
Special Commission of Inquiry into crystal methamphetamine and other amphetamine-type stimulants



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Professor Dan Howard SC
January 2020

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Special Commission of Inquiry into crystal methamphetamine and other amphetamine-type stimulants

Report
Volume 1 of 4
January 2020





Special Commission of Inquiry into the Drug 'Ice'

28 January 2020

Her Excellency the Honourable Margaret Beazley AO QC
Governor of New South Wales
Office of the Governor
Macquarie Street
SYDNEY NSW 2000

Your Excellency,

I was appointed by Letters Patent issued under the *Special Commissions of Inquiry Act 1983* to conduct an Inquiry into the drug crystal methamphetamine and other amphetamine-type-stimulants and to report to Your Excellency.

I now present to you the Report of my Inquiry, comprising four volumes.

Pursuant to s. 10(3) of the Act, I recommend that the whole of the Report be made public promptly as it deals with important matters of public concern.

Yours faithfully,

A handwritten signature in blue ink, reading "Dan Howard".

Professor Dan Howard SC
Commissioner

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Foreword

The state of NSW faces a serious and complex problem due to the significant health and social harms caused by the illicit drug crystal methamphetamine, commonly known as ‘ice’, and other amphetamine-type stimulants (ATS). These include MDMA, also known as ‘ecstasy’, linked to the tragic deaths of six young adults who attended music festivals in NSW between December 2017 and January 2019.

Australia has the highest rate of amphetamine dependence in the world and, of all the world’s regions, Australasia has, by a substantial margin, the highest rate of all-cause deaths associated with amphetamine dependence. How has it come to this, and what can we do about it?

I have been tasked by the Inquiry’s Terms of Reference to report on the nature, prevalence and impact of crystal methamphetamine and other illicit ATS, the adequacy of existing measures to target these substances in NSW, and options to strengthen the response to crystal methamphetamine and illicit ATS, including law enforcement, education, treatment and rehabilitation responses. This report is the result of a robust and meticulous evidence-gathering process carried out over a period of 14 very busy months.

A Special Commission of Inquiry such as this is a powerful entity, independent of politics and government. It has at its disposal wide-ranging evidence-gathering powers under the *Special Commissions of Inquiry Act 1983* (NSW), which distinguish it markedly from a parliamentary inquiry, a summit or a coronial inquest. This Inquiry has been able to make informed recommendations based on evidence of great integrity, gathered from the sworn testimony of witnesses in public and private hearings, from public and private submissions, from roundtable hearings, from requests for information issued to government agencies and other groups and bodies, and from enforceable summonses to produce documents and to provide evidence. All government agencies concerned, and the many stakeholders and other organisations from which the Inquiry has sought information and evidence, have generously cooperated with the Inquiry’s requests. All government agencies that sought leave to appear before the Inquiry through their legal representatives have been granted such leave and, where appropriate, been afforded the opportunity to ask questions of witnesses and make submissions. Owing to the inherent strength and integrity of these procedures, a Special Commission of Inquiry can be a powerful catalyst for change when circumstances demand it.

Decisions regarding what information to seek and which witnesses to call have been made independently and without any prejudgment or agenda in mind, other than to obtain the best evidence available to meet the Terms of Reference. The Inquiry has been supported in its work by highly skilled Senior Counsel and four other members of the NSW Bar acting as Counsel Assisting on various aspects of the Inquiry. The Inquiry has also been supported by a very able and diligent team of solicitors and paralegal staff from the Crown Solicitor’s Office, and a highly qualified research and policy team, chosen for their relevant expertise and drawn from a variety of government agencies and the non-government sector. All have worked tirelessly throughout the life of the Inquiry. The Inquiry has also had the benefit of extremely valuable consultations with and guidance from a distinguished Expert Advisory Panel established by the Inquiry, and very helpful input from the Inquiry’s First Nations Advisory Committee, which ensured that important perspectives from Aboriginal communities, groups and individuals were heard.

While all of the contents, views, findings and recommendations in this report are my own, I have for convenience chosen to use the third person voice of ‘the Inquiry’ throughout in acknowledgment of the considerable assistance I have received in its preparation from all those who have been engaged by the Special Commission of Inquiry for that purpose.

The recommendations made in this report are based on the extensive evidence I have received during the Special Commission of Inquiry. Implementing the recommendations will

require a substantial investment by government of financial and other resources. It will also require a determined and sustained effort, political leadership and courage.

Twenty years ago, to address the severe problems caused by a different illicit drug, heroin, the NSW Government held a Drug Summit. The Government determined upon and carried out an aggressive 'Plan of Action', by which it invested much political will and a significant amount of funding, including on innovative programs recommended by the summit. As a result, NSW was regarded as a world leader in drug policy and reform. The results of its various initiatives yielded substantial rewards: outstanding gains in the fight against HIV and other blood-borne viruses, including hepatitis B and C; expansion of the methadone program; expansion of needle and syringe programs; and the increased availability of naloxone for reversing heroin overdose. NSW also established a Medically Supervised Injecting Centre – one of the first in the world – which has more than proven its worth in saving lives, preventing the spread of blood-borne viruses and providing harm reduction measures, education and support for people who inject drugs. A Youth Drug Court was also introduced and the successful Magistrates Early Referral into Treatment diversionary program was established.

Many of these programs were criticised at the time as being too radical, and their implementation required leadership and no small amount of courage on the part of the Government. The dramatic reduction in harms from heroin use and dependence that resulted are now widely regarded as a triumph of public health policy.

Unfortunately, since 2006 the momentum of drug and alcohol policy and program development in NSW has stagnated considerably – so much so that NSW currently has no formal drug policy plan in place. The last NSW Health Drug and Alcohol Plan expired a decade ago.

In the meantime, a different group of illicit drugs – ATS – has emerged. Crystal methamphetamine, with its well documented harms, has become the major illicit drug of concern in NSW, second only to alcohol in the social and economic harms it causes.

The Inquiry has heard powerful evidence about the individual and social harms that crystal methamphetamine can cause. The Inquiry has also heard evidence about the burdens methamphetamine use imposes upon our health system, our courts and numerous government agencies, as well as non-government organisations in the AOD sector which struggle to meet the demand for treatment and support. In the absence of an overarching illicit drug policy or plan, NSW has been ill prepared to meet the challenge of these burdens, and its responses have been piecemeal and inadequate.

The evidence before the Inquiry reveals very disturbing trends about the substantial amounts of ATS, and ATS precursor chemicals, that are reaching our shores, and the relatively small impact that even significant seizures and the best efforts by law enforcement are having on the availability of supply.

These are compelling reasons why we cannot allow our illicit drug policies to lapse. History tells us that, as has been the case with ATS, new illicit psychoactive substances will continue to be developed, evolved, imported and sold in NSW. We must have a robust policy structure in place to deal not only with illicit drugs that are current threats but also those that will inevitably emerge, as fentanyl has in North America.

This Inquiry has received and analysed a vast amount of evidence, which is discussed in detail in this report. My firm conclusion after considering that evidence is that a paradigm shift in our approach to illicit drug policy is necessary if we are to tackle the ATS problem successfully, and that it cannot be tackled in isolation from illicit drug policy generally. It is important that our policies position us to minimise, as far as possible, the harms that illicit drugs might cause to future generations.

It is imperative that we continue to target the supply of illicit drugs and punish supply, manufacture and other serious drug-related and drug-fuelled crimes with the force of the criminal law. However, the evidence before the Inquiry demonstrates that a different and more

nuanced response than criminal prosecution is called for in relation to the offences of use, and possession for personal use, of ATS and other illicit drugs. A determined whole-of-government approach to effective public health messaging, improved harm reduction measures, education, research and properly resourced treatment pathways will achieve far better outcomes for people who use and possess these drugs, and for society as a whole.

The current stance of our criminal law towards use and possession of drugs has failed to have any significant impact on the prevalence of illicit drug use in NSW. Criminalising use and possession encourages us to stigmatise people who use drugs as the authors of their own misfortune. It gives us tacit permission to turn a blind eye to the factors driving most problematic drug use: trauma, childhood abuse, domestic violence, unemployment, homelessness, dispossession, entrenched social disadvantage, mental illness, loneliness, despair and many other marginalising circumstances that attend the human condition. This is a profound flaw in our approach to illicit drug policy.

Saying ‘no’ to illicit drugs is a sound basic message, but it is an inadequate foundation for an effective illicit drug policy. History clearly informs us that a significant number of people use and will continue to use illicit drugs – a fact acknowledged by the inclusion of harm reduction as a central pillar of the National Drug Strategy. To say that illicit drug use is simply a matter of individual choice, and that an individual’s poor choice warrants criminal proceedings against them, ignores the true nature and reality of drug use and dependence, and the often inescapable social determinants that drive them. It is a facile, simplistic response to what is a deeply complex problem – one that will continue to vex us and cause our society great harm unless we change our approach.

The evidence I have received during this Special Commission of Inquiry clearly establishes that, by stigmatising people who use and possess illicit drugs as criminals, we are marginalising them and raising significant barriers that discourage them from seeking help. For fear of being prosecuted, for fear of having their children removed, or simply out of a sense of shame, they often do not seek help and instead follow a secretive path, hiding their drug use from their family and friends, their GP or others who might assist and support them. This makes it much harder for our health system and other agencies of social support to identify and help them. It is clear from the evidence that this dynamic is causing our society harm that significantly outweighs any benefit from the limited deterrent of treating people who use or possess drugs as criminals. This report makes recommendations to address these matters.

The Inquiry heard compelling evidence from Aboriginal people throughout NSW, not only about the profound impact of crystal methamphetamine in many of their communities, but also their immense frustration at the failure of successive governments to address the chronic lack of appropriate services for them. They feel despair that their community members continue to be damaged by crystal methamphetamine, which – unlike the treatment and support services they so desperately need – is only too readily available. As Aboriginal community member Patricia King told the Inquiry’s Lismore Roundtable:

‘This situation is serious now. It’s not something for the future or a couple of weeks. It’s here and now. It’s happening. Our people are being hurt every day, every second, every minute, every hour of every day right now, and it’s not just the people that are using ice. It’s all of us ... So please, hear our voices whilst you’re doing this. Feel our emotions. Feel our hurt and despair... Feel what it’s like to be in our situations, and then you might understand and actually do something.’

The lack of treatment services in regional and remote NSW was the subject of extensive evidence to the Inquiry. This need was identified long ago in the 1999 NSW Drug Summit Government Plan of Action, which supported the recommendation that each regional and rural health area should be able to provide or have ready access to detoxification, rehabilitation, case management and numerous other services. Twenty years on, these services remain both scarce and difficult to access. This issue was the subject of a 2018 NSW Legislative Council Inquiry report that made important recommendations, many of which have

been accepted by the NSW Government. A number of those recommendations are also endorsed by the Inquiry and warrant prompt, effective action.

The evidence before the Inquiry also establishes that there are other priority groups affected by ATS who require targeted services, including pregnant women, children and young people, people with comorbid mental health conditions and those identifying as LGBTQI+. This report makes recommendations to address the needs of these groups.

The Inquiry also makes recommendations in relation to another priority group: people in custody in our correctional system. Several thousand individuals who regularly use crystal methamphetamine enter custody in NSW every year, yet both treatment and harm reduction measures in the correctional system are severely limited. We are failing to capitalise on this clear opportunity to address the substance use issues of a significant cohort of people who will, in time, be released back into the community.

Both in public and private hearings, I have heard deeply moving evidence from many people with lived experience of ATS use, who courageously came forward to detail the profound trauma and harm they and their families have suffered. They did so in the hope that by telling their stories, others will be spared the anguish they have experienced. Their stories are one strand of the extensive evidence I have heard exposing the unacceptable barriers to treatment raised by the tremendous stigma directed towards people who use illicit drugs and the critical lack of available and effective treatment pathways, particularly – but certainly not limited to – people living in rural, regional and remote NSW. We can and must address this problem promptly and with rigour.

This report examines the experiences in other jurisdictions and, where appropriate, draws on their successful initiatives to inform the recommendations. Many states and nations have in recent years reappraised and remodelled their illicit drug laws and policies. In a highly significant communique in January 2019, the United Nations System Chief Executives Board for Coordination endorsed an approach to illicit drug use that recognises the importance of promoting alternatives to conviction and punishment in appropriate cases. This includes the decriminalisation of drug possession for personal use, as well as equality of access to health care and a rebalancing of drug policies and interventions towards public health approaches.

The Inquiry has also had regard to a number of relevant reports from recent inquiries held in NSW and other Australian states that acknowledge the need to consider fresh approaches to the illicit drug problem. Many of the submissions received by this Inquiry, including from medical colleges and allied health associations, peak legal professional bodies, leading non-government organisations, research institutions and academics, also acknowledge this need and make helpful, well informed suggestions for reform.

It is clear that our current drug policies are inadequate to meet the profound harms that crystal methamphetamine and other ATS pose to the health and fabric of our society. Our policies are tired, lacking in imagination and out of step with best practice worldwide; they are simply not working, and the resources allocated to harm reduction and treatment are insufficient.

I believe that the rigorous evidence gathered by this Inquiry has produced a report that comprehensively addresses its Terms of Reference. I am confident that implementation of the recommendations in this report will ensure NSW again takes a pre-eminent role in addressing the serious and pressing problems caused by the use of ATS and other illicit drugs.



Professor Dan Howard SC
Commissioner

Acknowledgments

The Inquiry's Terms of Reference are far reaching and to address them has required input from many people.

First and foremost, I would like to thank the many individuals, government agencies, non-government organisations and other organisations that have given evidence and/or provided the Inquiry with statements, submissions or replies to requests for information that have informed the work of the Inquiry and the contents of this report.

I thank the many people with lived experience of ATS for their courage in coming forward to assist the Inquiry and to help others learn from their experiences. Their evidence has been extremely valuable to the Inquiry.

I also acknowledge the great assistance that the Inquiry has received from many individuals and organisations during our regional hearings in Lismore, Dubbo, Nowra, Broken Hill, East Maitland and Moree, and the courtesy and assistance given to the Inquiry during the many site visits and other engagements that were undertaken, including our numerous Aboriginal roundtable meetings. A full list of these various engagements is contained in Appendices 9 to 15.

I extend my great appreciation to the members of the Inquiry's Expert Advisory Panel and First Nations Advisory Committee.

I have been privileged to have had a supporting team of highly talented individuals from many fields of learning and expertise, who have been engaged from within and outside government to work at the Inquiry. Their efforts have been inspired and highly motivated by the importance of the Inquiry's work and their desire to gather the best evidence available to inform the Inquiry's recommendations. A complete list of staff of the Inquiry is set out in Appendix 7, and I would like to express here my deep appreciation to each of them for their remarkable efforts and the support they have given me. I could not have completed this task without their hard work, drive and sense of purpose.

There are also certain individuals to whom I owe a special debt of gratitude and whom I wish to acknowledge.

The Inquiry's Chief Operating Officer, David McGrath, has been a tower of organisational strength from day one and has been instrumental in assisting me with the development and implementation of the detailed project plan required to complete the immense task set by the Inquiry's Terms of Reference. He has always ensured that the Inquiry has been properly resourced by excellent personnel. He also brought to the Inquiry his profound experience and knowledge of AOD policy and has provided expert advice on the right people with whom the Inquiry should consult on many important issues. I thank him for his wisdom and support throughout.

Sally Dowling SC has brought her remarkable talents to bear on the complex and demanding role of Senior Counsel Assisting the Inquiry. She has demonstrated finesse and aplomb overseeing the vast evidence-gathering process and the work of the other counsel assisting, and in presenting much of the evidence at hearings, which she has done with consummate skill. Her thorough analysis in her incisive closing submissions has been of great assistance to me and her support with the content of this report has been invaluable. I thank her for her valued counsel throughout.

Counsel Assisting Nicholas Kelly's trademark clarity of thought and written work has been a great asset, particularly on the important topics of health, harm reduction and data and research, and is reflected in the report. His work on issues papers and discussion papers on a range of topics has greatly enhanced the quality of the Inquiry's engagement with

stakeholders, including at the Inquiry's roundtables. His advocacy in hearings has been targeted and effective.

Counsel Assisting Damian Beaufils, who is a Gundungurra man, has been instrumental in assisting me to have a rich and vital engagement with many Aboriginal people and communities in NSW and to gather evidence about the issues of importance to them. Damian's skilled facilitation of the Inquiry's important Youth Roundtable was also most helpful. He has greatly assisted me with the chapter on Aboriginal people and communities, as well as other important aspects of the report.

I also wish to thank two additional counsel assisting, Louise Beange and William de Mars, who have assisted me with a variety of important topics and with their helpful advocacy.

I thank the various counsel and solicitors representing the interests of parties to whom I granted leave to appear at Inquiry hearings, both for their assistance and their submissions.

The Inquiry has been very ably supported by the NSW Crown Solicitor's Office (CSO), which has provided a fine team of solicitors and paralegal assistants with an extraordinary capacity for hard work. All have been splendid. I would particularly like to thank James Herrington, Special Counsel to the Inquiry, who has led the CSO team for most of the Inquiry's life with great ability and tireless dedication, ensuring that the work that needed to be done was done, and that deadlines were met. I would also like to thank Tracey Howe for her valuable input as Principal Solicitor to the Inquiry in its early stages when much work was required to get the Inquiry promptly up and running. My thanks also to Naomi Malhotra, Assistant Crown Solicitor, and Alana McCarthy of the CSO for their support in ensuring the Inquiry had the necessary resources from that office.

I am deeply indebted to each of the talented members of the Inquiry's policy and research team, ably led by Megan Smith, whose calm and expert guidance I have especially appreciated. The research and policy team did much groundwork to inform the Inquiry's work and identified many key issues that needed to be explored. They worked long hours and maintained a cracking pace throughout.

My thanks also to Kim Arlington, who has provided very sound advice on the multitude of media issues that attend such a Special Commission of Inquiry, as well as valuable writing and editing.

I am grateful to the Inquiry's outstanding team of editors and publishers for their services and for fitting in with the Inquiry's strict timeframes.

Julie Blyth and Kate Turner provided expert witness support services for the lived experience witnesses during the course of the Inquiry and also supported the Inquiry's staff with their very helpful workshop on understanding and dealing with trauma. Many thanks to them both.

