Chapter 7: NDS performance in facilitating and guiding the monitoring of drug issues and trends and the outcomes of the Strategy

Introduction

The objective of component 4 of the evaluation is to assess the Strategy’s performance in facilitating and guiding the monitoring of actual and potential drug issues and trends. It has two linked elements:

- An analysis of the ability of the NDS to facilitate and guide the monitoring of actual and potential drug issues and trends
- Presentation and analysis of data and information on monitoring drug prevalence, showing snapshots of the NDS in action and over time, with case studies, prevalence data and other indicators of harm.

One objective of the current phase of the NDS is: ‘Promote evidence-informed practice through research, monitoring drug-use trends, and developing workforce organisations and systems’. NDS Priority Areas also include: ‘Identification and response to emerging trends’.

The National Drug Strategy Data Analysis Project forms part of the context of this component. This was a DoHA consultancy implemented by Campbell Research and Consulting. The final report of the project was submitted to the Department in August 2007 and subsequently tabled at IGCD. It was not endorsed for public release. According to its terms of reference, the main objective of the Project was to:

Identify and analyse the information needed to inform the implementation and measurement of initiatives developed under the National Drug Strategy and its related strategies within existing budgetary constraints. It will also produce recommendations.

We have critically reviewed and taken account of the findings and recommendations of that Project, which we support, and in the interests of efficient use of resources have not duplicated the data collection and analysis it entailed.

Evaluation method

The method for evaluating this component (based on the corresponding program logic model and outcome matrices28) involved a range of activities:

- Identifying and mapping key indicators for the NDS to the Priority Areas of the NDS
- From this mapping, identifying Headline Indicators that can be monitored and subsequently communicated effectively to key audiences
- Analysing existing uses of the data within the NDS
- Analysing the usefulness of existing data as a baseline for the evaluation
- Presenting and updating baseline monitoring data for the Interim and Final Reports
- Stakeholder mapping and analysis
- Conducting stakeholder interviews
- Analysing the findings and recommendations of the NDS Data Analysis Project
- Conducting a case study of the IDRS/EDRS as a strategic early warning system

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28 These may be found in Appendix I
Approaches to monitoring the NDS

Monitoring has been defined by the OECD as ‘…a continuous function that uses the systematic collection of data on specified indicators to provide management and the main stakeholders of an ongoing … intervention with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds’ (OECD 2002, cited in Kusek & Rist 2004, 12).

Our approach to monitoring follows this process, but is not as broad as the OECD approach. Instead, we tie our monitoring activities to the stated Priority Areas for action of the NDS, acknowledging that other monitoring processes are already in place to address other aspects, including the financial monitoring undertaken by government departments and others, and the reporting and accountability requirements of annual reports.

We begin by framing the monitoring in terms of the expected outcomes of the NDS and their related priority areas. We then discuss the nature of performance information, detail eleven headline indicators that are mapped to the NDS priority areas, and discuss the usefulness of other Key Performance Indicators.

Headline Indicators tied to the NDS Integrated Framework

It is increasingly acknowledged that, in developing a monitoring framework, agreement should be obtained at an early stage on the objectives and expected outcomes of the intervention, and tie indicators to these outcomes (OECD 2002, cited in Kusek & Rist 2004; Owen 2006). The NDS strategy document The National Drug Strategy: Australia’s Integrated Framework 2004-2009 provides this information.

The Framework includes a statement of the NDS’s mission, twelve objectives, and eight Priority Areas for action. While the objectives are not explicitly mapped to the priority areas for action, we have with the guidance of the Working Group focussed performance indicators on the documented priority areas, and used our own judgments to determine the links among the objectives, priority areas and the mission of the NDS.

The mission, the Australian approach, objectives and priority areas

The mission of the NDS is ‘To improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in Australian society’. This is usefully seen as a statement of the ultimate outcome the NDS seeks to attain. The performance indicators should address and be read in conjunction with the Framework’s description of ‘The Australian Approach’.

The eight priority areas for action under the NDS are prevention, reduction of supply, reduction of drug use and related harms, improved access to quality treatment, development of the workforce, organisations and systems; strengthening partnerships; implementation of the NDS ATSIPCAP; and identifying and responding to emerging trends.

