**2026**

**THE LEGISLATIVE ASSEMBLY FOR THE**

**AUSTRALIAN CAPITAL TERRITORY**

**ELEVENTH ASSEMBLY**

# Final report on the Evaluation of the Operation of the ACT Drugs of Dependence (Personal Use) Amendment Act 2022

**Presented by**
**Rachel Stephen-Smith MLA**
**Minister for Health**
**26-28 May 2026**

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Drug Policy Modelling Program, Social Policy Research Centre, UNSW in collaboration with Canberra Alliance for Harm Minimisation and Advocacy and the Australian National University

31 March 2026

UNSW SYDNEY

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**Acknowledgements**
We would like to thank all people who generously gave their time to participate in consultations and interviews to inform this evaluation, and the data custodians who facilitated access to data. In particular we would like to acknowledge people with living and lived experience of drug use who shared their stories and experiences with us.

We recognise the traditional owners of the lands on which we work; the evaluation predominantly took place on the lands of the Ngunnawal people and the Bidjigal people.

**Funding**
The evaluation was funded by the ACT Government through the Health and Community Services Directorate.

**Declarations and Conflicts of interest**
The team of evaluators includes academic researchers and people with living/lived experience of drug use, ensuring that the best expertise is brought to the analysis. Any perceived conflicts of interest within the team were managed through rigorous and extensive team dialogue, with all interpretations and conclusions drawn from the data thoroughly reviewed and tested prior to finalisation. Drafts of the findings were presented to the ACT Health and Community Services Directorate and other stakeholders. All conclusions were drawn independently by the evaluation team.

**Suggested citation:** Ritter, A., O'Reilly, K., Barrett, L., Blunden, H., Gough, C. & Olsen, A. (2026). Final report on the evaluation of the operation of the ACT Drugs of Dependence (Personal Use) Amendment Act 2022. Drug Policy Modelling Program, SPRC, UNSW.

## Table of contents

## List of Tables

## List of Figures

# Acronyms and terminology

| *Abbreviation* | *Definition* |
|---|---|
| ***ACIC*** | Australian Criminal Intelligence Commission |
| ***ACT*** | Australian Capital Territory |
| ***ACTSD*** | ACT Sentencing Database |
| ***ACTGAL*** | ACT Government Analytical Laboratory |
| ***ACTP*** | ACT Policing |
| ***ADS*** | Alcohol and Drug Services (Canberra Health Services) |
| ***AFP*** | Australian Federal Police |
| ***Amendment Act*** | The *Drugs of Dependence (Personal Use) Amendment Act 2022* |
| ***The Amendments*** | Changes made under the Amendment Act |
| ***ANU*** | The Australian National University |
| ***ATOD*** | Alcohol Tobacco and Other Drugs |
| ***AODTS-NMDS*** | Alcohol and Other Drug Treatment Services – National Minimum Dataset |
| ***ATS*** | Amphetamine Type Stimulants |
| ***DSAP*** | ACT Drug Strategy Action Plan 2022-2026 |
| ***CAHMA*** | Canberra Alliance for Harm Minimisation & Advocacy |
| ***CHS*** | Canberra Health Services |
| ***DATO*** | Drug and Alcohol Treatment Order |
| ***DASL*** | Drug and Alcohol Sentencing List |
| ***DDU*** | Discrete Dosage Unit |
| ***DoD*** | The *Drugs of Dependence Act 1989* (ACT) |
| ***EDRS*** | The Ecstasy and Related Drugs Reporting System |
| ***HCSD*** | Health and Community Services Directorate |
| ***IDD program*** | Illicit Drug Diversion program |
| ***IDRS*** | The Illicit Drug Reporting System |
| ***ITS*** | Interrupted Time Series (analysis) |
| ***JACS*** | Justice and Community Safety Directorate |
| ***KI*** | Key Informant |
| ***MDMA*** | 3,4 Methylenedioxymethamphetamine |
| ***MLA*** | Member of the Legislative Assembly |
| ***MOU*** | Memorandum of Understanding |
| ***NASS*** | National Ambulance Surveillance System |
| ***NDARC*** | The National Drug and Alcohol Research Centre (at UNSW) |
| ***NDS*** | National Drug Strategy 2017-2026 |
| ***NSW*** | New South Wales |
| ***PROMIS*** | Police Realtime Online Management Information System |
| ***PU*** | Penalty Unit |
| ***PWUD*** | People Who Use Drugs |
| ***SCON*** | Simple Cannabis Offence Notice |
| ***SDON*** | Simple Drug Offence Notice |
| ***SHFG*** | Stakeholder Focus Group |
| ***UNSW*** | University of New South Wales |

**Terminology**

Amendments/Amendment Act: the changes made under the *Drugs of Dependence (Personal Use) Amendment Act* 2022, including reduction in criminal penalties and expanded diversion options for simple drug offences.

Consumer drug offences: any offence for possession of drugs for personal use including simple drug offences and other possession offences.

Criminal charge: where an offence recorded was not diverted, including those charged, arrested, or issued a notice to appear in court, all of which may result in a criminal conviction and/or criminal penalties.

Decriminalisation: The removal of criminal penalties for a criminal offence. There are many different models and forms of decriminalisation.

Diversion/diverted: any non-criminal response issued for a consumer drug offence, including a simple drug offence notice (SDON), referral to the Illicit Drug Diversion (IDD) program, or a caution/warning.

Illicit Drug Diversion (IDD) program: The IDD program includes referral for a 1-hour assessment/education session. No further action is taken if the individual successfully attends the session.

Other possession offences: Possession of larger than a small quantity but less than trafficable quantity, or possession of a drug which does not have a small quantity specified but is deemed personal use.

Provider drug offences**:** offences relating to drug manufacture and supply including sale and supply, manufacture, import/export, trafficking.

Simple drug offence: Possession of a small quantity of one of the drug types specified under the Amendments.

Simple Drug Offence Notice (SDON): For people apprehended for a simple drug offence, police may choose to issue an SDON, which details that the offence can be cleared through payment of a non-criminal $100 fine, or attendance for an assessment/education session (the IDD program).

# 1. Executive Summary

This report provides findings from the evaluation of the first two years (October 2023 to October 2025) of operation of the ACT *Drugs of Dependence (Personal Use) Amendment Act* 2022 (the Amendment Act). The Amendment Act introduced a decriminalised response for simple drug offences, with the introduction of the Simple Drug Offence Notice (SDON) alongside reductions in the penalties for possession of drugs for personal use (consumer offences). Its primary aim is to divert people who use drugs away from the criminal justice system into education, assessment and treatment.

The evaluation found positive results overall. Court data show no prison sentences for simple drug offences alone since the Amendments. The majority of people found in possession of drugs for personal use were diverted across the first two years of implementation (69.6%) compared to about half in the two years prior to the Amendments. The Amendment Act formalised existing diversion practices, which likely contributed to implementation and outcome successes. Prior to the Amendments, ACT Policing had been diverting people away from the criminal justice system through the Illicit Drug Diversion (IDD) program (established in 2001). Supporting infrastructures—including SupportLink referral systems, management of fines through Access Canberra, and seized drug testing agreements—were already in place, requiring no new technology or processes.

Despite reinforcing 'business as usual', stakeholders recognised the Amendment Act as groundbreaking for legislating decriminalisation: a non-criminal response to possessing drugs for personal use. The program is operating largely as intended, and governance arrangements are sound.

Stakeholders, service providers, and people who use drugs reported positive views about the Amendments, seeing the health-focused approach as more appropriate than criminal justice responses. There was no evidence of net-widening (more people being found/charged with possession of drugs), nor evidence of trend changes in the number of drug supply offences recorded by police over time. There was also no evidence of net-deepening (greater severity of sentencing).

The drug most commonly associated with consumer drug offences was cocaine (42.8% of consumer offences since the Amendment Act came into effect), and the diversion rate was highest for cocaine (91.6% of all detections). This compared to 27.1% of people found with methamphetamine being diverted since the Amendments. Co-offending significantly reduced the likelihood of receiving a diversion response, as expected given ACT Policing policy which specifies diversion should be used for simple drug offences where no other offending is present. Where co-offending was present, 13.6% of cases were diverted, whereas 96.1% of cases were diverted where no co-offending was present.

Across the first two years of implementation there has been a decline in the number of consumer offences, an increase in the proportion of those being diverted, police exercising discretion to take no action, and reduction in court matters – all indications of strong alignment with the overarching goal and intention of the Amendment Act (a health response to people who use drugs in the ACT).

The implementation of the Amendments produced no significant negative outcomes, with no evidence of impacts on drug-related ambulance attendances, drug markets in the ACT, drug tourism,

or impacts on alcohol and other drug treatment services. In the context of broad public support for a non-criminal response (YourSay survey, 64% support) and media reporting (where mentions of negative predicted outcomes declined over time), there remains evidence of stigma towards people who use drugs (for example, the YourSay survey showed that 41% of respondents 'would behave negatively towards other people because of their injecting drug use'). Ongoing community education and information, about drug use and about the Amendments, remains vital.

## Key findings

Based on triangulation across quantitative and qualitative data, in addition to analyses of secondary data sources, the key findings were as follows:

**Uptake and reach**

1. Most people found in possession of drugs for personal use in the ACT were diverted away from the criminal justice system. Across the first two years of operation, a total of 69.6% of consumer drug offences (inclusive of simple drug offences and other possession offences) were diverted (n=366). (p. 32, Figure 2). This compares to 40.1% in 2018/19 and 51.6% in the year prior to the Amendments. (p. 33, Table 5)

2. Of those who were diverted, the vast majority (96.4%, n = 353) were referred to the Illicit Drug Diversion program, and only a small number were issued a Simple Drug Offence Notice (2.2%, n = 8) or caution (1.4%, n = 5). (p. 32, Table 4)

3. There was no evidence of net-widening (more people being found/charged with possession of drugs). In fact, the reverse. There was a statistically significant decline in consumer offences over time. (p. 35, Figure 4). The number of consumer offences in 2023/24 was 323; in 2024/25 it was 203. (p. 33, Table 5). Court cases for consumer offences have declined steadily since 2018, with further declines as expected after the Amendments came into effect. (p. 40, Figure 8).

4. There was no evidence of trend changes in the number of drug supply offences (provider drug offences) recorded by police over time. (p. 38, Table 8). This was confirmed in court data: since 2019 there has been a relatively steady pattern of drug supply matters before the courts (from 99 cases in 2019 to 125 cases in 2024). (p. 39, Figure 7). This suggests that the Amendments have not been associated with changes in policing or court matters for drug supply.

5. There is no evidence of net-deepening (greater severity of sentencing). In the first two years of the Amendment Act, there has been no imprisonment penalty given for simple drug offences in the absence of co-offending. (p. 41, Table 9)

6. The drug most commonly associated with consumer drug offences was cocaine (42.8% of consumer offences since the Amendment Act came into effect). (p. 43, Table 11). The number of cocaine consumer offences were increasing prior to the Amendments: in 2018/19 there were 80, increasing to 139 in 2021/22 (and in 2024/25 there were 82). (p. 45, Table 12)

7. The percentage of people diverted differed by drug class in the first two years of the Amendments: the highest diversion rate was for cocaine consumer offences (at 91.6%); the lowest was for methamphetamine consumer offences (27.1% of people diverted). (p. 48, Table 14)

8. Co-offending significantly reduced the likelihood of receiving a diversion response, as expected given ACT Policing policy. Overall, where co-offending was not present, 96.1% of cases were diverted; where co-offending was present, 13.6% of cases were diverted. (p. 49, Table 15)

9. Examining the rate of diversion amongst people without additional co-offending, there was indicative evidence of differences by drug type, age, and Aboriginal and Torres Strait Islander status. While 96.1% of people were diverted (in the absence of co-offending), this proportion was lower for methamphetamine consumer offences (at 84.6%), for Aboriginal and Torres Strait Islander peoples (at 81.8%), and for people aged 35 and over (at 92.9%) recognising small sample size for these groups. (p. 52, Table 18)

**Implementation processes**

10. The ACT policy context provided a highly supportive environment for the Amendments. Additionally, the long history of diversion responses in the ACT and ACT Policing policy to prioritise the Illicit Drug Diversion referral over the Simple Drug offence Notice meant that for many stakeholders, the Amendment Act formalised pre-existing practices. (p. 54)

11. The preparation and planning phases prior to the commencement of the Amendment Act were effective at problem-solving and new relationships were built or strengthened. (p. 55)

12. Implementation has been largely faithful to the guidelines and procedures, the Memorandum of Understanding between the implementing agencies and the models of care established as part of program commencement. (p. 58)

13. Governance arrangements appear sound. (p. 56).

14. While only two people were interviewed who had completed the Illicit Drug Diversion assessment since the Amendments, both were positive about the intervention. (p.65). Some stakeholders felt that diversifying the options available for completing the diversion program including through other alcohol and other drug treatment and harm reduction services would support greater access to the health response. (p.66).

15. Stakeholders across the spectrum of those interviewed noted that the Amendment Act had resulted in greater efficiency and time saving practices. (p. 89).

16. Assessment completion rates declined from 88-95% before the Amendments to 67% in 2024/25. (p. 64). Some stakeholders saw this as an implementation gap, though most attributed it to practical barriers. The absence of consequences for non-attendance and non-payment of a fine was considered by the majority of stakeholders as consistent with the

objectives of the Amendment Act to avoid unnecessary criminal justice contact. Stakeholders noted that it would be both an inefficient use of resources and incongruent with ACT's approach to drug use to issue charges for individuals who were non-compliant, and as some members of ACT Policing noted, this would not be in the public interest. (p.64, 89).

**Community awareness, knowledge and attitudes**

17. The complexity of the Amendments and associated processes was noted by many participants as a barrier for people to understand their rights and to abide by the laws as intended. Acknowledging the range of communications about the Amendments to people who use drugs and the general public, the Amendments appear to be poorly understood. Believing drugs have been legalised and other misinterpretations of the law places people at risk of legal action. (p.67).

18. Awareness and knowledge among the ACT general public about the reforms is limited. (p.70, Figure 19). The YourSay survey revealed that 21% reported knowing nothing about the ACT drug law reforms, with 5% saying they "know a lot about it"; 33% reporting knowing "some details about it", and 40% reporting that they "know a little about it". Public understanding of the legal status of drugs could be improved.

19. A number of stakeholders, including ACT Policing and people who use drugs suggested the idea of a simple information and education card (e.g. credit card size) for people who use drugs, and for those stopped with small amounts of drugs, explaining diversion, and the processes. (p. 68).

**Impacts**

20. Drug driving: Interpretation of drug driving data is complicated by the introduction of roadside testing for cocaine in January 2025 (previously only ecstasy, methamphetamine, and cannabis), and testing rates are driven by police priorities. Drug driving offences recorded by ACT Policing increased between 2023/24 and 2024/25; however, the numbers remain lower than 2020/21 and earlier. (p.74, Table 21).

21. Alcohol and other drug treatment services: There was no evidence of impacts on the alcohol and other drug treatment sector, and no changes in the number of people voluntarily seeking alcohol or other drug treatment. (p. 79, Table 22).

22. Drug-related ambulance attendances: There was no evidence of an association between the Amendments and drug-related ambulance attendances or overdose-related ambulance attendances; whilst there were some increases observed for amphetamines, these were mirrored in NSW suggesting that they were unrelated to the Amendments. (p. 80).

23. Stigma: Among the evaluation participants who used drugs, experiences of stigma were mixed; some reported reduced stigma and improved relationships with police, whereas others felt there had been no changes, particularly with health services. Other stakeholders felt that stigma towards people who use drugs had started to lessen in the broader community, however this was not a universal view. (p. 81). The YourSay survey found 41% of

respondents said they would often or always behave negatively towards people who inject drugs; with 24% responding similarly for other drug use. (p. 83, Figure 28).

24. Drug market impacts: In the months following the Amendments (data available to August 2024) there were suggestive increases in the metabolites for methamphetamine, heroin, cocaine and MDMA in ACT wastewater analysis. However, these remained below the levels seen in earlier years (2018 to 2020). (p. 75). The annual ACT surveys of people who use drugs (the IDRS and EDRS) showed no trend change in perceived availability of illicit drugs and drug prices since the Amendments. (p. 76).

25. Public, visible drug use: There are limited data sources to examine changes in public drug use, beyond perceptions. Across the range of different stakeholders interviewed, none perceived any increase in public drug use, although a few stakeholders (mostly in health or police roles present within the nightlife district of Canberra) felt that there had been an increase in public cocaine use. (p. 77). In the YourSay Survey, 18% of respondents agreed or strongly agreed that public drug use had increased. (p.78, Figure 25).

26. Drug tourism: no evidence was found of increases in offences from people who resided outside the ACT or its immediate surrounding areas (inclusive of, for example, Queanbeyan and Bungendore). The analysis of ambulance attendances also found no evidence of changes in drug-related ambulance attendances involving people living interstate. (p. 85, Table 23).

27. Relationships between police and people who use drugs: a number of stakeholders reported improved relationships between the police and people who use drugs, including reducing aggressive interactions, with people feeling they could be more honest and open about what drugs they are carrying and less likely to try to run away. (p. 86).

28. Community support: The majority of the ACT population support the Amendment Act (YourSay survey: 64% thought that people caught with small amounts of illicit drugs for personal use should not receive a criminal record). However, the level of community support for a health response for some drugs appears to have declined (YourSay survey) since the Amendment Act commenced. (p. 71).

## Recommendations

The following recommendations are provided in the context of the above key findings, and within the scope of the evaluation which is focussed on implementation of the Amendment Act.

- That the ACT Government continue to implement the Amendment Act as currently enacted. Overall, the evaluation found the implementation is sound, the program is operating as intended, with largely positive outcomes.

- That the ACT Government continue to monitor the Amendment Act for ongoing outcomes and impacts, inclusive of longer-term outcomes. The outcomes observed to date rely on implementing agencies working within the intentions of the Act (and could potentially change if organisational support or internal direction changed).

- That the ACT Government support research that can adequately assess the multiple factors that may impact on equitable access, including drug types, Aboriginal and Torres Strait Islander status, and older people, taking into account co-offending.

- That the ACT Government maintain active and ongoing general public and targeted information and education about the Amendment Act, including to health and frontline workers, people who use drugs, and the general public.

- That the ACT Government consider broadening the number of designated agencies providing an 'approved diversion program' or in other ways facilitate the potential for greater matching of client needs with a diversity of diversion program options.

- That the ACT Government support ongoing professional development and training regarding appropriate language, stigma-reducing behaviours and elimination of discriminatory practices amongst healthcare services, police and other frontline service providers.

# 2. Introduction

The *Drugs of Dependence (Personal Use) Amendment Act* 2022 (the Amendment Act) was enacted on 28 October 2023. While there are a number of primary and secondary objectives of the Amendment Act (see 4.1 Program Logic), the main aims were to divert people who use drugs away from the criminal justice system into education, assessment and treatment.

The Amendment Act follows on from a range of drug law reform and policy and programs in the Australian Capital Territory (ACT) that promote harm minimisation, diversion away from the criminal justice system, and promotion of health and treatment services. For instance, in 2020 the ACT became the first jurisdiction in Australia to remove criminal penalties for simple cannabis offences for adults, and in 2022 became the first jurisdiction to operate a fixed-site drug checking service (CanTEST). The Amendment Act also builds on pre-existing systems of diversion under the Illicit Drug Diversion (IDD) program. The IDD provides ACT Policing with discretion to divert people apprehended for drug possession offences to a harm reduction education and assessment session with Canberra Health Services (CHS) instead of issuing a criminal charge. The IDD has been in operation under non-legislative arrangements since 2001.

A requirement of the Amendment Act was for an independent review after 2-years of operation. This report provides the findings of the independent review. An interim evaluation report was provided to the ACT Government in September 2025.

# 3. Overview of the Amendment Act

The initial Drugs of Dependence (Personal Use) Amendment Bill 2021 was introduced to the ACT Legislative Assembly in a Private Member's Bill by Michael Petterson MLA on 11 February 2021, with the stated intention to "treat drug use as a public health problem and not one first and foremost of the criminal justice system" [1]. Over 2021/22, several parliamentary debates took place as well as a Select Committee Inquiry [2], which ultimately resulted in the Bill being passed on 20 October 2022, to take effect 12 months later on the 28 October 2023 (thereafter known as the *Drugs of Dependence (Personal Use) Amendment Act* 2022, hereafter as the 'Amendment Act' or the 'Amendments'). Appendix 1 provides a table which details the major policy and legal events occurring since 2019 in relation to the Amendment Act.

The Amendment Act builds upon the pre-existing diversion pathways in the ACT: the Illicit Drug Diversion (IDD) program (established in 2001 under a non-legislative agreement), which allows for attendance at a health, education, and treatment session in replacement of a criminal charge, and the previous Simple Cannabis Offence Notice (a $100 non-criminal infringement notice available for people possessing small quantities of cannabis).

The Amendment made three key changes to the *Drugs of Dependence Act 1989*:

**1. Simple drug offences**: introduced a definition for simple drug offences as possession of small quantities of a limited number of drugs (also known as 'personal use' amounts). The simple drug offence replaced the previous 'simple cannabis offence'.

**2. Simple drug offence notice (SDON)**: allowed for an SDON to be issued for people apprehended for simple drug offences, which involves instruction for discharging the offence by either:

*Payment of a $100 fine (non-criminal infringement notice)*
*Attendance at an 'approved drug diversion program' (IDD program at CHS)*

If either of these actions are successfully completed, the offence will be cleared and there will be no criminal charge for the offence. The SDON replaced the previous Simple Cannabis Offence Notice (SCON).

**3. Reduced the penalties for possession of drugs**: reduced the maximum criminal penalties for simple drug offences and other drug possession offences (both of which were previously 50 penalty units and/or 2-years imprisonment), to:

*Simple drug offences*: 1 penalty unit (no imprisonment)
*Other possession offences*: 50 penalty units and/or 6-months imprisonment

Key to the Amendments was the addition of the 'small quantities' to the *Drugs of Dependence Regulation 2009.*[1] Small quantities refer to what is deemed to be a personal use amount, and what

[1] The drug types and quantities were added to the Drugs of Dependence Regulation 2009, so that they "can be more easily amended to take account of changing trends in future" (Supplementary Explanatory Statement with Government Amendments, 20 October 2022).

defines a simple drug offence (associated with lower criminal penalties and eligibility for the SDON). Small quantities are specified for 10 specific drugs (see Table 1), covering eight drug types:

- Cocaine
- MDMA
- Methamphetamine
- Amphetamines
- Heroin
- LSD
- Psilocybin ('magic mushrooms')
- Cannabis (for those aged under 18; adults are exempt from penalties under the *Drugs of Dependence Act*).

*Table 1: Drug types and threshold quantities under ACT legislation*

| Drug types[3] | **Small quantity (<)** *Drugs of Dependence Regulation 2009 (ACT)* | **Trafficable quantity (>)** *Criminal Code Regulation 2005 (ACT)* |
|---|---|---|
| **Drugs of dependence** | | |
| *Amphetamine* | 1.5g | 6g |
| *Cocaine* | 1.5g | 6g |
| *Methamphetamine* | 1.5g | 6g |
| **Prohibited substances** | | |
| *MDMA* | 5 DDU or 1.5g | 10g |
| *Cannabis (dried)*[1] | 50g | 300g |
| *Cannabis (harvested)*[1] | 150g | NA |
| *Heroin* | 1g | 5g |
| *Lysergic acid* | 5 DDU or 0.001g | 0.003g |
| *Lysergide (LSD, LSD-25)* | 5 DDU or 0.001g | 0.003g |
| *Psilocybin* | 5 DDU or 0.001g | 2g |

*Notes: DDU = discrete dosage unit, e.g. tablets, capsules. DDU quantity is 0.3g for MDMA and 0.0002g for LSD and psilocybin.*
*1. Possession of small quantities of cannabis is permitted under the DoD for adults. People aged under 18 are eligible for the SDON for possession of small quantities of cannabis.*
*3. ACTP guidelines also include ketamine (6g), GHB (0.5g) and methadone (400g) as 'eligible non-small quantity drugs'. These are eligible for referral to the IDD program or caution (but not SDON).*
*4. Prior to the Amendments, the operational guidelines for the IDD program advise that the possession should not be more than approximately 25% of the trafficable quantities; this roughly equates to the small quantities for drug types included in the Amendment Act.*

The newly specified small quantities are in addition to the pre-existing 'trafficable quantities' which are specified under the *Criminal Code Regulation 2005* (ACT) (see Table 1). If possessing above the small quantities (or no small quantity is specified for the drug type) but below the trafficable quantity, a person can be charged with a drug possession offence, which is associated with greater penalties than a simple drug offence (see Table 2).[2]

[2] The Regulation to the Criminal Code 2002 (ACT)covers drug possession as well as more serious drug offences including drug trafficking, manufacture, and import/export offences. There are additional threshold quantity limits associated with more serious offences and higher penalties, e.g. commercial trafficable quantities.

The Amendment Act applies to both adults and people aged under 18; however, for those aged under 18, simple drug offences also include the possession of small quantities of cannabis and cultivation of one or two cannabis plants (adults are exempt from penalties for these offences following the 2020 legislative changes [3]).

The processes for the SDON are specified under the Amendment Act[3], including the two ways for clearing the offence notice: payment of a $100 fine or attendance at an 'approved diversion program'. The pre-existing IDD program as operated by the Alcohol and Drug Service, CHS (in operation under non-legislative arrangements since 2001) was designated as the 'approved diversion program'.[4]

*Table 2: Consumer drug offences and penalties under the Drugs of Dependence Act 1989 (ACT)*

| ***Offence*** | ***Section*** | ***Max penalty*** | ***Legislated diversion*** |
|---|---|---|---|
| ***Simple drug offences*** | | | |
| *Possession of a small quantity of drugs* | s169 (1)<br>s171 (1) | 1 PU ($160) | SDON: cleared by payment of $100 fine or attendance at the IDD program |
| *Possession of a small quantity of cannabis or cultivation of 1 or 2 cannabis plants (under 18 only)* | s171AA (1)<br>s162 (1) | Adults: no penalty<br>Under 18: 1 PU | SDON: cleared by payment of $100 fine or attendance at the IDD program |
| ***Other drug possession offences*** | | | |
| *Possession of more than a small quantity (or possession of a drug for which no small quantity is specified)*[2] | s169 (2)<br>s171(2) | 50 PU ($8,000) and/or 6-months imprisonment | NA |
| *Possession of a small quantity of three different drugs, and the total of the small quantity fractions for each substance is more than 2.* | s171AAD | 50 PU ($8,000) and/or 6-months imprisonment | NA |

Notes: PU = penalty unit.

1. 'Drug' includes both 'drug of dependence' and 'prohibited substance'.

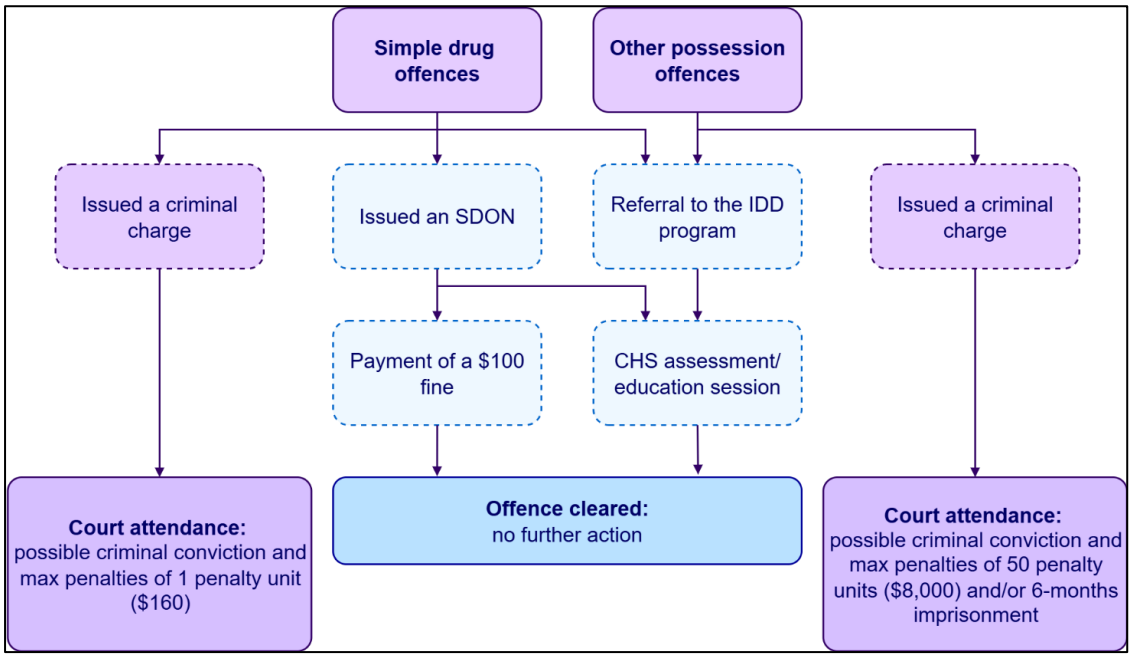
2. Higher penalties apply for possession of trafficking quantities, including commercial quantities and large commercial quantities.