My great thanks also to my Executive Support Officer, Susan Kent, for managing my busy schedule, maintaining my diary and for her constant support and good cheer.

Finally, my thanks to the Department of Premier and Cabinet, for respecting the independence of the Inquiry and ensuring that the Inquiry had the resources it needed to carry out its important work.

Conduct of the Inquiry

Establishment of the Inquiry

The Special Commission of Inquiry into the Drug 'Ice' (the Inquiry) was established pursuant to the *Special Commissions of Inquiry Act 1983* (NSW) by Letters Patent issued in the name of the Governor of NSW on 28 November 2018, appointing Professor Daniel Howard SC as Commissioner. A copy of the Letters Patent dated 28 November 2018 can be found at Appendix 1.

The Letters Patent required the Commissioner to inquire into, and report to the Governor concerning, the following:

- A. *The nature, prevalence and impact of crystal methamphetamine ('ice') in NSW.*
- B. *The adequacy of existing measures to target ice in NSW.*
- C. *Options to strengthen NSW's response to ice, including law enforcement, education, treatment and rehabilitation responses.*

The report was required to be delivered to the Governor on or before 30 September 2019.

The Letters Patent also required the Commissioner to undertake '*consultation with communities and other stakeholders on detailed terms of reference for the conduct of the inquiry for consideration by the Premier*'. This consultation was to be conducted by 31 January 2019.

On 5 December 2018, the NSW Crown Solicitor was retained as solicitor assisting the Inquiry. On 11 December 2018, Sally Dowling SC, Nicholas Kelly and Damian Beaufile were retained as counsel assisting the Inquiry.

The Inquiry settled in official premises, located in the Registrar-General's Building, 1 Prince Albert Road, Sydney, on 21 January 2019. Prior to that point, work was largely conducted from the Crown Solicitor's Office.

Initial consultation

Consultation on the Terms of Reference, as required by the Letters Patent, formally began on 21 December 2018 when letters were sent to various stakeholders. Advertisements were also placed in major metropolitan and regional newspapers between 29 December 2018 and 11 January 2019.

The letters and advertisements sought interested persons to:

- nominate any topic, subject matter or issue falling within the Terms of Reference, that should be considered by the Inquiry
- comment upon a draft proposal for the conduct of the Inquiry.

By amendment of the Letters Patent on 30 January 2019, the consultation period was extended to 8 February 2019.

The Inquiry received 95 substantive written responses as part of the initial consultation process from a broad range of individuals and stakeholders, including from the health, education, justice and law enforcement sectors, numerous local councils and other bodies operating in the AOD sector.

A list of the people, agencies and organisations who provided submissions (other than confidential submissions) is at Appendix 8.

Amendments to the Letters Patent

Following the initial consultation process, it became apparent that it was not possible to properly consider the challenges posed by crystal methamphetamine use in isolation from consideration of the use of amphetamine-type stimulants (ATS) in general. Many of the submissions received by the Inquiry also emphasised the importance of looking at illicit drug use more broadly, for various reasons, including because polydrug use is high in people who use crystal methamphetamine.

On 8 February 2019, the Commissioner requested that the Letters Patent be amended to, among other matters, expand the Inquiry's Terms of Reference to include 'other illicit amphetamine-type stimulants' in addition to crystal methamphetamine.

On 28 February 2019, the Letters Patent were so amended (the Amended Letters Patent). In addition, a further, detailed term of reference ('D') was also added. The due date for the Inquiry's report was extended to 28 October 2019. A copy of the Amended Letters Patent can be found at Appendix 3.

The Letters Patent were amended one further time on 11 July 2019, to extend the due date for the final report to 28 January 2020. (Further Amended Letters Patent) A copy of the Further Amended Letters Patent dated 11 July 2019 can be found at Appendix 4.

The Inquiry's website

On 28 February 2019, the Inquiry established a stand-alone website hosted by the NSW Department of Premier and Cabinet. The website was used during the course of the Inquiry to publish information concerning the Inquiry's hearings and proceedings generally, as well as to receive submissions, to publish evidence considered at its hearings, and to live-stream the Inquiry's public hearings and roundtables.

Establishment of advisory groups

Expert Advisory Panel

In accordance with Term 'D' of the Terms of Reference, an Expert Advisory Panel was established by the Commissioner to consult on priority issues raised by the Terms of Reference, stakeholder identification and engagement, the content of issues papers, evidence gathering and the content of the Inquiry's final report and recommendations.

The Terms of Reference required the Expert Advisory Panel to consist of members:

- with expertise in health, drug addiction, treatment and rehabilitation
- with expertise in drug education and harm minimisation
- with expertise in law enforcement
- who represent an Aboriginal organisation or community group
- such other members as the Commissioner considers would be of assistance to the Inquiry.

Meetings with the Expert Advisory Panel were held on 4 March 2019, 27 September 2019 and 26 November 2019.

A list of the members of the Expert Advisory Panel and the Terms of Reference for the Expert Advisory Panel can be found at Appendix 5.

First Nations Advisory Committee

A First Nations Advisory Committee was established to provide advice to the Commissioner and the Inquiry on best practice in engaging with Aboriginal and Torres Strait Islander people

and their communities on the issues raised by the Inquiry's Terms of Reference. The First Nations Advisory Committee consisted of Aboriginal people with experience:

- in the health system, particularly in drug treatment
- in the criminal justice system
- working with young people
- working with elders.

The Inquiry met with the First Nations Advisory Committee on 11 March 2019. A copy of the Terms of Reference for the First Nations Advisory Committee can be found at Appendix 6.

Government Liaison Group

A Government Liaison Group was established to advise the Inquiry on the availability of information and evidence related to issues raised by the Terms of Reference. The Government Liaison Group was asked to provide advice regarding:

- available data and other evidence related to relevant issues the Inquiry is to examine
- identifying stakeholders
- the most appropriate process for facilitating access to witnesses
- the most appropriate process for coordinating information requests within agencies.

The Inquiry met with the Government Liaison Group on 21 March 2019. The Government Liaison Group consisted of senior executive staff from NSW Government agencies.

Issues Papers

On 26 March 2019, the Inquiry published four Issues Papers:

- Issues Paper 1: Use, Prevalence and Policy Framework
- Issues Paper 2: Justice
- Issues Paper 3: Health and Community
- Issues Paper 4: Data and Funding.

The Issues Papers were intended to be read together and to provide guidance to interested individuals and organisations as to the issues that the Inquiry would investigate. The Issues Papers acknowledged the existing body of research into government responses to drugs generally, including ATS, and included references to previous research and recommendations. The Inquiry sought to build upon that material, rather than to replicate it.

The Inquiry called for public submissions in response to the Issues Papers on 28 March 2019. The due date for submissions was 7 May 2019. Where cogent reasons were provided, extensions of time were granted for submissions to be provided beyond that date.

The Inquiry received 159 submissions in response to the Issues Papers. A list of the people, agencies and organisations who responded to the Issues Papers (other than by way of a confidential submission) can be found at Appendix 9.

Processes by which the Inquiry obtained information

The Inquiry was provided with much information voluntarily by various public and private bodies in response to written requests for information by the Inquiry, over 140 of which were issued. Where information was not able to be provided voluntarily by parties, whether due to statutory non-disclosure obligations or other reasons of privacy or confidentiality, summonses were issued pursuant to s 23 of the *Special Commission of Inquiries Act 1983* (NSW).

Staff of the Inquiry also obtained written statements and expert reports from witnesses, which were tendered into evidence at the Inquiry's hearings.

The Inquiry was also informed by the work of a number of research staff from a variety of professional backgrounds, who undertook a review of relevant academic literature, public reports and other data and research, which formed the basis of the Inquiry's evidence gathering and is reflected in this report.

Site visits and meetings

The Inquiry met with a broad range of stakeholders involved in responding to the use of AOD. A list of those meetings is at Appendix 10.

The Inquiry also visited a range of facilities run by a number of public and private organisations involved in the provision of treatment and services to people who use ATS. A list of those site visits is at Appendix 11.

Public and private roundtables

Private roundtable discussions with members of various Aboriginal communities were held in Lismore, Nowra, Dubbo, East Maitland, Broken Hill, Wagga Wagga, Western Sydney and Toomelah. At those roundtables, the Inquiry met with more than 120 participants to discuss the issues caused by ATS in their communities.

A private roundtable was convened in Sydney with young people to seek their perspective on the issues surrounding the use of ATS.

A further private roundtable was held to discuss the planning and funding of treatment services. A transcript of this roundtable was published after participants had the opportunity to make submissions for non-publication of any matters in the transcript.

Three private roundtables were also conducted with representatives of the Department of Education, the Association of Independent Schools NSW and Sydney Catholic Schools to discuss drug education in schools and related issues.

Public roundtables were held in relation to the topics of health service responses, decriminalisation and youth diversionary programs.

A list of the public roundtables and participants can be found at Appendix 12.

A list of the private roundtables and dates they were held can be found at Appendix 13.

Public and private hearings

The Inquiry held formal hearings both in public and private, in Sydney and in regional centres where crystal methamphetamine use was identified as being a significant issue. Hearings were held in Sydney in relation to the following:

- An opening address by counsel assisting
- A hearing examining general issues surrounding ATS use
- Wastewater data and analysis (private hearing)
- Custodial Services and Community Corrections
- Harm reduction
- Diversionary programs.

Regional hearings were held in:

- Lismore
- Nowra
- Dubbo
- East Maitland
- Broken Hill
- Moree.

Leave to appear at the hearings was granted to any agencies or other bodies whose staff were to be called as witnesses at the hearing, or who were otherwise considered by the Commissioner to be substantially and directly interested in the proceedings.

In order to hear evidence in a confidential setting from people about their lived experience of using ATS, private hearing sessions were conducted in Sydney and in conjunction with each of the Inquiry's regional hearings.

A further private hearing was held in Sydney with witnesses from the Australian Criminal Intelligence Commission to consider evidence concerning the collection and analysis of wastewater data. This hearing was held in private due to the sensitivity of the information discussed concerning wastewater analysis methodologies.

A full list of public hearings and witnesses can be found at Appendix 14.

In total, the Inquiry conducted 47 days of hearings and roundtables, generating over 5,000 pages of transcript.

Closing submissions

At the conclusion of the Inquiry's hearings, counsel assisting the Commissioner provided written submissions as to the matters examined at the Inquiry's hearings, and regarding possible findings and recommendations the Inquiry might make.

Parties granted leave to appear at the Inquiry's hearings, and other bodies to whom the recommendations proposed by counsel assisting were directed, were invited to provide written submissions to the Inquiry in response. These submissions were considered by the Commissioner in forming the findings and recommendations contained in this report.

A note on amphetamine-type stimulants

The Inquiry's focus on crystal methamphetamine ('ice') and other illicit amphetamine-type stimulants (ATS) has presented two considerations to note.

1. Terminology

There is no commonly accepted definition of ATS. The Inquiry has adopted the definition contained in the National Amphetamine Type Stimulant Strategy 2008–2011.

The term ATS is used to refer to a group of psychostimulant drugs related to the parent compound amphetamine, including:

- amphetamine sulphate
- amphetamine hydrochloride
- methamphetamine
- phenethylamines (which includes 3,4-methylenedioxymethamphetamine, or MDMA, commonly referred to as 'ecstasy', and 3,4-methylenedioxyamphetamine, or MDA).¹

Where relevant, the Inquiry has also considered new psychoactive substances that have stimulant properties.

At times, this report will refer to data and research that use other terms to describe the groups of drugs that fall within the Inquiry's definition of ATS. Where this is the case, the language of the source document is used.

Key terms used by the Inquiry are as follows:

ATS: when referring collectively to all amphetamine-type stimulants.

Amphetamines: when referring to the parent compound.

Methamphetamine: (rather than the chemical term methylamphetamine) when referring collectively to all forms of methamphetamine.

Crystal methamphetamine: (rather than 'ice') when referring to crystallised methamphetamine.

MDMA: rather than the chemical term 3,4-methylenedioxymethamphetamine or ecstasy.

2. A focus on a particular group of drugs

The focus of the Inquiry's Terms of Reference on a particular type of drug raises a number of issues.

In its submission to the Inquiry, the Drug Policy Modelling Program at UNSW Sydney suggested three reasons why a focus solely on ATS (or on crystal methamphetamine) may be unhelpful:²

- It does not resemble or represent the way people use drugs, and the high instances of polydrug use among people who use drugs.
- It does not consider the harms that can be exacerbated in the context of polydrug use (although the Inquiry is specifically doing so).

- It can be unhelpful in designing effective treatment, prevention, harm reduction and law enforcement responses. Treatment is not by drug type – it is based on the whole person, and their needs and initiatives. Prevention campaigns for young people that focus on a single drug or drug class are likely to increase stigma. Law enforcement responses targeting one drug type often lead to a displacement effect onto the use or supply of other illicit drugs.

Leading Australian researchers in this field, Professors Steve Allsop and Nicole Lee, have made similar observations. However, they have also identified that a focus on ATS is important for various reasons, including that:³

- ATS research continues to lag behind research into other drugs and there are still gaps in the evidence about the effects of ATS and associated risks and harms.
- Community and government responses have been less effective in engaging people who use ATS in treatment than people using other types of drugs.
- There are particular aspects of patterns and contexts of use, pharmacology and neurocognitive effects and harms that arise in relation to ATS use that need to be considered in informing prevention and treatment efforts.

In developing each of its recommendations, the Inquiry has considered whether a specific response to ATS is required, or whether a broader response is required. Accordingly, some of the Inquiry's recommendations are directed at improving responses to all illicit drugs as a means of better responding to ATS.

References

- ¹ Ministerial Council on Drug Strategy (MCDS), Commonwealth, *National Amphetamine-Type Stimulant Strategy 2008-2011* (undated) 1.
- ² Drug Policy Modelling Program, UNSW Sydney, Submission No 57, *Special Commission of Inquiry into the Drug 'Ice'* (7 May 2019) 1.
- ³ Steve Allsop and Nicole Lee, 'Introduction: Why Amphetamine-Type Stimulants' in Steve Allsop and Nicole Lee (eds), *Perspectives on Amphetamine-Type Stimulants* (IP Communications, 2012) 1.

List of abbreviations

ABF	Australian Border Force/Activity-Based Funding
ABS	Australian Bureau of Statistics
ACCHS	Aboriginal Community Controlled Health Service
ACEM	Australasian College for Emergency Medicine
ACIC	Australian Criminal Intelligence Commission
ADF	Alcohol and Drug Foundation
ADHD	attention deficit hyperactivity disorder
ADIS	Alcohol and Drug Information Service
ADT Service	Alcohol and Drug Telehealth Service
AFP	Australian Federal Police
AH&MRC	Aboriginal Health and Medical Research Council
AHMAC	Australian Health Ministers Advisory Council
AIC	Australian Institute of Criminology
AIHW	Australian Institute of Health and Welfare
AISNSW	Association of Independent Schools of NSW
ALS	Aboriginal Legal Service (NSW/ACT) Limited
AMA	Australian Medical Association
AMS	Aboriginal Medical Service
ANACAD	Australian National Advisory Council on Alcohol and Other Drugs
ANCD	Australian National Council on Drugs
ANSPS	Australian Needle and Syringe Program Survey
AOD	alcohol and other drugs
AODTS NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
ARC	Australian Research Council
ASBD	acute severe behavioural disturbance
ASSAD survey	Australian Secondary School Students Alcohol and Drug survey
ATS	amphetamine-type stimulants
AUSTRAC	Australian Transaction Reports and Analysis Centre
BOCSAR	Bureau of Crime Statistics and Research

CALD	culturally and linguistically diverse
CCC Program	Continuing and Coordinated Care Program
CCS	Cannabis Cautioning Scheme
CDAT	Community Drug Action Team
CDRT	Child Death Review Team
CDTCC	Compulsory Drug Treatment Correctional Centre
CEN	Cannabis Expiation Notice
CIN	Criminal Infringement Notice
CIT	Community Integration Team
COAG	Council of Australian Governments
COPS	Computerised Operational Policing System database
CRC	Community Restorative Centre
DAMEC	Drug and Alcohol Multicultural Education Centre
DASAS	Drug and Alcohol Specialist Advisory Service
DASP	Drug and Alcohol Service Planning
DCJ	NSW Department of Communities and Justice
DFV	domestic and family violence
DIMS	Drugs Information Monitoring System
DPC	NSW Department of Premier and Cabinet
DPMP	Drug Policy Modelling Program, UNSW Sydney
DSM–5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
DUMA	Drug Use Monitoring in Australia
DVNSW	Domestic Violence NSW
DVDRT	Domestic Violence Death Review Team
ED	emergency department
EDNA	Emerging Drug Network of Australia
EDRS	Ecstasy and Related Drugs Reporting System
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EQUIPS Program	Explore, Question, Understand, Investigate, Practice, Succeed Program
FDTC	Family Drug Treatment Court
FASS	Forensic and Analytical Science Service

GP	general practitioner
HALC	HIV/AIDS Legal Centre
HASI	Housing and Accommodation Support Initiative
HIV/AIDS	human immunodeficiency virus and acquired immune deficiency syndrome
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
IDAT	Involuntary Drug and Alcohol Treatment Program
IDATP	Intensive Drug and Alcohol Treatment Program
IDDR	Illicit Drug Data Report
IDRS	Illicit Drug Reporting System
Inner City LAS	Inner City Local Allocation Strategy
ITS	Initial Transitional Support
JH&FMHN	Justice Health and Forensic Mental Health Network
KPI	Key Performance Indicator
LAC	Local Area Command
LCM	Local Coordinated Multiagency Offender Management
LDAT	Local Drug Action Team
LECC	Law Enforcement Conduct Commission
LGBTQI+	lesbian, gay, bisexual, transgender, queer and intersex
LHD	Local Health District
MCDS	Ministerial Council on Drug Strategy
MDAF	Ministerial Drug and Alcohol Forum
MERIT Program	Magistrates Early Referral into Treatment Program
MHRT	Mental Health Review Tribunal
MSIC	Medically Supervised Injecting Centre
NADA	Network of Alcohol and other Drugs Agencies
NARHDAN	NSW Aboriginal Residential Healing Drug and Alcohol Network
NCADA	National Campaign Against Drug Abuse
NCCRED	National Centre for Clinical Research on Emerging Drugs
NCETA	National Centre for Education and Training on Addiction
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund

