Work (DJJ)	×	1/2	✓	✓	✓
Number of people trained in Alcohol and Drug Interventions (DJJ)	×	×	×	1/2	✓
Number of SAAP workers trained in Alcohol & Other Drug courses (DoCS)	×	×	1/2	✓	✓
Number of short courses for frontline workers (DET)	×	1/2	✓	✓	✓
Number of teachers trained in mentoring as part of the Cabramatta Gateways Anti Drug Strategy	×	×	×	1/2	✓

6 BREAKING THE DRUGS AND CRIME CYCLE

Key Issues:
6.1 Use of caution notices in dealing with minor drug offenders
Recommended Indicators:
Number of cannabis caution notices issued under the cannabis cautioning scheme (COPS)
Number of CCN–related calls to ADIS (ADIS)
Number of warnings issued under the Young Offenders Act for illicit drug offences (COPS)
Number of cautions issued under the Young Offenders Act for illicit drug-related offences (COPS)
Number of people referred to youth justice conferences for illicit drug offences (DJJ)
Number of people accepted for youth justice conferences for an illicit drug offence (DJJ)
6.2 Diversion of drug related offenders into treatment
Recommended Indicators:
Number of people referred to the Magistrates Early Referral into Treatment program (MERIT)
Number of people accepted into the MERIT program (MERIT)
Number of people completing the MERIT program (MERIT)
Number of people referred to the Youth Drug Court Program (AGD)
Number of people accepted into the YDCP (AGD)
Number of people completing the YDCP (AGD)
Number of people referred to the Adult Drug Court Program (ADCP)
Number of people accepted into the ADCP (ADCP)
Number of people completing the ADCP (ADCP)
Number of closed treatment episodes where source of referral is police/court diversion (NSW MDS-AODTS)
6.3 Drugs and Law enforcement
Recommended Indicators: Refer to Section 9

The 1999 NSW Drug Summit determined that drug law enforcement needs to work in partnership with health and social services to reduce aggregate social harm caused by illicit drug use. One way of achieving this is through the use of discretionary or legislative powers to divert problematic drug users into treatment. Diversion can be initiated by the police and members of the criminal justice system. In a harm reduction model, drug law enforcement operates along a continuum designed to support health and social services efforts to reduce drug related harm, keep less serious drug related offenders from entering the criminal justice system and divert more serious drug related offenders into court based treatment programs. Diversion can occur at any point along this continuum, including pre-charge (eg cannabis cautioning scheme and the Young Offenders Act - YOA), pre-plea (eg MERIT), pre-sentence (eg YDCP) and post-sentence (eg Adult Drug Court Program - ADCP). Another initiative stemming from the NSW Drug Summit was the establishment of the "Drug Trends Monitoring Group" (DTMG) and the development of the "Memorandum of Understanding between NSW Health and NSW Police for the Exchange of Information Relating to Licit and Illicit Drugs". The purpose of the memorandum is to inform integrated health and law

enforcement strategies designed to minimise the harm associated with illicit drug use. The aim of the DTMG is to coordinate the implementation and analyses pertaining to the memorandum.

6.1 USE OF CAUTION NOTICES IN DEALING WITH MINOR DRUG OFFENDERS

Number of cannabis caution notices issued under the Cannabis Cautioning Scheme

The Cannabis Cautioning Scheme began operating state-wide in April 2000. Under the scheme, police have the discretion to issue an adult offender with a Cannabis Caution Notice (CCN) where the offence relates to the personal use of cannabis and the adult has no prior convictions for drug offences or offences of violence or sexual assault. The CCN contains information on the legal and health consequences of cannabis use and a dedicated contact number for the ADIS for referral to treatment. Cannabis cautions are recorded on COPS as part of the routine recording of police activity. The total number of cautions can be systematically extracted from COPS.

Indicator: Number of cannabis caution notices issued under the Cannabis Cautioning Scheme (COPS) Comment: Recommended

Number of people receiving a second cannabis caution notice

In September 2001 a mandatory education session (to be provided by ADIS) was introduced for offenders receiving a second cannabis caution. However, the number of people receiving a second caution is not readily extractable from COPS.

Indicator: Number of people receiving a second CCN (COPS)

Comment: Not available

Number of CCN-related calls to ADIS

ADIS also records the number of calls received as a result of CCNs, however to date the number of calls has been extremely small (15 calls answered Oct-Dec '01). The six month progress report on the scheme (Personal communication with Jim Baldwin, NSW Police) suggested reasons for this might include: offenders mistaking the ADIS number as a police rather than health service; the experience of being cautioned as sufficient impetus to change: and the perception of cautioned offenders that they do not require treatment. However, to make any meaning of this indicator, it needs to be interpreted in conjunction with the total number of first and second cautions issued for this period. Breakdowns available for cannabis caution related calls to ADIS include: number of calls answered, average duration of calls, proportion of calls where only information is required, proportion of calls where counselling was provided, proportion of calls referred to treatment agencies. The numbers of calls received by ADIS are reported by ADIS via the South Eastern Sydney AHS to the NSW Health Department DPB as part of the DAPIR system requirements.

Indicator: Number of CCN-related calls to ADIS (ADIS)

Comment: Recommended

Number of cautions issued for illicit drug offences other than cannabis (COPS)

On July 1st 2000, the NSW Police Service conducted a 12 month trial - Drug Offenders Compulsory Treatment Pilot (DOCTP) - in the Richmond, Byron, Wollongong and Lake Illawarra Police Local Area Commands (LACs) of the use of caution notices for minor drug offences other than cannabis. However, the trial was not extended due to structural problems. The DOCTP evolved to the MERIT scheme.

Indicator: Number of cautions issued for drug offences other than cannabis (COPS)

Comment: Not recommended

Number of illicit drug-related warnings issued under the YOA

Following the 1999 NSW Drug Summit, the YOA was amended to include drug offences. This amendment was enacted on the 3rd of April 2000. It allows police to issue a warning or caution or to refer to a youth justice conference in lieu of commencing court proceedings against some juvenile offenders whose offences include some illicit drug offences (previously young people with illicit drug offences were excluded from diversion under this Act). The COPS database provides for the reporting of the number of warnings and cautions issued for illicit drug offences under the YOA.

Indicator: Number of warnings issued under the YOA (COPS)
Comment: Recommended

Number of illicit drug-related cautions issued under the YOA

Indicator: Number of cautions issued under the YOA (COPS)
Comment: Recommended

Number of people referred to youth justice conferences for an illicit drug offence

Youth Justice Conferencing is monitored by the DJJ. The number of young offenders with drug related issues participating in youth justice conferences is not easily extracted from DJJ's records although the number of Outcome Plans (agreements made at the conference between the young offender and the victim) containing references to Alcohol and Drug programs and counselling services is an indicator of the number of these young people. The DJJ provides a six monthly report to the Minister for Juvenile Justice, the Youth Justice Advisory Committee, and the ODP on the number of young people referred to and accepted for youth justice conferences, compared with the total number of referrals for all offences, and on the nature of the drug offences.

Number of people accepted for youth justice conferences for an illicit drug offence

Indicator: Number of people accepted for youth justice conferences for an illicit drug offence (DJJ)

Comment: Recommended

6.2 DIVERSION OF DRUG RELATED OFFENDERS INTO TREATMENT

Number of people referred to the Magistrates Early Referral into Treatment program

The MERIT program is one of five programs in NSW that are funded under the Council of Australian Governments (COAG) Illicit Drug Diversion Initiative. The MERIT program allows adult defendants with illicit drug use dependence to undertake treatment and rehabilitation under bail conditions. The MERIT program was first piloted in Northern Rivers Area Health Service on 3 July 2000 and is progressively being implemented across the state. The MERIT database includes the NSWMDS and covers the NMDS – Diversion. Quarterly reporting of program statistics for all current MERIT programs operating in the state is compiled by NSW Health DPB as part of its reporting requirements for the COAG Illicit Drug Diversion Initiative. The reporting format continues to be reviewed and improved. Limitations of the NMDS-Diversion include that there has been no guidance or leadership from the Commonwealth for the development of the national collection of diversion data. As a result NSW has developed its own collection according to what it most appropriate for NSW. NSW has standardised definitions for the core NMDS Diversion data items across the COAG Diversion (Cannabis Cautioning, MERIT, YOA and YDCP) where appropriate though there is some variability to these data items because of the nature of these very different diversion schemes.

Indicator: Number of people referred MERIT (MERIT)

Comment: Recommended

Number of people accepted into the MERIT program

Terminations can be broken down into self and court determined.

Indicator: Number of people accepted into MERIT (MERIT) Comment: Recommended

Number of people completing the MERIT program

Indicator: Number of people successfully completing the MERIT program (MERIT) Comment: Recommended

Number of people referred to the Youth Drug Court Program

The YDCP is partially funded under the COAG Illicit Drug Diversion Initiative. The program began operating on 31 July 2000 in two Children's Courts in Western and South Western Sydney. The program provides intensive judicial supervision, case management and drug treatment for young people aged 14 to 18 years charged with a criminal offence. Program duration is for a minimum of 6 months. The program involves a number of agencies including Attorney General's Department (AGD), DoCS, DET, NSW Health, DJJ , Legal Aid and NSW Police. A representative from each of the four main agencies (DJJ, Health, DET, DOCS) comprises the Joint Assessment and Review Team (JART). JART is responsible for conducting the assessments and developing and reviewing the individualised treatment plans. Each young person has a Program Manager (DJJ) who monitors compliance with the legal mandate of the program and a Case Manager (DOCS) who is responsible for implementing the treatment plan. The young person might also be assigned a counsellor (DJJ or Health).

Presently, there are three reporting mechanisms for YDCP data. An YDCP court database is operational and monthly reports are provided to the AGD. The court database contains court outcome and charge information only. The reports provide cumulative totals to-date rather than trend information. The DJJ also maintains a

database which incorporates some of the information contained within the court database and additional information obtained from JART. The database contains demographic and referral information only. The DJJ provides a quarterly report to the AGD and this report has previously been provided to the COAG Illicit Drug Diversion Initiative. A third reporting mechanism, through NSW Health DPB to the COAG Illicit Drug Diversion Initiative, also exists. JART and the AHS provide separate quarterly reports to DPB. DJJ include information on referral patterns, some items from the NSWMDS, offence history and treatments received, not all of which is quantitative. Health report on the utilisation of the health funded day programs and stabilisation unit. Again, this is not always quantitative. The delay in establishing a centralised monitoring system has been noted as a significant problem in the evaluation of the YDCP. Although there is a court based court management and monitoring system some program data are not easily obtained and there is significant duplication in the collation and reporting of indicators from these three mechanisms.

Indicator: Number of people referred to the YDCP (AGD) Comment: Recommended

Number of people accepted into the YDCP

Indicator: Number of people accepted into the YDCP (AGD) Comment: Recommended

Number of people completing the YDCP

Indicator: Number of people successfully completing the YDCP (AGD) Comment: Recommended

Number of people referred to the Adult Drug Court Program

The ADCP commenced operating at Parramatta Court on 8 February 1999. It was evaluated by the Bureau of Crime Statistics and Research (BOCSAR), NSW AGD and this evaluation was released in February 2002.

The ADCP is not funded under the COAG Illicit Drug Diversion initiative and has its own database and reporting mechanism as a result. The database developed at the outset for evaluation purposes is maintained by the court registry and will be utilised for program monitoring (through a quarterly report) commencing November 2002. Indicators that are currently monitored are restricted to the number and type of referrals, accepted cases and finalised cases and are collated manually. This information is reported monthly to the Attorney General's Department as cumulative totals based on the year of entry to the program. Trend information on relevant indicators will be included in the planned quarterly reports. BOCSAR have noted that a significant investment of time may be required for the cleaning of the data prior to analysis. The Drug Court of NSW, in conjunction with the NSW Judicial Commission, has developed a new database which will be implemented in late 2002. Only current matters will be transferred from the existing database to the new database (feasibility of transferring data not yet known), making it difficult to monitor changes in indicators over time. However, the AGD advises that proposed legislative changes regarding the Drug Court of NSW will impact on the movement of participants through the program and complicate any direct comparisons across the two databases. The new database will support the Drug Court in developing quarterly and annual reports similar to those produced by BOCSAR during the evaluation period. The number and type of indicators to be reported on are still being discussed.

