

Justice Portfolio Drug Strategy Indicators

Annual Report

March 2005

**Office of Crime Statistics
and Research**

Justice Strategy Unit



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Justice Portfolio Drug Strategy Indicators Annual Report

1. Introduction

This project was initiated in July 2002 by the Justice Portfolio's Criminal Justice Leadership Group, under the specific direction of the then Deputy Chief Executive Kym Kelly. Its aim was to identify potential performance indicators that could be used by the Justice Portfolio to measure success in the achievement of its strategic priority "Protecting the community from the consequences of drug trafficking and abuse". The requirement of any potential indicators was that they:

- Should measure the success of Justice strategies at a Portfolio level rather than at an operational level;
- Must be based on existing data sources; and
- Should readily communicate the extent of the illicit drug issue and the progress of justice strategies to the community and across government.

The development of the performance indicators went through the following phases:

1. Review of information on the measurement of existing international, national and state based initiatives relating to illicit drugs. This information comprised police, courts, welfare and health data from a variety of jurisdictions.
2. Interviews with key individuals in the Justice Portfolio, and national and state agencies with an interest in the measurement of the illicit drug situation and programs.
3. Development of a draft model of performance indicators based on the Harm Minimisation model. This model was used to generate discussion on justice-specific performance indicators.
4. Review and refinement of the draft performance indicators and identification of the associated performance measures by a Working Group consisting of representatives from South Australia Police, Courts Administration Authority, Department for Correctional Services, South Australia Ambulance Service, the Office of Crime Statistics and Research, Justice Strategy Division and Strategic Development and Communication.
5. Collation and review of performance measurement data by the Working Group.
6. Identification of categories for the development of performance targets.
7. Development of a pilot performance indicator report for the Criminal Justice Leadership Group.

The initial Criminal Justice Illicit Drugs Performance Indicators report was presented to the Criminal Justice Leadership Group in May 2003, at which time it was agreed that the report should be updated on a regular basis and that work would commence on developing a set of targets in this area.

The Working Group met twice and agreed upon a set of targets against the performance indicators.

Since this work has been completed the Justice Portfolio released its new Strategic Directions document which, whilst changing the wording of the outcome statements, maintained a clear focus on the issue of illicit drugs. The Goal – "To ensure that crime and disorder are dealt with effectively in our State" – and the Outcome – "A safe and reassured community" – indicate that the measurement of drug related performance indicators is still very relevant in

the Justice Portfolio. The 'Justice Approach' described in the Strategic Directions document also refers to and strongly supports the concept of early intervention which is related to the Demand Reduction aspect of the Harm Minimisation model.

Issues considered by the Working Group:

The Working Group debated the meaning of the words "Protecting the community from the consequences of drug trafficking and abuse" and determined that in the 'ideal world' would mean "a community free of harm caused by drugs". More specifically, this would mean a community free from;

- Drug related criminal behaviour;
- Deaths and injury related to drug use; and
- Negative economic drug-related impacts on the State, communities and individuals.

Whilst this outcome statement could be seen as idealistic, the Working Group used it to challenge thinking about the performance indicators and targets that should be considered.

The Working Group also discussed the need for the community to have a realistic view of the extent to which they were at harm from drugs. It noted that community perceptions of drug related issues were often based on media portrayals of the situation rather than on factual evidence. The Group felt that it was important to ensure that, as much as possible, the perception should match reality. This meant that community perceptions would need to be informed by communication from the Justice Portfolio about reduction in drug related impacts on the community. It is recommended that the performance indicators in this report form the basis of communication to the community and across government about the impact and extent of illicit drugs from a Justice perspective.

Data Used

Data in this report have been collated from a variety of sources from within the Justice Portfolio and from external agencies and organisations involved in the collation of national and state level data. Police, courts and corrections service data and community attitude and drug use survey data are used. Wherever possible, South Australian specific data are used but where such information does not exist, national statistics have been cited.

For this report source data have been used to provide:

- An indication of the trends associated with illicit drugs for a five year period;
- Information on a quarterly basis where appropriate, or at a minimum, on an annual basis; and
- Demographic break-downs where appropriate – eg: age and gender.

It should be noted that at this point there are still some gaps and inconsistencies in the current data. Over time, at least some of these issues should be resolved as more data collection processes come on-line.

The Working Group agreed that, in the future, the presentation of benchmark data was essential to put the South Australian results in a context with progress in other jurisdictions – especially interstate and national results. Whilst some benchmark figures have been included in this report it is proposed that the extent of benchmark data would be extended over time.

Targets

The Working Group discussed at length the concept of setting performance targets associated with key Portfolio illicit drugs strategies. The Group agreed that the specification of targets would be useful under the following categories:

- Increased Resilience of SA youth;
- Prevention of illegal drug use;
- Reduce drug related offending and severity of offending;
- Ongoing reduction in overdose rates; and
- Reduction and interruption of supply

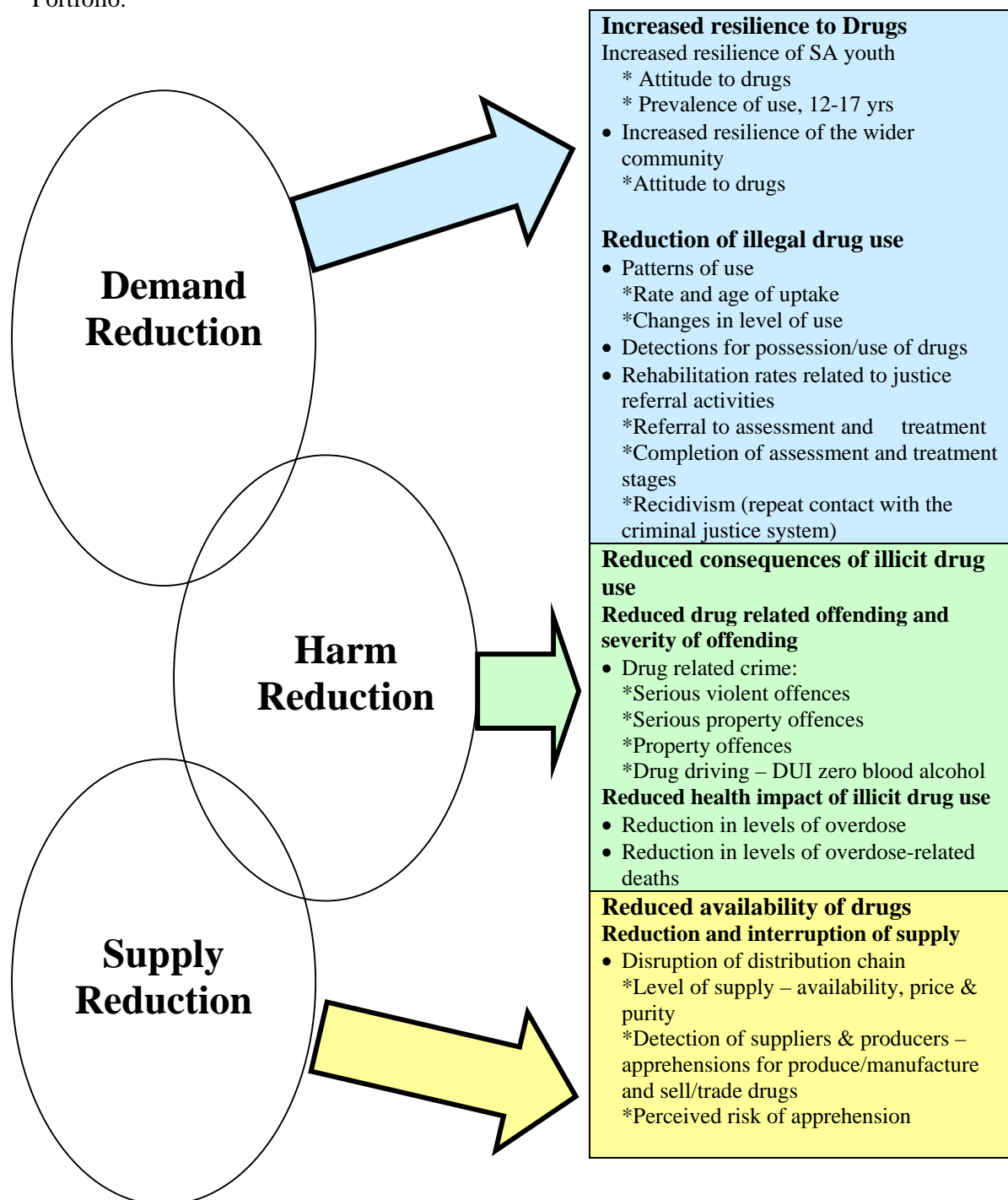
A list of the proposed targets is outlined in Appendix 1.

It should be noted that targets have not, at this stage, been developed for each Indicator area. Instead, only those Indicator areas considered particularly pertinent have been selected for the purposes of ongoing reporting against target measures. However, this will be reviewed as part of the ongoing process of updating the report.

Following finalisation of the proposed targets, work commenced to update the Criminal Justice Illicit Performance Indicators report with current data and to begin recording and reporting the trends against these targets.

2. Annual report of key performance indicators

The harm minimisation framework, endorsed in current National, State and Portfolio strategic plans, provides the key focus areas for the development and monitoring of Portfolio level performance indicators. Accordingly, the indicators have been grouped under the headings outlined below. It should be stressed that throughout this document the term ‘drugs’ refers to illicit drugs. While the misuse of licit drugs, such as alcohol and prescription medication, is acknowledged to be a major issue in the community, it is not the primary focus of the Justice Portfolio.



The following three sections provide a summary of South Australian trends within each of the three harm minimisation categories. Where South Australian specific data are not available, national data have been used.

The data in the following sections predominantly focus on cannabis, opioids, and amphetamines/amphetamine type substances as these three illicit drug types appear most prominently in the data.

Section 1: Demand Reduction

This facet of the harm minimisation framework was considered by the Justice Working Group to be one of the most important for Justice in the long term. The development of stronger personal resilience to drugs, particularly amongst youth, could result in a lower demand for drugs and a reduction in harm caused to both individuals and the wider community by illicit drug use. The theme of **Increased Resilience to Drugs** was therefore considered to be a good descriptor of the long term outcome that was desired from activity in the Demand Reduction area.

Demand Reduction							
<i>Increased resilience to drugs</i>							
Increased resilience of South Australian Youth							
❖ Attitude to drugs	<p>Information on young people's attitude to drugs is relatively scarce. However, the 2001 National Drug Strategy Household Survey¹ indicated that:</p> <ul style="list-style-type: none"> • 31.6% of males and 27.3% of females in the 14-19 year age group approved the regular use of marijuana; • Only 5.1% and 5.3% respectively approved the regular use of amphetamines and speed; and • Approximately 1% in both groups approved the regular use of heroin. 						
❖ Prevalence of use, 12-17 years	<p>South Australian trends: (See Table 1)</p> <ul style="list-style-type: none"> • Use of drugs by 12 – 17 year olds in SA followed Australian trends. • Although there was a decline in the use of cannabis for both males and females between 1996 and 2002, it remained the drug most frequently used by young people. • Heroin use amongst South Australian males aged 12 – 17 years remained stable between 1996 (3.6%) and 1999 (3.7%) but declined to 2.4% in 2002. The heroin drought in 2001 may have contributed to this decline. • In contrast, heroin use amongst females declined from 4.1% to 2.6% in 1999, but remained stable between 1999 and 2002. • 1999 saw an increase in the reported use of ecstasy amongst males (2.9% to 4.3%). However, this decreased to a low of 2.7% in 2002. • The trend for ecstasy use amongst females was different, with figures increasing from 2.3% in 1996 to 3.1% in 2002. 						
Table 1: SA Cannabis and other drug use – ever used, 12-17 years							
Drug Type		Males %			Females %		
		1996	1999	2002	1996	1999	2002
Cannabis		37.6	36.1	27.1	33.4	30.5	26.4
Heroin		3.6	3.7	2.4	4.1	2.6	2.6
Amphetamines		6.4	8.9	7.9	4.8	7.3	6.7
Ecstasy		2.9	4.3	2.7	2.3	2.0	3.1
<p>Source: Drug and alcohol use amongst South Australian School Children: DASC, 1996 Source: Drug and alcohol use amongst South Australian School Children: DASC, 1999 Source: Drug and alcohol use amongst South Australian School Children: DASC, 2002</p>							

¹ 2001 National Drug Strategy Household Survey: Detailed Findings: p8

Demand Reduction

Increased resilience to drugs

Increased resilience of the wider community

❖ Attitude to drugs

- 1 in 3 Australians consider heroin to be the drug of most concern in the community². Heroin was also listed as the primary illicit drug of concern by South Australian clients of DASC.³ This is despite the fact that the statistical evidence indicates amphetamine use is more prevalent and that amphetamine use starts at an earlier age compared with heroin use.
- The most influential factor for first drug use was described as curiosity⁴.
- Amongst males, personal approval of illicit drugs was higher amongst the 20 – 29 and 30 to 39 year age group than for the other age cohorts. For females, support was highest amongst the 14 – 19 and 20 – 29 year groups (see Table 2).

