Appendices

Table of contents

List of Tables

Appendix 1: Major AOD policy, practice and legal changes in the ACT 2019 to 2025

Table A1: Timeframe of major alcohol and other drug policy, practice and legal changes in the ACT, 2019 to 2025

Date	Event	Details
25 Sep 2019	The Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019 passed the Legislative Assembly	The Bill proposed to amend the Drugs of Dependence Act (1989) to remove criminal penalties for adults for minor cannabis offences.
3 Dec 2019	The Drug and Alcohol Sentencing List (DASL) came into operation.	DASL is a Supreme Court program where people who are substance dependent and committed an offence related to their substance use can serve their sentence in the community under a Drug and Alcohol Treatment Order.
31 Jan 2020	The Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019 came into effect	The Amendment Act permits adults in the ACT to possess small quantities of cannabis and cultivate 1-2 cannabis plants, for personal use.
Aug 2020	Standing Committee Inquiry report recommended exploring the use of a simple drug offence notice for young people.	The Standing Committee on Education, Employment and Youth Affairs Inquiry into Youth Mental Health in the ACT made 66 recommendations including to explore the use of a Simple Drug Offence Notice for young people (recommendation no. 46).
20 Aug 2020	Legislative Assembly resolution to explore the use of a Simple Drug Offence Notice.	Private member (Mr Michael Pettersson) presentation to the Legislative Assembly proposed investigating the feasibility of a Simple Drug Offence Notice for possession of drugs for personal use. Assembly voted 13/10 in favour.
11 Feb 2021	Drugs of Dependence (Personal Use) Amendment Bill 2021 presented to the Legislative Assembly.	Mr Michael Pettersson presented the Bill to the Legislative Assembly, outlining the proposed Amendments to reduce the penalties associated with possession of small quantities of illicit drugs. Assembly resolved to establish a Select Committee to examine the Bill.
30 Nov 2021	Select Committee report on the Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 tabled in the Legislative Assembly.	The Inquiry report is tabled in the Legislative Assembly. The Inquiry made 17 recommendations including to pass the Bill.
9 Jun 2022	ACT Government response to the Inquiry report tabled in the Legislative Assembly.	ACT Government responded to the Inquiry including agreement to the recommendation that the Bill is passed with some amendments.
21 July 2022	CanTEST begins operations.	Australia's first fixed site drug checking service opens in Canberra, run by Directions Health Services in partnership with CAHMA and Pill Testing Australia, funded by HCSD.
20 Oct 2022	The amended Drugs of Dependence (Personal Use) Amendment Bill 2021 passes the Legislative Assembly.	The Bill is to take effect in Oct 2023. The Bill is revised from the original version, including adding the small quantities to the Regulation to allow for easier amendment, changed list of drug types included, and reducing the maximum prison sentence for all possession offences.
8 Dec 2022	ACT Drug Strategy Action Plan (DSAP) 2022-2026 released.	The next iteration of the ACT DSAP is released. One of the five priority areas is Reducing Involvement with the Criminal Justice System.
2023	The Canberra Health Services (CHS) Alcohol and Drug Services (ADS) Reform Project	Review of Models of Care and improved intake processes for programs offered across the different diversionary programs.
25 Oct 2023	Sentencing (Drug and Alcohol Treatment Orders) Legislation Amendment Bill 2023 passes the Legislative Assembly.	The Bill expands eligibility criteria for the DASL; commenced 9 November 2023.
26 Oct 2023	Final report on Inquiry into Penalties for Minor Offences and Vulnerable People	Report suggests multiple changes to existing system of fines and non-compliance activities to better support vulnerable people in the ACT.

Date	*Event*	*Details*
28 Oct 2023	**Drugs of Dependence (Personal Use) Amendment Act comes into effect**	**The Amendment Act comes into effect, reducing the criminal penalties for simple drug offences and other possession offences, as well as non-criminal pathways.**
Aug 2024	Review of the operation of the Drugs of Dependence (Personal Cannabis Use) Amendment Act released.	Review found Act operating as intended with limited unintended/negative consequences.
Feb 2025	Evaluation of the operation of the Drugs of Dependence (Personal Use) Amendment Act commenced	Evaluation of the Amendment Act to be undertaken 2025-2026.

Appendix 2: Methods: ACT Policing data cleaning

We requested unit record data from the ACT Policing PROMIS database on all drug-related offences recorded between 1 Nov 2018 and 31 Oct 2025. In addition, we requested additional offences recorded alongside the drug-related offences (e.g. if a person was apprehended for speeding and also possession of drugs). We requested a range of variables, however not all variables were able to be provided (e.g. due to missing data or confidentiality), and some variables were provided but could not be analysed due to missing data. The variables used in the analysis are provided in the table below.

The ACT Policing data contain three identifying codes for analysis: offence ID (referring to each unique offence, e.g. possession of drugs), apprehension ID (referring to each unique instance where a person was apprehended for one or more offences), and person ID (referring to each unique person apprehended on one or more occasions). We used offence ID for all analyses, and apprehension ID to identify co-occurring offending.

Table A2: ACT Policing data: variables included in the analysis and their coding

Variable name	How variable was provided	How variable was used/coded
Apprehension ID	ID code for unique apprehensions	Used to identify co-occurring offences
Offence ID	ID for unique offences	Used to count unique offences
Person ID	ID for unique people	NA
Act code	Code for the Act and offence (e.g. DoD169)	Used to check offence name/type; See Table A3.
Offence Act	Act governing the offence (e.g. Drugs of Dependence Act 1989)	Used to assess proportion offences under the DoD versus other Acts
Offence	Offence name/description (e.g. Small quantity possess drug of dependence)	See Table A3.
Offence date	Date of the offence	Coded into years from 1 Nov to 31 Oct following year, to examine pre/post Amendments (2018/19; 2019/20; 2020/21; 2021/22; 2022/23; 2023/24; 2024/25)
How cleared	Most recent clearance method for the offence (Arrest; Summons; Charged; Court attendance; Warrant; Diversionary Conference; Drug diversion; SCON; SDON; Caution)	Diverted (SDON, SCON, caution, drug diversion); Charged (Arrest, Summons, Charged, Court attendance, Warrant, Diversionary Conference)
First Nations status	Aboriginal and/or Torres Strait Islander (Y; N)	Aboriginal and/or Torres Strait Islander; Non-indigenous
Sex of offender	Sex of the person apprehended (M; F)	Male; Female
Age group	Age of the person at time of the offence, grouped (Under 18; 18 to 25; 26 to 34; 35 to 44; 45 to 54; 55 to 64; 65 and older)	Under 18; 18 to 25; 26 to 34; 35 to 44; 45 and older
Person suburb	Residential suburb, postcodes and name (e.g. Deakin, 2600)	Used to check proportion of offences in suburbs surrounding ACT (e.g. Queanbeyan)
Person state	Residential state (e.g. NSW, ACT)	ACT; other

Variable name	How variable was provided	How variable was used/coded
Offence suburb	Suburb the offence occurred in, postcodes and name (e.g. Deakin, 2600)	City; other
Drug confirmed	Drug type confirmed by testing (e.g. mdma 3,4-methylenedioxymethamphetamine)	Used if drug tick box unavailable. See Table A4.
Drug tick box	Drug type suspected/reported by officer (e.g. cocaine)	Preferred over drug confirmed. See Table A4.

We coded the offences into two main categories: consumer or provider. Within consumer offences, we included sub-categories for 'simple drug offences' and 'other possession offences'. In addition, we coded drug-driving offences. We did not include section numbers as these changed over the years due to legislative amendments. Some of the offences presented below no longer exist. See Table A3.

Table A3: ACT Policing data coding of offences and Acts

Offence type	Offence name and Act
Consumer: simple drug offence	Small quantity possess cannabis (Drugs of Dependence Act 1989) Small quantity possess drug of dependence (Drugs of Dependence Act 1989) Small quantity possess prohibited substance (Drugs of Dependence Act 1989) Cultivate 1 or 2 cannabis plants (Drugs of Dependence Act 1989) Joint commission possess cannabis 50g or less/ under 18 yrs (Drugs of Dependence Act 1989) Possess cannabis - 50g or less/ under 18 yrs old (Drugs of Dependence Act 1989) Possess prohibited substance cannabis 50g or less (Drugs of Dependence Act 1989)
Consumer: other possession offence	Attempt possess drug of dependence (Drugs of Dependence Act 1989) Possess cannabis (Drugs of Dependence Act 1989) Possess cannabis - more than 50g (Drugs of Dependence Act 1989) Possess drug of dependence (Drugs of Dependence Act 1989) Possess prohibited substance (Drugs of Dependence Act 1989) Possess prohibited substance other drug or greater than 25g (Drugs of Dependence Act 1989) Joint commission possess cannabis - more than 50g (Drugs of Dependence Act 1989) Joint commission possess drug of dependence (Drugs of Dependence Act 1989) Joint commission possess prohibited substance (Drugs of Dependence Act 1989) Possess controlled drug (Criminal Code 1995 ACT) Possess a dangerous drug (Dangerous Drugs Act 1927 Norfolk) Possession of a drug of dependence (Drugs Poisons and Controlled Substances Act 1981 Vic) Possess substance (Poisons and Narcotic Drugs Act 1978 ACT) Possess anabolic steroid (Crimes Act 1900 ACT)
Provider offences	Administer drug/poison-dangerous to person (Crimes Act 1900 ACT) Administer substance dangerous to person (Crimes Act 1900 ACT) Supplying anabolic steroids (Crimes Act 1900 ACT) Import/export commercial qty of border controlled drug/plant (Criminal Code Act 1995 ACT) Import/export marketable qty of border controlled drugs/plants (Criminal Code Act 1995 ACT) Culivate controlled plant (Criminal Code Act 1995 ACT) Possess commercial quantity unlawful import: bcd/plant - attempt (Criminal Code Act 1995 ACT) Possess marketable qty unlawful import: bcd/plant - attempt (Criminal Code Act 1995 ACT) Traffic in controlled drug (Criminal Code Act 1995 ACT) Traffic in marketable quantity of controlled drug (Criminal Code Act 1995 ACT) Trafficking commercial quantity of controlled drugs (Criminal Code Act 1995 ACT) Attempt manufacture controlled drug (Criminal Code 2002 Cwlth) Cultivate a cannabis plant for sale (Criminal Code 2002 Cwlth) Cultivate commercial qty of controlled plant for sale (Criminal Code 2002 Cwlth) Cultivate contr. Plant - artificially/3 or more cannabis plan (Criminal Code 2002 Cwlth) Cultivate trafficable qty of cannabis for sale (Criminal Code 2002 Cwlth)

Offence type	Offence name and Act
	Joint commission manufacture controlled drug for selling (Criminal Code 2002 Cwlth) Knowingly concerned cultivate a cannabis plant for sale (Criminal Code 2002 Cwlth) Knowingly concerned cultivate trafficable qty of cannabis for Manufacture controlled drug (Criminal Code 2002 Cwlth) Manufacture large comm qty of controlled drug for selling (Criminal Code 2002 Cwlth) Possess plant material/equip/instructions - cultivate control (Criminal Code 2002 Cwlth) Possess substance/equipment/instructions - manufacture contro (Criminal Code 2002 Cwlth) Attempt supply cannabis to a child (Criminal Code 2002 Cwlth) Attempt traffic in controlled drug other than cannabis (Criminal Code 2002 Cwlth) Commission by proxy possess large comm qty controlled precurs (Criminal Code 2002 Cwlth) Conspiracy to traffic in a controlled drug other than cannabi (Criminal Code 2002 Cwlth) Joint commission traffic in cannabis (Criminal Code 2002 Cwlth) Joint commission traffic in controlled drug other than cannab (Criminal Code 2002 Cwlth) Knowingly concerned traffic in controlled drug other than can (Criminal Code 2002 Cwlth) Knowingly concerned traffic in trafficable quantity cannabis (Criminal Code 2002 Cwlth) Possess a controlled drug (not cannabis) for supply to a chil (Criminal Code 2002 Cwlth) Possess large comm qty of controlled precursor (Criminal Code 2002 Cwlth) Possess tablet press (Criminal Code 2002 Cwlth) Supply a controlled drug (not cannabis) to a child (Criminal Code 2002 Cwlth) Supply cannabis to a child (Criminal Code 2002 Cwlth) Supply controlled drug to child for sale (Criminal Code 2002 Cwlth) Traffic in cannabis (Criminal Code 2002 Cwlth) Traffic in commercial qty of controlled drug (Criminal Code 2002 Cwlth) Traffic in controlled drug other than cannabis (Criminal Code 2002 Cwlth) Traffic in large commercial qty of controlled drug (Criminal Code 2002 Cwlth) Traffic in trafficable qty of cannabis (Criminal Code 2002 Cwlth) Possess controlled precursor (Criminal Code 2002 Cwlth) Cultivate prohibited plant (Dangerous Drugs Act 1927 (Norfolk) Cultivate prohibited plant (Drugs of Dependence Act 1989 ACT) Cultivation of more than 4 cannabis plants at premises (Drugs of Dependence Act 1989 ACT) Joint commission cultivate >4 cannabis plants at premises (Drugs of Dependence Act 1989 ACT) Attempt possess/sale/supply prohibited substance (Drugs of Dependence Act 1989 ACT) Knowingly concerned possess/sale/supply drug of dependence (Drugs of Dependence Act 1989 ACT) Participate in /sale/supply prohibited substance (Drugs of Dependence Act 1989 ACT) Participate in sale/supply of drug of dependence (Drugs of Dependence Act 1989 ACT) Possess/sale/supply drug of dependence (Drugs of Dependence Act 1989 ACT) Possess/sell/supply prohibited substance (Drugs of Dependence Act 1989 ACT) Sale and supply (Drugs of Dependence Act 1989 ACT) Sale/supply drugs of dependence (Drugs of Dependence Act 1989 ACT) Sell/supply prohibited substance (Drugs of Dependence Act 1989 ACT) Attempt supply a declared substance without authorisation (Medicines, Poisons and Therapeutic Goods Act 2008 ACT) Supply a declared substance without authorisation (Medicines, Poisons and Therapeutic Goods Act 2008 ACT) Supply controlled substance (Poisons and Narcotic Drugs Act 1978 ACT)
Drug-driving offences	Drive with prescribed drug in oral fluid/blood (Road Transport (Alcohol and Drugs) Act 1977) Drive/ driver trainer - alcohol & drug in blood/breath (Road Transport (Alcohol and Drugs) Act 1977) Driver/driver trainer prescribed drug in oral fluid/blood (Road Transport (Alcohol and Drugs) Act 1977) Dui drive under influence of liquor/ drug (Road Transport (Alcohol and Drugs) Act 1977) Dui drive under the influence of liquor/drug (Road Transport (Alcohol and Drugs) Act 1977)

The confirmed drug types were coded based on the broad grouping (Table A4). Due to small numbers of other drugs, including heroin, other opioids, psychedelics, ketamine, and pharmaceuticals, we combined these into other drugs. MDMA was coded under ATS to align with how the officer suspected drug types were coded. Due to the small number of 'other' drugs, these were combined with 'unknown'.

Table A4: ACT Policing data coding of confirmed drug types

Recoded	**Original name**
Cocaine	Cocaine
Cannabis	cannabis (thc,cbd) thc (tetrahydrocannabinol)
Methamph	methamphetamine 2-fma (2-fluoromethamphetamine) 4-ma (4-methylamphetamine)
ATS	mdma (3,4-methylenedioxymethamphetamine) phenethylamine mda (3,4-methylenedioxyamphetamine) amphetamine dexamphetamine (e.g. adderall, dexedrine) 2-methoxy-3,4-methylenedioxyphenylethylamine
Other	heroin methadone oxycodone (oxycontin, endone) codeine buprenorphine (subutex, buprenex) acetylcodeine gbl (gamma-butyrolactone) testosterone psilocin psilocybin (e.g. magic mushrooms) 1,4-butanediol diazepam (valium, ranzepam) ketamine sedative (e.g. propofol, doxylamine) steroid (e.g. boldenone, oxandrolone, hgh) alprazolam (xanax) lsd, lysergide (lysergic acid diethylamide) trenbolone ghb (gamma-hydroxybutyric acid) pethidine (meperidine, demerol) lignocaine, lidocaine, xylocaine clonazepam (klonopin) lorazepam (ativan) benzocaine nandrolone (durabolin) 2-fdck (2-fluorodeschloroketamine) n-isopropylbenzylamine stanozolol (winstrol) methylamine
Unknown	other - identified drug other - unidentified drug other

Appendix 3: Methods: CHS data cleaning

The CHS data was provided by year in separate workbooks. The variables changed across the years, and some variables were missing in some years. HCSD cleaned the data and removed variables where sample sizes were too small or posed a re-identification risk. Some categories were aggregated to increase sample size; for example, individual countries of birth needed to be aggregated to 'Australia' and 'other' to due to small numbers by individual country or region. In some cases, compliance/assessment was conflicting (e.g. marked as non-compliant but also 'assessment completed'). After consulting the CHS diversion team, we marked cases as assessed/compliant if there was a date of assessment and marked as completed assessment. We excluded cases which were noted as referred for alcohol or 'voluntary referral' (out of scope).

The coding of the variables and availability is provided in the table below.

Table A5: Coding of CHS data variables

Variables	Coding	Missing data
Offence	Drug diversion Alcohol/no offence (incl. voluntary referrals)	Nil
Drug type apprehended	Coded drug types. If more than one (other than alcohol), coded as 'multiple'	Nil
Apprehension date, referral date, assessment date	Coded into years from 1 Nov to 31 Oct following year. 2018/19; 2019/20; 2020/21; 2021/22; 2022/23; 2023/24; 2024/25	Nil
Assessment delivery	Telephone, face-to-face, unknown	Unavailable pre-2023
Assessment outcome/status	Not assessed Assessed Opted SDON Withdrawn Unclear/missing	Nil
Non-compliant reason	In custody/inpatient Withdrawn SDON Unknown	Unavailable pre-2023
Number of apprehensions/referrals	Raw number	Nil
Further referrals/outcomes	Free text, recoded where possible as: Referral made No referrals made Unknown NA (not assessed) Information only	Unavailable pre-2023
Gender	Male, female, missing	Missing 2020/21
Age group	Under 18 18-24 25-44 45-64 65+	Nil
State	Recoded as: ACT NSW	Missing 2020/21

Variables	Coding	Missing data
	Other	
Country of birth	Australia, other, unknown/missing	Nil
CALD	CALD, not CALD, unknown/missing	Nil
Dual diagnosis	MH dx, None, missing/unknown High % missing	Missing 2020/21
IV use	IV use, no IV use, missing/unknown High % missing	Nil
Drugs of concern (max: three)	Recoded as drug types	Nil

Appendix 4: YourSay survey results

Background

The ACT Government conducted a survey to explore community perceptions of ACT drug law reforms which were introduced in October 2023.

The reforms reduce penalties for possessing small amounts of certain illicit drugs, aiming to divert individuals away from the justice system and towards health and support services.

The survey forms part of an independent evaluation of the reforms being conducted by the Drug Policy Modelling Program (DPMP) at the Social Policy Research Centre, University of New South Wales (UNSW). The DPMP and ACT Government co-developed the survey questions.