Priority areas for action and the related NDS objectives

To identify highly useful performance indicators, we have mapped the Framework’s stated objectives to the priority areas, as follows (some objectives fall under more than one priority area):

Prevention

- Prevent the uptake of harmful drug use
- Increase access to a greater range of high-quality prevention and treatment services
- Promote evidence-informed practice through research, monitoring drug-use trends, and developing workforce organisation and systems
- Develop mechanisms for the cooperative development, transfer and use of research
Reduction of supply
- Reduce the supply and use of illicit drugs in the community as a means of reducing drug-related harm.
- Promote evidence-informed practice through research, monitoring drug-use trends, and developing workforce organisation and systems
- Develop mechanisms for the cooperative development, transfer and use of research among interested parties

Reduction of drug use and related harms
- Reduce the supply and use of illicit drugs in the community
- Reduce the risks to the community of criminal drug offences and other drug-related crime, violence and antisocial behaviour
- Reduce risk behaviours associated with drug use
- Reduce the personal and social disruption, loss of life and poor quality of life, loss of productivity and other economic costs associated with harmful drug use
- Increase community understanding of drug-related harm
- Promote evidence-informed practice through research, monitoring drug-use trends, and developing workforce organisation and systems
- Develop mechanisms for the cooperative development, transfer and use of research among interested parties

Improved access to quality treatment
- Increase access to a greater range of high-quality prevention and treatment services
- Promote evidence-informed practice through research, monitoring drug-use trends, and developing workforce organisation and systems
- Develop mechanisms for the cooperative development, transfer and use of research among interested parties

Development of the workforce, organisations and systems
- Promote evidence-informed practice through research, monitoring drug-use trends, and developing workforce organisation and systems
- Develop mechanisms for the cooperative development, transfer and use of research among interested parties

Strengthened partnerships
- Strengthen existing partnerships and build new partnerships to reduce drug-related harm
- Develop and strengthen links with other related strategies

Implementation of the NDS Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2009
- Strengthen existing partnerships and build new partnerships to reduce drug-related harm
- Develop and strengthen links with other related strategies

Identification and response to emerging trends
- Promote evidence-informed practice through research, monitoring drug-use trends, and developing workforce organisation and systems
- Develop mechanisms for the cooperative development, transfer and use of research among interested parties
- Strengthen existing partnerships and build new partnerships to reduce drug-related harm
Some of the priority areas lend themselves to routine monitoring using performance indicators (eg monitoring opioid-related overdose mortality to address ‘reduction of drug-related harms’). By contrast, some of the priority areas do not lend themselves to this type of monitoring (eg ‘strengthening partnerships’). These areas need to be assessed using other methods.

**Priority areas amenable to monitoring**

Four of the Priority Areas for action in this phase of the NDS have been identified as amenable to some degree of monitoring using performance indicators. They are the first four: prevention, reduction of supply, reduction of drug use and related harms, and improved access to quality treatment. The others have been addressed in other components of the evaluation by other means including case studies, informant interviews and documentary analysis.

**Performance information**

Some of the issues that have informed our approach to selecting a set of indicators for monitoring the NDS include:

- It is useful to clarify the purpose of the indicators. We conclude that they are for both performance proving and performance improving, to cite one familiar distinction (O'Shaughnessy 2001).
- It is often useful to link performance indicators to the targets of the interventions, usually quantitative targets. That is the rationale for the above discussion of the NDS Mission, Objectives and Priority Areas. We have no history in the NDS, however, of successful using quantitative targets, as discussed below.
- Decisions need to be made about the scope of the indicators, e.g. do they cover all or just some of the inputs, activities, outputs and outcomes? This project is not designed primarily to monitor NDS implementation or activities. Rather, its focus is on outputs and outcomes.
- The proposed indicators are quantitative. They are supplemented by other research in Component 4 and the other Components that is qualitative and so able to explore and add understanding that clarifies the issues underlying the quantitative values of the indicators.
- Both direct indicators (eg the recent use of any drug) and indirect indicators (eg the purity of illegal drugs as a proxy for drug availability) have been used (Kusek & Rist 2004, 70).

The UK Treasury Department has paid close attention to the development and use of performance indicators for public sector programs, especially large and complex interventions. They have identified the properties of high quality performance information systems: the FABRIC of performance information:

- **F**ocused on the organisation’s aims and objectives
- **A**ppropriate to, and useful for, the stakeholders who are likely to use it
- **B**alanced, giving a picture of what the organisation is doing, covering all significant areas of work
- **R**obust in order to withstand organisational changes or individuals leaving
- **I**ntegrated into the organisation, being part of the business planning and management processes
- **C**ost-effective, balancing the benefits of the information against the costs

29 It is important to acknowledge that the performance indicator movement has been subjected to searching criticism. See, for example, Perrin 1998.
The final framing point is the value of being explicit about the criteria used to select the key performance indicators for the NDS. Again we use HM Treasury’s criteria (listed below). We also take into account the more familiar SMART criteria (Specific, Measurable, Achievable/attainable, Realistic/Relevant and Timely), and the CREAM criteria: Clear, Relevant, Economic, Adequate and Monitorable (Kusek & Rist 2004, p. 68).