NDRI	National Drug Research Institute
NDS	National Drug Strategy
NDSHS	National Drug Strategy Household Survey
NESA	NSW Education Standards Authority
NGO	non-government organisation
NHMRC	National Health and Medical Research Council
NIAS	National Ice Action Strategy
NIT	National Ice Taskforce
NJPSOG	National Justice and Policing Senior Officials Group
NMDS	National Minimum Data Set
NPS	New Psychoactive Substances
NSP	needle and syringe program
NSW	New South Wales
NSWCC	NSW Crime Commission
NUAA	NSW Users and AIDS Association
ODPP	Office of the Director of Public Prosecutions
OFRT	Overdose Fatality Review Teams
OOHC	out-of-home care
OST	opioid substitution therapy
PANDA	Psychiatry, Alcohol and Non-prescription Drug Assessment unit
PBS	Pharmaceutical Benefits Scheme
PCYC	Police Citizens Youth Clubs NSW
PDDI	Police Drug Diversion Initiative
PDHPE	Personal Development, Health and Physical Education
PECC	Psychiatric Emergency Care Centre
PHN	Primary Health Network
PHREDSS System	NSW Public Health Rapid, Emergency, Disease and Syndromic Surveillance System
RACGP	Royal Australian College of General Practitioners
RACP	Royal Australasian College of Physicians
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RES	Regional Enforcement Squad

ROSH	risk of significant harm
RSA	Reception Screening Assessment
SAPO	Services and Programs Officer
SGCPS	Sydney Gay Community Periodic Survey
SHS	Specialist Homelessness Services
STP	Stimulant Treatment Program
SUPPS	Substance Use in Pregnancy and Parenting Service
SVHA	St Vincent's Health Australia
SWOP	Sex Workers Outreach Project
UNCEB	United Nations System Chief Executive Board for Coordination
UNODC	United Nations Office on Drugs and Crime
VMO	Visiting Medical Officer
WHO	World Health Organization
YDAC	Youth Drug and Alcohol Court

Executive Summary

Introduction

1. The Special Commission of Inquiry into crystal methamphetamine and other amphetamine-type stimulants (ATS) was established by the NSW Government in November 2018, with broad Terms of Reference. Announcing the Inquiry, the Premier of NSW, Gladys Berejiklian, said:

‘Ice is a destructive drug that is ruining too many lives across NSW, especially in our regional centres. We are establishing a powerful Special Commission of Inquiry because we want every option on the table to bolster our existing efforts to combat the evolving threat of this dangerous, illegal drug – and to get help for those who need it.’

2. During its term, the Inquiry gathered extensive evidence about the use and impacts of crystal methamphetamine (‘ice’) and other illicit amphetamine-type stimulants (ATS), as well as options to improve the way NSW responds to them.
3. The Inquiry heard ATS use is causing enormous harm to individuals, families and communities throughout NSW and it is evident that current responses to illicit drug use in NSW are not effective.
4. It has been 10 years since NSW had a drug and alcohol strategy to support and guide policy. In this time, there has been a clear lack of direction for AOD health services, and significant gaps in services for people who need treatment, rehabilitation and support.
5. It is time for a different approach. This report sets out a clear way forward to address ATS use and minimise its harms, now and in the future.
6. Recognising illicit drug use as a health and social problem rather than a criminal justice issue is a fundamental first step.
7. Establishing a whole-of-government AOD policy to prevent and respond to drug use is also essential, as is adequately resourcing treatment and rehabilitation services.
8. Building on the recommendations of recent NSW coronial inquests into drug-related deaths, and implementing new measures to reduce the harms associated with drug use, is crucial.
9. The Inquiry’s recommendations are predicated on increased government resourcing for drug rehabilitation and treatment, especially in rural, regional and remote NSW. They are informed by key principles that emerged from the evidence and submissions:
 - The use of crystal methamphetamine and other illicit ATS requires compassionate responses consistent with human rights approaches, rather than punitive responses that can compound the harms of use.
 - Effective responses must recognise and address the social determinants of ATS use, including trauma. Dependent use, in particular, frequently occurs in a context of broad socioeconomic disadvantage and trauma. ATS use is often a symptom, not the cause, of an individual’s problems.

- There is a need to address the stigma attached to illicit drug use, and particularly to ATS use. Stigma prevents many people from accessing the treatment and services they urgently need. The criminalisation of drug use and negative media portrayals contribute to this stigma, which can extend to the family and friends of people who use ATS.
10. Global attitudes to drug use are changing. There is growing recognition that punitive approaches to drug use are counterproductive. International health and human rights organisations, as well as those in the drug and alcohol sector, advocate for a more humanitarian, health-based approach to drug use.
 11. NSW was once recognised as a world leader in its response to harmful drug use. Political conviction and a pragmatic, compassionate approach made it possible to establish innovative measures that saved lives, reduced the impact of drug use on the broader community and improved the health and wellbeing of people who use drugs.
 12. NSW confronts considerable challenges arising from the use of crystal methamphetamine and other illicit ATS. To properly address these challenges once again requires compassion, courage and conviction. Without this, individuals, families and communities throughout the state will continue to suffer.

Evidence considered by the Inquiry

The Inquiry gathered and considered a significant amount of evidence, information and academic literature during the course of its investigations. The Inquiry:

- received more than 250 submissions, including from AOD experts, organisations, peak bodies, government departments, local councils and individuals
- conducted 20 site visits and almost 50 stakeholder meetings
- held public and private hearings and 16 roundtable discussions over 47 days between March and October 2019 (including those listed below)
- heard from more than 150 witnesses at public hearings and received witness statements from a further 86
- heard from 35 people with lived experience of crystal methamphetamine, who shared stories of their own use or the challenges of caring for family members or friends who use the drug
- held six hearings in regional areas where ATS use is seen to be a problem: Lismore, Nowra, Dubbo, East Maitland, Broken Hill and Moree
- held eight private roundtable discussions with Aboriginal community members and stakeholders in regional NSW, including in Wagga Wagga, and in western Sydney, hearing from about 100 people about the challenges raised by ATS use and how they should best be addressed
- held roundtables on Health Service Responses, Planning and Funding of Treatment Services, Decriminalisation and Youth Diversionary Programs, hearing from service providers, academics, representatives of government agencies and departments, judicial officers, members of the legal profession and other experts in their fields
- convened a private Youth Roundtable to hear the views of young people about illicit ATS
- held private hearings with representatives of the NSW Department of Education, the Association of Independent Schools of NSW and Sydney Catholic Schools.

Chapters 1 to 7: (Nature, prevalence and impact of ATS use)

13. ATS are a class of substances that include, most notably, the drugs methamphetamine and MDMA. The Inquiry examined the use of ATS (principally the use of those two substances) and the harms their use can cause.
14. Not all drug use is harmful, and the ways in which some people use ATS and the extent of the harms caused by drug use vary greatly. The Inquiry's analysis of the evidence and available research literature paints a complex picture of patterns of drug use and associated harms in our community, from experimental use to dependence, with a high prevalence of polydrug use (use of more than one drug) among people who use ATS.
15. Where ATS use is harmful, it can profoundly affect the person who is using, their family and the broader community. The extent and prevalence of those harms, and the associated social costs, are detailed in this report. At their most severe, harms include damage to a person's physical and mental health, family breakdown, homelessness and involvement in the criminal justice system.
16. The Inquiry has found that current limitations in data collection have made it difficult to accurately determine the prevalence of ATS use and the extent of the harms it causes. While available data appear to suggest the use of ATS in the community overall has decreased in recent years, the Inquiry finds that harmful use is increasing. This includes increasing use of crystal methamphetamine (which is the most potent form of the drug) among people who use methamphetamine, and an increase in the number of people who smoke or inject it (methods which are likely to cause the most harms).
17. The reasons why people use ATS are complex, but the role played by social determinants such as socioeconomic disadvantage in engendering drug use is extensive. Significantly, the Inquiry finds that experiences of trauma, including of intergenerational trauma, appear to be almost universal among people with dependent ATS use.
18. Complex responses are required to address the variety of harms caused across the spectrum of drug use in the community. Responses need to be guided by principles of holistic and trauma-informed care (Recommendation 1). They must recognise the breadth of issues that may need to be addressed in addition to a person's ATS use, and which are best met by integrated health, housing, education and employment services.
19. NSW currently has no whole-of-government AOD policy to support a coordinated response to ATS. This has resulted in a piecemeal response, devolved to individual agencies without adequate oversight and accountability. The current response relies heavily on prohibitionist, punitive approaches, with insufficient emphasis on harm reduction.
20. The lack of a centrally guided government response contrasts with earlier approaches to the issue of drug use in the community, particularly those taken following the NSW Drug Summit in 1999. That period saw a substantial increase in reform and momentum in AOD policy, including the implementation of a number of innovative harm reduction measures. The Inquiry finds that progress since that period has stagnated.
21. Approximately \$7.3 billion worth of crystal methamphetamine is consumed per year in Australia. Despite their dedicated efforts, federal and state law enforcement bodies have been unable to reduce the supply and production of ATS in NSW. It is clear from evidence before the Inquiry that ATS remain readily available in NSW and supply continues to meet demand.

Chapter 8: Priority populations

22. The Inquiry examined ATS use among different population groups. It has identified the following as priority populations whose ATS use requires careful analysis in the formulation of policy and service responses:
- young people
 - people identifying as lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI+)
 - people in contact with the criminal justice system
 - people in particular occupations
 - culturally and linguistically diverse (CALD) communities
 - people with mental health conditions
 - people with cognitive impairment
 - people living in regional, rural or remote NSW
 - Aboriginal people and communities
 - people experiencing homelessness
 - pregnant women.

Chapter 9: Stigma

23. The damaging and pervasive impact of stigma was a consistent theme of the evidence and submissions. The Inquiry heard that crystal methamphetamine is one of the most socially stigmatised drugs.
24. Stigma arises in a number of ways, including through public misunderstanding and misinformation, negative media portrayals of people who use ATS and a lack of education and training for health professionals. The criminalisation of drug use is also a major cause of stigma.
25. Stigma associated with ATS use can be exacerbated for people who experience other forms of discrimination or marginalisation, such as those from the LGBTQI+ and CALD communities. The stigma related to drug use also extends to the family, friends and colleagues of people who use ATS.
26. Stigma operates as a barrier to accessing treatment and services. It affects the way people are treated in health services and makes them reluctant to seek help. Stigma also affects drug policy reform, research and data collection by undermining efforts to help people who use drugs and by discouraging people from disclosing their drug use.
27. Many witnesses provided powerful evidence of the impact of stigma, including those with lived experience of ATS use, peak bodies, clinicians and service providers.
28. The Inquiry recommends that, with involvement from people with lived experience of drug use, NSW Health develop and implement a project to reduce stigma including a public education campaign about ATS and people who use ATS and anti-stigma training resources for government and non-government health workers (Recommendation 2).
29. Public campaigns and the media play an important role in contributing to stigma, and can also help to reduce it. Mindframe has developed national guidelines for the reporting and portrayal of AOD in the media, as well as resources for best practice media reporting on crystal methamphetamine. The Inquiry recommends that the NSW Government work with other Australian governments to strengthen the implementation of the Mindframe media guidelines (Recommendation 3).

Chapter 10: A whole-of-government drug policy for NSW

30. An effective AOD policy requires a whole-of-government response. This is implicitly supported by the National Drug Strategy, which recommends governments adopt a balanced approach across the three pillars of harm minimisation: demand reduction, supply reduction and harm reduction.
31. The Inquiry heard that there is a clear link between NSW's failure to effectively treat and prevent harm related to drug use and the absence of a whole-of-government AOD policy.
32. Drug policy that is unduly weighted toward supply reduction through an emphasis on law enforcement fails to respond to drug use as a health and social issue and creates barriers to treatment.
33. The Inquiry recommends that, as a matter of priority, the NSW Government develop and implement a whole-of-government AOD policy for NSW that (among other features):
 - recognises that the use of drugs is a health and social issue
 - prioritises health and social responses to drug use and recognises the harms associated with punitive responses
 - is evidence-based, consistent with international direction and respectful of human rights
 - includes the perspective and input of people with lived experience of drug use
 - addresses the social determinants of drug use in an holistic way, including by recognising the risk and protective factors associated with drug use
 - addresses the significant impact of stigma experienced by people who use drugs
 - ensures an appropriate distribution of funding across the areas of supply, demand and harm reduction (Recommendation 5).
34. To support the whole-of-government NSW AOD policy and ensure its effective implementation, the Inquiry recommends that the NSW Government develop a Drug Action Plan (Recommendation 6); that the Premier appoint a dedicated Minister with a drug and alcohol portfolio; and that a Ministerial Advisory Group be established with representation from relevant experts and community groups, including people with lived experience of drug use (Recommendation 7).

Chapter 11: Criminal law reform

Decriminalisation

35. A key element of NSW's drug policy is the criminalisation of the use or possession of drugs for personal consumption (simple possession). In NSW, simple possession is an offence punishable by imprisonment.
36. Prohibition, which involves the criminalisation of simple possession, is intended to reduce the supply and demand for drugs. However, it is increasingly recognised that the criminalisation of simple possession does not achieve those goals. NSW law enforcement bodies acknowledge that the availability of crystal methamphetamine remains high and that consumption has been increasing, a view shared by the United Nations.

37. There is also increasing recognition in Australia and internationally that the criminalisation of low-level personal drug use offences is associated with extensive harms. Contact with the criminal justice system, including having a criminal conviction for simple possession, is directly associated with adverse impacts on employment, earning prospects, access to housing, access to treatment, relationships and wellbeing. The criminalisation of simple possession is a powerful source of stigma, which has a serious impact on the physical and mental health of people who use drugs, as well as their willingness to seek help.
38. The criminalisation of simple possession has a disproportionate impact on Aboriginal people, including through the high prevalence of secondary offending associated with the imposition of fines for low-level drug offences.
39. An effective and appropriate response to personal drug use recognises it as primarily a health issue with complex social determinants rather than as a criminal justice issue. Such an approach is consistent with international drug policy and the National Drug Strategy.
40. In light of the extensive evidence that criminalisation of simple possession is not effective to address the harms caused by drugs and itself causes disproportionate harm to people who use drugs, reform to the state's legislative and/or policy framework is required to improve NSW's response to crystal methamphetamine and other ATS. The current punitive approach to simple possession should be reconsidered.
41. The term 'decriminalisation' is used to refer to the removal or non-enforcement of criminal penalties for simple possession offences. Decriminalisation may be effected by operation of law or by operation of policy. Internationally and within Australia, there are many models of decriminalisation, ranging from the complete repeal of criminal offences for simple possession to the retention of criminal offences with the discretionary diversion of offenders away from the criminal justice system. Some models of decriminalisation divert people detected in possession of drugs for personal use to health, social or educational interventions.
42. Decriminalisation is not the same as legalisation. In the case of legalisation, it is lawful to manufacture, produce and trade drugs in a legitimate market. In contrast, decriminalisation of simple possession does not involve the decriminalisation of other drug offences such as supply and manufacture. Under a decriminalisation model, if a person is detected carrying drugs for personal use, the drugs are confiscated.
43. International drug policy has undergone a profound transformation in the past two decades. Evidence before the Inquiry confirms that those at the highest levels of global drug policy unanimously support the removal of criminal sanctions for simple possession. The World Health Organization, the United Nations System Chief Executives Board for Coordination and the Global Commission on Drug Policy all support decriminalisation of low-level personal drug use offences. At least 26 countries, including Switzerland, Denmark, Brazil, France, Germany, Portugal and 11 states in the United States have decriminalised simple possession of drugs in some form.
44. In 2000, NSW effectively decriminalised cannabis through the Cannabis Cautioning Scheme, which gives police the discretion to caution rather than charge adults detected for minor cannabis offences.
45. In 2018, NSW introduced another form of decriminalisation for prohibited drugs other than cannabis, through the trial of the Drug Criminal Infringement Notice scheme. This permits police to issue a fine to people detected with small amounts of prohibited drugs at music festivals, with no further action taken.

46. The Inquiry received a very substantial amount of evidence and numerous submissions in favour of a broader model of decriminalisation for simple possession in NSW, from a wide range of stakeholders. They included the NSW Bar Association, Legal Aid NSW, the Aboriginal Legal Service, the NSW Branch of the Royal Australian & New Zealand College of Psychiatrists, the National Drug and Alcohol Research Centre, the Drug Policy Modelling Program, ACON, the NSW Council of Civil Liberties, Justice Action and Harm Reduction Australia.
47. Approaching drug use as a health and social issue requires a health and social response to simple possession, rather than a criminal justice response. A public health approach that creates an inclusive environment to support treatment would be a better model than the current criminal law approach.
48. The Inquiry recommends the decriminalisation of simple possession. A model of decriminalisation should be adopted that is enshrined in legislation, is inclusive and enhances voluntary access to education, health and social support for people who need it.
49. The Inquiry recommends that, in conjunction with increased resourcing for specialist drug assessment and treatment services, the NSW Government implement a model for the decriminalisation of the use and possession for personal use of prohibited drugs, which includes removal of the criminal offences of use and possession of prohibited drugs for personal use and the referral of people detected in possession of drugs to an appropriately tailored health, social and/or education intervention (Recommendation 11).
50. In the alternative, the Inquiry recommends that, in conjunction with increased resourcing for specialist drug assessment and treatment services, the NSW Government introduce a legislated police diversion scheme for use and possession of prohibited drugs for personal use. Such a scheme should involve mandatory referral by police of people detected in possession of a prohibited drug to an appropriately tailored health, social and/or education intervention (Recommendation 12).