It is one of several methods the DPMP is using to gather community input to inform the evaluation. Further information about the evaluation is available on the UNSW website.

Methodological Notes:

- All YourSay panellists were invited to participate in the survey. A reminder email was sent on 18 September 2025.
- To enhance representation of ACT residents aged 18–34 years in the survey, an external panel provider was engaged, resulting in an additional n=199 completed responses from this age group. These additional responses represent 12% of the total sample of 1,613 respondents.
- Survey results were weighted by age, gender and place of birth to align with population proportions from the ABS 2021 Census.
- Statistical significance testing was conducted at the 95% confidence level. Where significant differences between subgroups occur, these are indicated throughout the report.
- Net score differences of ±1% may occur due to rounding.

How many?

1,613

Who?

ACT residents 18+

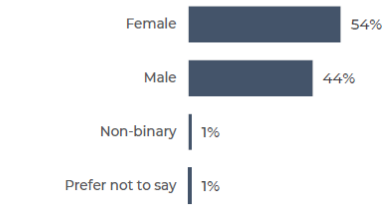
When?

9 - 22 Sept 2025

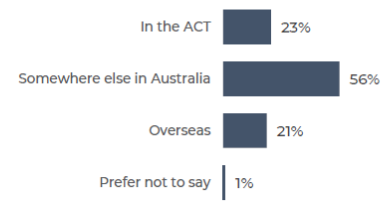
2

Sample profile (n=1,613 unweighted)

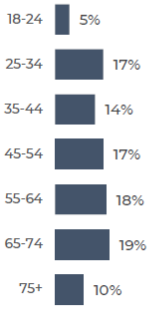
Gender



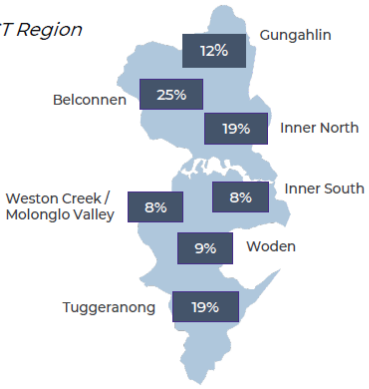
Place of birth



Age group



ACT Region



3

Executive summary

Executive summary

Most respondents are aware of ACT drug laws, but their depth of knowledge is generally limited.

- Most respondents have heard about the ACT's drug law reforms - 78% say they know at least a little about it.
- However, nearly two-thirds of respondents (61%) say they know nothing or very little about it, suggesting a gap between awareness and understanding.

Most respondents expressed interest in the reforms, with the greatest interest focused on their potential to reduce drug-related stigma and improve public health outcomes.

- Most respondents report being either very interested (25%) or moderately (41%) in ACT drug law reforms, suggesting a generally engaged community. Only 3% of respondents are not at all interested.
- Analysis of open-ended responses indicates there is also interest in other issues such as public safety and crime, policy, evaluation and outcomes (see slide 9).

Public understanding of the legal status for adults who possess small amounts of illegal drugs is mixed, further suggesting that there is an opportunity to strengthen public communication and clarify key aspects of the reforms.

- Nearly half of all respondents (47%) correctly identified that all drugs are illegal but possessing small amounts of some drugs attract a fine rather than criminal charges.
- About one-in-ten respondents (11%) incorrectly believe that all drugs are illegal and leads to a criminal charge.

5

Executive summary

Most respondents do not believe that individuals caught with small amounts of illicit drugs for personal use should receive a criminal record.

- Nearly two-thirds of respondents (64%) don't believe that individuals caught with small amounts of illicit drugs for personal use should receive a criminal record.
- People born overseas are slightly less likely to share this view (58% compared to 64% of the whole sample).

Respondents are more inclined to education and treatment programs rather than punitive measures (such as a prison sentence) for those found in possession of small quantities of drugs.

- The most preferred response for anyone found in possession of small quantities of drugs is referral to a drug education or treatment program. Notably, three-in-ten respondents (30%) believe no action should be taken for possession of small quantities of non-prescribed cannabis.
- A prison sentence isn't among the most preferred response for any drug. However, compared to a 2021 YourSay Panel which also explored community attitudes to drugs, preference for prison sentences has increased for some drugs including cocaine (up 8 pp), heroin (up 6 pp), ecstasy (up 5 pp) and methamphetamine (up 4 pp).

Perceptions of the impact of drug law reforms are somewhat mixed e.g. more people agreed than disagreed that the reforms reduce harm, but many are unsure or neutral.

- Four-in-ten respondents (40%) agree that ACT drug law reforms are reducing the harms associated with drugs, while 20% disagree. The remaining 40% are either unsure or neutral (i.e. neither agreed nor disagreed).
- Nearly half of all respondents (47%) agree that the reforms help provide people with necessary support, while nearly four-in-ten (38%) disagreed that the reforms have increased drug use; however, many respondents are also unsure or neutral (39% and 44% respectively).

6

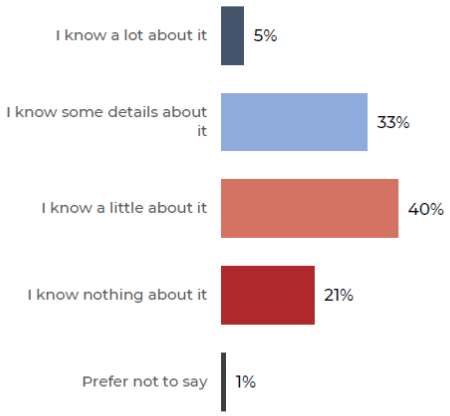
Understanding drug law reforms

ACT Government | YOUR SAY PANEL

Knowledge of, and interest in, drug law reforms

Q1: Before today, how much did you know about drug law reforms in the ACT?

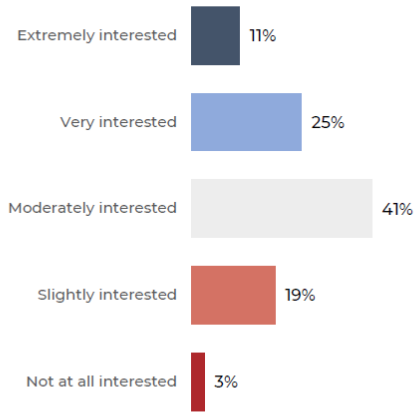
Total responses: *1,613*



Key insight: People born overseas are significantly more likely to report knowing nothing about drug law reforms (28%), compared with 21% of the overall sample.

Q2: How interested are you in drug law reforms in the ACT?

Total responses: *1,613*



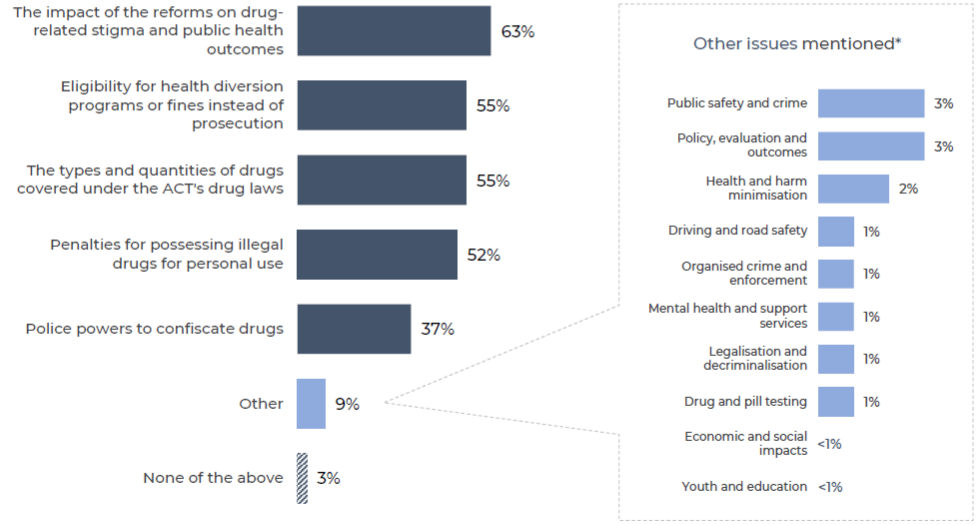
8

Interest in aspects of drug law reforms

Q3: Which of the following aspects of drug law reforms in the ACT are you most interested in? (Select all that apply)

This question was only shown to respondents who expressed interest in drug law reforms.

Total responses: *1,568*



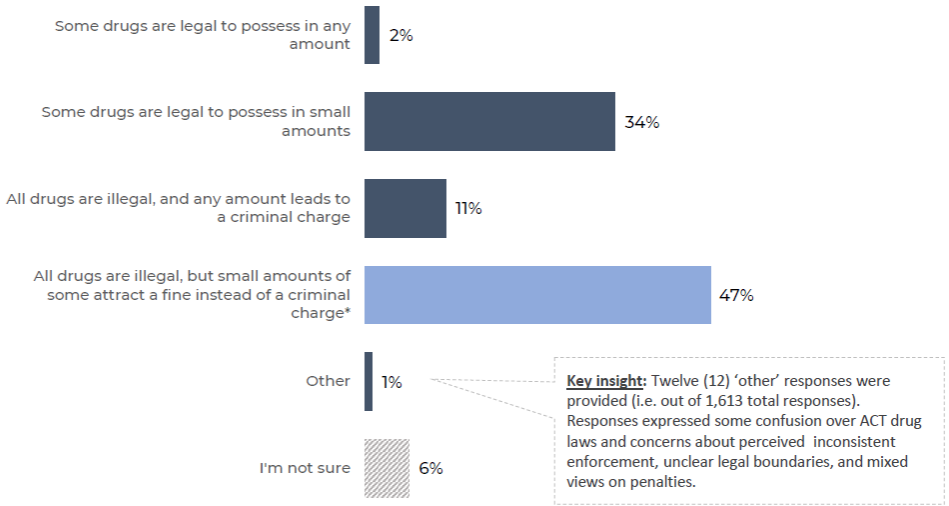
**Total exceeds 9% because some respondents reported multiple additional issues.*

9

Understanding of legal status for possessing illegal drugs

Q: What do you think is the current legal status for adults who possess small amounts of illegal drugs (not including cannabis) in the ACT?

Total responses: *1,613*



**This statement correctly reflects the current legal status for adults who possess small amounts of illegal drugs in the ACT.*

10

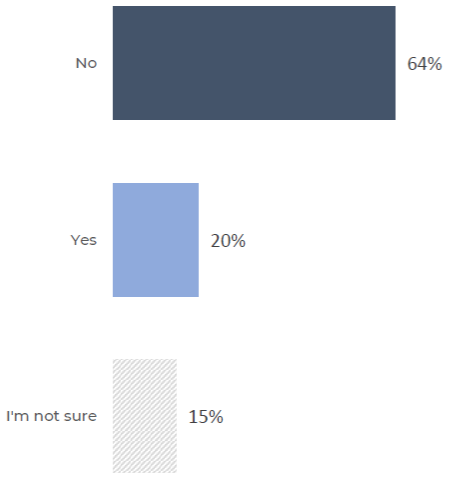
Perceptions of drug usage

ACT Government | YOUR SAY PANEL

Community views on receiving a criminal record

Q: Do you think that people caught with small amounts of illicit drugs for personal use should receive a criminal record?

Total responses: *1,613*



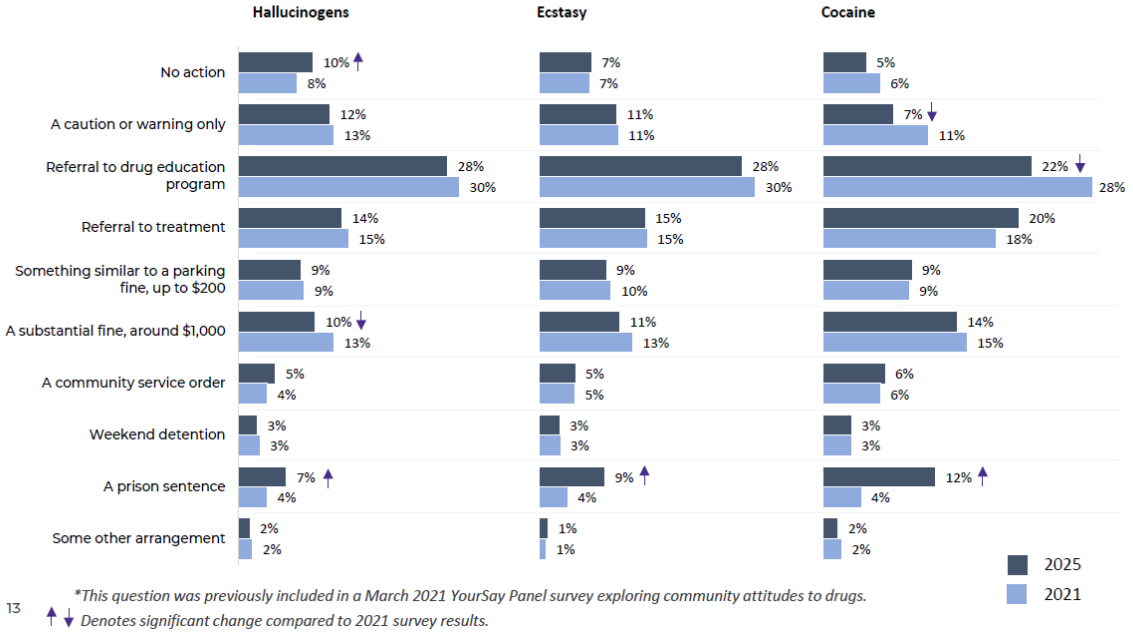
Key insight: A lower proportion of people born overseas (58%) thought that people caught with small amounts of illicit drugs for personal use shouldn't receive a criminal record, compared to 64% of all the whole sample.

12

Community views on drug possession penalties

*Q: What single action best describes what you think should happen to anyone found in possession of small quantities of the following drugs for personal use?**

Total responses: *1,613 (2025); 1,617 (2021) - Percentages based on those able to provide an answer (i.e. excluding Don't know / I'm not sure)*



*This question was previously included in a March 2021 YourSay Panel survey exploring community attitudes to drugs.

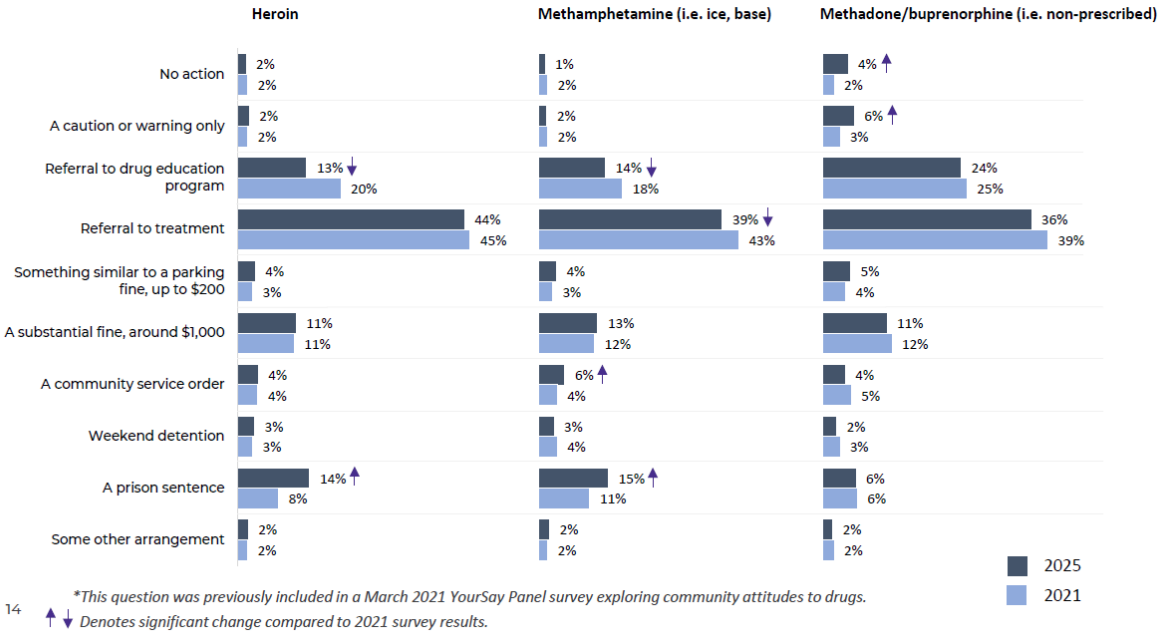
↑↓ *Denotes significant change compared to 2021 survey results.*

13

Community views on drug possession penalties

*Q: What single action best describes what you think should happen to anyone found in possession of small quantities of the following drugs for personal use?**

Total responses: *1,613 (2025); 1,617 (2021) - Percentages based on those able to provide an answer (i.e. excluding Don't know / I'm not sure)*



*This question was previously included in a March 2021 YourSay Panel survey exploring community attitudes to drugs.

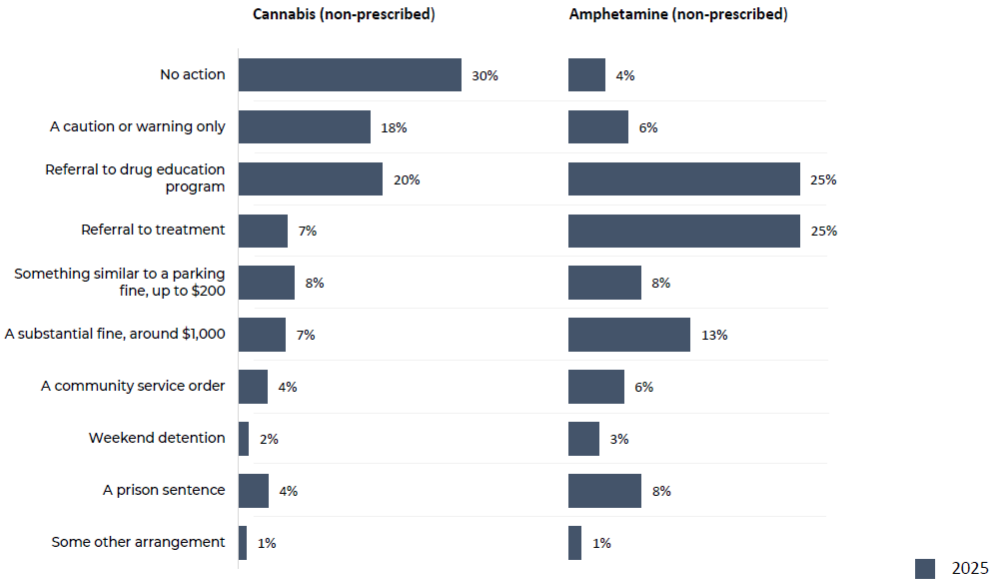
↑↓ *Denotes significant change compared to 2021 survey results.*

14

Community views on drug possession penalties

*Q: What single action best describes what you think should happen to anyone found in possession of small quantities of the following drugs for personal use?**

Total responses: *1,613 - Percentages based on those able to provide an answer (i.e. excluding I'm not sure)*



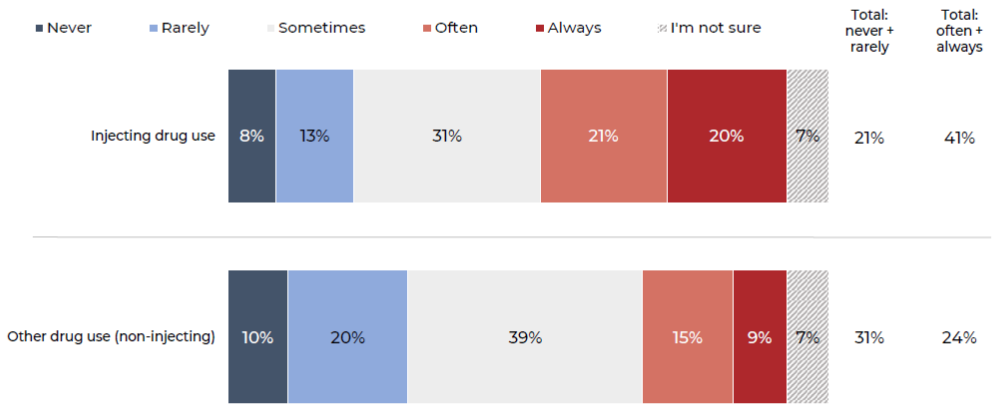
15

**Data not collected in March 2021 YourSay Panel survey which explored community attitudes towards drugs.*

Stigma and behaviour toward drug use

Q: Do you think that you would behave negatively towards other people because of their...

