

# Supporting evidence-based policy-making: a case study of the Illicit Drug Reporting System in Australia\*

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## **ABSTRACT**

*Australia's Illicit Drug Reporting System (IDRS) was developed in 1996 to provide a cost-effective strategic early warning system for emergent trends in problematic drug use. Through the use of specific case-scenarios, the present article demonstrates the manner in which information obtained from drug information systems such as IDRS can broaden the knowledge base from which evidence-based policy decisions and drug control strategies can be developed. IDRS has achieved this through the wide dissemination of its findings, the establishment of mechanisms for intersectoral collaboration and the provision of a context within which to understand drug trends and appreciate their role in policy formation. The present case analysis also illustrates the high level of demand for the in-depth information provided by sentinel surveys of problematic drug users and by qualitative interviews with experts in the field of illicit drugs. This type of information is particularly useful at a policy level when it can be collected on a routine basis using comparable methods, to enable the early detection of trends in problematic drug use. When such information is provided to policy makers in a timely fashion and in a usable format, it can be used to inform the development of policies and strategies. The potential policy utility of data from IDRS will be realized through ongoing dialogue between researchers, officials from the health and law enforcement sectors and policy makers, a process that will be greatly facilitated by the communication channels and intersectoral relations established through the System.*

*Keywords:* drug trends; policy; early warning; Australia.

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## Introduction

The Illicit Drug Reporting System (IDRS) was commissioned in 1996 by the Commonwealth Department of Health and Ageing of the Government of Australia to provide a cost-effective strategic early warning system for emergent trends in the use of opioids, amphetamine, cocaine and cannabis. Thus, the main recipient of the information provided by the System is a national-level body that is involved in drug-related policy and strategy decisions. This bears on both the focus of the System, which is national in coverage and uses sentinel monitoring, and reporting time lines, which aim to inform policy strategies rather than tactical responses.

The design of the current System took into account the lessons learned from previous attempts at monitoring the drug situation in Australia, which demonstrated the need for drug information systems to triangulate multiple data sources in order to increase the confidence in the reported drug trends and the consequent credibility of the information arising from those systems [1, 2]. To that end, IDRS regularly collates data from three sources:

(a) A standardized quantitative survey of injecting drug users, who constitute a sentinel population among which to detect emerging trends in illicit drug use. Surveys are carried out in the main city within each jurisdiction in Australia and yield a total annual survey sample of more than 900 injecting drug users;

(b) A standardized qualitative survey of key informants or experts in the field of illicit drugs within the main city of each jurisdiction, which yields a total annual national sample of between 250 and 300 key informants;

(c) A synthesis of current indicator data sources such as overdose data, the purity of drugs seized, arrest data, toxicology data, treatment and hospital admissions, data from needle and syringe programmes, school and household survey data and other relevant specialized research. The extent and nature of such data vary by jurisdiction and some data sets are considered at the national level only (for example, those from Australia's triennial national household surveys of illicit drug use and from the Australian Customs Service). Some data sets are analysed quarterly and others annually, depending on the nature of the data and the number of cases.

These data are collected from each of the eight jurisdictions in Australia to provide national coverage and are presented on an annual basis. The findings are disseminated through an annual national drug trends conference, annual detailed national and jurisdictional reports and brief quarterly updates. Formal reporting is supplemented by regular meetings and informal communications with key stakeholders. For further information on IDRS findings and methodology, see Topp and others [3].

### Case analysis: providing the basis for evidence-based policy

Presented below are examples of the contribution made by the findings of IDRS to the formation of a sound information base for policy development and the

implementation of drug control strategies. These examples include situations in which the findings were associated with a shift in policy or strategy. Also included are several situations outside the realm of policy, but in which IDRS made an indirect contribution to improving information on drug consumption and drug trends (for example, by providing a background context for in-depth research). The case scenarios do not cover the full scope of the way in which IDRS findings did or could affect policy, nor do they suggest that information from IDRS alone was responsible for any associated policy shift. They do, however, clearly demonstrate that information from IDRS has been instrumental in providing an evidence base for policy. This impact was apparent at the national level and, in particular, at the jurisdictional level, where the most detailed data collection takes place.

