



Australian Government

Australian Government Response to the
House of Representatives inquiry into
substance abuse in Australian communities -
*Road to Recovery: Report on the inquiry into
substance abuse in Australian communities.*

Conducted by the Standing Committee
on Family and Community Affairs

July 2006



Foreword by the Minister for Health and Ageing

The inquiry into substance abuse in Australian communities conducted by the House of Representatives Standing Committee on Family and Community Affairs (the Committee) lasted over three years, included an extensive public consultation process, and culminated in a comprehensive report containing 128 recommendations entitled *Road to Recovery: Report on the inquiry into substance abuse in Australian communities* (the Report).

The Report confirms what the Howard Government has long acknowledged – that substance abuse problems are complex and of great concern to the community. In reading this Response, it will become clear that the Committee's recommendations have played an important role in informing Government policy in recent years.

The Howard Government's *Tough on Drugs* initiative is successfully tackling drug problems on three fronts; reducing the supply of drugs, reducing the demand for drugs, and preventing and treating the harm they cause. Since the inception of this initiative in 1997, Commonwealth Government law enforcement agencies have prevented over 14 tonnes of the most serious illicit drugs from reaching Australia's streets; there are now fewer people dying of opioid overdoses; more parents are talking to their children about drugs; and new treatment options are available.

The Howard Government supports the premise that there is no safe way to take illicit drugs and that the goal of each addict or user should be to become drug free. The Government is committed to providing a range of effective, evidence-based treatment options for heroin addiction. Recognising that the use of naltrexone implants aims to achieve the highly desirable goal of abstinence, the Government has committed more than \$1 million for clinical and related research to further establish the evidence base for this important treatment.

While good progress has been made in the war against drugs, measures to address substance abuse problems need to continually evolve. Emerging trends, such as the use of highly addictive drugs like crystal methamphetamine (ice), need to be combated and cannabis must not be treated as a "soft" drug. The Howard Government's eleventh Budget delivered an additional \$214 million to further strengthen what has already been the biggest investment in drug prevention and treatment programs by any federal government – now over \$1.2 billion since 1997 under the *Tough on Drugs* initiative.

On behalf of the Commonwealth Government I sincerely thank the Committee, particularly the chairman, Mrs Kay Hull MP, for outstanding work.

A handwritten signature in black ink, appearing to read 'Tony Abbott'. The signature is written in a cursive, flowing style with a long horizontal line extending to the left from the start of the name.

TONY ABBOTT
Minister for Health and Ageing

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Introduction

The impacts of drug and alcohol abuse on Australian society are wide-ranging, invasive and difficult to catalogue. They include financial and social impacts on families and communities; effects on the safety of road transport; health ramifications; violent and criminal aspects of drug abuse and trafficking; and impacts on workplace safety and productivity. All of these are significant considerations, individually – when taken together the impact is enormous.

The inquiry into substance abuse in Australian communities (the Inquiry) conducted by the House of Representatives Committee Standing Committee on Family and Community Affairs (the Committee) lasted over three years, received almost 300 written submissions, included a number of public consultations and a two-day round-table meeting, and culminated in a report entitled *Road to Recovery: Report on the inquiry into substance abuse in Australian communities* (the Report). The Report is a comprehensive document and the Government congratulates the Committee on completion of a very complex task, and thanks the various stakeholders for their valuable input to the Inquiry.

There have been significant developments in responding to issues of drug abuse both before and after the Committee began its deliberations in March 2000. The pace of change and the numerous measures announced to address emerging issues have contributed to the time taken to develop a comprehensive and considered Response.

In November 1997, the Prime Minister launched the *National Illicit Drug Strategy – Tough on Drugs*. Since its launch, the Government has committed more than \$1.2 billion to the Strategy. This represents the largest single Commonwealth Government initiative ever undertaken in this country to tackle drug problems.

Tough on Drugs is an important initiative that both leads and supports a broader national approach to dealing with all types of drug abuse issues in Australia. The Government confronts drug problems from many angles, pursuing an uncompromising approach to drug trafficking, strengthening laws and improving strategies to reduce the supply of dangerous drugs to Australian communities. The Government continues to contribute to improving the rehabilitation services that are available for those wanting to get off drugs and, importantly, educates people against starting drug use in the first place.