Total responses: *1,613*



Key insight #1: Younger Canberrans (18–34) are significantly less likely than the overall sample and other age groups to behave negatively toward people who use drugs. Within this group, 27% said they would never or rarely behave negatively toward others because of injecting drug use, and 39% for non-injecting drug use.

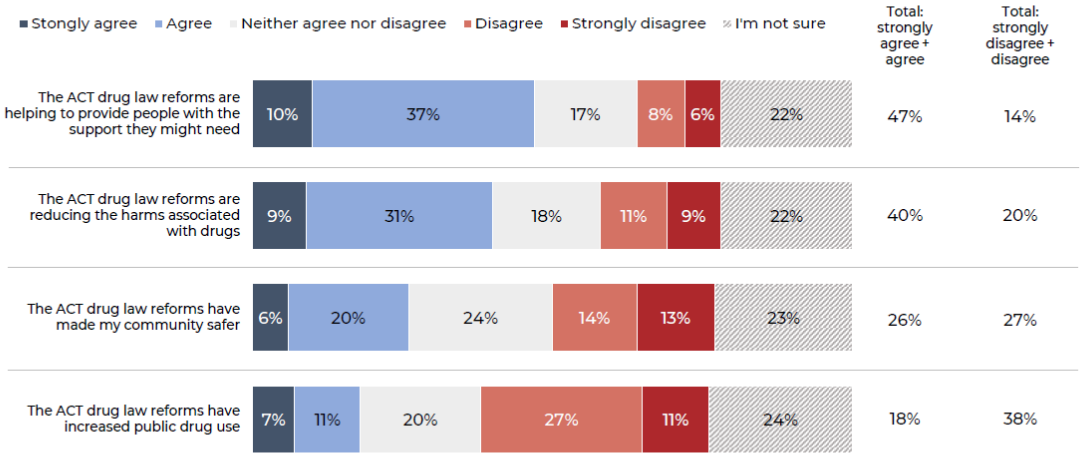
Key insight #2: Men are significantly more likely than the overall sample and other gender groups to behave negatively towards people who use drugs, with 48% of men saying they would 'Always' or 'Often' behave negatively towards others because of injecting drug use, and 29% for non-injecting drug use.

16

Perceptions of drug law reform impacts

Q: To what extent do you agree with the following statements?

Total responses: *1,613*



Key insight #1: Younger Canberrans (aged 18–34) are significantly more likely than the overall sample and other age groups to agree that the reforms are reducing harm (53%), helping people access support (61%), and making their communities safer (39%).

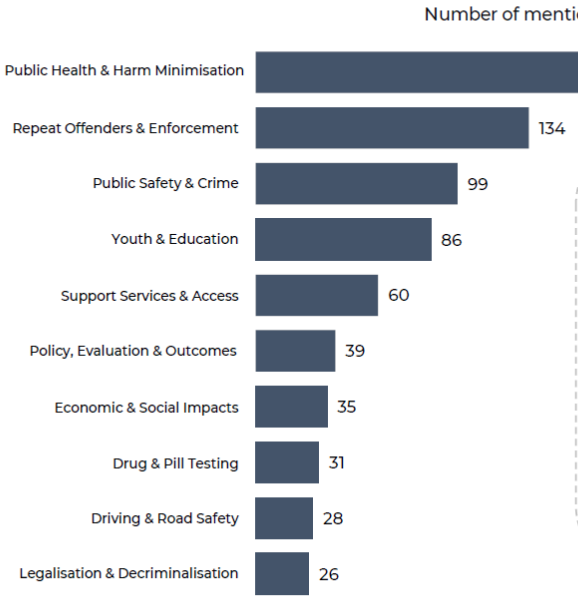
Key insight #2: Older Canberrans (aged 65+) are significantly less likely than the overall sample and other age groups to agree that the reforms are reducing harm (32%) and making their communities safer (19%).

17

Other feedback

Q: Is there anything else you'd like to share with us about drug law reforms in the ACT?

Total responses: *635*



Key insights

- **Health and harm minimisation** is the most prominent theme, with many respondents supporting a public health approach to drug use, including treatment, rehabilitation, and wraparound services.
- Concerns around **repeat offenders and enforcement** were also commonly raised, with some calling for escalating penalties and mandatory treatment for individuals who repeatedly offend.
- **Community wellbeing and safety** issues included perceptions of increased visibility of drug use and calls for thoughtful, proportionate responses to public behaviour and safety.
- **Youth and education** responses emphasised prevention, early intervention, and the importance of school-based education programs to reduce future harm.

18

**Mentions are grouped by theme only; positive/negative sentiment was not analysed.*


ACT
Government
YOUR SAY
PANEL

Appendix 5: Interrupted Time Series (ITS) analyses

One of the primary objectives of the Amendments was to divert people who use drugs away from the criminal justice system. Our research questions for the evaluation included whether there were any impacts on the criminal justice system or unintended/unexpected consequences (See Evaluation methodology in main report).

The aims of the Interrupted Time Series (ITS) analysis were to examine changes in consumer drug offences and rates of diversion recorded by ACT Policing before and after the Amendments (28 Oct 2023).

The data source for the ITS analyses were unit records of consumer drug offences recorded by ACT Policing, the date of the offence, and the clearance method (diverted or charged/arrested). See Appendix 2 for further details about the ACT Policing data and cleaning processes.

The time period for the ITS analysis was from 1 November 2018 to 31 October 2025 (7-years of data). The two periods of analysis were:

Pre-amendment: 1 Nov 2018 to 31 Oct 2023 (n = 60 months)
Post-amendment: 1 Nov 2023 to 31 Oct 2025 (n = 24 months)

Whilst the Amendments came into effect on the 28 Oct, we used the cutoff of 31 Oct in order to calculate monthly counts of offences (due to small counts in weeks/months).

The ACT also changed legislation in 2020 which removed criminal penalties for adults possessing small quantities (50g) of cannabis. Although cannabis consumer drug offences can still be charged for those under 18 (and may receive a diversion), or for adults possessing more than 50g, we excluded all cannabis offences (pre- and post-Amendments) from the ITS analyses to avoid distorting the trends.

The dataset contained 1,936 consumer drug offences (excluding those recorded for cannabis) recorded between 1 November 2018 and 31 October 2025.

Two outcomes were examined:

1) Monthly counts of consumer drug offences (Model 1)
2) Whether offences were diverted (Model 2)

The ITS analyses were conducted using R (v4.5.0) with support provided by a statistical consultant at UNSW (Eve Slavich, Stats Central)[1].

Statistical analysis

For **Model 1**, we fitted a Negative Binomial General Linear Model (NB-GLM) to examine whether the Amendments were associated with changes in monthly counts of consumer drug offences (monthly counts were used due to small weekly/daily counts).

[1] The statistical plan was developed through consultation with Stats Central including guidance about the potential models, assumptions, and outputs required. The R code was developed with assistance from Microsoft Copilot and the code, outputs, and results were reviewed by Stats Central (UNSW) for accuracy.

Model 1 diagnostics indicated that the NB-GLM was appropriate. Residual plots suggested approximate linearity (Figure A1), a Poisson model showed substantial overdispersion (dispersion ratio = 3.14, $p < 0.001$), and examination of Pearson residuals indicated minimal autocorrelation (Figure A2), with no meaningful spikes beyond lag 1.

Model 1 coefficients were estimated on the log scale and exponentiated to obtain rate ratios (RR), which represent percentage changes in monthly consumer offence counts. Predictions were generated using the '*emmeans*' package to estimate the monthly count of consumer offences under two scenarios: the counterfactual scenario, where the pre-Amendments trends were expected to continue, and the observed post-Amendments estimate (model adjusted mean).

Figure A1. ITS Model 1 residuals: negative binomial GLM of consumer offences over time

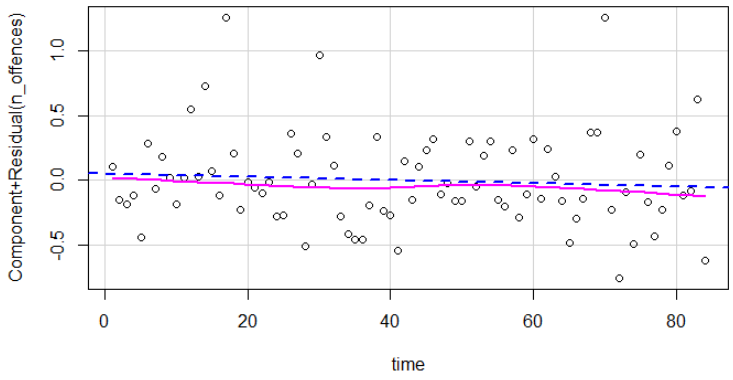
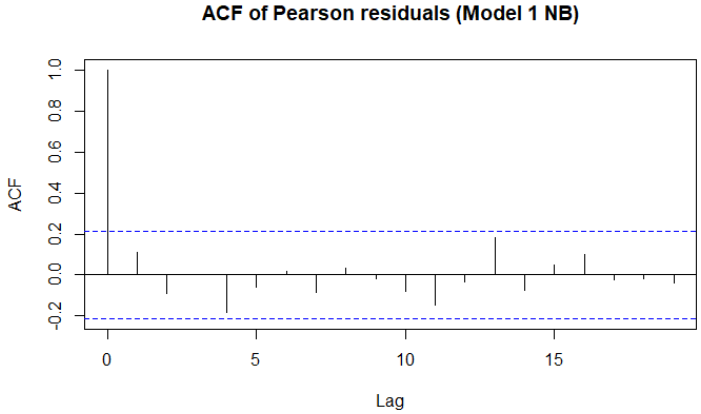


Figure A2. ITS Model 1: autocorrelation negative binomial GLM of consumer offences over time

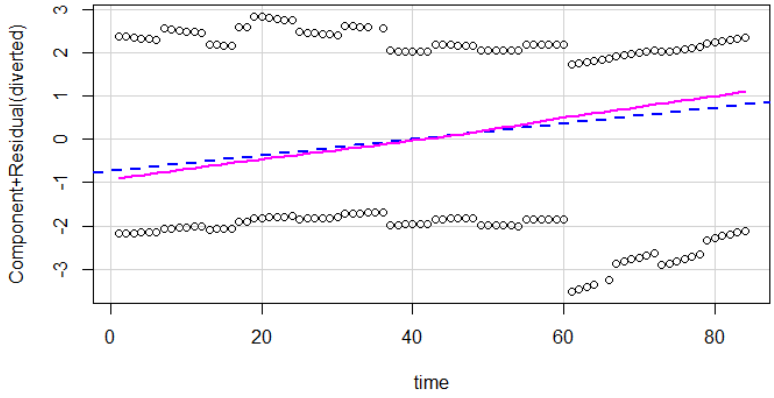


For **Model 2**, we fitted a logistic GLM to examine whether the Amendments were associated with changes in the likelihood of consumer offences being diverted. The analysis was conducted at the offence level, with the outcome coded as diverted versus not diverted (i.e. arrested, charged, etc).

Model 2 diagnostics indicated that the model was an appropriate fit; residual plots suggested approximate linearity (Figure A3), there was no evidence of multicollinearity (VIF all < 4), and there was no overdispersion detected (ratio = 1.000; $p = 0.992$).

Model 2 coefficients were estimated on the log-odds scale and exponentiated to produce odds ratios (ORs), which represent proportional changes in the odds of diversion. These were interpreted as percentage changes in the odds of an offence being diverted. Model predictions were generated using the '*emmeans*' package to estimate the mean probability of diversion for consumer offences under two scenarios: the counterfactual scenario, where the pre-Amendments trends were expected to continue, and the observed post-Amendments estimate (model adjusted mean).

Figure A3: ITS Model 2: Logistic binomial GLM residuals for the odds of consumer offences being diverted



We anticipated that there may have been a **seasonality effect** (e.g. more offences recorded in warmer months) and a **Covid-19 effect** (less offences recorded during lockdowns/restrictions). We adjusted for seasonality (Cooler months = May-Oct; Warmer months = Nov-Apr) and Covid-19 restrictions (1 Mar 2020 – 31 Oct 2021) in both models.

Model 1 Results: was there evidence of changes in consumer drug offences associated with the Amendments?

Pre-Amendment trend (Nov 2018 to Oct 2023): Prior to the Amendment Act, from Nov 2018 to Oct 2023 (n = 60 months) consumer offences were relatively stable (RR = 0.999; p = 0.618).

Immediate policy effect (Nov 2023): In the month after the Amendment Act came into effect, there was an increase in consumer offences recorded, however this was not statistically significant (RR = 1.200; p = 0.297). Based on the pre-Amendment trend, the counterfactual scenario estimate was 25.5 consumer offences; the observed estimated was 16% higher (m = 29.6 offences); this was statistically significant (RR = 1.16; p = 0.038).

Post-Amendment period (Nov 2023 to Oct 2025): Across the entire post-Amendment period (n = 24 months), there was a small, but statistically significant decrease (about -3.6% per month) in monthly consumer offences, relative to the pre-Amendment trend (RR = 0.965, p = 0.002). The counterfactual scenario (based on the pre-Amendment trend) estimated there would be an average of 24.9 offences recorded each month; the observed estimate was 23% lower (m = 18.4 offences); however, this was not statistically significant (RR = 0.771; p = 0.060).

The findings from Model 1 suggest that despite a likely initial increase in consumer offences recorded in Nov 2023, this was not sustained; there was a small, but statistically significant downward trend in

consumer offences recorded in the 2-years following implementation, and this was likely larger than what would have been expected based on the pre-existing trend.

There were no strong effects observed from Covid-19 (RR = 0.947, p = 0.570) or in warmer months (RR = 1.108, p = 0.194).

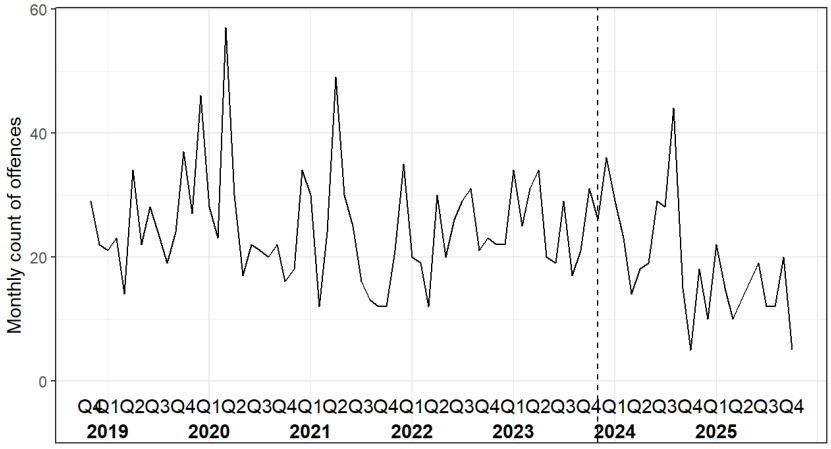
Table A6: ITS Model 1 term estimates: consumer offences monthly counts

Term	Estimate	SE	RR	Lower CI 95%	Upper CI 95%	P value
(Intercept)	3.217	0.115	24.945	19.926	31.228	< 0.001
Pre-Amendments slope	-0.001	0.003	0.999	0.994	1.004	0.618
Immediate policy effect (Nov 2023)	0.182	0.175	1.200	0.852	1.690	0.297
Post-Amendment slope change	-0.035	0.011	0.965	0.944	0.987	0.002 **
Covid-19 (Mar 2020 – Oct 2021)	-0.054	0.096	0.947	0.785	1.142	0.597
Warmer season (Nov-Apr)	0.103	0.079	1.108	0.949	1.294	0.194

Table A7: ITS Model 1 counterfactual scenario analysis: consumer offences monthly counts

	mean	RR	p value
Immediate trend (Nov 2023)			
Counterfactual estimate	25.5		
Observed	29.6	1.16	0.038 *
Post-trend (Nov 2023-Oct 2025)			
Counterfactual estimate	24.9		
Observed	18.4	0.77	0.060

Figure A4: ITS Model 1 consumer offences monthly counts



Model 2 Results: was there any evidence for changes in the odds of consumer offences being diverted associated with the Amendments?

Pre-Amendment trend (Nov 2018 to Oct 2023): Prior to the Amendments, the odds of consumer offences being diverted were steadily increasing by about 1.8% per month; this was statistically significant (OR = 1.018; p < 0.001).

Immediate policy effect (Nov 2023): In the month immediately following the Amendments (Nov 2023) there was a large increase in the odds of consumer offences being diverted; this change was statistically significant (OR = 2.09; p = 0.001). The counterfactual scenario (based on the pre-Amendment trend) estimated probability of consumer offences being diverted was 58.2%; the observed estimated probability was higher at 74.4%; this difference was statistically significant (OR = 2.09; p = 0.001).

Post-Amendment trend (Nov 2023 to Oct 2025): In the entire post-Amendment period, the increasing odds of diversion may have slowed compared to the pre-Amendment trend, however this was not statistically significant (OR = 0.970, p = 0.053). The counterfactual scenario (based on the pre-Amendment trend) estimated the average probability of consumer offences being diverted would be 62.4%; the observed estimated average probability of diversion was higher, at 70.3%; this difference was statistically significant (OR = 1.43, p = 0.040).

There was evidence of lower odds of diversion during Covid-19, which was statistically significant (OR = 0.778, p = 0.033), and there was some evidence that the odds of diversion may have been higher during warmer months, however this was not statistically significant (OR = 1.145, p = 0.171).

The findings from Model 2 suggest that the odds of consumer offences being diverted was already increasing prior to the Amendments. In the month following the Amendments, there was a large increase in the odds of consumer offences being diverted, however this was not sustained, and the odds of being diverted slowed in the 2-years post-Amendments. However, the probability of being diverted following the Amendments was higher than expected given the pre-Amendment trend.