Importantly, the pre-existing IDD program and referral pathways are retained (that is, there are two pathways for a consumer drug offence to be cleared: via the SDON or via referral to the IDD program), as detailed in Figure 1.

[3] Sections 171A and s171BB

[4] The Amendment Act specifies that the Health Minister may approve a drug diversion program for the "assessment and treatment of people who are found in possession of drugs of dependence or prohibited substances" (s171BB) and is referenced under the SDON as one way for clearing the offence (s171A); the IDD program as operated by the ADS, CHS was approved by the Health Minister for this purpose (18 Sept 2023, Notifiable Instrument).

*Figure 1: Offences and penalties under the Amendments*




ACT Policing can directly refer people found in possession of illicit drugs to the IDD program (if consent is provided, via SupportLink), which requires attendance at CHS for an assessment and education session in order to clear the offence. The eligibility for the IDD program is largely the same as the SDON, however as the processes are not legislated, there is greater flexibility around the drug types and quantities which can be referred, including for ketamine (up to 6g) and methadone (up to 400g) (see Table 1) [4].

Both pathways (SDON and IDD referral) require that the officer reasonably believes the possession was intended for personal use (i.e. no evidence of an intent to supply), and issuing a diversion is at the discretion of the officer, meaning ACT Policing can choose to issue a criminal charge. When considering whether to issue a charge (e.g. due to non-compliance), the operational guidelines specify that officers should "consider the circumstances of the offending, the minor nature of the offence and the ACT Policing Executive's support of the ACT Government's position to remove minor drug possession-related offences from the criminal justice system" [4].

ACT Policing operational guidelines also specify that diversion should only be used in response to a "single offence of personal possession of a small quantity of an eligible substance" [4]. Where other offences are recorded, the guidelines instruct that officers should also prosecute for the drug possession offence, "to ensure that the court has the full context of the incident" [4][5]. There is no maximum number of times someone is eligible for diversion under both pathways.[6] There are no other legislated eligibility criteria in the Amendments, and police can use discretion, for example ACT

[5] Prior to the Amendments, eligibility only required that the "offence was not committed in circumstances involving violence" (AFP Practical Guide on Drug Diversions, ACT Policing, 2012).

[6] Prior to the Amendments, a person was eligible to be referred to the IDD program three times before they would be issued a criminal charge.

Policing have previously noted (prior to the Amendment Act) that factors such as the age of the offender may impact the decision [5].

# 4. Evaluation methodology

The evaluation methodology was collaboratively developed with the project team (the Drug Policy Modelling Program (DPMP), the Australian National University (ANU) and Canberra Alliance for Harm Minimisation & Advocacy (CAHMA), in consultation with the ACT Health and Community Services Directorate, (HCSD) and with input from key implementation organisations including ACT Policing, Access Canberra and Canberra Health Services (CHS).

## 4.1 Program logic

A program logic for the Amendment Act was developed to guide the evaluation. The objectives underpinning the program logic were established through an analysis of documents related to its passage through the Legislative Assembly, additional materials provided by the HCSD, and through discussions between the project team and HCSD. The objectives of the Amendment Act were divided into primary and secondary objectives as follows:

**Primary objectives:**

1. To divert people who use drugs away from the criminal justice system
2. To divert people who use drugs into education, assessment and treatment
3. To reduce stigma experienced by people who use drugs while seeking healthcare

**Secondary objectives:**

4. Minimise harms associated with involvement in the criminal justice system
5. Strengthen partnerships (between people who use drugs, law enforcement, health, and other stakeholders)
6. Ensure that diversion is equally accessible for all people who are eligible, including people experiencing disadvantage
7. Fulfil the community expectation of community protection and the punishment of drug offences outside of personal possession
8. Reduce the burden/cost of drug use to the criminal justice system
9. Increase treatment seeking and access to healthcare by people who use drugs.

The program logic mapped the inputs and resources required, the activities to be undertaken, the outputs, and the outcomes/impacts (short, medium, and long term) against each of the objectives. The evaluation framework followed the program logic, inclusive of inputs, activities, outputs, short-term, and medium-term outcomes. The long-term outcomes pertain to a period beyond the timeframe of the evaluation and were hence not within scope.

## 4.2 Guiding research questions

The evaluation framework included a process evaluation (implementation, process, reach, governance, and strengths/weaknesses) and an outcome evaluation (impacts over time and unintended consequences).

Our methodology and subsequent analyses were guided by overarching research questions. For the process evaluation these included:

- How is the program being implemented? Are the activities being implemented as intended?
- Is the program reaching the appropriate population?

- What are stakeholders' perceptions and experiences of the implementation?
- What are the strengths and challenges of the implementation?
- Are the governance arrangements sound?
- Is the program reaching the key populations requiring special consideration as outlined in the ACT Drug Strategy Action Plan 2022-26?
- Are there areas for implementation improvements?

For the outcome evaluation, guiding research questions included:

- Are there impacts on the criminal justice system?
- Are there impacts on the health system?
- Are there perceived impacts for the community?
- Are people who use drugs experiencing better health and wellbeing?
- Are there any unintended or unexpected consequences?

## 4.3 Qualitative methods

***Policy documentary analysis***

We conducted a documentary analysis of a range of key policy documents, including: the Amendment Act and associated documentation; policy and evaluations relating to alcohol or other drug use, treatment and harm reduction; regulations relevant to the ACT; internal agency policy documents; and meeting minutes from the two groups with oversight of implementation (the Executive Group and the Implementation Working Group). A total of 75 documents were analysed (comprising 16 documents related to the passage of the Amendment Bill through the Legislative Assembly, 31 internal documents including meeting notes, 4 documents containing a range of media and social media materials and 24 other related policy documents and program evaluations). Websites of governing agencies were also visited to access information. Internal documents were provided by the HCSD and ACT Policing. Additional policies and documents that were mentioned during interviews were also sourced. Documents were analysed to extract the key policy changes and context relevant to the Amendments and any information relevant to the research questions.

***Key informant interviews and roundtable***

We interviewed 10 key informants from implementing organisations in July/August 2025, including ACT Policing, HCSD team members inclusive of the ACT Government Analytical Laboratory (ACTGAL), Access Canberra, CHS, and CAHMA. Interviews lasted approximately one hour and used the process evaluation questions as the basis for discussion. During August we invited all key informants, plus some additional individuals from implementing agencies, to a roundtable where we presented the findings from our analysis. The roundtable took place online and lasted one hour. Eight people from the different agencies participated in the roundtable, and one agency was provided with the PowerPoint presentation for comment. The comments and questions from the roundtable participants were used to further inform the findings.

***Focus groups with people who use drugs***

We held five focus groups (with 4-6 people in each) in July 2025 with people who use drugs in the ACT (total n = 24). The focus groups were held in person in a private room at CAHMA and ran for 1-2 hours. Participants were recruited through social media and posters/flyers at CAHMA, CanTEST and other ATOD services in the ACT. Those interested contacted the research team and were screened for

eligibility (aged over 18, living in the ACT, had used an illicit drug since October 2023). Participants were reimbursed with a $140 gift voucher for their time.

The sample comprised about 60% women, mostly middle aged or older, with the exception of one focus group which was largely younger people aged under about 25. Most people used drugs daily or near daily; we did not ask about drug types used, however most reported using heroin/opioids and methamphetamine; most engaged in injecting drug use. Most participants had experiences with the criminal justice system (including with police for drug possession offences) and ATOD services (including treatment and harm reduction). Three had received a diversion for a drug possession offence; two of these were after the Amendments.

The focus groups explored people's knowledge about the reforms, including where they had heard information about the Amendment Act, their perspectives of the reforms and implementation, and any experiences with police and health services including any changes since the Amendments.

***Interviews with people who have been stopped by police in possession of small quantities of drugs***

We conducted interviews with 11 people who had been stopped by police in possession of small quantities of drugs in the ACT at some point since 28 October 2023 (date the Amendment Act came into effect). Interviews occurred during October to December 2025. Two interviews were conducted over the phone and nine in person (seven in a private interview room at CAHMA, one in a coffee shop and one at the participant's home).

Despite a broad recruitment strategy (including social media postings, posters/flyers at services and noticeboards across Canberra and in some pubs/clubs, and CHS staff informing diversion participants about the study), all participants were recruited either via a flyer at a local NSP (n=2), or CAHMA (n=9). All participants had histories of methamphetamine and/or heroin use, and most had a history of involvement with the criminal justice system. Nine participants had been stopped by police and found in possession of small quantities of drugs. Two participants had been stopped by police since October 2023; one person was stopped, searched and no drugs were found by police; the other person was not searched. Of the nine who had been found in possession of small quantities of drugs, six were referred to CHS and two completed the assessment/education session.

The interviews explored people's experiences of being stopped by the police in possession of drugs, outcomes and impacts of the stop and resultant action, experiences of diversion (where relevant), perspectives on stigma, the reforms and opportunities for improvement. Interviews lasted approximately 30 minutes. Participants were reimbursed with a $60 voucher for their time.

***Interviews with other stakeholders***

We held three focus groups (with 2-6 people in each) in July 2025 with stakeholders from service providers and peak organisations (total n = 11). Two of the focus groups were held online, and one face-to-face in Canberra. The focus groups ran for 1-2-hours each and used the process evaluation questions as the basis for discussion.

During November and December 2025, we held five further focus groups (with 2-4 people in each), and 8 interviews with individuals from service provider and peak organisations (total n=21). Both the focus groups and the interviews ran between 30 minutes and 1 hour and used the outcome evaluation questions as the basis for discussion. Across both rounds of interviews (July and end

2025), stakeholders occupied a range of roles including frontline service delivery, managerial and executive positions and came from organisations across health, mental health, harm reduction, ATOD treatment, law and criminal justice sectors.

### *Media analysis*

We undertook a media analysis of articles on the Amendment Act published between the date the Act was presented in parliament (11 February 2021) and 5 November 2025 (the date the analysis began). The analysis considered the amount of coverage, how the Amendment Act was described, including if articles were broadly supportive or critical of drug law reform, if this positioning shifted over time and the type of outcomes (either experienced or expected) that were discussed.

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) and 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. Searches for articles were conducted using the Factiva database, the CBR News website and Google Advanced. 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”. Headlines of retrieved articles were scanned before reading articles in full. Of an initial 1,617 articles returned, 154 articles were considered relevant and included in the analysis.

## 4.4 Quantitative methods

We sourced quantitative administrative data from ACT agencies as well as publicly available data. The datasets used in this report are summarised in Table 3.

*Table 3: Quantitative datasets summary*

| ***Dataset and agency*** | ***Access*** | ***Timeframe*** | ***Relevant coverage*** |
|---|---|---|---|
| *Policing data (PROMIS, ACT Policing)* | Agency data request | Nov 2018 – Oct 2025 | • All drug related offences<br>• Offence type, legislation, location and clearance method<br>• Demographics of those apprehended (age, sex, First Nations status, residential state)<br>• Drug type identified in apprehension<br>• Co-occurring offences for drug-related apprehensions |
| *ACT Court Sentencing Database (ACTSD)* | Agency data request | Jan 2018 – Jul 2025 | • Court cases<br>• Sentencing data including<br>  ○ Acts<br>  ○ Offences<br>  ○ Outcomes |
| *IDD program data (CHS)* | Agency data request | Nov 2018 – Oct 2025 | • Referrals to the IDD program<br>• Assessment and compliance of referrals<br>• Delivery method<br>• Demographics of those referred (age, sex, residential state) and assessed (drug type of most concern, injecting drug use, mental health diagnoses, CALD) |

| ***Dataset and agency*** | ***Access*** | ***Timeframe*** | ***Relevant coverage*** |
|---|---|---|---|
| *SDON fine payments (Access Canberra)* | Agency data request | Nov 2023 – Oct 2025 | • The number of SDON payments made since the Amendment Act came into effect |
| *Treatment data (AODTS-NMDS, HSCD)* | Agency data request | 2018/19 – 2024/25 (financial years) | • Number of treatment clients<br>• Number of treatment episodes<br>• Referral source of treatment episodes (police diversion, court diversion, non-diversion)<br>• Number of treatment agencies and agency type<br>• Episodes/clients by agency type |
| *IDRS/EDRS (Drug trends, NDARC)* | Publicly available | 2018 – 2025 (collected around July each year) | • Perceived availability and price of drugs<br>• Experiences of stigma<br>• Knowledge/awareness of ACT drug laws |
| *Wastewater drug use data (ACIC)* | Publicly available | Aug 2016 – Aug 2024 | • Drug metabolites in wastewater data, by drug type |
| *Drug-related ambulance attendances (NASS, Turning Point)* | Turning Point analysis, presented at APSAD 2025 | Jan 2021 – Jun 2024 | • Drug-related ambulance attendances in the ACT, including:<br>  ○ Drug types<br>  ○ Overdose-related attendances<br>  ○ Comparison to NSW |
| *YourSay survey (HCSD)* | Report provided to research team | Sep 2025 | • Community awareness and perceptions of the Amendments, drug use, and people who use drugs |

Notes:
AODTS-NMDS = Alcohol and Other Drug Treatment Services – National Minimum Dataset
AIHW = Australian Institute of Health and Welfare
CHS = Canberra Health Services
IDD = Illicit Drug Diversion
PROMIS = Police Realtime Online Management Information System
NASS = National Ambulance Surveillance System

### *ACT Policing data*

We requested unit record data from the Police Realtime Online Management Information System (PROMIS) held by ACT Policing, covering all drug-related offences and incidents in the ACT from November 2018 to October 2025, including the date of the offence, the offence description and legislation, the drug type, the suburb of the offence, how the offence was cleared, and person-related demographics (age group, sex, First Nations status, and residential state and suburb). We also requested other offences recorded in the same apprehension as the drug offence in order to examine co-offending for eligibility for diversion. The data were cleaned and coded for analysis; the methods for coding are provided in the Appendix 2.

We used these data to analyse the number of consumer and provider drug offences, the type of offence (simple/other possession), clearance method (diverted/charged), and demographics of those apprehended, including changes over time.

The ACT Policing data can be analysed by offences (individual offences recorded), apprehensions (incidents or events where one or more offence was recorded) or persons (unique people apprehended one or more times). In order to analyse the method of clearance (diverted/court) and drug types, we analysed the data by individual offences.

### *ACT Court data*

ACT Court data was accessed via the ACT Sentencing Database (ACTSD) including the raw data spreadsheets, to July 2025 (the time of data provision). The data sheets included information on the year of the offence, the Act, the provision (offence type) under the Act, and the sentencing outcomes. We also reviewed the Sentencing Remarks, using keywords searches relating to drug offences to aid in contextualising the court data. As Sentencing Remarks are narrative based, we did not quantify these data.

We used the court data to analyse the types of drug offences by Act, and changes over time. We also analysed offences in two broad groupings: 'consumer' offences (DoD Act s. 162, 169, 171) and 'provider' offences (ACT DoD Act s. 164; ACT CC ss. 603, 607, 609, 610, 611, 612, 613, 614, 614A, 616, 618, 619, 620, 621; CwthCC ss. 302, 307 and 308). We examined sentencing outcomes with specific reference to imprisonment, including changes over time. Length of sentences for imprisonment was not available for analysis.

### *Access Canberra data*

Access Canberra provided data on the number of fines paid for SDONs since the Amendment Act came into effect (November 2023 to October 2025).

### *CHS data*

We requested unit record data from CHS for all referrals made to the IDD program between November 2018 and October 2025. The data included the date of referral, drug type, assessment date and outcome, demographics (age, gender, residential state), method of assessment (telephone/in person)[7], and assessment details for those assessed (drug of concern, whether diagnosed with a mental health condition, injecting drug use, cultural and linguistic diversity, country of birth). The data were cleaned and coded for analysis; the methods for coding are provided in the Appendix 3.

### *Treatment data*

We requested summary tables from the Alcohol and Other Drug Treatment Service National Minimum Dataset (AODTS-NMDS) from HCSD on the number of treatment episodes and clients and whether they were referred via diversion or another source. We used this to analyse the impact of diversion on the broader treatment system in the ACT, including any changes over time. Data were available by financial year from 2018/19 to 2024/25.

### *Other publicly available data*

We collated data from a number of publicly available sources to supplement the other datasets. This included wastewater data from the Australian Criminal Intelligence Commission, survey data from the Illicit Drug Reporting System (IDRS) and Ecstasy and related Drugs Reporting System (EDRS) from

[7] The CHS data only specified telephone or in person; it is not clear whether telehealth (video call) is included under telephone.

the National Drug and Alcohol Research Centre (NDARC) and analysis of the National Ambulance Surveillance System (NASS) by Turning Point. [6].

### *YourSay survey*

An independently conducted community survey was undertaken by ACT Government, with the HCSD and the evaluation team providing input into the questions. All YourSay panellists were invited to participate in the survey, which was administered in September 2025. The panel sample (N=1613) comprised a representative sample of the ACT population, and survey results were weighted by age, gender and place of birth to align with population proportions from the ABS 2021 Census. Details of the YourSay survey methods and results are provided in Appendix 4. We did not have access to the raw data but received the summary report prepared by the YourSay team (as provided in Appendix 4).

## 4.5 Data analysis

### *Qualitative analysis*

For the qualitative data, all interviews and focus groups were recorded and transcribed (either by a professional transcriber or Microsoft Teams), checked by a member of the project team and de-identified. The transcripts were then read, summarised, and analysed thematically by at least two members of the research team. The analysis covered perceptions of the operation, governance, and processes of the Amendments including any gaps and challenges (focussing on the pre-implementation period of October 2022 – September 2023 and the implementation period of post-October 2023 onwards), and perceived outcomes of the Amendments across the community, criminal justice system, for the health and wellbeing of people who use drugs, and drug-related stigma. Analysis also included any reflections on unintended or unexpected consequences.

### *Quantitative analysis*

For the quantitative ACT Policing data, cross tabulations were undertaken to present the data, by year (calculated from 1 November to 31 October the following year), in order to compare the pre-Amendment period, up to October 2023, with the post Amendment period, November 2023 onwards; offence type (e.g. consumer drug offences, provider drug offences, drug-driving offences) and group (simple drug offence and other possession offence); clearance method (diverted, charged); and by various demographics (age, sex, First Nations status, and residential state/suburb). We also analysed consumer drug offences by whether there were any other offences recorded in the same apprehension; for example, if a consumer drug offence was recorded with a driving-related or theft offence. This allowed us to examine the role of co-offending on likelihood of being diverted.

We conducted Interrupted Time Series (ITS) analyses to assess whether there was any association between the Amendment Act and:

1. The number of consumer offences (negative binomial GLM using monthly counts)
2. The odds of consumer offences being diverted (logistic binomial GLM)

Cannabis was excluded to minimise any effects of the cannabis legislative changes.
We accounted for seasonality (Nov-Apr; Oct-Mar) and COVID-19 restrictions (Mar 2020 – Nov 2021) in all models. The full details of the ITS analyses are provided in Appendix 5.

For the quantitative ACTSD data, we examined a range of drug-related offences under the Commonwealth Criminal Code, the ACT Criminal Code and the ACT Drugs of Dependence Act to

capture simple drug offences up to serious drug offences. The ACT court data were analysed by calendar year (from 2018, with 2025 only available until July) including the number of cases with consumer and provider offences and the sentencing outcomes (i.e. imprisonment), comparing the pre-Amendment period (up to end of 2023) to the post Amendment period (2024 onwards).

For the CHS data on diversion referrals, we conducted simple cross-tabulations to assess the number of referrals and assessments over time, as well as the proportion conducted via telephone/in person and relevant demographics. We presented the data by year (1 November to 31 October the following year) between 2018/19 and 2024/25.

#### *Synthesis analysis*

This evaluation used mixed-methods analysis to combine multiple qualitative and quantitative approaches and build a comprehensive picture of how the program was being implemented and how processes operated in practice. Quantitative data provided measurable indicators of impacts. Qualitative data offered insight into stakeholder experiences, contextual factors, and the mechanisms shaping implementation. The analysis followed an integrated approach: each method was analysed separately using appropriate techniques, then findings were compared, triangulated, and synthesised. Quantitative trends were used to test or illuminate themes emerging from qualitative data, while qualitative insights helped explain patterns observed in the quantitative data.

## 4.6 Ethics and confidentiality

Ethics approval was received from the ACT Health Human Research Ethics Committee (2025.ETH.00069) to conduct recruitment of and research with key informants, people who use drugs, and other policy stakeholders, as well as to collect operational data from stakeholders. Participants were provided with an information sheet and consent form prior to the interviews/focus groups. All interviews/focus groups were recorded and then transcribed either by the research team or by an external transcriber who had signed a confidentiality agreement with UNSW. Transcripts were deidentified prior to analysis. All recordings, transcripts, and contact information were kept on a secure UNSW OneDrive server that was only accessible to the research team. Recordings will be permanently deleted after analysis is completed.

The administrative data from ACT Policing, CHS and ACTSD were accessed through formal data requests from the agencies following ethics confirmation. Meetings were held throughout March to June 2025 with data custodians to discuss data holdings, variables of interest, outputs and secure data handling, transfer and storage protocols, and included signing of a data sharing agreement for CHS.

## 4.7 Limitations of available data

Despite our best efforts to ensure comprehensive data collection including engaging multiple stakeholders, people who use drugs, and multiple quantitative data sources, there are several limitations to the data analysed here to be kept in mind.

Firstly, we were not able to recruit many people who had completed a diversion response (CHS assessment/education session). Given the low numbers for the program as a whole, this was not surprising. We do however have rich data from focus groups and interviews with people who use

drugs about their experiences with police and perceived impacts and outcomes of the Amendments. While the interviews and focus groups were with people who use drug types that are less likely to be diverted (methamphetamine, heroin), these data provide important insight into these populations.

The quantitative data from ACT Policing had a number of limitations. Firstly, we were informed by ACTP that the distinction between simple drug offences and other possession offences may not be always be accurate, as this relies on the drug type and quantity which may not be confirmed at the time of data entry. Secondly, we did not have access to data on drug quantities/weights, and one quarter of offences did not include the drug type in possession. Thirdly, due to the data being extracted at a single point in time (Nov 2025), the data we received would only reflect the most recent clearance method; for example, if an offence was initially issued a diversion, but later issued a charge, the data would only reflect the charge.

Direct comparisons between different quantitative datasets are not possible. For example, the ACT Policing data collects information differently to the CHS data. While the outcomes for offences are updated by ACT Policing, for example if someone receives a diversion but later proceeds to court, there are lags in the data and numbers of diversions or court outcomes may therefore change over time. The CHS data includes the referrals made to the IDD program, as well as whether the assessment was completed. Due to the different ways people can be referred to the IDD program, it is possible some people are double counted (for example, if they were referred by ACT Policing and did not complete the session, but later contacted CHS directly). The datasets were available for different timeframes, included different variables (e.g. differences in age groups) and data custodians undertake different data cleaning and management processes, and therefore the numbers will differ.

# 5. Findings

## 5.1 Uptake and reach

### *5.1.1 How many people have been diverted away from the criminal justice system since the start of the Amendment Act?*

In the first two years of the operation of the Amendment Act (November 2023 to October 2025), there were a total of 526 consumer drug offences (i.e. possession for personal use), 41.1% (n = 216) of which were simple drug offences, and the remaining 58.9% (n = 310) were other possession offences (including drug types/quantities not included in the Amendment Act as a simple drug offence). Figure 2 shows the flow of consumer offences over the first two years of operation.

Across all consumer offences (n = 526), 69.6% (n = 366) were diverted in the two years since the Amendments came into effect. As expected, the proportion diverted was higher amongst simple drug offences (81.5%, n = 176) compared to other possession offences (61.3%, n = 190).

These data indicate that one of the primary objectives of the Amendment Act is being met, with the majority of consumer offences being diverted away from the criminal justice system, particularly those recorded as a simple drug offence.

Of those who were diverted (n = 366 total), the vast majority (96.4%, n = 353) were referred to the IDD program, and only a small number were issued an SDON (2.2%, n = 8) or a caution (1.4%, n = 5). See Table 4. These data support information collected from interviews and documentation that ACT Policing are prioritising direct referral to the IDD program (which involves CHS contacting the individual to schedule the assessment) rather than issuing SDONs (which requires the individual to contact CHS for an assessment/education session or pay the fine); this process reflects the diversion pathway as it operated prior to the Amendments, rather than the legislated pathway under the Amendment Act.

*Figure 2: Proportion of consumer drug offences diverted and charged in the first two years of the operation of the Amendments, November 2023 to October 2025 (source: ACTP)*

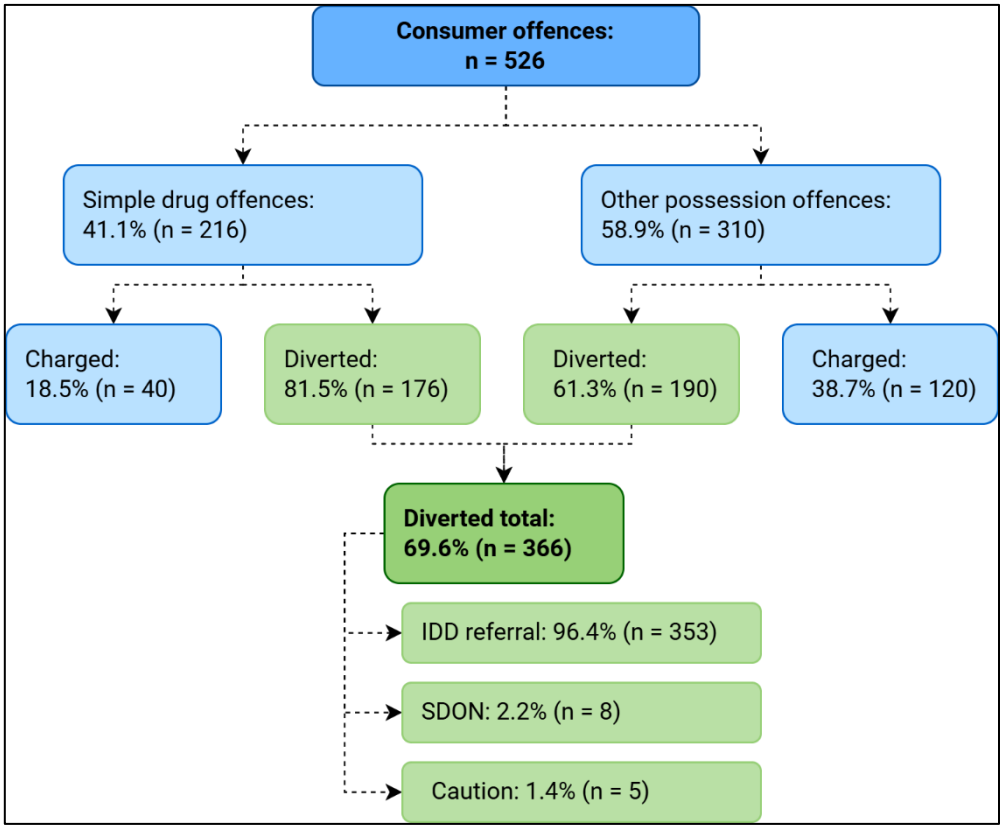



*Table 4: Proportion of consumer drug offences diverted and charged in the first two years of the operation of the Amendments, November 2023 to October 2025 (source: ACTP)*

| **Outcomes** | **Simple drug offences % (n)** | **Other possession offences % (n)** | **Total consumer offences % (n)** |
|---|---|---|---|
| IDD program | 97.2% (n=171) | 95.8% (n=182) | 96.4% (n=353) |
| Caution | 0.0% (n=0) | 2.6% (n=5) | 1.4% (n=5) |
| SDON | 2.8% (n=5) | 1.6% (n=3) | 2.2% (n=8) |
| **Diverted total** | **81.5% (n=176)** | **61.3% (n=190)** | **69.6% (n=366)** |
| **Charged total** | **18.5% (n=4)0** | **38.7% (n=120)** | **30.4% (n=160)** |
| **Total offences** | **100.0% (N=216)** | **100.0% (N=310)** | **100.0% (N=526)** |

Note: 'Charged' is used to indicate those who were arrested, charged or proceeded to court (including court diversion).