Table 2: Personal approval of illicit drugs

	14-19 year	14-19 year	20-29 year	20-29 year	30-39 year	30-39 year
Drug Type	Male %	Female %	Male %	Female %	Male %	Female %
Cannabis	31.6	27.3	44.8	35.6	37.1	26.6
Heroin	1.3	1.1	2.1	1.0	2.5	0.8
Amphetamines*	5.1	5.3	9.4	5.7	5.9	2.5
Ecstasy**	6.9	4.8	13.7	7.3	6.4	2.6

Source: 2001 National Drug Strategy Household Survey: Detailed findings: page 8

* Non medical use ** Includes other non specified designer drugs *** Non maintenance use

² 2001 National Drug Strategy Household Survey: Detailed findings: p5

³ Weekly, J., Pointer, S & Ali, R (2004). South Australian Drug Trends 2003: Findings from the Illicit Drug Reporting Systems (IDRS). NDARC Technical Report Number 176. Sydney: National Drug and Alcohol Research Centre: p 23

⁴ 2001 National Drug Strategy Household Survey: Detailed findings: p 40

Demand Reduction

Reduction of illegal drug use

Patterns of use

❖ Rate and age of uptake

At a national level, according to the 2001 National Drug Strategy Household Survey:

- Less than 1 in 5 Australians aged 14 and over had used illicit drugs in the previous 12 months⁵.
- The average age of first use of illicit substances ranged from 17.6 years for inhalants to 22.8 years for tranquillisers.
- Four out of five illicit drug users obtained their drugs from friends or acquaintances.⁶
- The 20 to 29 year age category was the most likely to report recent illicit drug use, with prevalence of use declining with age.
- The socio-economic status of users influenced the type of drugs used, with heroin and methadone more likely to be used by lower socio-economic groups and amphetamine and ecstasy more likely to be used by more affluent groups.

At a state level:

- The youngest age of onset, according to the 2001 National Drug Strategy Household Survey, was recorded for alcohol and cannabis which are relatively cheap, easily accessed and have a relatively high approval rating, particularly amongst youth. In contrast, methadone and ecstasy, which are less accessible and more costly, recorded the oldest age of onset (see Table 3).
- A comparison of the mean age of initiation reported by detainees at the two South Australian DUMA sites with the state average derived from the 2001 National Drug Household Survey indicated that detainees at both DUMA sites reported a much younger age of initiation for alcohol and cannabis, but the age of uptake for amphetamines, heroin, methadone and ecstasy did not vary greatly from the state household average. However, in comparing the South Australian population surveyed in the 2001 Australian Household Survey with the detainee populations from both the Adelaide and Elizabeth DUMA sites, variation in the nature and size of the sample and demographic differences must be taken into consideration.

Table 3: Mean age of initiation to specific drugs for South Australia – 2001 National Drug Strategy Household Survey data compared with the self reports of detainees at the South Australian DUMA sites during the 2002-2003 financial year

	2001 NDSHS	DUMA Adelaide	DUMA Elizabeth
Alcohol	17.1 yr	15 yr	16 yr
Cannabis	18.8 yr	14.7 yr	14.6 yr
Amphetamine*	20.0 yr	19.5 yr	19.4 yr
Heroin	21.7 yr	20.1 yr	20.7 yr
Methadone**	22.1 yr	23.0 yr	22.4 yr
Ecstasy**	22.5 yr	22.2 yr	22.4 yr

Source: 2001 National Drug Strategy Household Survey

Source: DUMA Annual Report 2002-2003 Volume 1: Adelaide City Watchhouse

Source: DUMA Annual Report 2002-2003 Volume 2: Elizabeth Police Station Cells

* Non medical use ** Includes other non specified designer drugs *** Non maintenance use

⁵ 2001 National Drug Strategy Household Survey: Detailed findings: p 36

⁶ 2001 National Drug Strategy Household Survey: Detailed findings: Table 7.4

Demand Reduction

Reduction of illegal drug use

Patterns of use

❖ Changes in level of use

- In terms of usage levels, South Australian males were more likely than females to report recent use of cannabis (17.3% compared with 11.2%) and other illicit drugs (3.1% compared with 2.9%)⁷.
- A higher percentage of South Australian males and females reported recent use of cannabis compared with the national average but a lower percentage reported use of other illicit drugs.
- Table 4 indicates that, when compared with the Australian average for the population aged 14 years and over, South Australia had a higher proportion using cannabis and amphetamines.

Table 4: 2001 Household Survey: Recent ^(a) illicit drug use summary; proportion of the population aged 14 years and over, Australian States and Territories

Drug	Aust	SA	NSW	Vic	Qld	WA	Tas	ACT	NT
	(Percent)								
Marijuana/cannabis	12.9	14.2	11.9	11.8	12.7	17.5	11.9	14.4	24.4
Heroin	0.2	*0.1	0.2	0.3	*0.2	0.3	*0.3	*0.4	*0.1
Methadone ¹	0.1	*0.1	*0.1	*0.1	-	*0.1	*0.1	-	*0.3
Other opiates ^(b)	0.3	*0.3	0.2	0.4	0.3	0.6	0.7	0.6	0.8
Amphetamines ^(b)	3.4	4.3	3.4	2.4	2.9	5.8	2.1	4.5	6.3
Ecstasy/designer drugs	2.9	2.0	3.4	3.0	1.7	4.0	0.8	4.8	2.8
Pain-killers/analgesics ^(b)	3.1	3.1	2.5	3.2	3.4	3.9	2.2	3.3	3.8
Cocaine	1.3	0.7	1.8	1.3	0.7	1.5	*0.2	1.5	*0.5
Tranquillisers/sleeping pills ^(b)	1.1	1.4	0.9	1.1	1.2	1.7	1.0	1.4	1.1
Hallucinogens	1.1	1.9	0.9	0.9	0.8	2.0	1.0	1.8	1.7
Injected drugs	0.6	0.8	0.3	0.4	0.6	1.3	1.0	*0.3	1.9
Inhalants	0.4	0.7	0.5	0.3	0.3	0.6	*0.2	0.5	*0.5
Barbiturates ^(b)	0.2	*0.3	*0.1	0.2	*0.2	0.2	*0.1	*0.2	*0.1
Steroids ^(b)	0.2	*0.3	*0.1	0.3	*0.1	*0.1	*0.1	*0.1	*0.1
<i>Any illicit</i>	16.9	17.8	15.8	16.0	16.5	22.0	14.3	18.1	29.2

(a) Used in past 12 months (b) For non-medical purposes (c) For non-maintenance purposes * Relative standard error greater than 50%
Source: 2001 National Drug Strategy Household Survey: State and Territory supplement. AIHW, Canberra, August 2002

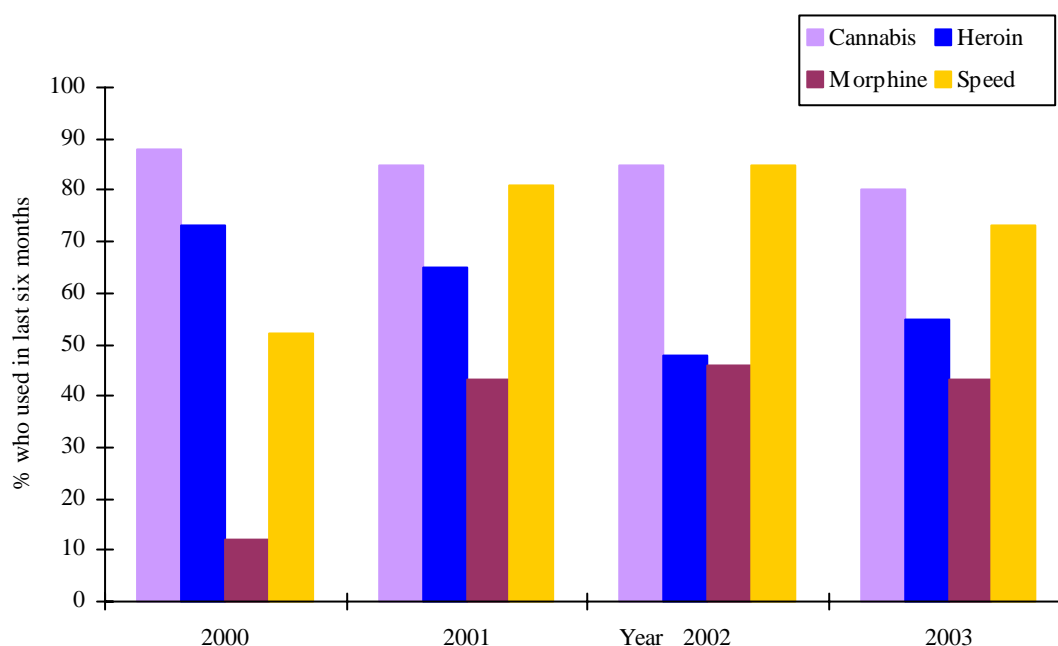
- As part of the 2003 IDRS SA Drug Trends Report, of the 120 intravenous drug users interviewed, the median age of the sample was 34 (range 16 to 54 years) and 53% of those interviewed were male. Of the sample group, 68% were unemployed, 33% had a history of imprisonment and the average number of years spent at school was 10.⁸

⁷ 2001 National Drug Strategy Household Survey: State and Territory supplement. AIHW, Canberra, August 2002: p10

⁸ Weekly, J., Pointer, S. & Ali, R. (2004), South Australian Drug Trends 2003: Findings from the Illicit Drug Reporting System (IDRS). NDARC Technical Report Number 176, Sydney: National Drug and Alcohol Research Centre: p. 5

Demand Reduction	
<i>Reduction of illegal drug use</i>	
Patterns of use	
❖ Changes in level of use	<p>A comparison between the 1998 and 2001 Household Surveys indicated that:</p> <ul style="list-style-type: none"> • The percentage of the South Australian population who reported using marijuana/cannabis in the previous 12 months decreased between 1998 and 2001 (from 17.6% to 14.2%). However, all Australian states recorded a decrease over the same time period. • The proportion of South Australians who reported using amphetamines increased from 3.5% to 4.3% between 1998 and 2001. Only the Northern Territory, Western Australia and the Australian Capital Territory recorded higher amphetamine use in 2001. • While the percentage of South Australians who reported using ecstasy/designer drugs increased slightly between 1998 and 2001, it remained lower than all other states and territories, with the exception of Tasmania and Queensland. <p>Amongst injecting drug users in South Australia:</p> <ul style="list-style-type: none"> • As shown in Figure 1, the use of cannabis has remained relatively stable since 1997, with a small decline in 2003. • Heroin use began to decline in 1998, but dropped more sharply between 2001 and 2002. This sudden decrease could be attributed to the heroin drought of 2001. The South Australian Coroners data reflect this decline, with a drop in heroin-related overdoses causing death from 20.3% of all overdoses in the 2000/2001 financial year, to 3.4% in the 2001/2002 financial year (see Table 8). • The use of morphine amongst injecting drug users showed a significant increase between 2000 and 2001, coinciding with or possibly even slightly pre-dating the heroin drought in South Australia. However, following the conclusion of the drought, morphine use did not decline but remained at a steady rate. • Speed use also increased sharply in 2001. In fact, between 2001 and 2003, speed (amphetamines) surpassed heroin, to be the second most commonly used drug amongst intravenous drug users in South Australia.