Secondary to the choice of indicators is the quality of the data being collected. BOCSAR reported that during the evaluation period the information entered onto the database was often inconsistent or missing and a significant amount of time was invested in cross checking the database information against the paper files (personal communication, Freeman 2002). In contrast, it is noted that the Court has expanded its registry staff since July 2000 and the Drug Court of NSW now asserts the data are highly reliable. Discussions are yet to be had with the Judicial Commission regarding in-built quality control features of the new database. This would certainly improve the reliability of the data collected.

A final consideration with regard to the use of indicators from the ADCP is the geographic restriction to LGAs in Western and South Western Sydney.

Indicator: Number of persons in the ADCP (ADCP)
Comment: Recommended

Number of people completing the ADCP

Indicator: Number of people completing the ADCP (ADCP) Comment: Recommended

Number of people terminating from the ADCP

Indicator: Number of people terminating from the ADCP (ADCP) Comment: Recommended

Number of clients with closed treatment episodes whose source of referral is police, court or community based corrections

Apart from the specific diversion initiatives described above (i.e. MERIT, YDCP and ADCP), and outside the jurisdictions of these initiatives, the courts have the capacity to refer offenders to drug and/or mental health services for assessment, education or treatment. The NSWMDS contains a field for the reporting of clients whose source of referral is police diversion, court diversion or other correctional or criminal justice setting. This indicator provides a useful estimate of the number of persons diverted to treatment who are actually presenting to treatment.

Indicator: Number of clients with closed treatment episodes whose source of referral is police, court or community based corrections (NSW MDS-AODTS) Comment: Recommended

6.3 DIVERSION OF OFFENDERS IN AUSTRALIA

Number of people diverted in Australia as part of the Council of Australian Governments Diversion Schemes

The purpose of the National Minimum Dataset for Diversion (NMDS-Diversion) is to monitor the Council of Australian Governments (COAG) drug diversion schemes operating in Australia. NSW Health is responsible for collating data from relevant agencies on the following COAG diversion schemes operating in NSW – Cannabis Cautioning Scheme, YDCP, YOA and MERIT. This data are reported to the Commonwealth on an annual basis. Data items collected include: NMDS-AODTS and police/court data items. Data availability varies depending on when each diversion scheme was introduced. The main limitation of this dataset is that unlike the NMDS-AODTS, the NMDS-Diversion has had no discussion between the jurisdictions about the definition of data items. Hence, as diversion schemes vary between states/territories, these data items will not be consistent and should not be reported as one data collection by the commonwealth. NSW has developed definitions for its own data but some of these vary between schemes as some apply to police schemes and some apply to court schemes and the exit criteria is different. The Commonwealth has hired an external auditor to analyse the NMDS Diversion data and this evaluation will inform the future funding and collection of NMDS-Diversion data items. As a result of these limitations, this indicator is not recommended for monitoring.

Indicator: Number of people diverted in Australia as part of the Council of Australian Governments Diversion Schemes (NSW MDS-Diversion)

Comment: Not recommended

6.4 AVAILABILITY OF INDICATOR DATA

	FINANCIAL YEAR				
Recommended Indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Number of cannabis caution notices issued under the cannabis cautioning scheme (COPS)	×	×	✓	✓	✓
Number of CCN-related calls to ADIS (ADIS)	×	×	✓	✓	✓

	FINANCIAL YEAR				
Recommended Indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Number of warnings issued under the Young Offenders Act for illicit drug offences (COPS)	×	×	✓	✓	✓
Number of cautions issued under the Young Offenders Act for illicit drug offences (COPS)	×	×	✓	✓	✓
Number of people referred to Youth Justice Conferences for illicit drug offences (DJJ)	×	×	×	✓	✓
Number of people accepted to Youth Justice Conferences for illicit drug offences (DJJ)	×	×	×	✓	✓
Number of referred to the MERIT program (MERIT)	×	×	×	✓	✓
Number of accepted into the MERIT program (MERIT)	×	×	×	✓	✓
Number of people completing the MERIT program (MERIT)	×	×	×	✓	✓
Number of people referred to the YDCP (AGD)	×	×	×	✓	✓
Number of people accepted into the YDCP (AGD)	×	×	×	✓	✓
Number of people completing the YDCP (AGD)	×	×	×	✓	✓

	FINANCIAL YEAR				
Recommended Indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Number of persons referred to the ADCP (ADCP)	×	×	×	1/2	✓
Number of people accepted into the ADCP (ADCP)	×	×	×	1/2	✓
Number of people completing the ADCP (ADCP)	×	×	×	1/2	✓
Number of closed treatment episodes where source of referral is police/ court diversion (NSW MDS-AODTS)	×	×	×	✓	✓

7 DRUGS IN CORRECTIONAL CENTRES

Key Issues
7.1 Prevalence of illicit drug use
Recommended indicators:
Number of people reporting illicit drug use in prison (IHS; DUI)
Number of people reporting injecting drug use in prison (IHS; DUIP)
7.2 Availability of illicit drugs
Recommended indicators:
Number of illicit drug detections (DCS; DJJ)
Number of positive urine screens for illicit drugs (DCS)
7.3 Health maintenance
Recommended indicators:
Number of notifications for hepatitis B, C and HIV where IDU was identified as a risk factor (CHS; DJJ)
Number of illicit drug-related non-fatal overdoses (DCS)
Number of illicit drug-related fatal overdoses (CHS)
7.4 Treatment Services
Recommended indicators:
Number of detoxification clients (DAPIR; DJJ)
Number of methadone clients (DAPIR; DJJ)
Number of naltrexone clients (DAPIR; DJJ)
Number of buprenorphine clients (DAPIR)
7.5 Illicit drug offences
Recommended indicators:
Number of prisoners whose primary offence was an illicit drug offence (NSW Inmate Prison Census; National Prison Census)
Number of custodial sentences imposed for juveniles appearing before the Children's Court for illicit drug offences (DJJ)

Illicit drugs are seen as one of the main problem areas for the correctional system in Australia and internationally. In NSW, the majority of adult inmates have a history of illicit drug use, are withdrawing when they enter correctional centres as well being incarcerated for offences relating to alcohol and illicit drug use (NSW Department of Corrective Services, 2002; NSW Corrections Health Service, 2001). The Department of Corrective Services (DCS) aim is to protect the community by managing inmates in an environment which is safe, secure, fair and humane and in a manner which encourages inmates' personal development through the use of correctional programs and their own efforts. The Corrections Health Service (CHS) is responsible for providing comprehensive health care to inmates in correctional centres.

Similarly, juvenile detainees are significant illicit drug consumers who suffer substantial drug-related health, psychological and social harms (Copeland, Howard, Keogh & Seidler in press, 2002). The DJJ is responsible for providing of quality community and custodial services to maximise the capacity and opportunity of juvenile offenders to choose positive alternatives to offending behaviour.

7.1 PREVALENCE OF ILLICIT DRUG USE

Monitoring the prevalence of illicit drug use in correctional centres provides a measure of how many drug users there are in the correctional system. This measure is useful in assessing whether existing responses match the scale of the problem and whether they are directed at the relevant sections of the population. There are two surveys that measure prevalence of illicit drug use in NSW correctional centres: the "Drug Use in Prison Survey" (DUIP) which is managed by the DCS and the "Inmate Health Survey" (IHS) which is managed by the CHS. The strengths of these studies are that they asked comprehensive questions relating to illicit drug use patterns and history and they also randomly sampled inmates from the NSW correctional centre population. The major limitations of these studies are that they have only been conducted twice and therefore provide limited data for trend analysis over time. The DUIP will be conducted again in 2003 and the IHS will be conducted again in 2006. There has only been one survey conducted in juvenile justice centres. It is called the "NSW Young Offender Drug Use Survey". The strength of this study is that juvenile offenders are a sentinel population of emerging trends in illicit drug use trends in the wider community. The major limitations of this survey are that it has been conducted every 5 years since 1989 and that it relates to the juveniles illicit drug use experiences prior to incarceration. The DJJ is conducting a "Young People in custody health survey 2002" which is to be completed in 2003 and asks juvenile detainees questions pertaining to illicit drug use.

Number of people reporting illicit drug use in prison

Indicator: Number of people reporting illicit drug use in prison (DUIP)
Comment: Recommended

Indicator: Number of people reporting illicit drug use in prison (IHS)
Comment: Recommended

Indicator: Number of people reporting illicit drug use during their custodial order (DJJ)

Comment: Not available

Number of people reporting injecting drug in prison

Indicator: Number of people reporting injecting drug use during prison term (DUIP)

Comment: Recommended

Indicator: Number of people reporting injecting drug use during prison term (IHS)

Comment: Recommended

Indicator: Number of people reporting injecting drug use during their custodial order (DJJ)

Comment: Not available

7.2 AVAILABILITY OF ILLICIT DRUGS IN CORRECTIONAL FACILITIES

In addition to the prevalence of illicit drug use in correctional centres, drug detections and positive urine screens are indirect indicators of the availability of illicit drugs in correctional centres. Although monitoring the two indicators areas separately is worthwhile, it is recommended that the indicators are monitored in conjunction so that one can inform the other. That is, the development of a database that allows the triangulation of illicit drug detections and the results from random urine testing will help to inform what method of trafficking is occurring. For example positive tests for illicit drugs from urines collected on Mondays would tend to suggest that visits are the likely source whereas positive tests scattered throughout the week would be more suggestive of other types of trafficking (personal communication with Dr Richard Matthews, CHS).

Number of illicit drug detections

In adult correctional centres, restricting the entry of drugs is achieved through screening visitors with drug detector dog teams, inspecting mail and conducting a lock down search at all centres once a month, random cell searches, intelligence based targeting and the controlled telephone system - Arunta. Drug detection in adult correctional centres is conducted in a targeted (i.e. specific inmates and visitors are checked based on intelligence) and random manner (i.e. every visitor is checked) and is managed by the DCS. Illicit drugs that are detected are recorded on the Duty Officers Incident Log database. The current system has been in place since January 2000. The strength of this data are that incidents are updated on the system on a daily basis. However, similar to law enforcement data, the detection of drugs is a reflection of both drug detection activity by authorities as well as actual levels of drug use. This indicator is recommended for monitoring since it provides an indication of illicit drug use in correctional facilities.

Indicator: Number of illicit drug detections (DCS)
Comment: Recommended

In juvenile justice centres, drug detection is monitored through the use of sniffer dogs and the Arunta Controlled Telephone System. The sniffer dogs are used to passively search visitors. The Arunta system involves monitoring all outgoing calls made by young people in order to detect requests for drugs. Although there is a database for

the drug detection dogs which records the items found in the juvenile justice centres there is no database for the Arunta system. Despite the indicator being limited by the targeted nature of drug detection activity and the absence of a database in which to record data generated from the Arunta system, this indicator is still recommended for monitoring since it provides a measure of illicit drug use in juvenile justice centres.

Indicator: Number of illicit drug detections (DJJ) Comment: Recommended

Number of positive urine screens for illicit drugs

The DCS implemented the current urinalysis program in adult correctional centres in July 2001. The Urinalysis Program in adult correctional centres randomly selects 5% of inmates each month for compulsory testing. Any persons suspected of being drug affected are also tested. Drug treatment and pre-release programs also include regular urinalysis testing. Prior to this the urinalysis program was conducted very differently and is not comparable to the present program. The number of inmates testing positive to illicit drugs in the random program is recommended for monitoring as it allows for conclusions to be made about the whole population of inmates.

Indicator: Number of positive urine screens for illicit drugs (DCS) Comment: Recommended

The DJJ conducted a urinalysis trial in juvenile justice centres from March to July 2002. The trial compared voluntary urinalysis (involving extra privileges and special AOD programs) at Keelong Correctional Centre with compulsory urinalysis (involving random sampling) at Riverina Correctional Centre. Currently a report is being written evaluating the trial. The DJJ is awaiting ministerial advice based on this evaluation, which will recommend whether the program should be continued and what format (random versus non-random) it should follow. Thus, this indicator is not available for monitoring as there is no ongoing data at present.