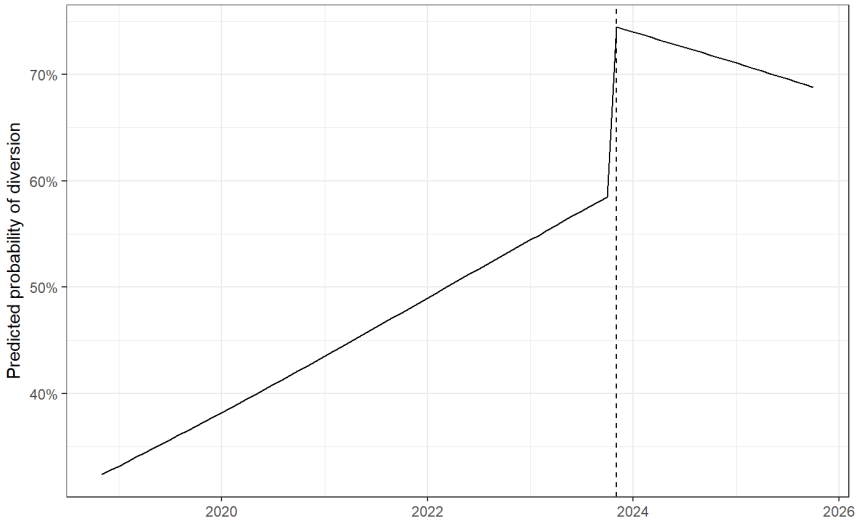
Table A8: ITS Model 2 term estimates: odds of diversion

Term	OR	Lower CI 95%	Upper CI 95%	P value
(Intercept)	0.411	0.311	0.543	< 0.001 ***
Pre-Amendments trend	1.018	1.012	1.025	< 0.001 ***
Immediate policy effect (Nov 2023)	2.091	1.343	3.254	0.001 **
Post-Amendment slope change	0.970	0.941	1.000	0.053
Covid-19 (Mar 2020 – Oct 2021)	0.778	0.618	0.980	0.033 *
Warmer season (Nov-Apr)	1.145	0.943	1.389	0.171

Table A9: ITS Model 2 counterfactual analysis: odds of diversion

	Estimate	SE	OR	p value
Immediate trend (Nov 2023)				
Counterfactual estimate	0.582	0.030		
Observed	0.744	0.035	2.09	0.001**
Post-trend (Nov 2023-Oct 2025)				
Counterfactual estimate	0.624	0.033		
Observed	0.703	0.022	1.43	0.040*

Figure A5: ITS Model 2: odds of consumer offences being diverted



Summary of both models

See Table A10 and the below summary for an overview of the model estimates and interpretation.

Pre-Amendment trend (Nov 2018 to Oct 2023):

- Monthly consumer drug offences were relatively stable and there was no evidence of any changing trend prior to the Amendments (RR = 0.999; p = 0.618).
- The odds of consumer offences being diverted was increasing at a rate of about 1.8% each month; this change was statistically significant (OR = 1.018; p < 0.001)

Immediate policy effect (Nov 2023):

- Consumer offences recorded in the month following the Amendments were about 16% higher (observed m = 25.5) than what was expected (counterfactual m = 29.6); however, this change was not statistically significant (RR = 1.16; p = 0.038).
- The estimated probability of consumer offences being diverted was higher (observed m = 74.4%) than expected (counterfactual m = 58.2%) based on the pre-Amendment trend; this change was statistically significant (OR = 2.09; p = 0.001).

Post-Amendment trend (Nov 2023 to Oct 2025):

- The trend in the number of consumer drug offences declined each month (by about 3.6%) above what was expected; this change was statistically significant (RR = 0.965; p = 0.002). Based on the pre-Amendment trend, the model predicted there would be 24.9 offences each month in the post Amendment period (on average, counterfactual estimate). The observed average monthly offences were 23% lower than this (m = 18.4 offences), not reaching statistical significance (RR = 0.771; p = 0.060).
- The trend in the odds of being diverted each month decreased slightly compared to the pre-Amendment trend, however this change was not statistically significant (OR = 0.970; p = 0.053).
- The probability of consumer offences being diverted was higher (observed m = 70.3%) than expected (counterfactual m = 62.4%) based on the pre-Amendment trend; this difference was statistically significant (OR 1.43; p = 0.040).

Table A10: Summary of Model estimates and interpretation

Outcome	Measure	Estimate	95% CI	p-value	Interpretation
Consumer offences	Pre-Amendment monthly trend in offences	RR = 0.999	0.994, 1.004	0.618	Monthly offences were relatively stable
	Immediate Amendments' effect on monthly offences	RR = 1.200	0.852, 1.690	0.297	Offences increased 20%; not statistically significant
	Post-Amendments trend change in monthly offences	RR = 0.965	0.944, 0.987	0.002	Monthly offences decreased 3.6%; statistically significant
	Overall post-Amendments vs counterfactual scenario monthly offences	RR = 0.771	-	0.060	Monthly offences 23% lower than expected; not statistically significant
Diversion	Pre-Amendment monthly trend in diversion odds	OR = 1.018	1.012, 1.025	< 0.001	Diversion odds increased 1.8% each month; statistically significant
	Immediate Amendments effect on diversion odds	OR = 2.091	1.343, 3.254	0.001	Diversion odds doubled; statistically significant
	Post-Amendments trend change in odds of diversion	OR = 0.970	0.941, 1.000	0.053	Diversion odds decreased slightly; not statistically significant
	Overall post-Amendments vs counterfactual scenario diversion probability	OR = 1.43	-	0.040	Diversion probability higher (70.3%) than expected (62.4%); statistically significant

Appendix 6: Demographic trends over time, consumer drug offences

See Table A11 for the trends over time in demographics of those apprehended for consumer drug offences. Whilst most consumer offences were for men across all years, the proportion of offences recorded for women appears to have decreased from about a fifth from 2018/19 to 2022/23 to 10% to 13% in 2023/24 and 2024/25 (following the Amendment Act). There were few changes in age groups, where the majority of offences continue to be recorded for people aged under 35, and less than 10% are aged over 45 or under 18. The proportion of consumer offences recorded for Aboriginal and Torres Strait Islander has remained relatively stable, between 6% and 12% each year.

Table A11: Trends over time in demographics of those apprehended for consumer drug offences, November 2018 to October 2025 (source: ACTP)

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Gender							
Female	18.8%	18.0%	18.7%	14.8%	24.2%	15.2%	9.4%
Male	81.2%	82.0%	81.3%	85.2%	75.8%	84.8%	90.6%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Age							
Under 18	7.2%	11.5%	7.6%	7.2%	4.7%	5.9%	10.3%
18-25	38.0%	25.7%	29.4%	44.3%	35.4%	50.3%	39.9%
26-34	27.9%	32.2%	38.5%	29.6%	32.4%	24.2%	26.6%
35-44	17.1%	20.9%	17.6%	13.5%	16.8%	14.3%	16.7%
45 +	9.8%	9.7%	7.0%	5.3%	10.6%	5.3%	6.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
First Nations							
First Nations	8.7%	11.3%	8.8%	11.6%	9.4%	5.9%	8.9%
Non-indigenous	91.3%	88.7%	91.2%	88.4%	90.6%	94.1%	91.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Residence							
ACT	79.5%	78.6%	73.8%	69.3%	70.8%	78.3%	69.8%
NSW	7.4%	10.1%	11.3%	19.5%	17.0%	14.0%	22.7%
Other	1.0%	1.2%	1.5%	1.7%	1.0%	1.7%	2.9%
Unknown	12.1%	10.1%	13.5%	9.4%	11.1%	5.9%	4.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: years are calculated from Nov to Oct the following year.

Appendix 7: Media analysis

This media analysis reports on findings from a content analysis of news articles appearing in print or online before, during and after the implementation of the Amendment Act.

During stakeholder and key informant interviews it became clear that the media environment had an impact on expectations of the Amendment Act, with participants particularly noting negative media that had not come to pass.

We undertook a content analysis of media published before, during and after the implementation of the Amendment Act to investigate:

- The number of mentions of the Amendment Act in national, ACT and NSW media outlets per quarter/half year from 11 Feb 2021 (date that the Amendment Act was first introduced to parliament) through to 5 Nov 2025 (date media analysis began)
- If articles were broadly supportive or critical of drug law reform and if this positioning shifted over time
- How drug law reform was being framed and discussed within media articles
- The type of outcomes (either experienced or expected) that were discussed and if these changed over time.

METHOD

Data were limited to articles published between 11 February 2021 (the date the Amendment Act was first presented to the Legislative Assembly) and 5 November 2025 (the date that analysis commenced). Additional selection criteria included that the article needed to be primarily about the Amendment Act or include some significant discussion of the Amendment Act within the article. Articles about other drugs-related policy reform (such as articles on "pill testing" in the ACT) that did not include the Amendment Act were excluded, as were articles that mentioned the Amendment Act but did not proffer any commentary or discussion of it.

Our sample comprised 12 news organisations selected for geographical relevance in that they either reported nationally or were based in the ACT or in neighbouring areas (NSW, Sydney and the Illawarra); this included The Australian, The Australian Financial Review, ABC News, The Guardian, News.com.au., Canberra Times, Canberra Star, The Daily Telegraph, The Illawarra Mercury, the Sun Herald, the Sydney Morning Herald and CBR News. The choice of print and online media was driven by available databases and search engines where news articles – either published online or in print – were more readily available and easily extracted than radio or televised news segments.

The search strategy included any articles containing words synonymous for drug law reform i.e. "drug laws" or "decriminalisation" and that mentioned Canberra or the ACT. An initial search for articles was conducted using the Factiva database for all publications on 6 November 2025. Additional searches were conducted on Google Advanced for The Daily Telegraph, The Australian, Sydney Morning Herald, The Canberra Times and ABC News and directly on the CBR News website. Headlines were scanned before downloading and reviewing the full text of articles. Once duplicates and irrelevant articles were removed a total of 154 articles were included for analysis.

Coding framework

The coding framework was developed based on methods outlined in Hughes et al [1]. Each article was coded to determine if it was a news article, editorial or commentary, and to determine if the Amendment Act was the main focus of the article, a secondary focus or neither but still discussed at some point in the article, the overall tone of the article and the primary topic (Table A12). Coding for the positioning of drug use and drug laws and the expected or experienced outcomes/impacts of the new laws was developed iteratively by coding the first 30 articles and then grouping the codes by the type of position and impacts (Table A13). Coding was reviewed and revised where new themes emerged. After all codes were determined, an additional step was taken to group the drug law positioning and outcomes codes into positive (supportive of drug law reform), negative (against drug law reform) and neutral or mixed positions.

Table A12: Media Analysis Coding Framework 1: Tone and topic

Text element	**Definition**	**Main coding categories**
Tone	Overall how does the article portray the Amendment Act?	Positive - the Amendment Act is positive or expect positive effect Negative - the Amendment Act is negative or will have negative effects Neutral - Does not overtly express an opinion e.g. factual reporting of events Mixed - Both good and bad positions are provided/balanced opinion
Topic	What is the focus of the article?	Drug driving
		Other drug -related crime - violence, organised crime, trafficking, drug tourism
		Commentary on regulatory approach to drug use - inclusion of multiple topics related to drug law reform such as law enforcement activities, treatment, decriminalisation, harm reduction & prevention
		Health/harms - death/overdose, mental health, physical health
		Treatment systems - Health system, Mental health systems, AOD treatment systems
		Research - reporting on patterns/trends of use
		Politics/policy - Infighting among politicians/political parties; Attempts to overturn or derail the Amendment Act; party platforms
		Drug Laws factual - Just reporting on content of the new laws
		Implementation - Passage of Amendment Act legislation; implementation of Amendment Act (logistics)

Table A13: Media Analysis Coding Framework 2: Positioning of drug law reform/drug use and expected or experienced outcomes

Text element	**Definition**	**Tone**	**Main coding categories**
Positioning of drug use/drug laws	How are the drug laws or drug use positioned? What are the reasons or rationales for feelings towards the new laws or use?	Positive	Drug use is a health issue (not a criminal justice issue) - treatment more effective than law enforcement in reducing use; decriminalisation is a health-based harm minimisation approach
			Current drug laws do not work/cause harm - Does not prevent/reduce use; war on drugs failed; drug laws harm people/destroy lives; contribute to stigma; prevent help seeking; feeds black market; increases likelihood of overdose
			Ethical/moral (positive) - PWUD should be treated with compassion; should help not punish PWUD; new laws more humane; libertarian/rights-based arguments
			Public support decriminalisation

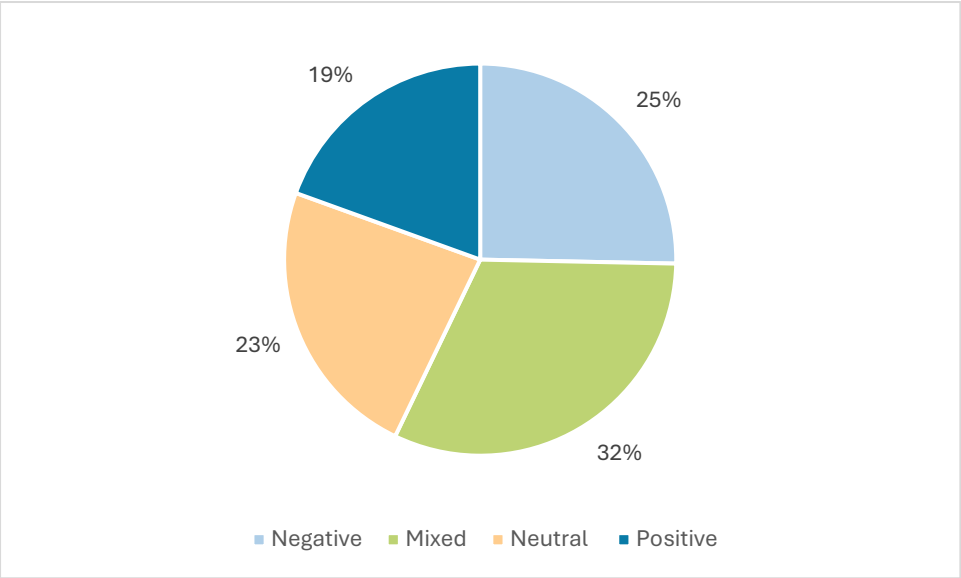
Text element	Definition	Tone	Main coding categories
		Negative	Ethical/moral (negative) - Sends wrong message; creates permissive environment
			Drug use is a criminal justice issue and should be punished - New laws are 'soft on drugs', drug laws act as deterrent to use; decriminalisation does not work/is harmful
			Drugs are bad - all drugs are dangerous; drugs cause mental health problems; drug use is a driver of crime and violence
			Narcotourism - ACT will become drug capital; drug tourism will increase
			Law and order problems (other) - Increased crime; increased drug driving; increased violence; increased domestic violence; greater presence of organised crime/bikies; increased drug dealing/trafficking; more dangerous environment for police
		Neutral/ mixed	Neutral- Does not express or include opinions about drug use and laws
			Implementation/policy concerns - TQs wrong; Not enough tx/services in place; ACT laws in conflict with C/W laws; Laws too rushed/'snuck through'; Gaps in current system need addressing; Laws don't go far enough; Drug laws risky/untested; general unease with new laws; laws don't make sense; fines too high/not high enough
Expected or experienced outcomes or impacts	What are the impacts/ outcomes of the Amendment Act (either expected or experienced)?	Positive	Health/harm reduction improvements - More help seeking; improved health outcomes of PWUD/community; Drug harms reduced; reduced overdose; reduced drug-related deaths; reduced harms from involvement in CHS; reduced drug use
			Social/community benefits - Improved outcomes (non-specified); reduce number of 'ruined lives'; improved social, education or employment outcomes; money saved from diversion; savings can be diverted into treatment/health/policing
			Reduction in prosecutions for drug possession
			Reduced stigma
			No change - DLR will not result in change; No narcotourism; no increase drug use etc
		Negative	Negative community impacts - Community more dangerous; reforms will lead to chaos; negative business impacts
			Health and harm problems - More overdose; increase in drug-related deaths; Health/tx services overwhelmed/unable to cope; increase in addiction
			Increased drug use - More people using drugs/increased uptake; more young people using drugs; increase in use of more harmful drugs
		Neutral	Neutral - Does not specify an outcome

RESULTS

Number and tone of articles over time

Between 11 February 2021 and 5 November 2025, we identified 154 articles published about the Amendment Act in ACT-based, NSW-based or national press. During this time, the majority of articles (n=49, 32%) were of mixed tone, offering both positive and negative opinions. Negative articles represented 25% (n=39) of all articles published in this time, and neutral articles represented 23% (n=36). Over this time period, there were fewer positive articles published (n=30 or 19.5%) than negative, neutral or mixed articles.

Figure A6: Media analysis: tone of articles (proportion, February 2021 to November 2025)



To see if tone shifted over time, the tone of articles was tracked against the date and the following three time periods:

- Passage through parliament (1 Feb 2021 – 20 Oct 2022): the time period between the Amendment Act being first introduced into the Legislative Assembly and the time it was passed
- Pre-implementation period (21 Oct 2022 – 27 Oct 2023): the year between the Amendment Act passing and being enacted
- Post implementation period (28 Oct 2023 – 5 Nov 2025): all articles published on or after the date the Amendment Act was enacted to the date of analysis.