Figure 1: Injecting Drug Users: Prevalence of Drug Use: 2000 - 2003



Demand Reduction

Reduction of illegal drug use

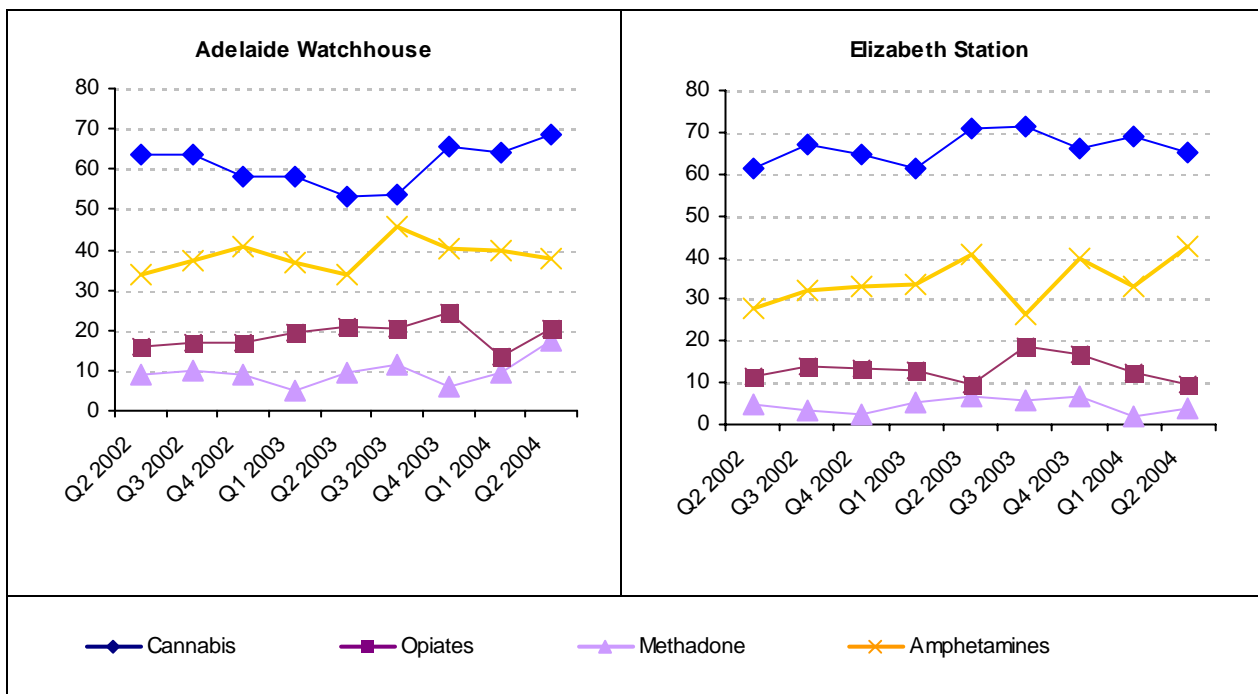
Patterns of use

❖ Changes in level of use (cont)

Changes in the level of illicit drug use among DUMA detainees is depicted in Figure 2.

- A total of 2,770 detainees were interviewed from April 2002 to June 2004 and 2,177 of these agreed to have a urine test. (Note that the DUMA interviews were conducted with detainees at only two sites within South Australia – at the Adelaide City Watchhouse and Elizabeth Police Station Cells).
- The percentage of detainees testing positive for cannabis remained relatively stable at both the Adelaide and Elizabeth sites over the period depicted.
- Despite quarterly fluctuations, the percentage of detainees testing positive to amphetamines was higher in the second quarter of 2004 than two years previously.
- The percentage of detainees testing positive to opiates at the Adelaide site increased until the fourth quarter of 2003 but has dropped slightly since. A somewhat similar pattern also occurred at Elizabeth.

Figure 2: DUMA Urinalysis: percentage of police detainees positive by drug type, Quarter 2, 2002 to Quarter 2, 2004



Demand Reduction

Reduction of illegal drug use

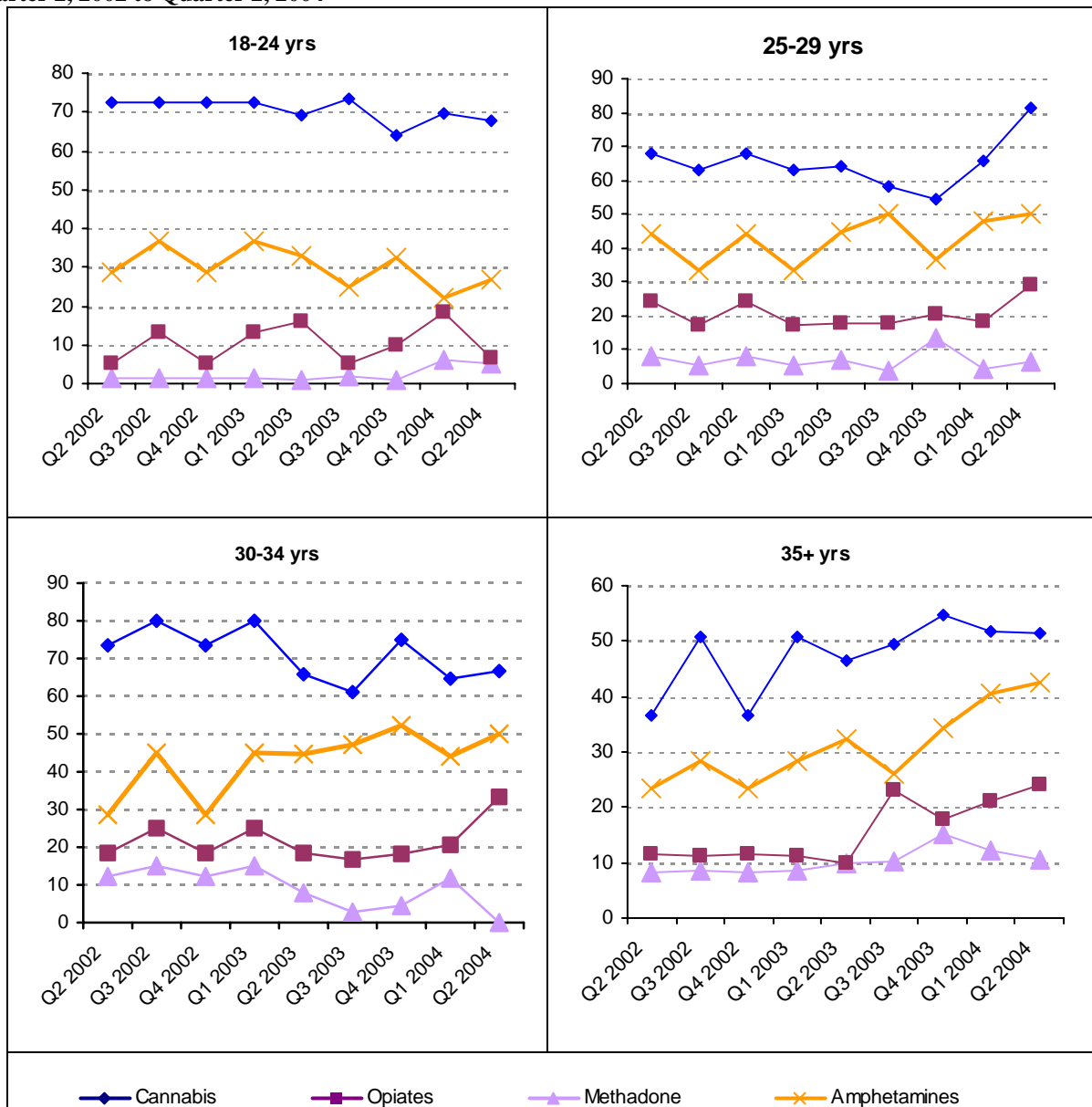
Patterns of use

❖ Changes in level of use

Changes in the relative use of different types of drugs per age category among DUMA detainees is depicted in Figure 3.

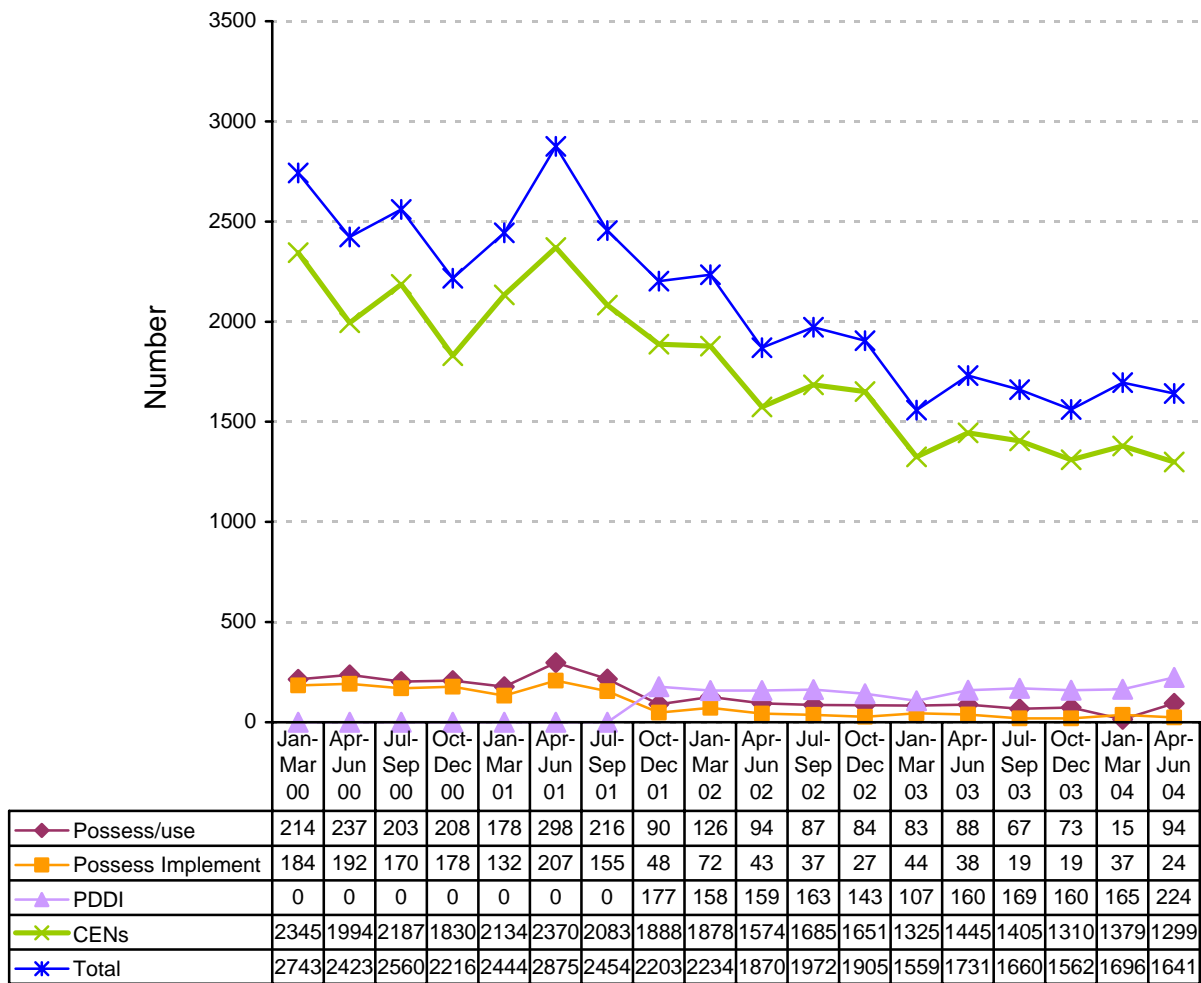
- For all groups, the largest number of detainees tested positive for cannabis.
- Within the 18-24 year age group the proportion testing positive to cannabis remained relatively stable over the period depicted. The same applied to the other three drugs tested. Overall then, there has been no change in the relative use of the different drugs over time.
- For the 25-29 year age category, the proportion testing positive to cannabis showed an upward surge in the second quarter of 2004. Trends in the other three categories remained relatively stable over the period depicted.
- Amongst the 30-34 year age group, there seems to have been a slight drop in the percentage testing positive to cannabis, but an increase in the percentage testing positive to amphetamines.
- In contrast, amongst the 35 year olds, there has been a clear increase in the percentage testing positive to both cannabis and amphetamines. In addition, between the third quarter of 2003 and the second quarter of 2004 there was a period of relatively high use of opiates.