### *Highlighting new forms of drug use as a priority*

IDRS findings indicating an increase in the availability and use of potent forms of methamphetamine across Australia have made the identification of new forms of drug use a priority area for the Ministerial Committee for Drug Strategy and the Commonwealth Government. Although other monitoring mechanisms, such as urinalysis among arrestees, would have suggested this as an area for concern, IDRS provided specific information on methamphetamine use, collected from a non-institutional population of methamphetamine users, that could not be provided by other systems. IDRS provided information on the characteristics of the different types of methamphetamine available at the street level, the terminology used to describe them, their frequency of use, routes of administration, price, purity and purchase quantities.

### *Formation of policies and strategies appropriate to local conditions*

IDRS has been able to provide detailed information on recent patterns and trends in drug use at the jurisdictional level, for which there is considerable demand from policy makers in the health and law enforcement sectors. In the State of Tasmania, the Alcohol and Drugs Service of the Department of Health and Human Services has been requested to produce a biannual report on the status of injecting drug use in Tasmania for the State Government Cabinet Subcommittee on Drugs. The reports rely heavily on IDRS data and have influenced Tasmanian state policies in a number of areas, including policy on methadone and policies relating to needle availability. Prior to the implementation of IDRS in Tasmania, policy decisions there were usually based on data collected from other, larger jurisdictions that had the funding and dedicated bodies to conduct specialist drug research. In 2000, IDRS demonstrated that the smaller jurisdictions such as Tasmania had patterns of illicit drug use that were substantially different from those of the larger jurisdictions. IDRS thus substantially improved the information base for drug policy in Tasmania by providing locally relevant information.

### *Developing governmental strategic drug control plans*

IDRS data have informed strategic drug control plans in several of the jurisdictions in Australia. In the Northern Territory, IDRS data formed the basis of the development of the Government's three-point plan on drug use and abuse. In Western Australia, two of the papers on drug issues at the recent Western Australia Community Drug Summit incorporated information from the 2000 IDRS: paper No. 7 on drugs and law enforcement, which dealt with an appropriate legal framework for illicit drugs, diverting drug users into treatment and treating the most serious offenders in prisons; and paper No. 8 on reducing the harm done to the community and individuals by continued drug use. In New South Wales, one of the primary background documents for the New South Wales Drug Summit, held at Sydney, Australia from 17 to 21 May 1999, consisted of the findings from IDRS. The findings of the Victoria IDRS have also informed the policy development activities of the Drug Policy Expert Committee of the Government of Victoria.

### *Developing interventions for patterns of problematic drug use*

National IDRS data were used by policy makers at the February 2001 meeting of the Australian Pharmaceutical Advisory Council Subcommittee on the Intentional Misuse of Pharmaceuticals, where the issue of intravenous benzodiazepine use was the subject of considerable discussion. At a jurisdictional level, IDRS data were used by the Victoria Department of Human Services to develop a benzodiazepine injection education and prevention strategy to address the diversion, misuse and injection of the gel-like contents of temazepam capsules. IDRS results in Victoria were also instrumental in signalling the need for the development of the Victoria Department of Human Services cocaine preparedness and training package for alcohol and drug workers.

### *Identifying needs for access to treatment*

The findings of IDRS in the Australian Capital Territory have provided information and recommendations that have influenced policy decisions on service provision in the Territory. In 2000, an Australian Capital Territory report on drug trends recommended an examination of the apparent acceleration in heroin use among indigenous people that had first been identified by the Australian Capital Territory IDRS in 1998-1999 and the determination of the factors that had contributed to their failure to access treatment services. In 2001, more services for indigenous people were made available and the opposition Australian Labour Party expressed a commitment to providing culturally appropriate treatment services. The ability to identify gaps in access to service provision is one clear benefit of monitoring patterns of problematic drug use among non-institutionalized populations.