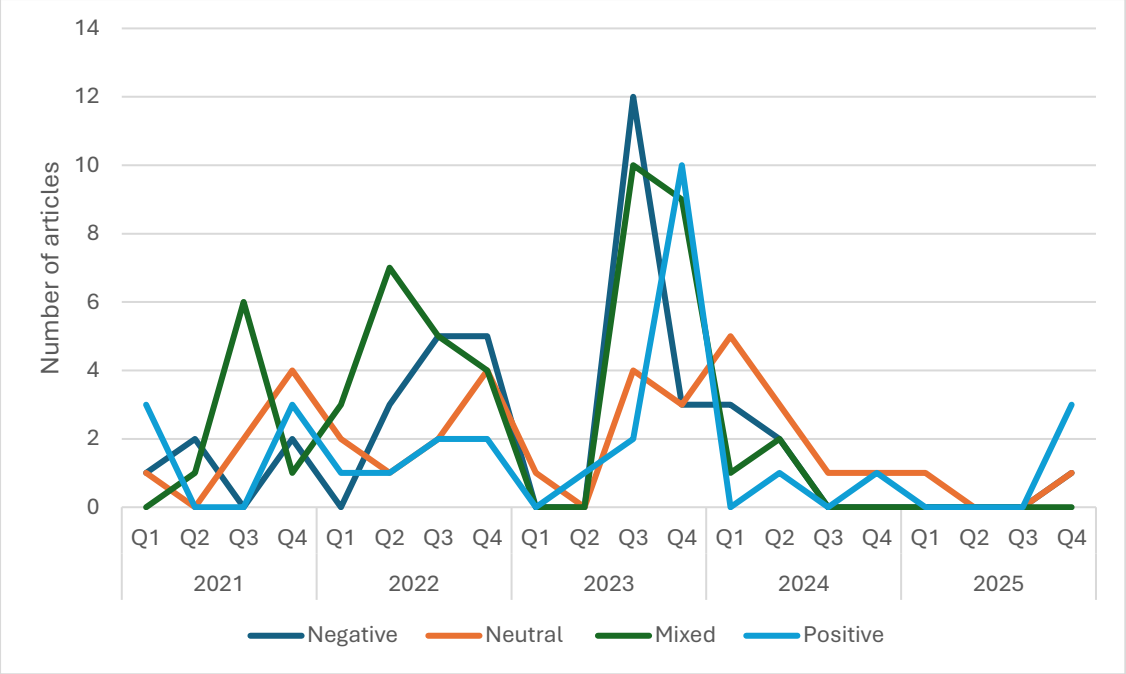
Table A14: Media analysis: tone of articles by time period (number and proportion, February 2021 to November 2025)

Time period	Negative		Mixed		Neutral		Positive		Total	
	#	%	#	%	#	%	#	%	#	%
Passage through parliament	15	38.5%	23	46.9%	13	36.1%	10	33.3%	61	39.6%
Pre-implementation	17	43.6%	18	36.7%	10	27.8%	10	33.3%	55	35.7%
Post-implementation	7	17.9%	8	16.3%	13	36.1%	10	33.3%	38	24.7%
Total	39	100.0%	49	100.0%	36	100.0%	30	100.0%	154	100.0%

While the number of positive and neutral articles remained stable during these different periods, the proportion and number of articles that were negative, or provided mixed opinions on the Act, declined noticeably over the same time period. Negative articles spiked in the pre-implementation period to 43.6% (n=17), and declined post-implementation to 17.9% (n=7). Articles with mixed tone were highest during the period in which the Amendment Act was proceeding through parliament (46.9%, n=23), declined slightly in the pre-implementation period (36.7%, n=10), and more noticeably in the post-implementation period (16.3%, n=8). The total number and proportion of articles published about the Amendment Act decreased in the post implementation period (n=38, 24.7%), when compared to the pre-implementation period (n=55, 35.7%) and the time when the Bill was going through parliament (n=61, 24.7%).

Looking at the progression of positive, negative, mixed and neutral articles over time measured by quarter years, understandably, the number of articles published about the Amendment Act peaked around October 2023 at the time it was coming into effect, with larger increases for negative, mixed, and positive articles compared to neutral (See Figure A7). Negative and mixed tone articles fell to zero from 3rd quarter 2024 onwards. Positive articles also fell from a peak of Q4, 2023 down to zero in Q1 2024, but rose slightly in Q3 and Q4 2025.

Figure A7: Media analysis: trends over time in the tone of articles (number, February 2021 to November 2025)



Topic – what were the articles primarily about?

The majority (41.6%) of articles published between 11 February 2021 and 5 November 2025 were general commentary on regulatory approach to drug use and included discussion on a broad range of areas such as law enforcement activities, treatment, harm reduction, prevention, use rates and so on. Perhaps not surprising for a study concentrated on the capital city of Australia, politics/policy provided the second highest number of articles (18.8%). These articles were primarily concerned with infighting among politicians/political parties, party platforms and attempts to overturn or derail

the Amendment Act. The following actions occurred over the period of investigation and garnered a lot of media attention in the politics/policy articles:

- Comments made by the ACT Health Minister, Rachel Stephen-Smith to the national Labor party conference in August 2023, that the ACT Government had "quickly" and "quietly" taken drug law reform to the last election (i.e. not publicly spoken about it) which created some criticism of the ALP from the Federal Coalition
- The Federal Coalition introducing a Private Senator's Bill in September 2023 seeking to override the ACT legislation and then subsequent public comments by Federal Coalition members criticising the Amendment Act.

Table A15: Media analysis: topic of articles (number and proportion, February 2021 to November 2025)

Topic	No. articles	%
Commentary on regulatory approach to drug use	64	41.6%
Politics/policy	29	18.8%
Implementation	19	12.3%
Drug driving	10	6.5%
Treatment systems	7	4.5%
Criminal justice -other	6	3.9%
Research	6	3.9%
Drug Laws factual	5	3.2%
Health/harms	4	2.6%
Other drug -related crime	4	2.6%
Total	154	100.0%

Across the entire time period, 12.3% (n=19) of all articles published on the Amendment Act were about implementation. These articles reported on the passage of the new laws through parliament or some element of logistics of implementing the legislation rather than offering commentary on drug law reform, or simply stating the content of the laws (coded under 'drug laws factual'). Articles on drug driving were the fourth most common articles (n=10, 6.5%) and included commentary about concerns of an increase in drug driving under the new legislation. These articles were separated out from general articles on 'criminal justice' (n=6, 3.9%). Treatment systems (n=7, 4.5%) were primarily concerned with funding and support for AOD treatment systems and harm reduction services in the ACT (and related concerns pre-implementation that services would not be able to cope with an expected increase in demand).

The other topics identified (criminal justice other, research, drug law factual, health/harms and other-drug related crime) only had a few articles published each and together constituted 16% of the total articles published.

Positive and negative arguments and outcomes of the Amendment Act

For each article we analysed the different arguments employed in support of and against drug law reform and the expected or experienced outcomes between 11 February 2021 and 5 November 2025. Arguments included more general beliefs and values statements about drugs or a rationale in support of, or against drug use or drug law reform. 'Outcomes' included any outcomes predicted or expected to occur if the Amendment Act went ahead (both before and after the Amendment Act

began), or where articles were reporting on outcomes experienced after enactment. The different outcomes and arguments were grouped based on whether they were positive (supported the Amendment Act), negative (critical of or against the Amendment Act), mixed (argument or outcome used by both critics and proponents e.g. 'implementation concerns' such as threshold quantities – some argued they were too high, some argued they were too low) and neutral (did not express an opinion). All arguments and outcomes presented in one article were counted and so do not match the number of articles.

In relation to arguments (see Figure A8, left graph), the majority of arguments were mixed at 35.7% of articles; positive arguments (in favour of the Amendments) represented 33.2% of the sample. Negative arguments against drug use or drug law reform appeared less frequently and constituted 13.6% of all arguments. Perhaps of more importance and interest is the reporting on expected or experienced outcomes (Figure 8, RHS). Here negative expected or experienced outcomes dominated (at 52.3%) compared to positive expected or experienced outcomes (at 18.7%).

Figure A8: Media analysis: proportion of arguments reported by tone (left) and outcome by tone (right), 11 February 2021 to 5 November 2025

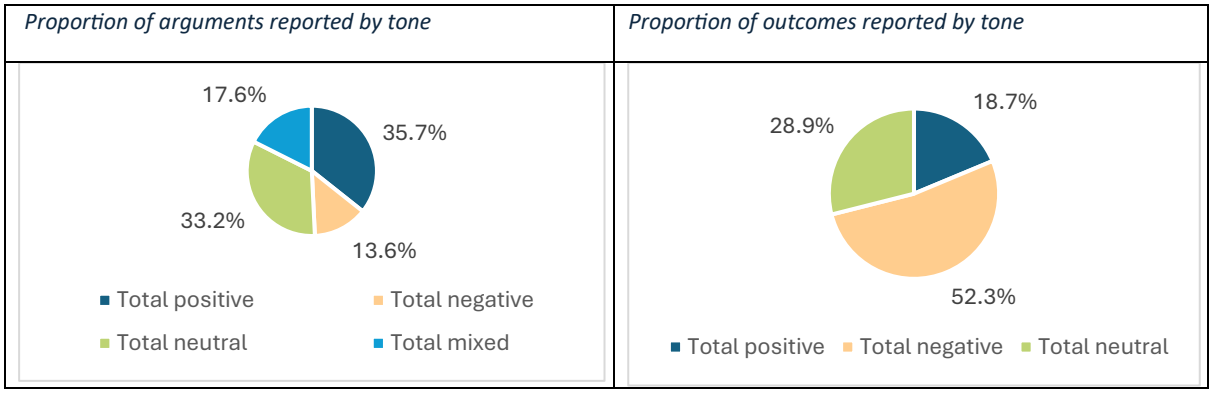


Table A16: Media analysis: arguments and outcomes in articles, by tone (number and proportion, 11 February 2021 to 5 November 2025)

Tone	Arguments		Outcomes reported/expected	
	# times mentioned	% mentions	# times mentioned	% mentions
Total positive	71	35.7%	44	18.7%
Total negative	27	13.6%	123	52.3%
Total neutral	66	33.2%	68	28.9%
Total mixed	35	17.6%	0	0.0%
Total all	199	100.0%	235	100.0%

Arguments employed in support for and against drug law reform

Each article was analysed to see the different arguments employed in support for and against drug law reform. 58 articles offered a neutral position on drug law reform i.e. did not express or include opinions about drug laws. Within the remaining 96 articles, there were 133 separate arguments recorded. These are analysed below.

The different positions were grouped into those that supported drug law reform (positive), those that were against drug law reform (negative) or those that were neutral or offered a more mixed position (neither good nor bad). 'Implementation policy concerns' was labelled as mixed because these arguments were more generally concerned with details within the Amendment Act, and where the same argument could be employed by people with different subject positions. For example, 'threshold quantities' was a concern that was raised by people who were against the reforms (believing they were too high) and those in support of drug law reform (believing they were too low).

Table A17: Media analysis: arguments employed in support for and against drug law reform (number and proportion, 11 February 2021 to 5 November 2025)

	Arguments employed in support for or against reform	**# times mentioned**	**% of mentions**
Positive positioning	Current drug laws do not work/cause harm	32	24.1%
	Drug use is a health issue (not a criminal justice issue)	27	20.3%
	Public support decriminalisation	7	5.3%
	Ethical/moral (positive)	5	3.8%
Negative positioning	Drugs are bad	14	10.5%
	Drug use is a criminal justice issue and should be punished	8	6.0%
	Ethical/moral (negative)	5	3.8%
Mixed positioning	Implementation/policy concerns	35	26.3%
Total positive positioning		71	53.4%
Total negative positioning		27	20.3%
Total all		133	100.0%

Just looking at the arguments published in support of drug law reform, the majority were that the current drug laws do not work or cause harm (45%) or that drug use is a health and not a criminal justice issue (38%). Public support of decriminalisation/drug law reform (10%), and other statements ethically or morally supporting drug law reform e.g. that people with drug dependency should be treated with compassion, (7%), constituted a much smaller number and proportion of positions published.

For those arguments against drug law reform, the majority (52%) made general statements about drugs being bad (e.g. "all drugs are dangerous"). 30% (n=8) argued that drug use is a criminal justice issue and should be punished whereas 5% of articles (n=5) published a general ethical or moral statement (e.g. decriminalisation "sends the wrong message").

Expected or experienced outcomes

Each article was analysed with reference to outcomes that were predicted or expected to occur if the Amendment Act went ahead, or where articles were reporting on outcomes experienced after the Amendment Act was enacted. 68 articles offered a neutral position on experienced or expected outcomes i.e. did not express or include mention of outcomes.

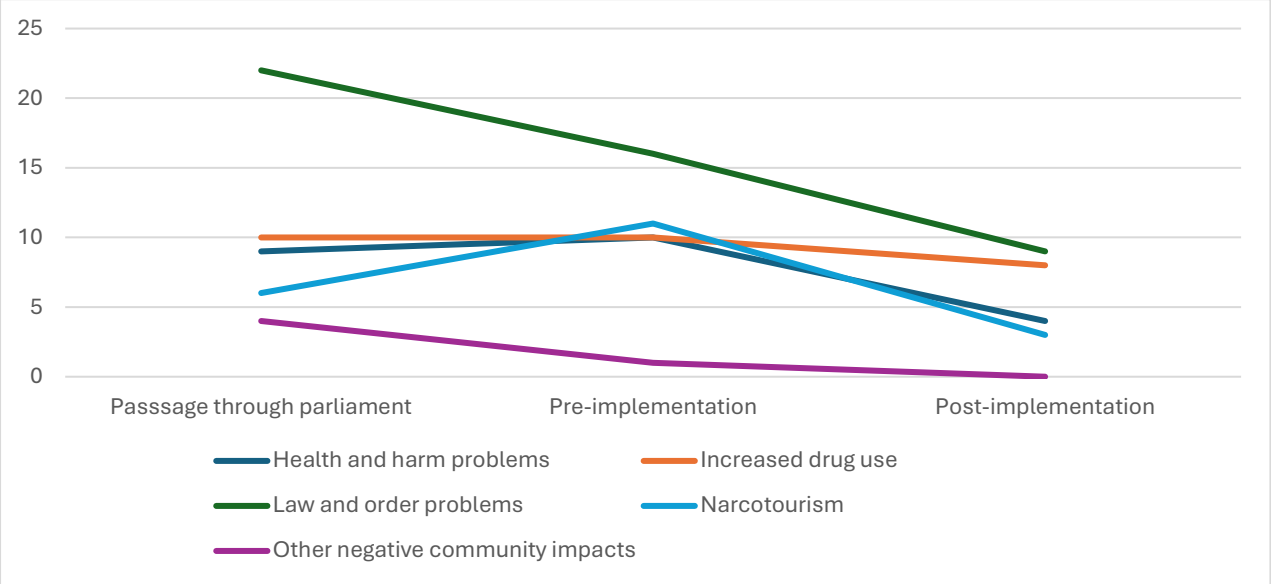
Table A18: Media analysis: outcomes by number of times reported (11 February 2021 to 5 November 2025)

Tone	Expectation/outcome category	Count	%
Negative expectations/outcomes	Law and order problems	47	28.1%
	Increased drug use	28	16.8%
	Health and harm problems	23	13.8%
	Narcotourism	20	12.0%
	Other negative community impacts	5	3.0%
Positive expectations/outcomes	Health/harm reduction improvements	18	10.8%
	Positive social/community impacts	8	4.8%
	Reduction in prosecutions for drug possession	5	3.0%
	Reduced stigma	6	3.6%
No change		7	4.2%
Total Negative		123	73.7%
Total Positive		37	22.2%
Total All		167	100.0%

Given that Table A18 does not distinguish between pre-implementation outcome predictions and post-implementation outcomes, it is more useful to see the change in outcomes over time, although with the caveat that articles post-implementation did also contain predictive outcomes and did not necessarily always report on evidence of outcomes.

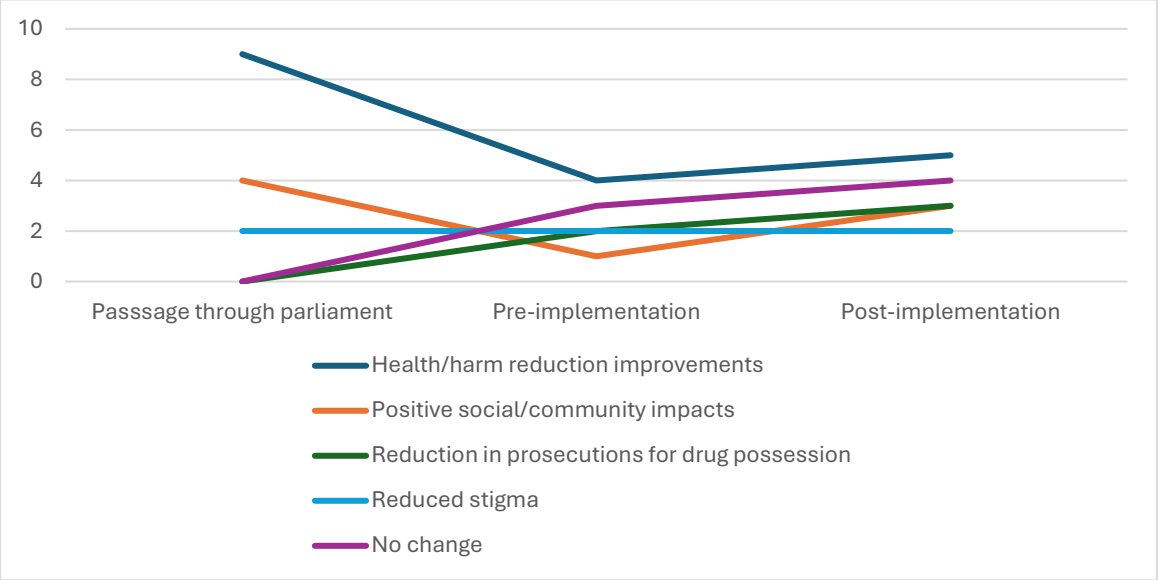
As per Table A14 and Figure 7, overall negative media peaked during the pre-implementation period and then rapidly declined. In line with this, and as can be seen in Figure A9 (below), mentions of all negative predicted outcomes, except for narcotourism, declined overall between the period where the Amendment Act was passing through parliament, through to the post-implementation period. Mentions of likely negative law and order problems experienced the largest decline from 22 mentions in articles during the period where the Amendment Act was passing through parliament, down to 4 mentions in the post-implementation period. Mentions of narcotourism were highest during the pre-implementation period (n=11) but declined to 3 mentions post-implementation.

Figure A9: Media analysis: negative outcomes reported over time, by outcome type (number, 11 February 2021 to 5 November 2025)



As per Table A14, mentions of positive expectations or experienced outcomes remained largely stable overtime with the exception of health/harm reduction improvements that declined from 9 mentions during the period when the Amendment Act was progressing through parliament down to 5 mentions in the post-implementation period (Figure A10, below).

Figure A10: Media analysis: positive outcomes reported over time, by outcome type (number, 11 February 2021 to 5 November 2025)



Summary

- Supportive positioning of the Amendment Act was more likely to employ arguments and use value and ethics laden language (e.g. drug use as a health issue), whereas arguments against the Amendment Act or negative tone towards drug law reform were much more likely to talk about drug laws in terms of negative expected outcomes.

- While the number of positive or neutral articles about the Amendment Act remained stable over time (during the different periods of passage through parliament, pre-implementation and post-implementation), the number of articles that were negative, or provided mixed opinions on the Act, declined noticeably over the same time period.
- The number of articles discussing negative outcomes declined over time, with noticeable reductions in articles on law and order issues across the entire time period, and notably for articles on narcotourism, from a peak in the pre-implementation period (n=11) declining to 3 mentions post-implementation.

Appendix 8: ACT history and context

The advent of the Amendment Act builds on the ACT's history of drug law reform and overall approach of harm minimisation, diversion away from the criminal justice system, and promotion of health and treatment services. The ACT is seen as somewhat of a vanguard in terms of progressive drugs policy. For example, three years prior to the commencement of the Amendment Act (in 2020), the ACT became the first jurisdiction in Australia to remove criminal penalties for simple cannabis offences, and in 2022 became the first jurisdiction to operate a fixed-site drug checking service (CanTEST).

ACT policy across health and justice supports harm reduction and diversion away from the criminal justice system; the Amendment Act can therefore be seen as a continuation of an existing policy response to drug use and as being implemented in the context of a highly enabling environment, notably existing police and court diversion programs.