Diversion

51. ‘Diversion’ refers to programs that move people who use drugs away from the traditional criminal justice system. Diversion is an effective way to address the underlying causes of offending behaviour and can help to interrupt the cycle of crime, imprisonment and reoffending that characterises the lives of so many offenders. Diversion for drug-related offending has long been a recognised component of Australia’s criminal justice system.
52. Diversion may take place at various points in a person’s journey through the criminal justice system, from pre-charge diversion that diverts a person before they are charged, to post-sentence diversion, which may require that, during their sentence, a person engages in a therapeutic program to address their drug use.
53. NSW currently has a range of diversionary programs for adults, including the Cannabis Cautioning Scheme, the Magistrates Early Referral into Treatment (MERIT) program, the NSW Drug Court and Drug Criminal Infringement Notices, as well as three programs for young offenders.

54. MERIT is a voluntary pre-plea diversion program for adult defendants in the Local Court who have a demonstrable illicit drug problem. There has been a significant increase in MERIT participants reporting ATS as their principal drug of concern, from 18% in 2010 to 52% in 2018. Evaluations of the MERIT program have found it is cost-effective, reduces recidivism and drug use and improves defendants' health and wellbeing outcomes. MERIT is available to about 80% of defendants across NSW but is not available in many local courts, particularly in regional areas. Despite its proven success, insufficient funding causes the MERIT program to be suspended from time to time in various locations. This, together with the fact that the program is not available in some locations, creates inequality of access to this important diversionary opportunity. The Inquiry recommends that the NSW Government adequately resource the MERIT program to ensure access for all eligible defendants across NSW (Recommendation 13).
55. The Inquiry received numerous submissions, including from the NSW Government, in support of expanding the MERIT program to young people. The proposal is strongly supported by Judge Peter Johnstone, President of the NSW Children's Court. The Inquiry recommends that the NSW Government adapt the MERIT program so that it is appropriate for young people and resource it to make it available to young people across NSW (Recommendation 16).
56. The Drug Court of NSW deals with non-violent criminal matters committed by offenders who are dependent on drugs. It aims to address the underlying drug dependence that has resulted in criminal offending. The court sits in Parramatta, Sydney and Toronto in the Hunter region. To be eligible for the Drug Court, offenders must be aged 18 or over, highly likely to be sentenced to full-time imprisonment, live within specified areas and be dependent on illicit drugs. Participation in the program is voluntary. Once an offender is accepted into the program, they are provided with intensive judicial supervision, treatment and individual case management over 12 months.
57. The NSW Drug Court has been evaluated and consistently found to reduce significantly the risk of recidivism among drug-related offenders and to be more cost-effective than prison.
58. For many years, demand for the Drug Court program has exceeded availability and program entry is determined by random ballot. Further, demand for the Drug Court is increasing, in part attributed to the increasing number of people before the courts using ATS.
59. The Inquiry received numerous submissions from a range of stakeholders in the criminal justice system calling for the expansion of the NSW Drug Court. The Inquiry considers that the ballot system leads to significant inequity of access to the Drug Court across most of NSW, which creates unfairness and unequal justice. There is ample evidence to support a recommendation for the expansion of the NSW Drug Court and for a commensurate increase in funding necessary to support its operation (Recommendation 14).
60. The Inquiry also recommends implementation of the recommendations and findings of the 2018 report of the *Legislative Assembly Committee on Law and Safety Inquiry into the adequacy of youth diversionary programs in NSW* that relate to the *Young Offenders Act 1997* (NSW), the Youth on Track program and the Youth Koori Court (Recommendation 17).

Other reforms

61. Criminal records were another issue considered by the Inquiry. Under the *Criminal Records Act 1991* (NSW), when a person is convicted of use or possession of a prohibited drug, that conviction appears on their criminal record, which may be accessed by a range of law enforcement and other agencies. Where a person has a criminal record, if they complete a period of 10 years crime free after the date of their conviction (or three years in the case of a child or young person) their conviction is to be regarded as 'spent' and, subject to some exceptions, is not to form part of their criminal history. If a conviction is spent, the person is not required to disclose information concerning the spent conviction to any other person for any purpose.
62. The negative consequences of having a criminal record for simple possession are completely disproportionate to the underlying conduct. The spent conviction legislation is a helpful way for people to overcome those negative consequences. However, in the context of simple possession offences, a period of 10 years is not warranted. The Inquiry recommends that the time that a person must wait before their conviction for simple possession becomes spent be shortened from 10 years to two years, and from three years to one year in the case of a child or young person (Recommendation 18).
63. The Inquiry also considered the newly enacted s 25C *Crimes Act 1900* (NSW), which contains the offence of 'supply of drugs causing death'. As drafted, s 25C is unlikely to apply in circumstances where the victim dies as a result of ingesting a contaminant in a supplied prohibited drug. Given the rapidity at which new psychoactive substances enter the drug market, and their toxicity, this is a significant shortcoming in the legislation. The Inquiry considers that there are other significant problems with s 25C and that it should be referred to the NSW Law Reform Commission for consideration (Recommendation 19).

Chapter 12: Prevention

64. Prevention initiatives help people avoid starting to use drugs, to delay their first use and, for those who already use drugs, avoid or delay transitioning to more risky and harmful use. Prevention is an important component of any comprehensive response to drug use. It forms part of current Australian drug policy under the 'demand reduction' pillar of the National Drug Strategy, and continues to be an important part of the reforms to drug policy recommended by this Inquiry.
65. There is no single approach to prevention: a broad range of strategies is required, including universal intervention for the community as a whole and targeted interventions for particular populations. Prevention programs in NSW include education for the community and for school students, recreationally based interventions and community-led approaches.
66. Effective prevention is complex, as drug use generally results from a complex interaction of individual and environmental risk factors. Evidence received by the Inquiry indicates that drug use, and dependent drug use in particular, often occurs in a context of broad socioeconomic disadvantage. Given the connection between various socioeconomic factors and drug use, prevention efforts need to consider such factors if they are to be effective.
67. It is important that policy responses aimed at prevention recognise and address the risk factors that increase a person's susceptibility to social, behavioural and health problems, as well as the protective factors that can mitigate these risks. This broad approach should include greater investment in strategies directed towards vulnerable people, communities and families, and recognition of the critical importance of social determinants such as school engagement and employment.

68. Evidence to the Inquiry suggests that community-led, collective impact approaches can be particularly effective in preventing drug use and associated harms. One successful example, the Maranguka Justice Reinvestment Project, was the subject of detailed evidence to the Inquiry. The Maranguka Project is a community-driven initiative in Bourke that applies a collective impact approach, involving more than 20 organisations and representatives of 27 Aboriginal tribal groups living in the region. The success of the Maranguka Project demonstrates the potential benefits of such an approach for other Aboriginal communities and the impact of justice reinvestment initiatives, which aim to direct resources away from prisons to address the root causes of offending in communities with high rates of contact with the criminal justice system.
69. The evidence to the Inquiry indicates that community-led initiatives should continue to be supported and expanded (Recommendation 20). In light of the complexity of factors that contribute to drug use, an effective approach to prevention needs to be supported and enhanced by a consistent, whole-of-government approach involving all relevant government departments, as well as the community more broadly.

Chapter 13: Education

70. Drug education plays a role in multiple aspects of a harm minimisation approach to drug use including through helping to prevent or delay use. It can also provide information and skills to help people make informed decisions, support people to seek help and contribute to harm reduction measures. Taking a broader view, drug education not only provides information about AOD, it can also help break down stigma and empower people to seek help for themselves or for others. School-based drug education also aims to develop in young people the knowledge and critical thinking skills to help them make healthier, safer choices.
71. Given that drug use – including ATS use – affects all ages and demographics, a comprehensive approach to drug education should include ongoing education in the broader community. It should also include education that targets those populations whose experience of ATS use requires careful and specific consideration in the formulation of policy and treatment responses. Drug education also requires a broader focus than prevention, consistent with the National Drug Strategy's overriding objective of harm minimisation.
72. Drug education should form part of a broader suite of prevention and harm reduction efforts. Providing information alone is not sufficient to prevent drug use, due to the complex social determinants of drug use.
73. In NSW schools, drug education forms part of the mandatory Personal Development, Health and Physical Education (PDHPE) program for students from Kindergarten to Year 10. PDHPE can be continued as an elective subject in Years 11 and 12. Government school students who do not take this elective must undertake the Life Ready program over a total of 25 hours. While the Inquiry did not conduct a detailed examination of NSW school drug education, some issues were raised in evidence to the Inquiry, including difficulties in identifying appropriate external drug education providers. Further work may be required to ensure that school-based drug education provides effective, timely and relevant education to NSW students. (Recommendation 22).

74. The Inquiry heard evidence that there is a need for further community education about ATS. A whole-of-government approach to drug education is needed, including to support drug education provided in schools and to reinforce and build on it in different settings (Recommendation 21). Any such approach should ensure consistent messaging and coordinated activity across policy areas. Such an approach also needs to consider and respond to the particular needs of priority populations in the community, as well as the spectrum of drug use.

Chapter 14: Health services

75. The use of ATS can have serious consequences for a person's health and wellbeing, both in the short and long term. The Inquiry received a significant amount of evidence about the impacts of ATS use on the health and treatment system, gaps in services and opportunities to improve responses to, and outcomes for, people who use ATS.
76. In NSW, government and non-government services provide a variety of treatment services for people who use ATS including psychosocial therapies, withdrawal support and counselling. People with health issues related to ATS use, including physical and mental health comorbidities, present to GPs and emergency departments as well as to specialist AOD services such as residential rehabilitation services. Those with dependent methamphetamine use have high rates of contact with public hospitals, including emergency departments, as well as non-acute health services such as GPs, psychologists and counsellors.
77. The Inquiry has made 24 recommendations directed at improving health services responses to the use of ATS, addressing areas such as service planning, accessibility and integration, workforce development, funding, models of care and governance.

Unmet demand for treatment

78. There has been an increase in demand for treatment services for ATS over the past decade, placing further pressure on an already stretched AOD treatment system, creating a barrier for people trying to access services and putting strain on service providers.
79. An estimated 200,000 to 500,000 people each year across Australia need and seek AOD treatment but do not receive it. This significant and long-standing unmet demand for treatment can only be addressed by increased funding for services offering such treatment.
80. In 2018, the *NSW Parliamentary Inquiry into the provision of drug rehabilitation services in regional, rural and remote New South Wales* noted there was a 'severe shortage of beds' and recommended that the NSW Government significantly increase funding to AOD health services. The NSW Government has expressed in principle support for this recommendation. However, evidence received by this Inquiry demonstrates that this problem continues. The Inquiry recommends that the NSW Government urgently increase its investment in specialist AOD health services to meet the significant unmet demand for services across the state (Recommendation 31).

Barriers to treatment and services

81. The Inquiry heard a significant amount of evidence about the challenge of accessing and providing AOD services in NSW, due in part to the size of the state and the distribution of its population. This is particularly the case in regional, rural and remote areas. In addition to the lack of accessible services, barriers to health and treatment services for people who use ATS include a lack of appropriate services, stigma, costs, concerns about confidentiality and perceptions that health care is not needed.

Residential rehabilitation

82. The Inquiry heard a considerable amount of evidence about the difficulties people face gaining access to residential rehabilitation. Entering residential rehabilitation often requires that a person has completed detoxification, which can cause problems if the services are not delivered by a single provider or are not well linked. A lack of withdrawal management services can also create a bottleneck for those seeking rehabilitation. The Inquiry heard that people can relapse in the period between completing withdrawal and accessing rehabilitation treatment and that this is a significant missed opportunity for people who are ready to address their ATS use.
83. Long wait lists were also identified as a major barrier to entry into rehabilitation. The Inquiry found that of 29 residential rehabilitation facilities across the state (including 25 NSW Health-funded services), 31% had a wait list of one to two months, while 21% had a wait list of three to six months. The Inquiry heard from numerous witnesses who faced substantial waiting times to secure places in residential rehabilitation services. One witness told the Inquiry: *'To be waiting six months... is ridiculous. In six months I could have been dead.'*

Emergency departments

84. Frequent use of crystal methamphetamine is associated with increased presentations to emergency departments, and the rate of acute severe behavioural disturbance is high among patients presenting with methamphetamine-related issues. In 2018, methamphetamine-related presentations accounted for 2.3% of emergency department presentations in NSW.
85. The impact of hospital presentations relating to crystal methamphetamine use was a consistent theme in evidence to the Inquiry. Long stays in emergency departments, violence towards staff, inability to conduct proper mental health assessments and the need for sedation and restraint were frequently raised as challenges faced by clinicians in responding to methamphetamine-related presentations.
86. The evidence suggests that there is a need for dedicated spaces and a specific model of care to manage the complexities associated with patients who present with acute severe behavioural disturbance.

Managing comorbid mental health issues

87. The strong relationship between ATS use and poor mental health was another consistent theme in the evidence to the Inquiry.
88. ATS use can cause adverse mental health effects and exacerbate pre-existing mental health conditions. Many people who use ATS experience mental health conditions, and the Inquiry heard from service providers that this comorbidity is the expectation rather than the exception.

89. However, the Inquiry heard that there is poor linkage between service providers treating mental health and AOD issues, and that people with comorbid AOD and mental health issues often do not receive the holistic treatment necessary to address their needs. It is an area that requires significant attention to improve current deficiencies in service provision.
90. Various levels of government and non-government organisations fund, plan, manage and deliver AOD and mental health services. With AOD and mental health services generally separately funded and administered, as well as geographically separated, there is no clear policy framework for comorbidity treatment models. This fragmentation of the system creates difficulty for both service providers and patients.
91. Evidence to the Inquiry indicates there is a need for more specialist mental health input into AOD services (Recommendation 37) and for mandatory training in mental health for the AOD workforce, and vice versa (Recommendation 45).

The need for an integrated health and social service system

92. The Inquiry heard evidence about the gaps between services that can lead to poor coordination and continuity of care, often with poor outcomes for the patient.
93. Homelessness, social disadvantage, temporary or unstable housing, involvement with the justice system, unemployment and trauma are all factors that lead to an increased need for support services both within and outside of the health sector. There is a clear need for the health and community services sectors to work closely together to support people to address their use of drugs and any associated social needs. However, health and other social support service systems are siloed, making it difficult for people to identify and access the services that are critical to their care. Submissions to the Inquiry from non-government organisations called for better coordination and integration of care across the AOD sector.

Funding and commissioning of services

94. Commonwealth and state governments share responsibility for funding and delivering healthcare services. NSW's ability to respond to ATS use is affected by the complexity of funding arrangements for public and non-government AOD services. A clear planning framework is required to ensure that, at a minimum, there are no services missing or being duplicated. The Inquiry heard that the Drug and Alcohol Service Planning model, which is currently used by NSW Health as one input into AOD service planning, could be better utilised, including by reviewing it to ensure it is current and making it more broadly available as a planning tool (Recommendation 25).
95. The Inquiry heard compelling evidence about the difficulties faced by non-government service providers arising from current government practices in commissioning AOD services. In particular, short contract lengths, uncertainty of recurrent funding and varying reporting requirements due to multiple sources of funding were raised as challenges for AOD service providers that affected their delivery of services. The Inquiry heard that many of these challenges could be addressed by facilitating better collaboration and service planning between Commonwealth primary health networks and NSW local health districts (Recommendation 26), increasing contract lengths to a minimum of five years and developing a set of standard contract conditions and performance and reporting requirements for AOD services provided by non-government organisations, regardless of funding sources (Recommendation 27).

The AOD workforce

96. The Inquiry heard evidence of a shortage of suitably qualified and skilled staff, including addiction medicine specialists, particularly in rural, regional and remote areas of NSW. There is a need for a dedicated strategy to support and grow the specialist and generalist AOD workforce in NSW to address this shortage, and to upskill the general health workforce to perform basic AOD screening, referral and treatment. (Recommendation 30).
97. Including AOD training in undergraduate medical and nursing degree curricula will help attract staff into specialist AOD positions (Recommendation 28) and expanding the AOD peer workforce will help address some of the gaps in service delivery arising from staff shortages. (Recommendation 29).
98. Patient outcomes will be improved by better screening and referral into treatment by generalist health staff and by increasing the availability of AOD hospital-based consultation liaison services to ensure they are available in more places and outside business hours where needed (Recommendation 34).
99. Ambulatory or outpatient withdrawal services enable people to live at home while attending a local drug treatment service or hospital daily or visiting their GP every one or two days. Evidence to the Inquiry indicated that greater access to ambulatory withdrawal services would improve NSW's response to ATS (Recommendation 35).

An increased role for general practitioners

100. The Inquiry heard that GPs are well placed to address harms related to mild to moderate ATS use, but that further work is needed to ensure this occurs. For example, GPs could be better supported to provide AOD treatment through nurse in-reach services to their clinics; and GPs could be trained to screen for ATS use and refer patients into treatment where appropriate. GPs could also be assisted to provide more ambulatory withdrawal services.
101. The Inquiry heard that revision of the Medicare Benefits Schedule would facilitate this enhancement in service provision, such as by including additional AOD-specific items. (Recommendation 40).

Other ways the health system could be improved

102. The Inquiry received evidence and submissions about other ways in which the health system could be improved to respond to ATS. They include:
 - better promotion of the Drug and Alcohol Specialist Advisory Service that provides 24-hour advice to clinicians around the state (Recommendation 41)
 - better networks of specialist support between metropolitan and regional/rural locations, including through telehealth services (Recommendation 41)
 - enhancement of the Alcohol and Drug Information Service, which provides 24-hour advice and support to the public generally (Recommendation 42)
 - further investment in research on treatment interventions for people who use ATS, including pharmacotherapy (Recommendation 43)
 - more integrated, coordinated and assertive care, including through better sharing of client information across services (subject to clients' consent), the trial of a consortium model of care with multiple providers working collaboratively to provide a full suite of services (Recommendation 47) and a 'no wrong door' approach which recognises that people should receive care addressing the full spectrum of their illness or illnesses, regardless of where they present (Recommendation 46).