Indicator: Number of positive urine screens for illicit drugs (DJJ)

Comment: Not available

7.3 HEALTH MAINTENANCE

Number of notifications of HBV, HCV and HIV where IDU was identified as a risk factor

The DCS conducted compulsory HBV, HCV and HIV screening for every inmate between 1990 to 1994. Due to the very low numbers of HIV and the large numbers of inmates, the mass screening was shown to not be cost effective. Mandatory testing was changed to voluntary testing in view of low incidence and also issues concerning confidentiality and civil liberties. In 1995 CHS took over Voluntary Blood Borne Communicable Diseases Screening Program (VBBCDS). However the program was unable to sustain the large numbers of inmates volunteering for screening. In 2000, the VBBCDS was revised and a decision made to replace it with a targeted screening process. The aim of the Targeted Screening Program (TSP) is to screen high risk individuals in each correctional centre for HBV, HCV, HIV and syphilis. The two main criteria for being categorised as high risk was history of injecting drug use and history of unprotected sex. In addition, they also have to have been incarcerated for a sufficient duration in order to receive their results as well as counselling and management. However, inmates categorised as low risk are still screened if they elect to be. This information is reported monthly from the correctional health clinics and is forwarded to the NSW NDD. Although the non-random nature of the screening program decreases the validity in drawing conclusions about the correctional population, this indicator is worth monitoring since it could provide useful trend data. Furthermore, the non-random screening program is comparable to the community program which is also non-random.

Indicator: Number of notifications for HBV, HCV and HIV where IDU was identified as a risk factor (CHS)

Comment: Recommended

The DJJ has been conducting voluntary blood borne virus screening in the juvenile justice centres since 1991. Juvenile detainees are screened on a voluntary basis and only if they are over the age of consent or have parental consent. The number of notifications (new and old) for HBV, HCV and HIV is reported to NSW NDD. Similarly to community-based and adult correctional-based screening, this indicator is recommended for monitoring as it could provide useful trend data.

Indicator: Number of notifications for HBV, HCV and HIV where IDU was identified as a risk factor (DJJ)

Comment: Recommended

Number of illicit drug-related non-fatal overdoses

At present there is no dataset set up specifically for the monitoring of non-fatal overdoses in adult correctional centres. Two databases collect non-fatal overdose data: the Duty Officer Incident Log database and the Admissions to Hospital database. The first database is coordinated by DCS and the second is coordinated by CHS. Non-fatal overdoses are reported into the Duty Officer Incident Log which underwent formatting changes in 2001 making it more user-friendly and a more reliable log of incidents. The Admissions to Hospital database has been operational since 2001. This database records the numbers of admissions to hospital and the reasons for admissions (such as non-fatal overdoses). The number of non-fatal overdoses is recommended for monitoring since it provides a direct measure of the harms associated with illicit drugs. It is unclear whether there is overlap between these two systems in the recording of non-fatal overdose data. As a result, for monitoring purposes, it is recommended that indicators from both databases are utilised to ensure completeness.

Indicator: Number of illicit drug-related non-fatal overdoses (DCS)

Comment: Recommended

Indicator: Number of illicit drug-related non-fatal overdoses (CHS)

Comment: Recommended

The DJJ do not systematically record data on non-fatal overdoses. It is a goal to begin regularly reporting on this type of data and it is envisaged that this will be more likely when DJJ health services are incorporated into NSW Health in 2003. To facilitate this process an overdose check box has recently been added to the nurse's monthly statistics form, which is collected by the DJJ Manager of Health Services.

Indicator: Number of illicit drug-related non-fatal overdoses (DJJ)

Comment: Not available

Number of illicit drug-related fatal overdoses

Monitoring the causes of untimely deaths (such as fatal overdoses) is important so that the appropriate health interventions can be devised to treat and prevent the contributing factor in the premature death (NSW Corrections Health Service, 2001). The NSW DCS maintains the figures on deaths in custody as a legal requirement. DCS conveys numbers to the CHS for their Annual report. Under the Coroner's Act, there must be an inquest for every death in custody. The Commissioner of NSW DCS has the ultimate legal responsibility and duty of care for every inmate and under Section 74 of the Crimes (Administration of Sentences) Act and the Governor is responsible for formally reporting any death in custody for the Coroner. a database has been designed to capture information concerning deaths in custody. It is expected that that the coronial information database (i.e. Deaths in Custody) will be fully operational by early 2003. Prior to this, the system was paper-based.

Indicator: Number of illicit drug-related fatal overdoses (DCS)

Comment: Recommended

There is no monitoring system for deaths in juvenile justice centres in NSW, however fatal overdoses in DJJ centres do not appear to have been occurring. There has been one death in DJJ custody in NSW since 1994 (the person was on leave while serving a custodial sentence). The cause of death has yet to be determined (personal communication with the DJJ Manager of Health Services).

Indicator Number of illicit drug-related fatal overdoses (DJJ)

Comment: Not available

NSW deaths in correctional centres data are reported to the National deaths in custody program (NDICP). This program was implemented in 1992 by the Australian Institute of Criminology. It allows for national comparisons in illicit-drug related deaths in prison, juvenile detention and police custody.

Indicator: Number of illicit drug-related fatal overdoses (NDICP)
Comment: Recommended

7.4 TREATMENT SERVICES

CHS provides detoxification, counselling and pharmacotherapy services to offenders. CHS reports the following indicator data to NSW Health DPB on a monthly and quarterly basis via the web-based DAPIR. DAPIR was implemented in 2001. Although the DAPIR data are limited by its recent introduction, it will provide a valuable monitoring tool for the future. Prior to DAPIR all treatment information was paper-based. DCS provides individual alcohol and other drug counselling to inmates, group based programs to address relapse and residential treatment programs, including pre-release units. DJJ provides medicated detoxification, non-medicated detoxification, continued pharmacotherapy maintenance and alcohol and drug counselling. It is important to note that treatment indicators (such as numbers of people receiving treatment) are especially sensitive to funding and policy changes and as such caution should be used when interpreting this type of data.

Number of detoxification clients

CHS provides drug and alcohol detoxification units at selected locations to offenders. DAPIR categorises the number of detoxification clients in adult correctional centres into the following groups: those assessed and status (i.e. ambulatory or inpatient clients). This indicator is recommended for monitoring as it provides a measure of the number of clients entering correctional facilities with a substance dependence problem.

Indicator: Number of detoxification clients (DAPIR)
Comment: Recommended

The DJJ provides two types of detoxification services for opioid dependence withdrawal. Medicated detoxification involves medication for withdrawal symptoms and non-medicated detoxification involves counselling, support and observation. Paper-based data on medicated detoxification is available since 1999. Due to staff turnover, it is likely that the statistics collected under-estimate the actual number of juvenile detainees that are detoxified. Due to the transfer of DJJ health services to CHS, this information will not be available in 2003 (personal communication with Susan Vesty, DJJ). Due to the unreliability of the data and lack of ongoing data, this indicator is not recommended for monitoring.

Indicator: Number of detoxification clients (DJJ)
Comment: Not recommended

Number of methadone clients

The methadone maintenance program has been operating in correctional facilities since 1986. CHS has been reporting on selected methadone statistics via DAPIR since 2001. Between 1986 and 2001 the data are paper-based. DAPIR provides the following breakdowns on correctional methadone data: current clients on methadone program; clients commenced on methadone treatment in custody; treatment contracts signed and client's case managed. CHS is able to provide further breakdowns on correctional methadone data such as: receptions on methadone; clients exited to the community on methadone; clients ceased on methadone in custody; and clients waiting to commence methadone. This indicator is recommended for monitoring since it is able to provide a measure of methadone maintenance utilisation in correctional facilities.

Indicator: Number of methadone clients (DAPIR)
Comment: Recommended

DJJ does not provide a methadone program. However juveniles entering detention who have been on the methadone program in the community have their treatment maintained. Paper-based data are available since 1999. This indicator is recommended for monitoring since it provides a measure of the number of young people who enter detention with a substance dependence problem that has been treated in the community.

Indicator: Number of methadone clients (DJJ)

Comment: Recommended

Number of naltrexone clients

NSW CHS provides naltrexone pharmacotherapy services to offenders. DAPIR provides the following breakdowns on correctional naltrexone data: clients commenced on naltrexone and clients entered into the naltrexone trial. This indicator is recommended for monitoring since it provides a measure of pharmacotherapy treatment provision in correctional centres.

Indicator: Number naltrexone clients (DAPIR)

Comment: Recommended

DJJ does not provide a naltrexone service for juveniles. However juveniles entering detention who have been on the naltrexone program in the community have their treatment maintained. Paper-based data are available since 1999. This indicator is recommended for monitoring since it provides a measure of the number of young people who enter detention with a substance dependence problem that has been treated in the community.

Indicator: Number of naltrexone clients (DJJ)

Comment: Recommended

Number of buprenorphine clients

NSW CHS provides buprenorphine pharmacotherapy services to offenders. DAPIR provides the following breakdowns on correctional buprenorphine data: clients

commenced on buprenorphine and clients entered into the buprenorphine trial. This indicator is recommended for monitoring since it provides a measure of pharmacotherapy treatment utilisation in the correctional setting.

Indicator: Number of buprenorphine clients (DAPIR) Comment: Recommended

DJJ does not provide a buprenorphine service and to date have not received a juvenile on buprenorphine treatment, however this treatment would be maintained if a juvenile was received and they were on this treatment.

Indicator: Number of buprenorphine clients (DJJ) Comment: Not applicable

Number of clients receiving drug and alcohol counselling

The DCS manages the provision of alcohol and other drug screening, assessment, individual counselling, group work and residential treatment units for inmates in adult correctional centres. To date, only the number of occasions of service for drug and alcohol counselling has been monitored. From 2003 onwards DCS will be collecting data on the number of individuals receiving drug and alcohol counselling.

Indicator: Number of clients receiving drug and alcohol counselling (DAPIR) Comment: Recommended for 2003 onwards

The DJJ provides drug and alcohol counselling services. The nursing monthly statistics form reports on the number of juveniles referred to the drug and alcohol counsellor. Paper-based information is available since 2000. This indicator is not recommended for monitoring since it is unable to distinguish between licit and illicit drugs.

Indicator: Number of clients receiving drug and alcohol counselling (DJJ)
Comment: Not recommended

7.5 ILLICIT DRUG-RELATED OFFENCES

Number of prisoners whose primary offence was an illicit drug offence

The NSW Inmate Census is a census of all adult prisoners held in custody in NSW on June 30th each year. It is conducted as part of the National Prison Census, allowing for comparisons across jurisdictions. The census has been conducted since 1982. Breakdowns of interest include: national; state/territory; age; sex; country of birth; type of sentence; most serious offence; expected time to serve; prior imprisonment. This indicator is recommended for monitoring since it shows the proportion of inmates who are incarcerated for illicit drug offences. However it is important to note that the census data are limited by the one-day census method (i.e. does not represent numbers of all prisoners who have been in custody that year) and the census only records the most serious offence (i.e. the offence with the longest sentence). In addition, this data has the potential to be misleading since there has been a strong link found between illicit drug use and property, motor vehicle and violent offences. Alternatively the Local and Higher Court Databases, which are maintained by the BOCSAR, could be reviewed for the number of prison sentences imposed on people appearing before the courts for illicit drug offences. Refer to Section 9 for further information on these datasets.

Indicator: Number of prisoners whose primary offence was an illicit drug offence (National Prisoner Census)
Comment: Recommended

Number of juvenile custodial sentences imposed for illicit drug offences

The Children's Court Information System (CCIS) provides information on the number and type of finalised Children's Court appearances. This indicator is recommended for monitoring as it demonstrates the proportion of juveniles serving custodial orders for illicit drug offences. However, given the significant changes in legislation, care should be taken in interpreting the results. That is, there has been a decrease in court appearance since formal legislated police warning and cautioning procedures and youth justice conferencing were introduced for drug offences through the YOA in 2000.