Figure 3: DUMA Urinalysis: percentage of police detainees testing positive by drug type and age group, Quarter 2, 2002 to Quarter 2, 2004



Demand Reduction	
<i>Reduction of illegal drug use</i>	
Detection for possession/use of drugs	
	<ul style="list-style-type: none"> • Cannabis constitutes the majority of South Australian police detections for possession/use of illegal drugs, followed by amphetamines and then opioids. • The number of cannabis detections has declined since January/March 2000 (see Figure 4). • The number of Police Drug Diversions (PDDI)⁹ for the population as a whole has remained consistently low since the introduction of the initiative.

Figure 4: Cannabis Police Detections: Possession/Use Offences¹⁰

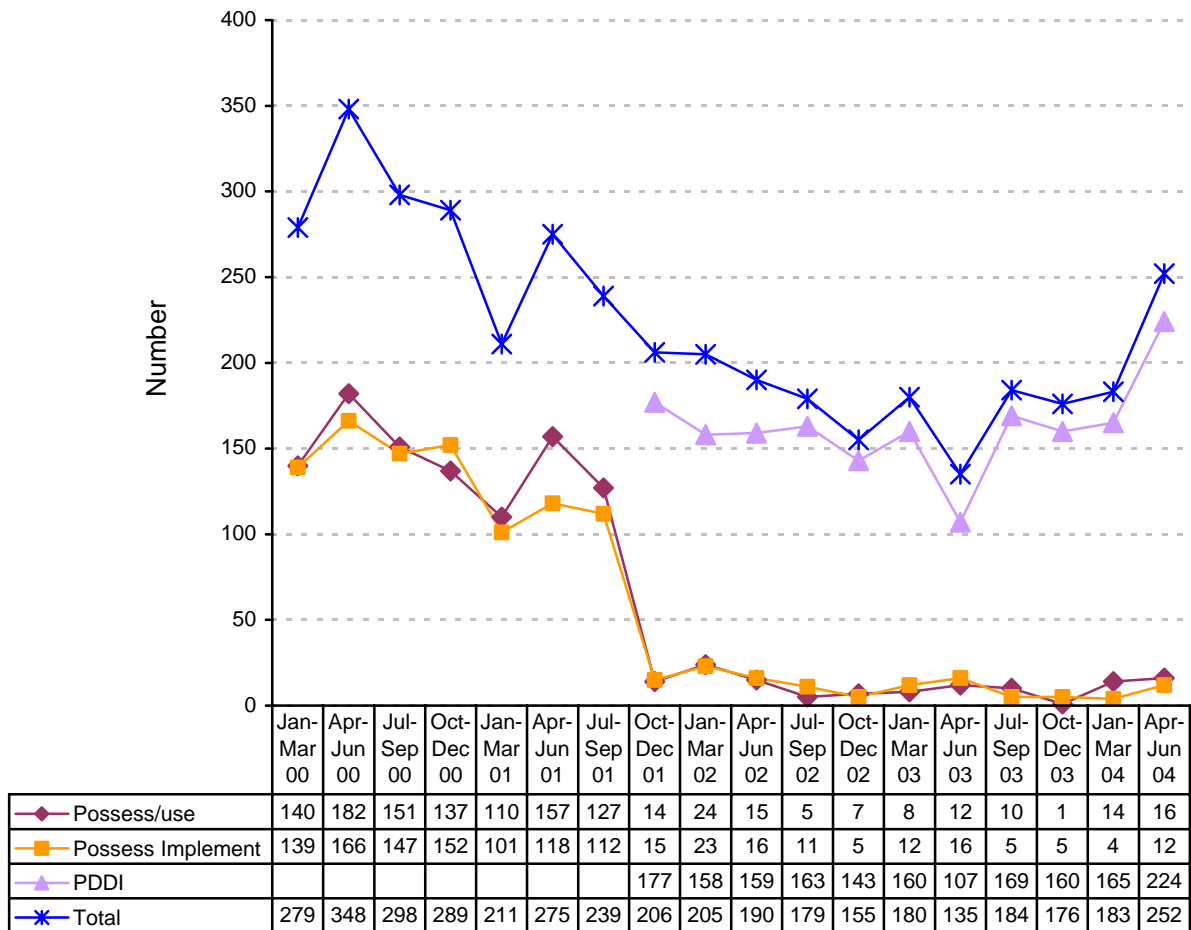


⁹ PDDI: Minor offenders detected for possessing or using drugs, or for possessing drug implements can be referred through the Police Drug Diversion Initiative for educational material (if a juvenile) or for assessment/treatment (juveniles and adults).

¹⁰ Detections: for CENs, this equals the number of Cannabis Expiation Notices issued. For the other offence categories, it represents the number of charges listed on apprehension reports laid by police during the specified period

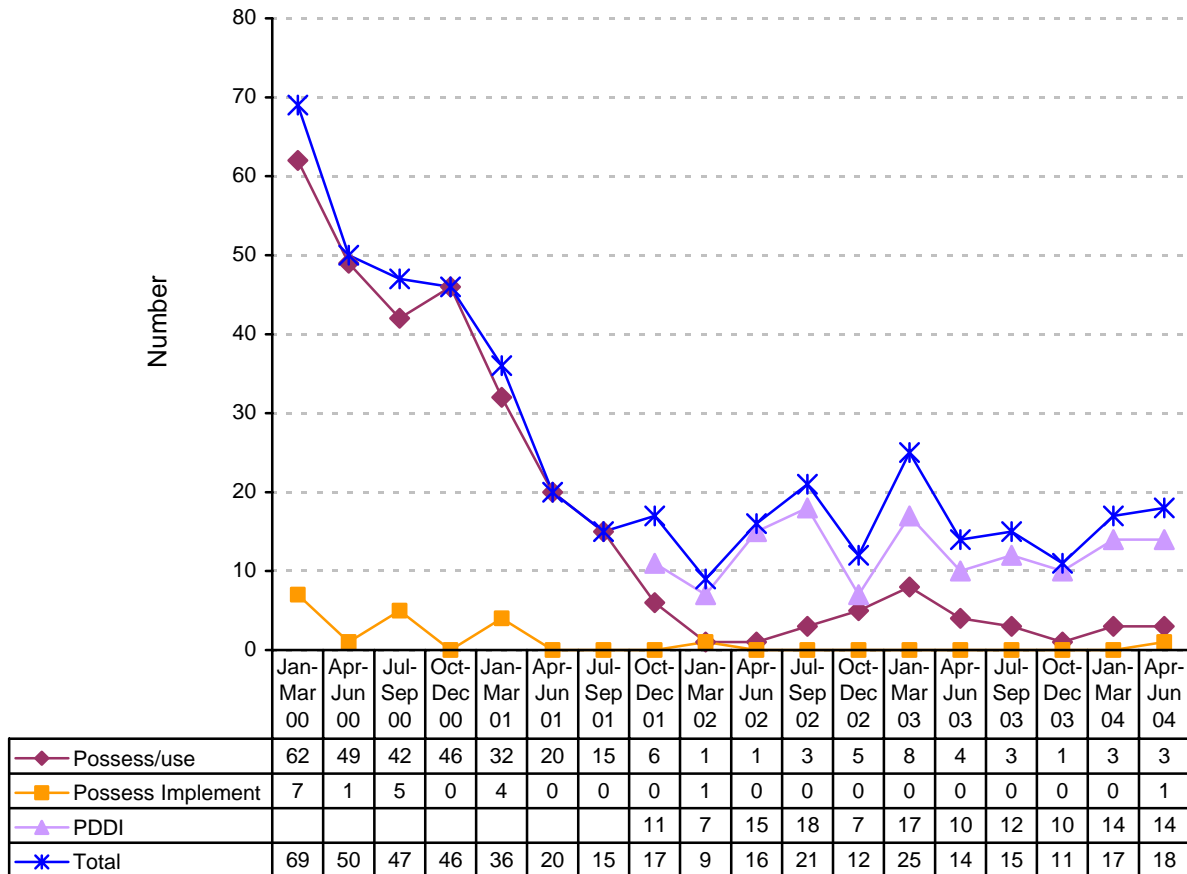
Demand Reduction	
<i>Reduction of illegal drug use</i>	
Detection for possession/use of drugs	
	<ul style="list-style-type: none"> The total number of detections for cannabis possession and use amongst 10-17 year olds also decreased steadily from early 2000 onwards (see Figure 5) However, in the third quarter of 2001 there was a dramatic drop in the number of charges laid by police for possession/use of cannabis and possess implements, due to the introduction of PDDI. The fact that PDDI had such a dramatic impact on juveniles was to be expected given that, prior to its introduction, juveniles were formally charged with these offences. In contrast, adults detected for possession/use of cannabis cannot be dealt with by PDDI but continue to receive CENs, as was the case before PDDI commenced.

Figure 5: Cannabis Police Detections: Possession/Use Offences, 10-17 year olds



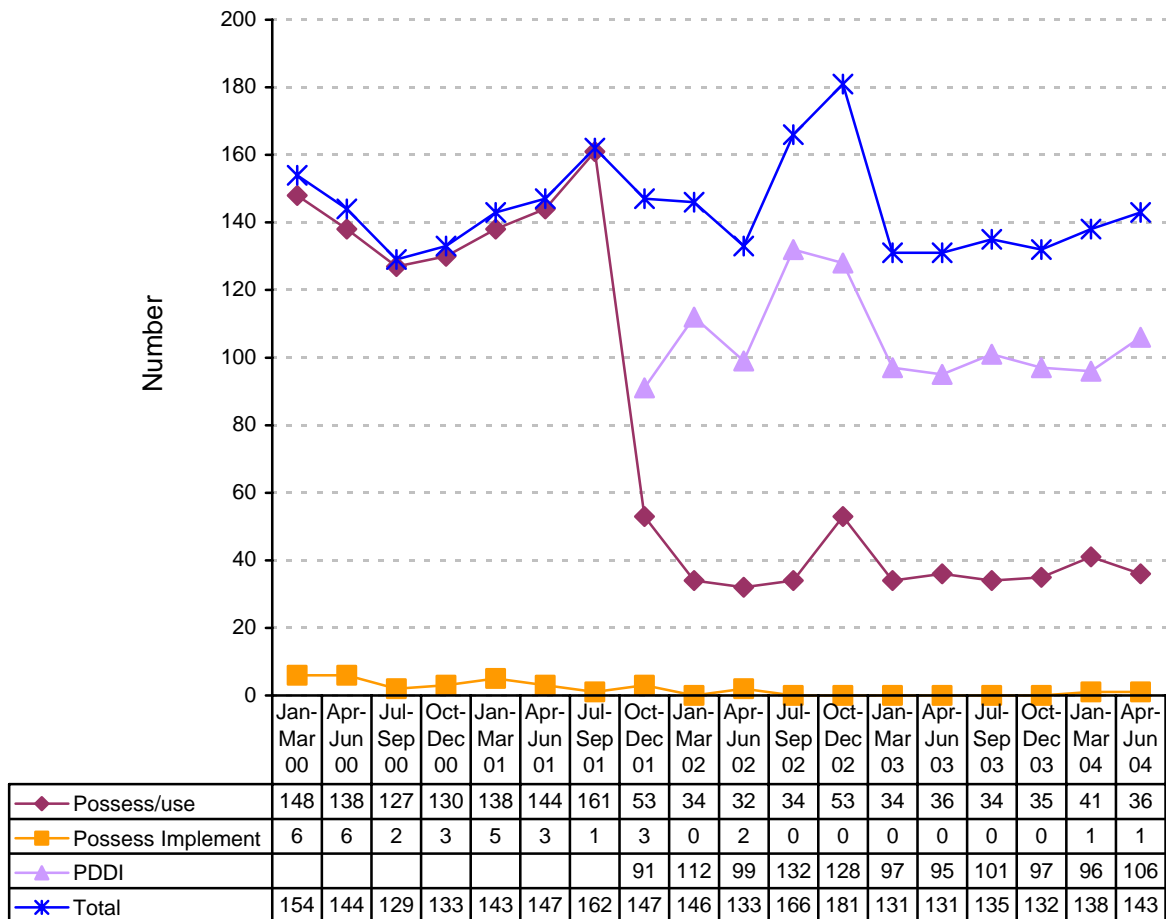
Demand Reduction	
<i>Reduction of illegal drug use</i>	
Detection for possession/use of drugs	
	<ul style="list-style-type: none"> The number of individuals detected for possession/use of opioids decreased dramatically between January 2000 and September 2001 but has remained relatively stable since then. This rapid decline may be attributable to the heroin drought in Australia, which occurred during that period.