Chapter 15: Harm reduction

103. The National Drug Strategy defines harm reduction as '*reducing the adverse health, social and economic consequences of the use of drugs, for the user, their families and the wider community*'. It is an approach to public health that accepts that people will use drugs and seeks to reduce the harms caused by drugs, both to people who use them and the general community.
104. Harm reduction is an essential component of a comprehensive drug strategy to minimise drug-related harms, alongside supply reduction (such as law enforcement) and demand reduction (such as the provision of treatment services). Harm reduction interventions are considered to be best practice, applied worldwide and endorsed by international bodies including the World Health Organization, the United Nations General Assembly and the United Nations Commission on Narcotic Drugs.
105. Harm reduction services reduce mortality and morbidity and facilitate referrals to treatment, health and social supports. NSW has long employed various measures to reduce the harms associated with drug use, such as needle and syringe programs (NSPs) and the Uniting Medically Supervised Injecting Centre (Uniting MSIC) in Kings Cross.
106. The Inquiry considered the adequacy of existing harm reduction programs in NSW and examined initiatives that have succeeded in other jurisdictions, including the broader availability of drug consumption services, strategies to support people who smoke ATS and harm reduction measures at music festivals, particularly substance testing. In addition to considering public and private submissions, previous inquiries and a substantial amount of academic literature, the Inquiry held a Harm Reduction Hearing and heard evidence from a range of domestic and international academic and clinical experts, as well as the NSW Police Force and NSW Health.

People who smoke ATS

107. Although a majority of people who use methamphetamine smoke it, no harm reduction services are targeted at this cohort. This makes it difficult to engage with people who smoke ATS, to provide them with education and information, facilitate contact with health and treatment services and recruit them for research purposes. Notably, NSPs have no contact with people who only smoke and do not inject ATS. This means that messages intended to prevent smokers transitioning to injecting use cannot be effectively communicated. Distributing safer smoking equipment and incorporating smoking facilities into supervised drug consumption services are two means of engaging people who smoke ATS for the purposes of harm reduction.
108. The Inquiry recommends that the NSW Government develop harm reduction and health promotion initiatives targeting people who smoke ATS, in partnership with people who smoke ATS and clinicians involved in their care (Recommendation 48).

Distribution of safer smoking kits

109. Equipment distribution programs reduce the risk of disease transmission associated with the sharing of equipment and provide a contact point for people who use drugs to receive harm reduction messaging and be referred to other health and social services. Primary NSPs, which provide holistic care to meet the needs of people who inject drugs, are recognised by NSW Health to be '*an incredibly important contact point*' for at-risk marginalised populations. There is no equivalent service in NSW for people who smoke ATS.

110. The Inquiry heard that in Canada, the distribution of safer smoking kits through NSPs has been effective in engaging people who smoke crack cocaine to provide them with harm reduction education, information and support. The harm reduction benefits extend to people who inject drugs, with 40% of respondents reporting reduced injecting patterns of use due to more accessible safer smoking equipment. Contrary to concerns that such an initiative would increase levels of crack use, increased pipe distribution was correlated with a decrease in the number of people who reported daily use of crack.
111. There is evidence that distributing smoking equipment could facilitate early intervention and engage people who smoke ATS in a broader system of care. Evidence suggests it could also reduce the incidence of oral injuries and risk of blood-borne virus transmission and reduce rates of injection, including by preventing the uptake of injecting practices. The Inquiry recommends that the NSW Government trial the non-commercial distribution of safer smoking kits through community health services such as NSPs to engage with people who smoke ATS (Recommendation 49).

Supervised drug consumption services

112. Supervised drug consumption services are places where people may consume prohibited drugs under the supervision of trained staff. The Inquiry received evidence that the Uniting MSIC has been proven to be an effective harm reduction measure, delivering a range of positive public health and amenity outcomes. It facilitates access to social and health services, including treatment supports, for a highly marginalised population that is disengaged from mainstream services.
113. However, the Uniting MSIC is the only supervised drug consumption service that may lawfully operate in NSW and the legislation permits it to supervise administration by injection only. Evidence to the Inquiry supports a recommendation that these restrictions be removed to allow drug consumption services to be established in areas of local need (Recommendation 51), including by integrating them within existing AOD or primary healthcare services and primary NSPs.
114. The Inquiry received evidence that the provision of smoking facilities in supervised drug consumption services engages people who smoke ATS. This engagement facilitates early contact with health and social services that people who smoke ATS might not otherwise access; provides education to reduce harms associated with smoking ATS; and may prevent the uptake of injecting practices. Provision of smoking facilities also gives people who inject ATS the option of smoking – a less risky mode of administration – and may reduce the frequency of injecting or facilitate a transition from injecting to smoking. For these reasons, the *Drug Misuse and Trafficking Act 1985* (NSW) should be amended to allow smoking facilities to be included in supervised drug consumption services where indicated by local need (Recommendation 51).

Substance testing

115. Substance testing services enable members of the public to submit samples of prohibited drugs anonymously for expert chemical analysis, including to identify the presence of contaminants and purity where technology allows. A 2017 review reported that 31 services operate in 20 countries, including in Europe, the United Kingdom, the United States, Canada and New Zealand.
116. The focus of the evidence before the Inquiry concerned front-of-house services, where the service interacts directly with the person who intends to consume the substance tested. The Inquiry considered onsite substance testing services (conducted at temporary events or locations such as music festivals) and fixed-site substance testing services (providing ongoing services at a permanent site).

117. The Inquiry received evidence that both onsite and fixed-site substance testing services reduce drug-related harms by:
 - facilitating the delivery of a brief intervention that involves providing education and information about the risks of drug use
 - providing information about the contents of the substance to reduce the risk of the person unintentionally ingesting an adulterated substance or a drug that is not what they intended to consume
 - monitoring the drug market to identify novel and emerging substances and changes in trends to inform public health interventions (including public warning systems) and law enforcement.
118. Onsite services engage people who use drugs at events such as festivals. They offer prompt interventions in the immediate context of drug use, including by facilitating medical attention if required. They can also provide real-time information about the substances circulating at an event. Fourier-transform infrared spectroscopy (FTIR) is used to identify the contents of the sample by matching them to compounds that have been recorded in a library. The equipment may be calibrated to provide information about the minimum dose present in a sample. FTIR analysis can be effectively conducted by onsite services.
119. Fixed-site services use highly sophisticated equipment to conduct accurate and comprehensive analysis using gas chromatography mass spectroscopy (GCMS). GCMS is capable of ascertaining the contents and dose of samples tested. Fixed-site services do not operate under the time constraints that may apply at an onsite service and provide a quiet environment for the delivery of the brief intervention.
120. There have been few independent evaluations of substance testing services. In 2018 and 2019, Pill Testing Australia conducted government-sanctioned onsite 'pill-testing' pilots at the Groovin the Moo music festival in the ACT. An independent evaluation of the 2019 pilot was conducted by researchers at the Australian National University, with financial support from ACT Health. The results of the evaluation demonstrated that the substance testing service led to behavioural change that effectively reduced the risk of patrons experiencing drug-related harm, and in some cases reduced consumption, as some drugs were discarded and some patrons consumed a smaller quantity of drugs. The 2019 pilot also identified seven samples containing potentially lethal N-ethylpentylone, information that was used by authorities to notify patrons in the pill testing service, festival medical services and ACT Health.
121. Implementation of a substance testing pilot is supported by professional medical, healthcare and peak bodies, including the Australian Medical Association, the Royal Australasian College of Physicians, the Royal Australian College of General Practitioners, the Australasian College for Emergency Medicine and St Vincent's Health Australia.
122. The Inquiry has found there is strong and compelling evidence to support substance testing as an effective harm reduction measure used in conjunction with other harm reduction strategies. Onsite and fixed-site services are complementary. Providing both models would ensure a broad range of people can be reached, and better support the important monitoring function of substance testing.
123. The NSW Government should establish a state-wide clinically supervised substance testing, education and information service with branches at fixed-site locations, and trial an onsite substance testing service at a music festival, to be independently evaluated (Recommendation 53).

Chapter 16: Aboriginal people and communities

124. The Inquiry held seven roundtables in regional areas, and one in western Sydney, to hear from members of Aboriginal communities and stakeholders about the challenges raised by ATS use and how they should best be addressed.
125. While the harms related to drug use affect all communities in NSW, the evidence before the Inquiry establishes that in Aboriginal communities where ATS are used, the harms of use are magnified for reasons including the ongoing impacts of colonisation, racism and intergenerational trauma. The Inquiry heard there is a sense that the impact of crystal methamphetamine, in particular, is disproportionate in Aboriginal communities because it aggravates the substantial burden of socioeconomic disadvantage and trauma already experienced by those communities.
126. Given the close and complex relationships within and between Aboriginal communities, the nature and extent of the impact of ATS use beyond the people who use it is uniquely damaging. Aboriginal people also face specific barriers to seeking and accessing health, treatment and rehabilitation services. These include the legacy of the Stolen Generations and fear of child removals, fear and distrust of government services, racism, the lack of culturally safe services and the necessity of separating from Country and family to access AOD treatment services.
127. It is clear from the evidence that Aboriginal people and communities urgently need support in managing the harms associated with ATS use. Aboriginal communities have a strong interest in how ATS-related issues should be addressed. Given support and adequate resourcing, they are best placed to direct the appropriate response.
128. Aboriginal people view health in an holistic context, integral to which is the social, emotional and cultural wellbeing of the whole community. Strong connections to Country, family and culture are central to the health and wellbeing of Aboriginal people. Understanding Aboriginal perspectives on health and wellbeing and building on the strengths of Aboriginal communities is essential for addressing the harms caused by ATS and how best to provide support.
129. The NSW Government must ensure that responses to ATS use in Aboriginal communities understand the historical, social and cultural context of ATS use and are designed with, implemented and controlled by Aboriginal communities (Recommendation 57). A key message to emerge through consultations with members of Aboriginal communities is that Aboriginal people want access to AOD services that are delivered on Country and are culturally respectful, culturally competent and culturally safe (Recommendations 58 and 65).
130. The Inquiry recommends supporting and expanding this workforce by developing new training programs, building the capacity of Aboriginal community-controlled health services and enhancing existing strategies to increase and retain the number of Aboriginal people working in the AOD sector (Recommendations 62, 63 and 64).
131. Given the over-representation of Aboriginal people in custody, culturally specific diversionary programs present an opportunity to improve the way the criminal justice system responds to ATS use in Aboriginal communities. Expanding the Youth Koori Court and establishing the proposed Walama Court would be significant measures toward addressing this over-representation. Both courts address the underlying factors, including ATS use, that contribute to a person's offending (Recommendations 60 and 61).

Chapter 17: Homelessness

132. Stable housing is a critical foundation for effectively addressing harmful drug use. Research indicates that people without accommodation or with marginal or inadequate housing face a greater risk of developing problematic patterns of drug use.
133. In addition, people using drugs in harmful ways often have complex, interrelated needs that cannot be properly addressed while housing is unstable. Without stable housing, people who use ATS are at an increased risk of experiencing social and family isolation, financial debt and poor mental and physical health, and are less likely to engage in treatment.
134. An important component of any AOD strategy is to prevent homelessness and provide supportive housing to people who are already homeless.
135. People experiencing homelessness need stable housing before they can engage effectively with other services. This approach is called 'Housing First', the guiding principle of which is '*that safe and secure housing should be quickly provided prior to, and not conditional upon, addressing other health and wellbeing issues*'. Many submissions to the Inquiry advocated for a Housing First approach that prioritises safe housing and assists people to maintain their tenancies so they can then address their drug use and other health and social problems.
136. Based on the evidence received by the Inquiry, and the promising results of Housing First approaches internationally, the adoption of a Housing First approach offers an opportunity for NSW to strengthen its response to ATS (Recommendation 66). The association between the use of ATS and homelessness, and the challenges housing services face in meeting the needs of people who use ATS, indicate that people who use ATS should be regarded as a priority group for future Housing First approaches in NSW.
137. Given the importance of stable housing to effective ATS treatment, the NSW Government should ensure that those who undertake residential drug rehabilitation or detoxification do not lose their social housing while they undergo treatment (Recommendation 67). The NSW Government should also consider implementing a Housing and Accommodation Support Initiative, similar to that currently provided to those with a severe mental illness, for people who use ATS (Recommendation 68).
138. Effective service responses to address the housing needs of people who use ATS should: recognise access to housing is a human right; recognise and respond to the fact that experiences of homelessness result from multiple complex factors; recognise that homelessness can be prevented and include appropriate prevention strategies; include a focus on integrated service provision; adopt a Housing First approach; and involve communities as part of the solution.

Chapter 18: Families affected by amphetamine-type stimulants

139. The effects of ATS use extend well beyond the individual who uses drugs. The Inquiry heard that partners, children, extended family members and friends may also be severely affected by someone's ATS use. Any comprehensive response to ATS in NSW needs to consider and address these impacts on the family and friends of people who use ATS.

140. Not all people who use ATS will harm those around them. However, the Inquiry heard evidence from those who have experienced or observed the harms that can be caused to family and friends when someone uses ATS. The Inquiry heard that many families and friends of people who use crystal methamphetamine experience stress and anxiety, mental health issues and financial hardship, and take on additional caring responsibilities for children. Research has estimated that, on average, at least two family members are so negatively affected by their relative's drug use that they need professional help. However, this may not reflect the true numbers of people affected.
141. Family members told the Inquiry of the devastating and all-consuming stress of trying to support a relative who is dependent on crystal methamphetamine. In particular, the Inquiry heard from grandparents who told the Inquiry about the pressures of taking on the care of young children whose parents use ATS. Families affected by ATS use can also often experience other complex and interacting issues such as economic disadvantage and homelessness and it can be difficult to determine whether harm is caused by ATS use or other risk factors. Families need support both to relieve the pressures they experience and to help them support their family member, particularly in their recovery efforts.
142. Policy and service responses in NSW are ill-equipped to deal with the effects of ATS on family and friends. The evidence to the Inquiry indicates there is still a significant shortage of services for people who use ATS and for their families, particularly in rural and remote NSW, and barriers to accessing existing services.
143. State-wide, holistic, wraparound services are required to meet the needs of those affected by ATS use, including a program similar to the Family and Carer Mental Health Program (Recommendation 69).
144. Evidence before the Inquiry showed a strong association between the use of crystal methamphetamine and domestic and family violence, and the abuse and neglect of children and young people. The impact on families of violence perpetrated by people who use ATS was a common theme in evidence received by the Inquiry, including evidence that crystal methamphetamine is associated with an increase in the frequency and severity of domestic and family violence. This association was reported to be stronger for crystal methamphetamine than for other illicit substances. However, the association between ATS use and domestic violence is complex and further research is needed to better understand the interaction (Recommendation 71).
145. The association between crystal methamphetamine and domestic and family violence also presents challenges for service providers, including by making it more difficult to engage with families, making their work more complex and resource intensive and making it more difficult to implement strategies and respond. The Inquiry heard evidence that certain initiatives, such as Safer Pathways and associated Safety Action Meetings, are useful in addressing the complex issues presented by domestic and family violence. The Inquiry encourages expanding these pathways (Recommendation 73).
146. There is limited academic literature on the effects on children of parental use of ATS specifically. However, the Inquiry heard that use of crystal methamphetamine is a factor in a significant proportion of the number of children being reported at risk of significant harm and removed into out-of-home care in NSW. As with domestic and family violence, the association is complex and ATS use is generally one of multiple factors contributing to the risk of harm.

147. A number of statutory interventions exists to address risks of harm to children. Some, such as Family Preservation Packages, were the subject of positive evidence to the Inquiry and should continue to be expanded (Recommendation 75). Other evidence identified that some existing initiatives could be strengthened. In particular, under existing legislation, information sharing between government departments, and between government departments and non-government service providers, is not always well understood or effectively done to support children. The Inquiry also considered options to expand the support to families affected by ATS use. It recommends that the NSW Government pilot a Family Drug Treatment Court modelled on the Victorian Family Drug Treatment Court, that brings together child protection services with funded drug treatment and other services to encourage reunification of families (Recommendation 76).

Chapter 19: Law enforcement

148. Law enforcement bodies such as the NSW Police Force are dedicated to disrupting the manufacture, importation and distribution of illicit ATS in NSW. The Inquiry considered five discrete law enforcement responses to ATS:
- the use of drug detection dogs by the NSW Police Force
 - the use of strip searches by the NSW Police Force
 - roadside drug testing
 - analysis of seized illicit ATS
 - data collection.

Drug detection dogs

149. The use of drug detection dogs aims to prevent illicit drug use and supply. Drug detection dogs are used to find illicit drugs in public locations including music festivals, on the street and at train stations. Drug detection dogs are trained to sit when they detect the odour of certain illicit drugs (behaviour known as an indication).
150. The Inquiry heard that the use of drug detection dogs in NSW has raised numerous concerns. These include that the use of drug detection dogs is focused on people who use drugs rather than high-level dealers, the expense and relatively poor rates of success of drug detection dogs, and their limited capacity to deter drug use and reduce supply. Other concerns relate to the infringement of civil liberties by their use, negative effects on police/community relations, potentially discriminatory impacts, particularly for young people, CALD people, Aboriginal people and LGBTQI+ communities, and legal ambiguity in relation to their use.
151. The most significant concern raised in evidence to the Inquiry is that the use of drug detection dogs may increase drug-related health harms, including panic ingestion (quickly consuming all the drugs to avoid detection); consuming drugs before the festival or 'preloading'; carrying drugs in vaginal and anal cavities; and buying drugs from unknown suppliers inside the festival.
152. Data show that the rate of positive detections for illicit drugs following a drug detection dog indication is not high. In 2018–19, about 11,000 people were searched following a positive drug detection dog indication, with illicit drugs found on 29.6% of those searched. Very few drug detection dog indications lead to the NSW Police Force discovering an amount of drugs deemed to be for supply.
153. The Inquiry recommends that the NSW Police Force employ detection methods other than the use of drug detection dogs to target illicit drug supply at music festivals (Recommendation 80). In the Inquiry's view, the risk to health and life caused by deploying drug detection dogs in this context is not justified.