The core criteria for sound indicators, in the HM Treasury approach, that we have adopted are:

- **Relevant** to what the organisation is aiming to achieve
- Able to avoid perverse incentives - not encourage unwanted or wasteful behaviour
- **Attributable** – the activity measured must be capable of being influenced by actions that can be attributed to the organisation, and it should be clear where accountability lies
- **Well-defined** - with a clear, unambiguous definition so that data will be collected consistently, and the measure is easy to understand and use
- **Timely**, producing data frequently enough to track progress, and quickly enough for the data to still be useful
- **Reliable** - accurate enough for its intended use, and responsive to change
- **Comparable** with either past periods or similar programmes elsewhere
- **Verifiable**, with clear documentation behind it, so that the processes which produce the measure can be validated

**Performance Indicators for the NDS: experiences to date**

The desirability or otherwise of having a central body to manage performance indicators for the NDS has a long history. As long ago as 1979-1980, the Williams Royal Commission recommended that Australia develop a centralised National Drug Abuse Information Centre that would be responsible for monitoring and evaluating the nation’s efforts with respect to illegal drugs (Royal Commission of Inquiry into Drugs 1980). The Centre was established within the then Commonwealth Department of Health and, as a result, performance indicators for the NDS (then called NCADA) were published annually for the first few years of the Campaign. (This was the forerunner of the current AIHW series *Statistics on Drug Use in Australia*.)

After operating for a few years, the Centre was abolished. The 1997 NDS evaluation conducted by Single and Rohl made a similar recommendation that was not implemented. The consultancy recently conducted for the National Drug Strategy Branch by Campbell Research & Consulting (the NDS Data Analysis Project) has made similar recommendations.

The NDS is now in its fifth phase. In only one of the previous phases were serious efforts made to use the Key Performance Indicator approach to monitor progress and goal attainment. That was the 1993-97 phase: the *National Drug Strategic Plan 1993-97*.

A large number of quantitative indicators were documented there, such as ‘The proportion of street youth aged 19 years and under which has used drugs illicitly in the past 12 months’, with the baseline value of ‘all illicit drugs 98%, hard drugs 90%’ and the source for this baseline being the 1991 NCADA Sydney Street Youth Survey. Movement towards achieving the goals implicit in this approach was documented in depth in the 1997 NDS evaluation: *Progress of the National Drug Strategy, key national indicators, evaluation of the National Drug Strategy 1993-1997*.

Although the NDS has not been formally monitored using quantitative indicators since then, the IGCD now reports annually to MCDS. These reports generally contain little performance data.
In recent years there have been a number of reviews that have provided recommendations for monitoring the NDS. Interestingly, these have been criminal justice system based, but each goes well beyond the criminal justice system in its scope. The reviews include the following:


A number of reviews of data collections, covering both the criminal justice system and other sectors such as health, welfare and education, have also been conducted and are documented in the NDS Data Analysis Project report. However, they are not specifically concerned with performance indicators, in contrast to the criminal justice system reviews listed above.

During this evaluation we heard little enthusiasm for using targets, and quantitative performance indicators tied to them, for the purpose of monitoring the NDS.

**Prominent Australian, inter-sectoral, and national models**

It is widely agreed by people interested in public sector performance measurement, that the approach taken by the Productivity Commission’s Steering Committee for the Review of Government Service Provision relating to *Key Indicators of Overcoming Indigenous Disadvantage* is a particularly useful and effective model for monitoring complex interventions (Steering Committee for the Review of Government Service Provision 2007). It involves identifying a small number of priority outcomes (three in this case), headline indicators (12); and a number of strategic change indicators addressing each of seven strategic areas for action. This model cannot be applied directly to the NDS - nor is it appropriate to do so – since the NDS Framework does not include a concise listing of intended or hoped-for outcomes. Its value, however, is to demonstrate the use and power of headline indicators.

Another prominent model is ABS’ work on *Measuring Australia’s Progress* (ABS 2006). It also uses headline indicators, pointing out that this is the ‘suite-of-indicators’ approach, as contrasted with using composite indices with their inherent challenges in construction, interpretation and use (Scott & Marshall 2005).

**Key data sets**

The NDS has available to it a very large number of data collections that can be used for monitoring and in policy activity.