Police diversion

The IDD program[2] has been in operation in the ACT under a non-legislated agreement between ACT Policing, Canberra Health Services (CHS) and HCSD since 2001[3], providing ACT Policing with the discretionary option to divert people to CHS for assessment, education and treatment for possession of drugs for personal use. Over the first decade of operation, a review found high completion rates (over 90%) for those referred to the IDD program, but limited referrals which was partially attributed to police resistance and low awareness of the program [2]. Following changes to the referral processes, including implementing the SupportLink system (an Australian IT system for government referral and diversion processes) as well as training initiatives amongst police [2], a national evaluation of police diversion programs from 2010/11 to 2014/15 found that the ACT had one of the highest rates of diversion for drug possession (78%), though notably the authors were not able to examine cannabis offences separately (which had additional diversion options available including the Simple Cannabis Offence Notice or SCON) [3].

Like most jurisdictions [4], the ACT has different responses available for cannabis offences. In 1992 the Simple Cannabis Offence Notice (SCON) was legislated as a discretionary non-criminal fine option for possession of cannabis for personal use; the SCON was further expanded in the following decades, including increasing the quantity limits and eligible offences. It was reported that ACT Policing prioritised referral to the IDD program for cannabis offences to encourage health-based responses, although the SCON remained an available option [3]. This approach has continued with diversion under the Amendment Act, with ACT Policing prioritising the referral to the IDD program over the SDON for simple drug offences.

In January 2020, the ACT became the first (and to date, only) Australian jurisdiction to exempt adults from penalties for possession and cultivation of small quantities of cannabis.[4] Despite some initial

[2] Also referred to as the 'Police Early Intervention and Diversion' or PED and the 'Drug Diversion Program' or DDP.

[3] The IDD program was introduced following the Commonwealth introduction of the Illicit Drug Diversion Initiative, which allowed and provided funding for drug diversion programs in each state and territory.

[4] Under the *Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019*. Small quantities are 50g dried or 150g 'fresh' or harvested cannabis; cultivation limits are up to two plants per person or four per household.

concerns, the cannabis law changes were found to be implemented as intended with few unintended consequences (as concluded by the 2024 review by the HCSD) [5]. The Amendment Act utilises the previous cannabis legislation by expanding the 'simple cannabis offence' to include other drug types, resulting in the 'simple drug offence' and associated Simple Drug Offence Notice (SDON). As adults are exempt from penalties for simple cannabis offences, the SDON applies to cannabis only for those aged under 18 (who are not exempt from penalties for simple cannabis offences).

Two other police diversion programs operate in the ACT: the Youth Alcohol Diversion Program and the Adult Alcohol Diversion Program [6]. Both programs offer referral to CHS for assessment, referral and treatment for people apprehended for alcohol-related issues (including underage drinking offences).

Court diversion

In addition to police diversion programs, like other jurisdictions, the ACT has a number of court diversion programs available, which offer treatment pathways for people whose offending is related to their AOD use and/or dependence. These include the Court Alcohol and Drug Assessment Scheme (CADAS) and the Drug and Alcohol Sentencing List (DASL). The CADAS has been in operation since 2000 in the Magistrates Court and has since expanded to other courts in the ACT. The CADAS offers an alternative to criminal penalties/conviction for people appearing in court for alcohol and other drug-related offending, where individuals can be referred to CHS for assessment, education, and referral to treatment, with the aim of reducing recidivism and supporting people to address their AOD use [7]. The DASL has been in operation since 2019 and offers a treatment option as an alternative to imprisonment for more serious offences under the Supreme Court. The DASL allows for people whose offending was related to their substance dependence to be issued a Drug and Alcohol Treatment Order (DATO), where their imprisonment sentence is suspended to undertake a treatment program and/or case management (generally for 1-2 years) [8]. An evaluation of the DASL by the ANU found that the list had been highly effective in reducing reoffending and promoting positive health outcomes [9]. A cost-benefit analysis by KPMG reported a benefit-cost ratio of 0.87 (benefits not yet outweighing the costs) with a projection for a benefit-cost-ratio greater than 1.0 for future years [10]. In 2023, DASL was amended to expand eligibility, particularly for more vulnerable populations.

ACT Drug Strategy Action Plan

AOD policy in the ACT is guided by the ACT Drug Strategy Action Plan 2022-2026 (DSAP) [11] and the National Drug Strategy 2017-2026 (NDS) [12]. Both strategies take a harm minimisation approach, formed by the three pillars of demand reduction, supply reduction, and harm reduction, and the DSAP specifies aims of minimising AOD related harms, improving the health and wellbeing of the ACT community and reducing stigma experienced by people impacted by AOD through evidence-based approaches. The Amendment Act as well as other related policy changes in the ACT have supported the aims and priority areas of the DSAP.

The Amendment Act and its intentions have clear relevance to a number of the priority areas[5] under the DSAP. For example, under 'Reducing Involvement with the Criminal Justice System', the DSAP

[5] The five priority areas are: promoting equitable access to treatment and support; changing systems and protecting people from harm; strengthening supports for people with co-occurring and complex needs; valuing peer support workers and people with lived experience; and reducing Involvement with the Criminal Justice System.

outlines the Government's commitment to increasing diversions from the criminal justice system and aimed to pass legislation to introduce an SDON and reduce penalties for possession of drugs for personal use [11]; the Amendment Act was later acknowledged as a significant contribution to the DSAP priority area [13]. Several other initiatives have supported priorities under the DSAP, including the introduction of CanTEST (2022) [14], a fixed site drug checking service following a festival-based trial of pill testing (2018) [15]. The introduction of drug checking supports other existing harm reduction services operating in the ACT (including needle and syringe programs, opioid agonist treatment, peer services, and take-home naloxone), and a recent report found that ACT harm reduction services were cost-effective [16].

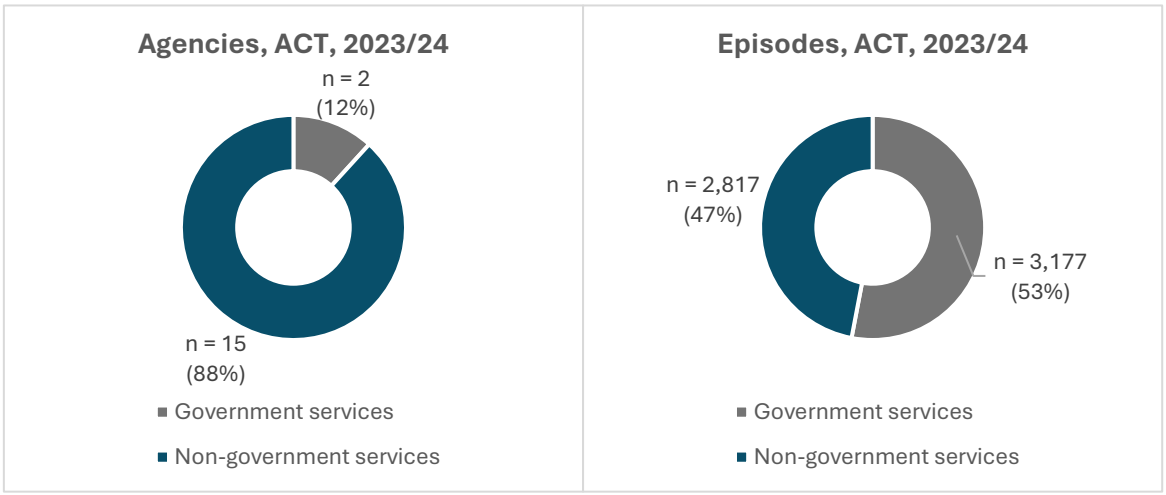
There have been a number of other policy initiatives over recent years in the ACT relevant to diversions from the Criminal Justice System For example, the Reducing Recidivism 25% by 2025 plan ('RR25by25', 2020) detailed a number of strategies, including ensuring people with substance use disorders in the criminal justice system are appropriately matched with treatment, increased funding for CADAS, and expanding culturally appropriate treatment options for Aboriginal people. Another policy example was the 2023 *Inquiry into Fines for Minor Offences and the Impact on Vulnerable People*. The Inquiry acknowledged the use of health referrals as an alternative to fines for drug possession offences under the Amendment Act, and made a number of recommendations to fine payment processes, including increasing the use of warnings and introducing caps on fine amounts [17]. The Government made changes to the processes for court-issued fines, but there have not been any changes to processes for non-criminal fines such as the SDON under the Amendment Act.

The alcohol and other drug treatment system

The ACT public alcohol and other drug treatment system operates similarly to other jurisdictions in Australia, in that it consists largely of non-government providers (15 of the 17 total services in 2023/24). The two government agencies are delivered by a singular service, the Alcohol and Drug Service at Canberra Health Services (ADS, CHS), which provides the full scope of AOD treatment, including withdrawal, counselling, case management, and opioid agonist treatment, as well as the IDD program and other police/court diversion programs.

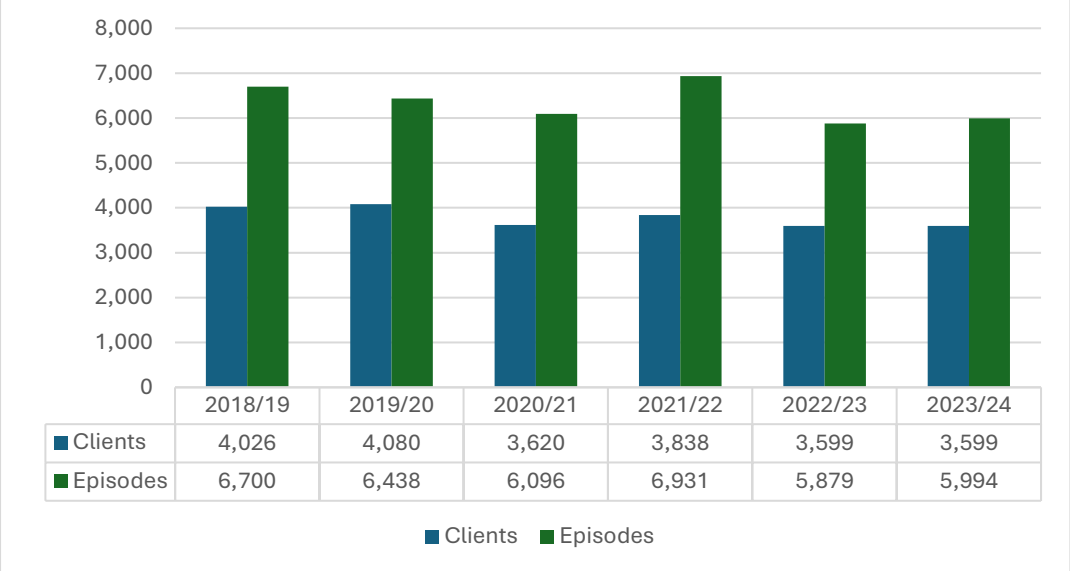
Despite the predominance of non-government providers, the Government service (ADS, CHS) provides over half of the treatment episodes (53% in 2023/24). See Figure B1.

Figure A11: AOD treatment agencies and episodes, by agency type, 2023/24 (source: AODTS-NMDS, AIHW)



In 2023/24, there were about 6,000 AOD treatment episodes delivered to 3,600 clients (see Figure 4). This has declined somewhat from 6,700 episodes delivered to 4,000 clients in 2018/19. Whilst a decrease in treatment provided during the Covid-19 pandemic was expected, this has not since returned to pre-pandemic levels.

Figure A12: AOD treatment episodes and clients, ACT, 2018/19 to 2023/24 (source: AODTS-NMDS, AIHW)

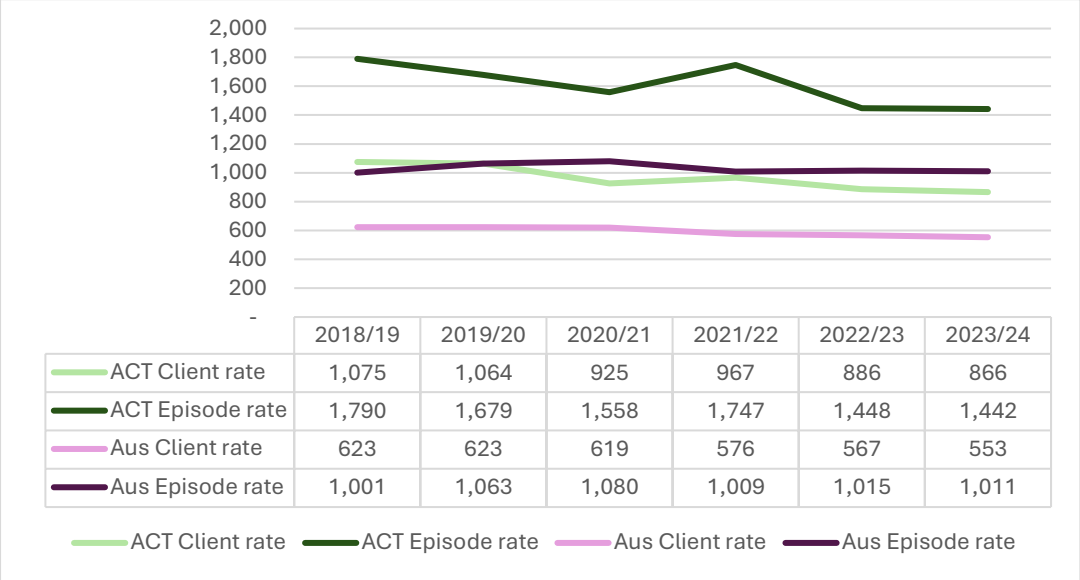


	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Clients	4,026	4,080	3,620	3,838	3,599	3,599
Episodes	6,700	6,438	6,096	6,931	5,879	5,994

Despite the decrease in episodes/clients, the ACT maintains one of the highest rates of AOD treatment clients and episodes per 100,000 population in Australia (behind only the Northern Territory). Across 2018/19 to 2023/24, the ACT had a rate of 964 clients compared to 594 nationally, and 1,611 episodes, compared to 1,030 nationally. Whilst the ACT has one of the highest rates of AOD treatment, it also had one of the larger declines in AOD clients/episodes from 2018/19 to 2023/24, at -19% (clients and episodes), compared to the national average of an -11% decline (clients) and 1% increase (episodes, driven largely by an increase in Victoria). Whilst we do not have data on the unmet need for AOD treatment in the ACT, a 2021 commissioned report suggested that

about half the people needing treatment were receiving treatment, and similarly, resources would need to approximately double to meet the demand [18], which reflects national findings [19].

Figure A13: AOD treatment episode and client rate per 100,000 population, ACT and Australia, 2018/19 to 2023/24 (source: AODTS-NMDS, AIHW)



	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
ACT Client rate	1,075	1,064	925	967	886	866
ACT Episode rate	1,790	1,679	1,558	1,747	1,448	1,442
Aus Client rate	623	623	619	576	567	553
Aus Episode rate	1,001	1,063	1,080	1,009	1,015	1,011

ACT jurisdictional context

In addition to the AOD policy environment, the 'uniqueness' of the ACT as a jurisdiction was raised by stakeholders and people who use drugs as important context for the Amendment Act. The ACT was considered a well-educated and politically progressive jurisdiction (it has the highest rates of education, employment, and personal income compared to other states/territories and capital cities [20, 21]), and stakeholders expressed it is one where people support evidence-driven policy and human rights.

> *"Maybe it's kind of politically progressive ACT as well as so many people in politics, people have like an elevated awareness of policies and like accepting evidence and like, "Oh, we'll look at this reasonably""* (Peak body 2).

> *"I think you've got a community in Canberra where we're pretty human rights driven. We don't necessarily like locking people up if we don't have to, and can see in some ways as a quite an educated town, we can see that in fact locking somebody up for a small amount of drug use or possession really doesn't have good benefit and outcome for society or for the person in the long run anyway."* (Mental Health 1).

The size of the ACT and the prevalence of politicians and public servants was also noted by stakeholders due to the greater access and relationships to decision-makers. Some also acknowledged that ACT politicians make themselves accessible to the community – examples given included the Chief Minister appearing regularly on talk back radio, and politicians on Facebook telling people to message them directly about issues.

> *"[It's a] small highly functional jurisdiction"* (Harm reduction 1).

> *"We can actually call them [politicians] up and go, "What the f*** are you doing?"* (Harm reduction 3).

In addition, the overall operating environment that supports harm reduction and diversion was also credited as a strength enabling collaborative and progressive policy making.

> *"We've got an incredibly supportive environment, like this is happening within a context that is not only like a progressive kind of government and a small jurisdiction and all the things we've already talked about, but we've got a really strong peer organisation. You know, very vocal but also highly collaborative, and the sector generally is highly collaborative. So, we've got government and non-government services working pretty well together really" (*Peak body 1).

Appendix 9: Timeline of key actions and decisions pre-implementation

Table A19: Timeline of key actions and decisions during the pre-implementation period

Date	Item/action	Details
Nov 22	Governance groups established. Agencies' internal preparation for implementation begins.	Decision to create the Implementation Group to complement the Executive Group.
Dec 22-Jun 23	Internal funding and budget planning.	Budget/funding for staffing, communications campaign, training funding and admin arrangements (approved June 23)
Apr-May 23	Public comms materials distributed to AOD services.	HCSD developed a 'postcard' with information about the Amendment Act and distributed this to AOD services in the ACT.
Jan-Feb 23	North America trip	Executives from HCSD and ACT Policing met with US and Canadian police and services in areas with drug decriminalisation to discuss challenges.
Jun 23	Comms development with community	HCSD engaged a consultant to conduct focus groups with people who use drugs to test initial communications.
Jun 23	ACT Policing and ANU convened workshop	ACT Policing initiated and convened a 1-day workshop hosted at and facilitated by ANU to work through outstanding implementation issues.
Aug 23	CAHMA workshop and training with ACT Policing	CAHMA hosted workshops with executives of ACT Policing on experiences of people who use drugs, stigma, discrimination and language.
Aug 23	Fine processing system finalised	Access Canberra agree to take payment for fines and report on compliance.
Aug 23	Communications plan released	HCSD released a communication plan to coordinate communication of changes under the Amendment Act.
Sep 23	Legislative (notifiable) instrument for the IDD program	Health Minister approved the IDD program at the CHS as the diversion program under the Amendment Act.
Sep 23	Drug testing procedures finalised.	Decision finalised on who responsible (ACTGAL) for the drug testing, storing, and destroying of the identified drugs, as well as the procedures and resources required.
Sep 23	CAHMA contracted to produce comms for community	Small amount of funding provided to CAHMA for communications resources for people who use drugs/community about the Amendments.
Oct 23	Q&A document finalised and circulated to AOD services	Q&A document detailing the Amendments, processes, and commonly asked questions.
Oct 23-Jan 24	Public comms strategy roll-out	Information for the general public, AOD services, media, and people who use drugs by HCSD
Oct 23	Revised MOU signed between ACT Policing, HCSD and CHS	Defined roles and responsibilities of agencies and principles guiding responses for drug diversion (updated from previous MOU on the pre-existing IDD program).
Oct 2023	New procedures for ACT Policing	Better Practice Guide and updates of other relevant internal policy.
2023	Processes for referrals, follow-up, and compliance monitoring	Determined infrastructure requirements for issuing/following up SDON and maintenance, trigger points for further action, and processes for referral to other agencies.
2023	Consent and data sharing agreements	Discussion about information sharing between HCSD, CHS and ACT Policing, particularly relating to people not able to consent due to intoxication or who do not provide consent for referral.