### *5.1.2 Have there been changes in number of consumer drug offences or rates of diversion over time?*

Prior to the Amendment Act, consumer drug offences recorded each year were decreasing, from 531 in 2018/19 to 339 in 2022/23 as shown in Table 5 (partially due to the cannabis law changes in 2020).

In the first year following the Amendment Act (2023/24), the number of consumer drug offences recorded was not dissimilar to the year prior to the Amendments (n = 323); in the most recent year (2024/25) there was a decrease in the number of consumer offences recorded (n = 203).

*Table 5: Trends over time in the number of consumer drug offences and percentage diverted, November 2018 to October 2025 (source: ACTP)*

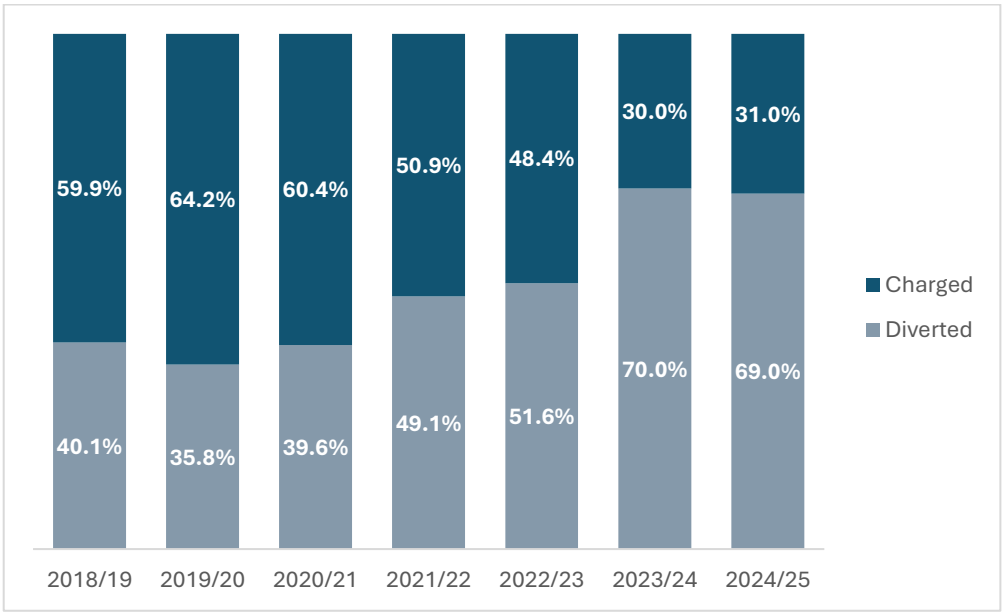
| | **Pre-Amendments** | | | | | **Post-Amendments** | |
|---|---|---|---|---|---|---|---|
| | **2018/19** | **2019/20** | **2020/21** | **2021/22** | **2022/23** | **2023/24** | **2024/25** |
| **Total consumer offences** | 531 | 444 | 331 | 318 | 339 | 323 | 203 |
| **Diverted (n, %)** | 213 (40.1%) | 159 (35.8%) | 131 (39.6%) | 156 (49.1%) | 175 (51.6%) | 226 (70.0%) | 140 (69.0%) |
| **Charged (n, %)** | 318 (59.9%) | 285 (64.2%) | 200 (60.4%) | 162 (50.9%) | 164 (48.4%) | 97 (30.0%) | 63 (31.0%) |

Notes: Years are calculated from Nov to Oct the following year. Cannabis offences are included in the above data.

There is no evidence of net widening (i.e. greater number of offences recorded due to simplified methods for clearing offences) given the decreased number of consumer offences recorded. These data suggest that the Amendment Act has been associated with a decrease in recorded consumer offences; ACT Policing are less likely to target consumer drug offences, in line with the intentions of the Amendment Act.

In terms of the percentage of consumer offences being diverted, the data (see Table 5 and Figure 3) show that the rate of diversion for consumer offences was already increasing from 40.1% in 2018/19 to 51.6% in 2022/23 prior to the Amendments. Following the Amendment Act, the proportion of consumer offences diverted increased further to 70.0% (in 2023/24) and 69.0% (in 2024/25). The increasing rate of diversion is shown in Figure 3.

*Figure 3: Trends over time in the percentage of consumer drug offences diverted, November 2018 to October 2025 (source: ACTP)*




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

The CHS data confirm this pattern: the number of referrals to the IDD program was relatively stable prior to the Amendments, at about 160 each year (and about 130 each year during Covid-19, 2019/20 and 2020/21, see Table 6). Following the Amendment Act, there was an initial increase in the first year (2023/24) to 233 referrals, but this decreased to 155 referrals in 2024/25.

*Table 6: Trends over time in the number of referrals to the IDD program and percentage assessed, November 2018 to October 2025 (source: CHS)*

| | **Pre-Amendments** | | | | | **Post-Amendments** | |
|---|---|---|---|---|---|---|---|
| | **2018/19** | **2019/20** | **2020/21** | **2021/22** | **2022/23** | **2023/24** | **2024/25** |
| **Total referrals** | **176** | **156** | **149** | **163** | **170** | **233** | **155** |
| Assessed | 160 | 137 | 131 | 152 | 159 | 183 | 103 |
| Not assessed | 16 | 19 | 18 | 11 | 11 | 28 | 35 |
| Withdrawn/requested SDON/other | - | - | - | - | - | 22 | 17 |
| **% assessed** | **90.9%** | **87.8%** | **87.9%** | **93.3%** | **93.5%** | **78.5%** | **66.5%** |

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

Returning to the pattern of consumer offence numbers and the rates of diversion (see Table 5), we assessed the trend line changes in both consumer offences (Figure 4) and diversion probability (Figure 5) using Interrupted Time Series (ITS) analyses. These are reported in full in Appendix 5.

We conducted two ITS analyses; the first examined the change in the number of monthly consumer offences; the second examined the odds and probability of consumer offences being diverted. For both ITS analyses we examined:

- the pre-Amendments trend: the trend prior to the Amendments (Nov 2018 to Oct 2023);
- the immediate policy effect: whether there was evidence of any change in the month following the Amendments (Nov 2023); and
- the Post-Amendments trend: whether there was any evidence of change in trend in the 2-years following the Amendments (Nov 2023 to Oct 2025), compared to what was expected based on the pre-Amendment trend.

Cannabis offences were excluded from the ITS analysis to avoid the impact of the cannabis law changes in 2020.

Pre-Amendment trend (Nov 2018 – Oct 2023): Prior to the Amendments, the monthly number of consumer offences recorded was relatively stable (i.e. no evidence of any increasing/decreasing trend; RR = 0.999; 95% CI 0.994-1.004; p = 0.618). The odds of diversion were steadily increasing at a small, but statistically significant rate of about 1.8% per month (OR = 1.018, p < 0.001).

Immediate policy effect (Nov 2023): In the month following the Amendments (Nov 2023), there was evidence of an increase in the number of consumer offences recorded, about 16% higher than what was expected from the trend line, however this was not statistically significant (RR = 1.16; p = 0.382). There was, however a statistically significant increase in the odds of being diverted in the month following the Amendments, about double what was expected based on the pre-Amendment trend (OR = 2.09; p = 0.001).

Post-Amendment trend (Nov 2023 – 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 Amendments trend, the model predicted there would be 24.88 offences each month in the post Amendment period (on average). The observed mean was lower than this (18.4 offences on average), not reaching statistical significance (RR = 0.771; p = 0.060). The ITS trend showed a slight decrease in relation to the odds of being diverted each month compared to the pre-Amendment trend, however this change was not statistically significant (OR = 0.970; p = 0.053). The model predicted the projected probability would be 62.4% based on the pre Amendment trend. The observed probability was higher (70.3%); this difference was statistically significant (OR 1.43; p = 0.040).

In summary, the findings from the ITS analyses indicate that there was an initial increase in the number of consumer offences recorded (but this was not a statistically significant change), and there was a statistically significant increase in the odds of diversion in the month following the Amendments (Nov 2023). However, in the 2-years post-Amendments the number of consumer offences recorded declined statistically significantly (indicative of no net-widening), and the probability of consumer offences being diverted was above what was expected based on the pre-Amendment trend.

*Figure 4: Interrupted Time Series Model 1, trend in the number of consumer drug offences, November 2018 to October 2025 (source: ACTP)*

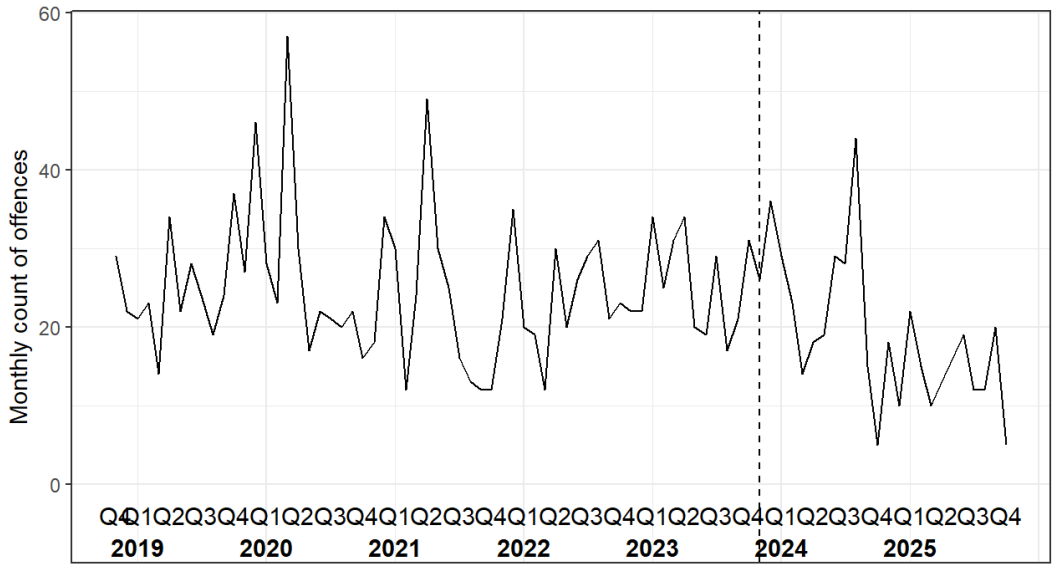
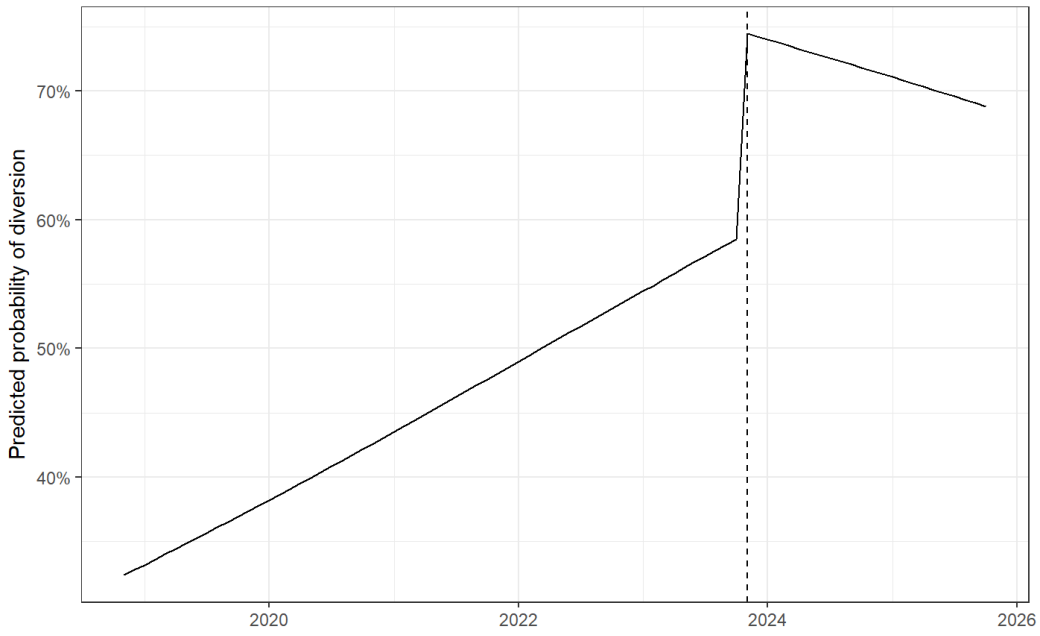


*Figure 5: Interrupted Time Series Model 2, trend in the probability of diversion, November 2018 to October 2025 (source: ACTP)*




### *5.1.3 Have the Amendments been associated with the use of other legislative mechanisms to apprehend/prosecute drug possession offending?*

As possession of drugs is also an offence under Commonwealth law, ACT Policing officers as well as other Australian Federal Police (AFP) officers may prosecute consumer drug offences under other legislation [7, 8] [8]. However, when state/territory law conflicts with Commonwealth law, according to the Commonwealth Director of Public Prosecution, the Commonwealth law regarding consumer drug offences is only intended to be used in circumstances where possession is in relation to other offences or of 'Commonwealth interest' (e.g., related to large scale trafficking, manufacture, or importation offences).

We examined the proportion of offences recorded under the *Drugs of Dependence Act 1989* (ACT) compared to other Acts across the years. These data are provided in Table 7.

The majority of consumer offences were recorded under the *Drugs of Dependence Act 1989* (ACT) across all years, ranging from 89.6% (2021/22) to 95.1% (2024/25) and there were no notable changes since the Amendment Act. Other Acts used for consumer drug offences included the *Medicines, Poisons and Therapeutic Goods Act 2008* (Cwlth) which covers unauthorised possession of prescription medicines (2.6% to 7.6% of offences each year), the *Crimes Act 1900* (ACT) which

[8] Drug possession has been an offence in the *Criminal Code Act 1995* (Cwlth) since 2005. The Commonwealth Criminal Code Act 1995 s308.1(3) states that: "If: (a) a person is charged with, or convicted of, an offence against subsection (1); and (b) the offence is alleged to have been, or was, committed in a State or Territory; the person may be tried, punished or otherwise dealt with as if the offence were an offence against the law of the State or Territory that involved the possession or use of a controlled drug (however described)".

includes possession of anabolic steroids (up to 3.8% each year), and the *Commonwealth Criminal Code 1995* (up to 1.2% each year).

*Table 7: Trends over time in the percentage of consumer drug offences recorded under each Act, November 2018 to October 2025 (source: ACTP)*

| | **Pre-Amendments** | | | | | **Post- Amendments** | |
|---|---|---|---|---|---|---|---|
| **Legislation** | **2018/19** | **2019/20** | **2020/21** | **2021/22** | **2022/23** | **2023/24** | **2024/25** |
| Drugs of Dependence Act 1989 (ACT) | 94.0% | 93.2% | 90.3% | 89.6% | 91.7% | 91.0% | 95.1% |
| Medicines, Poisons and Therapeutic Goods Act 2008 (Cwlth) | 2.6% | 5.2% | 7.6% | 6.0% | 7.7% | 6.2% | 4.4% |
| Crimes Act 1900 (ACT) | 2.6% | 0.2% | 0.9% | 3.8% | 0.0% | 1.9% | 0.0% |
| Criminal Code 1995 (Cwlth) | 0.8% | 0.7% | 1.2% | 0.6% | 0.6% | 0.6% | 0.5% |
| Other | 0.0% | 0.7% | 0.0% | 0.0% | 0.0% | 0.3% | 0.0% |
| **Total** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** |

Notes: Years are calculated from Nov to Oct the following year. 'Other' includes a small number from other jurisdictions including Victoria and Norfolk Island as well as the Poisons and Narcotic Drugs Act 1978 (ACT) 'possess substance' which is now repealed.

These data indicate that ACT Policing are continuing to use the *Drugs of Dependence Act 1989* (ACT) for the vast majority of consumer drug offences and there have been no changes in the Acts used since the Amendment Act came into effect.

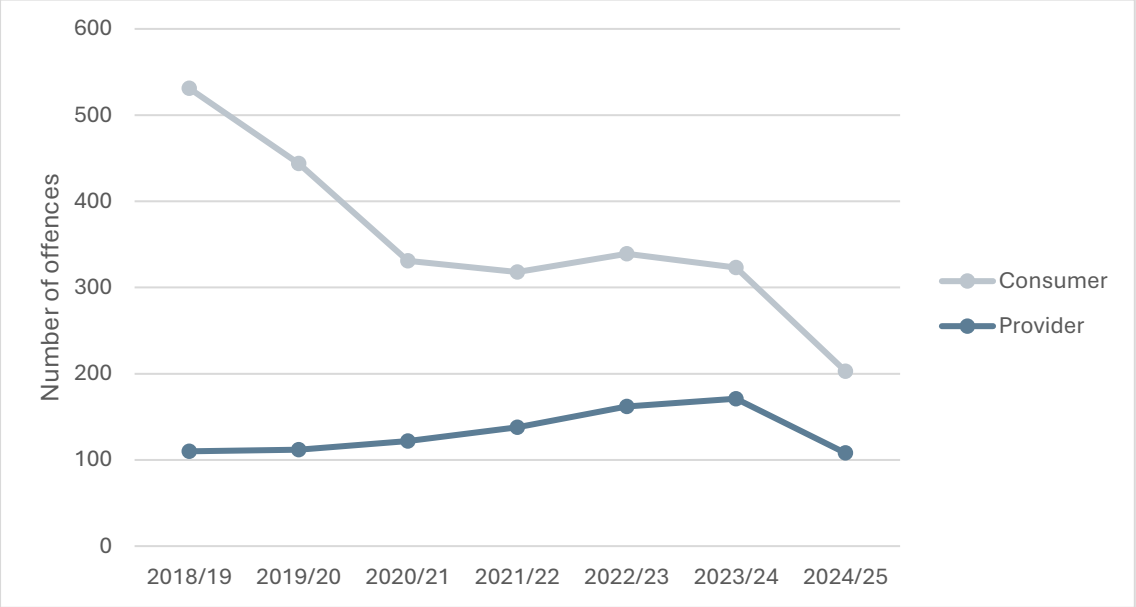
The court data confirm that other Acts are not being used. The court data show nearly all (100% or close to 100%) of consumer drug offence cases are under the *Drugs of Dependence Act 1989* (ACT) (sections 169 and 171). Only four offences have occurred between January 2018 and July 2025 under the *Commonwealth Criminal Code 1995* (section 308.1).

### *5.1.4 Have the Amendments been associated with changes in the number of provider offences and provider court cases over time?*

Considering impacts on policing of drug supply, we examined trends in the total number of provider offences (e.g. supply, trafficking, manufacture) compared to consumer offences recorded by ACT Policing, from November 2018 to October 2025. The data are provided in Figure 6 and Table 8.

There do not appear to be any changes in the recorded number of provider drug offences in relation to the Amendment Act. Prior to the Amendment Act, the number of provider offences increased somewhat from 2018/19 (n = 110; 17.2% of all drug offences) to 2022/23 (n = 162; 32.3% of all drug offences). In the first year following the Amendment Act (2023/24) provider drug offences remained relatively stable (n = 171; 34.6% of all drug offences). In the most recent year (2024/25), there was a decrease in the number of provider offences recorded by ACT Policing (n = 108), similar to 2018/19 and 2019/20 numbers.

*Figure 6: Trends over time in the number of provider and consumer drug offences, November 2018 to October 2025 (source: ACTP)*




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

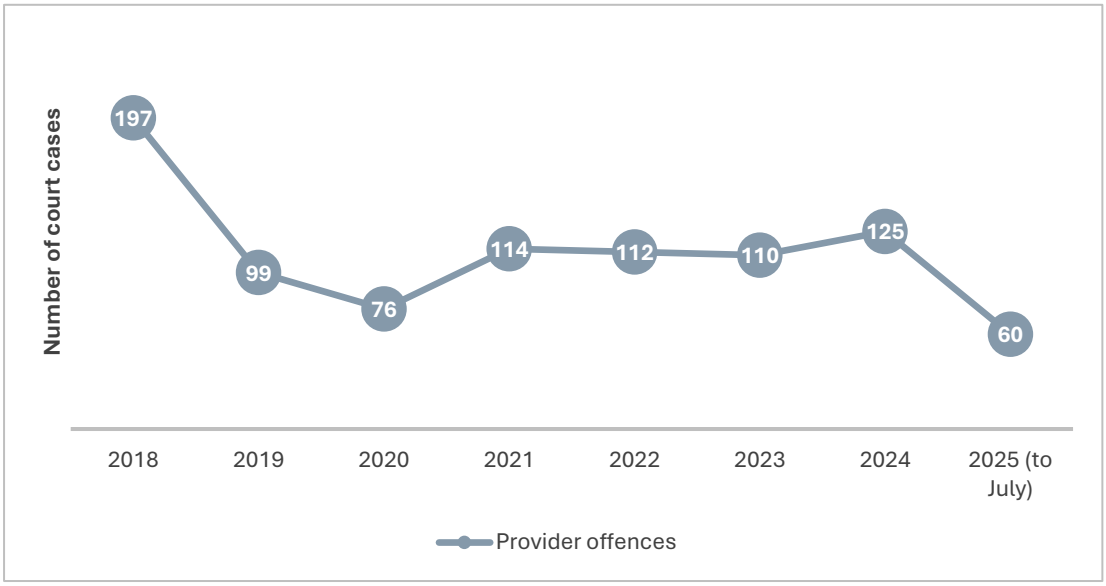
*Table 8: Trends over time in the number of provider and consumer drug offences, November 2018 to October 2025 (source: ACTP)*

| | **Pre-Amendments** | | | | | **Post-Amendments** | |
|---|---|---|---|---|---|---|---|
| | **2018/19** | **2019/20** | **2020/21** | **2021/22** | **2022/23** | **2023/24** | **2024/25** |
| **Provider n** | 110 | 112 | 122 | 138 | 162 | 171 | 108 |
| **% provider** | 17.2% | 20.1% | 26.9% | 30.3% | 32.3% | 34.6% | 34.7% |
| **Consumer n** | 531 | 444 | 331 | 318 | 339 | 323 | 203 |
| **% consumer** | 82.8% | 79.9% | 73.1% | 69.7% | 67.7% | 65.4% | 65.3% |
| **Total drug offences** | 641 | 556 | 453 | 456 | 501 | 494 | 311 |
| **% 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.

Examination of court data confirms that there does not appear to be any trend changes in association with the Amendments for provider offences being heard by the courts. Figure 7 indicates that since 2019 there has been a relatively steady pattern of drug provider cases in court (from 99 cases in 2019 to 125 cases in 2024) with the 2025 numbers to July indicating a likely similar total number for the full year. The dip in 2020 can be attributed to the COVID-19 pandemic where all court cases slowed down. This suggests that the Amendments have not been associated with changes to court matters for provider offences in the first two years of the Amendments.

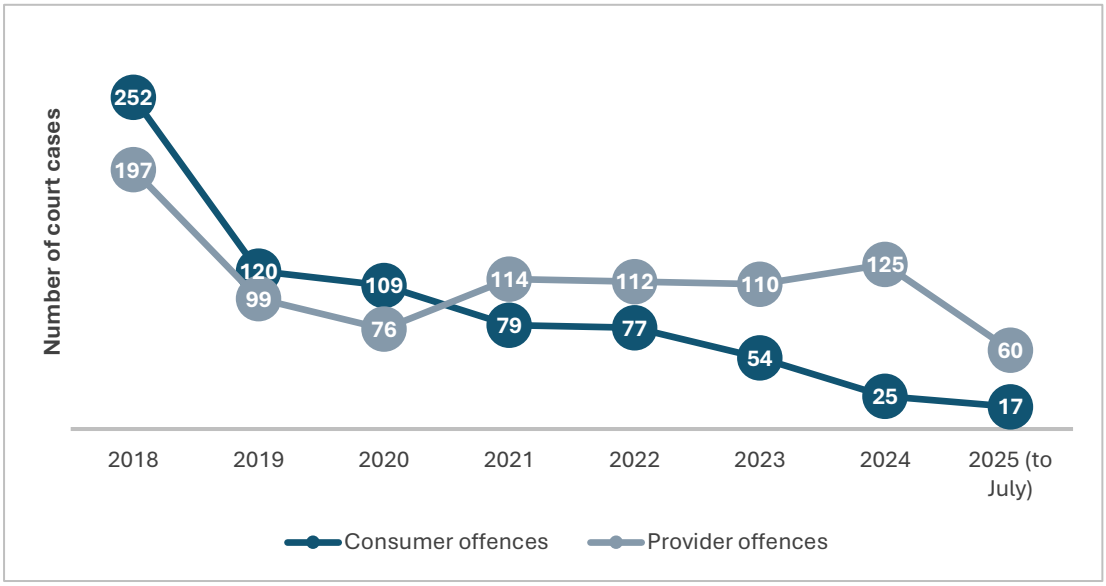
*Figure 7: Trend over time in the number of court cases for drug provider offences, January 2018 to July 2025 (calendar years; source: ACTSD)*




Note: Years represent calendar years. Includes drug provider offences in the ACT Drugs of Dependence Act (s.164(2), s.164(3), the ACT Criminal Code (: s607, s609, s610-s614, s616, s618-s621), and Commonwealth Criminal Code (s302, s307, s308).

The below figure (Figure 8) shows the trends for court cases including consumer and provider offences between 2018 and 2025 (data to July only for 2025). As can be seen, the trend in cases with consumer offences and cases with provider offences appear to parallel each other. Both decline from 2018, with 2024 marking a greater decline in cases with consumer offences before the courts (as would be expected following the Amendments), and cases with provider offences remained stable. This confirms that there is no evidence to suggest that the Amendments have impacted on court matters for drug provider offences.

*Figure 8: Trends over time in the number of court cases for consumer and provider drug offences, January 2018 to July 2025 (calendar years; source: ACTSD)*




Notes: Consumer offences included: DoD Act s. 162, 169, 171. Provider offences included ACT DoD Act s. 164; ACT CC ss. 603, 607, 609, 610, 611, 612, 613, 614, 614A, 616, 618, 619, 620, 621; CwthCC ss. 302, 307 and 308.

### *5.1.5 Have the Amendments been associated with changes in prison sentencing?*

As noted in Chapter 3, the Amendments concerned not just diversion but also changes to sentencing for consumer drug offences. Notably for simple drug offences, there is now no imprisonment penalty; for other possession offences, a reduction from a maximum possible 2 years imprisonment to 6 months imprisonment was included in the Amendments. The ACT Court Sentencing Database was used to assess the impact of these aspects of the Amendments. Data on length of sentencing was not available, so assessment of the Amendments which reduced imprisonment length (from 2 years to six months) for possession offences above 'small quantities' is not possible. The data on penalties are difficult to interpret because there are multiple penalties per court case, largely arising from breaches to previous orders and re-appearances in court,[9] and we did not have data on people's previous offending history (which can impact sentencing decisions).

These significant caveats notwithstanding, we examined imprisonment sentences as the first penalty. We extracted consumer drug offence (s.169 and s.171) court cases for the period January 2018 to July 2025 where the first listed penalty was “imprisonment” (without a fully suspended sentence). The results are presented in Table 9. The total number of consumer court cases (as per Figure 8) is given in the first row for reference. As can be seen (second row), approximately half of the court cases for consumer drug offences were for single offences (rather than multiple offences), and this remained consistent over the years, including post Amendments (47% to 48% of consumer offence court cases in 2024 and 2025 were for single rather than multiple offences).

[9] For example, one court case in 2018 for s169 (possess drugs of dependence), recorded the following penalties “Imprisonment; Fully suspended sentence; Good Behaviour Order; General order; Supervision; Breach; GBO cancelled; Re-sentenced; Re-sentenced; Imprisonment”. Another case (2022): “Drug And Alcohol Treatment Order; Partly Suspended Sentence And Good Behaviour Order; Imprisonment”.

Extracting the cases with imprisonment as the first penalty (third row, Table 9) demonstrates that 19 cases in 2018 (17.4% of consumer offence court cases with a single offence) were sentenced to imprisonment as the first disposition. After the Amendments there were no cases of imprisonment for consumer drug offences where this was listed as a single offence. This confirms that the objective to reduce penalties as part of the Amendments is being met.