**Key compilations**

The following compilations are produced annually and widely used:

- Australian Crime Commission, *Illicit drug data report*
- Australian Institute of Criminology, *Australian crime: facts & figures*
Two ongoing projects funded under the NDS produce reports either on a regular or irregular basis that draw upon data from various collections:

- National Alcohol Indicators Project (NDRI)
- National Illicit Drug Indicators Project (NDARC)

**Specific data collections**

The following data collections and sources are considered of national significance to the NDS.

- ABS Causes of Death collection
- Alcohol and Other Drugs Treatment Services National Minimum Data set (AODTS-NMDS)
- Australian Secondary Students’ Alcohol and Drug Survey (ASSAD)
- Clients of Needle Syringe Programs (NSP Survey)
- Drug Use Monitoring in Australia (DUMA)
- Ecstasy and related Drugs Reporting System (EDRS)
- Illicit Drug Reporting System (IDRS)
- National Coroners’ Information System (NCIS)
- National Drugs Strategy Household Survey (NDSHS)
- National Aboriginal and Torres Strait Islander Social Survey (NATSISS)
- National Health Survey (NHS)
- National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD)
- National Prison Entrants’ Bloodborne Virus and Risk Behaviour Survey
- National Survey of Mental Health and Wellbeing of Adults
- National Hospital Morbidity Database

Other data sources, not as well-known but of potential value to the NDS, include:

- Longitudinal Study of Australian Children
- National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)
- Victorian Adolescent Health Cohort Study
- Western Australian Aboriginal Child Health Survey
- Western Australian Child Health Survey
- Women’s Health Longitudinal Survey

**The headline indicators**

We have identified eleven headline indicators as particularly useful for monitoring drug issues and trends in Australia and that are readily communicated to a range of audiences. These reflect the criteria of excellence in performance indicators discussed above, and discussions between the evaluation team, the PWG, and officers of the Drug Strategy Branch (DoHA).

In Volume 2 we provide details on the headline indicators, showing why they are important and useful, how they map to the NDS Framework’s priority areas for action and objectives, and how they meet criteria of excellence as performance indicators, along with their contents, source and availability. The 2004 baseline values of the indicators are presented, along with the most recent data and indications of longer trends, updated to October 2008. The implications of the data are also analysed there.

The eleven headline indicators classified by NDS Priority Area for action are:
Table 7.1: The Headline Indicators

<table>
<thead>
<tr>
<th>NDS Priority Area</th>
<th>Headline indicator</th>
</tr>
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<tbody>
<tr>
<td>Prevention</td>
<td>1 Average age of uptake of drugs</td>
</tr>
<tr>
<td>Reduction of supply</td>
<td>2 Illicit drugs seized</td>
</tr>
<tr>
<td></td>
<td>3 The availability of illegal drugs, as perceived by people who use illegal drugs</td>
</tr>
<tr>
<td></td>
<td>4 The purity of illegal drugs, as perceived by people who use illegal drugs</td>
</tr>
<tr>
<td>Reduction of drug use and related harms</td>
<td>5 Recent use of any drug: people living in households</td>
</tr>
<tr>
<td></td>
<td>6 Arrestees' drug use in the month before committing an offence for which charged</td>
</tr>
<tr>
<td></td>
<td>7 Victims of drug-related incidents</td>
</tr>
<tr>
<td></td>
<td>8 HCV and HIV/AIDS incidence</td>
</tr>
<tr>
<td></td>
<td>9 Drug-related burden of disease, including mortality</td>
</tr>
<tr>
<td>Improved access to quality treatment</td>
<td>10 Drug treatment episodes</td>
</tr>
<tr>
<td></td>
<td>11 Opioid pharmacotherapy clients</td>
</tr>
</tbody>
</table>

In Chapter 2, as part of our discussion of the context for the evaluation, we have provided a brief summary of key trend data derived from some of these indicators.

Findings

This component of the evaluation covers two areas: (1) presentation and analysis of data and information on the monitoring of drug prevalence to show snapshots of the NDS in action, and over time, and (2) an analysis of the ability of the NDS to facilitate and guide the monitoring of actual and potential drug issues and trends. The headline indicators dealing with the first of these are detailed in Volume 2, so we now turn to our findings on the second of these areas. Specifically, we present our findings about the performance of the NDS in facilitating and guiding the monitoring of drug issues and trends as well as the outcomes of the NDS in terms of their appropriateness, effectiveness and efficiency.