Indicator: Number of custodial sentences imposed for juveniles appearing before the Children's Court for Illicit drug offences (DJJ)
Comment: Recommended

7.6 AVAILABILITY OF INDICATOR DATA

	FINANCIAL YEAR				
Recommended Indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Number of people reporting illicit drug use in prison (DUIP)	×	✓	×	✓	×
Number of people reporting illicit drug use in prison (IHS)	×	×	×	×	✓
Number of people reporting injecting drug use in prison (DUIP)	×	✓	×	✓	×
Number of people reporting injecting drug use in prison (IHS)	×	×	×	×	✓
Number of illicit drug detections (DCS)	×	×	✓	✓	✓
Number of illicit drug detections (DJJ)	×	×	×	✓	✓
Number of positive urinalysis results for illicit drugs (Urinalysis Program DCS)	×	×	×	×	✓
Number of notifications for HBV, HCV and HIV where IDU was identified as a risk factor (CHS)	×	×	✓	✓	✓
Number of notifications for HBV, HCV and HIV where IDU was identified as a risk factor (DJJ)	✓	✓	✓	✓	✓

	FINANCIAL YEAR				
Recommended Indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Number of illicit drug-related non-fatal overdoses (Duty Officer Running Sheet, DCS)	×	×	×	✓	✓
Number of illicit drug-related non-fatal overdoses (CHS)	×	×	×	✓	✓
Number of illicit drug-related fatal overdoses as determined by the Coroner's office (DCS)	✓	✓	✓	✓	✓
Number of detoxification clients (DAPIR)	×	×	×	✓	✓
Number of clients on methadone (DAPIR)	×	×	×	✓	✓
Number of clients on methadone (DJJ)	×	×	✓	✓	✓
Number of clients on naltrexone (DAPIR)	×	×	×	✓	✓
Number of clients on naltrexone (DJJ)	×	×	✓	✓	✓
Number of clients on buprenorphine (DAPIR)	×	×	×	✓	✓
Number of clients receiving drug and alcohol counselling (DAPIR)					2003 onwards

	FINANCIAL YEAR				
Recommended Indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Number of prisoners whose most serious offence was illicit drug related (National Prisoner Census)	✓	✓	✓	✓	✓
Number of custodial sentences imposed for juveniles appearing before the Children's Court for illicit drug offences (CCIS)	✓	✓	✓	✓	✓

8 DRUGS AND COMMUNITY ACTION

Key Issues
8.1 Drugs and Community Action Strategy
Recommended indicators:
Number of Community Drug Action Teams (NSW Premiers Department)
Composition of CDAT team members (NSW Premiers Department)
Number of CDAT projects (NSW Premiers Department)

8.1 DRUGS AND COMMUNITY ACTION STRATEGY

The Drugs and Community Action Strategy (DCAS) was developed in response to the 1999 NSW Drug Summit and is managed by the NSW Premiers Department. The primary aim of the DCAS is to enhance the capacity of communities to deal with drug problems through the establishment of Community Drug Action Teams (CDATs). CDATs are voluntary teams comprised of local representatives from government and non-government agencies, businesses and residents. They are designed to identify drug-related problems in their community; identify gaps in relevant local services; work with community organisations to meet needs and develop innovative strategies for these gaps and needs. There are nine Regional Project Managers across the state to provide assistance in establishing CDATs and ongoing support with CDAT activities. Profiling of the CDATs was initially undertaken in April 2001. However, the findings were confounded by variations in response rate across and within CDATS and the potential misinterpretation of survey questions. DCAS is currently being evaluated by the Premiers Department. The evaluation findings will report on strategies for measuring the long-term impact of DCAS.

Number of Community Drug Action Teams

Because of the variable composition, voluntary involvement and localised strategies of CDATs, it is difficult to identify indicators for ongoing monitoring. Data being collected which is comparable across teams includes the number and composition of CDATs and the number and type of projects being undertaken by CDATs. This type of data are output based which provides little evidence for the impact or success of the DCAS (i.e. outcome data). Further limitations include: not all projects and activities are

documented or reported by the CDATs; some CDATs may cease operation altogether; local action plans developed by CDATs may not be used; and outcome information generated at CDAT meetings relies of teams recording details and this information is not collected in a standard way.

Indicator: Number of Community Drug Action Teams Comment: Not recommended

Composition of Community drug action teams

Composition of CDATs can be broken down by work and community role, gender, non-English speaking background and Aboriginal or Torres Strait Islander status.

Indicator: Composition of CDATs Comment: Recommended

Number of CDAT projects

CDAT projects can be broken down by category type and target population.

Indicator: Number of CDAT projects Comment: Recommended

Funding sources of CDAT projects

Corporate and community sponsorship of CDAT activity is also being collected. Again, it is difficult to aggregate across CDATs because the teams are at different

developmental stages and the type of funding required and utilised by CDATs tends to change depending on the length of time the CDAT has been in operation.

Indicator: Funding sources of CDAT projects Comment: Not recommended

8.2 AVAILABILITY OF INDICATOR DATA

	FINANCIAL YEAR				
RECOMMENDED INDICATORS	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Number of Community Drug Action Teams (Premiers)	×	×	×	✓	✓
Composition of CDATS (Premiers)	×	×	×	✓	✓
Number of CDAT projects (Premiers)	×	×	×	✓	✓

9 DRUGS AND LAW ENFORCEMENT

Key Issues

9.1 Extent of disruption to illicit drug supply

Recommended indicators:

- Number of arrests/recorded criminal incidents for providers (RCD)
- Number of arrests for providers (AIDR)
- Number of charges for providers (COPS)
- Number of convictions for providers appearing before the NSW court system (LCD; HC CCIS)
- Number and weight of illicit drug seizures (COPS; AIDR)
- Purity of illicit drug seizures (DAL; AIDR)

9.2 Illicit drug user's perceptions of illicit drug supply disruption

Recommended indicators:

- Illicit drug users' perceived purity of illicit drugs (IDRS; IDRS: party drugs)
- Illicit drug users' perceived changes in purity of illicit drugs over the past 6 months (IDRS; IDRS: party drugs)
- Illicit drug users' perceived availability of illicit drugs (IDRS; IDRS: party drugs)
- Illicit drug users' perceived changes in availability of illicit drugs over the past six months (IDRS; IDRS: party drugs)
- Illicit drug users' perceived prices of illicit drugs (IDRS; IDRS: party drugs)

9.3 Crimes associated with illicit drug use

Recommended indicators:

- Number of arrests/recorded criminal incidents for property offences (RCD)
- Proportion of arrestees who test positive for illicit drugs (DUMA)
- Proportion of participants reporting criminal activity in the month preceding the interview (IDRS; IDRS: party drugs)
- Proportion of participants with non-illicit drug offences (YDCP; MERIT)

9.4 Community perceptions of illicit drug problems

Recommended indicators:

- Proportion of people who perceive illegal drugs to be a problem in their local area (National survey of community satisfaction with policing)
- Proportion of calls to Crime Stoppers that are illicit drug-related (Crime Stoppers)

9.5 Drug law enforcement practices are compatible with community protection and harm reduction

Recommended Indicators:

- Number of move-on directions (RCD)

9.6 Breaking the drugs and crime cycle

Recommended indicators: Refer to Section 6.

One of the principal roles of the NSW Police and NSW Crime Commission is to enforce drug laws, reduce the supply of drugs and reduce drug-related crime. In response to the NSW Drug Summit recommendations, the NSW Police developed a set of performance indicators to help assess the effectiveness of drug law enforcement (DLE) in NSW published in a document entitled "NSW Illicit Drug Law Enforcement Performance Indicators". It is envisioned that a public document monitoring trends in these indicators for the 2002-03 period will be made available in the near future. Other initiatives stemming from the NSW Drug Summit include the establishment of the Drug Trends Monitoring Group (DTMG) and the development of the 'Memorandum of Understanding between NSW Health and NSW Police for the Exchange of Information Relating to Licit and Illicit Drugs'. The purpose of the memorandum is to inform integrated health and law enforcement strategies designed to minimise the harm associated with illicit drug use. The purpose of the DTMG is to coordinate the implementation and analyses pertaining to the memorandum.

In keeping with the rest of the NSW Global Illicit Drug Indicators Project, this section is designed to broadly comment on illicit drug-related indicators that are able to assist in the monitoring of the illicit drug problem in NSW. Not all of the indicators identified in the NSW Illicit Drug Law Enforcement Performance Indicators 2002 document will be commented on in this section. This is because the aforementioned document includes qualitative as well as quantitative indicators (and the aim of this report is to comment on quantitative indicators); some of the indicators are relevant for police operational systems (number of criminal seizure actions, charges for receiving stolen goods, number of repeat offenders given prison sentences) but whose meaning has the potential to be misinterpreted if monitored in a different context; and the feasibility and utility of monitoring some of the quantitative indicators is still being determined. At this stage the indicators outlined in this document are the most appropriate for monitoring. A review of this section's indicators is recommended once the findings from the NSW Illicit Drug Law Enforcement Performance Indicators are reported in 2003.

9.1 EXTENT OF DISRUPTION TO THE SUPPLY OF ILLICIT DRUGS

Monitoring the supply (i.e. availability) of illicit drugs is important since it is one of the major determinants of drug use. However, measuring the extent to which the supply of illicit drugs has been disrupted is very difficult. This stems from the illegal nature of illicit drugs. The traditional method of monitoring supply disruptions has been to monitor DLE indicators such as arrest and seizure data. However, the utility of this data are limited since changes in this data are often more a reflection of changes in policing policy and practice than a measure of illicit drug use (Weatherburn, 2000). Using traditional indicators of DLE in conjunction with drug market data, such as price purity

and availability of illicit drugs, from the IDRS and IDRS party drugs module can help to build a more accurate picture of whether the supply of drugs has been disrupted. The IDRS collects price, purity and availability information for heroin, methamphetamine (speed, base and ice), cocaine and cannabis. The IDRS: party drugs module collects price, purity and availability information for ecstasy, LSD, ketamine, GHB, MDA and methamphetamine (speed, base and ice). The IDRS and IDRS party drugs module provide systematic surveillance at a sentinel level in NSW and a wider level across Australia of illicit drug user's subjective perceptions of the illicit drug market. However, it is important to note that the IDRS surveys do not provide state-wide data and as such cannot inform on state-wide trends. Nevertheless these non-traditional indicators of supply are important to monitor since they reflect actual market dynamics; are relatively easy to measure; and can help build a picture of the state of the illicit drug market. In turn, the use of multiple indicators should reduce the risk of error in the identification of trends (Weatherburn, 2000).

Number of arrests/recorded criminal incidents for providers

The Bureau of Crime Statistics and Research (BOCSAR) downloads arrest/recorded criminal incident data from the NSW Police's COPS on a quarterly basis. The COPS incident data are then stored in the Recorded Crimes Database (RCD) at BOCSAR. Strengths of RCD dataset are: that the data are able to provide a broad indication of the patterns of offending in NSW; the data are checked and cleaned for validity; and reliable data are available since 1995. Limitations of the RCD dataset include that the COPS database only includes incidents reported to or detected by police and the COPS database is a law enforcement tool which is not designed for public health uses such as illicit drug-related indicator monitoring.

For the purposes of measuring the extent to which illicit drug supply has been disrupted, it is most appropriate to monitor providers, that is, people charged with illicit drug supply-type offences (i.e. dealing or trafficking; importing or exporting; manufacture or cultivating) and not demand/consumer offences. An additional breakdown of interest, number of arrests made under the Police Powers (Drug Premises) Act 2001, can also be ascertained. This act gives police the power to arrest people operating from fortified drug houses as well as the people who act as drug lookouts or guards. Data are available for this specific indicator since July 2001. This indicator, along with related indicators (such as the number of drug premises shut down, number of charges under this act) are referred to in the "NSW Illicit Drug Law Enforcement Performance Indicators" document. The number of supply-type illicit drug recorded criminal incidents is recommended for monitoring since it provides a measure of the disruption to illicit drug supply. This indicator is able to comment on both the pre- and post drug summit environment.

Indicator: Number of arrests/recorded criminal incidents for providers (RCD)

Comment: Recommended

Number of arrests for providers in Australia

National statistical information on arrest, seizure and price data are available from the Australian Illicit Drug Report (AIDR) which has been published on an annual basis since 1991/92 by the Australian Bureau of Criminal Intelligence (ABCI). The purpose of the AIDR statistical component is to provide a national analysis of law enforcement data on the illicit drug situation in Australia. The strengths of the dataset are: best collection of national arrest and seizure data; collects data from a wide variety of sources; able to monitor trends over time due to the length of data collection. A number of factors limit the ABCI's ability to produce a comprehensive, reliable assessment based on the data supplied: lack of uniformity in both recording and storing data on illicit drug arrests and seizures across all states/territories; problems with quality control; differences in counting methodologies applied in jurisdictions; differences in definitions of drug consumer and provider offences across jurisdictions; differences in the ways drugs and offences may be coded by jurisdictions; and inadequate drug identification (e.g. emerging drugs are grouped together in the other and unknown drug category which does not allow for breakdowns on arrests for specific drugs such as ketamine or GHB). Refer to the dataset description in volume 2 for further potential data breakdowns.