*Table 9: Imprisonment as first sentence for consumer drug offences, January 2018 to July 2025 (Source: ACTCSD)*

| | Pre Amendments | | | | | | Post Amendments | |
|---|---|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| **Consumer offence court cases (s.169 and s.171)** | 252 | 120 | 109 | 79 | 77 | 54 | 25 | 17 |
| **Consumer offence court cases with single offence (n, %)** | 109 (43.2%) | 63 (52.5%) | 62 (56.9%) | 35 (44.3%) | 31 (40.2%) | 29 (53.7%) | 12 (48.0%) | 8 (47.1%) |
| **Consumer offence court cases, single offence, imprisonment sentence (n, %)** | 19 (17.4%) | 4 (6.3%) | 3 (4.8%) | 8 (22.8%) | 2 (6.4%) | 6 (20.7%) | 0 (0%) | 0 (0%) |

Notes: Excludes Imprisonment with fully suspended sentence.

### *5.1.6 What are the characteristics of people detected by police for consumer drug offences?*

Data were available from ACT Policing on the age, sex, drug type and Aboriginal/Torres Strait Islander status of people detected for a consumer drug offence. The findings for age group and sex are given in Table 10 and Figure 9.

The ACT Policing data showed that following implementation of the Amendments 12.9% (n = 68) of recorded consumer drug offences were women and the majority were men (87.1%, n = 458). Due to small numbers of women, we were not able to analyse the data by simple drug offences compared to other possession offences. In terms of the trend over time (see Appendix 6 for data table), prior to the Amendment Act the proportion of consumer drug offences recorded for women varied between 18% and 24%; this decreased following the Amendments to 15.2% (2023/24) and 9.4% (2024/25).

For age, just under half the consumer offences were for people aged 18 to 25 (46.2%; n = 243), a quarter were 26 to 34 (25.1%; n = 132), a sixth were 35 to 44 (15.2%; n = 80), and less than 10% were 45 or older[10] (5.7%; n = 30) and under 18 (7.6%; n = 40). There were few changes in age groups from 2018/19 (see Appendix 6): the majority of offences continue to be recorded for people aged under 35, and less than 10% are aged over 45 or under 18.

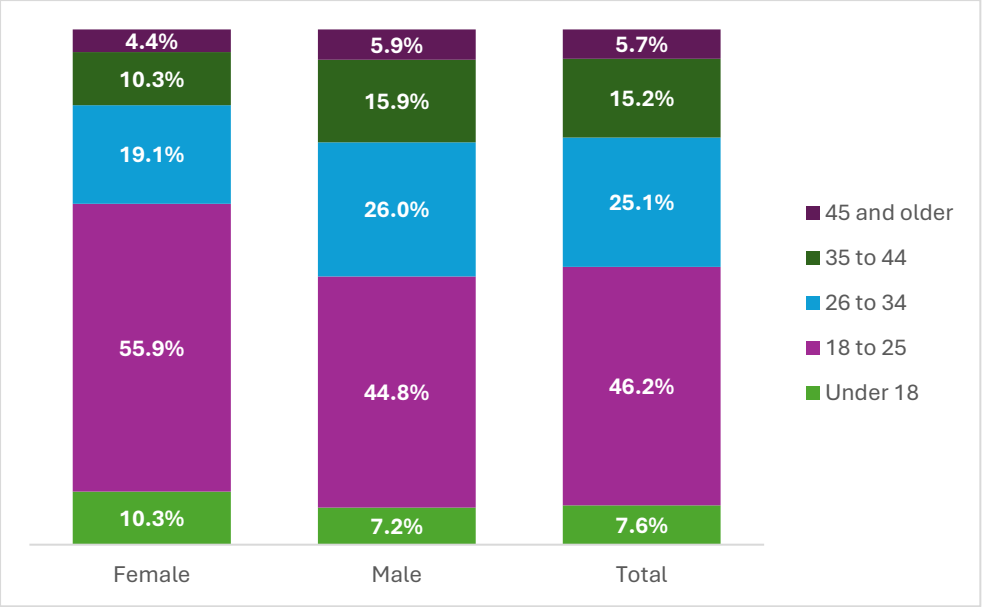
[10] People aged 45-54, 55-64, 65 older were combined due to small numbers.

*Table 10: Sex and age demographics of people apprehended for consumer drug offences in the first two years of the operation of the Amendments, November 2023 to October 2025 (source: ACTP)*

| Age group | Female | Male | Total |
|---|---|---|---|
| | n (%) | n (%) | N (%) |
| **Under 18** | 7 (10.3%) | 33 (7.2%) | 40 (7.6%) |
| **18 - 25** | 38 (55.9%) | 205 (44.8%) | 243 (46.2%) |
| **26 - 34** | 13 (19.1%) | 119 (26.0%) | 132 (25.1%) |
| **35 - 44** | 7 (10.3%) | 73 (15.9%) | 80 (15.2%) |
| **45 and older** | 3 (4.4%) | 27 (5.9%) | 30 (5.7%) |
| **Unknown** | 0 (0.0%) | 1 (0.2%) | 1 (0.2%) |
| **Total** | 68 (100.0%) | 458 (100.0%) | 526 (100.0%) |
| **Sex %** | **12.9%** | **87.1%** | **100.0%** |

Note: the ACT Policing data only contained male and female sex categories.

*Figure 9: Sex and age demographics of people apprehended for consumer drug offences in the first two years of the operation of the Amendments, November 2023 to October 2025 (source: ACTP)*



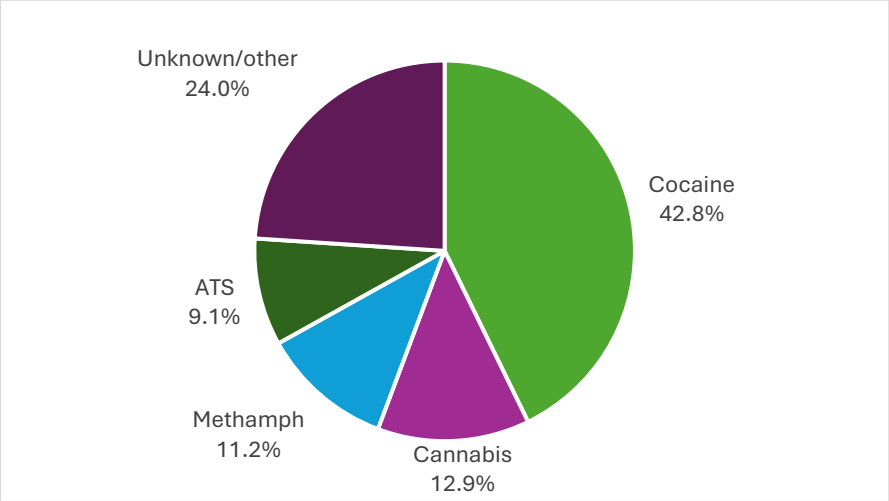

A minority of people apprehended for consumer drug offences were identified as Aboriginal or Torres Strait Islander (n = 37 offences, representing 7.0% overall). In terms of trends over time (from 2018/19 onwards), the proportion of consumer offences recorded for Aboriginal and Torres Strait Islander has remained relatively stable, between 5.9% and 11.6% each year. (See Appendix 6). We note that this is an overrepresentation, given that First Nations peoples make up about 2.2% of the ACT population [9].

In terms of drug type, the most commonly identified drug[11] in consumer drug offences was cocaine, found in 42.8% (n = 225) of consumer offences. This was followed by cannabis (12.9%, n = 68),

[11] We used the suspected drug type when available, and the tested/confirmed drug type when there was no suspected drug type recorded. We gave precedence to the suspected drug type as this likely influenced the officers' decision about which offence type to use and whether to divert the individual or issue a criminal charge.

methamphetamine (11.2%, n = 59), and amphetamine type stimulants including MDMA (9.1%, n = 48). See Figure 10. Unfortunately, the drug type was unknown/not recorded for nearly a quarter of consumer drug offences (24.0%, n = 126), and other drug types (including heroin/opioids, ketamine, psychedelics, and prescription drugs) were found in just 1% of offences (n = 7) (combined into other/unknown).

*Figure 10: Drug types identified in consumer drug offences in the first two years of the operation of the Amendments, November 2023 to October 2025 (source: ACTP)*




Distinguishing between simple drug offences and other possession offences (see Table 11), cocaine was identified in a larger proportion of simple drug offences (50.9%) compared to other possession offences (37.1%), and the proportion unknown/other was smaller in simple drug offences (15.7%) compared to other possession offences (29.7%).

*Table 11: Drug types identified in consumer drug offences in the first two years of the operation of the Amendments, November 2023 to October 2025 (source: ACTP)*

| **Drug type** | **Simple** | | **Other possession** | | **Total** | |
|---|---|---|---|---|---|---|
| Cocaine | 110 | 50.9% | 115 | 37.1% | 225 | 42.8% |
| Cannabis | 28 | 13.0% | 40 | 12.9% | 68 | 12.9% |
| Methamph | 23 | 10.6% | 36 | 11.6% | 59 | 11.2% |
| ATS | 21 | 9.7% | 27 | 8.7% | 48 | 9.1% |
| Other/unknown | 34 | 15.7% | 92 | 29.7% | 126 | 24.0% |
| **Total** | 216 | 100.0% | 310 | 100.0% | 526 | 100.0% |

Note: ATS includes prescription amphetamines, MDMA, amphetamine, and other stimulant drugs not otherwise specified. 'Other' included a small number of opioids/heroin, various prescription drugs/pharmaceuticals (including benzodiazepines, psychedelics, and ketamine). All were too small to report separately.

The pattern of drug types most likely reflects policing activity, not necessarily population prevalence of use, although epidemiological data show that cocaine is the second most used illicit drug in the ACT after cannabis [10].

The predominance of cocaine possession for consumer offences was addressed by ACT Policing in implementation meetings where it was stated that they were: "unable to provide any definitive explanations"; most cocaine offences are identified in the City area (e.g. Civic, Braddon, Acton) on weekends; and cocaine possession rates may be "associated with people using cocaine in social settings where police may frequent/patrol" (communication to the Working Group, 2025). The ACT Policing data indicated that about 94% of cocaine consumer offences were identified in the city (including Braddon, Civic, Canberra City) compared to 44% of all other drugs.

Some officers from ACT Policing noted that cocaine is often used in more social, public and night-life settings, and consumption is often shared or in a group, creating a greater likelihood of detection (see also section 5.2.1 on equity: drug types).

> "*Like a real common one that we're sort of catching is people like cocaine. It's a social drug. People prepare multiple lines with multiple people for consumption. And just by virtue of the logistics of preparing that, we're running into a lot of people using cocaine*" - Police 1.

Other stakeholders identified visibility and the city location as a potential explanation for the differences in drug type detections, and that people using cocaine in these areas may be more likely to draw attention from police. Stakeholders also reported that people misinterpreting the new laws and mistakenly believing drugs were legal, was also leading to more open/less discreet use among recreational (cocaine use):

> *"Now what we see is actually people will be just cutting up some cocaine on a table on a main street because whether they've, they've looked at the legislation or they just think it's been decriminalised, so therefore they can have it"* - Police 4.

In contrast, several stakeholders felt that people using heroin/opioids may be using more discreetly or in less public spaces, and that people possessing methamphetamines may be identified in relation to other offending and therefore not eligible for diversion (see section 5.2.2 for detailed discussion of co-offending and diversion):

> *"I guess the methamphetamine stuff that's coming more with, I guess people who are more frequent into the police more often and that's also coming with different sort of offences as well, like maybe some, some sort of you know property offending, theft or a disturbance"* - Police 1.

In terms of the trends over time, Table 12 provides the data on drug types from 2018/19 to 2024/25. Importantly, the increase in the number of cocaine consumer offences predates the Amendments: the number of cocaine offences increased from 80 offences recorded in 2018/19 to about 140 in 2021/22 and 2022/23; following the Amendments, the number of cocaine offences remained relatively stable in 2023/24 (n = 143) and decreased in 2024/25 (n = 82).

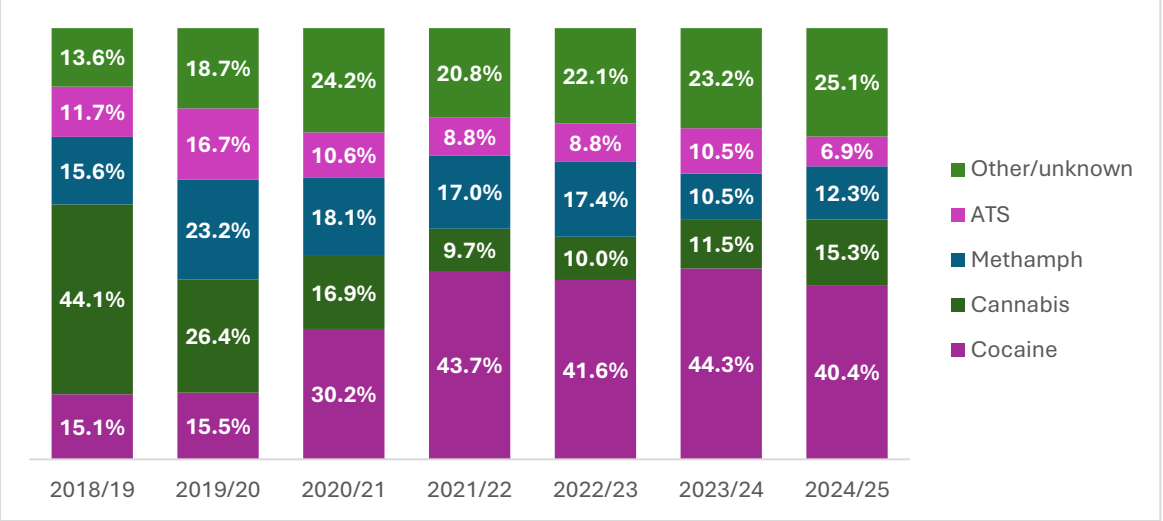
There was also evidence of shifts in other drug types over the years (Table 12 and Figure 11). There was a decrease in cannabis offences recorded, as expected, following the legislative changes in 2020, but no notable changes following the Amendments. Methamphetamine and ATS offences both decreased prior to the Amendments, and further again following the Amendments.

*Table 12: Trends over time in the drug types identified in consumer drug offences, numbers and percentages, November 2018 to October 2025 (source: ACTP)*

| | Pre-Amendments | | | | | Post-Amendments | |
|---|---|---|---|---|---|---|---|
| | **2018/19 n (%)** | **2019/20 n (%)** | **2020/21 n (%)** | **2021/22 n (%)** | **2022/23 n (%)** | **2023/24 n (%)** | **2024/25 n (%)** |
| **Cocaine** | 80 (15.1%) | 69 (15.5%) | 100 (30.2%) | 139 (43.7%) | 141 (41.6%) | 143 (44.3%) | 82 (40.4%) |
| **Cannabis** | 234 (44.1%) | 117 (26.4% | 56 (16.9%) | 31 (9.7%) | 34 (10.0%) | 37 (11.5%) | 31 (15.3%) |
| **Methamph** | 83 (15.6%) | 103 (23.2%) | 60 (18.1%) | 54 (17.0%) | 59 (17.4%) | 34 (10.5%) | 25 (12.3%) |
| **ATS** | 62 (11.7%) | 74 (16.7%) | 35 (10.6%) | 28 (8.8%) | 30 (8.8%) | 34 (10.5%) | 14 (6.9%) |
| **Unknown/other** | 72 (13.6%) | 83 (18.7%) | 80 (24.2%) | 66 (20.8%) | 75 (22.1%) | 75 (23.2% | 51 (25.1%) |
| **Total** | 531 (100.0%) | 444 (100.0%) | 331 (100.0%) | 318 (100.0%) | 339 (100.0%) | 323 (100.0%) | 203 (100.0%) |

Note: Years are calculated from Nov to Oct the following year. 'Unknown/other' is largely unidentified drug types, but also includes a small number of heroin/opioids, ketamine, psychedelics, and prescription drugs.

*Figure 11: Trends over time in drug types identified in consumer drug offences, percentages, November 2018 to October 2025 (source: ACTP)*




Note: Years are calculated from Nov to Oct the following year. 'Unknown/other' is largely unidentified drug types but also includes a small number of heroin/opioids, ketamine, psychedelics, and prescription drugs.

## 5.2 Equity of access to diversion

The objectives underlying the Amendment Act include ensuring that diversion is equally accessible for all people who are eligible. The only eligibility criteria included in the Amendment Act are drug type and quantity (those included under a 'simple drug offence', see Table 1 in 'Overview of the Amendment Act'). We were informed by stakeholders that officers can use their discretion to divert people in possession of other drug types/quantities, if the officer believes it was intended for personal use. These diversions are to the IDD program only; SDONs are not available beyond the drug types and amounts specified in the Amendments. Other 'eligibility' or operationalised criteria appear in ACTP guidelines. The ACTP operational guidelines allow for diversion to the IDD program for a "single offence of personal possession of a small quantity of an eligible substance" [4, 11], meaning that where co-offending takes place, the drug possession offence should also be charged "to ensure that the court has the full context of the incident" [4].

Given available data, in this section we explore whether there were differences in the rate of diversion based on drug type, co-offending, and demographic characteristics. Ideally a multi-variate analysis that takes into account all these variables simultaneously and using linked data (that traces an individual's contact with police, courts and health services over time) would be able to address the question of equity of access[12]. Linked data were not requested for the evaluation. As such we can only explore some preliminary characteristics but cannot ascribe causality to any one factor, nor exclude the possibility that access to diversion is driven by multiple intersectional factors combined.

### *5.2.1 Drug types: equity of access?*

The data revealed substantially different rates of diversion between drug types in the first two years of the operation of the Amendment (see Table 13 and Figure 12). The vast majority of cocaine consumer offences were diverted (91.6%) and over half cannabis (61.8%)[13] or ATS (64.6%) consumer offences were diverted, whereas just over a quarter of methamphetamine offences were diverted (27.1%). Where the drug type was unknown/other, 56.3% of consumer offences were diverted.

*Table 13: Percentage of consumer offences diverted versus charged by drug type in the first two years of the operation of the Amendments, November 2023 to October 2025 (source: ACTP)*

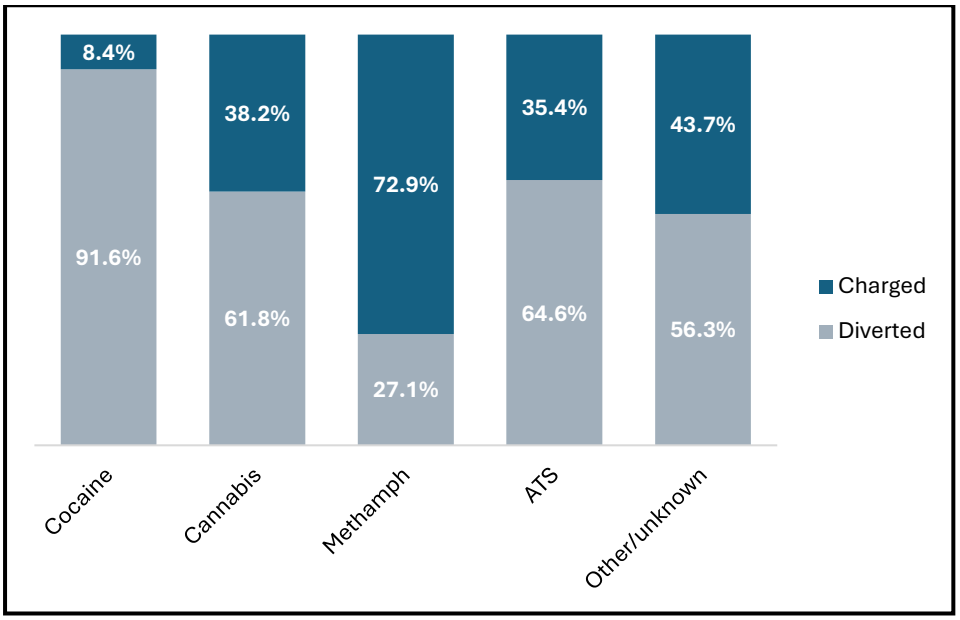
| Drug type | Diverted | Charged | Total |
|---|---|---|---|
| Cocaine | 91.6% | 8.4% | 100.0% |
| Cannabis | 61.8% | 38.2% | 100.0% |
| Methamphetamines | 27.1% | 72.9% | 100.0% |
| ATS | 64.6% | 35.4% | 100.0% |
| Other/unknown | 56.3% | 43.7% | 100.0% |
| **Total** | 69.6% | 30.4% | 100.0% |

[12] For an example of a multivariate analysis of diversion reach and eligibility using multiple linked datasets, see the recently released BOSCAR report: Furneaux-Bate, D. (2026). Who is being diverted from court under the NSW Early Drug Diversion Initiative (EDDI)? (Crime and Justice Bulletin No. 272). Sydney: NSW Bureau of Crime Statistics and Research. Full report available at www.bocsar.nsw.gov.au

[13] Possession of cannabis remains an offence with penalties for those under 18 (in any quantity) and for adults above the small quantities (50g) but below the trafficable threshold (300g); quantities above this would be charged with supply/trafficking.

Note: ATS includes MDMA, prescription amphetamines, and other amphetamine-type stimulants not otherwise specified. 'Unknown/other' is largely unidentified drug types, but also includes a small number of heroin/opioids, ketamine, psychedelics, and prescription drugs.

*Figure 12: Percentage of consumer offences diverted versus charged by drug type in the first two years of the operation of the Amendments, November 2023 to October 2025 (source: ACTP)*




The trends over time in the rates of diversion by drug type are given in Figure 13 and Table 14. The majority of cocaine offences were diverted across all years: prior to the Amendments, rates of diversion for cocaine offences ranged from 68.8% to 83.0%; following the Amendments, in the first year there was a slight increase with 88.8% diverted (2023/24), and a greater increase in the second year when almost all (96.3%) cocaine offences were diverted (2024/25).

Contrastingly, only a minority of methamphetamine consumer offences were diverted across all years: prior to the Amendments, rates of diversion for methamphetamine offences ranged from 2.4% to 14.6%; following the Amendments, in the first year there was a substantial increase in the rate of diversion to 41.2% (2023/24), however this decreased to 8.0% in the second year (2024/25).

For ATS consumer offences, prior to the Amendments, there was a steadily increasing rate of diversion from 37.1% in 2018/19 to 73.3% in 2022/23. Following the Amendments, diversion rates remained above 50%, however there may have been a slight decrease compared to 2022/23, with 67.7% (2023/24) and 57.1% (2024/25) diverted.

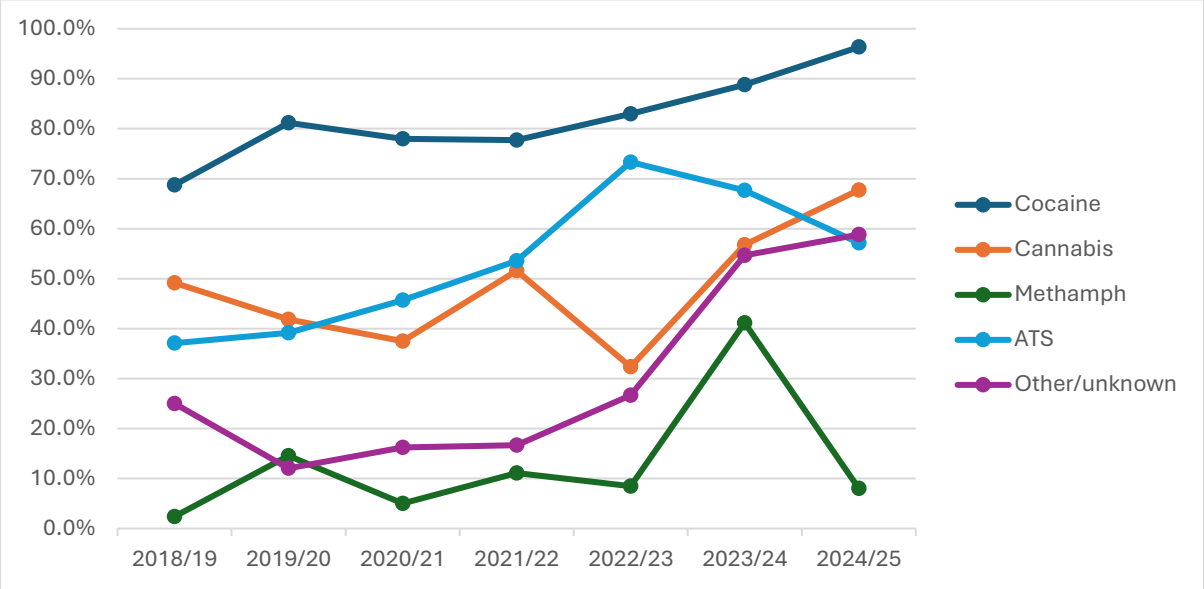
The rate of diversion for unknown/other drug types (the majority of which are unknown, with a small number for heroin, ketamine, and psychedelics) appears to have increased since the Amendments. The rate of diversion ranged from 12.0% to 26.7% in the pre-Amendment years, whereas in both years following the Amendments, the rate of diversion increased to over half (54.7% and 58.8%).

For cannabis offences, the data should be interpreted in the context of the 2020 legislative changes. From 2020/21 onwards, consumer cannabis offences include, for adults, possession above 50g (but below the trafficable quantities of 300g), and for people aged under 18, possession of any quantity

(below 300g). Prior to the Amendments, the rate of diversion for cannabis offences varied between about a third to half of offences. In the first year following the Amendments there was an increase in diversion to 56.8% of offences and again in the second year to 67.7%.

Whilst rates of diversion were somewhat increasing for most drug types prior to the Amendments, there was a notable increase following the Amendments for cocaine, cannabis, and other/unknown drug types, whereas for ATS, the rate of diversion remained stable or possibly decreased. For methamphetamine, the rate of diversion increased in the first year, but then returned to pre-Amendment levels in the second year.

*Figure 13: Trends over time in the percentage of consumer offences diverted, by drug type, November 2018 to October 2025 (source: ACTP)*




Note: Years are calculated from Nov to Oct the following year. ATS includes MDMA, prescription amphetamines, and other amphetamine-type stimulants not otherwise specified.

*Table 14: Trends over time in the percentage of consumer offences diverted, by drug type, November 2018 to October 2025 (source: ACTP)*

| | **Pre-Amendments** | | | | | **Post-Amendments** | |
|---|---|---|---|---|---|---|---|
| **Drug type** | **2018/19** | **2019/20** | **2020/21** | **2021/22** | **2022/23** | **2023/24** | **2024/25** |
| Cocaine | 68.8% | 81.2% | 78.0% | 77.7% | 83.0% | 88.8% | 96.3% |
| Cannabis | 49.1% | 41.9% | 37.5% | 51.6% | 32.4% | 56.8% | 67.7% |
| Methamph | 2.4% | 14.6% | 5.0% | 11.1% | 8.5% | 41.2% | 8.0% |
| ATS | 37.1% | 39.2% | 45.7% | 53.6% | 73.3% | 67.6% | 57.1% |
| Unknown/other | 25.0% | 12.0% | 16.3% | 16.7% | 26.7% | 54.7% | 58.8% |

Note: years are calculated from Nov to Oct the following year. ATS includes MDMA, prescription amphetamines, and other amphetamine-type stimulants not otherwise specified. Unknown/other is largely offences with no drug type recorded (e.g. testing could not identify the drug type) and a small number of offences recorded as ketamine, heroin, GHB and psychedelics.

### *5.2.2 Co-offending: equity of access?*

As noted on the ACT Policing public information page: "If you are in possession of drugs and charged with other offences, it is likely that you will be charged with drug possession offences at the same time - you will not be referred to a health session or issued a fine" [12]. There are other avenues for diversion at the courts, including the Court Alcohol and Drug Assessment Scheme (CADAS), and the Drug and Alcohol Sentencing List (DASL). See Appendix 8 for more details of these programs.

Of the 526 consumer drug offences recorded in the first two-years of the Amendments, 32.1% (n = 169) had co-occurring offending; 68.9% (n = 357) did not. We examined the rate of diversion between those without versus with co-offending: 96.1% of those without co-offending were diverted compared to 13.6% of those with co-offending (see Table 15). This demonstrates that co-offending is a significant factor limiting the diversion rate.