Date	*Item/action*	*Details*
2023	Non-compliance mechanism	Discussions about follow-up of non-paid fines and responses to non-compliance.
2023	ACT Policing training	Update existing training for new recruits. Broader training for members on the Amendment Act and related harm reduction approach. Training is ongoing

Appendix 10: Media and communications plan

A range of communications and media were rolled out in pre-implementation period (prior to October 23) and during and after implementation. Initial activities from HCSD included development of a postcard (identified by stakeholders as "the blue pamphlet/postcard") containing information about the Amendment Act that was distributed to AOD treatment and harm reduction services in the ACT in April and May 2023, and a website update to include information on the Amendment Act. In June 2023 HCSD commissioned a consultant to undertake focus groups with people who use drugs to develop and test targeted communications.

HCSD released a detailed communication plan in August 2023 with the aim of communicating changes under the Amendment Act "while also supporting harm minimisation, in line with ACT's *Drug Strategy Action Plan* 2022-2026" [22]. Initial primary targets for the plan included: the general ACT community, and people who use drugs including those without prior involvement in the criminal justice system and those more likely to encounter police on a weekend night in Civic. Other primary targets were those not using drugs including parents and teachers, and those who might be influenced to try drugs due to friends and family use. A later media and communications report also identified local licensed businesses and hospitality venues as a target group [23].

Whilst originally intended to be a Tier 2 campaign (targeted messaging at key groups in early October 2023), this was elevated to a Tier 1 (active public campaign) and brought forward to September, partly due to concerns expressed from the governance groups and the significant media attention. In response to concerns that the HCSD communications would not be accessible to people who use drugs, CAHMA received funding from HCSD in September/October 2023 to develop and disseminate brochures on the Amendment Act. Both CAHMA and HCSD launched media campaigns in October 2023, shortly before the Amendment Act came into effect.

The HCSD media campaign ran through to the end of January 2024 and included a paid advertising campaign via radio and digital and social media. A review of the performance of HCSD media output found that radio communications achieved high reach and frequency of messaging with outputs across FM and AM frequencies and tapping into CALD communities through CMS radio [23]. A total of 358 paid and 57 bonus radio advertising spots were delivered between 16 October 2023 and 31 January 2024, with an estimated reach of 266,397 people [23]. Social media posts were placed on HCSD sites, and adverts placed on Instagram and Facebook generating 24,868 click throughs to the ACT Health website, the majority (80.48%) coming from the ACT region. The social media campaign was estimated to have a reach of 538,988 people [23]. Advertisements were also placed on Google to return the HCSD website as a top choice for people searching information about the Amendment Act, drug law reform, or related terms. This ad campaign drove 4,390 clicks to the HCSD website [23].

CAHMA produced a brochure explaining the Amendment Act changes and distributed this widely to the community and their networks prior to 28 October 2023, and also produced social media tiles for use on their platforms. The CAHMA materials, and particularly the brochure, were mentioned by multiple stakeholders across the groups as useful and positive, and referred to as the main resource for information that was used (and continued to be used) by people to get across the details of the reforms. The ACT Health blue pamphlet was mentioned by treatment services as being useful for staff and executive to get across the reforms.

"*I know CAHMA put out a pamphlet and I used to carry it around… and they [the pamphlet] had the drugs and the amount, the amount that you could have, and they had the law on this pamphlet was really good and again that was a handy bit of material to have in your wallet, because people are still asking… what the laws are. Because they're not emphasised enough, I don't think*" - Lived/living experience 25.

Appendix 11: Experiences of being stopped by police in possession of small quantities of drugs

We individually interviewed 11 people who had been stopped by police since October 2023. Nine had been found in possession of small quantities of drugs (all with methamphetamine and/or heroin). One person was stopped, searched and no drugs were found by police; and another person was not searched. Out of these 11 interviews, six people were offered a diversion. All had varying histories and circumstances of their police interaction, including where possession was the only offence, co-offending occurred at the same time, and those with extensive police and criminal justice histories. One participant noted that they had been stopped multiple times in possession of drugs since October 2023 and were offered the diversion twice. They reported they did not attend either session and subsequently had experiences of being charged with possession (while co-offending) and also experienced no consequences apart from drugs confiscation.

The relationship between attitude and access to diversion

A positive, polite and responsive attitude was identified by two participants as likely influencing the decision of police to offer a diversion instead of a charge, affirming information collected from focus groups with people who use drugs, that attempts to be calm and polite to police often resulted in better outcomes: "*We always know. Like if you're compliant and you're nice, they're going to be more inclined to be nice"* - Lived/living experience 9. It also affirms personal anecdotes shared by members of the ACT Policing who reflected that they were unlikely to offer diversion where people were hostile against attending the IDD program:

> *"Like we have ones that are like "Nah, F off, we're not going to do it. We're not going to answer the call" then we're obviously not going to do it* [provide diversion]" - Police 2.

One participant (Lived/living experience 29) was offered the choice of a charge, diversion to CHS or a fine. They reflected that they might not have been offered those options if they had been a "smartarse" or "difficult" to police. Another participant who had limited prior interaction with police noted that they were intentionally friendly and always try to establish good rapport with police "*because I'm not one of these people who's out doing crime and stuff"* - Lived/living experience 27. In return they remembered the officer who stopped them "*I remember her name because she was so lovely*" - Lived/living experience 27.

Although this participant (Lived/living experience 27) was homeless at the time of the stop and did not own a phone, they described the police officers as going "above and beyond" to organise the diversion session with CHS – finding and arranging the session for them: "*I didn't have a phone at the time, but I had an address, so she [police officer] was able to chase me up. Through that, we were squatting, so we sort of moved around a bit, but...she organised the appointments. She actually went above and beyond."*

Such efforts were believed to be a direct result of their rapport building:

> "*The way you interact with the police on your first, like, if I come in here and I'm being hostile towards you, you're immediately going to be guarded and you're not going to do me any favours. So it's like, you know, it's going to make their job easier. But they're only doing their job*" - Lived/living experience 27.

Conversely, one participant who was taken to the police station and not offered a diversion when found with small quantities of drugs, noted their long, difficult and sometimes hostile relationship with the police: "*I still get targeted every now and then… I'm known to that to the place because of my criminal history… and I guess that they thought, Oh, here's an easy target*" - Lived/living experience 30.

Of the three people who were found with drugs but not offered a diversion, one appears to have been too intoxicated to have consented to a referral "they were going to lock me up because I was so out of it" (SBP4).

No action

As noted in Section 5.3 of the main report ('Implementation Processes') ACT Policing maintain a wide range of discretionary powers including the option to not pursue an individual beyond drug confiscation. According to personal reflections collected during stakeholder interviews, no action was seen to be a better option where the person stopped was perceived to have limited cognitive ability, significant mental health and/or other complex issues, was already heavily connected to services and/or where a one-hour session or a charge was not likely to have a positive impact (with police officers noting the intent of the legislation was to prevent people from receiving a criminal charge of possession of small amounts of drugs):

> *"[We] even use discretion to not do anything like the person is where, you know they're not of a capacity to even have a phone call. Like to be honest, we also have discretion to do nothing. And that's often, you know, I can say firsthand I've done that. What's the point of, you know, going one way or the other when it's not going to it's not going to help. Yeah… I don't think it'd be fair to, I guess, punish them just because, you know, they're in a worse position than someone else" - SHFG1*.

Additionally, burden of proof and the likely outcome at court was taken into consideration in terms of following through with a criminal charge. As described by some officers:

> *"And you think about the burden of proof as well. I mean, they're probably going to, you know, not be convicted due to mental incapacity, you know. They don't have a understanding of what occurred, so even if you did go down the sort of charge and court route, it's with those people. Yeah, not likely to get up. So what? What really is the point of doing that, really putting them through that?" - SHFG2.*

Again, these experiences broadly aligned with information from interviews of people who had been stopped by police since October 2023. For example, the one participant who had been offered diversions, received charges and experienced 'no action' had significant histories of and ongoing involvement in criminal justice, homelessness, AOD treatment and complex mental health and trauma. Another participant who had their drugs confiscated with no further action (also with a history of criminal justice involvement and complex drug use) noted:

> *"We thought about the fine and just went, no, you can't even bloody pay the fine, but you just end up in fucking court anyway, just, yeah, fucking took the drugs and just said, fucking pull your head in"* - Lived/living experience 35.

Many services were broadly supportive of police using discretion to refer to the IDD program to ensure that suitable diversions were occurring (rather than blanket application of the law),

> "*Rather than almost mandate this or this up to, dare I say police discretion to see if this is suitable, will they engage or is this a complex case where they could benefit from a health intervention rather than oh, it's legislation they have to send through to the health…, I think that would work better and have more engagement and better health outcomes*" – SHFG11.

Non-compliance: experiences of people with lived and living experience of drug use.
Among the six people we interviewed who accepted a referral to the IDD program, four could be deemed non-compliant. Reasons for non-compliance were diverse and complex. Of those four, one person was offered a referral but ended up back in prison prior to the session so was unable to attend. One person was offered the diversion but did not receive a follow-up phone call or any information from police or services or about the diversion (lack of follow-up by CHS likely a result of the participant not having continuous phone access). One participant accepted the referral but then gave police the wrong phone number noting *"I just didn't want them [police and services] to contact me" – Lived/living experience 35.*

The final "non-compliant" participant accepted a referral on two separate occasions but never turned up for their appointments. However, this participant did note a complex history of police and service involvement, including multiple negative AOD treatment and other service interactions (including being banned from services), alongside ongoing mental health and health issues. *"I've picked that option twice and I've never actually completed it"* – Lived/living experience 26.

Expectations of outcomes from accessing a diversion
Whilst most participants were positive about the option of diversion to a health intervention instead of a criminal charge, some also saw the intervention as somewhat tokenistic, in that it is unlikely to create change for people experiencing dependence. In addition, there was a perception amongst some participants that CHS was not a service which people who use drugs felt safe/comfortable accessing, and that this may limit people's willingness to engage with the intervention. This included one person who opted to pay the fine due to previous negative experiences with CHS.

> *"Are they really expecting anything to come about from an hour-long counselling session? Are they expecting people to go, "Oh, fuck, I see the light now." – Lived/living experience 10 (FG2).*

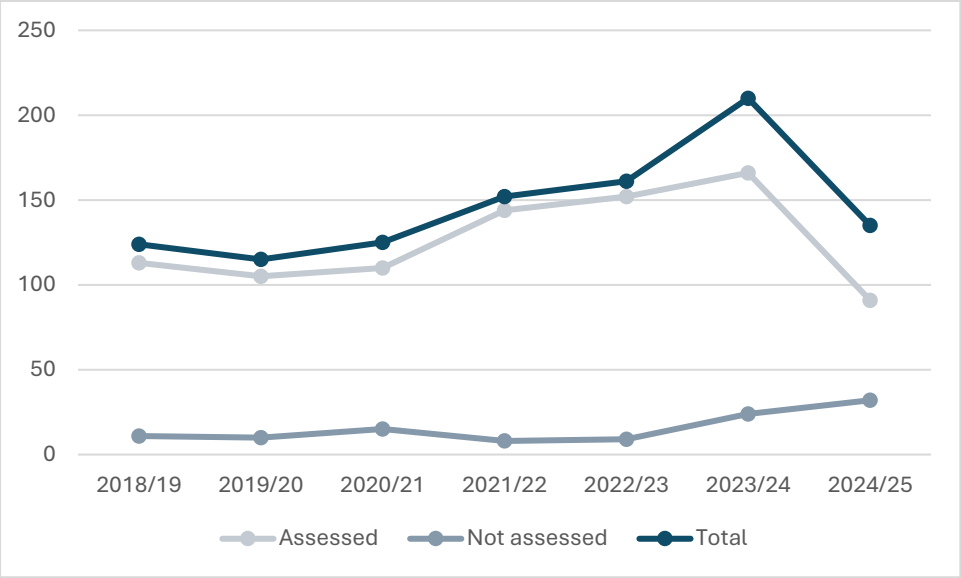
Pre-existing experiences
We heard that ACT Policing officers had exercised discretion before the Amendments came into effect. As narrated by one participant in the evaluation:

> *"Before this new drug law came through…I was in the car park and I had a quarter ball, so about a gram of heroin on me, and the police, I think it was like an officer being trained, so a policeman was letting a younger officer decide and do everything and he was like, "What should we do next? What should we do next?" So, they confiscated the heroin and I had marijuana on me as well. They didn't count marijuana or look at the marijuana. They just took the heroin and asked me if I needed any help, gave me a card. Actually they rang me, I think within a week, some mental health service, drug health service ... I just assumed that day I'm going to jail today, you know, and then they were like, you know, "Okay, we've*

confiscated your drugs. Take your marijuana and go home. Leave your car here." And I was just like, what? [laughs] He's letting me go? Yeah" - Lived/living experience 14 (FG3).

Appendix 12: Trend in numbers of IDD program referrals and assessments (CHS)

Figure A14: Trends over time in IDD program referrals and assessment outcomes, November 2018 to October 2025 (source: CHS)



Appendix 13: CHS demographic data over time

Looking at the demographics of those assessed under the IDD program, there were few changes over time in most demographic variables, including in relation to the Amendment Act. The majority of assessments continue to be for men, with 8-13% each year for women. Between 51% and 64% of those assessed were aged 18 to 24, and between 34% and 45% were aged 25 to 44. Only a minority were aged under 18 or over 45 across all years. The majority of those assessed were residents of the ACT (86-99%) and born in Australia (87-93%), and 7-18% were CALD. The proportion of those assessed with a mental health diagnosis ranged between 22% and 30% each year, and the proportion of those assessed who reported injecting drug use ranged between 2% and 9% each year.

Whilst there were few changes in the demographics of those assessed under the IDD program, the drug of most concern did vary across the years. In 2018/19 and 2019/20, 35-37% of those assessed reported alcohol as their drug of most concern, and this decreased to 16% in 2020/21 and less than 3% in subsequent years. The proportion reporting cocaine as their drug of most concern increased from 24% in 2018/19 to 36% in 2019/20, 52% in 2020/21, and between 77% and 81% in subsequent years; this trend appears to predate the Amendment Act and aligns with the ACT Policing data showing cocaine was the drug most commonly diverted. Less than 10% of those assessed reported methamphetamine or opioids as their drug of most concern across all years.

Table A20: Trends over time in the demographics of those assessed under the IDD program, November 2018 to October 2025 (source: CHS)

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Gender							
Female	12.4%	10.5%	NA	8.3%	11.2%	9.0%	13.2%
Male	87.6%	70.5%	NA	91.7%	88.8%	91.0%	84.6%
Unknown	0.0%	19.0%	NA	0.0%	0.0%	0.0%	2.2%
Total	100.0%	100.0%	NA	100.0%	100.0%	100.0%	100.0%
Age							
Under 18	1.8%	2.9%	3.6%	4.2%	2.6%	1.2%	2.2%
18 to 24	56.6%	57.1%	52.7%	50.0%	50.7%	63.9%	58.2%
25 to 44	38.9%	36.2%	40.0%	43.8%	45.4%	33.7%	36.3%
45 and older	2.7%	3.8%	3.6%	2.1%	1.3%	1.2%	3.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
ACT resident	99.1%	NA	NA	90.3%	85.5%	89.8%	93.4%
Born in Aus	90.3%	86.7%	91.8%	93.1%	91.4%	89.8%	86.8%
CALD	15.9%	18.1%	16.4%	15.3%	7.2%	14.5%	15.4%
MH diagnosis	27.4%	29.5%	NA	29.2%	22.4%	22.3%	29.7%
IV use	8.8%	2.9%	3.6%	2.1%	2.0%	4.8%	6.6%
Drug of concern							
Cocaine	23.9%	36.2%	51.8%	79.9%	77.6%	76.5%	81.3%

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Alcohol	37.2%	35.2%	16.4%	0.7%	2.6%	1.2%	1.1%
MDMA	12.4%	11.4%	10.0%	8.3%	11.2%	11.4%	6.6%
Methamph	3.5%	9.5%	5.5%	4.2%	3.3%	4.2%	5.5%
Cannabis	9.7%	2.9%	8.2%	2.1%	2.0%	1.8%	0.0%
Ketamine	1.8%	1.0%	2.7%	0.7%	1.3%	1.8%	1.1%
Opioids	4.4%	0.0%	0.9%	1.4%	0.0%	0.6%	3.3%
Amphet	2.7%	0.0%	0.9%	0.0%	0.0%	1.2%	0.0%
Other drugs	0.0%	4.4%	3.8%	3.6%	2.8%	2.0%	1.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: years are calculated from Nov to Oct the following year.

NA = not available; some demographic data were missing for 2019/20 and 2020/21 and are therefore excluded here.

Appendix 14: ACT Wastewater data 2018 to 2024

The ACIC wastewater raw data are not available (visual graphs only), and therefore these figures are approximate estimates based on inspection of the ACIC figures. The trend line was generated via Excel.