Appropriateness

Although there is no single, documented national drug information system to inform the NDS, Australia has a set of drug data collections that is broadly appropriate in meeting stakeholders’ needs to monitor drug related issues and trends in Australia and contribute to policy activity. Indeed, commentators both within Australia and abroad have pointed out that our drug data and information resources are among the best globally in terms of their quality, comprehensiveness and potential usefulness (Campbell Research & Consulting 2007; Caulkins J, personal communication 8 Aug 2008).

As discussed under the heading ‘effectiveness’, the potential of the available data sources is not fully realized because there is no formal system for interrogating and synthesizing the data and other information into policy-relevant form.

The data collections are far from appropriate for meeting the evaluation needs of the NDS either in terms of its individual components or the NDS as an entity. This was discussed above, particularly in chapter 5 where we considered the outcomes of NDS programs. It is clear from that discussion that many of the core funded activities of the NDS do not have data collection systems that can be readily used in evaluation. Other activities that compose the NDS are similarly deficient.
In the absence of any organisation responsible for interrogating data and identifying significant issues and trends, these functions are undertaken on an ad hoc basis by policy analysts, the NDS research centres and independent researchers. This is a relatively ineffective and inefficient way of using the information.

**Effectiveness**

**Use of data in policy activity**

There is limited evidence of the systematic use of the products of drug information systems in policy activity. This suggests that the system is of limited effectiveness for policy development, implementation and evaluation. Although briefings to MCDS, IGCD and ANCD on specific topics make reference to the evidence base (including NDS related data collections), they focus on a single issue that has been identified in a top-down manner as of political and/or policy importance. There is limited capacity for new trends in drug use or drug-related harm to emerge from data analyses to influence the policy agenda. No identifiable individuals or organisations are charged with this responsibility.

One of the best-known publications covering NDS-relevant data and information is *Statistics on Drug Use in Australia* which is published approximately every two years by AIHW on contract to DoHA. This publication is well known and much used and appreciated by people in the field, including those engaged in policy activity and service delivery. Indeed, it is a source of much of the baseline data that can be used for monitoring the NDS. Users of that publication will be aware, however, that the AIHW simply present the quantitative data, along with some limited discussion to help the reader interpret the figures. It does not draw attention to the policy implications of the data that it presents.

This is in accordance with the policy of AIHW, which sees its role as providing its clients and to the AOD sector and the public more broadly with information that will be used for diverse purposes. The publication is therefore not particularly effective for monitoring the performance of the NDS, because its contents are not mapped to the Strategy’s objectives or priority areas, and they do not identify the policy implications of the data presented.

We have examined the extent to which drug data collections have been used to develop new sub-strategies under the NDS. A number of the recently developed sub-strategies do not reveal, in the way they have been documented, just how they were based on information derived from Australia’s drug data collections. This issue was analysed in the NDS Data Analysis Project (Campbell Research & Consulting 2007). Its report discussed the extent to which the National Alcohol Strategy and the National Cannabis Strategy, endorsed at the same MCDS meeting in 2006, were transparent in their information sources, and more particularly how the information was shown to have informed their findings and the strategic directions documented. The Data Analysis Project found, among other things, that the two strategies differ considerably in the extent to which the reader is able to see the connection between the available research evidence and products of data collections, on the one hand, and the policies adopted, on the other. Specifically, the National Alcohol Strategy documents far more explicitly the evidence base than does the National Cannabis Strategy.

The people who drafted these strategies are familiar with the available data, and have used them in the strategy development processes, but the strategy documents often do not make clear that the data were used in an effective manner.
Data and information gaps and delays in the release of data and information

Our investigations have identified some significant information gaps and problematic delays in the release of data and their analyses. The following areas are of particular importance.

Tactical early warning systems

A major deficiency in the NDS at the State, Territory and local levels is tactical early warning systems - for example, real-time or close to real-time information from hospital emergency departments, ambulance services, prison entrants, active illicit drug users, etc. These types of data are particularly important for alerting people to emerging issues locally that may call for rapid, often short term, local responses. Examples include the appearance of new types of drugs and of changes in the potency of locally-used drugs. The need for these local-level, tactical early warning systems is highlighted by contrasting their general absence with the availability of highly useful strategic early warning system data collections at the national level. The IDRS/EDRS data collection is well known, widely used and generally accepted as being of high quality in providing ‘big-picture’ information at the National and State/Territory levels. The data are collected annually and the results of their analyses are published reasonably promptly following data collection.

The same comment applies to the DUMA data collection: data are collected quarterly and the findings are returned, within a month, to the police agencies whose arrestees are covered by the data collections. An annual report is published which also helps to fill the strategic early warning function.