*Table 15: Percentage of consumer drug offences diverted by presence of co-offending, in the first two years of the operation of the Amendments, November 2023 to October 2025 (source: ACTP)*

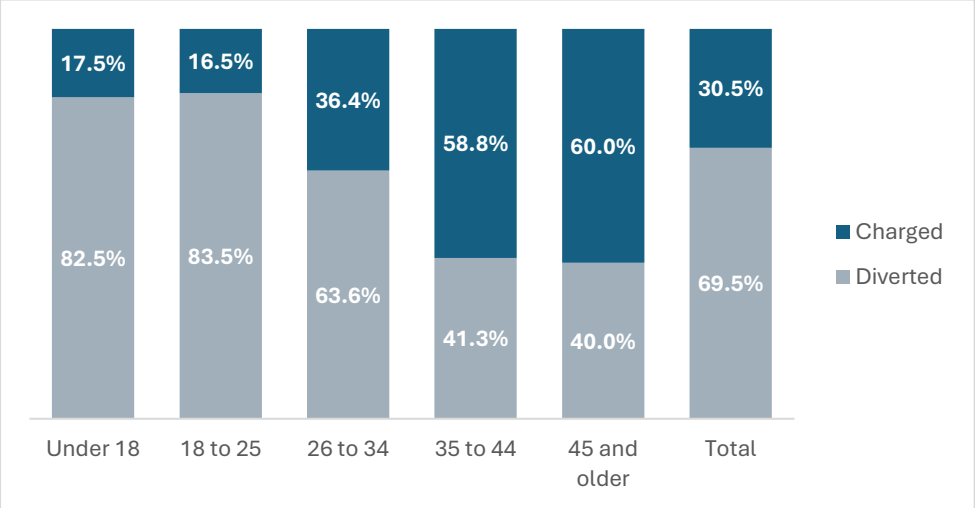
| | **Diverted** | **Charged** | **Total** |
|---|---|---|---|
| No co-offending (n=357) | 96.1% | 3.9% | 100.0% |
| Co-offending present (n=169) | 13.6% | 86.4% | 100.0% |

### *5.2.3 Demographic characteristics: equity of access?*

Looking at rates of diversion by gender of the person apprehended (see Table 16), in the two years following the Amendments (November 2023 to October 2025) the majority of both men and women were diverted, however this was slightly higher for men (70.2%) compared to women (64.7%). Given the small number of women overall (n = 68) compared to men (n = 457), this is unlikely to be a meaningful difference.

Figure 14 provides the data for the percentage of people diverted versus charged by age group. Younger people were more likely to be diverted, particularly those aged under 18 (82.5%) or 18 to 25 (83.5%), and 26 to 34 (63.6%). Rates of diversion decreased with older age groups, with less than half of those aged 35 to 44 (41.3%) and aged 45 or older (40.0%) diverted (recalling that with these data we cannot ascertain if the age range pattern is mediated by drug type or co-offending).

*Figure 14: Percentage diverted versus charged for consumer drug offences by age group of person apprehended, in the first two years of the operation of the Amendments, November 2023 to October 2025 (source: ACTP)*




Examination of the age groups by diversion for men and women (see Table 16) demonstrates that both younger males and females were more likely to be diverted. However, women aged 18 to 25 appeared to have a lower rate of diversion (55.3%) compared to men of the same age (88.8%), and women aged 26 to 34 had a higher rate of diversion (84.6%) compared to men of the same age (61.3%). We note that sample sizes for females are small (see Table 16) so no definitive conclusions can be drawn from these data.

*Table 16: Sex and age demographics by percentage diverted for consumer drug offences in the first two years of the operation of the Amendments, November 2023 to October 2025 (source: ACTP)*

| | **Diverted % (n)** | **Charged % (n)** | **Total %** |
|---|---|---|---|
| **Female** | | | |
| Under 18 | 100.0% (n=7) | - | 100.0% |
| 18 - 25 | 55.3% (n=21) | 44.7% (n=17) | 100.0% |
| 26 - 34 | 84.6% (n=11) | - | 100.0% |
| 35 - 44 | - | - | - |
| 45 and older | - | - | - |
| **Total female** | **64.7% (n=44)** | **35.3% (n=24)** | **100.0%** |
| **Male** | | | |
| Under 18 | 78.8% (n=26) | 21.2% (n=7) | 100.0% |
| 18 - 25 | 88.8% (n=182) | 11.2% (n=23) | 100.0% |
| 26 - 34 | 61.3% (n=73) | 38.7% (n=46) | 100.0% |
| 35 - 44 | 41.1% (n=30) | 58.9% (n=43) | 100.0% |
| 45 and older | 37.0% (n=10) | 63.0% (n=17) | 100.0% |
| **Total male** | **70.2%** (n=321) | **29.8%** (n=136) | **100.0%** |
| **Male and Female** | | | |
| Under 18 | 82.5% (n=33) | 17.5% (n=7) | 100.0% |
| 18 - 25 | 83.5% (n=203) | 16.5% (n=40) | 100.0% |
| 26 - 34 | 63.6% (n=84) | 36.4% (n=48) | 100.0% |

| | **Diverted % (n)** | **Charged % (n)** | **Total %** |
|---|---|---|---|
| 35 - 44 | 41.3% (n=33) | 58.8% (n=47) | 100.0% |
| 45 and older | 40.0% (n=12) | 60.0% (n=18) | 100.0% |
| **Total male and female** | **69.5%** (n=365) | **30.5%** (n=160) | **100.0%** |

Note: cell sizes < 5 were removed to avoid misrepresenting the data.

There was a total of 37 Aboriginal and/or Torres Strait Islander people apprehended for a consumer drug offence in the first two years of the Amendments. Table 17 shows the rates of diversion. Aboriginal and/or Torres Strait Islander people were less likely to be diverted (37.8%) compared to non-First Nations people (72.0%), again recognising that these data cannot parse out other interacting factors.

*Table 17: First Nations identity: Percentage of consumer drug offences diverted versus charged, by First Nations status, in the first two years of the operation of the Amendments, November 2023 to October 2025 (source: ACTP)*

| | **Diverted** | **Charged** | **Total** |
|---|---|---|---|
| Aboriginal and/or Torres Strait Islander (n=37) | 37.8% | 62.2% | 100.0% |
| Non-indigenous (n=489) | 72.0% | 28.0% | 100.0% |
| Total | 69.6% | 30.4% | 100.0% |

One interviewee felt that Aboriginal and Torres Strait Islander people were being discriminated against by the police, for example, by being targeted for traffic stops and drug tests:

> "*I can tell you it's [drug law reform] not working now. I can tell you that more Indigenous people are pulled over and tested than anybody else"* - Lived/living experience 30.

### *5.2.4 Summary: access and equity*

The intention of the Amendment Act is to provide a non-criminal response to all people found in possession of drugs for personal use, with a focus on reducing justice system impacts for vulnerable groups. One key population highlighted by stakeholders as potential beneficiaries of the Amendment Act was people who use methamphetamine and heroin, including people who inject drugs and those who may have significant health harms in association with social factors (such as unstable housing). This population was noted as being some of "the most marginalised in society" (*Harm reduction 1*), and as the population who may most benefit from the health response (i.e. the IDD program referral). It was therefore seen as essential to ensure this population was receiving equitable access to diversion.

> *"I think one of the intention[s] of the legislative changes was these chronic complex presentations with substance use, mental health, homelessness co-occurring issues. They'd be the cohort we'd see the majority of, and in reality, that hasn't been the case. Those people are sort of left aside. They're not being picked up by the police. It's more those, yeah, party drugs that Friday, Saturday, people going to the club and bars and things like that. They're being picked up. So I think that we sort of haven't hit the mark with that…."* - Gov (health) 1.

> *"If it was being spread out fairly, if people were, you know, as I mentioned, maybe it's a young person in a pub caught with cocaine. Is one of the homeless person on the street being treated and given the same options and opportunities?"* - ATOD treatment provider 3.

The underrepresentation of those who are older; of Aboriginal and Torres Strait Islander descent; in possession of methamphetamine; and engaged in simultaneous co-offending is suggestive of concerns regarding equitable access. Recognising the intersectionality of these factors, the data presented in Table 18 cross-tabulate co-offending and diversion with other characteristics identified as being associated with differential rates of diversion.

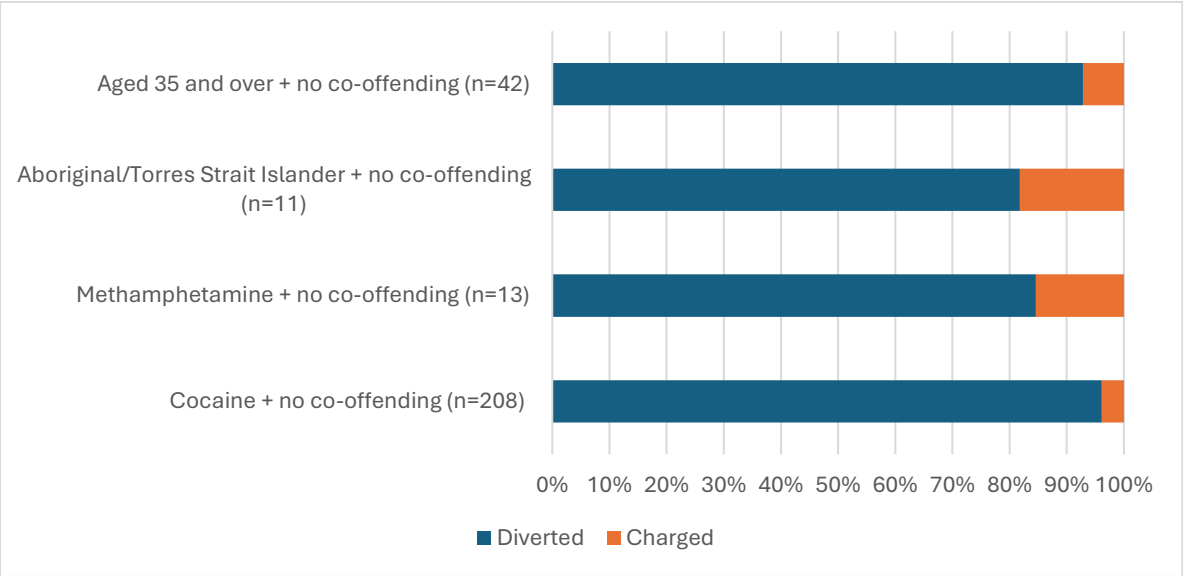
*Table 18: Intersectional factors: co-offending, drug type and demographics by percentage diverted in the first two-years of the operation of the Amendments, November 2023 to October 2025 (source: ACTP)*

| | **Diverted** | **Charged** | **Total** |
|---|---|---|---|
| Total sample no co-offending (n=357) | 96.1% (n=343) | 3.9% (n=14) | 100.0% |
| Total sample co-offending present (n=169) | 13.6% (n=23) | 86.4% (n=146) | 100.0% |
| | | | |
| Cocaine + no co-offending (n=208) | 96.2% (n=200) | 3.8% (n=8) | 100.0% |
| Cocaine + co-offending (n=17) | 35.3% (n-6) | 64.7% (n=11) | 100.0% |
| | | | |
| Methamphetamine + no co-offending (n=13) | 84.6% (n=11) | 15.4% (n=2) | 100.0% |
| Methamphetamine + co-offending (n=46) | 10.9% (n=5) | 89.1% (n=41) | 100.0% |
| | | | |
| Aboriginal/Torres Strait Islander + no co-offending (n=11) | 81.8% (n=9) | 18.2% (n=2) | 100.0% |
| Aboriginal/Torres Strait Islander + co-offending (n=26) | 19.2% (n=5) | 80.8% (n=21) | 100.0% |
| | | | |
| Aged 35 and over + no co-offending (n=42) | 92.9% (n=39) | 7.1% (n=3) | 100.0% |
| Aged 35 and over + co-offending (n=68) | 8.8% (n=6) | 91.2% (n=62) | 100.0% |

For all groups, when there was no co-offending, the majority were diverted, with rates of diversion ranging between 81.8% (Aboriginal and Torres Strait Islander) and 96.2% (cocaine).

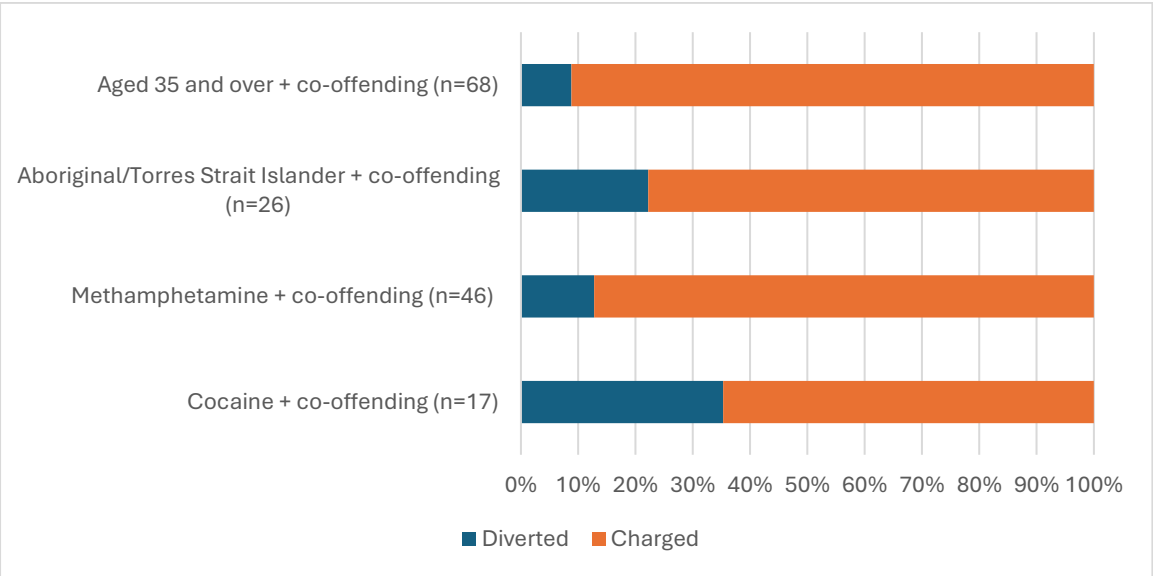
Examining the rates of diversion amongst people without co-offending, there appeared to be some differences by drug type, age, and Aboriginal and Torres Strait Islander status. While a total of 96.1% of people were diverted (in the absence of co-offending), this proportion was lower for methamphetamine consumer offences (at 84.6%), for Aboriginal and Torres Strait Islander peoples (at 81.8%), and for people aged 35 and over (at 92.9%), recognising small sample size for these groups (see Table 18, and Figure 15).

*Figure 15: No co-offending: Percentage of consumer drug offences diverted versus charged in the first two-years of the operation of the Amendments, November 2023 to October 2025 (source: ACTP)*




When co-offending was present, less than half were diverted across all groups, ranging from 8.8% (people aged 35 and older) to 35.3% (cocaine). Given a 'baseline' diversion rate of 13.6% when co-offending is present (total sample, Table 18), we note that for offences involving cocaine, the diversion rate where co-offending is present is substantially higher (at 35.3%) than the baseline. It is also higher for Aboriginal and Torres Strait Islander peoples (at 19.2%). The diversion rate where co-offending is present is lowest and below the total sample average for people aged 35 years and over (at 8.8%) and for methamphetamine consumer offences (at 10.9%). See Figure 16.

*Figure 16: Co-offending: Percentage of consumer drug offences diverted versus charged in the first two-years of the operation of the Amendments, November 2023 to October 2025 (source: ACTP)*



## 5.3 Implementation processes

### *5.3.1 Was the ACT policy context and environment supportive or constraining?*

Alcohol, tobacco and other drug (ATOD) policy in the ACT is guided by the ACT Drug Strategy Action Plan 2022-2026 [13] and the National Drug Strategy 2017-2026 [14]. Both strategies take a harm minimisation approach, formed by the three pillars of demand reduction, supply reduction, and harm reduction, and the Drug Strategy Action Plan specifies aims of minimising ATOD related harms, improving the health and wellbeing of the ACT community and reducing stigma experienced by people impacted by alcohol and other drugs 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 Action Plan.

ATOD policy in the ACT 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. For example, the IDD program[14] has been in operation in the ACT under a non-legislated agreement between ACT Policing, Canberra Health Services (CHS) and HCSD since 2001[15], providing ACT Policing with the discretionary option to divert people found in possession of drugs for personal use to CHS for assessment, education and treatment. The ACT was also the first jurisdiction to implement a trial of festival-based drug checking in 2018 and a fixed-site drug checking service (CanTEST) in 2022. These various reforms pre-dated the Amendment Act and have provided a supportive context for the Amendment, which is seen as a continuation of prioritising a health response to drug use. Further history and context can be found in Appendix 8.

In addition, the ACT is viewed as a progressive jurisdiction (it has the highest rates of education, employment, and personal income compared to other states/territories and capital cities [15, 16]), and 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.

Multiple sources of evidence indicated that the Amendment Act was situated within an enabling environment:

> "*We've got an incredibly supportive environment...We've got, you know, other supportive harm reduction type programs happening. We've, of course, got NSPs [Needle and Syringe Programs], but we've got drug checking…naloxone...we've got a pretty good Drug Strategy Action Plan...so, I think there's a lot of things in place that also support everything being positive. So, it's a little bit difficult to tease apart like what's related to the decrim legislation*

[14] Also referred to as the 'Police Early Intervention and Diversion' or PED and the 'Drug Diversion Program' or DDP.
[15] 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.

> *[Amendment Act] per se and what's related to some of these other things also happening, supporting the process. There's a synergy happening there"* - Peak body 1.

### *5.3.2 Was the preparation and planning phase effective?*

The 12-month period between the Amendment Act passing the Legislative Assembly (20 October 2022) and taking effect (28 October 2023) provided a 12-month period of preparation for implementation of the SDON and related infrastructure. An overview of the key decisions, logistics and actions undertaken during the pre-implementation period is provided in Appendix 9.

An updated MOU on diversion programs was formalised (signed 27 October 2023) between the Australian Federal Police - ACT Policing, HCSD, and CHS. The MOU included the responsibilities of each implementing agency, as well as the funding and resource arrangements, including for training sessions, SDON forms, and an additional full-time equivalent clinician for the diversion sessions. ACT Policing received funding to roll out training to officers. The MOU between the parties reiterates the principles and commitment of the parties to preventing harmful effects of alcohol and other drugs, to diverting people who use drugs away from the criminal justice system and to diverting people who use drugs into education, assessment and/or treatment [17].

Those involved in the preparation and planning phase were positive about the experience; "*everything that needed to get done, got done"* - Gov (health) 5. In working through nuances of implementation, success was attributed partly due to having the right mix of people involved, mutual respect and a collegiate attitude, bringing a willingness to work together and share information.

Strong communication, including a willingness to listen and respect different opinions between all parties was also highlighted as part of the key to the successful preparation:

> *"there was good kinda robust discussion there and able to keep track of issues and yeah, just really bring people together to discuss and try and resolve things"* - Gov (health) 5.

> *"I think generally speaking, everybody pulled in the same direction"* - Harm reduction 1.

Good relationships between agencies were formed or strengthened during this preparation and planning phase, particularly between ACT Policing and health services (including HCSD and CAHMA). The trip to North America (initiated by ACT Policing and attended by HCSD) at the start of 2023 and the ACT Policing full day workshop at ANU in August 2023 were particularly highlighted as positive initiatives that provided an opportunity to learn and discuss potential issues.

A critical aspect of the preparation phase was public awareness and education. A range of communications and media were rolled out in pre-implementation period (prior to October 2023) and during and after implementation. Full details are provided in Appendix 10. Initial activities included development of a postcard (identified by stakeholders as "the blue pamphlet/postcard") containing information about the Amendment Act that was distributed to ATOD treatment and harm reduction services in the ACT in April and May 2023 and a website update to include information on the Amendment Act.

A detailed communication plan was released in August 2023. 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 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.

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 for people who use drugs including a leaflet and online messaging. CAHMA still appear to be providing the brochures to their clients (Implementation working group minutes 29 Sept 2025).

Both CAHMA and HCSD launched media campaigns in October 2023, shortly before the Amendment Act came into effect, with the HCSD media campaign running through to the end of January 2024 including a paid advertising campaign via radio and digital and social media. (See Appendix 10).

### *5.3.3 Are the governance arrangements sound?*

Two governance groups (the Executive Group and the Working Group[16]) oversaw the planning phases prior to implementation of the Amendment Act. These governance groups continue to monitor the program.

The Executive Group has representatives from the main implementing organisations (CHS, HCSD, ACT Policing, Access Canberra), as well as the Justice and Community Safety Directorate (JASCD) and Chief Minister, Treasury and Economic Development Directorate (CMTEDD). This group existed prior to the commencement of the Amendments with a remit of advising on cross-directorate ATOD and justice policy matters including implementation of the Amendments and drug checking.

The Working Group was formed at the end of 2022 and reports to the Executive Group and Government on implementation, monitoring and review of the Amendment Act [18]. The Working Group includes a broader range of organisations including HCSD (ATOD Policy and Strategic Communications and Media units), CHS, ACT Policing, Access Canberra, ATODA, and CAHMA.

Table 19 below provides an overview of all implementing agency responsibilities. Broadly speaking, ACT Policing are responsible for referrals to the IDD program (to CHS, via SupportLink) and issuing SDONs (which outline the options of paying the fine or attending to IDD session at CHS); CHS are responsible for contacting individuals referred via SupportLink, delivering the assessment/education session, and reporting on compliance to ACT Policing (through SupportLink); and HCSD are responsible for the overarching ATOD policies, public communications, and managing the implementation process. Outside of the MOU for the SDON and IDD program, other agencies with an

[16] This was sometimes referred to as the Implementation Group.

implementing role include Access Canberra who process the fines, and ACTGAL who are responsible for testing and destroying drugs provided by police (which may inform eligibility for the SDON).[17]

*Table 19: Agency responsibilities under the Amendment Act (sources: documentary analysis and Key Informant Interviews)*

| ***Agency*** | ***Responsibilities*** |
|---|---|
| *ACT Policing* | • IDD referrals through SupportLink to CHS<br>• Issuing SDONs<br>• Seize drugs, lodge in Drug Registry, send for testing/destruction to ACTGAL<br>• Contribute to community awareness of ACT harm minimisation approach and promote harm minimisation policy approach<br>• Responding to non-compliance<br>• Training new recruits<br>• Data collection |
| *CHS* | • Follow-up contact of individuals referred via SupportLink<br>• Provision of assessment/education session to those referred<br>• Provision of additional education and information when requested and referral to in-house counselling or external agencies where needed<br>• Report on compliance and where individual opts for the fine (through SupportLink) |
| *HCSD* | • Public communications on the Amendments<br>• Coordinating implementation of the Amendment Act<br>• Chair and secretariat for governance groups |
| *ACTGAL* | • Preliminary testing of small quantities of drugs for SDON<br>• Destruction of drugs |
| *Access Canberra* | • Process fine payments<br>• Send reminders for non-payment<br>• Notify police of payment/non-payment |

Governance arrangements were well regarded by participants. Bringing together the main people, being action focussed, people bringing positive energy to the groups and ultimately being successful in working through a myriad of logistics in time for the date of implementation. Stakeholders also noted the groups as positive for building relationships (particularly between police and CAHMA).

While the governance groups were reported by some members to now have less urgency as they are now in a monitoring role, stakeholders reported that the groups were still positive and useful in maintaining and strengthening relationships between agencies:

> *"The executive group in particular, like strengthening those relationships. You know, in government it's, everyone works in silos and having those opportunities isn't necessarily that common. I think that is nice."* Gov (health) 5.

[17] ACTGAL and ACT Policing have a separate MOU for the agreed drug testing and weighing procedures.

### *5.3.4 How is the Amendment Act being implemented?*

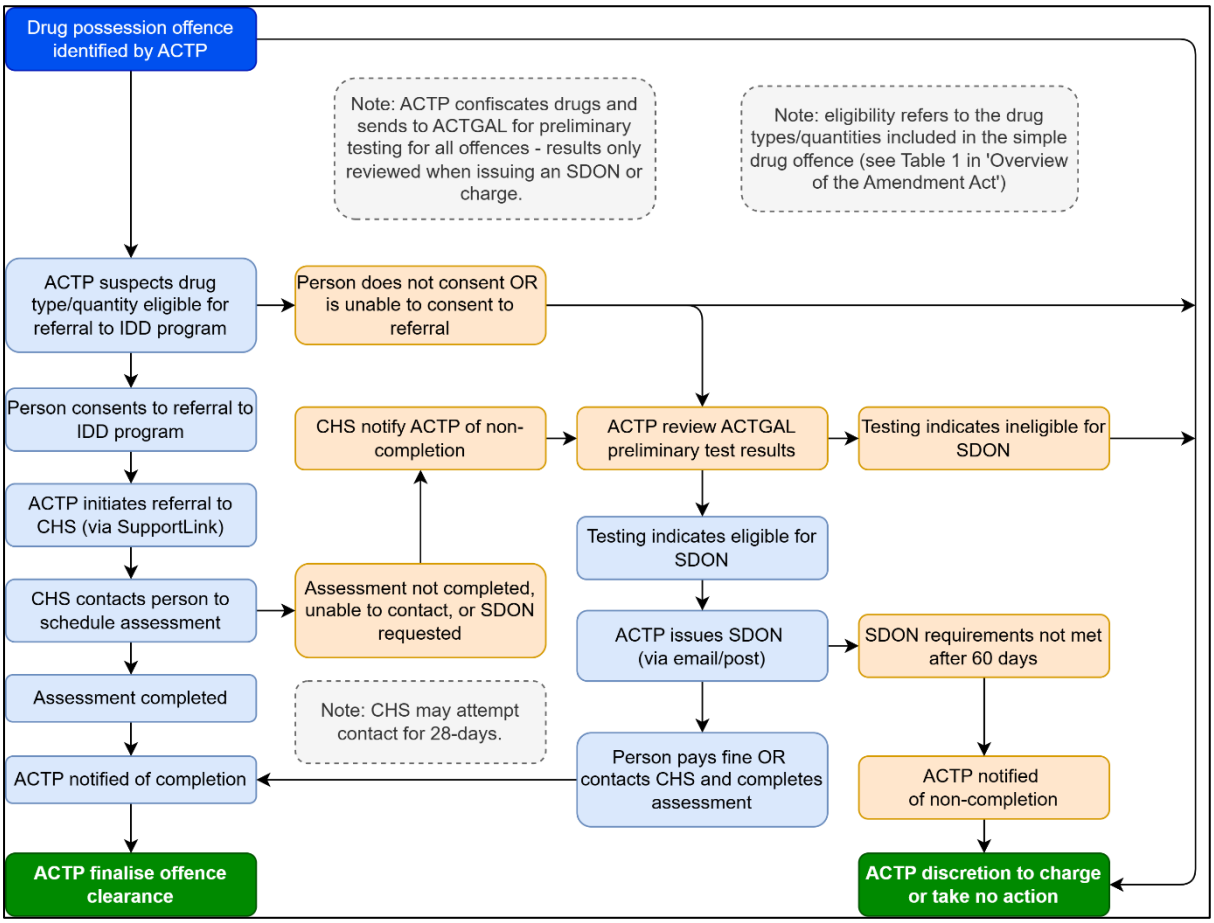
Whilst the IDD program is now legislated under the Amendment Act as the 'approved drug diversion program' as a pathway via the SDON, the vast majority of diversions (referrals to IDD) are not done via the newly legislated pathway. The processes remain largely in non-legislative operational guidelines, including the ACT Policing operational procedures and the 2023 Memorandum of Understanding between Australian Federal Police-ACT Policing, ACT Health Directorate (as known then, now HCSD) and Canberra Health Services.

Figure 17 below details the operations of diversion under the Amendment Act as documented in the policies and procedures.

According to the documentation, police will in the first instance confiscate the drug(s), determine whether the person appears eligible for a diversion (based on drug type, quantity, and other eligibility) and decide whether to make a referral to the IDD program (at CHS) or issue an SDON. SDONs are issued during the initial stop where someone opts for a fine, the person does not consent to referral, or they are unable to provide consent due to intoxication. In practice, very few SDONs have been issued in the first two years of operation, with police predominantly using the non-legislated and pre-existing pathway. In addition, in some cases, police reported taking no action other than confiscation of the drug (see Other Implementation Practices, below and Appendix 11).

Consent and information sharing between ACT Policing and CHS may be compromised where someone does not or cannot consent to a referral (e.g. due to intoxication). In these instances, ACT Policing may choose to issue an SDON if the possession is suspected to be eligible (requiring confirmation from ACTGAL); however, as the SDON places the responsibility on the individual to contact CHS (where consent is not or cannot be given, CHS will not receive contact information for the case), there were concerns that this could contribute to cases of non-compliance as well as limiting access to the health response. Relevant agencies in the governance group investigated this issue and whether or not a legislative amendment could allow ACT Policing to share personal information with CHS where a person issued an SDON was unable to consent to a diversion at the time due to intoxication, or the consent was unclear. There have not been any changes to the legislation.