Figure A15: Methylamphetamine wastewater data trends: estimated consumption from wastewater metabolites, ACT (source: ACIC)

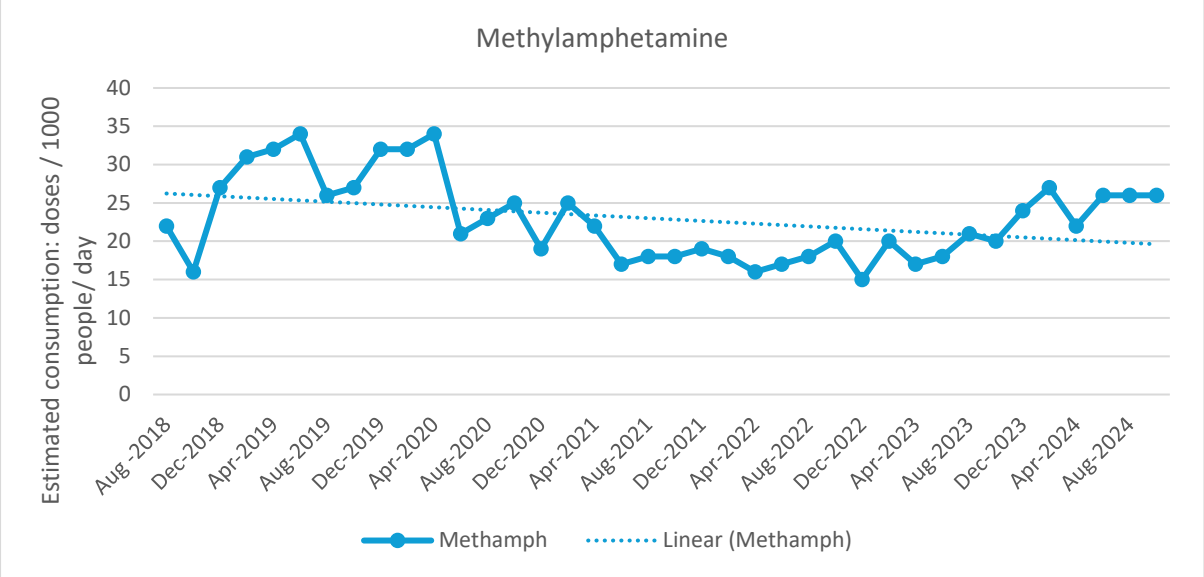


Figure A16: Cannabis wastewater data trends: estimated consumption from wastewater metabolites, ACT (source: ACIC)

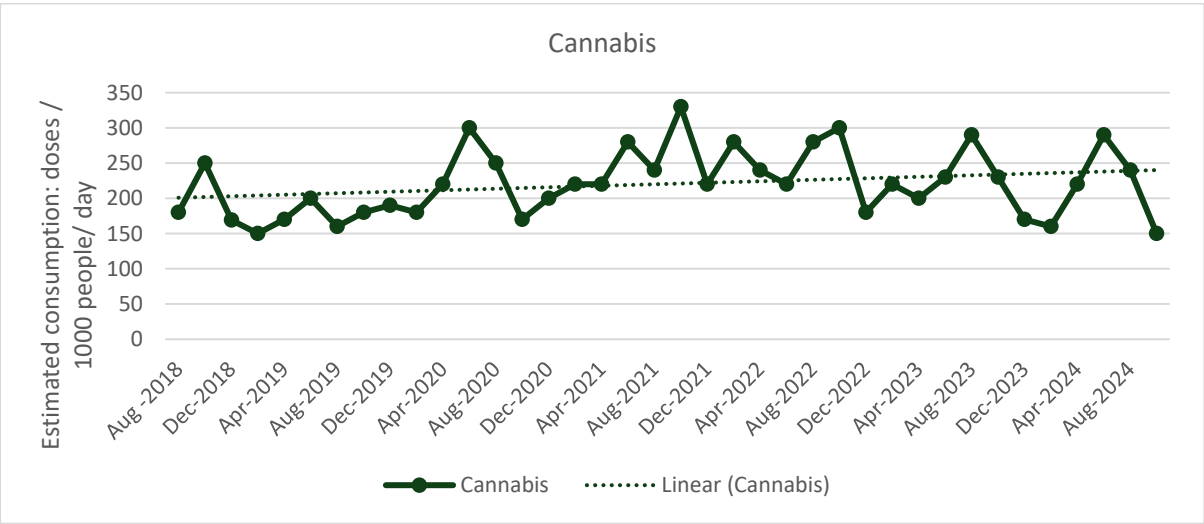


Figure A17: Heroin wastewater data trends: estimated consumption from wastewater metabolites, ACT (source: ACIC)

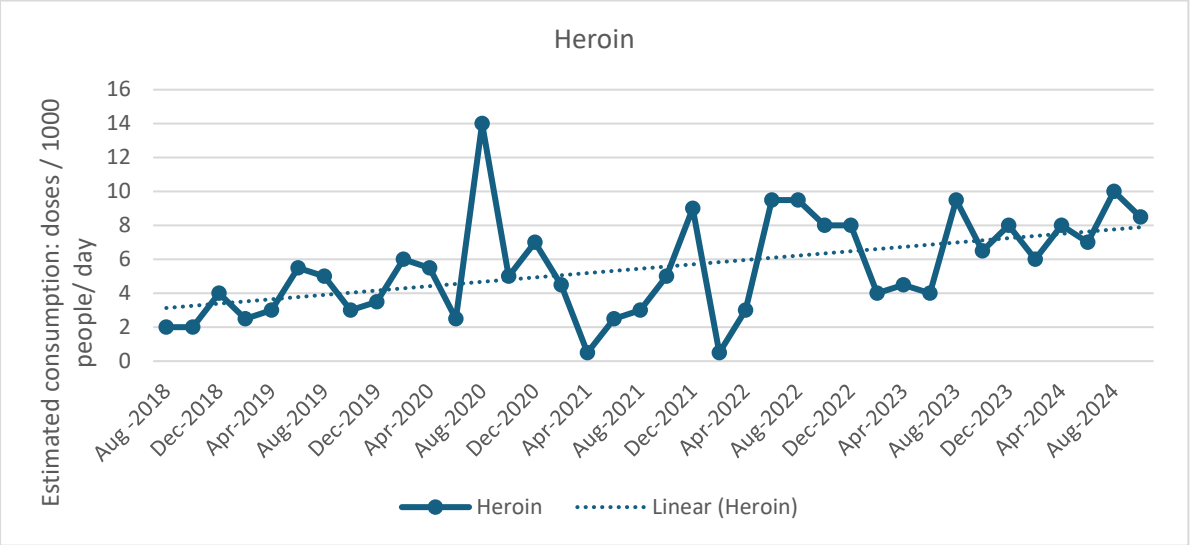


Figure A18: Cocaine wastewater data trends: estimated consumption from wastewater metabolites, ACT (source: ACIC)

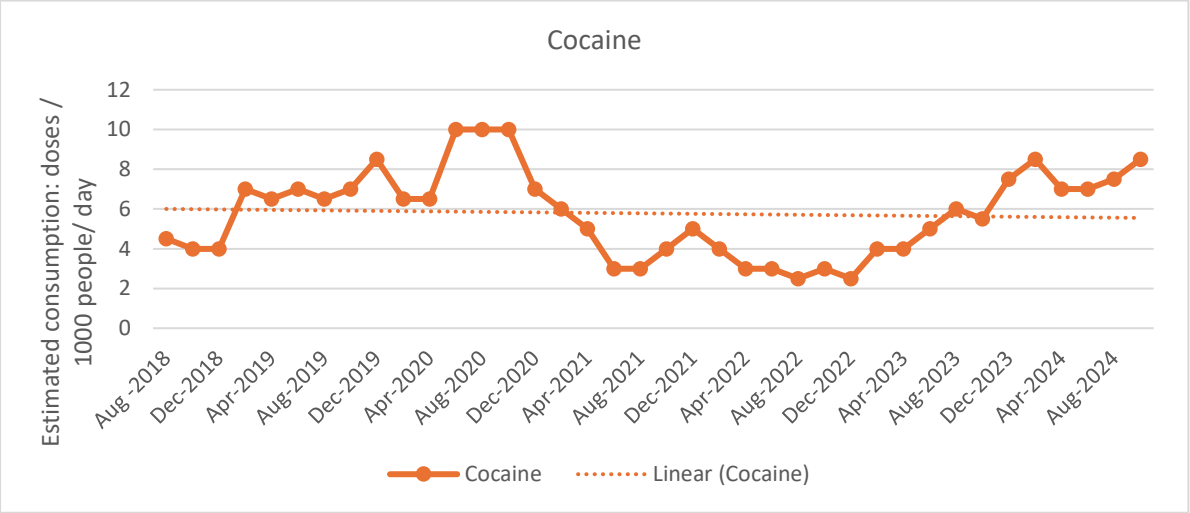
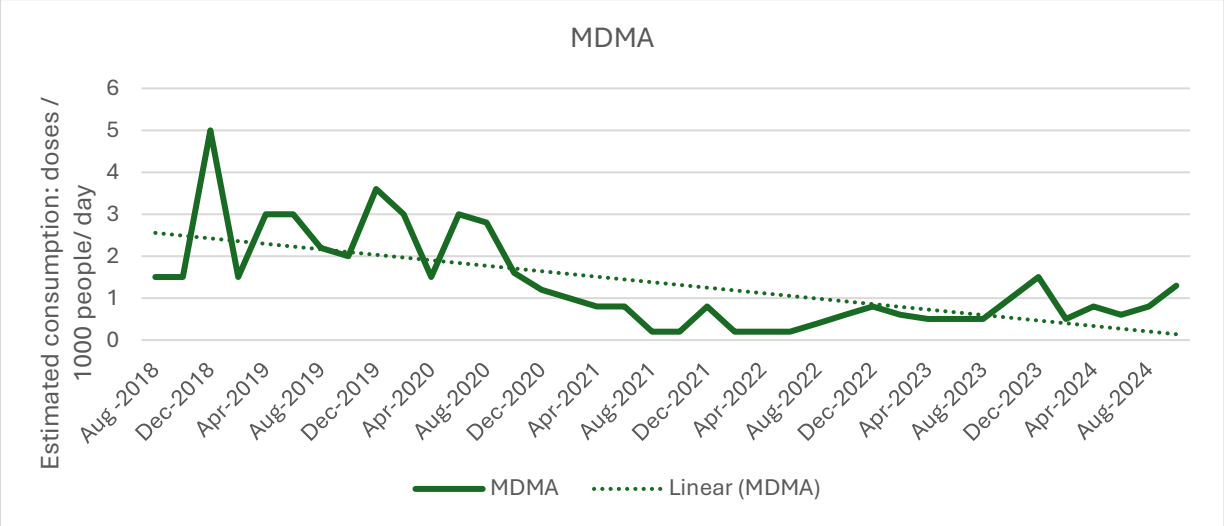


Figure A19: MDMA wastewater data trends: estimated consumption from wastewater metabolites, ACT (source: ACIC)



Appendix 15: Changes outside the scope of the evaluation, recommended by stakeholders

During the course of our data collection with different stakeholders, we asked if participants had any suggestions for how implementation of the Amendment Act could be improved and if there were any changes they would wish to see in the approach towards people who use drugs in the ACT. There were a variety of responses that fell outside of the scope of the evaluation that participants felt had merit that can be broadly can be grouped as:

- Changes to the legislation
- Revisiting threshold quantities
- Greater funding and expansion of healthcare, harm reduction and other services
- Addressing alcohol harms.

Changes to the legislation

Some participants expressed that the laws did not go far enough and should be expanded. Comments included a desire to remove all penalties for possession of drugs for personal use and expansion of the eligibility criteria including expansion to include all drugs (rather than the five covered under the Amendment Act). Stakeholders from CanTEST noted that Ketamine is "commonly" brought in for testing, and GHB should also be included.

> "*What I'd love to see is, yeah, an expansion of decriminalisation to essentially include any potential substance that people are taking, you know because they're wanting to use that drug"* - Harm reduction 2.

Other participants reflected that the legislation could be improved by removing police discretion, and removal of the requirement to confiscate the drugs, which was seen as an ineffective (and potentially harmful) policy, and as stigmatising compared to the approach for cannabis.

> "*I feel like with the pills and powders, there is a little bit of stigma even reflected in it because you don't get your weed taken away, you get your pills and powders taken away…I feel like that's unfair and probably reflects something like social stigma"* -Lived/living experience 4 (FG1).

> *"Because what do they think is going to happen? Well, if you've got a personal amount of opioid or whatever the drug is… taking that from you is not going to do anything except for cause you an issue. You now have to go get on again and what happens if that was all your money gone on that amount? You've now got a potentially criminal action to feed your substance dependence. It's actually then creating issues by confiscating the drug. So, I would say that on a personal amount at least, do not confiscate that amount"* -Lived/living experience 5 (FG2).

Revisiting threshold quantities (TQs)

The issue of the threshold quantities (for small amounts, constituting a simple drug offence) was also raised and debated with some arguing for lower TQs and some arguing for higher TQs. Those wanting to lower threshold quantities were concerned about the ability of drug dealers to exploit the current thresholds and for drug types they perceived to co-occur with chaotic or violent behaviour, which

included methamphetamine (legislated small quantities) and GHB (ACT Policing operational guideline small quantities).

> *"I think the threshold is too high on some substances for specifically one that I can think of at the top of my head is methamphetamine. The threshold of 15 doses per se being 1.5 grams carriage like, which is 15 points per se that can be quite easily exploited by drug dealers"* - Police 1.

> *"GHB is another one, that's been quite high…I remember it being quite a big vial. And I thought, oh, that's actually a lot of GHB for one person. So same thing is like … that can like very easily be split into different vials and still come on come under personal use. But yeah, dealers can exploit that and I think GHB is one that particularly effects people in a public setting as well"* - Police 2 (who illustrated with an example of finding someone with GHB carrying weapons and threatening members of the public).

Other stakeholders however, felt that the current threshold quantities were too low, especially for people experiencing dependency who consumed more than 'average' doses, and that thresholds did not faithfully reflect the purchasing behaviour of people who use drugs.

> "*Particularly for I think LSD, if it's on blotter paper, it's not even possible for someone to be under that threshold"* - Harm reduction 2.

> **"***Some of the amounts are just completely unrealistic for GHB to have a traffickable quantity, you need to have 1 1/2 grammes and most users are using about 20 to 30 mil a day. So it's just. Really, there's a bit of a disconnect there, I think between the legislature and addiction, and how that actually plays out"* - Legal 1.

Greater funding and expansion of healthcare, harm reduction and other services
A range of ideas were put forward for systems and services to be able to better respond to people who use drugs (noting that we did not undertake comprehensive mapping of existing service provision so are unable to comment on current practices or availability of the following service and system improvements). These included:

- The creation of "chill out" spaces for people affected by drugs who were not in a critical condition to be monitored by health professionals:

> *"[An] alternative location they [drug affected people] could be sent other than the hospital because yeah, at this stage we can't do a lot for those people unless they are at a point where clinically they need to go to hospital. So you kind of have to wait for them to get worse before they can get better, which is an unfortunate, unfortunate state"* – Health (frontline) 2.

> *"In [city], we had a clinic that we could lay patients down and monitor them for a number of hours in a more comfortable setting than we can in Canberra. Obviously in Canberra we've only got seats that we're gonna sit them upright. It's not the most comfortable environment. But the major factor in a lot of these cases, drug affected patients is time. If we had the ability to lay them out somewhere comfortable and observe them for a number of hours, we could prevent or avoid a number of ambulance call outs because they*

would come good eventually, and we could send them home by private means" – Health (frontline) 3.

- New or more funding for dedicated mental health first response team to respond instead of police in the first instance to people experiencing a mental health crisis.
  "*A lot of these patients are presenting drug-affected with a mental health crisis or a low level mental health pathology attached to it receiving an acute call out from an ambulance. Whereas a more suitable response would be this lower-level sort of more patient, centred mental health focused response, and yeah, like I say, just improving that nationwide would have a really big benefit to people under this legislation I think"* - Health (frontline) 3.

- More staff for hospitals:

  "*I think ED* [emergency department] *is suffering because we don't have enough staff. And then you lose your time for education and your time for like equipping people. Stuff like drug counselling. I think that, again, that's not necessarily, ED is not necessarily the place where you will suddenly turn your life around because of the huge, the huge interaction of your long-term chronic social situation, mental situation, relationships, all of those things. So if you had a little bit more time to talk to people about their drug use, that might be nice, but I think we would be naive in thinking that would actually make necessary change"* - Health (frontline) 5.

- Improved harm reduction programs including a pharmaceutical heroin program, supervised injecting facilities and introduction of a prison needle syringe program at the Alexander Manonachie Centre were all suggestions raised by some stakeholders.

  "And I would say have a proper heroin program, that if I had a heroin program, I could hold a job. I could go to work…heroin, not methadone. Not methadone, yeah. Not Buvidal" - Lived/living experience 27.

  "I know there's police liaison officers, but more of that sort of thing, more of a "I'm not really a cop but I'm here to help, but I'm with the police", know what I mean? So it's a, you can look at someone who's, dressed in the vest and it's got all the kit on and everything it can be a bit intimidating, in that situation and there's help being offered. But if you've got someone who's, for example, a police officer, but they've just got a shirt on and, you know, excuse me, looking more casual, you know. And I had that experience with an incident that was six months ago where the police dealt with the legal side of it, and the two lady coppers dealt with the emotional side of it. It was, yeah, it was quite an experience" - Lived/living experience 29.

Addressing alcohol harms

There were some stakeholders (particularly from health) who noted that, if the ACT government wanted to reduce drug-related harms, focus and funding would be better spent on addressing alcohol-related harms.

"*I you're wanting to try and curb, you know, problematic like drug use, arguably and probably undoubtedly, the biggest harm is alcohol, right? if you're wanting to curb, probably*

the most harmful use of substances you're wanting to look at alcohol, you know, law reform and where that looks. And I don't know what that looks like, but whatever would potentially promote, you know, healthier consumption and social moderated consumption of alcohol would be a good. That would have by far the biggest impact out of any law or legislation regarding a single drug, at least from our perspective" - Health (frontline) 2.

References

1. Hughes CE, Lancaster K, Spicer B. How do Australian news media depict illicit drug issues? An analysis of print media reporting across and between illicit drugs, 2003–2008. International Journal of Drug Policy. 2011;22(4):285-91.
2. Hughes C, Shanahan M, Ritter A, McDonald D, Gray-Weale F. Evaluation of Australian Capital Territory Drug Diversion Programs. Sydney; 2014.
3. Hughes C, Seaar K, Ritter A, Mazerolle L. Criminal justice responses relating to personal use and possession of illicit drugs: The reach of Australian drug diversion programs and barriers and facilitators to expansion. Sydney; 2019.
4. O'Reilly K, Ritter A. Non-criminal responses to drug use and personal possession in Australia. Sydney; 2024.
5. ACT Health Directorate. Review of the operation of the Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019. Canberra; 2024 August.
6. ACT Policing. Youth Alcohol and Drug Diversion Programs. Canberra; 2025.
7. Mental Health Justice Health and Alcohol and Drug Services. Model of Care – Diversion and Therapy Alcohol and Drug Services Canberra; 2024 July. Contract No.: Version 1.1.
8. Justice and Community Safety Directorate. Statutory Review Report: Drug and Alcohol Sentencing List Provisions. Canberra; 2023.
9. Rossner M, Bartels L, Gelb K, Wong G, Payne J, Scott-Palmer S. ACT Drug and Alcohol Sentencing List: Process and Outcome Evaluation Final Report. Canberra; 2022.
10. KPMG. Cost-benefit analysis of the Drug and Alcohol Sentencing List: final feport. 2024.
11. ACT Health Directorate. ACT Drug Strategy Action Plan 2022-2026. Canberra; 2022.
12. Department of Health. National Drug Strategy 2017–2026. Canberra; 2017.
13. ACT Government. ACT Drug Strategy Action Plan 2022-2026 Mid-Point Progress Report. Canberra; 2025.
14. Olsen A, Baillie G, Bruno R, McDonald D, Hammoud M, Peacock A. CanTEST Health and Drug Checking Service Program Evaluation: Final Report. Canberra; 2023.
15. Byrne S, Gock A, Cowling A, Faunce T. Australia's First Official Illicit Pill Testing at Canberra's Groovin' the Moo Music Festival: Legal Hurdles and Future Prospects. Journal of Law & Medicine. 2018;26(1):54-60.
16. Bowring A, Olsen A, Tidhar T, Bourke K, Bailey C, Keane H, et al. Australian Capital Territory harm reduction cost-benefit analysis. Canberra; 2025.
17. Legislative Assembly for the Australian Capital Territory. 20. Inquiry into Penalties for Minor Offences and Vulnerable People. Canberra; 2025.
18. Mellor R, Ritter A. Treatment Demand Modelling for Alcohol and Other Drug Treatment in the ACT. Sydney; 2021.
19. Ritter A, O'Reilly K. Unmet treatment need: The size of the gap for alcohol and other drugs in Australia. Drug and Alcohol Review. 2025;44(3):772-82.
20. ABS. New Census insights on income in Australia using administrative data. Canberra; 2023.
21. ABS. Education and Work, Australia. 2023 8 November.
22. ACT Health Directorate. Drugs of Dependence (personal use) reforms: Communication plan. Canberra; 2023.
23. UM. Media Performance Report: Drug Law Reform. Canberra; 2024.