## Drug policy response schema

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### Rationale

Any comprehensive approach to drug policy needs to establish and document all the possible drug policy responses – perhaps surprisingly this has not been done to date. This project sought to document all drug policy responses as well as provide a useful taxonomy and user-friendly policy tool. The project had three primary aims:

1. to document all the possible drug policy responses (strategies/interventions);
2. to document the different possible taxonomies that could be applied to the responses and to summarise the taxonomic approaches and;
3. to develop a user-friendly and simple database that can sort drug policy responses by any number of classification approaches.

### Approach

We sought to document all possible drug policy responses. Simultaneously, a review was conducted of classification schemas. We then mapped the responses against the schema. We used three main types of classifications:

1. overarching framework classifications (such as supply, demand and harm reduction);
2. outcome measures; and
3. harm-related classifications (after MacCoun and Reuter).

The overarching frameworks address the ways in which drug policy responses can be expressed at higher order levels. Most of the classifications have between four and six categories and come from divergent disciplines. Some of the classification systems come from a health perspective, others from a law enforcement framework. For example, the common drug-related taxonomy is supply reduction, harm reduction and demand reduction; a public health taxonomy is host, agent, environment; or primary, secondary and tertiary prevention; and there is a widely used taxonomy of crime prevention. It is hard to find frameworks that successfully span all drug policy responses aside from the very generic ones.

This work is particularly useful to policy makers in appreciating the array and ways in which policy responses can be expressed to various audiences (including international audiences).

The second group is classification by outcome of the policy response. Policy responses are chosen depending upon the desired outcome (for example reduction in new users, reduction in HIV). This system enables sorting of all the drug policy responses by the outcomes to which they are primarily targeted. Lastly, we are interested in pursuing the harm classification notion of drug policy responses. Effectively this examines the harms that policy responses ameliorate but at the same time endeavours to consider the iatrogenic harms that may arise from policy responses (and who bears them).

### Key findings

The policy responses are listed here. The database is available on request.

1.   Public mass media campaigns
2.   School-based drug education
3.   Neighbourhood Enhancement programs (e.g. suburb renewal including physical improvement and provision of social programs/jobs/education)
4.   Crime Prevention through environmental design (CPTED)
5.   Citizen's mobilisation
6.   Infancy and early childhood programs: eg antenatal for at-risk groups, family interventions, parent education programs.
7.   At-risk families.
8.   At-risk youths: e.g.: truancy at schools.
9.   Proactive classroom management
10. Transition programs from primary to secondary school
11. Mentoring and peer support programs in schools
12. Programs targeting risky behaviour in general
13. Community programs for young people: e.g., sporting activities, cultural programs (e.g., Charters Towers action program to prevent petrol sniffing); network of drug free youth

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14. Mentoring programs for at-risk youths: Big Brothers/Big Sisters
15. Needle Syringe Programs (NSP)
16. Overdose outreach programs
17. Naloxone distribution
18. Supervised injecting facilities
19. Brief intervention for blood born infections
20. NIROA (non-injecting routes of administration)
21. Decriminalisation of drug use for some perceived 'soft' drugs, eg: cannabis
22. Ending drug prohibition; replacing with medicalisation of drug use/abuse & prescription
23. Legalisation of drugs
24. Crop eradication programs (source country)
25. Crop substitution programs in source countries (usually developing countries)
26. Customs and border control: Multi agency taskforces (e.g., involving police & customs; police and army; state & federal police)
27. Multi jurisdictions taskforces against trafficking (use of intelligence, "following the money trail", often targeted at organised crime)
28. Crackdowns & raids
29. Buy & bust operations
30. Saturation policing
31. Zero tolerance policing
32. Pro-active policing
33. Police management reform
34. Asset forfeiture against arrestees involved in drug-related activities
35. Crime mapping technology for targeted police intervention in hot spots
36. Drug free zones (local interdiction)
37. Multi agency taskforces/partnerships: Intelligence gathering
38. Problem-oriented policing
39. Civil remedies: e.g., SMART; abatement program; injunction; council codes
40. Third-party policing
41. Cleaning up hot spots
42. Arrest referral schemes (multi agency)
43. Cautioning only for minor drug offences
44. Cautioning with compulsory drug education/treatment
45. Cannabis Expiation Notice Schemes

46. Neighbourhood Watch groups, where citizens are encouraged to report drug activity
47. Renewal programs: e.g., Blitz to Bloom: saturation policing followed by clean up of area by citizen
48. Drug Action Teams: intersectoral drug reduction involving community groups
49. Screening in health settings
50. Drug testing in schools
51. Urine monitoring programs
52. Cold turkey
53. Withdrawal treatment: Opioid agonist mediation
54. Withdrawal treatment: Alpha adrenergic medication (clonidine)
55. Withdrawal treatment: Opioid antagonist medication (naloxone, naltrexone)
56. Withdrawal treatment: Symptomatic medication (brufen, maxolone etc.)
57. Withdrawal treatment: Other (eg: acupuncture)
58. In-custody withdrawal services
59. Methadone maintenance
60. Buprenorphine maintenance
61. Heroin maintenance
62. Naltrexone maintenance
63. LAAM maintenance
64. Morphine maintenance
65. Therapeutic communities
66. Supported accommodation programs
67. Relapse prevention
68. CBT (individual and group)
69. Family therapy
70. Psychodynamic psychotherapy
71. Work/industry programs
72. Services for pregnant women - pre-natal
73. Parenting skills for drug dependent women
74. Post-natal support for drug dependent mothers
75. Narcotics Anonymous
76. NARAnon
77. Court diversion pre-sentence: e.g. Court Referral Evaluation and Drug Intervention Treatment in Victoria
78. Court diversion post-sentence
79. Drug Court: sentence is suspended if offender undergoes treatment/counselling/work training/etc.

# Drug
# Policy
# Modelling
# Program

**DPMP**
Drug Policy Modelling Program

80. Drug driving programs
81. Monitoring of drug use by inmates
82. Prevention programs in prison
83. Drug education in prison
84. Treatment programs in prison

## Implications

We have collated over 80 different policy responses, and applied various classification systems to them. In the first instance this work has been important to document all the policy responses and to communicate about our work and the classifications we use (and compare it to other classification systems of relevance in other countries). Secondly this work assists in mapping the desired outcomes with the potential policy responses.

Once completed, an on-line database will be available for policy makers, researchers and practitioners. It can be used to review drug policy responses, their relationships to classification systems or to map outcomes against policy options. The drug policy response classification work is not yet completed.

## Research team

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