### *Acting as an early warning and validation tool for drug trends*

The Health Department of the Australian Capital Territory regards IDRS data as a good validation tool. It regularly uses IDRS data to make comparisons between national drug use and the situation in the Territory, thereby obtaining an early warning of future trends in drug use. It also finds IDRS useful for determining where to focus service purchasing priorities and for cross-checking anecdotal advice on drug and alcohol issues and service provider reports.

### *Providing a context for investigating the reduced availability of heroin*

In 2001, Australia experienced a marked and sustained reduction in the availability of heroin that was associated with a decrease in heroin use and related adverse consequences. IDRS findings from the previous five years provided meaningful, reliable and valid baseline data on the price, purity and availability of heroin, the frequency of heroin use along with the frequency of use of other drugs, criminal activity, overdose risk and other health-related problems that could be used to interpret the data from a specialist investigation of the characteristics and impact of the heroin shortage. In 2002, IDRS will document the state of the illicit drug market following the height of the shortage. IDRS data can thus greatly increase the interpretability of data collected in the context of other studies.

### *Incorporation of local information into tertiary education systems in the Northern Territory*

IDRS has provided drug trend information specific to the Northern Territory that has enabled the inclusion of local drug trend data into tertiary courses at the Northern Territory University. Courses in drug and alcohol studies, human and community services, social work and psychology now include locally relevant information on patterns of and trends in drug consumption. Prior to the implementation of IDRS in the Northern Territory, those courses relied on national data relating to the use of illicit drugs, health, risk-taking and criminal activity. IDRS revealed the disparate nature of illicit drug markets in Australia and the theory and practical aspects of the courses are now enhanced by relevant local data.

### *The audience for IDRS findings*

The breadth of the interest in IDRS findings was illustrated in South Australia, where the demand for information was met through a series of special seminars presented to national-level law enforcement organizations such as the National Crime Authority, the Australian Bureau of Criminal Intelligence, the Australian Customs Service and the Australian Federal Police, as well as to the Department of Immigration and Multicultural Affairs and the Australian Taxation Office. At the state level, the audience for IDRS findings has included the South Australian Police, the Australian Guidance and Counselling Association South Australia, the

City Homelessness Assessment and Support Team, the Statewide Nurses Action Group, the Douglas Mawson Institute of Technical and Further Education and the South Australian Forensic Health Service. The seminars were provided by the South Australian IDRS coordinator and demonstrate the demand for information on drug trends and the diversity of the audience for that information.

## **Discussion**

The case analysis above demonstrates that information from a drug information system such as IDRS can make a valuable contribution to an evidence base for policy-making. Although IDRS findings often informed policy indirectly and were rarely the sole influencing factor in policy formation, they were one of several information sources that contributed to a broader knowledge base from which evidence-based policies could be developed. It is not always possible to assess the impact of information provided by IDRS, but the demand for that information and the target organizations provide some insight into the utility of IDRS data in developing policies and implementation strategies.

The detailed information provided by IDRS is well received by policy makers. It has been used in the formation of drug strategies at both the national and the jurisdictional levels and meets the operational needs of many organizations. In particular, IDRS provides detailed and timely information on specific patterns of problematic drug use such as routes of administration and the context of use, the nature and availability of new drug forms and the health and criminal problems associated with drug use that is not provided by more established data collection methods such as household surveys and routine monitoring of drug-related indicators. Much of this detailed information is obtained from key informant surveys and specialized surveys of injecting drug users. This demonstrates the policy utility of information provided by in-depth surveys on problematic drug use.

Organizations that have sought information from IDRS represent a range of disciplines and, notably, both the health and the law enforcement sectors. Increased interest from the law enforcement sector reflects the focus of IDRS on monitoring drug price and availability through non-law enforcement sources, thus providing information that supplements existing law enforcement data, which demonstrates that information from IDRS is relevant to both health and law enforcement drug control strategies. IDRS has thus provided a mechanism for collaboration between health and law enforcement in terms of understanding how drug control strategies affect drug markets, patterns of drug use and associated problems.