Strip searches

154. The Inquiry is also of the view that use of strip searches is a disproportionate response to determine whether a person is in possession of a prohibited drug for personal use.
155. There is growing community concern about the extent to which police are using strip searches in NSW. In the three-year period to 2017–18, the number of strip searches carried out in the field (that is, anywhere outside of a police station) increased by 46.8%, to 5,483.
156. Nearly all strip searches conducted in the field in recent years were in relation to suspected drug possession. From 2016–17 to 2018–19, possession of a prohibited drug accounted for 82% of charges following a strip search. Supply of a prohibited drug accounted for 17% of charges and possession or use of a prohibited weapon 1.5% of charges. However, over the past five years, between 63.8% and 67.6% of strip searches found nothing that related to a criminal offence.
157. There is evidence before the Inquiry that strip searches create a climate of fear for those attending music festivals and erode trust in the police. The Inquiry heard that the process of carrying out a strip search is inconsistent with principles of trauma-informed practice and is associated with the following harms:
 - violation of the right to bodily integrity
 - experiencing a strip search as a form of violence because of its coercive nature
 - experiencing a strip search as indecent assault
 - possibility of triggering past experience of trauma and abuse, which can generate harmful psychological conditions including post-traumatic stress disorder.
158. Children, women, Aboriginal people and people with mental health conditions and cognitive impairments are particularly at risk of the harms associated with strip searches.
159. When these harms are balanced against the need for law enforcement bodies to carry out their functions, strip searches are a disproportionate response. The NSW Government should develop strategies to limit the use of strip searches to the investigation of offences which justify this invasive response (Recommendation 81). The NSW Police Force should also amend its policies and guidelines to limit the use of strip searches (Recommendation 82).

Roadside drug testing

160. Methamphetamine use is indicated in a high number of driving accidents and fatalities. Between 2009 and 2015, of all deaths in Australia considered by a coroner where a person's own methamphetamine use contributed to their death, 9.5% occurred in motor vehicle accidents.
161. Roadside drug testing is an important law enforcement strategy. Each NSW police district should have equal access to roadside drug testing equipment, particularly given that of the 227 fatal crashes between 2016–17 and 2018–19 involving a driver with an illicit drug in their system, 76% occurred outside the Sydney region.
162. The results from roadside drug testing are a potentially valuable source of information about the way illicit drugs are being used within particular communities. The systematic capture and distribution of that information, particularly if linked with the early warning system being developed by the National Centre for Clinical Research on Emerging Drugs, could enhance early intervention and appropriate allocation of resources.

163. A review into the roadside drug testing scheme should be conducted by the NSW Police Force with a focus on determining how it can be applied evenly across the state and how the data collected from the scheme can be used (Recommendation 84).
164. Given the rising trend in fatal crashes involving motor vehicle drivers with ATS present in their system, the Inquiry recommends that the NSW Police Force conduct a road safety campaign to raise awareness of the dangers of driving under the influence of ATS (Recommendation 85).

Analysis of seized illicit ATS

165. The Inquiry received information that only certain categories of illicit substances are tested when they are seized by law enforcement bodies. Increased testing of such seizures would contribute to a greater understanding of the nature and prevalence of illicit substances, including ATS, across the state and play a role in harm reduction measures by providing information to early warning systems (Recommendation 83).

Data collection

166. The Inquiry received much anecdotal evidence of the involvement of crystal methamphetamine in violence and violent offending. However, current data are not sufficiently comprehensive or reliable to enable sound conclusions to be drawn.
167. As NSW Police Force data collection does not routinely or specifically record the involvement of ATS in the commission of a crime, data cannot identify links between substance use and offending.
168. Given the reliance placed on data collected by the NSW Police Force by entities such as the NSW Bureau of Crime Statistics and Research (BOCSAR), the NSW Police Force should develop a way of regularly capturing the involvement of ATS use in the commission of criminal offences (Recommendation 86). Increased data about the role of ATS in offending behaviour would greatly enhance understanding of the impact of ATS use on the community and provide more comprehensive data for BOCSAR analysis.

Chapter 20: People in custody and under supervision

169. The prison population of NSW has reached unprecedented levels and is expected to continue increasing over the short and long term. As at June 2019, the prison population stood at 13,403 inmates, housed in 41 correctional centres across NSW. As well as an increase in the standing population, the number of people entering and leaving custody each year has risen. In the 12 months to June 2019, more than 19,000 people entered custody and more than 19,000 were released. About a third of the custodial population is on remand and about a quarter is in custody for a sentence of less than two years. On average, more than 19,000 offenders are subject to community-based orders each month. Aboriginal people are significantly over-represented in NSW prisons.
170. For many people entering prison, methamphetamine is the drug of choice. Of the 19,504 people who entered custody in 2018, almost one-third (31%) self-reported methamphetamine use in the four weeks prior to incarceration and more than half of those inmates reported using methamphetamines daily or on most days. A number were using other stimulant-type substances concurrently. Evidence before the Inquiry suggests that approximately 8,000 people enter custody each year in active withdrawal from methamphetamine.

171. The growth in inmate numbers and the increase of recent methamphetamine use among people entering custody puts pressure on the custodial system at every stage: from the ability of health services to properly support people withdrawing from drugs in court cells and remand units, to the availability of AOD services to inmates and the provision of appropriate harm reduction measures, to the nature of transitional support provided to people leaving custody.
172. In addition to higher rates of drug use, people in custody have much higher levels of social disadvantage than the broader Australian community, are in poorer physical and mental health, and have often had minimal contact with mainstream health services. They are an extremely vulnerable group of people who may engage in risky health behaviours, leading to higher rates of communicable and noncommunicable diseases and mental health conditions. The health problems experienced by the prison population are very much related to the significant social, environmental and economic determinants of health that affect them throughout their lives, before, during and after incarceration.
173. In NSW, less than 2% of people serve life sentences; the balance of the prison population will be released back to the community. The high level of contact between inmates exiting custody and the general community means the health and wellbeing of prisoners is also a measure of the health and wellbeing of the broader community. As the World Health Organization recently observed, time spent in prison should be used by governments to address health issues that may not have been treated in the community due to health inequities and the variety of barriers to access to health services.
174. Addressing the health needs of people during their time in prison, including their need for AOD treatment, also has a positive impact on the health of their families and their wider communities upon release from prison. Treatment of communicable diseases in prison contributes to reduced transmission in the community, and promotion of healthy lifestyles targeting noncommunicable disease risk factors can lead to sustained healthy behaviours that continue after release.
175. United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), which are adopted by NSW through its commitment to the Guiding Principles for Corrections in Australia, require governments to ensure that prisoners enjoy the same standards of health care that are available in the community, and have access to necessary healthcare services free of charge without discrimination on the grounds of their legal status. Governments should organise healthcare services in a way that ensures continuity of treatment and care, including for HIV and other infectious diseases, as well as for drug dependence.
176. The World Health Organization recently expressed the view that drug dependence is not criminal or hedonistic behaviour but a chronic disease, characterised by a long process of relapses and attempts at stabilisation, which requires a continuing care and support approach. It should be treated in the same way as other chronic illnesses, including diagnosis and a treatment plan. It is vital that any drug treatment and intervention strategies are not developed in isolation but linked to other relevant initiatives and strategies. A prison drug strategy should be part of, and in line with, the National Drug Strategy.
177. Prison facilities and the community corrections system in NSW are administered by Corrective Services NSW (Corrective Services), a division of the NSW Department of Communities and Justice. Health services in all correctional facilities operated by Corrective Services are provided by the Justice Health and Forensic Mental Health Network (Justice Health), a statutory health corporation.

178. Various AOD services in custody are divided between Justice Health and Corrective Services. In relation to AOD treatment, Justice Health provides a range of services, although it does not routinely provide drug counselling services.
179. Corrective Services offers some limited programs that may be relevant to people who use ATS. The aim of these programs is to reduce recidivism and they are offered to inmates on the basis of their criminogenic need. Criminogenic need is determined by the level of the inmate's risk of reoffending. Only inmates who are assessed as being at medium to high risk of reoffending are eligible for AOD programs offered by Corrective Services. Further, people on remand are not eligible for the full range of programs, and the wait lists for such programs are lengthy.
180. Notably, neither Corrective Services nor Justice Health provide general psychological counselling services in Corrective Services facilities. This is significant, as psychological therapies are a fundamental part of effective drug treatment services, and the most effective therapies for ATS dependence are psychosocial.
181. The Inquiry considers that the division of responsibility for AOD treatment between Corrective Services and Justice Health and the insistence of Corrective Services on limiting access to AOD treatment based on criminogenic need has led to profound shortcomings in AOD treatment in custody in NSW. The Inquiry recommends that Justice Health be given principal responsibility for providing AOD treatment to prisoners (Recommendation 96) and that treatment be provided on an AOD/health needs basis, not solely according to criminogenic needs (Recommendation 93).

AOD Strategy

182. The current approach of Corrective Services and Justice Health to addressing the AOD needs of inmates in custody is ad hoc and piecemeal. Programs and services are not sufficient to meet the needs of all inmates.
183. Corrective Services does not have an overarching AOD drug policy. This is despite the very high numbers of people in custody who have AOD problems and the significant impact this has on the management of custodial facilities.
184. Given the complexity of issues relating to AOD treatment in the prison population and the importance of ensuring services are comprehensive and coordinated, it is critical that Corrective Services and Justice Health develop a comprehensive AOD policy. This should be consistent with the National Drug Strategy and the NSW whole-of-government AOD policy recommended by this Inquiry. The strategy should be developed in consultation with the community and people with lived experience of drug use and custody, be evidence-based, adopt a broad harm reduction approach and reflect international best practice for the treatment and care of people in custody (Recommendation 91).

Inquiry into drugs in prisons

185. Drugs are readily available and widely used in NSW correctional centres. In its submission to the Inquiry, Corrective Services acknowledged that inmates do consume drugs, including methamphetamine, including by injection.
186. Early in the course of this Inquiry it became clear that the seriousness, scale and complexity of this issue warrants the immediate commissioning of a separate, independent review or inquiry, with appropriate evidence-gathering powers, into the supply and availability of drugs in correctional centres and the efficacy of efforts to interdict supply (Recommendation 89).

Provision of AOD treatment in custody

187. The very high number of people entering custody in active drug withdrawal puts an enormous burden on the resources of Justice Health. The intensity of effort required by Justice Health to respond to the number of inmates withdrawing from ATS causes other programs to suffer.
188. Justice Health is not present at all locations where people in custody are withdrawing from ATS. This places prison staff, who do not have medical or nursing training, in the unsatisfactory position of either relying on telephone consultations or arranging for the transfer of inmates by ambulance to a hospital or remand centre, where medical facilities are available.
189. There is no procedure by which Corrective Services identifies and supports people with AOD needs. The Intake Screening Questionnaire carried out by Corrective Services might detect that an incoming inmate has problems associated with ATS use, but there are no procedures in place to address those issues routinely.
190. The Reception Screening Assessment, carried out by Justice Health, should detect that an incoming inmate has problems associated with ATS use. However, that detection does not lead to a comprehensive suite of therapies being offered on the basis of health needs, because those therapies are not available.
191. Because there are no meaningful avenues for the referral of inmates with AOD use issues to treatment, even where AOD use issues are identified on reception they are not routinely followed up. This is a significant lost opportunity for early intervention.
192. Almost all AOD programs that are available to inmates in NSW are delivered according to the level of an inmate's risk of reoffending as assessed by Corrective Services. This is assessed using a 'tool' called the Level of Service Inventory – Revised (LSI-R). An LSI-R score is a necessary precondition to accessing most of the programs and services in custody.
193. Significantly, people on remand are not assessed for an LSI-R score. This means that while on remand, inmates have very limited access to rehabilitation programs including AOD programs. Remand is known to be a very stressful time for inmates. Inmates may be withdrawing from alcohol and/or other drugs; typically have had no time to prepare for custody; may have had no time to make arrangements for their family; may be moved far from home or frequently between centres to attend court proceedings; and may have limited access to programs. People on remand, arguably at a time of very high need, have access to few or no AOD programs.
194. Another cohort that finds it difficult to access AOD treatment in custody is inmates serving short sentences. About a quarter of the custodial population is in custody for a sentence of less than two years. AOD programs are generally not available until inmates are sentenced. Due to the increase in median finalisation times for criminal trials, there is often insufficient time for an inmate to become eligible, gain access to an AOD program and complete it before release.
195. People serving long sentences may also be excluded from AOD programs provided by Corrective Services. Because entry to programs is based on criminogenic risk and is prioritised by release date, these inmates may not have access to programs for many years. This means their AOD health needs are unlikely to be addressed in a timely fashion.

196. Inmates with AOD-related issues are entitled to health care that addresses their needs. Although Justice Health offers some AOD-related services, these do not deal with the psychosocial issues that can be central to problematic ATS use. Justice Health does not offer psychological counselling, the main mode of treatment for ATS dependence.
197. The evidence before the Inquiry describes a situation in which most inmates will not get the AOD treatment they need. It suggests that while forms of AOD treatment, such as behavioural programs, remain under the control of Corrective Services, this will be inaccessible to a significant number of inmates who would benefit from access to treatment, including those on remand and those serving long sentences.
198. Justice Health is in a position to provide AOD treatment to inmates on the basis of their health needs. As a health service, it is also in a position to meet the standards required of the NSW Government, that is the provision of health care equivalent to that available in the community. Justice Health could provide psychological support and counselling for people with problems related to ATS use.
199. As discussed above, the Inquiry recommends that the provision of drug treatment services and programs in custody immediately be made the principal responsibility of Justice Health; that Justice Health ensure that access to and standards of AOD treatment services and programs provided in custody are equivalent to those in the community; and that there should be a commensurate increase in funding to NSW Health to enable the provision of such services (Recommendation 96).
200. The Inquiry also recommends that AOD programs be offered on the basis of an inmate's health needs and not solely on the basis of a criminogenic needs assessment (Recommendation 93).

Harm reduction in correctional centres

201. Justice Health estimates the prevalence of hepatitis C in NSW custodial settings to be approximately 30%, compared to 1% of people in the community. The difference in prevalence between custodial and community settings is acknowledged by Corrective Services.
202. In addition to being at risk of blood-borne virus transmission, people who inject drugs are at risk of a range of conditions relating to bacterial infections of the heart (endocarditis), lungs (pneumonia), bones (osteomyelitis) and skin (pustules and abscesses). Inmates are regularly treated for these infections, which arise from using unclean injecting equipment.

A prison needle and syringe program

203. Injecting drug use is prevalent throughout prisons in NSW. The Inquiry found that drugs and drug paraphernalia are frequently detected in custody and drug taking in custody is common, as is injecting drugs. People in custody share equipment, often without adequate sterilisation of equipment; and people in custody are suffering drug-related harms, including transmission of blood-borne viruses, bacterial infections and needlestick injuries. Further, despite the availability of direct acting antiviral drugs to treat hepatitis C, inmates are becoming reinfected in custody.

204. Community-based NSPs are widely acknowledged as an effective strategy to reduce the transmission of the hepatitis C virus. The Commonwealth Department of Health describes NSPs as *'a critical component of strategies to reduce the spread of HIV, hepatitis C and other blood-borne viral infections among injecting drug users and the wider community'*. NSPs are internationally recognised as best practice interventions for the prevention of blood-borne viruses among people who inject drugs. They have demonstrated strong efficacy in meeting the objectives of reducing injecting-related harms.
205. The principle of equivalence of care provides that people in prison are entitled, without discrimination, to the same standard of health care as those in the community and that being in prison should not be a barrier to accessing treatment and care. Since 1993, the World Health Organization has recommended that in countries where clean syringes and needles are made available to people who inject drugs in the community, consideration should be given to providing clean injection equipment during detention and upon release. Since the mid-1990s, a small number of prison NSPs have been implemented internationally as a means of reducing drug-related harms in custody.
206. Data on NSPs in prison consistently conclude that they are feasible to implement and result in reduced needle sharing, reduced transmission of blood-borne infections such as hepatitis C, reduced overdose risk, no increase in drug consumption or injection and no recorded misuse of needles and syringes as weapons. Data conclude prison NSPs also improve inmate/staff communications and increase opportunities to link prisoners with treatment and improved living conditions.
207. Available evidence suggests that if prison NSPs were introduced in NSW, they would reduce the harms associated with ATS and other drug use in custody and would further serve to protect the community at large from the spread of blood-borne viruses by reducing their prevalence among inmates returning to the community from custody.
208. Organisations that support prison NSPs in Australia include the Australian Medical Association, the Public Health Association Australia, the Royal Australasian College of Physicians and Hepatitis Australia.
209. In light of the evidence received by the Inquiry, including that the prevalence of hepatitis C in the prison population is 30 times higher than in the general population, it is recommended that the NSW Government pilot and have independently evaluated an NSP in one or more custodial facilities in NSW (Recommendation 97).

Data collection

210. Between 1998 and 2013, Corrective Services conducted a long-term, detailed research project titled 'Drug Use in the Inmate Population' that examined drug use patterns (both before and upon imprisonment), the extent and nature of drug-related crime, treatment involvement and also correctional responses. This was discontinued and Corrective Services no longer collects this type of data, relying instead on Justice Health's Network Patient Health Survey, which is published every five to six years. Although the Network Patient Health Survey collects some data about drug use, it is by no means a detailed examination of the topic.
211. Given the significance of drug use in the adult custodial population, the changing nature of drug use and patterns, and the need to ensure programs and services are adequate and appropriately adapted to meet the rehabilitation needs of inmates, it is critical that Corrective Services and Justice Health have a sound understanding of the extent and nature of drug use patterns and treatment and drug-related crime in the prison population.

212. The Inquiry recommends that, in conjunction with Justice Health, Corrective Services re-introduce the Drug Use in the Inmate Population research program or an equivalent, to better understand drug use in the prison population and inform service responses. Such data should be published on a biennial basis (Recommendation 88).