*Figure 17: Flowchart of Amendment Act processes and procedures (source: policy documentation)*




Note: Flowchart is based on *the Drugs of Dependence Act 1989* (ACT); CHS diversion program model of care; MOU between ACTP, CHS and ACT Health; and the ACTP Operational Guidelines [4, 17, 19].

According to the documented policies and procedures, all confiscated drugs are sent to ACTGAL for drug type testing and weighing. It appears that police wait for preliminary test results to be returned from ACTGAL before issuing a referral to the IDD or an SDON, which takes approximately 2 weeks. In practice, ACTGAL only confirms the substance type, not weight for SDON/preliminary testing. Weighing only occurs where forensic testing is required (i.e. where matters go to court). From interviews, it appears that officers are also exercising discretion where ACTGAL testing finds that amounts are borderline with the allowable limits under the Amendment Act to continue with a diversion. Where police decide to proceed with a charge, courts require a higher level of forensic testing from ACTGAL. This can take up to 6 months to have results returned to police.

Where referral to IDD is the preferred option and consent is given, the apprehending officer collects details and makes a referral to CHS via SupportLink. CHS is then required to attempt contact with the person within two working days, and key informants noted that they will attempt multiple contacts for up to 28 days. When contact is successful, the person will be offered the option of either a telephone or face-to-face assessment/education session. If the session is completed, CHS mark the case as compliant in SupportLink which notifies ACT Policing. If the person cannot be contacted after 28 days, does not attend the session, or expresses a preference for an SDON, CHS are required to mark the case as non-compliant via SupportLink which notifies ACT Policing.

ACT Policing can and do also issue SDONs to those who did consent to a referral to the IDD program but did not attend the assessment session (or where CHS have been unable to contact them). We did not have data to indicate how often this occurs, however it appears infrequently given the low number of SDONs recorded (n = 8).[18]

According to the ACT Policing Standard Operating Procedure, where CHS mark a person as non-compliant, further action is "at the case officer's discretion" (AFP Standard operating procedures for personal drug possession offences, 19 Oct 23, p.7). In addition to issuing an SDON, ACT police can also issue a caution, or criminal charge (both of which require an ACTGAL certificate) or take no further action. Stakeholders noted that the decision to proceed with further action is determined on an individual basis also noting the time and effort required to issue an SDON and pursue unpaid fines.

> *"I think it would come down to the individual, but I think they have the support of ACT Policing in terms of not proceeding on the basis that there's a lot of effort that goes into it. You've got to create apprehensions. You've gotta summons them to court. You've got to do everything, for at the end of the day, $100 fine*" - Police 5.

Where an SDON is issued, it can be discharged through payment of the fine (via Access Canberra), or attendance at a CHS session. The SDON contains information for how to pay the fine and the contact details for CHS. Fines are processed by Access Canberra and can be paid online or in-person. Key informants said that Access Canberra send reminder notices where the fine remains unpaid and not discharged through CHS. Where the fine is paid, or where no payment is made within 60 days, Access Canberra notify ACT Policing. Police can then issue a charge, although key informants noted that this was rare. Of the eight SDONs issued from November 2023 to October 2025, 62.5% (n = 5) were paid.

***Business as usual***

While the SDON processes described above are now legislated, stakeholders reported that they are not significantly different from previous drug possession case operations between ACT Policing, CHS and ACTGAL. Diversion had already been the preferred response to drug possession for personal use, and the Amendments were implemented within existing structures and processes. For example, ACT Policing's existing policies were to not actively pursue people for possession of drugs for personal use, and they were already engaged in diversion for possession of small quantities of drugs through the existing IDD program, which has been in operation at CHS since 2001, including the assessment and education sessions provided by the diversion team. SupportLink was already in place for the referral processes between ACT Policing and CHS, as well as the fine management systems through Access Canberra (as used for the previous SCON), and as such, no new technology or systems were required. There were also existing agreements between ACTGAL and ACT Policing for the testing and weighing of drugs. Given these existing processes, the practices of implementing agencies did not undergo significant changes, or as some described, were largely "business as usual".

> *".. isn't particularly different from what we could have done or what the courts were doing anyway" - Police 4.*

[18] Other data included in the Executive Group minutes suggested a potentially higher number of SDONs issued (n = 17); however, some may have been non-compliant and later updated to a charge or caution.

> *"we'd always [before the Amendment Act] used our discretion anyway in terms of the eligibility amounts for diversion" - Police 5.*
>
> *"It's formalised some things that in theory they already could have been doing" - Gov (health) 7.*

At the same time as the Amendment Act reinforced previous practices, stakeholders also recognised it as "world class" and ground-breaking in terms of formalising a version of decriminalisation of possession for drugs for personal use.

> *"The work that we are doing here is world class"* - Harm reduction 1.

The very existence of the legislation has also been viewed positively in terms of enabling harm reduction services. As noted by one respondent:

> "*when people come in and if they are feeling anxious and ask about you know, how is the service allowed to exist? We can since the October 23 change, we can tell people about the decrim law and how you know it's actually OK to be doing this, how if and we refer to the CAHMA resource on decrim. That's a great resource… "* - Harm reduction 2.

***Other implementation practices***

The Amendment Act seeks to deliver a health response rather than criminal response to drug use, and this is reflected in the ACT Policing operational guidelines which allow officers to provide referrals to the IDD program for drug types/quantities outside the Amendment Act:

> "Case officer may enact discretion as to how to proceed with the matter:
> Decision not to charge: In discussion with your supervisor, consider the circumstances of the offending, the minor nature of the offence and the ACT Policing Executive's support of the ACT Government's position to remove minor drug possession related offences from the criminal justice system" [4].

That is, alongside referrals, the police have the discretion to charge someone, and the discretion to take no action. (Appendix 11 provides more qualitative data on this issue). The burden of proof and the likely outcome at court was sometimes taken into consideration, as described by one police officer:

> *"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 an 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?"* - Police 2.

Further, 'doing nothing' or no action was seen by some stakeholders to be a better option where the person stopped was perceived to have limited cognitive ability, significant mental health and/or other complex issues and where a referral or a charge was not likely to have a positive impact. As summarised by another police officer:

> *"[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"* - Police 1

Police discretion also operates in the context of co-offending. As noted by one participant:

> "*We might get called to a disturbance or public disturbance or in a licenced premises and it might be an assault that's occurred that we're investigating. We arrest the people involved and then, they're then found the drugs on their person. So it's up to the officer whether they would like to charge with the assault and then also charged with the drugs that were found on the person, obviously you can do both, like you can charge with the assault and then also divert for drugs. But that's where the discretion comes in. I just a lot of the time it depends on severity of behaviour and things like that"* - Police 2.

Interview data corresponds with the quantitative data reported above (see Table 18) regarding co-offending. Stakeholders reported that small possession was only likely to result in a charge where the person stopped already had multiple "substantive offences" under investigation (Police 2) and where co-offending occurred. Although multiple factors were said to be taken into consideration including the type of offences occurring, previous stops for drug possession and if people were compliant (willing to accept a referral/general demeanour with police), co-offending was reported by stakeholders to be associated with a charge. Consistent with the quantitative data, the police we spoke to said there were "very limited circumstances" (Police 1) under which they would charge someone where small possession was the only offence, including general attitude and repeated stops with small quantities of drugs (in the same night or week):

> *"Also like you know, how often, have they been caught multiple times before and also just general willingness to participate is a big one as well"* - Police 1.

> *"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.

> *"And even if they are compliant and say we pick them up again, even in the same night, or even within that week again and it's same person, we'll probably go to the discretion of just charging straight away and avoiding the diversion"* - Police 3.

From the perspective of people who use drugs, there was awareness of several factors that could influence an interaction with the police, including how you present and whether police may suspect you use drugs/commit crimes, previous offending history/experiences with the criminal justice system, and most notably, your attitude towards police and whether you are compliant (See Appendix 11 for more qualitative data on this issue). Whilst participants were aware of the influence of personal attitude, they also emphasised that one's attitude is often influenced by past experiences with police and trauma.

> *Lived/living experience 9: "So, they're looking more at like how much it [the quantity of drugs] looked like.*
> *Lived/living experience 8: And how much... a gronk you're being.*
> *Lived/living experience 10: That's right. Exactly.*
> *Lived/living experience 9: Okay. Yeah. We always know. Like if you're compliant and you're nice, they're going to be more inclined to be nice."* [Excerpt from FG2]

> *"I think we've seen that really clearly, that with that police discretion in there, the people who have a good relationship with the police or don't have trauma associated with the police are kind of fine. You know, but the people who have that trauma... it hasn't changed for them. And I think that's what you get when you insert police discretion into a stigmatised and discriminated against, into a criminalised community"* - Harm reduction 1.

Due to these experiences and perceptions of police, some people who use drugs were pessimistic about the discretionary nature of the Amendments and whether they were likely to benefit those who were more marginalised or had offending history. Some also noted the difference in attitudes towards people who use cannabis, but that this had not occurred to the same extent for other drugs.

> *"And I'm sure you've seen the difference of cannabis over the past 20 years, it has changed so dramatically. So, I'd like to see the other drugs have the same kind of effect, but it's just going to take time"* - Lived/living experience 12 (FG3).

### *5.3.5 Have the diversion services been delivered effectively?*

CHS has been providing alcohol and other drug assessments, education, information and treatment for police and court diversions since 2001 when the IDD program was first introduced. CHS currently provides diversion and therapy services for referrals under the IDD program, the Youth Alcohol Diversion Program, the Adult Alcohol Diversion Program as well as the Court Alcohol and Drug Assessment Service and Drug and Alcohol Sentencing List [19].

According to a Model of Care on diversion programs published by CHS in 2024 [19], the diversion provided as part of the Amendment Act under the IDD program is delivered either face-to-face, via telephone or via telehealth (video link) between 8.30am and 4.45pm Monday to Friday (p.8). The session lasts up to an hour. The majority of those seen by CHS under the Amendment Act were completed via telephone (n = 240, 83.9%), and about a fifth completed the assessment in person (n = 44, 15.4%). The demographic profiles of CHS diversion clients are provided in Appendix 12.

Between November 2023 and October 2025, there were 388 referrals to the IDD program at CHS. Of these 388 referrals, about three quarters completed the assessment (n = 286, 73.7%), about a sixth did not complete the assessment (n = 63, 16.2%), and about 10% were either withdrawn/ineligible (n = 25, 6.4%) or requested an SDON to pay the fine (n = 14, 3.6%)[19]. When excluding those withdrawn or who requested the fine, 81.9% of referrals were assessed. Only 2.3% (n = 9) of referrals were

[19] The n = 14 comes from CHS data, for the number of people who requested an SDON instead of assessment. The person is then referred back to the police; police data show n = 8 SDONs were issued. The discrepancy is likely due to some people not being eligible, police discretion regarding follow-up, or other outcome.

referred multiple times (max times referred = 2; we did not have data on whether they were unique people).

*Table 20: Referrals to the IDD program in the first two years of the operations of the Amendments, November 2023 to October 2025 (source: CHS)*

| Referral status | 2023/24 | 2024/25 | Total 2-years post-Amendments |
|---|---|---|---|
| Assessed | 78.5% (n = 183) | 66.5% (n = 103) | 73.7% (n = 286) |
| Not assessed | 12.0% (n = 28) | 22.6% (n = 35) | 16.2% (n = 63) |
| Withdrawn/requested SDON | 9.4% (n = 22) | 11.0% (n = 17) | 10.1% (n = 39) |
| **Total referrals** | **100.0% (n = 233)** | **100.0% (n = 155)** | **100.0% (n = 388)** |

Note: Those marked as requesting an SDON (to pay the fine) does not guarantee the person subsequently received an SDON from ACT Policing, e.g. if ruled ineligible.

Non-attendance at the education/assessment session appears to have increased since the Amendments came into effect. Prior to the Amendment Act, the proportion of referred people who completed an assessment ranged from 88% to 95%; this decreased to 78.5% in the first year following the Amendment Act, and again to 66.5% in 2024/25 (see Appendix 12). Whilst most referrals continue to complete the assessment, there appears to be a decrease since the implementation of the Amendments.

Stakeholders advised that prior to the Amendment, police would proactively follow-up non-compliant referrals on behalf of CHS. However, in the context of limited resources and time and the perceived low severity of drug possession offences, stakeholders expressed that it would be both an inefficient use of resources and incongruent with ACT's approach to drug use to pursue and prosecute individuals who are non-compliant.[20]

> *"What's the value of us following that up [non-compliance] when the policy objective is really to put them into the support that CHS can give them"* - Gov agency 1

Data from interviews with stakeholders and people stopped by police also noted that there are likely a variety of factors at play in non-compliance, including some logistical issues of contact due to referred people not answering calls from unknown numbers, experiencing socioeconomic disadvantage (i.e. people not having regular access to a phone or stable housing), distrust of health services due to prior experiences, as well as general disengagement.

While police may be less active in assisting CHS to locate non-compliant referrals, they reportedly continue to exert positive pressure and assistance to facilitate attendance at CHS. For example, one participant was experiencing homelessness and did not have a phone at the time of their referral. They described the police as going "above and beyond" to organise the diversion session with CHS. Other examples suggest that ACT Policing work to facilitate contact with the CHS on behalf of people who have been diverted.

> *"There's been one occasion where I had a guy who wasn't answering his phone. I sent him a text message saying, look, it's me … I'm calling you because of this [the referral]. He got back*

[20] Access Canberra's policy in relation to non-follow-up of fines is also in line with this approach to non-compliance.

> *to me … so I organised it for him to make the phone call to them and then he went through the process and it was done and dusted. It was just a contact issue*" - Police 4.

> "*they [the police] did explain that by doing a diversion I wouldn't need to go to court. But she impressed that it was very important that I did do the diversion, otherwise they would have to chase me up*" - Lived/living experience 27.

> "*But they [the police] did say to me, If you don't go to this counselling session, well then all bets are off and we will charge you"* - Lived/living experience 29.

Where a person indicates that they are interested in more support, CHS can provide up to 10 counselling sessions as well as referrals to external ATOD treatment providers. Only a minority received a referral to another service or treatment (4.5%, n = 13). Key informants also noted that CHS sometimes mails out information on other services where requested.

We only interviewed two people who had completed the CHS assessment, but both were positive about the session. One participant compared it positively to previous experience of a mandatory diversion program in another jurisdiction:

> "*the session in [other state/territory] is sort of like a, you know, it's like a two hours of watching something where they're saying no drugs, don't do drugs kind of thing, whereas this session was more of like, you know, what can we do for you? What services do you need to be put in touch with? Like, you know, do you want the follow-up counselling or do you need help with anything?*" - Lived/living experience 29.

In this account and feedback from the other participant, the approachability and friendliness of CHS staff, the scope to discuss needs and other subjects outside of drug use, the offer of additional help and the belief that CHS staff were willing and able to follow-up were raised as positive aspects of the CHS session:

> "*From what I can remember, what she said and everything, I think that she was very helpful and if I'd needed anything, I'd feel I could have, like, rung her up… And, like, if I'd needed anything more, she would have, like, chased up for me"* - Lived/living experience 27.

While the participants we spoke to (both of whom had histories of engagement in AOD treatment), did not feel that the session had much impact on their use, they did believe that it was a better way of approaching drug use and possession than receiving a criminal charge, and much easier to deal with than the criminal justice system:

> "*I was impressed because I thought it was sort of just like an easy way of you know I'm not going through the courts and I don't have fines, I don't have you know charges and stuff like that so I thought it was a nice easy way"* - Lived/living experience 27.

> "*I'd say it was a great option. And they did present an opportunity for me to go down an avenue and get help, probably get a rehab or anything, if I wanted to. But at the time, I didn't want to do it. I just wanted to keep using*" - Lived/living experience 29.

Some stakeholders noted that diversifying the options available for completing the IDD program including through other ATOD services might support greater access to the health response. One stakeholder perceived that this had occurred in the past ("*the police used to be able to use their system to refer to a whole bunch of different places. I'm not sure whether that practice is still in place now"* - Harm reduction 1). In particular, some stakeholders expressed the view that including more peer-based and harm reduction services as a possible diversion intake point might enable greater engagement with the IDD program. This was also supported by an anecdotal experience in the focus groups with people who use drugs, where one person had opted to pay the fine due to an unwillingness to attend CHS.

> *"when people are offered, the choice of an education session or a fine, then I would like that choice to be broader and for them to be able to choose one of a number of government or non-government services that they may have greater comfort with, familiarity, you know more likely to engage if there is a need for more ongoing care"* - ATOD treatment provider 1.

This would require other services to be designated by the Health Minister under the Amendment Act as an 'approved diversion program' for the SDON, or facilitated through the non-legislated diversion pathway, encouraging referral to a variety of services.

## 5.4 Knowledge and community awareness

### *5.4.1 To what extent are people who use drugs aware of and knowledgeable about the reforms?*

People who use drugs that we spoke to in focus groups and interviews, expressed variable knowledge about the reforms. Most were aware of a policy change, however very few participants were aware of the specific details of the Amendments. Participants expressed much greater knowledge about the details of the cannabis laws compared to the 2023 Amendment Act and found the different approaches for cannabis compared to other drugs confusing. Other specific confusions included the rules around quantity, purity, multiple drugs, processes, confiscation, penalties, public use, and rules for those aged under 18.

> *"I heard and I even saw it on the news that it was going to be decriminalised to carry an amount that they deemed for personal use, but I didn't know what that amount was and, you know, like which drugs it applied to. Is it just all the illicit drugs? Does it not apply to cannabis because cannabis is now, you can get it medicinally…"* - Lived/living experience 12 (FG3).

Some people who use drugs were fully informed of the amounts and drug types allowed and made sure to stick within the confines of the law when carrying drugs. Others were not fully aware of the legislation and options for diversion, and when stopped by police were subsequently pleasantly surprised or relieved when offered an alternative to a charge:

> *"I was like, what, so there's no possession charges? "No", I was like, Bonus. One less thing"* Lived/living experience 33.

While a lack of detailed knowledge of any legislative reform may be expected, stakeholders from law enforcement and the legal profession noted they found that being misinformed, particularly believing drugs were legalised, or carrying more than legally allowed, had led to some interactions with the police. As narrated by one police officer interviewed for the evaluation:

> *"I think people still think it's legal per se because of the word decriminalisation. I guess there's some education needed that you still can't have it. We still can take it [confiscate the drug]. It would be important and I think also education on the weights as well, like because you know, you might get someone who's party heavy and they might carry a large amount and they're getting themselves into trouble when they might just be, you know, having a big weekend*" - Police 1.

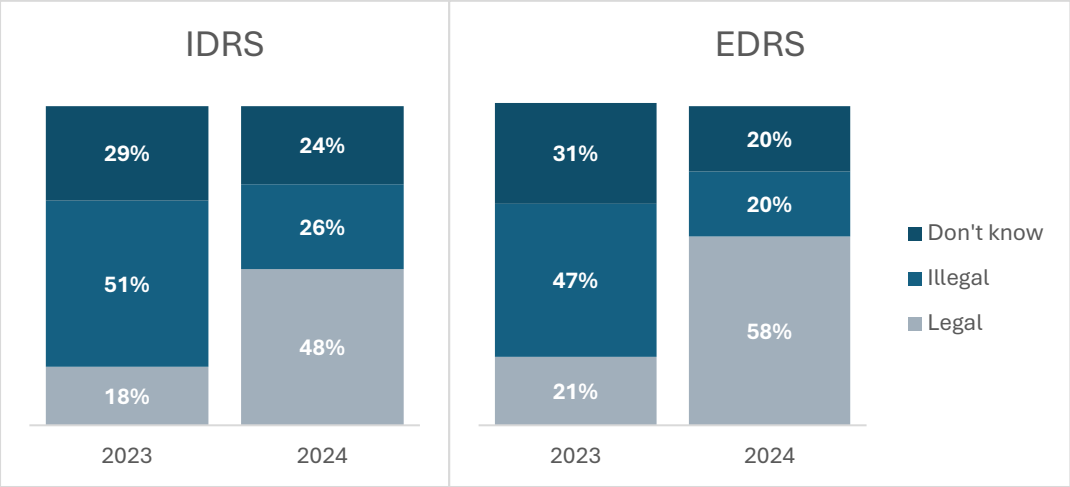
Our findings of general awareness but lack of detailed knowledge of the Amendments amongst people who use drugs reflects findings reported by the IDRS/EDRS [20]. The IDRS and EDRS asked the Canberra samples about their awareness and knowledge of the Amendments in 2023 (4-6 months prior to the Amendments) and 2024 (6-8 months after the Amendments). The proportion of the samples reporting awareness of the Amendments increased from 2023 to 2024 in both samples, from 49% to 81% (EDRS) and 33% to 72% (IDRS) (both changes $p < 0.001$).

When asked to describe the current legal status of possession of illicit drugs (other than cannabis), in the 2023 EDRS and IDRS surveys, about half of the samples (47% EDRS, 51% IDRS) correctly identified

it was illegal to possess drugs in any quantity, about a fifth (21%; 18% ) said it was entirely legal in small quantities, and just under a third were unsure (29%, 31%). Following the Amendments (2024) 20% (IDRS) and 26% (EDRS) said drug possession was illegal in any quantity, about half 48% (IDRS) and 58% (EDRS) said drug possession was legal in any quantity, and about a quarter (24% IDRS, 20% EDRS) were unsure (see Figure 15).

These data suggest that whilst there was an increase in awareness of the Amendments following implementation, there was also an increase in misunderstandings about the legal status of drugs.

*Figure 18: Perceived legal status of drugs in the ACT amongst people who use drugs, 2023 and 2024 (source: IDRS and EDRS, ACT samples)*




The complexity of the Amendments and associated processes was noted by many participants as a barrier for people who use drugs to understand their rights and to abide by the laws as intended.

> "*It's very difficult to explain to clients. Yes, you can have these, but no, you can't have these. …. But it is very confusing and very difficult for clients who are vulnerable by virtue of their addiction*" - Legal 1.

Additionally, there was recognition that the point of contact with police can be chaotic and stressful and that people are unlikely to recall much of the information provided (verbally) by officers at the time. One participant who was arrested for a consumer drug offence, alongside other offending, suggested that receiving a card from the police with phone numbers for the diversion or health service would be useful in these interactions:

> *"I like having that sort of stuff handy, and I think a card in my wallet, I may pick that up on a bad day and thought bugger it, I've had a gut full of all this shit. And picked up the phone, you know what I mean?"* - Lived/living experience 25.

People who use drugs noted the usefulness of the CAHMA leaflet but also suggested there was a need for ongoing information detailing process and eligibility, as well as information in both digital/media and physical formats, to reach people who do not own a phone or have access social media. Having knowledge and knowing your rights was considered by some as empowering.

> *"No, I know CAHMA put out a pamphlet and I used to carry it around… and [it] 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, do you know what you can, not get away with, but what the laws are. Because they're not emphasised enough, I don't think*" - Lived/living experience 25.

Despite variable understandings of the Amendments, almost all people who use drugs in the interviews and focus groups expressed that the legislative change is a positive step forward. They described that the Amendments represented an increasing respect for people who use drugs, increasing diversion away from the criminal justice system, and increasing access to health services.

> *"I was just thinking the main thing on the back saying it's a health-focused approach brings us closer to people who use drugs rather than punish them. I think that's the whole point of it".* Lived/living experience 14 (FG3).

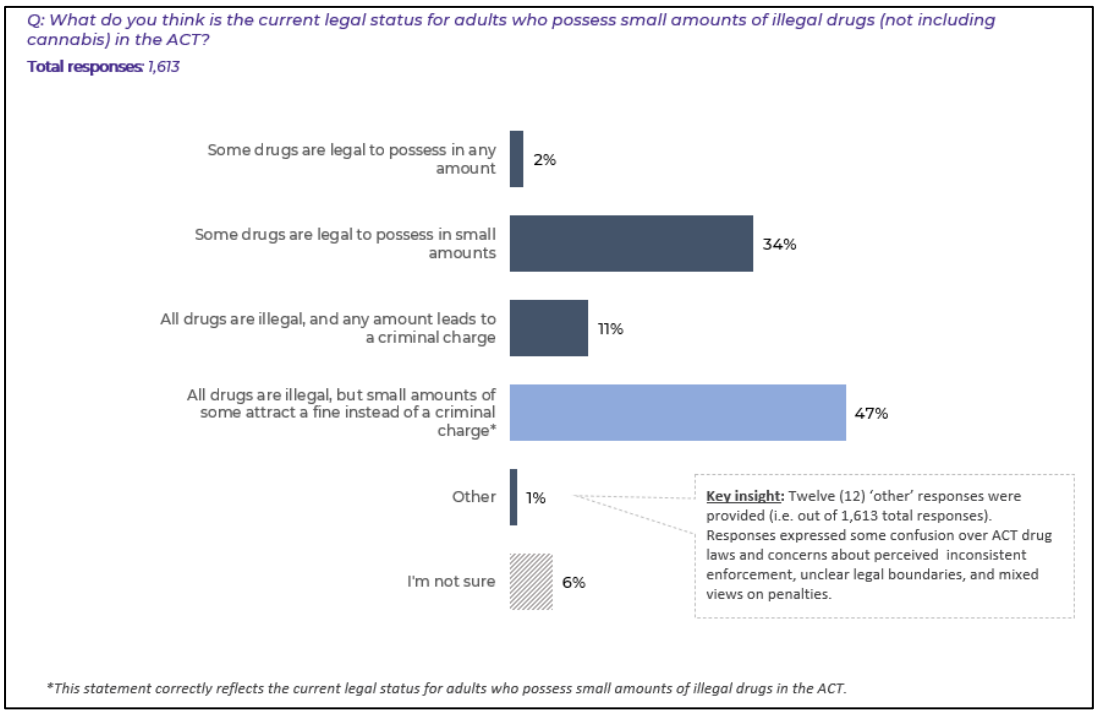
> "*I think it's a good idea* [the new laws]*. Because you can either get a fine and pay it, or they'll often do your hour of counselling on the phone, and maybe that could be the moment you need to turn your life around. You don't know. But it has to be a positive. In my eyes, it's just a positive*"- Lived/living experience 25.

### *5.4.2 To what extent is the general community aware of and knowledgeable about the reforms?*

Turning to awareness and knowledge in the general ACT community, the YourSay survey revealed that 21% of respondents (a representative sample of the ACT population, see Appendix 4) reported knowing nothing about the ACT drug law reforms, with 5% saying they "know a lot about it"; 33% reporting knowing "some details about it", and 40% reporting that they "know a little about it".

In terms of understanding the legal status of drugs, the Your Say survey concluded that "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". The YourSay findings are presented in Figure 19.

*Figure 19: Your Say survey responses to: 'What do you think is the current legal status of drugs (excluding cannabis)?'*




Despite the public education campaign (see section 5.3.2, and Appendix 9) and given that some level of community misconception may be expected with any law reform, the findings above speak to the importance of ongoing public communication. Law enforcement felt that having education to provide to the public would also make their job easier (so that people were not getting into trouble for carrying drugs or amounts that are not eligible for diversion), preferably in an easy to understand/visual format. As noted by one stakeholder "*drunk people aren't going to read a bunch of text*" (Police 2*).* Asked what would make ACT Policing's job easier, one person reflected:

> "*More education for the general public on I guess what it means, decriminalisation, and how much can you carry up what I think that should be out there so people know and there's no, you know, there's no… They understand where they like, you know, if they decide to go above it, they understand the risk they're taking*" - Police 1.

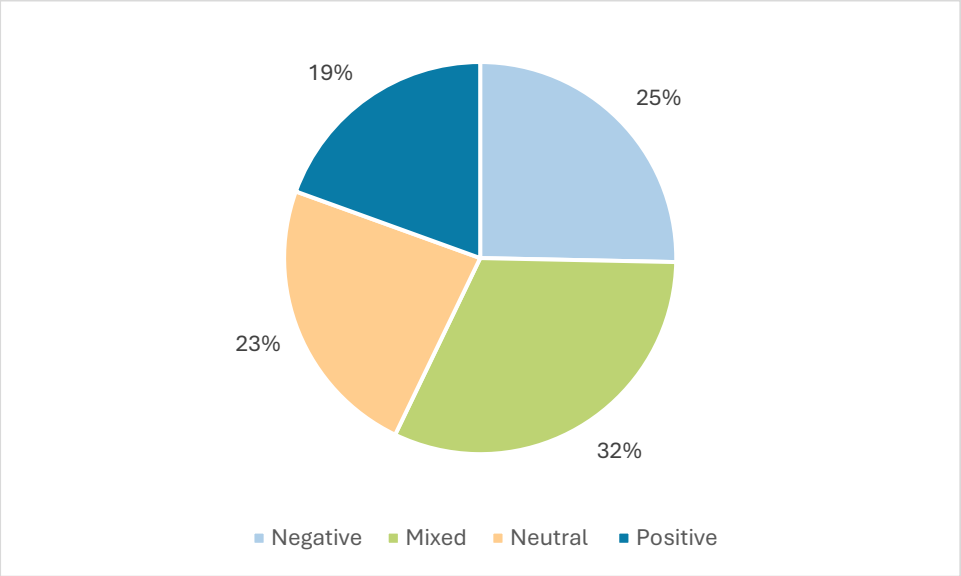
> "*Even just like a visual diagram of OK, this these are the steps to the drug diversion. You know, if you don't answer the call then you may receive a fine. If you don't do the fine, then it might be a charge in court. And just like sort of like a flow chart … Yeah, yeah, that would help us, yeah*" - Police 2.