Drug-related mortality

There are problems in the timely publication of data on drug-related mortality, with regard to both licit and illicit drugs. There are a number of reasons for this. They include the lengthy delays between the time a death occurs and when it is registered at the State/Territory level, incorporated into the ABS national data sets and published by them.

The ABS causes of death data do not, as published, provide much information on drug-related deaths as most such deaths are not coded, in the ABS collections, as ‘drug-related’. Separate research, applying attributable fractions to many different causes of death, is needed to produce a comprehensive picture. This applies particularly to tobacco, the leading cause of drug-related deaths.

Considering the high saliency of drug-related mortality data and its significant policy relevance, it is problematic that timely data are generally unavailable. The current situation is that no frequent and regular publication of all-causes drug-related mortality data exists. The most recent data are for 2003, published in May 2007, from the Burden of Disease and Injury in Australia research project conducted by scholars from the School of Population Health, University of Queensland and AIHW. This updates the 1996 data, published in 1999.

Other sources of information related to mortality for specific drug types are:

**Opioids, cocaine and amphetamines (annually):**

**Alcohol:**
Data on mortality from tobacco, the drug that causes far more deaths than alcohol and illicit drugs combined, are not available from any ongoing data collection. Further, the NDRI data on alcohol-related mortality are out-of-date: 2001 deaths are the most recently published for Australia as a whole.

Improving the availability of data on drug-related mortality is particularly important. Great value would be derived from commissioning a research body to analyse the ABS Causes of Death data, upon their release annually, to compile estimates of mortality related to all classes of drugs. Alternatively, the task could be distributed between different research centres that specialise in research into particular classes of drugs, with one being responsible for collating the results. Having to rely on intermittent, one-off studies conducted by researchers is an inadequate way of monitoring this important indicator.

The purity of illicit drugs

A valid and reliable information system on the purity of illicit drugs would be valuable for NDS monitoring and evaluation, because purity has been identified as the best single indicator of illicit drug availability (Moore et al 2005). The ACC works hard to obtain and use data from the AFP and the State and Territory police services on the purity of illicit drugs, but the absence of any common data standards means these data are of very limited use. This is highlighted by the fact that the ACC, in its annual Illicit Drug Data Report (IDDR), presents somewhat patchy purity data on a state-by-state basis but cannot provide a national overview. The 2006-07 IDDR comments on the scope and quality of the purity data in the following terms:

The purity tables do not represent the purity figures for all seizures of that drug type, only those that have been analysed at a forensic laboratory. Drug purity figures for Victoria, Queensland, and the Australian Capital Territory represent the purity level of drugs seized by police during the relevant quarter. Figures for South Australia, Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory represent the purity level of drugs received at the laboratory during the relevant quarter. Specifically, the Western Australian Forensic Science Laboratory does not analyse all seizures less than two grams. As a result, the purity table will underestimate the number of samples that are tested.

The time between the date of seizure by police and the date of receipt at the laboratories can vary from a few days to several months, and in isolated cases, years. The purity table represents those seizures analysed during the financial year 2006–07, not necessarily all seizures made during that period.

New South Wales Analytical Laboratory only tests for purity levels on cases larger than the trafficable level—three grams for amphetamine, methamphetamine, heroin, cocaine and 0.75 grams for phenethylamines. Additionally, the laboratory will only test a limited number of samples per case. The laboratory also tests purity levels on controlled operations for the New South Wales Police, including undercover units.

As drug seizures are not routinely tested in the Northern Territory, the Northern Territory Forensic Laboratory was unable to provide purity data for this report.

ACT Policing does not test for purity on all seizures—only those which are larger than the trafficable amount. All samples lodged by ACT Policing with the ACT Government Analytical Laboratory are tested, but not all are tested for purity. ACT Policing provided the purity data for inclusion in this report from analysis results provided by the ACT Government Analytical Laboratory (100).

Over the years there have been many calls for establishing a consistent, coherent national system for monitoring the purity of illicit drugs as a key indicator of drug availability, and by extension the success of drug law enforcement agencies in reducing drug availability. We recommend that an implementation plan for developing a coherent national system be established.
Cannabis potency

Australia has no national system for monitoring the potency of cannabis even though this drug is by far the most commonly available and used illicit drug in Australia. No cannabis potency testing program has been set in place despite community concerns, for over a decade, generated by speculative media reports, of large increases in the potency of cannabis products and of the adverse health consequences of increased potency. Researchers have identified the importance of having sound trend data on the potency of this drug (Hall & Swift 2000; McLaren et al 2008). The USA, in contrast, has been monitoring cannabis potency for many decades and those data are used for diverse purposes. For example, it has been claimed that the potency of cannabis in Australia has markedly increased in recent decades with the shift in users’ preferences from cannabis leaf to cannabis tops and from outdoors-grown to hydroponically-grown cannabis. It has also been claimed that the increase in potency is linked to the marked increase in the number of people presenting to treatment agencies, in recent years, for assistance with cannabis related problems including dependency.