In contrast to offence breakdowns in COPS and the RCD, the AIDR uses a broader classification (i.e. with no additional breakdowns e.g. importing, cultivating etc.) for classifying consumer and provider offences. Consumer refers to those people charged with user-type offences such as possessing or administering drugs for their own use. Provider refers to those people who are charged with supply-type offences such as importation, trafficking, selling, cultivating and manufacturing. For the purposes of measuring the extent to which the disruption of the supply of illicit drugs the number of arrests for providers is recommended for monitoring. This indicator is able to comment on both the pre- and post drug summit environment.

Indicator: Number of arrests for providers in Australia (AIDR)

Comment: Recommended

Number of charges for providers

The number of legal actions pertaining to recorded criminal incidents can be extracted directly from COPS. Information from COPS is available since 1995 but is archived in a separate system after five years. Strengths of the COPS dataset are: that the data are able to provide a broad indication of the patterns of offending in NSW and reliable indicator data are available since 1995. Refer to the dataset description in volume 2 for further potential data breakdowns.

The main limitation of COPS is that it is a law enforcement tool, which was not designed for public health uses such as illicit drug-related indicator monitoring. Further limitations include drug detection rates being subject to shifts in policing policy/activity and public willingness to report crime. There is no nationally collected comparable data. The number of charges for recorded criminal incidents is recommended for monitoring since it provides a measure of the disruption to illicit drug supply. This indicator is able to comment on both the pre- and post drug summit environment.

Indicator: Number of charges for providers (COPS)

Comment: Recommended

Number of convictions for providers appearing before the NSW court system

Information relating to charges for illicit drug-related offences is collated within the Local Courts Database (LCD), the Higher Courts Database (HCD) and the CCIS. The purpose of the LCD is to record details of criminal matters appearing before the NSW Local Criminal Courts. The local court deals with most criminal charges against adult offenders and court proceedings are conducted by a magistrate. Data are readily available since 1988. The purpose of the HCD is to record details of criminal matters appearing before the NSW District and Supreme Courts. The district court deals with more serious offences committed by both juveniles and adults. The Supreme Court conducts trials before a judge and jury for a few offences which are more serious than those heard in the district court. Data are readily available since 1990. The databases of Local and Higher courts are both managed by BOCSAR. The Children's court deals mainly with juvenile offenders (aged 10-17 years) and court proceedings are conducted by a

magistrate. Data are available since 1991. This dataset is managed by the Department of Juvenile Justice. The purpose of all three datasets is to record details of criminal incidents finalised in the respective courts. Results from all three databases are published annually by BOCSAR in the "New South Wales Criminal Court Statistics" series. Nationally comparable data are not available. Refer to the dataset description in volume 2 for further potential data breakdowns.

Strengths of these datasets are that they provide a reliable indication of court outcomes for people charged with illicit drug offences and that the data are checked for validity and inconsistencies. The major limitations of these datasets are that they relate to court data and as such are unable to inform on trends or patterns in the level of offending and they are unable to distinguish distinct persons within the counting period. The number of convictions for people charged with illicit drug supply-type offences appearing before the NSW court system is recommended for monitoring since it is able to provide a measure of the ongoing disruption to illicit drug supply. These indicators are all able to comment on both the pre- and post drug summit environment.

Indicator: Number of convictions for providers appearing before the NSW Local court system (LCD)

Comment: Recommended

Indicator: Number of convictions for providers appearing before the NSW Higher court system (HCD)

Comment: Recommended

Indicator: Number of convictions for providers appearing before the NSW Children's court system (CCIS)

Comment: Recommended

Number and weight of illicit drug seizures

The number of drugs seized in NSW is recorded in the COPS database which is managed by the NSW Police Corporate Information Unit. Seizure data are available from COPS since 1994. Breakdowns include: type of drug seized and amount of drug seized. Limitations of COPS seizure data include: amounts of drugs can be inaccurately recorded (i.e. invalid quantity & form) since there are no force fields (e.g. hectare of ecstasy leaf) and seizures may be recorded without any associated quantity. An additional breakdown, number of cannabis crops destroyed can also be ascertained, since it is inherent that any seizure of illicit drugs will be destroyed once the seizure has been documented. Data are available for this specific indicator since 1997. This indicator is referred to in the "NSW Illicit Drug Law Enforcement Performance Indicators" document.

Nationally comparable seizure data are collated within the AIDR by the ABCI. Seizure data has been reported on in the AIDR since 1995/96. Breakdowns are available for: state/territory; number of seizures; quantity of seizures; purity of seizures; and drug type. In addition to the limitations mentioned in section 9.1.2, there are a number of AIDR data limitations specific to seizures. These include: seizure data undercounts the number of seizures and amount of drug seized for all drug types since it only includes seizures where a drug weight was recorded; the ABCI cleans the data but there remains the possibility of double counting of seizures that result from joint operations between the Australian Federal Police and state/territory police services; comparison of data from 2000/01 onwards with previous years is problematic since prior to this seizure data was a combined total of state police and AFP data. Despite the limitations of state and national seizure data they are recommended for monitoring since they provide the only objective measure of disruption to illicit drug supply via seizures. These indicators are able to comment on both the pre- and post drug summit environment.

Indicator: Number and weight of illicit drug seizures (COPS) Comment: Recommended

Indicator: Number and weight of illicit drug seizures (AIDR) Comment: Recommended

Information pertaining to the purity of illicit drug seizures is collated within the NSW Health DAL dataset. Seizure purity data are available from DAL since 2000. DAL analyse seizure data and report it to the NSW Police State Crime Command (SCC), formerly the NSW Police Crime Agency. However, to date the SCC has not centrally collated this data in an electronic format. The only regular reporting of the purity data is when the SCC collates it annually for inclusion in the AIDR. Until a regular monitoring system is set up within the SCC, NSW seizure purity data are best accessed from DAL and the AIDR. Seizure purity data are available from the AIDR since 1995-96. Refer to the dataset description in volume 2 for further potential data breakdowns.

The main strengths of the AIDR dataset are that it provides nationally comparable data and that distinctions are made between seizure amounts of less than 2 grams and greater than 2 grams (however this is a crude estimate of retail {i.e. street} and wholesale distribution). The main limitation of AIDR is that purity figures relate to an unrepresentative sample of illicit drugs seized in Australia. That is, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. Seized drugs are usually only analysed in a contested court matter (i.e. large indictable quantity) or when the nature of the drug is in dispute. Retail or street purity (what the users experience) is what is most interesting because it directly reflects market dynamics. However, it is almost never analysed. In addition, if you do not know where in the distribution chain (i.e. high level/wholesale versus lower level/retail) the samples are drawn, and what type of sample changes over time, it is very difficult to interpret the data in an effective and useful manner (personal communication with Suzie Forell, NSW Police).

Further AIDR limitations include: some states report on drugs seized during that quarter whereas other states report on drugs analysed in that quarter; inconsistent reporting of state and AFP data until the 1999-00 report; and it is impossible to discern between some illicit drugs such as different forms of methamphetamine (such as speed, base & ice) and emerging party drugs (such as ecstasy, ketamine & GHB) since they are grouped together. Monitoring DAL seizure purity data will overcome this AIDR limitation regarding illicit drug breakdowns (especially of emerging drugs of interest), but since DAL data is only available since 2000, it is recommended that both indicators are utilised. As a result of all of the above mentioned limitations, drawing meaningful conclusions about purity data are difficult. Nevertheless, AIDR state and national estimate of purity are still recommended for monitoring since they provide the only objective statistical data on disruption to illicit drug supply via seizures. However AIDR (and DAL) purity data should be interpreted with considerable caution and preferably in conjunction with purity data from the IDRS. For the most accurate monitoring it is recommended that all seizures of illicit drugs in NSW are analysed for purity content; that an electronic dataset is set up for the purposes of recording this information within NSW Police and the COPS is reviewed so that quantities of seizures are force fielded. The DAL indicator is only able to comment on the post drug summit environment. The

AIDR indicator is able to comment on both the pre- and post drug summit environment.

Indicator: Purity of illicit drug seizures (DAL) Comment: Recommended

Indicator: Purity of illicit drug seizures (AIDR) Comment: Recommended

NSW Police perceptions of illicit drug prices

Generally prices at the street level do not change very much. Increases in price suggests decreased supply and or greater demand and vice versa for decreases in price. Thus the monitoring of price data helps inform whether supply has been disrupted. Price data are collected by NSW Police SCC and the two Illicit Drug Reporting Systems. Price data collected by the SCC is drawn from a range of intelligence sources including those within local area commands. Similar to the purity data, to date the SCC has not collated price data in an electronic format. This information is reported annually to the ABCI for inclusion in the AIDR. As a result, NSW police price data are best accessed from the AIDR. Price data are available from the AIDR since 1995/96. The AIDR provides quarterly breakdowns of price data for a variety of weights for the following drugs: cannabis, heroin, amphetamine, phenethylamines and cocaine. The price data from the AIDR is not recommended for monitoring since it is limited by wide ranges, missing data and in adequate drug identification for emerging drugs.

Indicator: Prices of illicit drugs (SCC) Comment: Not available

Indicator: Price of illicit drugs (AIDR)

Comment: Not recommended

9.2 ILLICIT DRUG USER'S PERCEPTIONS OF ILLICIT DRUG SUPPLY DISRUPTION

Illicit drug user's perceived purity of illicit drugs

As mentioned in Section 9.1 the IDRS is an early warning illicit drug monitoring system which, amongst other things, monitors the price, purity and availability at the time of the survey and six months prior to the survey for the four main drug classes: heroin, methamphetamines (i.e. speed, base and ice), cocaine and cannabis. Similarly the IDRS party drugs module monitors the price, purity and availability at the time of the survey and six months prior to the survey for the main party drugs: ecstasy, LSD, ketamine, GHB, MDA and methamphetamine (speed, base and ice). Refer to section 2.1 and the catalogue of data descriptions for a more complete review of these datasets. It is important to monitor both groups since they represent different groups of people and as a result different illicit drug markets. Sentinel monitoring of illicit drug users subjective perceptions of illicit drug purity is recommended for monitoring since it provides a unique opportunity to ascertain market dynamics and to see whether DLE performance indicators correspond to these street level indicators of supply. These indicators are able to comment on both the pre- and post drug summit environment.

Indicator: Illicit drug users perceived purity of illicit drugs (IDRS)

Comment: Recommended

Indicator: Illicit drug users perceived purity of illicit drugs (IDRS party drugs)

Comment: Recommended

Illicit drug user's perceived changes in purity over the past 6 months

Monitoring illicit drug user's subjective perceptions of purity over the past six months is important since the IDRS surveys are conducted only once a year and because it provides a street level indicator of whether supply may have recently been disrupted. These indicators are able to comment on both the pre- and post drug summit environment.

Indicator: Illicit drug users perceived changes in purity over the past six months (IDRS) Comment: Recommended

Indicator: Illicit drug users perceived changes in purity over the past 6 months (IDRS – party drugs) Comment: Recommended

Illicit drug user's perceived availability of illicit drugs

Monitoring illicit drug user's subjective perceptions of illicit drug availability at the time of interviewing provides a street level indicator of whether supply has been disrupted at that point in time. These indicators are able to comment on both the pre- and post drug summit environment.

Indictor: Illicit drug users perceived availability of illicit drugs (IDRS) Comment: Recommended

Indicator: Illicit drug users perceived availability of illicit drugs (IDRS-party drugs) Comment: Recommended

Illicit drug user's perceived changes in illicit drug availability over the past 6 months

Monitoring illicit drug user's subjective perceptions of illicit drug availability over the past six months is important since the IDRS surveys are conducted only once a year and because it provides a street level indicator of whether supply may have recently been disrupted. These indicators are able to comment on both the pre- and post drug summit environment.