Countering misinformation in the media was seen as a very important part of public education:

> "*…what upsets the local population sometimes is they don't understand the difference between it's not legal, it's decriminalised*" - ATOD treatment provider 3.

Some stakeholders noted that negative media and statements from politicians "*catastrophising things… saying this is going to, you know, make ACT the drug capital*" - ATOD treatment provider 5, created fear and uncertainty around the legislation. Our own media analysis found a range of messages in the media (both during implementation and afterwards) that potentially could have added to the confusion around the Amendment Act in the general community. Figure 20 shows the percentage of negative, mixed, neutral, and positive media stories between 2021 and 2025.

*Figure 20: Media analysis: percentage of positive, negative, neutral and mixed media articles about the Amendment Act, February 2021 to November 2025 (source: see Appendix 7)*




Notes: See Appendix 7 for full media analysis.

Some stakeholders also felt that having another round of public communication might be useful to counter ongoing misinformation in the media.

> *"I think having the next round of kind of communications or something at the right time about what the positive impact has been is another opportunity to reinforce that the sky wasn't going to fall in and that we weren't then going to have the ACT become the drug capital and you know all because there was that misunderstanding or misinformation about decrim versus legalisation. We can be using that as another opportunity to kind of keep building the positive understanding in the community about what it is and what it's not"* - ATOD treatment provider 5

Ensuring that those working in ATOD or other related sectors and services are fully informed and able to communicate the Amendments to community members is critical for public understanding. For instance, one stakeholder noted:

> *"I came across a drug and alcohol worker the other day who knew nothing about this bill. Didn't even know existed, and this is an quite an experienced drug and alcohol worker... information public facing information has not been that great"* - Peak body 1.

The majority of the ACT population support the Amendment Act (YourSay survey: 64% thought that people caught with small amounts of illicit drugs for personal use should not receive a criminal

record). However, there remains community concern about drug use and the ACT government response to drug use. The YourSay community survey (Appendix 4) asked respondents to nominate what they felt was the most appropriate single action to be taken for different drugs. Referral to a drug education program was the most popular response to possession of small quantities across all drug types, with a majority of people still supporting non-disciplinary action. However, compared to the same question in 2021, in 2025 there were fewer respondents nominating referral to an education program and referral to treatment for cocaine, methamphetamine and heroin, and an increase in the percentage of people who nominated criminal actions (prison sentence) as their preferred single action. Given that the level of community support for a health response appears to have declined, continued work to increase knowledge and understanding of the Amendments and its overarching goal is warranted.

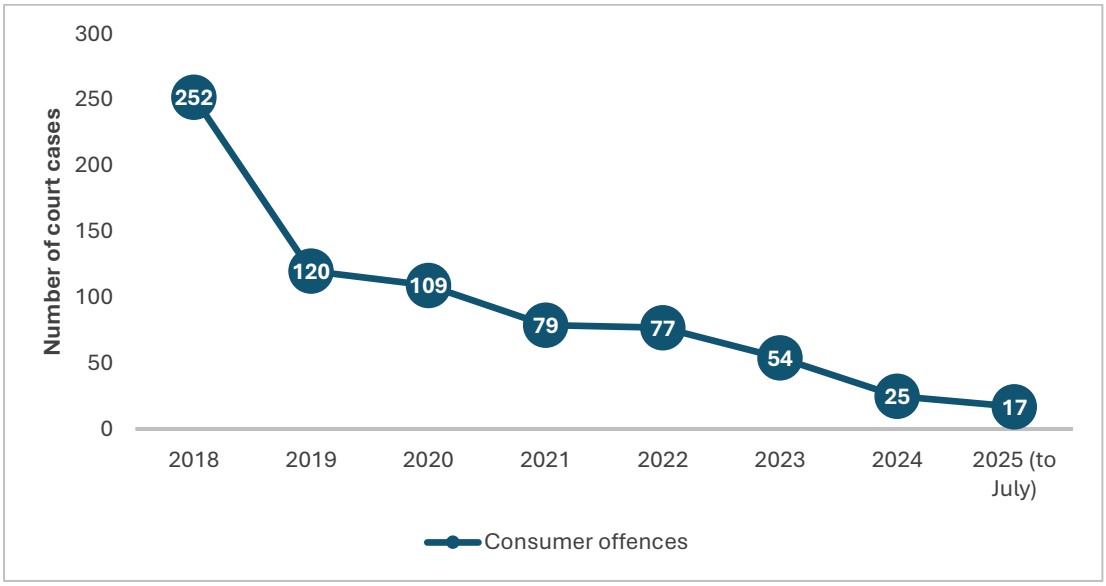
## 5.5 Outcomes

### *5.5.1 Has the court time spent on possession offences declined in association with the Amendment Act?*

Court data, covering the period January 2018 to July 2025 (noting that the Amendment was introduced in October 2023) were used to evaluate the impact of the Amendment Act on court workload. It is important to note that these analyses of court data do not take into consideration other charges being heard at the same time as the drug offence.

As can be seen below (Figure 21), court cases for consumer drug offences[21] have declined steadily since 2018. The largest reduction was from 2018 (n = 252) to 2019 (n = 120), with a further decline as expected after the Amendment Act came into effect (2023 n = 54; 2024 n = 25). Whilst the declining trend in court workload for consumer offences commenced before the Amendment came into effect, the decline accelerated after the Amendments, and it appears that substantially less court time is taken up with consumer drug offences.

*Figure 21: Trends over time in court cases with consumer drug offences, Jan 2018 to July 2025 (calendar years; source: ACTSD)*




Notes: Includes s169 and s171; excludes s171(1)a (possessing cannabis not exceeding 50g)

[21] Consumer offences included ACT Drugs of Dependence Act s169 (possessing drugs of dependence) and s171 (possessing prohibited substances). We excluded s171(1)a (possessing cannabis not exceeding 50g) due to the removal of penalties for adults for this offence in 2020 which would impact on the trends over time.

### *5.5.2 Have there been changes in drug driving-related offending: trends over time*

We examined the ACTP data on drug driving offences recorded from November 2018 to October 2025. See Table 21 and Figure 22. The number of drug driving offences recorded is influenced by ACT Policing roadside testing practices. The number of roadside drug tests conducted by ACTP has varied across the years [21], and in January 2025, roadside testing for cocaine was introduced in addition to cannabis, MDMA, and methamphetamine [22]. These changes in practice are important context for the data presented below.

In 2018/19 there were about 900 drug driving offences recorded, which decreased steadily to about 250 offences in 2022/23 and 2023/24, before increasing to 500 offences in 2024/25 (whilst remaining below the numbers recorded in earlier years). The drug type most identified in drug driving offences in most years was methamphetamine, followed by cannabis and unknown/other drug types; a smaller number of offences was recorded each year for cocaine and ATS.

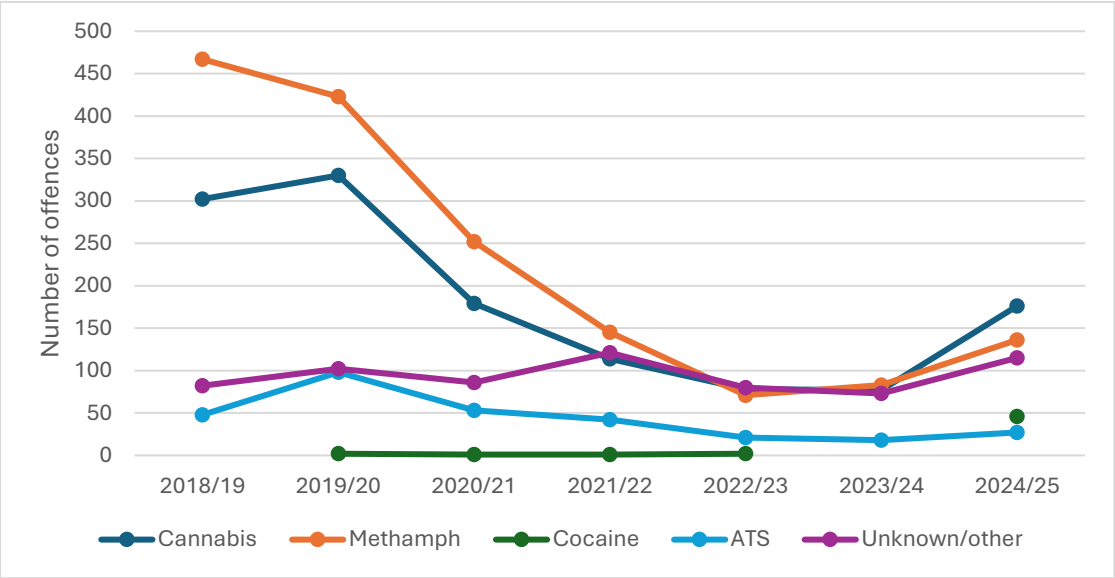
There was a decrease over the years in the number of cannabis drug driving offences identified, from about 300 offences in earlier years to about 80 in 2022/23 and 2023/24, followed by an increase to 176 in 2024/25. A similar pattern was observed for methamphetamine, from over 400 offences in earlier years to 70-80 offences in 2022/23 and 2023/24, and an increase to 136 offences in 2024/25. There were no or very few cocaine offences recorded in all years except for 2024/25 (n = 46); this likely reflects the increase in cocaine roadside testing capacity in 2025 [22].

*Table 21: Trends over time in drug driving offences, November 2018 to October 2025 (source: ACTP)*

| | **Pre-Amendments** | | | | | **Post-Amendments** | |
|---|---|---|---|---|---|---|---|
| **Drug type** | **2018/19** | **2019/20** | **2020/21** | **2021/22** | **2022/23** | **2023/24** | **2024/25** |
| Cannabis | 302 | 330 | 179 | 114 | 78 | 77 | 176 |
| Methamphetamines | 467 | 423 | 252 | 145 | 71 | 83 | 136 |
| Cocaine | - | 2 | 1 | 1 | 2 | - | 46 |
| ATS | 48 | 98 | 53 | 42 | 21 | 18 | 27 |
| Unknown/other | 82 | 102 | 86 | 121 | 80 | 73 | 115 |
| **Total** | **899** | **955** | **571** | **423** | **252** | **251** | **500** |

Notes: Years are calculated from Nov to Oct the following year, e.g. 2023/24 is Nov 2023 to Oct 2024.
Drug driving offences included the following offences under the *Road Transport (Alcohol and Drugs) Act 1977*: s20(1) Drive with prescribed drug in oral fluid/blood; s21(1) Drive/ driver trainer - alcohol & drug in blood/breath; s20(1)1 Driver/driver trainer prescribed drug in oral fluid/blood; s24(1) DUI drive under influence of liquor/ drug.

*Figure 22: Trends over time in the number of drug driving offences by drug type identified, November 2018 to October 2025 (source: ACTP)*




Note: Years are calculated from Nov to Oct the following year, e.g. 2023/24 is Nov 2023 to Oct 2024.

## *5.5.3 Is there evidence of drug market or drug use impacts in association with the Amendments?*

### *Drug market impacts*

Four sources of data can inform analysis of potential drug market impacts: qualitative data, ACIC wastewater data, IDRS and EDRS survey data, and the ACT YourSay survey results.

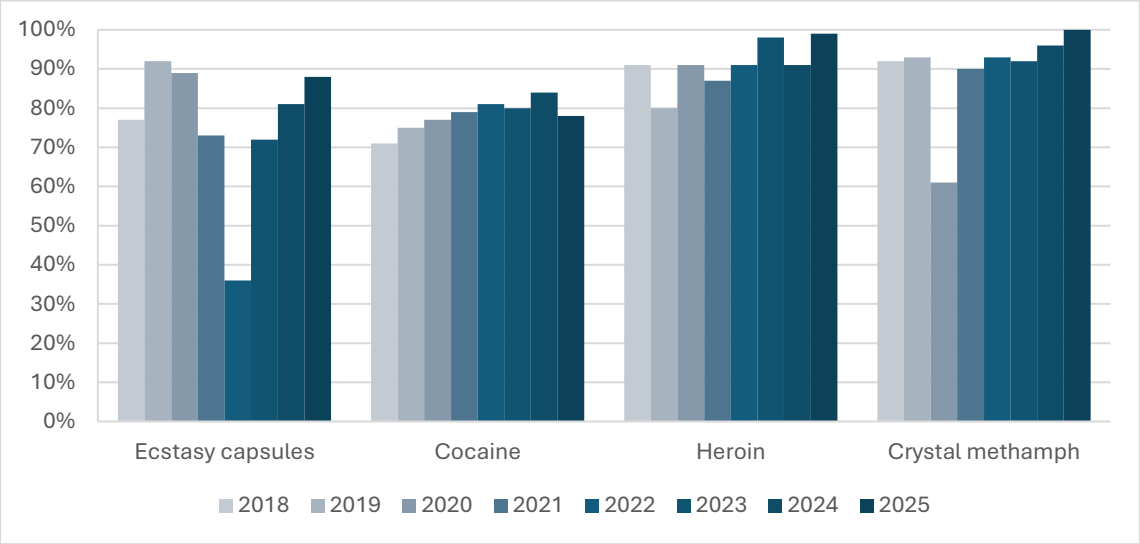
Wastewater data is a useful source of information about changes over time in drug markets (noting that wastewater cannot inform prevalence rates of drug use, nor the extent of harms associated with drugs). The annual ACIC wastewater drug data publication [23] shows trends in the ACT drug market (as reflected in metabolites in wastewater), with 2-monthly collection from one ACT site. We examined the available published data for five drug classes: methamphetamine, cannabis, heroin, cocaine and MDMA. The time period covers 2018 to 2024, noting that this includes the COVID years (2020 and 2021) where Australia saw significant drug market disruptions. The data for the ACT are provided in Appendix 14.

The findings are potentially suggestive of the increasing presence of the metabolites for cocaine, methamphetamine, heroin and MDMA in the periods following October 2023. However, for each of these substances, confounding factors (such as seasonal variation for MDMA) cannot be excluded. In addition, and importantly, the post October 2023 trends remain well below the 2018, 2019, and early 2020 levels of methamphetamine, heroin, cocaine and MDMA in the ACT wastewater. (see Appendix 14).

The annual ACT IDRS and EDRS survey data on perceived availability of illicit drugs shows no trend change in association with the Amendment Act (see Figure 23). All drugs were considered to be

relatively easy to obtain with 70% or more participants reporting easy/very easy availability in most years. Some reductions in availability were observed in 2022 for ecstasy capsules (36%) and 2020 for crystal methamphetamine (61%), and some increases over time for heroin (91% 2018 to 99% 2025) and cocaine (71% 2018 to 78% in 2025). Despite some trends and fluctuations, there were no observable impacts related to the Amendments.

*Figure 23: Perceived availability of drugs: trends over time in the percentage of people who use drugs reporting easy or very easy availability, by drug type, 2018 to 2025 (sources: IDRS and EDRS ACT samples)*

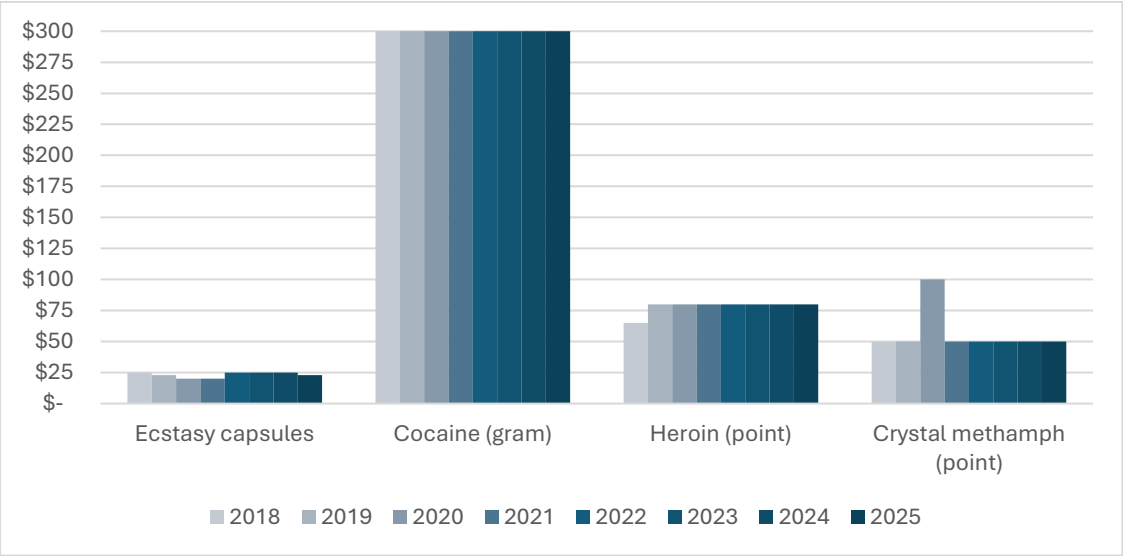



Note: survey data were collected approx. June/July each year.

Both the IDRS and EDRS also include perceptions of price for a number of drugs. The data are provided in Figure 24. We included heroin (point, IDRS), crystal methamphetamine (point, IDRS), ecstasy (capsule, EDRS) and cocaine (gram, EDRS)[22]. The median price of ecstasy capsules ($20-25), cocaine ($300), and heroin ($65-80) remained stable across the years. Crystal methamphetamine was mostly stable ($50) aside from an increase in 2020 ($100) likely reflecting Covid-19 market disruptions (and reflecting the data above on perceived availability). There were no apparent impacts of the Amendment Act on perceived price of drugs.

[22] Heroin (gram), crystal methamphetamine (gram), and ecstasy crystal (gram) were excluded due to small number of respondents.

*Figure 24: Perceived price of drugs: trends over time in the median reported price, by drug type, 2018 to 2025 (source: IDRS and EDRS ACT samples)*




Note: survey data were collected approx. June/July each year.

As one of our stakeholder respondents narrated, it appears that it the Amendment Act is used as 'scapegoat' to explain drug market fluctuations:

> *"there's multiple factors since 2022, we've started to see potent synthetic opioids like nitazines in the drug market and that's increasing and that's a global trend since 2023. We've seen a spike, like a really significant spike in drug purity, particularly cocaine, methamphetamine and heroin purity have been quite consistently high …. You know the trend has been there for the decades now, but drug related harms are common and so and this is happening across the board, across the country, across the world. And yet people seem to focus on ACT and say, look, because there are [new drug laws], there have been spates of drug-related deaths"* - Harm reduction 2.

### *Drug use impacts*

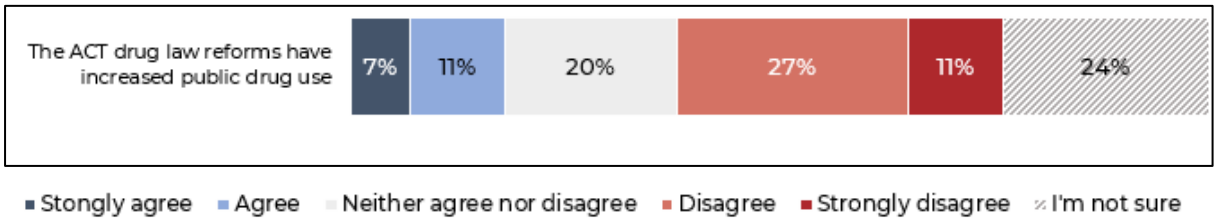
There are limited data sources to examine changes in drug use, beyond perceptions of the community, notably around public drug use. Across the range of different stakeholders interviewed, none noted any perceived increase in drug use, in contrast to some media expectations.

> *"I think there was that common belief that there would be an explosion of drug usage in Civic and it would make our workload significantly harder. And I think some of us were certainly on edge … but it just didn't transpire that way. I didn't notice any massive increase in drug usage or adverse events from drug usage"* - Health (frontline) 3.

Stakeholders noted that there was some concern expressed prior to the Amendment Act coming into effect that it would result in higher instances of public and more visible drug use, as reflected in media stories (see Appendix 7). The YourSay Survey results do not appear to support this finding with 38% of respondents disagreeing or strongly disagreeing that there had been an increase (20% neither agreed nor disagreed and 24% reported that they were not sure). However 18% of

respondents either agreed or strongly agreed that there had been an increase in public drug use (see Figure 25).

*Figure 25: YourSay survey: Increased public drug use? (2025)*




Some stakeholders (mostly in health or police roles present within the nightlife district of Canberra) felt that there had been an increase in public drug use of cocaine, largely connected to misperceptions that drugs were legal or without consequence in the ACT. But this was not an observation shared by all stakeholders:

> "*I don't think that we have seen necessarily an ugly side of it* [drug law reform]*, although certainly people are maybe using a bit more openly, maybe a bit more visibly"* - Health (frontline) 2.

> "*I do believe that people from what I've spoken to are a little more open about, just in general, more open about drug usage just because the whole term decriminalisation lowers the threat of it. So people sort of relax their mindset. And whilst I can't comment on whether drug usage is increased, I do think people are a little more open about their usage…but certainly we're not seeing people visibly shooting up drugs in front of us*" - Health (frontline) 4.

### *5.5.4 Have there been any impacts on the ATOD treatment service system?*

During the Inquiry into the Bill, concerns were raised about the impact of the Amendments on treatment service capacity [8]. We examined the number of treatment episodes provided in the ACT across 2018/19 to 2024/25 (financial years, AODTS-NMDS). In addition, given one of the original goals of the Amendments was to encourage access to treatment services, we examined treatment service data and self-reported health service seeking from the IDRS/EDRS surveys.

The proportion of ATOD treatment episodes referred via police diversion has remained mostly stable across the years at 2-4% of all treatment episodes (see Table 22). There does not appear to be any impact on the overall treatment system from police diversion referrals. There were some increases in ATOD treatment episodes provided in the most recent year (n = 6,334; compared to about 5,800 in the two preceding years)[23], aligning with the episodes in 2018/19 and 2019/20.

[23] This is likely to be due to something of a gradual recovery of the sector post-COVID and some 'artificially' depressed numbers in 2023-24 when there were some changes in reporting into the AODTS-NMDS.

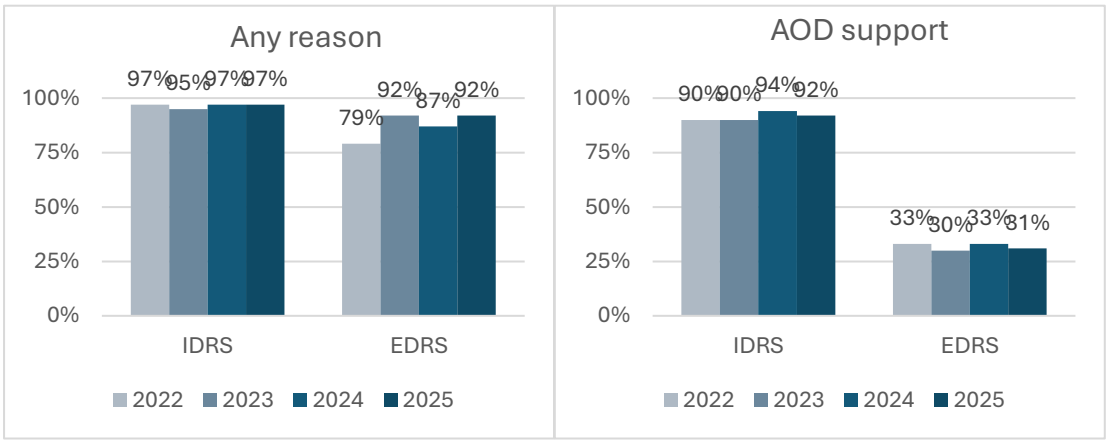
*Table 22: Trends over time in the referral source of alcohol and other drug treatment episodes (2018/19 to 2024/25, financial years; source: AODTS-NMDS)*

| | **Pre-Amendments** | | | | | **Post-Amendments** | |
|---|---|---|---|---|---|---|---|
| **Referral source** | 2018/19 n (%) | 2019/20 n (%) | 2020/21 n (%) | 2021/22 n (%) | 2022/23 n (%) | 2023/24 n (%) | 2024/25 n (%) |
| Police | 236 (4%) | 244 (4%) | 144 (2%) | 154 (2%) | 161 (3%) | 217 (4%) | 227 (4%) |
| Court | 479 (7%) | 379 (6%) | 368 (6%) | 357 (5%) | 414 (7%) | 426 (7%) | 401 (6%) |
| Other | 5818 (89%) | 5672 (90%) | 5445 (91%) | 6279 (92%) | 5304 (90%) | 5182 (89%) | 5706 (90%) |
| Total | 6533 (100%) | 6295 (100%) | 5957 (100%) | 6790 (100%) | 5879 (100%) | 5825 (100%) | 6334 (100%) |

Note: AODTS episodes were only available by financial year.

In addition to the AODTS-NMDS, the IDRS and EDRS record annual data about treatment- seeking experiences. Between 2022 and 2025, the majority of both samples in the ACT reported accessing a health service for any reason (95-97% IDRS and 79-92% EDRS); this was relatively stable across the years aside from a potential increase in the EDRS sample (see Figure 26). For alcohol or other drug support, a majority of the IDRS sample accessed a service (90-94%, most commonly NSPs), whereas about a third of EDRS participants had accessed a service (30-33%); there were no notable changes over time. These data suggest that the Amendment Act has not had any impact on people who use drugs accessing health services.

*Figure 26: Trends over time in people who use drugs' self-reported access to health services (past year), for any reason and for alcohol or other drug support, 2022 to 2025 (sources: IDRS and EDRS ACT samples)*




Anecdotally stakeholders (from ATOD treatment services and peak bodies) also noted no changes in demand for their services:

> "[There] *was a potential expected impact* [of] *an increase of people coming to drug and alcohol services as a result of being diverted, and that hasn't, by and large, been observed. So there's been no, you know, sudden influx of people into services*" - Peak body 1.

> "*It hasn't really remarkably increased demand. I mean demand's been increasing year on year and we're struggling to keep up with it regardless. But that was a trend that was happening before decrim in any case"* - ATOD treatment provider 1.

Presentations at the fixed drug checking site, CanTEST, were reported to have increased over 2023/4 and 2024/5 with stakeholders citing that the laws likely made people more willing/less wary of accessing the service. Stakeholders however also noted that increases in patronage were expected over this time period; as a relatively new service that opened in July 2022, there was an expectation that more clients would access the service once it had become established in the community and more people came to know about it.[24]

> "*We think it's hard to tell, even with CanTEST, you know since decriminalisation because CanTEST was established before decriminalisation, so patronage to that has increased. But then you would expect it to increase with increased knowledge and greater trust in the service. But, but I do genuinely think that decriminalisation has made a difference to people feel comfortable coming into the service and having drugs checked, and I think it does help to reduce stigma and shame associated with drug use for both individuals and families*" - ATOD treatment provider 1.

Overall, there is not evidence to demonstrate an impact on ATOD treatment services. This is unsurprising given that referrals to further treatment via the IDD are voluntary, and that diversion numbers have declined in the context of declining numbers of consumer offences (see Table 5).

### *5.5.5 Is there evidence of impacts on drug-related ambulance attendances?*

Given the small numbers, data on the number of drug-related deaths in the ACT is not a reliable indicator of changes in harms or drug supply. As a useful proxy, however, drug-related ambulance call outs provide more robust data. Research conducted by Turning Point assessed the impacts of the Amendment Act on ambulance attendances for substance use. Turning Point [6] conducted interrupted time series models of drug-related ambulance attendances using NSW as a quasi-control site and adjusted for seasonality.