Figure 6: Opioids Police Detections: Possess/Use Offences



Demand Reduction	
<i>Reduction of illegal drug use</i>	
Detection for possession/use of drugs	
	<ul style="list-style-type: none"> The total number of amphetamine detections did not fall below 120 for any given quarter between 2000 and 2003. Overall, despite quarterly fluctuations, numbers have remained stable (see Figure 7). The introduction of PDDI during the October – December 2001 quarter resulted in a sharp decrease in the number of amphetamine possession/use charges (from 161 in the July-September 01 quarter to 53 in the October-December 01 quarter) during that period. Prior to PDDI, both adults and juveniles detected for possession of this type of drug were formally charged.

Figure 7: Amphetamine Police Detections: Possess/Use Offences



Demand Reduction

Reduction of illegal drug use

Rehabilitation rates related to Justice referral activities

- ❖ Referral to assessment and treatment
- ❖ Completion of assessment and treatment
- ❖ Recidivism

In South Australia, there are three different referral options for drug offenders, other than through CENs, the normal court or caution/conference process.

- Minor offenders detected for possession or using illicit drugs¹¹ or for possessing drug implements can be referred through PDDI for educational material (if a juvenile)¹² or for assessment/treatment (juveniles and adults).
- Moderately serious offenders prosecuted in the Magistrates Court for a drug-related offence may be dealt with via CARDS.
- Serious drug-related offenders, who are probably facing a term of imprisonment, may be referred to the Drug Court.

Information on each of these three initiatives is detailed below.

Police Drug Diversion Initiative

- From its inception in September/October 2001 to June 2004, 3,406 individuals have been referred (see Table 5). (Note that individuals may have received more than one referral).
- Of the 3,921 treatment referrals issued for both adults and youth, 3,264 (83.2%) fulfilled the requirements, with 133 referrals awaiting an outcome.
- The extent of re-offending following involvement with PDDI (as measured by the number of incidents individuals were charged with) was very similar to that recorded by this group before their contact with PDDI. Overall, for those offenders who were diverted on one occasion only during the first twelve months of the program, just over half (50.7%) had been charged with at least one criminal incident prior to the offence which resulted in their diversion, while 51.9% were charged with at least one criminal incident after diversion. However, when the analysis was limited to detections for drug offences only, there was a reduction in the levels of offending post program. Pre-program, 10.1% of PDDI clients had a prior drug offence recorded against them (i.e. other than the one that resulted in their referral to PDDI). Post program, this fell to 5.4%.
- The pre/post offending comparison indicated some differences between adults and juveniles. Of those juveniles diverted, a higher proportion offended post program (46% compared with 40.3% pre-program). In contrast, fewer adults offended post program (62.5% compared with 68.8% pre-program).

Table 5: PDDI Individuals and Diversions for Youth and Adults, from inception to 30th June 2004

	Diversions	Individuals
Youth	2,424 61.7%	2,100 61.8%
Adults	1,497 38.5%	1,312 38.2%
Total	3,921	3,406

¹¹ PDDI does not apply to cannabis detections amongst adults.

¹² The PDDI process was amended on the 3rd March 2004. All juveniles are now sent straight to an assessment at which time the assessor provides them with drug-related educational material.

Demand Reduction

Reduction of illegal drug use

Rehabilitation rates related to Justice referral activities

- ❖ Referral to assessment and treatment
- ❖ Completion of assessment and treatment
- ❖ Recidivism (contd)

Court Assessment and Referral Drug Scheme (CARDS)

The Magistrates Court Assessment and Referral Drug Scheme operates in conjunction with PDDI and is designed to disrupt the connection between drugs and crime by providing drug assessment as part of the pre-sentencing and post-sentencing process.

Because CARDS has been in operation for only a short time, very little data are currently available. During its first three months of operation:

- 27 referrals had been processed at the Port Adelaide Magistrates Court;
- Of these, 20 had been assessed, with 17 being recommended for treatment.

Drug Court

The Drug Court Pilot Program commenced in May 2000 at the Adelaide Magistrates Court.

- By the 15th October 2004, 356 persons had been accepted onto the program and 81 had completed it.
- A comparison of pre and post-offending was conducted for those 43 clients who had completed the program and who, by the end of March 2004, had at least six months 'free time' post program in which to re-offend. The results indicated that post-program:
 - Almost one quarter of clients (10 of the 43 or 23.3%) had not re-offended post program (with re-offending defined as apprehension by police) while a further 24 (55.8%) were apprehended for fewer incidents. In total then, 34 of the 43 clients recorded lower offending levels post program.
 - Amongst the 33 clients who continued to offend post program, there was a decrease in the seriousness of offences committed. Pre-program, none fell within the 'minor offender' category, based on the most serious offence charged against them during this period. Post program, 45.5% fell within this category. At the other end of the scale, pre-program, 90.9% were classified as serious offenders. Post program this declined to 45.5%.

Section 2: Harm Reduction

For this facet of the harm minimisation framework the high level outcome is described as **Reduced consequences of drug use**. It was recognised that a range of outcomes under this heading involved an overlap of activity between the Justice Portfolio and others across the wider network of Government agencies. The data collated here relate only to those aspects where the Justice Portfolio has specific responsibility. The data have been sourced from South Australian Police, the Courts Administration Authority, the Office of Crime Statistics and Research, South Australia Ambulance Service, Department for Correctional Services and Drug Use Monitoring in Australia records.

Harm Reduction	
<i>Reduced drug-related offending and severity of offending</i>	
Drug-related crime:	
<ul style="list-style-type: none"> ❖ Serious violent offences ❖ Serious property offences ❖ Property offences 	<p>The Australian Institute of Criminology’s report entitled ‘Key findings from the Drug Use Careers of Offenders (DUCO) Study’¹³ examined the offending and drug use behaviours of 2,135 adult male inmates who had been sentenced in Queensland, Western Australia, Tasmania and the Northern Territory, to assess possible links between drug use and crime. It found that:</p> <ul style="list-style-type: none"> • 39% of male offenders within the DUCO study causally attributed their current most serious offence to illegal drugs or alcohol; • The proportion of the sample attributing their offending to drugs and/or alcohol was greatest for fraud offenders, followed by regular multiple offenders and property offenders. <p>The AIC released a similar report detailing the links between female drug use and offending, entitled ‘The Female Criminal: An Overview of Women’s Drug Use and Offending Behaviour’. The report drew upon several studies, and found that the severity of a woman’s drug use is more closely related to their participation in criminal activity than it is for men. The majority of this criminal activity relates to prostitution, drug dealing offences and property crime.¹⁴</p> <p>South Australian DUMA data for July 2002 to June 2004 identified that:</p> <ul style="list-style-type: none"> • 74.9% of individuals arrested for violent crime had used drugs within the past 30 days; • 81.1% of individuals arrested for property offences had used drugs within the past 30 days; • 75.0% of individuals arrested for good order offences had used drugs in the past 30 days; • Approximately one in seven detainees interviewed at both the Adelaide and Elizabeth sites between July 2002 and June 2004 reported that all of the offences they had committed in the previous 12 months were drug related¹⁵ (16.7% of Adelaide and 15.4% of Elizabeth detainees).¹⁶ <p>A survey of 120 injecting drug users in South Australia in 2003 found that:</p> <ul style="list-style-type: none"> • 45% admitted to committing an offence in the previous month (compared with 33% of those surveyed in 2002); • Dealing and property crime were the most common crimes committed.¹⁷ <p>It can be concluded that a link between illegal drug use and crime does exist. However, evidence collected to date stops short of proving whether or not illegal drug use is a precursor to offending or coincidental.</p>

¹³ Makkai, T and Payne, J (2003), AIC trends & issues No. 267: Key Findings from the Drug Use Careers of Offenders (DUCO) Study: page 8

Harm Reduction

Reduced drug-related offending and severity of offending

Drug-related crime:

- ❖ Drug driving
 - DUI zero
 - Blood
 - Alcohol

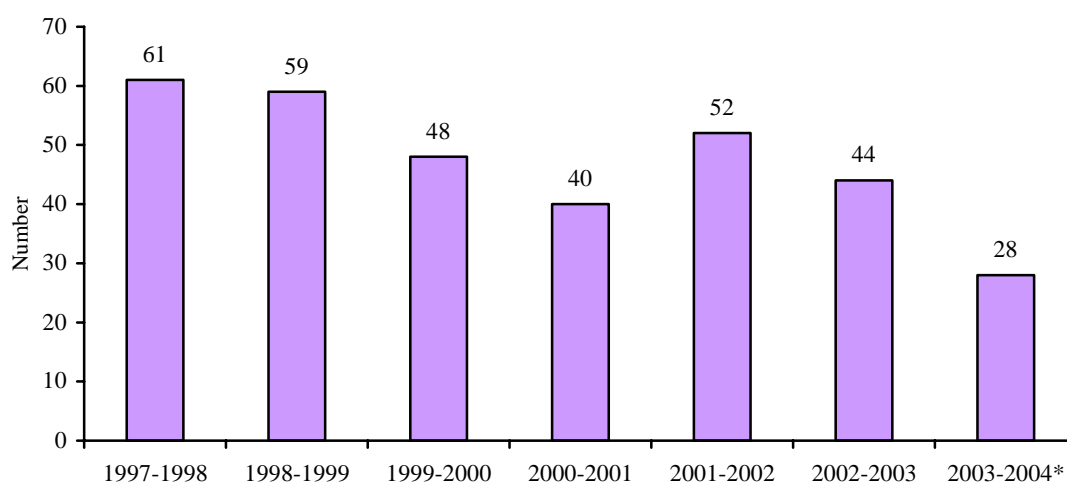
At a national level:

- The 2001 National Drug Strategy Household Survey indicated that one quarter of persons aged 14 years and over had driven a vehicle while under the influence of illicit drugs in the previous 12 months. The proportion was much higher for males (30.6% compared with 16.8% of females)¹⁸.
- The AAMI Young Driver's Index 2003 (based on claims data and a survey of 1600 young drivers from around Australia, with the exclusion of WA and NT found that, on average:
 - 1 in 5 drivers under 25 surveyed had driven after taking recreational drugs such as marijuana, cocaine, speed or ecstasy.
 - the number of drivers under 25 who reported drug driving had increased by 15% between 2002 and 2003.¹⁹

Currently, available data for South Australia are limited:

- Figure 8 shows the number of individuals apprehended for DUI zero blood alcohol, which indicates that drugs were involved. This is considered to be a gross under-estimation of the extent of the problem²⁰.