Data from IDRS have made a valuable contribution to developing and improving other sources of information on drug trends on the basis of which policies were developed. Guiding the further investigation of new drug trends, providing a context to evaluate the impact of interventions or changes in the drug market, such as the heroin shortage, assisting the development of academic curricula around drug abuse epidemiology and supplementing other drug trend reports

have been some of the ways in which IDRS has improved the overall knowledge base used by policy makers for decision-making.

The System has also played a developmental role by instigating collaboration between researchers and non-research organizations that deal with drug-related issues. The need to exchange data between organizations has provided a platform for collaboration and dialogue about the interpretation of drug trend data and the policy and strategy utility of data for non-research organizations. In many instances, this has involved an educative dialogue between researchers and policy makers to ensure that IDRS met the information needs of policy makers and that policy makers appreciated the purpose and utility of IDRS data. This two-way educative process has greatly enhanced the mutual appreciation of the way in which IDRS findings could be utilized at a policy level and has also broadened the capacity of IDRS to collect and understand drug-related data.

Despite the obvious utility of data from IDRS for policy development, challenges remain in improving the interpretation of trends identified by IDRS and their policy implications. In particular, there is a need for an increased appreciation among both researchers and policy makers of how this type of information complements more established mechanisms for monitoring drug consumption such as general population surveys and treatment utilization data and the reasons for discrepancies between the different sources of data. Continuing dialogue between researchers and policy makers is needed in order to establish such a level of shared understanding; drug information systems such as IDRS can provide a crucial forum for that dialogue.

Further, it should be recognized that the benefits accruing from IDRS were only apparent after data collection had been ongoing for several years and that considerable investment was required, both financially and in terms of developing human resource capacity, to collect, analyse and report on drug trend data. That investment has been proved worthwhile by the benefits of routine data collection that are now becoming apparent. The improvements in the efficiency of collecting, analysing and reporting on data that have been made over the years that IDRS has been in operation have also substantially enhanced the cost-effectiveness of the system. In the Australian context, the operation of IDRS has been facilitated by the availability of tertiary institutions and appropriate human resources, political will and the subsequent provision of financial resources. In contexts where routine active data collection is not a feasible way to monitor problematic drug use owing to infrastructure or resource constraints, one-off, in-depth case studies would still provide a valuable adjunct to ongoing surveillance systems. In such situations, it is important that in-depth studies be guided by and feed back into ongoing monitoring mechanisms.

## **Conclusion**

The case analysis above demonstrates that IDRS has played a valuable role in broadening the knowledge base on which policy decisions are made. This has been achieved by disseminating findings widely, establishing mechanisms for

intersectoral collaboration and providing a context within which both to understand drug trends and to appreciate their role in policy formulation. It further illustrates the considerable demand that exists for the type of in-depth information on patterns of drug consumption and related factors that can be provided by sentinel surveys of problematic drug users and qualitative interviews with experts in the field of illicit drugs. This information is particularly useful at the policy level when it can be collected on a routine basis using comparable methods, as this allows the early detection of new trends in problematic drug use. The analysis also demonstrates that, when such information is provided to policy makers in a timely fashion and in a usable format, it can be used in the development of policies and strategies. Encouraging an ongoing dialogue among researchers, officials from the health and law enforcement sectors and policy makers is essential in developing the utility of information from IDRS at the policy level and the communication channels and intersectoral relations established through that dialogue will be critical to the further development of the policy utility of drug trend data.

## References

1. J. Hando and others, "The development of an early warning system to detect trends in illicit drug use in Australia: the Illicit Drug Reporting System", *Addiction Research*, vol. 6, 1998, pp. 97-113.
2. G. Wardlaw, *Final Report: Illicit Drug Reporting System*, report to the Commonwealth Department of Human Services and Health (Canberra, Wardlaw Consulting Pty. Ltd., 1994).
3. L. Topp and others, *Australian Drug Trends 2001: Findings from the Illicit Drug Reporting System (IDRS)*, Monograph No. 48 (Sydney, National Drug and Alcohol Research Centre, 2002).