Indicator: Illicit drug users perceived changes in illicit drugs availability over the past 6 months (IDRS) Comment: Recommended

Indicator: Illicit drug users perceived changes in illicit drugs availability over the past 6 months (IDRS – party drugs) Comment: Recommended

Illicit drug user's perceived prices of illicit drugs

Price data are best accessed from the IDRS user groups since they represent the prices paid by illicit drug users in the marketplace. This data has shown to be consistent with key informant reports and is more defined (i.e. narrower range) than police informant price data from the AIDR. Price data are available since 1996 from the IDRS and since 2000 for the IDRS: party drugs. The IDRS collects price data for heroin, methamphetamine (speed, base and ice), cocaine and cannabis. The IDRS party drugs module collects price data for ecstasy, LSD, ketamine, GHB, MDA and methamphetamine (speed, base and ice). The price of illicit drugs from the IDRS surveys is recommended for monitoring since it provides a measure of disruption to illicit drug supply. Refer to section 2.1 and the catalogue of data descriptions for a more complete review of the AIDR and IDRS datasets. These indicators are able to comment on both the pre- and post drug summit environment.

Indicator: Illicit drug user's perceived prices of illicit drugs (IDRS) Comment: Recommended

Indicator: Illicit drug user's perceived prices of illicit drugs (IDRS: party drugs) Comment: Recommended

9.3 CRIMES ASSOCIATED WITH ILLICIT DRUG USE

The association between injecting drug use and criminal activity is subject to debate. However, since crimes generally associated with injecting drug users (e.g. shoplifting, robbery, break and enter) are not solely committed by this group, it is impossible to estimate the proportion of property crime which is illicit-drug related (Weatherburn, 2000). It is not accurate to conclude that because offences (such as property offending) which are generally associated with illicit drug use are increasing at the same time as illicit drug use is increasing, that they are causally related. It is equally plausible that both activities are explained by other social factors (Makkai, 1999). Crimes committed by DUMA, IDRS, ADCP, YDCP and MERIT participants may provide useful complementary indicators of the types of crime associated with illicit drug use. Although it is important to remember the people that are eligible for the diversion programs have to be drug dependent to qualify for the program and thus you are only observing a subset of illicit drug users. Refer to sections 6 and 2.1 and the catalogue of data descriptions for a review of these datasets.

Number of arrests/recorded criminal incidents for property offences

Information regarding the collation of recorded criminal incidents for property offences is collected within RCD. Breakdowns of interest include: age, sex, local area of residence and type of property crime - robbery (without a firearm, with a firearm, with a weapon which is not a firearm); break and enter (dwelling, non-dwelling) and steal (from

motor vehicle, from retail store, from dwelling, from person). The strengths of using this data include that property offences are typically associated with dependent injecting drug users and that this type of crime data primarily reflects underlying crime trends and public willingness to report crime and not policing activity (unlike illicit drug offences). The limitations of this dataset include: property offences are also committed by non-drug users and thus it is very difficult to estimate the proportion of property crime which is illicit drug-related (Weatherburn, 2000). Nevertheless, the monitoring of property offences, within the context of other data, is recommended since it can assist in providing trend data in illicit drug-related crime. Refer to Section 9.1.1 and the catalogue of data descriptions for a more complete review of this datasets. This indicator is able to comment on both the pre- and post drug summit environment.

Indicator: Number of arrests/recorded criminal incidents for property offences (RCD) Comment: Recommended

Proportion of arrestees who test positive for illicit drugs

The major strengths of DUMA dataset is that it provides a unique opportunity to enhance the understanding of the supply and demand for illicit drugs among detainees at a local level while providing comparable data at a national level. Similar to the IDRS, the sample is not statistically representative since participation in the survey is non-random and data collection involves sentinel sites. Although DUMA and the IDRS are not able to inform on state-wide trends they are able to provide valuable information that can be used to build a picture of illicit drug use in NSW. Refer to section 2.1 and the catalogue of data descriptions for a complete review of the DUMA dataset. The number of arrestees who test positive to illicit drugs is recommended for monitoring. This is because this indicator has the potential to provide insight into the relationship between offences committed (e.g. property, drug, violent and other) and illicit drug use (e.g. cannabis, cocaine, heroin/morphine, methamphetamines, ecstasy and hallucinogens). However, it is important to note that this information does not establish causal relationships (i.e. is the offence committed to sustain the drug use habit, and or does the person require to be under the influence of drugs in order to commit the crime, or does another factor contribute to both the drug use and crime etc). This indicator is only able to comment briefly on the pre-drug summit environment.

Indicator: Proportion of arrestees who test positive for illicit drugs (DUMA)

Comment: Recommended

Proportion of people reporting criminal activity in the month preceding the interview

The proportion of people reporting criminal activity in the month preceding the interview is recommended for monitoring as it provides a measure of the extent of crime associated with illicit drug use. However it should be noted that illegal activities funding drug habits are likely to be under-reported due to their nature and also when asked in a face to face interview. It is important to contrast the responses of participants of the IDRS with the IDRS: party drugs module in order to further define the relationship between illicit drug use and crime. This also helps to dispel myths characterising drug users as criminals since party drug users have been consistently shown to fund their drug use from legitimate sources. These indicators are able to comment on both the pre- and post drug summit environment.

Indicator: Proportion of people reporting criminal activity in the month preceding the interview (IDRS)

Comment: Recommended

Indicator: Proportion of people reporting criminal activity in the month preceding the interview (IDRS: party drugs)

Comment: Recommended

Proportion of participants diverted for non-illicit drug offences

The diversion programs provide another measure of the relationship between illicit drug use and crime, except that they stipulate that the person must be drug-dependent to enter each of these programs. Refer to section 6.1 and the catalogue of data descriptions

for a more complete review of these datasets. These indicators are only able to comment on the post-drug summit environment.

Indicator: Proportion of participants referred to YDCP for non-illicit drug offences (YDCP)

Comment: Recommended

Indicator: Proportion of participants referred to ADCP for non-illicit drug offences (ADCP)

Comment: Recommended but not available

Indicator: Proportion of participants referred to MERIT for non-illicit drug offences (MERIT)

Comment: Recommended

9.4 COMMUNITY PERCEPTIONS OF ILLEGAL DRUG PROBLEMS

Proportion of people who believe illegal drugs are a problem in their area

Both the National Survey of Community Satisfaction with Policing and the Crimes and Safety Survey (CSS) NSW collate information regarding community perceptions of whether illegal drugs are a problem in their local NSW area.

The purpose of the National Survey of Community Satisfaction with Policing is to provide information about community satisfaction with policing in terms of their perceptions of the police service, their own safety, and problems within their community. This survey was initially conducted by the ABS (1995-2000) and more recently by the AC Nielson Research (2001 onwards). The strengths of this dataset include: the frequency of data collection (i.e. continuous); and it provides an estimate of community perceptions. The main limitations of this dataset are that: data from the two

time periods of the survey are not comparable due to changes in the methodology; non random sampling technique; sample size and coverage. This indicator is only able to comment on the post-drug summit environment.

The purpose of the CSS NSW is to provide information on people's experience of selected crimes, reporting behaviour and individuals perceptions of crime problems in their neighbourhood. It has been conducted annually since 1990, except for 1983, 1993, 1998 and 2002 when national surveys were conducted. The ABS conducts both the CSS NSW and the national CSS. The strengths of these datasets include: the ability to monitor trends over time due to the length of time the studies have been conducted for; the use of estimation techniques to reduce the effects of non-response; and nationally comparable data. This indicator is able to comment on both the pre- and post-drug summit environment.

It is important to note that in addition to the limitations already discussed the reliability of community survey's are confounded by factors, such as: the media; visibility of police initiatives; and individual's values and personal experiences of illicit drug use. Despite these limitations, the proportions of persons who believe illegal drugs are a problem in their area is recommended for monitoring since it provides a measure of community concern regarding illicit drugs. However, the results of these surveys need to be interpreted within the context of other data since people's perceptions do not necessarily reflect the size of the drug problem.

Indicator: Proportion of people who believe illegal drugs are a problem in their area (NSW Police) Comment: Recommended

Indicator: Proportion of people who believe illegal drugs are a problem in their local area (CSS) Comment: Recommended

Proportion of calls to crime stoppers that are illicit drug-related

Anyone with information about illegal activity or suspected perpetrators are encouraged to call Crime Stoppers on the national toll free number. Crime Stoppers allows for people in the community to anonymously report information. The Crime Stoppers database is maintained by NSW Police. Data are available since 1999. Refer to

the dataset description in volume 2 for further potential data breakdowns. The main strengths of this dataset is that it provides a measure of community concern and the data is presumed to be highly reliable. Limitations of data: calls are influenced by several factors, including: public awareness of Crimestoppers; public willingness to report crime and campaigns. This indicator is recommended for monitoring. This indicator is only able to briefly comment on the pre- drug summit environment.

Indicator: Proportion of calls to crime stoppers that are illicit drug-related (Crime Stoppers) Comment: Recommended

9.5 DRUG LAW ENFORCEMENT PRACTICES ARE COMPATIBLE WITH COMMUNITY PROTECTION AND HARM REDUCTION PRINCIPLES

It is increasingly being recognised that drug law enforcement needs to work within the harm reduction framework (Weatherburn & Lind, 1999). In addition to the utilisation of diversion programs it is essential that drug law enforcement policies are compatible with the delivery of health services to drug users and that they do not increase the harms associated with illicit drug use.

Number of police attendances at drug overdoses

Fear of prosecution for minor drug offences has been identified as contributing to the reluctance of some people to call an ambulance at overdose events (McGreggor, Darke, Ali & Christie, 1998; Darke, Ross & Hall, 1996). However, it is not part of the Ambulance Service of NSWs policy to call police to overdose events. In the event police are present at an overdose, guidelines recommend that police use their discretion to not take action for self administration offences and minor possession offences (for the victim and anyone else at the scene). At a fatal overdose or where death is imminent from a drug overdose, police will investigate the matter as for any other sudden or suspicious death. This includes the seizure of drugs, articles or other exhibits but does not preclude police from exercising their discretion as indicated for non fatal overdose events.

There are two potential sources of information relating to police presence at overdoses: the ASNSW and COPS. Currently the Ambulance Service of NSW does not record police presence at overdoses, unlike Victoria. However, the implementation of direct data entry by Ambulance Officers (compared to the current paper-based recording system) would make this more feasible (personal communication, Collins, 2002). The COPS database contains a field for the recording of attendance at overdose events however it is not reliably utilised by police. Reliability could be improved through a police education program. However to be a meaningful indicator of harm reduction practices, it would need to be considered in the context of the charges arising from the incident and the reason for attendance. The reason for attendance is not recorded as a distinct field; it is normally included in the text description of the event and therefore too labour intensive to extract from the COPS database. A further difficulty is the bias of information recorded in COPS as police may be more likely to record incidents that result in charges. Refer to section 9.1.2 and the catalogue of data descriptions for a more complete review of this dataset. This indicator is not recommended for monitoring due to the reliability and extraction data issues.

Indicator: Number of police attendances at drug overdoses (COPS)

Comment: Not recommended

Number of police attendances at health services for injecting drug users

Police presence at methadone clinics, NSPs and the medically supervised injecting centre can discourage use of these services by illicit drug users because of fear of apprehension. In 1988 the NSW Police Service produced guidelines related to needle and syringe programs (NSP) and in 1997 these were updated to include methadone clinics. Guidelines also exist in relation to the trial of the Medically Supervised Injecting Centre in Kings Cross. There is however no means to monitor compliance with these guidelines except by receipt of complaint. Currently complaints received by NSW police in relation to police presence at NSP and methadone clinics are not recorded in an easily retrievable manner.

Indicator: Number of police attendances at health services for IDU (COPS)

Comment: Not available and not recommended

Number of move-on directions

Street level drug law enforcement has the potential to increase the harm associated with illicit drug use, such as unsafe injecting practices because of fear of interruption by police, the development of more sophisticated illicit drug markets, the dispersion of the drug problem across the community and the marginalisation of illicit drug users from the community and the services designed to assist them (Maher, Dixon, Lynskey & Hall, 1998). Move on directions issued by police are a measure of street drug law enforcement. This information is recorded by COPS and downloaded into the RCD managed by BOCSAR. Breakdowns are available for: compliance and refusal relating to the instruction. The number of move on directions is recommended for monitoring since it can provide a measure of street drug law enforcement. However, whether or not the numbers can be interpreted as harmful cannot be answered by monitoring this indicator in a stand alone fashion. Refer to section 9.1.1 and the catalogue of data descriptions for a more complete review of the RCD dataset.