Figure 8: Number of People Driving under the Influence of Drugs Road Traffic Act, Section 47 (1) (A) pt 2



¹⁴ Willis, K and Rushforth, C (2003), AIC trends & issues No. 264: The Female Criminal: An Overview of Women's Drug Use and Offending Behaviour: page 5

¹⁵ The DUMA survey does not define what is meant by 'drug-related'.

¹⁶ DUMA Annual Report 2002-2003 Volume 3: Comparisons of South Australian DUMA sites

¹⁷ Weekly, Pointer, and Ali, NDARC 2004: p. 81

¹⁸ 2001 National Drug Strategy Household Survey: Detailed findings: page 91

¹⁹ AAMI Young Drivers Index 2003

²⁰ Source: SAPOL

Harm Reduction

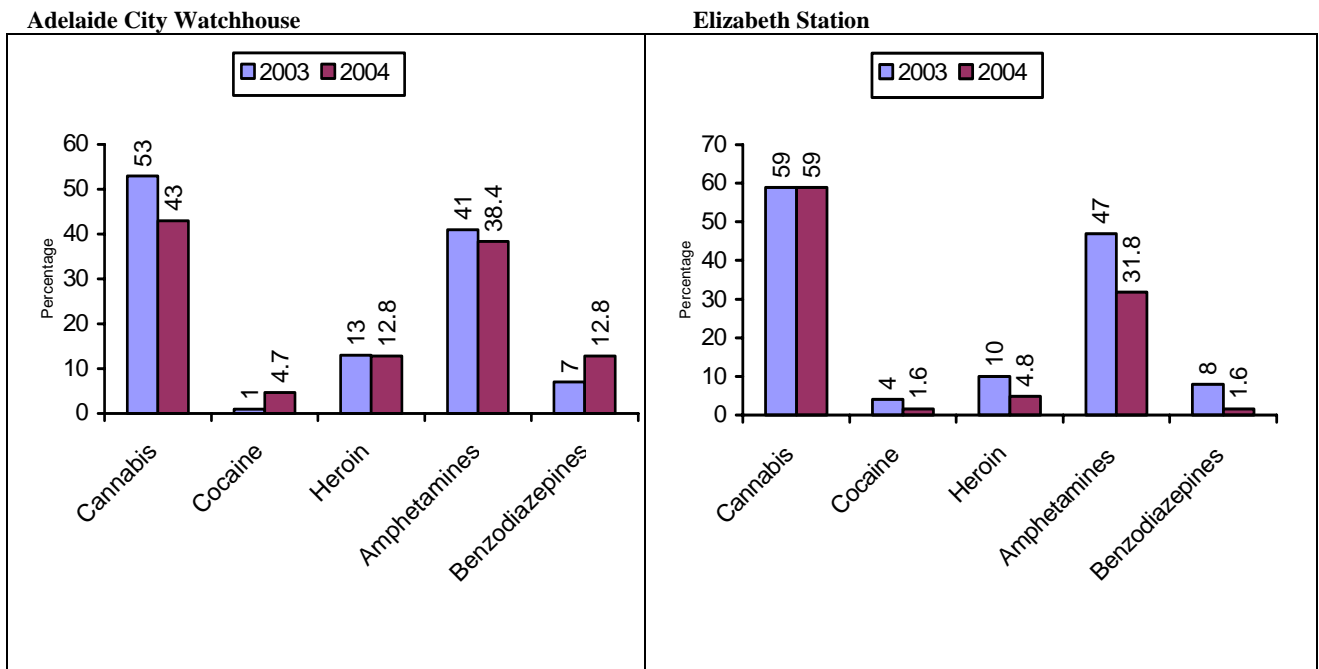
Reduced drug-related offending and severity of offending

Drug-related crime:

❖ Drug driving –
DUI zero
Blood Alcohol
(contd)

- An addendum run for the DUMA study in the March-June quarter of 2003 identified the percentage of detainees processed through the Adelaide Watchhouse and Elizabeth Police cells who reported that they had driven a vehicle after using drugs (see Figure 9). At both sites, over half had driven while under the influence of cannabis and just under half while under the influence of amphetamines.
- The same addendum was run in the March-June quarter of 2004 for comparative purposes.
- While the percentage of detainees at the Adelaide City Watchhouse who reported having driven while under the influence of cannabis had decreased, the percentage who reported driving while under the influence of cocaine and benzodiazepines was higher in the 2004 quarter.
- In contrast, the 2004 drug driving addendum indicated a decrease in the percentage of detainees at the Elizabeth station who reported driving while under the influence for each of the drugs listed with the exception of cannabis, which remained stable.

Figure 9: Percentage of detainees who had driven in the past 12 months while under the influence – a comparison of the Adelaide City Watchhouse and Elizabeth Police Station 2003²¹ and 2004²²



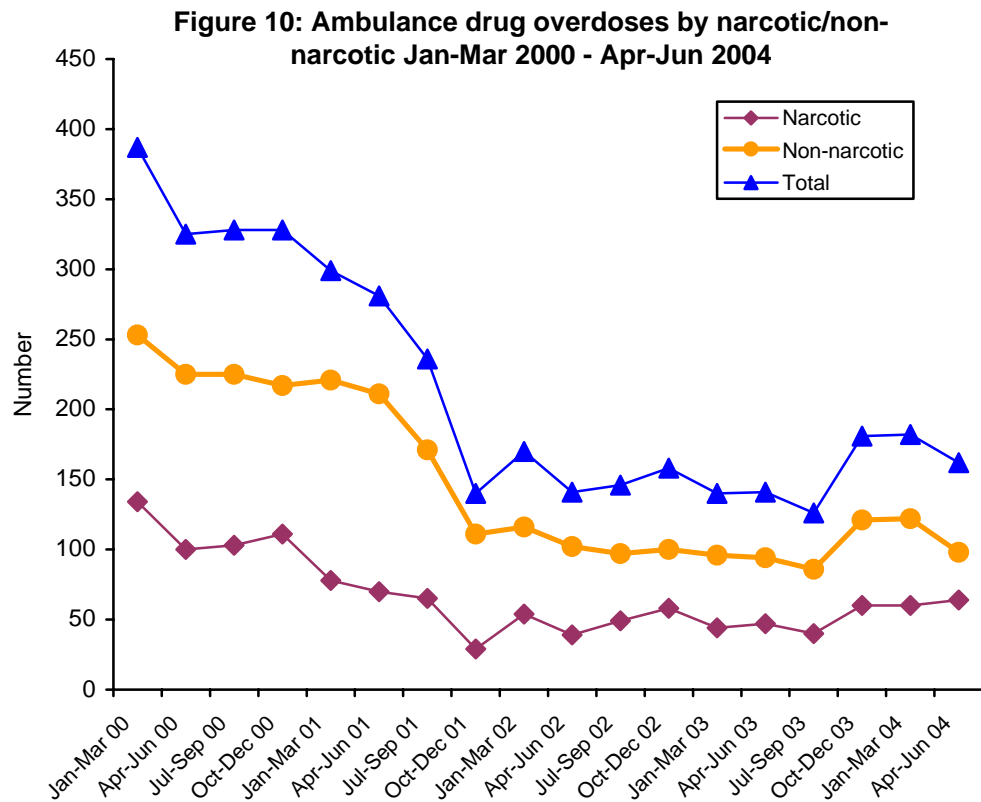
²¹ DUMA: Drug Driving Addendum: 2nd quarter, 2003. AIC.

²² DUMA: Drug Driving Addendum: 2nd quarter, 2004. AIC

Harm Reduction

Reduced drug-related offending and severity of offending

Drug-related crime:



- Both the narcotic and non-narcotic overdose statistics follow similar trends, both remaining relatively stable since the October-December 2001 quarter. However, the October-December 2003 period saw an increase in both overdose categories, with the total number of overdoses the highest since the July-September 2001 quarter.
- As at June 2004, a slightly higher proportion of males (54.2%) than females (45.5%) required ambulance assistance for overdoses.
- Table 6 outlines the age categories of those individuals receiving ambulance overdose attendance between July 2000 and June 2004 at the time of attendance.
- The 18-24 and 25-34 year categories accounted for the highest proportion of attendances across the four years depicted.

Table 6: Ambulance attendance at overdoses by age: July 2000 to June 2004 (SAAS)

Age category	2000-2001 Financial Yr Percentage n = 1,236	2001-2002 Financial Yr Percentage n=687	2002-2003 Financial Yr Percentage n=585	2003-2004 Financial Yr Percentage n=651
1-9 yrs	0.5	0.9	0.7	0.8
10-17 yrs	10.7	10.2	13.2	13.5
18-24 yrs	21.0	23.6	24.6	24.4
25-34 yrs	27.0	26.3	23.4	23.2
35-44 yrs	14.6	13.1	16.9	18.3
45-54 yrs	9.7	6.4	7.5	10.0
55-64 yrs	3.8	3.3	1.4	2.8
65 plus	6.0	7.9	6.0	3.5
Age N/A	6.7	8.3	6.3	3.5

Harm Reduction

Reduced health impact of illicit drug use

Reduction in levels of overdose-related deaths

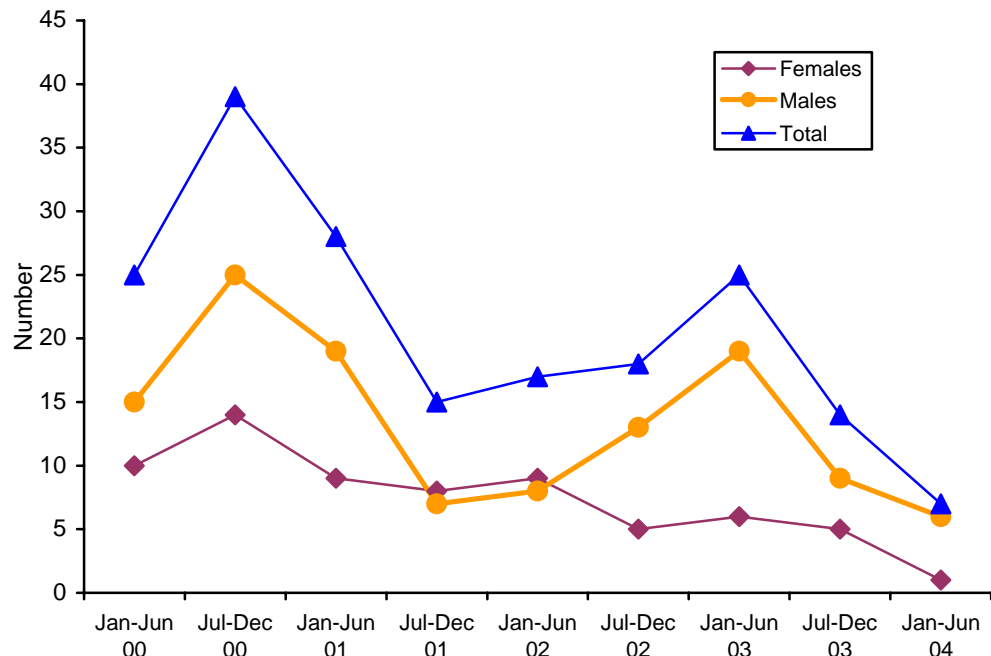
At a national level:

- Drug induced deaths peaked in Australia in 1999, but by 2001 had fallen by over 40%, from 9.1 to 5.1 registered deaths per 100,000 persons.²³
- The decrease was primarily due to a fall in deaths due to heroin use, particularly amongst men. It seems to be linked to the heroin drought and the resultant decreased usage of this opioid.
- The main decreases occurred in New South Wales and Victoria, with South Australia, Queensland and Western Australia recording smaller decreases. Differences between the states in the rate of drug induced deaths are now relatively small.
- Rates of drug-induced deaths were highest amongst the 25-29 and 30-34 year olds.