Transitional support

213. Leaving prison is a very stressful and testing time. Inmates frequently return to disadvantaged communities with limited financial resources or post-release support. The period after release from prison is a time of acutely elevated mortality risk, particularly from suicide and drug overdose. Death rates for people in the first year of release are 10 times higher than rates for people in prison, and one-third of these deaths happen in the first four weeks after release into the community, with suicide accounting for a significant proportion.
214. The post-release period is also a time of elevated risk of reoffending. People with a history of drug dependence are highly vulnerable to reoffending with more than half returning to prison within six months of release. This 'revolving door' of imprisonment involves a complex array of factors, including poverty and debt, unemployment, unstable housing and poor health. Factors that protect against reincarceration of people who use drugs include access to post-release drug treatment and retention in such treatment.
215. Evidence to the Inquiry highlighted the very significant challenges for people leaving custody in NSW, including release with no identification documents, release into homelessness or insecure housing, lack of employment and education, and problems with accessing Centrelink and health services including residential rehabilitation. Challenges are more pronounced for Aboriginal people leaving custody, and those returning to regional communities.
216. The paucity of services available to meet the needs of people on their release from prison was widely acknowledged in evidence and submissions. The evidence to the Inquiry clearly demonstrated that many people in NSW leave custody without enough support and assistance.
217. Immediate and significant improvements to transitional support for prisoners leaving custody are required. The Inquiry makes a number of recommendations including a review by Justice Health and Corrective Services of their policies relating to release planning and handover of patient care on release (Recommendation 99) and ensuring no inmate leaves custody without adequate identification (Recommendation 100). The Inquiry also recommends provision of transitional services for all people leaving custody for up to 12 months post release which ensures dedicated case management, safe housing, primary and mental health services, AOD treatment, support into education, employment and other services (Recommendation 102).
218. The Inquiry also recommends that Corrective Services facilitate assessments for all inmates who seek access to residential rehabilitation, regardless of whether an assessment report has been ordered by a NSW Court (Recommendation 103).

Chapter 21: Data and research

219. The Inquiry found it difficult to obtain from the available data a clear picture of the prevalence of use of, and harms caused by, ATS in NSW. This lack of clarity hampers efforts to set evidence-based policy and to monitor its effectiveness. The evidence to the Inquiry demonstrates that there is no single source of data that can provide a clear picture of ATS use. Current efforts to understand prevalence of use and harms rely on a mix of sources and methods including:
- the National Drug Strategy Household Survey
 - the Australian Secondary Schools Alcohol and other Drug survey
 - the Illicit Drug Reporting System and Ecstasy and related Drugs Reporting System
 - the Australian Needle and Syringe Program Survey
 - the National Mortality Database and the National Hospital Morbidity Database
 - the Alcohol and Other Drug Treatment Services National Minimum Data Set
 - Bureau of Crime Statistics and Research data
 - wastewater analysis.
220. Each of these has its strengths and limitations and each provides only one piece of the picture of ATS in NSW. The Inquiry heard that the collection and interpretation of data relating to the use of ATS and the harms they cause would be improved through more consistency in definitions and terminology, better coordination between government agencies and by making better use of existing data. The Inquiry makes recommendations for improving data collection.
221. The Inquiry also heard that the establishment of an illicit drug death review team as part of the Coroners Court would provide a significant benefit to NSW by identifying relevant population-based recommendations and interventions relating to the harms caused by the use of drugs in NSW (Recommendation 106).
222. There is a significant need for research relating to the use of ATS and the harms caused. The Inquiry recommends that the NSW Government invest in research into effective prevention strategies for ATS (Recommendation 107); research to better understand the nature of ATS use, including the social determinants of use (Recommendation 108); and research into the harms associated with smoking methamphetamine and how such harms might be mitigated (Recommendation 109).

Chapter 21: Implementation

223. The Inquiry has drawn on the expertise of many witnesses who are world leaders in AOD-related fields, as well as the evidence and submissions of people and organisations who have spent decades working to improve the lives of people who use drugs. The Inquiry's recommendations provide an effective way forward for AOD policy in NSW.
224. However, the development of policy is only the first step to achieving change. Many well-constructed policies fail because of the gap between policy and implementation that results from ineffective or inefficient implementation strategies.

225. As NSW does not have a drug strategy, there is no plan by which to implement the objectives of the National Drug Strategy or coordinate local responses to drugs. A whole-of-government AOD policy, supported by a NSW Drug Action Plan and appropriate funding, will help ensure the successful implementation of the Inquiry's recommendations.
226. Finally, it is important to note that adequate, recurrent funding is crucial to achieve the much-needed reforms recommended by this Inquiry.

List of recommendations

Recommendation 1

That the NSW Government ensure that all government employees and NGO partners be trained in trauma-informed practice. Such training should be co-designed and delivered by people with lived experience of trauma, including Aboriginal people.

Recommendation 2

That NSW Health develop and implement a project to reduce stigma, including:

- a public education campaign about amphetamine-type stimulants and people who use amphetamine-type stimulants, with a focus on raising awareness and dispelling myths
- the dissemination of existing best practice communication guidelines to government and non-government agencies that come into frequent contact with people who use amphetamine-type stimulants
- the development and implementation of anti-stigma training resources for government and non-government health workers
- appropriate community-based strategies
- the involvement of people with lived experience of drug use in the development and implementation of the project.

Recommendation 3

That the NSW Government work with the Commonwealth, other state and territory governments and the Australian Press Council to strengthen the implementation of the Mindframe media guidelines, including monitoring of media reporting that may contribute to stigma.

Recommendation 4

That the NSW Government include people with lived experience of drug use and their representative organisations in the development and implementation of all future drug education, prevention and harm reduction campaigns.

Recommendation 5

That the NSW Government develop and implement, as a matter of priority, a whole-of-government AOD policy that:

1. recognises that the use of drugs is a health and social issue
2. prioritises health and social responses to drug use and recognises the harms associated with punitive responses
3. is evidence based, consistent with international direction and respectful of human rights
4. maintains harm minimisation as the overarching objective, in alignment with the National Drug Strategy but repositions supply, demand and harm reduction as goals, with 'pillars' to achieve these goals including social welfare, prevention, treatment, harm reduction, law enforcement, and legislation/regulation
5. ensures an appropriate distribution of resources and activity to meet the overarching objective of harm minimisation
6. recognises that drug use occurs across a spectrum of use, and articulates objectives and interventions to prevent the uptake of drugs, as well as for users across that spectrum
7. addresses the occurrence and impact of polydrug use

8. ensures that policy and service responses for people who use drugs and their families address their broader social and health needs holistically
9. acknowledges the social determinants of drug use and of drug dependence
10. recognises and seeks to address the risk factors associated with the use of drugs, including social vulnerability and exclusion, family vulnerability or family history of drug use, history of trauma (including intergenerational trauma), lack of engagement with education and employment, unstable accommodation and poor physical or mental health
11. recognises and promotes protective factors against drug use, including strong and resilient families and communities, education, social interaction and support, good coping and decision-making skills, and good general health
12. recognises and seeks to address the nature, extent and impact of stigma experienced by people who use drugs
13. recognises the needs of priority populations, including:
 - Aboriginal people and communities
 - culturally and linguistically diverse communities
 - people identifying as lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI+)
 - people in contact with the criminal justice system
 - people in particular occupations
 - people living in regional, rural or remote NSW
 - people with a mental health condition
 - people with a cognitive disability
 - pregnant women
 - older people
 - people experiencing homelessness
 - young people

and incorporates interventions designed to address the needs of each of these groups
14. includes in its design the perspective and input of people with lived experience of drug use.

Recommendation 6

That the NSW Government develop a Drug Action Plan to support the coordinated implementation of activity under the NSW AOD policy, relevant Commonwealth policies, recommendations of this Inquiry and other relevant reviews and inquiries, and that this plan should be accompanied and supported by an agreed set of outcome indicators.

Recommendation 7

- A. That the Premier appoint a dedicated Minister with a drug and alcohol portfolio to oversee and coordinate the implementation of the Special Commission of Inquiry's recommendations, which should include overseeing the development of the NSW AOD policy and Drug Action Plan.
- B. That a unit be established in the Department of Premier and Cabinet to lead this work.
- C. That a Ministerial Advisory Group be established to support the minister responsible for leading the development and implementation of the NSW AOD policy and Drug Action Plan with representation from:
 - the academic, research, justice, health, treatment provision and drug education sectors
 - Aboriginal organisations or community groups
 - people with lived experience of drug use and their communities
 - each of the priority populations identified in the NSW AOD policy.

Recommendation 8

That NSW Health and the NSW Department of Communities and Justice collaborate with the Commonwealth Government and with other states and territories to improve national leadership of AOD policy by:

- advocating to increase the frequency of Ministerial Drug and Alcohol Forum meetings
- working with Ministerial Drug and Alcohol Forum members to develop a work plan with clear actions and deliverables
- tracking the Ministerial Drug and Alcohol Forum's progress against the workplan
- producing appropriate briefings and documents to support the Ministerial Drug and Alcohol Forum and the work plan.

Recommendation 9

That the NSW Government introduce a specific AOD outcome indicator into the outcome-budgeting framework.

Recommendation 10

That the NSW Government consider making additional funds recovered under the *Confiscation of Proceeds of Crime Act 1989* (NSW) and the *Criminal Assets Recovery Act 1990* (NSW) available for the provision of AOD treatment.

Recommendation 11

That in conjunction with increased resourcing for specialist drug assessment and treatment services, the NSW Government implement a model for the decriminalisation of the use and possession for personal use of prohibited drugs, which includes the following elements:

- removal of the criminal offences of use and possession for personal use of prohibited drugs
- at the point of detection, prohibited drugs to be confiscated and a referral made to an appropriately tailored voluntary health/social and/or education intervention
- no limit on the number of referrals a person may receive
- no civil sanctions for non-compliance.

Recommendation 12

In the alternative to Recommendation 11, in conjunction with increased resourcing for specialist drug assessment and treatment services, that the NSW Government introduce a legislated police diversion scheme for use and possession for personal use of prohibited drugs with the following elements:

- mandatory referral by police of people detected in possession of a prohibited drug to an appropriately tailored health/social and/or education intervention
- a maximum of three times that a person may be diverted
- threshold quantities that do not unduly limit access to diversion
- no requirement to admit guilt.

Recommendation 13

That the NSW Government adequately resource the MERIT program to ensure access for all eligible defendants across NSW.

Recommendation 14

That the NSW Government expand and adequately resource the Drug Court of NSW to meet demand at existing locations and to progressively expand the Court to priority regional areas, together with appropriate support for local services.

Recommendation 15

That further to the expansion of the Drug Court of NSW, Corrective Services NSW be resourced to expand the operation and availability of the Compulsory Drug Treatment Correctional Centre, including to make it available to women and in additional locations.

Recommendation 16

That the NSW Government appropriately adapt and resource the MERIT program for young people and make it available across NSW.

Recommendation 17

- A. That the NSW Government implement the following recommendations and findings of the Inquiry into the adequacy of youth diversionary programs in NSW:
- Recommendations 1, 2 and 4
 - Findings 7 and 8
 - Recommendation 23
 - Recommendation 51.
- B. That the NSW Government review the Young Offenders Act 1997 (NSW) to consider whether offences involving the supply of drugs should continue to be excluded from the operation of the provisions of that Act.

Recommendation 18

That for the purposes of the *Criminal Records Act 1991* (NSW), the period of time before which a conviction for use or possession of a prohibited drug may be spent is reduced from 10 years to two years, or in the case of a child or young person, from three years to one year.

Recommendation 19

That consideration of section 25C *Crimes Act 1900* (NSW) be referred to the NSW Law Reform Commission.

Recommendation 20

That the NSW Government support local, community-driven collective impact initiatives, including justice reinvestment initiatives, that aim to respond to the local drivers of drug use, and actively support the further expansion of such programs, in consultation with local communities.

Recommendation 21

- A. That the NSW Government develop a whole-of-government education strategy that considers drug education in school and non-school-based settings, with the objectives of improving understanding across the community of:
 - the harms associated with amphetamine-type stimulant use
 - how to reduce the harms associated with amphetamine-type stimulant use
 - how to access services and support to manage drug use.
- B. That this education strategy include specific strategies and messages targeted at the priority populations identified in the AOD Policy and at different types of drug use.

Recommendation 22

That in consultation with relevant experts and young people, the NSW Department of Education review the Life Ready program to ensure it meets the drug education needs of students, including consideration of:

- the emphasis given in the program to drug education
- the content of the program relating to drug education
- whether Life Ready should be made available to non-government schools.

Recommendation 23

That the NSW Department of Education establish a panel of recommended external providers of school-based drug education programs. In establishing this panel, the Department should:

- ensure that programs are evidence based and strengths based
- ensure that programs are aligned to the objectives of the syllabus
- help schools determine which provider is best suited to their local context
- publish this panel to the non-government sector.

Recommendation 24

That the NSW Government develop further KPIs related to AOD treatment services that include a mix of output and outcomes for inclusion in all local health district service agreements.

Recommendation 25

- A. That NSW Health continue to use the Drug and Alcohol Service Planning Model as one input into service planning processes.
- B. That to ensure that the Drug and Alcohol Service Planning Model is being used in the most effective manner, NSW Health:
 - engage an appropriate expert to periodically review and update the Drug and Alcohol Service Planning Model to reflect current use patterns and associated harms and treatment needs related to amphetamine-type stimulants
 - make the Drug and Alcohol Service Planning tool and its relevant outputs and data available for use as a planning tool by all local health districts, NSW primary health networks and non-government AOD service providers
 - make the Drug and Alcohol Service Planning tool and its relevant outputs and data available to other states and territories, and to the Commonwealth Department of Health.

Recommendation 26

That NSW Health work with the Commonwealth Department of Health to identify opportunities to better support and facilitate enhanced collaboration and joint AOD service planning between primary health networks and local health districts, including a focus on co-commissioning of services.

Recommendation 27

That the NSW Government:

- increase standard AOD contract lengths to a minimum of five years
- align the terms, performance and data reporting requirement across all AOD contracts (including commissioning terms, procurement criteria and performance reporting).

Recommendation 28

That NSW Health work with relevant stakeholders, including professional associations and universities, to increase the amount of AOD content in undergraduate and postgraduate accredited training.

Recommendation 29

- That NSW Health grow and better utilise a peer workforce in the delivery of AOD services, including by investing in the development of an AOD peer workforce with formalised employment arrangements and structured clinical supervision where appropriate.

Recommendation 30

That NSW Health, in collaboration with the NGO sector, develop an AOD workforce strategy to ensure that the government and non-government AOD workforce is well positioned to meet the needs of people who use drugs. This workforce strategy should include the following elements:

- a detailed workforce profile, including size and key demographics
- a forecast of future workforce needs based on projected AOD treatment needs, and strategies to ensure that the required workforce is available
- strategies to address the difficulties faced by the NGO sector in recruiting and retaining staff
- strategies to move health professionals into AOD specialist positions and to support career pathways to AOD medical and allied health specialties, including scholarships for people living in regional areas to defray the cost of AOD-specific training and accreditation, mentoring by senior clinicians and strategies to support GPs to undertake extended skills training in AOD
- a focus on strengthening the peer workforce, in recognition that peer workers are well placed to engage hard-to-reach people and help them navigate treatment services
- a focus on supporting the unique needs of the Aboriginal AOD workforce
- strategies to ensure the AOD workforce has the necessary skills to meet the specific needs of priority populations identified in the National Drug Strategy and in this report
- strategies to build capacity of regional AOD medical and allied health workforce including by, for example, offering financial and workplace incentives to encourage people to move into regional areas
- strategies to strengthen continuing professional development for AOD workers, such as through interactive online training modules
- strategies to ensure the AOD workforce has appropriate amphetamine-type stimulant specific training and training in mental health.

Recommendation 31

That the NSW Government urgently increase its investment in specialist AOD health services to meet the significant unmet demand for services across the state.

Recommendation 32

That as a matter of priority, NSW Health investigate the development of behavioural short-stay units within or co-located with emergency departments for the management of patients with acute severe behavioural disturbance, including by:

- developing a model of care, including guidance on design requirements, staffing and arrangements for telehealth input between metropolitan and regional, rural and remote locations
- prioritising funding for required capital works to support local health districts in implementing this model of care
- monitoring and evaluating the implementation and outcomes of the PANDA unit at St Vincent's Hospital.

Recommendation 33

That NSW Health train staff to conduct AOD screening when clinically indicated, and refer for treatment as appropriate.

Recommendation 34

- A. That NSW Health increase investment in hospital drug and alcohol consultation liaison services through targeted funding for positions that expands state-wide coverage, including for availability outside of business hours.
- B. That NSW Health engage with local health districts and clinicians to develop appropriate amphetamine-type stimulant-specific training resources for consultation liaison staff.

Recommendation 35

That, in alignment with Improvement Direction 13 of the Pathways to Residential Rehabilitation final report, NSW Health promote and facilitate increased access to ambulatory withdrawal for amphetamine-type stimulants in clinically appropriate circumstances. This should include appropriate support for the workforce, including GPs, to deliver care in non-acute settings.

Recommendation 36

That NSW Health, as part of the current review and update of the NSW Drug and Alcohol Withdrawal Clinical Practice Guidelines, ensure the Guidelines:

- address the needs of priority populations who use amphetamine-type stimulants, such as pregnant women and young people
- guide the delivery of culturally appropriate and trauma-informed care during withdrawal from amphetamine-type stimulants
- include guidance and information on domestic and family violence, mental health conditions and suicide risk, given their association with the amphetamine-type stimulant use.

Recommendation 37

- A. That to best manage and treat comorbid patients, NSW Health ensure that access to specialist mental health input is available in all alcohol and other drug services, including those provided by non-government organisations.
- B. That further to Improvement Direction 15 of the Scoping Project, NSW Health work with service providers to:
 - improve equity of access to people negatively affected by current entry requirements to residential rehabilitation
 - ensure the capacity of residential rehabilitation services to dispense medication, including antipsychotic medication.

Recommendation 38

- A. That NSW Health implement, as a matter of priority, the 16 Improvement Directions identified in the final report of the Pathways to Residential Rehabilitation Scoping Project.
- B. That further to Improvement Direction 2 of the Scoping Project, NSW Health update its existing withdrawal management and residential rehabilitation services contact page to include information about community-based and day programs, as well as the entry requirements of each service listed.

Recommendation 39

- A. That NSW Health, in areas of need, build upon and enhance models of AOD nurse in-reach services to GP clinics, co-commissioned through a local health district and primary health network partnership.
- B. That primary health networks in NSW continue to enhance and fund the development of training for GPs to support them to effectively screen for amphetamine-type stimulant use and refer into treatment as required.

Recommendation 40

- A. That primary health networks in NSW continue to enhance, fund and deliver capability building programs for GPs to support them in utilising mental health and chronic disease care plans for AOD use.
- B. That NSW Health engage with the Commonwealth and advocate for the inclusion of additional AOD-specific items in the MBS to better enable responses to AOD misuse in primary care settings.