Indicator: Number of move-on directions (RCD) Comment: Recommended

9.6 BREAKING THE DRUGS AND CRIME CYCLE

Refer to Section 6.

9.7 AVAILABILITY OF INDICATOR DATA

	FINANCIAL YEAR				
Recommended Indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Number of arrests/recorded criminal incidents for providers (RCD)	✓	✓	✓	✓	✓
Number of arrests for providers (AIDR)	✓	✓	✓	✓	✓
Number of charges for providers (COPS)	×	1/2	✓	✓	✓
Number of convictions for providers appearing before the NSW court system (LCD)	✓	✓	✓	✓	✓
Number of convictions for providers appearing before the NSW court system (HCD)	✓	✓	✓	✓	✓
Number of convictions for providers appearing before the NSW court system (CCIS)	✓	✓	✓	✓	✓
Number and weight of illicit drug seizures (COPS)	✓	✓	✓	✓	✓
Number and weight of illicit drug seizures (AIDR)	✓	✓	✓	✓	✓
Purity of illicit drug seizures (DAL)	×	×	1/2	✓	✓

	FINANCIAL YEAR				
Recommended Indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Purity of illicit drug seizures (AIDR)	✓	✓	✓	✓	✓
Illicit drug users perceived purity of illicit drugs (IDRS)	✓	✓	✓	✓	✓
Illicit drug users perceived purity of illicit drugs (IDRS: party drugs)	×	×	✓	✓	✓
Illicit drug users perceived changes in illicit drug purity over the past 6 months (IDRS)	✓	✓	✓	✓	✓
Illicit drug users perceived changes in illicit drug purity over the past 6 months (IDRS: party drugs)	×	×	✓	✓	✓
Illicit drug users perceived availability of illicit drugs (IDRS)	✓	✓	✓	✓	✓
Illicit drug users perceived availability of illicit drugs (IDRS: party drugs)	×	×	✓	✓	✓
Illicit drug users perceived changes in availability of illicit drugs over the past 6 months(IDRS)	✓	✓	✓	✓	✓
Illicit drug users perceived changes in availability of illicit drugs over the past 6 months (IDRS: party drugs)	×	×	✓	✓	✓
Illicit drug users perceptions of illicit drug prices (IDRS)	✓	✓	✓	✓	✓

	FINANCIAL YEAR				
Recommended Indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Illicit drug users perceptions of illicit drug prices (IDRS: party drugs)	×	×	✓	✓	✓
Number of arrests/recorded criminal incidents for property offences (RCD)	✓	✓	✓	✓	✓
Proportion of arrestees who test positive for illicit drugs (DUMA)	×	✓	✓	✓	✓
Proportion of participants reporting criminal activity in the month preceding the interview (IDRS)	✓	✓	✓	✓	✓
Proportion of participants reporting criminal activity in the month preceding the interview (IDRS: party drugs)	×	×	✓	✓	✓
Proportion of participants diverted for non-illicit drug offences (YDCP)	×	×	✓	✓	✓
Proportion of participants diverted for non-illicit drug offences (ADCP)	×	×	✓	✓	✓
Proportion of participants diverted for non-illicit drug offences (MERIT)	×	×	✓	✓	✓
Number of persons who perceive illegal drugs to be a problem in their local area (NSCSP)	✓	✓	✓	×	✓
Number of persons who perceive illegal drugs to be a problem in their local area (CSS)	✓	✓	✓	✓	✓

	FINANCIAL YEAR				
Recommended Indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Proportion of calls to crime stoppers that are illicit drug-related (Crime Stoppers)	✗	1/2	✓	✓	✓
Number of move-on directions (RCD)	✓	✓	✓	✓	✓

10 DRUG EDUCATION IN SCHOOLS AND THE COMMUNITY

Key Issues
10.1 School drug education program
Recommended indicators:
Number of students receiving illicit drug education (DET, Catholic & Independent Schools; DJJ)
10.2 Education for families and the community
Recommended indicators: None

As mentioned in Section 1 and 2, the NSDES 1999-2003 is an initiative of the Commonwealth Government and is based on the premise that schools are critical in educating about the harms of drug misuse. The NSW component of the NSDES builds upon the previous commonwealth education strategy conducted from 1995 to 1998. To achieve the NSDES goal of 'no illicit drugs in schools' there is a strategy for illicit drug education in Government, Catholic and Independent schools in NSW.

Longitudinal data on the effectiveness of drug education including that about illicit drugs are not collected on a state-wide basis. In NSW, drug education is taught as part of Personal Development, Health and Physical Education (PDHPE) from Kindergarten to Year 10. Although the syllabus is mandatory across school sectors (i.e. government, catholic and independent), decisions regarding what is taught and how it is taught are made at the school level. Therefore, it is difficult to determine the various drug education activities undertaken across NSW schools. As a result of these potential differences, this section will focus on illicit drug education from a government school perspective.

The DET does not maintain databases about the number of students receiving education about illicit drugs. However if all students receive illicit drug education you could assume that all students enrolled would be exposed at some point in time. The number of students being taught PDHPE constitutes the entire cohort of NSW students from Kindergarten to Year 10. Monitoring the numbers of students receiving education is an output indicator that may be used, however this information cannot comment on any outcomes associated with the education.

10.1 SCHOOL DRUG EDUCATION PROGRAMS

Number of students receiving education about illicit drugs

Schools have an important role to play in equipping young people with the knowledge, skills and attitudes to establish and maintain a healthy lifestyle free of the problems associated with drug use.

Drug education is part of the PDHPE Kindergarten to Year 6 and Years 7-10 syllabuses for all students in NSW schools. All government and private schools use these syllabuses to develop teaching programs for students.

The DET adopts an evidence-based approach to the development of drug education programs in schools. Drug education programs implemented in NSW government schools are consistent with the Principles for Drug Education in Schools published by the University of Canberra.

All schools have copies of the Principles which are based on a rigorous review of the research and wide consultation with education systems in all states and territories as well as teachers, parents, teachers' unions, professional associations and non-government organisations.

In primary schools, students learn about medicines, tobacco and alcohol. Generally, lessons about specific illicit drugs are not recommended in primary schools. However, where illicit drug use in the local community may be impacting on the school, for example, the regular littering of syringes on school premises, schools may include safety issues surrounding illicit drug use into teaching activities.

In Years 7-10, there is an expectation that students learn about alcohol, tobacco and medicines and the most widely used illicit drug in the community, cannabis. As these are the drugs most commonly used in the community they are the main focus in secondary schools drug education programs.

Students in Years 11 and/or 12 in government schools, undertake a 25 hour course in Personal Development and Health, called Crossroads. The course provides young people with opportunities to explore personal values about drug-related issues including effects on relationships, safe partying, binge drinking, poly-drug use and drink driving. They are taught about responsible behaviour surrounding drug use and the hazardous and harmful effects of drugs, particularly alcohol use. Students also explore the effect of drug use on employment and on personal behaviour, and identify personal and community support networks.

There are also two additional programs targeting children. Schools as Community Centres is for children aged 0-8 years. There are 22 sites participating across NSW. There is also a program being piloted in four sites called Primary Connect which is for children

aged from 5-12 years. The pilot program for Schools as Community Centres was evaluated in 1997. Impact in relation to drug issues was not included in the evaluation.

Indicator: Number of students receiving illicit drug education (DET, Catholic & Independent Schools) Comment: Output indicator that may be used

School programs conducted within Juvenile Justice Centres use the same syllabuses that are used in other NSW schools. There are 342 available educational places in DJJ centres, and a school located within each of the nine correctional centres.

There have been no long-term studies of the effectiveness of these school programs, nor is there any indicator data available to determine overall program effectiveness. Thus, there is no indicator data available regarding the effectiveness of drug education about illicit drugs in DJJ schools.

Indicator: Number of students receiving illicit drug education (DJJ) Comment: Output indicator that may be used

Number of students with knowledge of drug use and harms

Drug education has often been argued to be an important element in drug use prevention efforts. However, some have argued that it may play a more important role in educating those who use illicit drugs about the harms of such use (and hence, ways in which they may reduce such harms). Thus, if available, the following indicators might provide an indication of the level of knowledge associated with education. However, since multiple factors contribute to both knowledge and actual use of illicit drugs discerning the actual contribution of education programs would be extremely difficult.

Indicator: Number of students with knowledge of drug use and harms (DET)

Comment: Not available

Indicator: Number of students with knowledge of drug use and harms (DJJ)

Comment: Not available

10.2 EDUCATION FOR FAMILIES AND THE COMMUNITY

Number of people in NSW who were exposed to the National Illicit Drugs Campaign

Provision of illicit drug education to families and the community is usually delivered via national media campaigns. The most recent campaign, the National Illicit Drugs Campaign commenced on the 25 March 2001. The overall aim of the National Illicit Drugs Campaign was to prevent young people experimenting with illicit drugs by teaching them and their parents about the harms of illicit drugs and by promoting open communication in families. Information was distributed to the community via a national advertising campaign featuring in television commercials, newspapers and magazines. A drug information booklet was also distributed to every Australian household, a website and telephone referral line were and still are available for accessing further information. Although the campaign was targeted towards all of the NSW citizens it is impossible to ascertain how many people were exposed to it. Similarly to school drug education there are no indicators available to evaluate the effect of such drug education, only the possibility of checking whether people are aware of it, which is an output indicator not an indicator of effect.

Indicator: Number of people in NSW who were exposed to the National Illicit Drugs Campaign

Comment: Not available

	FINANCIAL YEAR				
Recommended Indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**

Number of students receiving illicit drug education (DET, Catholic & Independent Schools)	✓	✓	✓	✓	✓
Number of students receiving illicit drug education (DJJ)	✓	✓	✓	✓	✓

11 ILLICIT DRUGS IN RURAL AND REGIONAL NSW

Key Issues

11.1 Prevalence of illicit drug use

Recommended indicators: None

11.2 Health Maintenance

Recommended indicators:

- Number of illicit drug-related phone calls from rural and regional NSW (ADIS; FDS; KHL)
- Number of illicit drug-related phone calls from rural and regional health professionals in NSW (DASAS)
- Number of illicit drug-related HBV, HCV and HIV infections in rural and regional NSW (NDD)
- Number of illicit drug-related presentations to general practitioners from rural and regional NSW (BEACH)
- Number of ambulance attendances at non-fatal overdose events from rural and regional NSW (NSWAS)
- Number of illicit drug accident & emergency attendances from rural and regional NSW (EDC)
- Number of illicit drug hospital separations from rural and regional NSW (ISC)
- Number of needles and syringes distributed from rural and regional NSW (AIDB)
- Number of illicit drug-related deaths from rural and regional NSW (DAL; COD; NCIS)

11.3 Treatment Services

Recommended indicators:

- Number of people in treatment for illicit drug problems in rural and regional NSW (NSW NMDS – AODTS)
- Number of people registered for opioid pharmacotherapy treatments in rural and regional NSW (NSW MCS)
- Number of people with significant changes in health outcomes as assessed by the BTOM in rural and regional NSW (BTOM)

11.4 Law enforcement

Recommended Indicators:

- Number of people diverted from the criminal justice system in rural and regional NSW (Refer to Section 6 of the report)
- Number of arrests, charges and convictions for providers in rural and regional NSW (Refer to Section 9 of the report)

Australians living in rural and remote communities have significantly poorer health than their metropolitan and city counterparts with respect to many health outcomes. This is highlighted by increasing rates of illicit drug use and both groups having higher mortality and morbidity rates than the general population (National Rural Health Alliance, 2002).

CLASSIFICATION OF GEOGRAPHICAL AREAS

There are two main methods NSW agencies use to define rural and regional areas in NSW:

- NSW AHS – used by NSW Health; and
- NSW Police LAC – used by NSW Police Service.

In addition there are another two classification systems used by a few datasets: the Rural, Remote and Metropolitan Areas (RRMA) – used by BEACH; and the Australian Standard Geographical Classification (ASGC) used for Correctional datasets. As a result of different classification methods, sub-state data may not be strictly comparable unless agencies employ multiple area classification methods. The DTMG agreement between NSW Police and NSW Health endeavours to cross-classify sub-state areas to increase comparability of health and police data.

It is important to note that rural and regional data (i.e. sub-state) comparisons may not be possible (i.e. reliable) due to the potentially small numbers.