Within South Australia:

- As with ambulance overdose data, the Coroners data reflect an overall decrease in overdose deaths from illicit drug use in SA from 2000 to 2004. Despite an increase in the January-June 2003 period, January-June 2004 saw the number of overdose deaths decrease to 7, the lowest for the period reported.
- Of the 22 overdose deaths in the 2003/2004 financial year, the cases were spread relatively evenly across the age categories, with the highest number (6) recorded in the 45-54 year age bracket. A total of 5 overdose deaths were recorded for both the 18-24 and 25-34 year age brackets.

Figure 11: SA Coroners data: Deaths from overdoses: Jan – June 2000 to Jan – June 2004



²³ Source: Drug Induced Deaths: ABS, 2003: p2

Harm Reduction

Reduced health impact of illicit drug use

Reduction in levels of overdose-related deaths (contd)

- Between July 1999 and June 2004 (see Table 7), of the 232 fatal overdoses:
 - 99 (42.7%) involved the use of opioids (this refers to any overdose that involved heroin, methadone or morphine);
 - 10 (4.3%) involved the use of amphetamines;
 - Alcohol was detected in 33 (14.2 %) of drug related fatal overdoses;
- Of the 122 males who died of an overdose in South Australia between January 2000 and June 2004, 65.6% died at their place of residence.
- Of the 64 females who died of an overdose in South Australia during the same period, 76.6% died at their place of residence.
- A Department for Correctional Services review of the death from overdose statistics shown that of the 232 deaths recorded from July 1999 to June 2004, 39 of these (16.8%) had a current Community Supervision Order or had been released from prison less than 2 months earlier. Of these:
 - 28 had been released from prison or remand less than 2 months earlier;
 - 33 were on a current community supervision order; and
 - 22 were in both categories.
- 77% of the DCS related overdoses occurred in the 25 to 44 year age group.
- 51% of the DCS related overdoses resulted from opioid overdoses.

Table 7: Coroner's Data: Death by Overdose by Drug Type: July 1999 – December 2003

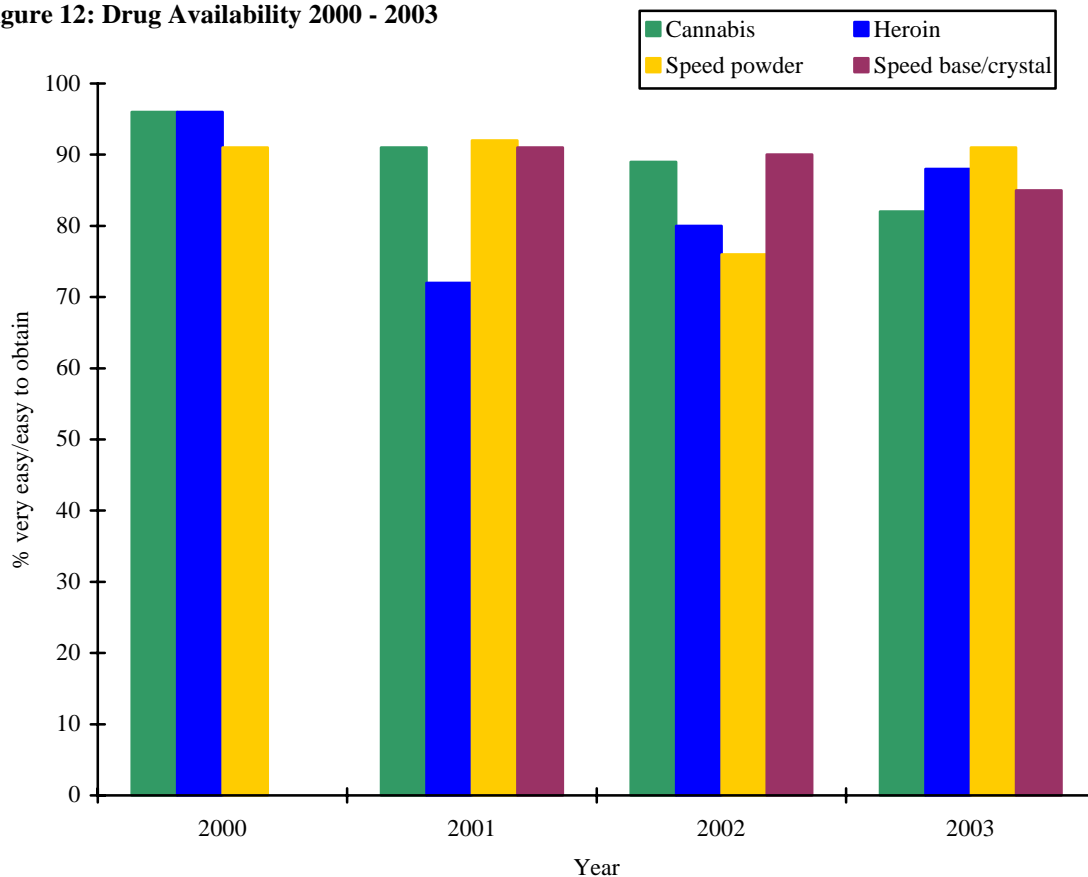
Cause of Death	Financial Year					Total %
	1999-2000 %	2000-2001 %	2001-2002 %	2002-2003 %	2003-2004 %	
Amphetamine related overdoses	5.9	3.0	6.3	4.7	0	4.3
Heroin related overdoses	33.8	19.4	3.1	7.0	0	17.2
Methadone related overdoses	2.9	10.4	9.4	9.3	9.1	7.8
Mixed Drugs	22.1	35.8	28.1	27.9	45.5	30.0
Morphine related overdoses	17.6	13.4	21.9	20.9	18.2	17.7
Prescription drug related overdoses	14.7	13.4	21.9	20.9	18.2	16.8
Other	2.9	4.5	9.4	9.3	9.1	6.0
Total	100 (n=68)	100 (n=67)	100 (n=32)	100 (n=43)	100 (n=22)	100 (n=232)

Section 3: Supply Reduction

For this facet of the Harm Minimisation model the high level outcome was described as **Reduced Availability**. The focus is specifically on reduction and interruption of supply through impact at the wholesale and retail/street level. The data have been sourced from South Australia Police, the Courts Administration Authority, the Office of Crime Statistics and Research, the Drug Use Monitoring in Australia project and Illicit Drug Reporting System records.

Supply Reduction	
<i>Reduction and interruption of supply</i>	
Disruption of distribution chain	
<ul style="list-style-type: none"> ❖ Level of supply – availability 	<ul style="list-style-type: none"> • The availability of cannabis has continued to decline since 2000, with both heroin and speed reported to be more readily available in 2003. This decline may be attributed to changes in South Australian legislation or police practices. • The SA Drug Trends Report 2003 stated that, despite its declining availability, cannabis remains easily attainable in South Australia, with over 80% of the injecting drug users surveyed reporting no difficulty in obtaining it.²⁴ • The supply of heroin decreased in 2001. However, it has since increased and in 2003 recorded a level only slightly lower than the level recorded in the pre-drought period.

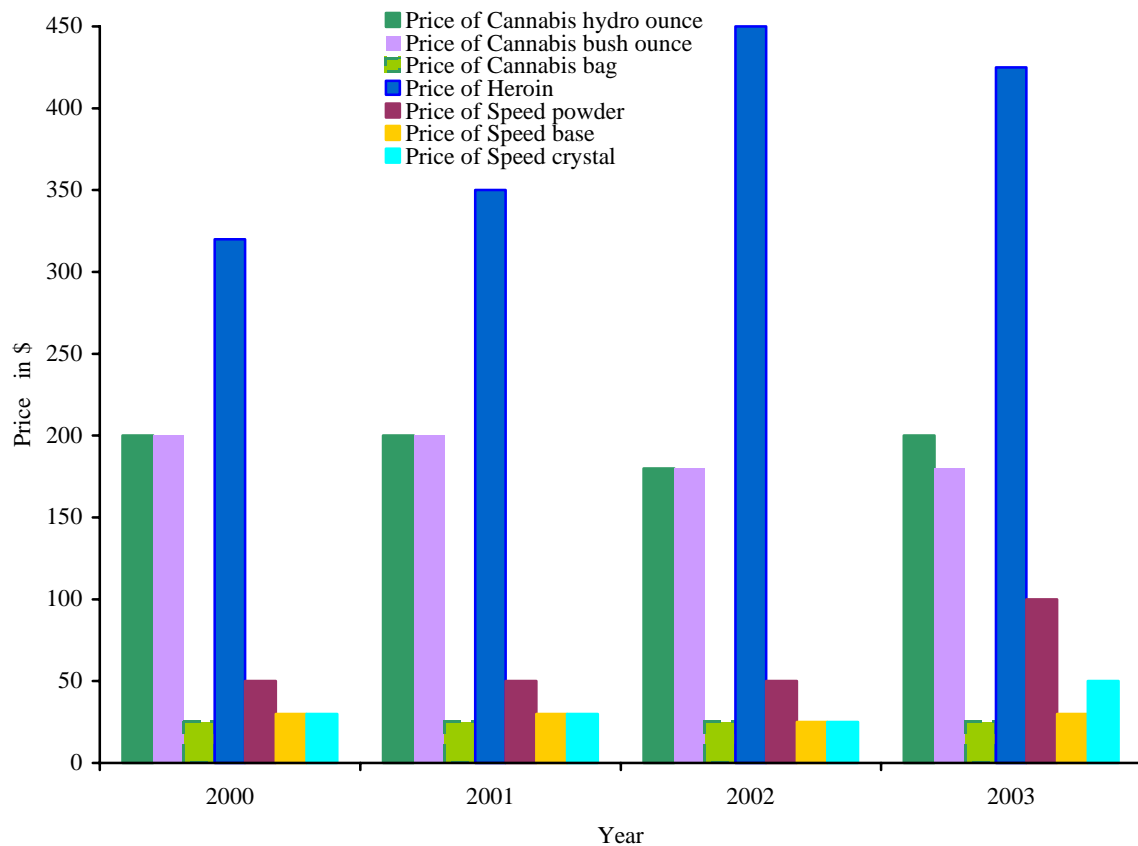
Figure 12: Drug Availability 2000 - 2003



²⁴ Weekly, J., Pointer, S. & Ali, R. (2004), South Australian Drug Trends 2003: Findings from the Illicit Drug Reporting System (IDRS). NDARC Technical Report Number 176, Sydney: National Drug and Alcohol Research centre: p55

Supply Reduction	
<i>Reduction and interruption of supply</i>	
Disruption of distribution chain	
❖ Level of supply – price	<ul style="list-style-type: none"> • Whilst there was a significant decrease in availability of heroin in 2001 the price increased in both 2001 and 2002. While it declined in 2003, it is still higher than the average in 2001. • The lower price for speed base and crystal has resulted in an increased use of this form of amphetamine over the powder form. • While the price of cannabis has remained relatively stable over the four year period examined, the price of hydroponic cannabis increased to \$200 per ounce in 2003, while the average price of an ounce of bush grown cannabis did not differ from 2002.