The increasingly convincing body of research evidence about the relationships between cannabis use and mental health problems is also part of the context.

Establishing a national system for monitoring the potency of cannabis should be one of the priorities for filling the existing gaps in Australia’s drug information system.

Drug use and drug-related harm among Indigenous people

Informants familiar with the AOD data relating to Indigenous peoples highlighted problems in this area. While the evidence is clear that the level of drug use among some sections of the Aboriginal and Torres Strait Islander population, and the levels of harm flowing from that use, are highly elevated, we have only limited epidemiological data on the levels of use and harm from which to develop intervention strategies and to monitor the implementation, outputs and outcomes. For example, recent research by NDRI into Indigenous drug related mortality had to rely upon data gathered in a one-off survey conducted in 1994.30

Concerns about this gap led to AIHW being commissioned to investigate data on Indigenous drug use, to identify gaps and to propose remedies for these deficiencies. Their comprehensive report, including findings and recommendations, was published in 2006: Drug use among Aboriginal and Torres Strait Islander peoples: an assessment of data sources and Drug use among Aboriginal and Torres Strait Islander peoples: an assessment of data sources; data collection summaries (AIHW 2006). The report details the ‘Priority information needs and the main information gaps’, stating:

…there is some information that is fundamental to understanding the nature of substance use among Indigenous people. This is information that enables substance use and Indigenous status to be consistently recorded, and thus basic prevalence estimates of various types of substance use across locations and population groups to be developed. Limitations in this highest priority information reduce the usefulness of the remaining information about, for example, patterns of substance use, contextual factors and access to services (p. 74).

The report lists the priority areas under the headings:

- the nature or patterns of substance use among Indigenous peoples
- the characteristics of Indigenous substance users and their contextual factors
- the harms associated with substance use by Indigenous people

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• the affordability, accessibility and appropriateness of current approaches for intervention and treatment of substance use in Indigenous persons
• what interventions are working well and why are they working and what extra measures/initiatives could make a difference
• expenditure relating to treatment and other intervention,
• general or overarching gaps in information availability.

We have reproduced this list to emphasise the extent of information deficiencies and the breadth and depth of the AIHW’s report’s recommendations. We concur with most of them and have not seen any published response to the report from DoHA or IGCD. In our judgment, the most strategic approach to these issues is that a system be put in place to systematically review the report’s findings and recommendations and implement them as appropriate.

**Questioning the validity of some core data collections**

Our investigations into the use of particular data collections in the AOD sector have identified stakeholder concerns about two data collections: the NDSHS and the Australian Secondary Students’ Alcohol and Drug Survey (ASSAD).

With regard to the NDSHS, informants pointed to what they see as a low response rate and the possibility that this introduces systematic biases into the findings. Falling survey response rates is an international experience, not confined to Australia, and present challenges to the validity of survey findings (Caetano 2001). Apparently no research has been published on the pattern of non-responses and their implications. It would be useful if future reports on the NDS Household Survey address this specifically so as to re-assure readers who hold these concerns.

With regard to ASSAD, concerns exist about undocumented variations in the methodology of the survey on a school-by-school basis. We heard claims about poor quality data collection activity within classrooms, the validity of which we were not able to evaluate. Some informants familiar with drug data collection among young people, including in schools, said that we should scrap ASSAD and develop in its stead a new schools-based national drug data collection of known validity and reliability. As with the NDS Household Survey, it would be useful to have published information confirming the reliability and validity of ASSAD.

**Efficiency**

Although relatively small amounts of funds are allocated to drug information systems in Australia, they are expended relatively efficiently. The resources available have enabled a more or less continuous flow of data in diverse areas, with the reports of many of the key data collections available free of charge online (eg AIHW’s publications) and/or in printed format (eg IDRS/EDRS).

The Drug Strategy Branch of DoHA has commissioned various organisations to develop and implement key data collections. For example, AIHW is responsible for the NDS Household Survey and the national minimum data set covering episodes of drug treatment provided by government funded agencies. NDARC is responsible for the IDRS/EDRS. This an efficient way to operate that draws upon the strengths of the contacted organisations.