In their study, they found no evidence of changes in drug-related ambulance attendances, or overdose-related attendances associated with the Amendment Act. Whilst there were some increases in drug-related attendances post October 2023 (including for amphetamines, cocaine, and cannabis), these increases were also observed in NSW, suggesting these trends were unrelated to the Amendments.

Stakeholder observations supported these data, with staff at hospital emergency departments noting no discernible difference in presentations.

[24] Data from the CanTEST show that the number of samples being analysed has increased from 58 in Jul/Aug 2022 to 184 in Jun/Jul 2024. Olsen et al, 2023, *CanTEST Health and Drug Checking Service Program Evaluation: Final Report,* ANU, Canberra

> *"I would definitely say that if you hadn't told me a law had been introduced, I would definitely not comment on any difference…I would say most of us probably wouldn't even be aware that there was a change and haven't noticed a significant change within ED"* - Health (frontline) 5.

### *5.5.6 Is there evidence of reductions in stigma towards people who use drugs since the Amendments?*

We examined qualitative data from people who use drugs about felt and lived experience of stigma, as well as accessing the EDRS and YourSay survey for indicators about changes in stigma in association with the Amendments in these first two years.

Among the people who use drugs that we spoke to (noting that our participants represented some of the more stigmatised communities of people who use drugs), the experience of stigma was mixed, with different changes felt across the broader community, health services and the police. Some felt that stigma towards people who use drugs had started to lessen in the broader community:

> "*The community seems to be being a lot more patient and understanding. The actual community since these drug reform laws have changed. The community has eased up on the community of "drug addict""* - Lived/living experience 31.

> *"I think there's been a really positive change in the broader community"* - Harm reduction 1.

Others however, thought that community stigma towards people who use drugs had stayed the same or got worse, for example:

> "*They* [community] *look down at us all. I feel like the public kind of think, 'oh, wow, they're giving them more leniency when they could be throwing the book at them instead', sort of thing. That's how I feel"* - Lived/living experience 35.

None of those interviewed experienced any changes in stigma from health services or the attitude of health workers, with some engagement fairly neutral. As this person observed:

> *"The contacts that I have had with them [*health services*] haven't been any different, which hasn't been bad, but hasn't been good. It's just the same"* - Lived/living experience 14 (FG3).

Other people who use drugs interviewed as part of this evaluation reported experiencing continued stigma in health services, particularly with problems accessing pain relief when GPs and other health staff found out about their history of drug use. This had not changed under the Amendment Act according to one:

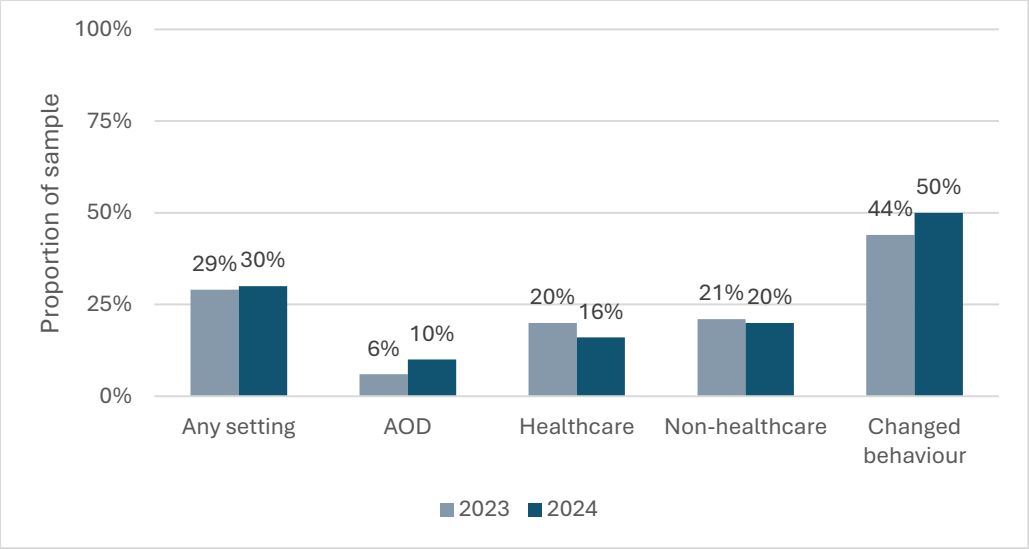
> *"So, when she goes there in extreme amounts of pain, they just treat her like a drug seeker, even though her bowel is dying, they've admitted this, and they've said they can't do surgery because she'll die on the table, but every time she goes to the hospital, which is weekly, she's treated like a drug seeker. It's disgusting"* - Lived/living experience 16 (FG4).

Among people who use drugs, experiences of stigma from police were mixed. Some had noticed a shift in policing over several decades, including less targeting of drug use/possession and greater leniency by ACT Policing regarding minor drug offences; however, some stated they were not always able to attribute this directly to the Amendment Act as this change had been occurring over a number of years. As one participant narrated:

> *"I'm not on that merry-go-round with Corrections because back in the '90s when I was using heroin and I got caught with the amount of heroin, they made my bail to not use heroin. So, every time the police found me in the city, I would be on the nod, sitting down. So, they'd arrest me because it was against my bail conditions and it was like they set me up to fail, whereas now it's kind of different. They don't want to send you to jail. They want you to get treatment"*. Lived/living experience 12 (FG3).

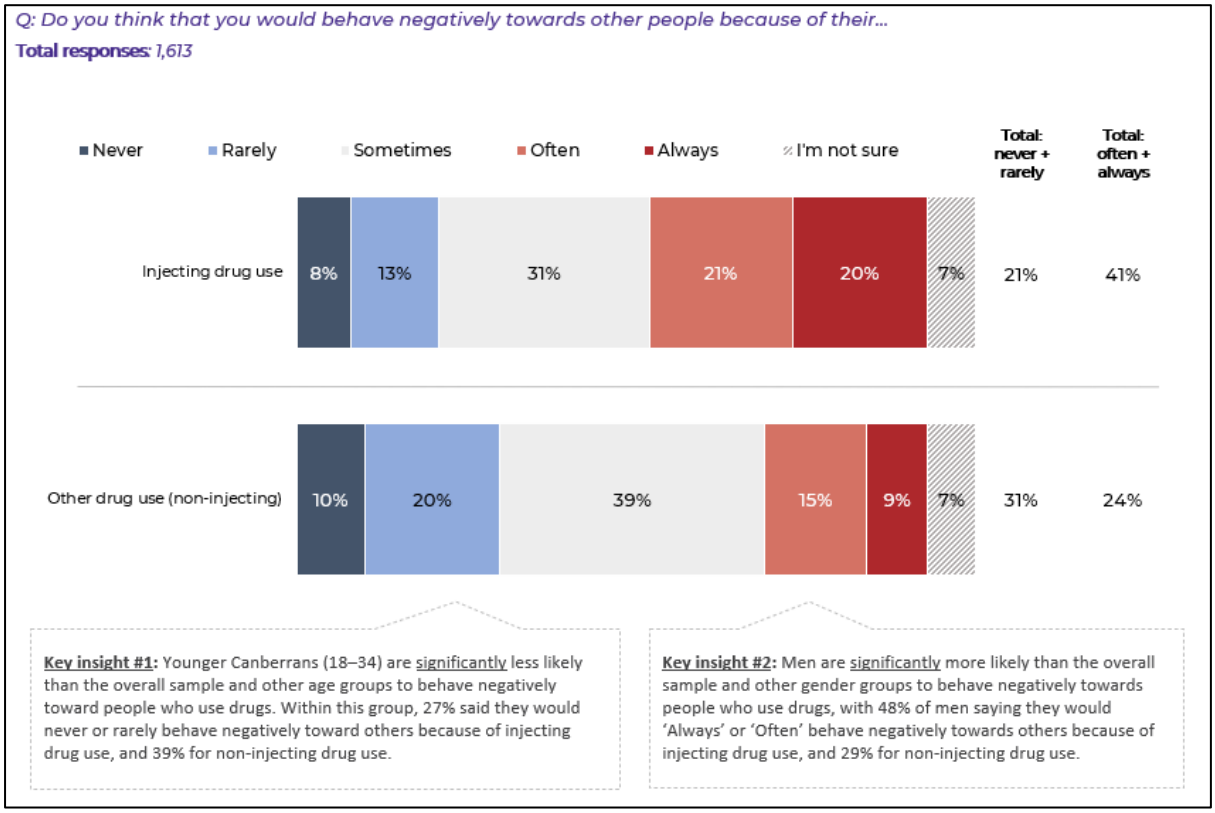
The 2023 and 2024 EDRS asked about experiences of stigma and in what setting, as well as whether people changed their behaviour to avoid stigma (e.g. not disclosing drug use, not seeking healthcare). See Figure 27. There were few changes in recent experiences of stigma, suggesting that the Amendments have had no immediate impact on stigma. Given 44-50% had changed their behaviour to avoid stigma, and 29-30% had experienced stigma (such as not disclosing drug use or avoiding healthcare), these data suggest stigma is still widely experienced by people who use drugs.

*Figure 27: Experiences of stigma: Proportion of people who use drugs reporting recent (past 6-month) experiences of stigma, 2023 and 2024 (source: EDRS, ACT sample)*




Indeed, the YourSay survey results show that stigma towards both injecting and non-injecting drug use remains high in the ACT (see Figure 29).

*Figure 28: Your Say survey results: stigma towards people who use drugs and people who inject drugs (2025)*




There was broad recognition that stigma is complex, and that attitudinal shifts and impacts on stigma can take time, with changes unlikely to take place in the short term.

> *"Yeah, I think I think the experience that it [*Amendment Act*]... it's only created ripples, I guess rather than big waves, but those ripples are important in terms of changing the conversation and community attitudes and it'll be years to come before it's fully kind of plays out, I guess"* - ATOD treatment provider 1 .

> *"The majority of people despite the decrim laws do fear stigma, discrimination and criminalisation like that's, you know, something that I think will take years to overcome for most people"* - Harm reduction 2.

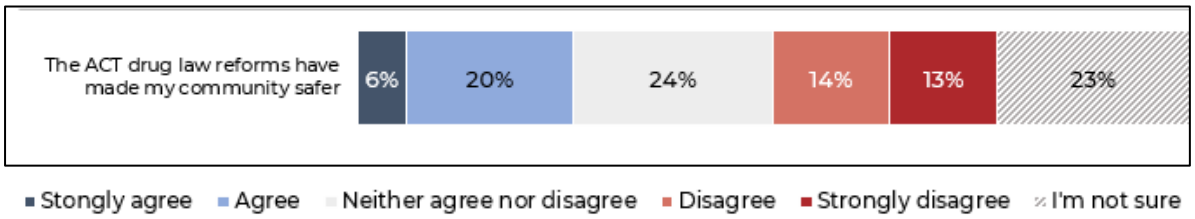
### *5.5.7 Have there been perceived changes in drug-related crime (or community perceptions of impact?)*

Data on perceptions of changes in drug-related crime were derived from the YourSay survey, the media analysis and qualitative data from stakeholders.

The YourSay survey asked participants to respond to a range of statements on the impacts of the drug law reforms on the community. For the question: 'The ACT drug law reforms have made my

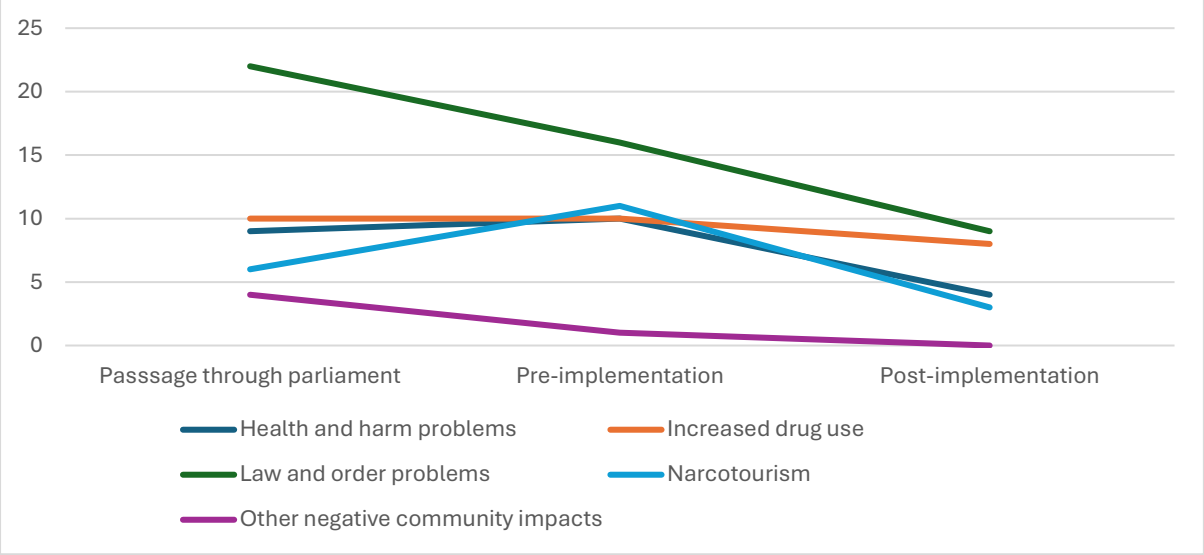
community safer' 26% agreed/strongly agreed with this statement; and 27% disagreed/strongly disagreed (with the remaining 47% being unsure or neither agreeing or disagreeing).

*Figure 29: Your Say survey results: "The ACT drug law reforms have made my community safer"? (2025)*




Analyses of media coverage (see Figure 30) suggests that concerns of an increase in law and order problems, particularly organised crime and 'bikie gangs' in Canberra were prominent in the media (n=22) in the period during which the Amendment Act was passing through parliament (11 February 2021 – 22 October 2022) but declined over time (n=9) in the post-implementation period (28 Oct 23 – 5 Nov 25). Articles concerned about drug tourism were higher during the pre—implementation period (21 October 2022 – 27 October 2023) (n=11), but declined in the post-implementation period (n=3). Examples of headlines included "Canberra to become a fantasyland for parties as ACT decriminalises drugs" (Daily Telegraph, 28 Aug 2023, Mark Morri) and "Bikies roll into nation's capital" (Daily Telegraph, 11 March 2024, Mark Morri).

*Figure 30: Media analysis: number of negative outcomes reported in media articles, by type of outcome and stage of implementation, February 2021 to November 2025 (source: see Appendix 7)*




All stakeholders and key informants were asked about perceived impacts of the Amendment Act on the general community. Few reported noticing any change, with the exception of a small number of stakeholders who felt that there had been an increase in bikie gang activity in Canberra over the past two years. However, they also expressed that this was a result of anti-consorting laws in other states and territories, and the lack of similar laws in the ACT, rather than the Amendment Act:

"*Since everywhere else has started up their participating in criminal groups and their anti-consorting legislation. I think we are the only state territory that doesn't have anti consorting. So they can come here, ride be in full colours, have their national meetings so I think certainly in the last 12 months there's been an increase in national meets that occur here and then we can get you know, 100 bikies here on a weekend for a meeting. Going out, hitting the nightclubs, hitting the brothels. All that sort of stuff*" - Police 5.

### *5.5.8 Has drug tourism increased?*

*"I think I heard some like top cop talking about how it was going to be a terrible disaster for Canberra and all drug addicts from everywhere were going to flock to Canberra*" - Lived/living experience 5 (FG2).

Concerns about 'drug tourism' were reported in the local and national media (see Figure 30). One source of quantitative data to assess the "drug tourism" concern is postcode of people detected by ACT Policing. We examined the state/suburb of people detected for consumer drug offences and whether there were any changes over time/following the Amendment Act.

We found no evidence of increases in offences from people who resided outside of the ACT or its immediate surrounding areas.

The table below (Table 23) shows the trend for ACT (including the immediate surrounding areas such as Queanbeyan) and other locations, including the rest of NSW and other states. As can be seen (Table 23), there appears to have been an increase in the proportion of offences recorded for people who did not live in ACT/its surrounding areas, however this predates the Amendment Act, suggesting there has been no impact on drug tourism as measured by police detections of consumer drug offences.

*Table 23: Trends over time in the residential location of people apprehended for consumer drug offences, November 2018 to October 2025 (source: ACTP)*

| | **Pre Amendments** | | | | | **Post Amendments** | |
|---|---|---|---|---|---|---|---|
| **Residential location[1]** | **2018/19 % (n)** | **2019/20 % (n)** | **2020/21 % (n)** | **2021/22 % (n)** | **2022/23 % (n)** | **2023/24 % (n)** | **2024/25 % (n)** |
| **ACT/surrounds[2]** | 94% (245) | 92% (272) | 91% (216) | 88% (228) | 89% (241) | 92% (248) | 85% (139) |
| **Other** | 6% (16) | 8% (24) | 9% (21) | 12% (32) | 11% (29) | 8% (21) | 15% (25) |
| **Total** | 100% (261) | 100% (296) | 100% (237) | 100% (260) | 100% (270) | 100% (269) | 100% (164) |

Notes: Years are calculated from Nov to Oct the following year.
1. A proportion of consumer offences each year did not have a postcode recorded; this decreased from about 17% of consumer drug offences in 2018/19 to 5% in 2024/25. We excluded any offences where the postcode was unknown from this analysis, and therefore numbers may differ from other sections in this report.
2. ACT surrounds includes postcodes 2618-2621.

Anecdotally, stakeholders also did not perceive or experience people travelling to Canberra for the sole purpose of using or purchasing drugs. The suggestion was laughable to some stakeholders, who expressed that the reality of drug markets, threshold quantities, patterns of use and the small

nightlife scene in Canberra (compared to Sydney or Melbourne), meant they did not think it likely that people would travel to Canberra to consume small quantities of drugs. As narrated by two frontline workers:

> *"I was born in Sydney, so I do travel back to Sydney a lot and I am also 21, so I do have interactions with plenty of the young crowd and from my experience I have not heard of anyone saying 'let's go to Canberra do drugs'. So I don't have any experience with anyone saying that nor have I ever heard of that. That's my two cents"* - Health (frontline) 4.

> *"I don't think that's really an issue from my experience and also coming at like saying that as a person that lives at college at ANU with a bunch of people that have moved from Sydney and Melbourne. People aren't coming to the Canberra for the nightclub scene or to sort of engage in that activity. They're going to do it wherever"* - Health (frontline) 1.

It was also suggested by the police that drug-supply movement across borders is common, and that people move drugs into the ACT for sale (and as narrated below, suggesting this is because of lower drug supply penalties in the ACT rather than related to the diversion program):

> "*I think it's always kind of been an issue in the ACT when it comes to people travelling from Sydney or Melbourne and coming like in cars and bringing trafficable quantities to deal here and the reasoning that I found a few years ago that they were doing that was because there were lesser penalties here. So that's to do with our other legislation, other drug legislation [*concerned with drug supply*]. It's not so much the drug diversion stuff from what I've seen"* - Police 2.

Finally, the Turning Point [6] study reported earlier (interrupted time series models of drug-related ambulance attendances) also examined ambulance attendances in the ACT for people who resided interstate. They found no evidence of changes in drug-related ambulance attendances involving people living interstate.

### *5.5.9 Is there evidence of other outcomes?*

Most of the unexpected outcomes reported by stakeholders were positive. These include reduced stress and improved wellbeing for people who use drugs by easing fears of arrest and court action, fostering calmer and more respectful police–community interactions, creating time and resource efficiencies across policing, courts, and health services, and potentially improving access to healthcare and harm reduction.

#### *Improved relationships between community and police*

Stakeholders including those within ACT Policing, and people who use drugs, commented on improved relationships between community and police since the Amendments were introduced.

From the perspective of some people within ACT Policing, the Amendments had contributed to easier and less 'adversarial' interactions with people who use drugs due to an understanding in the community about the shift away from criminal responses to drug use. Overall, the same people reflected that their job had become easier and interactions were also calmer and more positive. Examples included not running away and better rapport, as narrated by police respondents interviewed for the evaluation:

> *"We find people aren't hiding their drug use as much and/or when we go to talk to them about it, they don't run, they just stop and have a chat… And then it's a very easy interaction from our part with the member of the public, because they're not adversarial to it. They know they're not going to jail, they're probably not going to court, they're happy to do a drug diversion and so therefore it's a much easier way of going through that process"* - Police 4.

> *" Yeah, I think it helps with building rapport with people straight off the bat because they know that we're not out to get them, per se"* - Police 2.

> ***"****I think just from my perspective interaction with the public is…How can I word it? It's quite pleasant… I think because of the word decriminalised it's actually being educated to the public. Now. There are a lot more upfront and, you know, they're not running away or anything like that and it's very simple thing to deal with. And once you explain how easy it is for us to dish out, like the, drug diversion. The person that you end up dealing with ends up, you know, thanking you at the end almost"*- Police 3.

Some people who use drugs agreed that recent interactions with police were 'calmer' and involved more respect and trust.

> "*My sense was when I was younger here in Canberra, people in the community were a lot more on edge about carrying stuff around just in general, you know. There was a sense like if I get caught… like I'm in trouble"* - Lived/living experience 5 (FG2).

> *"I feel it's been a lot more calmer about, I mean not all of them, but in some cases they've been like more relaxed, I guess, less threatening kind of presence" - Lived/living experience 3 (FG1)*

Some people linked these improved interactions with a "safer" environment that had been created by the laws, providing comfort and surety in being able to disclose what drugs they have on them or to seek help from the police when needed without fear of arrest or confrontation:

> *"They didn't search either of us. There was like a fair bit of trust there, which I wouldn't expect like a few years ago without the reforms. It would've looked different, been a different story with that"* - Lived/living experience 4 (FG1).

One positive impact reported by people who use drugs was the reduced stress in their day to day lives. The formalisation of the diversion program and reduced penalties meant that people were less 'paranoid' when carrying drugs or having drugs in their system and being present in public, they reported feeling more 'safe', that there was not likely to be a court action if found in possession of small quantities of drugs and a general sense of relief. As one participant stated, "*it's made a big change on my mental health" - Lived/living experience 9 (FG2).*

> *"Oh, it's way more comfortable and… [I'm]less paranoid about... asking for help. From police especially" - Lived/living experience 26.*

One participant compared their recent stop for possession (where they had their drugs confiscated and left with no charge), compared to their previous experiences where they would have had their bodies searched for signs for drug use:

> Lived/living experience 2 : "*I noticed when I got picked up by the police about six months ago, there was some white powder in my bag and, of course, if you go back to the city station, they're going to search. So, I was obviously never charged with anything…*
> *Interviewer2: Had that been different to previous experiences or had you had any experiences like that?*
> *Lived/living experience 2 : Oh Christ yeah. They would've been checking my arms and doing all sorts of shit, the police*". [Focus group 1]

Other stakeholders also commented on improved relationship between the police, the community and people who use drugs, although situated this within a longer-term trend in ACT towards harm reduction, diversion and policing practices, including the use of 'soft referrals' (i.e. voluntary diversion) so did not solely attribute these changes to the Amendment Act. Police attending the Families and Friends for Drug Law Reform remembrance ceremony (in uniform) was viewed as a particularly significant moment representing how far the relationship had changed between police and communities of people who use drugs.

> *"The fact that it's decriminalised now actually means that the police aren't seen as much as the kind of the… to be feared… prior to the legislation changing, not many people got done for personal possession if that was the only offence that they committed. It was very low numbers. But it's actually about the community perception that's important and they agreed with that. So it's yeah and they have really come on board in a big way and now they're even promote [harm reduction service] when they come across overdoses and things"* - ATOD treatment provider 1.

Other examples provided by stakeholders of improved relationships between the police and community included a shift in language from ACT Policing in media and meetings (away from stigmatising language) and a general observation that the organisation has supported a health and harm reduction approach to drug use.

> *"The police worked really hard on reconceptualising drug use as a health issue and training the frontline workers. Incredibly important piece of work, top marks. They did a lot of heavy lifting to turn a criminal offence into a health issue in the minds of their officers"* - Harm reduction 1.

> *"I think police being trained about substance use and managing substance use and having changed their culture [away from}… let's punish rather than divert. I think that is a huge change and there's a positive change, yeah"* - Gov (health) 1.

Whilst most stakeholders emphasised that these changes in relationships and experiences were not wholly attributable to the Amendments, they highlight that the Amendments formalised and made explicit ACT's approach to drug use, and the goal of diverting people away from criminal justice responses. This is confirmed in the quantitative data (see Table 5) of reductions in the number of consumer drug offences.

***Positive impacts of being offered a diversion***

Consistent with the extensive evaluations of other diversion schemes [24-27], during interviews with people who had been offered a diversion instead of a criminal charge/fine, participants talked about the positive impacts of this and how receiving a charge would have negatively impacted them. Job loss and driving license loss were two outcomes that participants reported would have occurred as a result of a criminal charge, with negative flow on effects for their family and their lives. As explained by one participant, when police found drugs during the initial stop "*I thought, oh, here we go. I'm screwed".* But when offered referral instead of charge: "*I felt relieved. Yeah. I thought "oh, thank God"* (Lived/living experience 35*).* Asked what would have happened if they had received a criminal charge, they replied "*I would have lost my job".*

> *"Doing this* [CHS diversion] *is a lot better than the, you know, getting punished for it and, or locked up or fined or whatever, because then you lose your license, you don't pay your fines and, all that, it's snowballs kind of thing"* - Lived/living experience 29.

***Time saving and efficiencies***

Implied cost savings for ACT Policing and the courts flow from increases in diversions and decreases in criminal charges for consumer offences that have occurred since October 2023 (see section 5.1.2) and the application of discretion to take no further action aside from drug confiscation (see Appendix 11). There also was agreement from implementing organisations (e.g. ACT Policing, Access Canberra, ACTGAL) that the Amendments had allowed for greater time saving and efficient processes, from less paperwork/administration and less backlog from lab results for those diverted.

In interviews, some members of ACT Policing described a reduction in paperwork in issuing a diversion (either an SDON or referral), compared to the work required for issuing charges and preparing for court, with perceived beneficial flow-on to the rest of the justice system in terms of courts being freed up, and more time for other policing, aligned with "the public's interest".

> *"I think it has really, for us, it's made our job a lot easier in a sense of when I to justify a drug diversion back a few years ago, before all this legislative change, it was pretty hard for us to be able to justify to our Sergeant and to basically, the courts that we shouldn't be summoning these people for minor drug possession. So we were going through a lot of, like, it was taking a lot of people basically off the road and from community policing doing up those summons briefs. Which wasn't really in the public's interest, and the public didn't really expect us to charge everyone in that way that we were forced to before. So I think it's really positive change now that we have a lot more discretion for the smaller doses to just send them that way"* - Police 2.

> *"Obviously less boots on the ground is basically, was obviously affecting other jobs. So yeah, it's definitely a quicker and easier process now"* - Police 3.

For ACTGAL, the new preliminary testing for diversion was less onerous than that required previously (which needed more rigour for potential court prosecution). This meant that tests could be done and returned within 2 weeks, reducing their workload burden and resulting in a reduction in the backlog on lab results, and providing them with more time to concentrate on bigger cases, or as one informant said, "so we can do more".

> *"With the workload that everyone is carrying like anything that actually streamlines the process or makes the process easier…is significantly better"* - Police 4.

For ACT Policing the ability to use preliminary testing instead of the longer forensic test needed to criminally charge resulted in matters being settled in one or two weeks and with less resources as compared to the previous system where they could be waiting "months and months" for test results before issuing a court date.

# 6. Recommendations

The following recommendations were derived from the findings. Many stakeholders suggested changes to the legislation or identified other system-wide issues beyond the scope of the evaluation. We provide these in Appendix 15 for future consideration.

The recommendations are as follows:

- That the ACT Government continue to implement the Amendment Act as currently enacted. Overall, the evaluation found the implementation is sound, the program is operating as intended, with largely positive outcomes.

- That the ACT Government continue to monitor the Amendment Act for ongoing outcomes and impacts, inclusive of longer-term outcomes. The outcomes observed to date rely on implementing agencies working within the intentions of the Act (and could potentially change if organisational support or internal direction changed).

- That the ACT Government support research that can adequately assess the multiple factors that may impact on equitable access, including drug types, Aboriginal and Torres Strait Islander status, and older people, taking into account co-offending.

- That the ACT Government maintain active and ongoing general public and targeted information and education about the Amendment Act, including to health and frontline workers, people who use drugs, and the general public.

- That the ACT Government consider broadening the number of designated agencies providing an 'approved diversion program' or in other ways facilitate the potential for greater matching of client needs with a diversity of diversion program options.

- That the ACT Government support ongoing professional development and training regarding appropriate language, stigma-reducing behaviours and elimination of discriminatory practices amongst healthcare services, police and other frontline service providers.

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