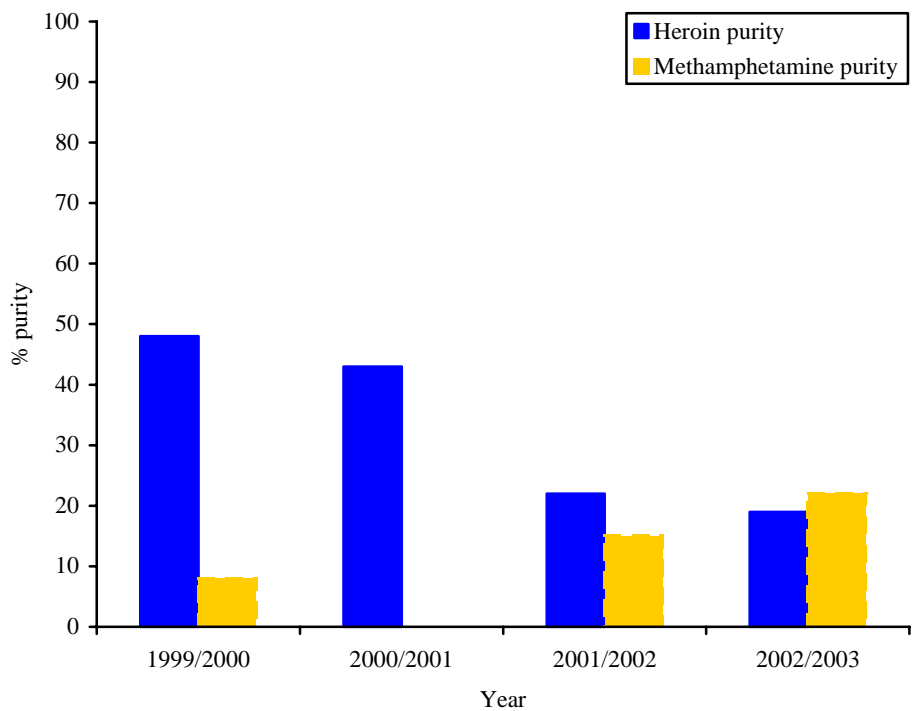
Figure 13: Drug Price: 2000 - 2003



Weekly, J., Pointer, S. & Ali, R (2004). South Australian Drug Trends 2003: Findings from the Illicit Drug Reporting System(IDRS). NDARC Technical Report Number 176. Sydney: National Drug and Alcohol Research Centre.

Supply Reduction	
<i>Reduction and interruption of supply</i>	
Disruption of distribution chain	
❖ Level of supply – purity	<ul style="list-style-type: none"> • There has been a steady decline in the purity of heroin, with the purity reported for 2002/2003 the lowest for the period examined. • Whilst the data for amphetamine purity are incomplete for this period there seems to be a trend towards increased purity. • Purity data for cannabis were not available but the Illicit Drug Reporting System interview results indicate that there has been an increase in the potency of the product available.

Figure 14: Drug Purity: 1999/2000 - 2002/2003



Note that in 2000/2001, no methamphetamine seizures were analysed.
Drug Purity based on seizures by SAPOL.

Weekly, J., Pointer, S. & Ali, R (2004). South Australian Drug Trends 2003: Findings from the Illicit Drug Reporting System(IDRS). NDARC Technical Report Number 176. Sydney: National Drug and Alcohol Research Centre.

Supply Reduction

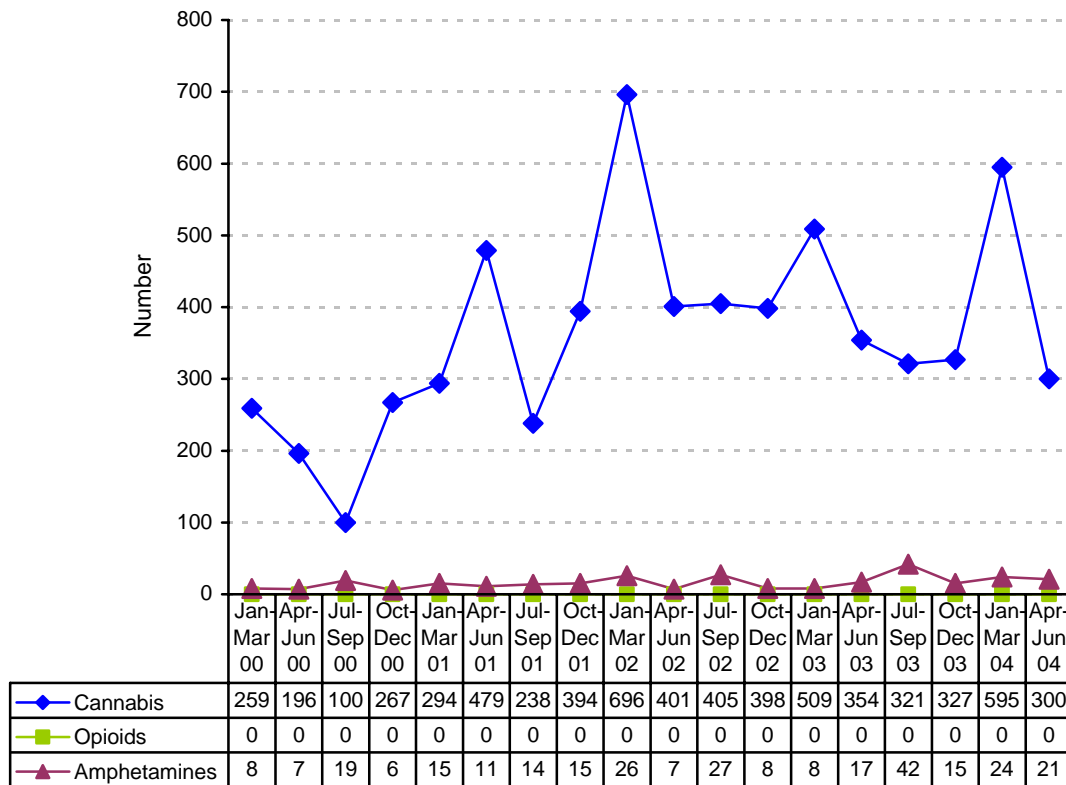
Reduction and interruption of supply

Disruption of distribution chain

❖ Detection of suppliers & producers – apprehensions for produce and sell/trade drugs

- Figure 15 outlines the number of produce/manufacture charges listed on the apprehension reports laid by police between January 2000 and June 2004.
- The majority of charges laid in the specified period relate to the production of cannabis.
- The number of cannabis charges increased from the January-March 2000 quarter and peaked at 696 in the January-March 2002 quarter, before declining to 327 in the October-December 2003 quarter.
- The number of charges relating to the production/manufacture of opioids and amphetamines remained consistently low for the duration of the recording period.

Figure 15: Total Produce/Manufacture Offences by drug type



Supply Reduction

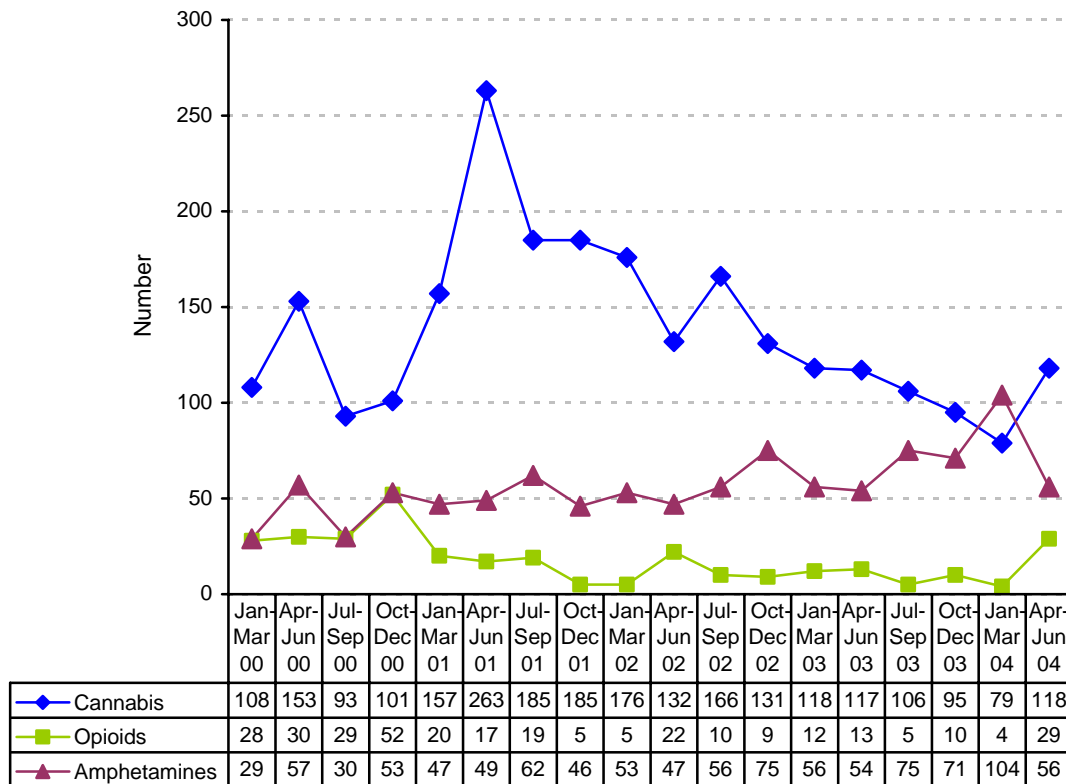
Reduction and interruption of supply

Disruption of distribution chain

❖ Detection of suppliers & producers – apprehensions for import, produce and sell/trade drugs

- Figure 16 outlines the number of sell/trade charges listed on the apprehension reports laid by police between January 2000 and June 2004.
- The number of cannabis sell/trade charges was higher than those for amphetamines and opioids during the recording period with the exception of the January-March 2004 quarter. However, the number has declined since the April-June 2001 quarter.
- By contrast, the number of amphetamine sell/trade charges has steadily increased since the October-December 2001 quarter and, by the January-March 2004 quarter, exceeded the number of cannabis charges for the first time in the period depicted. However, this increase was not sustained in the second quarter of 2004, with numbers almost halving from 104 to 56.
- The number of opioid sell/trade charges peaked in the October-December 2000 period, but generally declined in the next quarter and remained relatively stable until the April-June 2004 quarter when numbers increased from 4 to 29.

Figure 16: Total Sell/Trade Offences by drug type



Supply Reduction

Reduction and interruption of supply

Disruption of distribution chain

❖ Perceived risk of apprehensions

- Detainees participating in the Drug Use Monitoring in Australia (DUMA) project at both the Adelaide City Watchhouse and the Elizabeth Police Station cells in the 2002/2003 financial year²⁵ were asked to indicate which drugs they perceived to be ‘very risky’ or ‘somewhat risky’ to obtain in their area (See Table 8).
- As shown, detainees at both sites perceived that the purchase of cannabis involved the least amount of risk.
- For amphetamines, heroin and cocaine, the majority of respondents considered it risky to purchase these drugs in their area.
- There was very little variation between the sites with regard to the types of drugs that were perceived as risky to purchase, with a slightly higher percentage of detainees at Elizabeth reporting that it was risky to purchase amphetamines, heroin and cocaine.

Table 8: Percentage of detainees who reported it was risky to buy drugs in the area where they lived by drug type, DUMA

Drug Type	DUMA Adelaide %	DUMA Elizabeth %
Cannabis	32.0	30.6
Amphetamines	57.9	60.3
Heroin	66.7	71.8
Cocaine	67.7	73.9

²⁵ DUMA: Annual Report 2002-2003 Vol 3: Comparisons of South Australian DUMA sites. AIC: p24

Justice Portfolio Drug Strategy Indicators Project

Indicators and Targets

Demand Reduction

Indicator Area	Target
Increased resilience of SA youth	<ul style="list-style-type: none"> Reduce approval levels in 14 to 19 year old group for cannabis and amphetamines
Reduction of illegal drug use: Patterns of use	<ul style="list-style-type: none"> Increase average age of first use Reduce proportion of 12 to 17 year olds using drugs
Reduction of illegal drug use: Rehabilitation rates related to justice referral activities	<ul style="list-style-type: none"> Increase participation in DCS counselling or treatment for drug affected clients Increase in the percentage of negative drug tests returned by Drug Court clients who complete the program. Reduce repeat offending in the 12 to 17 year old category

Harm Reduction

Indicator Area	Target
Reduced drug-related offending and severity of offending	<ul style="list-style-type: none"> Reduce illicit drug-related crime 'DUI – drugs' database established
Reduced health impact of illicit drug use: Reduction in levels of overdose-related deaths	<ul style="list-style-type: none"> Reduce overdose deaths: <ul style="list-style-type: none"> Juvenile group by 10% 25 to 45 year olds by 10% DCS contact group by 10%

Supply Reduction

Indicator Area	Target
Reduction and interruption of supply: Disruption of distribution chain – detection of suppliers and producers	<ul style="list-style-type: none"> Increase detection of suppliers, producers and distributors