On the other hand, having to rely on individual researchers and research organisations (often funded from sources such as NHMRC and ARC that do not give priority to substance abuse) to undertake priority research and data collection is sometimes inefficient, with adverse consequences which can be readily foreseen. The example of mortality data, presented above, highlights this. No organisation is responsible for obtaining causes of death data from the source agencies and analysing them, on an annual or more frequent basis, to enable the NDS to monitor
drug-caused mortality. NDARC does so for certain illicit drugs among certain population groups, but considerable delays exist before ABS makes the mortality data available for analysis and publication by NDARC.

The IDRS/EDRS program co-ordinated by NDARC is highly efficient, with State, Territory and local level value-adding activities undertaken by various team members.

This evaluation has highlighted the fact that Australia has a relatively large number and wide range of individual AOD data collections and that each is useful within the domain that it covers. However, the absence of a national drug research strategy and a national drug information strategy creates inefficiencies. There is no coherent planning to ensure that Australia has the most efficient mix of data collections, resource allocation for the analysis of the existing data collections and the dissemination of findings to stakeholders. This is despite the fact that recommendations have been made a number of times, over the years, for the establishment of a well resourced, coherent national drug information strategy and implementation plan.

Summary of findings

Australia is among the world’s leaders in having available information that can be used for monitoring drug related issues and trends. This resource has been developed over a number of years, primarily within the NDS. It is one of the most significant outcomes and achievements of the NDS over the past two decades.

The NDS has not been as effective as it could be in either monitoring drug trends or evaluating the impact of the NDS.

The absence of a national drug information system and national drug research strategy means that the data collections are not used as effectively and efficiently as they could be for monitoring drug issues and trends, for evaluation, and for informing policy activity. Too much decision-making about data collections reflects the priorities of the organisations responsible for collecting and/or analysing the data, rather than the needs of the NDS for the purposes of monitoring and decision support. There is a large difference between having data available from separate data collections on the one hand, and using them strategically, in combination, as part of policy activity on the other. This latter area—the strategic, policy-focused use of data and information—is one that particularly requires more attention.

Differences of opinion exist among stakeholders as to the usefulness or otherwise of establishing a centralised process and set of resources for managing a national drug information system and converting its outputs into products that can be directly used in policy activity. Some take the view that a centralised body, perhaps something like the UK Home Office, is necessary. Others argue that centralisation (particularly in the public service) would produce inefficiencies, interfere with innovation and cause difficulties for the managers of data collection and data analysis activity in outside bodies, including universities. It has been suggested that the Commonwealth should fund the States and Territories, including their police services, to enhance their data collection and analysis capacities, as in the first and second phases of the National Drug Strategy, with highly successful outcomes.

Some important gaps in drug information still exist, and there are significant delays in producing policy relevant findings from some of the most important data collections.

Major components of the NDS have been developed and implemented with little or no attention from the outset to the need for monitoring and evaluation. Prominent examples are IDDI and NGOTGP. No strategy is in place for monitoring the implementation and the outcomes of key sub-strategies of the NDS, including the recently developed National Alcohol Strategy and National Cannabis Strategy.
**Recommendations**

**Recommendation 11:** Build monitoring and evaluation into the design of all NDS sub-strategies from the outset.

**Recommendation 12:** Fill key gaps in Australia’s AOD data systems by undertaking a strategic review of AOD data collection systems to prioritise where resources should be applied, including but not confined to:

- developing and implement a process for reviewing, and implementing as appropriate, the findings and recommendations of the 2006 AIHW investigation into data on drug use, drug-related harm and drug interventions among Aboriginal and Torres Strait Islander peoples
- developing a data collection system that provides data on drug-related mortality covering all drugs, at least annually, with minimal delays
- developing a nationally consistent monitoring system regarding the purity of illicit drugs, which includes a national cannabis potency monitoring program

**Recommendation 13:** Establish an expert committee to develop a national drug information system, including recommendations on contents, structures, resourcing and processes. Its starting point would be this report, the report of the former National Drug Research Strategy Committee and the report of the NDS Data Analysis Project. It could include developing a system for converting the products of core data collections into policy and action within the framework of the NDS.

**Recommendation 14:** Establish an ongoing system for monitoring drug issues and trends in Australia, based on a further refinement of the Headline Indicators used in this report.

**Recommendation 15:** Review the validity and reliability of the NDSHS and the Australian School Student Alcohol and Drug Survey (ASSAD) as they are increasingly being questioned. Reviews are needed to assure users that these data collections are sound or, alternatively, to identify problems and suggest remedies.