11.1 PREVALENCE OF ILLICIT DRUG USE

ASSADS and NDSHS indicators of recent and lifetime prevalence of illicit drug use are not recommended for monitoring since it is unlikely that they will be able to provide reliable rural and regional estimates. Although, ASSADS and the NDSHS can provide data for state and territory breakdowns, their sample size is too small to provide reliable sub-state data on illicit drug use (Trewin, 2001).

Number of people reporting illicit drug use in the past 12 months in rural and regional NSW

Indicator: Number of people reporting illicit drug use in the past 12 months in rural and regional NSW (ASSADS)
Comment: Not recommended

Indicator: Number of people reporting illicit drug use in the past 12 months in rural and regional NSW (NDSHS)

Comment: Not recommended

Number of people reporting illicit drug use in their lifetime in rural and regional NSW

Indicator: Number of people reporting illicit drug use in their lifetime in rural and regional NSW (ASSADS)

Comment: Not recommended

Indicator: Number of people reporting illicit drug use in their lifetime in rural and regional NSW NDSHS)

Comment: Not recommended

11.2 HEALTH MAINTENANCE

Number of illicit drug-related calls to telephone helplines from regional and rural NSW

The number of illicit drug-related phone calls from rural and regional Australia is recommended for monitoring since it provides a measure of illicit drug use, problems associated with illicit drug use as well as the expressed need for information and referral in these areas. However, the utilisation of these services by people (such as illicit drug users, family, friends and health professionals) in regional and rural Australia will depend upon a number of factors, including people's knowledge of the services. ADIS and FDS data are able to provide breakdowns for postcode and AHS of residence. KHL are able to provide postcode and regional breakdowns. Refer to section 3.1 and the catalogue for a review of the datasets.

Indicator: Number of illicit drug-related phone calls from regional and rural NSW (ADIS)

Comment: Recommended

Indicator: Number of illicit drug-related phone calls from regional and rural NSW (KHL)

Comment: Recommended

Indicator: Number of illicit drug-related phone calls from regional and rural NSW (FDS)

Comment: Recommended

Number of illicit drug-related phone calls from rural and regional health professionals in NSW

The NSW DASAS is a 24-hour drug and alcohol telephone consultative service for health professionals, including professionals in rural and regional NSW. This indicator is recommended for monitoring since it provides a measure of illicit drug use and the frequency of illicit drug-related presentations to health professionals in rural and regional NSW. Area breakdowns are available for postcode and AHS of the caller. Refer to section 3.1 and the catalogue for a more comprehensive review of the SAS dataset.

Indicator: Number of illicit drug-related phone calls from rural and regional health professionals in NSW (DASAS)

Comment: Recommended

Number of illicit drug-related HBV, HCV and HIV infections in rural and regional NSW

This indicator is recommended for monitoring since illicit drug related blood borne viruses, in particular HBV, HCV and HIV are harms associated with injecting drug use. Area breakdowns available in the notifiable diseases dataset include: postcode (residence) SLA (residence), LGA (residence). Refer to section 3.1 and the catalogue for a more complete dataset description.

Indicator: Number of illicit drug-related HBV, HCV and HIV infections in rural and regional NSW (NSW NDD) Comment: Recommended

Number of illicit drug-related presentations to general practitioners in rural and regional NSW

This indicator is recommended for monitoring since illicit drug-related GP presentations provide a measure of the type of illicit drug use and related morbidity occurring in these areas at a primary care level. Area breakdowns for BEACH data are categorised according to the RRMA classification. Refer to section 3.1 and the catalogue of data descriptions for a more complete review of the BEACH dataset.

Indicator: Number of illicit drug-related presentations to general practitioners in rural and regional NSW (BEACH) Comment: Recommended

Number of ambulance attendances at non-fatal overdose events in rural and regional NSW

The number of ambulance attendances at illicit drug-related non-fatal overdose events in rural and regional Australia is recommended for monitoring, since it provides a measure of the type of illicit drug use and related morbidity occurring in these areas. Area breakdowns are available for postcode and AHS for place of attendance. Refer to

section 3.1 and the catalogue of data descriptions for a more complete review of the ASNSW dataset.

Indicator: Number of illicit drug-related non-fatal overdoses in rural and regional NSW (ASNSW) Comment: Recommended

Number of illicit drug related A&E attendances in rural and regional NSW

The number of illicit drug-related A&E attendances in rural and regional Australia is recommended for monitoring since it provides a measure of the type of illicit drug use and related morbidity occurring in these areas. Area breakdowns are available for postcode and AHS. Refer to section 3.1 and the catalogue of datasets for a more complete review of the EDC dataset.

Indicator: Number of illicit drug-related A&E attendances in rural and regional NSW (EDC) Comment: Recommended

Number of illicit drug-related hospital separations in rural and regional NSW

The number of illicit drug-related hospital separations in rural and regional NSW is recommended for monitoring since it provides a measure the type of illicit drug use and related morbidity occurring in these areas. Area breakdowns are available for postcode and AHS. Refer to section 3.1 and the catalogue of datasets for a more complete review of the ISC dataset.

Indicator: Number of illicit drug-related hospital separations in rural and regional NSW (ISC)

Comment: Recommended

Number of needles and syringes distributed in rural and regional NSW

The number of needles and syringes distributed in rural and regional NSW is recommended for monitoring as it provides a direct measure of injecting drug use in the community. The NSW Health AIDB has a service profile for every AHS (i.e. number of primary, secondary outlets, vending machines etc). Typically in the regional area health services, there is at least one primary outlet in the major population centre and several secondary outlets (i.e. through public hospitals and community health centres). Area breakdowns are available for postcode and AHS. Refer to section 3.1 and the catalogue of datasets for a more complete review of the AIDB dataset.

Indicator: Number of needles and syringes distributed in rural and regional NSW (NSW Health, AIDB)

Comment: Recommended

Number of illicit drug-related deaths in rural and regional NSW

The number of illicit drug-related deaths in rural and regional NSW is recommended for monitoring since it provides a measure of the type of illicit drug use and related mortality occurring in these areas. The three data sources are likely to provide slightly different estimates in the causes of drug-related deaths, with NCIS being the most accurate due to the volume of information recorded. However, due to the recency of NCIS, all three datasets (DAL, COD & NCIS) are recommended for monitoring trends in drug-related deaths. The area breakdown available for DAL is postcode of death. The area breakdown available for COD is statistical local area of residence. The area breakdown available for NCIS is postcode for place of usual residence. Refer to section 3.1 and the catalogue of datasets for a more complete review of the ISC dataset.

Indicator: Number of illicit drug-related deaths in rural and regional NSW (DAL)

Comment: Recommended

Indicator: Number of illicit drug-related deaths in rural and regional NSW (COD)

Comment: Recommended

Indicator: Number of illicit drug-related deaths in rural and regional NSW (NCIS)

Comment: Recommended

11.3 TREATMENT SERVICES

Number of people in treatment for illicit drug-related problems in rural and regional NSW

The number of people in drug treatment in rural and regional NSW for an illicit drug-related problem is recommended for monitoring since it provides a measure of illicit drug use, treatment demand and treatment utilisation. Please note that this dataset excludes pharmacotherapy treatment. Area breakdowns are available for SLA and AHS for the treating agency Refer to section 3.2 and the catalogue of data descriptions for a more complete description of the dataset.

Indicator: Number of people in treatment for illicit drug-related problems in rural and regional NSW (NSW MDS) Comment: Recommended

Number of people registered for opioid pharmacotherapy treatments in rural and regional NSW

The number of people registered for opioid pharmacotherapy treatments in rural and regional NSW is recommended for monitoring since it provides a measure of illicit drug use, treatment demand and treatment utilisation. Area breakdowns are available for postcode and AHS. Refer to section 3.2 for a detailed description of the dataset.

Indicator: Number of people registered for opioid pharmacotherapy treatments in rural and regional NSW (MCS) Comment: Recommended

Number of people with significant changes in health outcomes as assessed by the BTOM in rural and regional NSW

The number of people with significant changes in health outcomes as assessed by the BTOM in rural and regional NSW is recommended for monitoring since it provides a

measure of treatment outcomes for people with illicit drug use problems. Area breakdowns are available for SLA and AHS for treating agency. Refer to section 3.2 and the catalogue of data descriptions for a more detailed description of the dataset.

Indicator: Number of people with significant changes in health outcomes as assessed by the BTOM in rural and regional NSW (BTOM) Comment: Recommended

Number of clients seen by the Drug and Alcohol counsellor in rural NSW

The D&A counsellor was funded via Drug Summit Enhancements. The aim of this position is to provide drug and alcohol interventions including working with individual clients and groups in rural NSW. The duties of this position include supporting the client and their families, providing referrals, and working on prevention and early intervention activities in local communities. Reporting is on a monthly and quarterly basis via DAPIR. The two indicators from this initiative that are centrally collected and monitored by DAPIR include: the total number of service contacts performed by drug and alcohol counsellor and the total number of clients seen by the drug and alcohol counsellor. Service contact includes contact that results in a written entry in the file such as counselling, referral, crisis intervention etc. which are provided by the D&A counsellor. This number of clients seen by the D&A counsellor is not recommended for monitoring since in its present form in DAPIR it is unable to distinguish licit from illicit drug counselling.

Indicator: Number of clients seen by the D&A counsellor in rural NSW (DAPIR) Comment: Not recommended

11.4 LAW ENFORCEMENT

Number of people diverted from the criminal justice system in rural and regional NSW

This is recommended for monitoring since it has the potential to inform on people's illicit drug use, associated crimes and law enforcement outcomes in rural and regional NSW. Area breakdowns are available for postcode and LAC. Refer to Section 6 of the report and the catalogue of data descriptions for further information.

Indicator: Number of people diverted from the criminal justice system in rural and regional NSW Comment: Recommended

Number of arrests, charges and convictions for providers in rural and regional NSW

This is recommended for monitoring since it provides a measure of people's illicit drug use, associated crimes and law enforcement outcomes in rural and regional NSW. Area breakdowns are available for postcode and LAC. Refer to Section 9 of the report and the catalogue of data descriptions for further information.

Indicator: Number of arrests, charges and convictions for providers in rural and regional NSW Comment: Recommended

11.5 AVAILABILITY OF INDICATOR DATA

	Financial Year				
Recommended indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Number of illicit drug-related phone calls from people in rural and regional NSW (ADIS)	✓	✓	✓	✓	✓
Number of illicit drug-related phone calls from people in rural and regional NSW (FDS)	×	✓	✓	✓	✓
Number of illicit drug-related phone calls from people in rural and regional NSW (KHL)	✓	✓	✓	✓	✓
Number of illicit drug-related phone calls from health professionals in rural and regional NSW (SAS)	✓	✓	✓	✓	✓
Number of illicit drug-related phone calls from health professionals in rural and regional NSW (DAPIR)	×	×	×	✓	✓
Number of blood borne viral infection notifications from rural and regional NSW (NDD)	✓	✓	✓	✓	✓
Number of illicit drug-related presentations to general practitioners in rural and regional NSW (BEACH)	×	✓	✓	✓	✓
Number of ambulance attendances at non-fatal overdose events in rural and regional NSW (ASNSW)	✓	✓	✓	✓	✓
Number of illicit drug-related accident and emergency attendances in rural and regional NSW (EDC)	✓	✓	✓	✓	✓

	Financial Year				
Recommended indicators	**1997-98**	**1998-99**	**1999-00**	**2000-01**	**2001-02**
Number of illicit drug-related inpatient hospital separations in rural and regional NSW (ISC)	✓	✓	✓	✓	✓
Number of needles and syringes distributed in rural and regional NSW (AIDB)	✓	✓	✓	✓	✓
Number of illicit drug-related deaths in rural and regional NSW (DAL)	✓	✓	✓	✓	✓
Number of people in treatment for an illicit drug-related problem in rural and regional NSW (NSW MDS-AODTS)	×	×	×	✓	✓
Number of people registered for opioid pharmacotherapy treatment in rural and regional NSW (NSW MCS)	✓	✓	✓	✓	✓
Number of people diverted from the criminal justice system in rural and regional NSW	×	×	varies	✓	✓
Number of arrests, charges and convictions for providers in rural and regional NSW	✓	✓	✓	✓	✓

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