Recommendation 41

That NSW Health:

- take immediate steps to promote the Drug and Alcohol Specialist Advisory Service to clinicians through local health districts, primary health networks, professional colleges and associations and other networks
- support the establishment of formal networks of addiction medicine and addiction psychiatry clinical support between metropolitan and regional/rural locations, ensuring:
 - capacity of telehealth services for these specialties, including specific funding to support service delivery
 - funding structures which are adequate to support clinicians in the delivery of these services
 - necessary technical support is provided to deliver these services.

Recommendation 42

That, in alignment with Improvement Directions 5 and 6 of the Pathways to Residential Rehabilitation Report, NSW Health expand the Alcohol and Drug Information Service to provide outreach and follow-up of calls made to the service, as well as guidance for families and carers who are seeking support, and take immediate steps to more widely and effectively promote, and appropriately resource, this service.

Recommendation 43

That the NSW Government continue to invest in research on treatment interventions for people who use amphetamine-type stimulants, including pharmacotherapy options.

Recommendation 44

That in any further review or decision to expand the Involuntary Drug and Alcohol Treatment Program, NSW Health consider how the current geographic inequity of access to the program can be overcome.

Recommendation 45

That to support dual diagnosis approaches to care, NSW Health introduce mandatory training in mental health for all AOD client-facing roles and mandatory training in AOD for all mental health consumer-facing roles.

Recommendation 46

That NSW Health adopt, implement and resource a '*no wrong door*' approach in AOD policy and practice so that all people who access a service are appropriately treated, managed or referred, including by way of assertive follow-up.

Recommendation 47

- A. That, to foster coordinated and collaborative approaches to health and psychosocial wellbeing of people seeking health and social treatment and support for amphetamine-type stimulants, the NSW Government trial a consortium model of care between various agencies and services, including community, primary and acute care, employment, housing and family support and court advocacy services. The location of this trial should be based on area of need.
- B. That, to improve care pathways for AOD clients with chronic and complex care needs, NSW Health should:
 - expand the current Strategic Framework for Integrating Care to expressly refer to AOD
 - develop formalised AOD care coordination protocols in consultation with NSW primary health networks, the Network of Alcohol and Other Drug Agencies, and the NSW Users and AIDS Association.
- C. That, to improve care pathways and accountability, NSW Health facilitate the sharing of client information across sectors, subject to clients' informed consent.

Recommendation 48

That NSW Health, in partnership with people who use amphetamine-type stimulants and clinicians involved in providing care for people who develop health-related harms resulting from amphetamine-type stimulants, develop harm reduction and health promotion initiatives directed toward people who smoke amphetamine-type stimulants.

Recommendation 49

That NSW Health trial the non-commercial distribution of safer smoking kits through community health services, such as needle and syringe programs, in order to engage with people who smoke amphetamine-type stimulants. These points of distribution should facilitate linkages to a broad range of services including primary and mental health, specialist AOD treatment and psychosocial services for the purpose of brief interventions and provision of harm reduction and health promotion advice.

Recommendation 50

That the NSW Government remove the prohibition in the *Drug Misuse and Trafficking Act 1985* (NSW) on possession of ice pipes.

Recommendation 51

- A. That the *Drug Misuse and Trafficking Act 1985* (NSW) be amended to provide for supervised drug consumption services to be provided based on local need, including:
- to remove the restriction on the number of licences available
 - to allow facilities to provide for other routes of drug consumption, including inhalation
 - to allow access for young people aged 16 to 18, subject to clinical assessment.
- B. That pregnant women be eligible to access drug consumption rooms (including the Medically Supervised Injecting Centre) as clinically advised.

Recommendation 52

That drug consumption rooms be integrated with services addressed to the broader health and psychosocial needs of people who use drugs.

Recommendation 53

- A. That the NSW Government establish a state-wide clinically supervised substance testing, education and information service, with branches at appropriate fixed-site locations, to:
- provide illicit drug market monitoring functions to inform public health and law enforcement responses, and
 - reduce drug-related harms through the provision, in conjunction with such testing, of appropriate health interventions, consumer education and information to members of the public.
- B. That in addition, with a view to establishing an outreach capacity of the service to settings where there is a high risk of harm through illicit drug use, a trial be undertaken onsite at a music festival, and independently evaluated, to:
- provide illicit drug market monitoring functions to inform public health and law enforcement responses, and
 - reduce drug-related harms through the provision, in conjunction with such testing, of appropriate health interventions, consumer education and information to members of the public.

Recommendation 54

That NSW Health develop evidence-based guidelines for the optimal delivery of brief interventions at substance checking services.

Recommendation 55

That the NSW Government ensure that responses to harmful amphetamine-type stimulant use in Aboriginal communities draw on and celebrate the strengths of Aboriginal people, communities and culture and acknowledge the important role that connection with Aboriginal culture plays in healing.

Recommendation 56

That the NSW Government invest in additional data collection and research to better understand the prevalence of amphetamine-type stimulant use, patterns of amphetamine-type stimulant use and prevalence of harms associated with amphetamine-type stimulant use among Aboriginal people, including at a regional level. This should also include a focus on better understanding Aboriginal people's attitudes and perceptions relating to amphetamine-type stimulant use.

Recommendation 57

That the NSW Government ensure that responses to harmful amphetamine-type stimulant use in Aboriginal communities are grounded in a meaningful understanding of the historical, social and cultural context for amphetamine-type stimulant use and are designed, implemented and controlled by those Aboriginal communities. This includes an understanding of Aboriginal definitions of health and wellbeing; the importance of family, community, culture and Country to Aboriginal health and wellbeing; the impacts of colonisation and racism on the health of Aboriginal people; the effects of trauma experienced personally, intergenerationally and culturally; the disproportionate effects of socioeconomic disadvantage; and the principles of self-determination.

Recommendation 58

That the NSW Government partner with Aboriginal communities and Aboriginal community-controlled health services to urgently develop and to significantly increase the availability of local specialist drug treatment services that are culturally respectful, culturally competent and culturally safe to meet the unique needs of Aboriginal people.

Recommendation 59

That in implementing Recommendation 2 from the 2018 report of the *NSW Parliamentary Inquiry into the provision of drug rehabilitation services in regional, rural and remote NSW*, which recommends in part that the NSW Government significantly increase funding to drug and alcohol-related health services, the NSW Government ensure that the provision of specific services for Aboriginal people meets the unique needs of Aboriginal people.

Recommendation 60

That the NSW Government expand the Youth Koori Court to regional areas to improve access to culturally appropriate diversion programs for Aboriginal youth.

Recommendation 61

That the NSW Government implement the Walama Court proposal, including through adequate funding and resourcing, to improve access to culturally appropriate diversion programs for Aboriginal people.

Recommendation 62

That the NSW Government, through NSW Health, develop and implement an Aboriginal AOD Health Worker Training Program.

Recommendation 63

That the NSW Government provide new specific funding and support to primary care Aboriginal community-controlled health services to build service capacity and staff skills to meet the needs of clients and communities affected by drug use.

Recommendation 64

That the NSW Government enhance existing strategies to increase and retain the number of Aboriginal people working in agencies and organisations that provide support and treatment to Aboriginal people affected by AOD, including by implementing the following:

- scholarships for Aboriginal Health Workers to train in AOD treatment
- Recommendation 11 of the 2017 *NSW Parliamentary Inquiry into the provision of drug rehabilitation services in regional, rural and remote NSW*, that ‘the NSW Government investigate the efficacy of establishing a scheme to establish a full-time local Aboriginal trainee position alongside every skilled position recruited in areas with a significant Aboriginal population’.

Recommendation 65

That the NSW Government ensure that staff of all agencies provide services and care to Aboriginal people that are culturally respectful, culturally competent and culturally safe.

Recommendation 66

- A. That the NSW Government pilot a Housing First approach to support people who use amphetamine-type stimulants and are experiencing housing instability, that provides no-barrier housing, primary and mental health and psychosocial supports to help address drug-related harms in the homeless population.
- B. That in developing the approach, the Government consider the Portland Hotel Society model and its applicability to the NSW context.

Recommendation 67

That the NSW Government ensure that social housing tenants who undertake residential drug rehabilitation or detoxification do not lose their housing while undergoing treatment.

Recommendation 68

That the NSW Government consider a model similar to the Housing and Accommodation Support Initiative for people who use amphetamine-type stimulants and which includes services that provide a full range of flexible psychosocial supports including access to AOD treatment/rehabilitation.

Recommendation 69

That NSW Health develop and implement a comprehensive strategy to better meet the needs of families and friends impacted by the use of amphetamine-type stimulants, which includes:

- a program similar to the NSW Family and Carer Mental Health Program, adapted to support family and friends of people who use amphetamine-type stimulants
- ensuring easy, widespread and improved access to comprehensive, up-to-date, evidence-based information and resources for family and friends of people who use amphetamine-type stimulants, including information that helps them identify and contact available AOD services
- a focus on the needs of grandparents, young people, Aboriginal families and other priority groups, and friends of people impacted by amphetamine-type stimulant use

- the development of a state-wide peer network of families affected by amphetamine-type stimulants to provide support to other families, champion their needs and challenge stigma associated with amphetamine-type stimulants
- funding for AOD services to provide family-based interventions to increase access to direct support for family and friends affected by amphetamine-type stimulant use
- improving information-sharing between treatment providers and families and carers of persons in treatment for amphetamine-type stimulant use.

Recommendation 70

That NSW Health create and maintain, as a matter of priority, a website directed to the families, carers and friends of people who use drugs that includes information and guidance on all available supports and services that are specific to families, carers and friends of people who use drugs, including people who use amphetamine-type stimulants.

Recommendation 71

That the NSW Government commission further research to better understand the nature of the association between amphetamine-type stimulant use and domestic and family violence.

Recommendation 72

That the NSW Government amend the Domestic Violence Safety Assessment Tool and the Central Referral Point to enable the collection of data concerning the association between domestic violence and drug use, disaggregated by drug type.

Recommendation 73

That the NSW Government prioritise AOD services as part of the expansion of referral pathways into the Safer Pathway program.

Recommendation 74

That the NSW Department of Communities and Justice monitor and report on the number of children at risk of significant harm and in out-of-home care where parental amphetamine-type stimulant use was a contributing factor.

Recommendation 75

That the NSW Department of Communities and Justice continue to expand the availability of Family Preservation Packages to families state-wide to ensure access to all families who need it, including those dealing with harmful amphetamine-type stimulant use, subject to final evaluation findings in 2020.

Recommendation 76

That the NSW Government pilot a Family Drug Treatment Court that brings together child protection services with funded drug treatment and other services to improve permanency outcomes for children and their families dealing with amphetamine-type stimulant and other drug use.

Recommendation 77

That the NSW Department of Education include in its mandatory child protection training information on:

- parental or familial amphetamine-type stimulant use as a risk factor for children and young people
- how to identify children and young people who may be impacted by parental or familial amphetamine-type stimulant use
- the services available (including those within the Department) to assist educators to support children and young persons affected by amphetamine-type stimulant use
- the supports within the Department to assist educators to identify local services available for children and young people affected by amphetamine-type stimulant use.

Recommendation 78

That the NSW Government update the Safety Action Meeting manual to require that non-government schools be invited to attend a meeting, where it is known that one of their students is to be discussed.

Recommendation 79

That the NSW Government better educate relevant agencies and staff about the operation of Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* (NSW), and the importance of actively sharing information in accordance with the provisions of Chapter 16A to facilitate the provision of services to children and young persons.

Recommendation 80

That the NSW Police Force cease the use of drug detection dogs at music festivals and implement other detection practices to target illicit drug supply.

Recommendation 81

That the Department of Premier and Cabinet, the NSW Police Force, NSW Health and the NSW Department of Communities and Justice develop strategies to limit the use of strip searches of people suspected of being in possession of prohibited drugs for personal use only, including consideration of the need to amend legislation, policy and/or procedural guidelines.

Recommendation 82

That to address the harm caused by the current practice of police strip searching for possession of drugs, the NSW Police Commissioner issue an operational guideline and/or amend the relevant police handbook to limit strip searches to circumstances where:

- a. there is a reasonable suspicion that the person has committed or is about to commit an offence of supply a prohibited drug, and
- b. there are reasonable grounds to believe that the strip search is necessary to prevent an immediate risk to personal safety or to prevent the immediate loss or destruction of evidence, and
- c. the reasons for conducting the search are recorded on Body Worn Video before the search commences, and
- d. no less invasive alternative is appropriate in the circumstances.

Recommendation 83

That the NSW Police Force extend the range of drug seizures routinely assessed by the Forensic and Analytical Science Service for content and purity, and for providing data to early warning systems, such as the Prompt Response Network being developed by National Centre for Clinical Research into Emerging Drugs.

Recommendation 84

That the NSW Police Force review the roadside drug testing scheme, with a particular focus on:

- the deployment of roadside drug testing and equipment more equitably across the state;
- the use of test result data to inform policing strategies generally; and
- the provision of that test result data to early warning systems, such as the Prompt Response Network being developed by National Centre for Clinical Research into Emerging Drugs.

Recommendation 85

That the NSW Police Force conduct a road safety campaign to raise awareness of the dangers of driving under the influence of amphetamine-type stimulants.

Recommendation 86

That the NSW Police Force develop a method by which data can be regularly captured and further analysed concerning whether amphetamine-type stimulant use was involved in the commission of a criminal offence.

Recommendation 87

That in consultation with NSW Health, people with lived experience and the Prison Officers Vocational Branch, Corrective Services develop and implement better training for Corrective Services staff in working with inmates affected by amphetamine-type stimulants and those with AOD and mental health comorbidities.

Recommendation 88

That in conjunction with Justice Health, Corrective Services re-introduce the Drug Use in the Inmate Population research program or equivalent, to better understand drug use in the prison population and inform service responses. Such data should be published on a biennial basis.

Recommendation 89

- A. That the NSW Government immediately commission an independent review or Inquiry, with appropriate coercive evidence-gathering powers, into the supply and availability of drugs in correctional centres and the efficacy of efforts to interdict supply.
- B. Thereafter, that an independent annual review be conducted of the availability and use of illicit substances in correctional centres.

Recommendation 90

That Corrective Services and Justice Health immediately implement the recommendations of the Corrective Services and Justice Health Harm Reduction Reference Group report, dated May 2018, on condoms, dental dams and Fincol in NSW correctional centres.

Recommendation 91

That Justice Health and Corrective Services, in consultation with the community and people with lived experience of drug use and custody, develop a comprehensive AOD strategy consistent with the National Drug Strategy and NSW whole-of-government AOD policy that is evidence-based, adopts a broad harm reduction approach and reflects international best practice for the treatment and care of people in custody.

Recommendation 92

- A. That Justice Health review its inmate screening processes to ensure that the AOD treatment needs of every inmate are identified and met on entry into custody.
- B. That Justice Health be funded to provide adequate services and facilities to inmates who are withdrawing from amphetamine-type stimulants, including those held in 24-hour court cells.

Recommendation 93

That Corrective Services and Justice Health ensure that all people in custody who need AOD treatment receive it.

Recommendation 94

That Justice Health and Corrective Services review and expand the Intensive Drug and Alcohol Treatment Program and consider establishing this program at additional sites.

Recommendation 95

That the State Parole Authority collect and publish annually data about people who are refused parole due to a failure or inability to participate in AOD programs in custody due to lack of program availability, waiting list issues or lack of available places in programs.

Recommendation 96

- A. That the provision of drug treatment services and programs in custody immediately be made the principal responsibility of Justice Health.
- B. That Justice Health ensure that access to and standards of AOD treatment services and programs provided in custody are equivalent to those in the community.
- C. That there be a commensurate increase in funding to NSW Health to enable the provision of such services.

Recommendation 97

That the NSW Government pilot, and have independently evaluated, a needle and syringe program in one or more custodial facilities in NSW.

Recommendation 98

That Justice Health consider introducing amphetamine-type stimulant specific treatment services and programs.

Recommendation 99

That Corrective Services and Justice Health together review their policies relating to release planning and handover of patient care on release, including information sharing with community-based health service providers and drug treatment services.

Recommendation 100

That the NSW Government immediately ensure that no inmate leaves custody without identification that will be recognised by all NSW Government and Commonwealth agencies.

Recommendation 101

That Corrective Services and Justice Health ensure inmates at transitional centres receive the same AOD services and programs as other inmates.

Recommendation 102

That the NSW Government provide or fund a transitional support service available to all people leaving custody for up to 12 months post-release, which ensures:

- dedicated case management
- safe and stable housing
- primary and mental health services
- drug treatment services on a health needs basis
- support into education, employment and other social support or services.

Recommendation 103

That Corrective Services facilitate AOD assessments for all inmates who seek access to residential rehabilitation.

Recommendation 104

That the NSW Government ensure the availability of residential rehabilitation programs for all people leaving custody as required, including those with a history of sexual or violent offending and mental health comorbidities.

Recommendation 105

- A. That the NSW Government establish a data working group comprised of relevant government and non-government agencies to support the development and implementation of the NSW AOD policy and the Drug Action Plan, and to devise a comprehensive approach to understanding the prevalence of amphetamine-type stimulant use and harms.
- B. That the NSW Government establish a process to facilitate the sharing of data between agencies to inform timely responses and a better understanding of drug trends at a state and regional level.

Recommendation 106

That the NSW Government establish a coronial drug death review team within the NSW Coroners Court to consider and analyse drug-related deaths, identify trends and systemic issues, and assist coroners to conduct inquests and make recommendations concerning matters of public health and safety arising from drug-related deaths.

Recommendation 107

That the NSW Government support and fund research into effective prevention strategies for amphetamine-type stimulants.

Recommendation 108

That the NSW Government invest in research to better understand the nature of amphetamine-type stimulant use. Such research should explore the social determinants of use, the likelihood of use becoming problematic and opportunities to best engage individuals in successful treatment.

Recommendation 109

That NSW Health invest in research into the harms associated with smoking methamphetamine and how such harms can be mitigated, with a specific focus on mental health, cardiovascular health, respiratory health and injuries (whether caused to people who smoke methamphetamine or others) arising from intoxication.