The Government's programs are making strong headway into alleviating and reducing drug-associated problems. Compared with 1997, there are now fewer people dying of opioid overdoses; more parents are talking to their children about drugs; new treatment options are available; and the daily smoking rate is down to 17.4%, one of the lowest smoking prevalence rates in the world. Government law enforcement agencies have prevented over 14 tonnes of the most serious illicit drugs from reaching Australia's streets since the inception of *Tough on Drugs* in 1997. All of this activity is in the context of a continually shifting environment. We have achieved much success, but more work needs to be done to reduce both the damage to individuals and the burden on Australian society of drug abuse.

The Government welcomes constructive and informed debate and the Committee's Report presents an opportunity for further discussion on the way forward to deal with drug abuse in Australian society.

The Report makes recommendations in the areas of:

- families and communities;
- health care;
- alcohol misuse: prevention and treatment;
- tobacco: prevention and cessation;
- illicit drug abuse: prevention and treatment;
- crime, violence and law enforcement;
- road trauma; and
- workplace safety and productivity.

The Report and its recommendations have informed Government policy and have been referenced as a guide in various ways. Most notably, the Report was referenced in the development of the new *National Drug Strategy 2004-2009* that came into effect on 1 July 2004. The Strategy is a collaborative and integrated approach to addressing drug issues between the Australian and state and territory governments and the non-government sector, and its priorities correspond with many of the recommendations in the Report.

Given the *Tough on Drugs* initiative has been in operation since 1997, many of the issues raised in the Report have been addressed and much progress has been made, including:

- a new *National Tobacco Strategy 2005-2009*;
- a new *National Alcohol Strategy 2006-2009*;
- a *National Cannabis Strategy 2006-2009*;
- the development of a *National Corrections Drug Strategy*;
- the development of a *National Amphetamine Type Stimulants Strategy*;
- Commonwealth regulation to establish graphic health warnings on tobacco packaging;
- enhanced cooperation among police, health, forensics and industry in developing initiatives to prevent the diversion of precursor chemicals;
- the introduction of new Commonwealth drug offences legislation aimed at promoting national consistency in offences and sentences;
- funding for a clinical trial and other studies to develop an evidence base for the use of naltrexone implants in the treatment of opioid dependence; and
- a national review of the methadone, buprenorphine and naltrexone guidelines, including the development of guidelines for Suboxone.

This Response addresses the recommendations under the Report's broad headings. To assist the reader, each section in the Response makes reference to the recommendation numbers dealt with in that section, although it should be noted that some recommendations overlap across a number of sections of the Report (and are cross referenced in the Response where possible). Therefore, the Response should be considered as a whole, rather than in sections or parts. A list of the recommendations from the Report is provided in Appendix A to further assist the reader.

The Response has been coordinated and prepared by the Department of Health and Ageing and incorporates input from a range of government agencies and non-government organisations (as at June 2006), including the:

- Department of the Prime Minister and Cabinet;
- Department of the Treasury;
- Attorney-General's Department;
- Australian Customs Service;
- Australian Federal Police;
- Department of Education, Science and Training;
- Department of Employment and Workplace Relations;
- Department of Families, Community Services and Indigenous Affairs;
- Department of Transport and Regional Services;
- Australian National Audit Office;
- Australian National Council on Drugs; and
- Alcohol and other Drugs Council of Australia.

The breadth of the Committee's recommendations is a reminder of the significance of drug abuse in Australia and its contents provide a valuable insight of community concerns. Governments at all levels need to remain vigilant in efforts to control and prevent the supply and use of all drugs in Australia; be conscious of new and emerging drug use trends; and further develop responses, including effective treatments and supply reduction initiatives.

Families and communities

Recommendations 1-18 refer

Prevention

Prevention and early intervention are fundamental components of Government drug policy¹. Keeping young people engaged in education, work and the community is critical to our efforts to prevent drug abuse; as is providing families and communities with the support and tools necessary to assist in preventing and reducing the harms caused by drug abuse. Accordingly, the Government agrees with the Committee that such programs need to be integrated across portfolios to address the common risk and protective factors for both drug abuse and broader forms of social disadvantage.

In May 2004, the Ministerial Council on Drug Strategy (MCDS) endorsed Australia's drug policy, the *National Drug Strategy 2004-2009* (NDS), which identifies prevention as a priority area. The Commonwealth Government will work closely with state and territory governments and a range of other stakeholders to progress the prevention agenda.

To build the evidence base, the Government commissioned a National Drug Strategy monograph, *The Prevention of Substance Use, Risk and Harm in Australia*, to underpin and inform a comprehensive prevention agenda in Australia. Co-authored by the National Drug Research Institute (NDRI) and the Centre for Adolescent Health, the monograph has provided a comprehensive overview of a number of family and community-based interventions. However, it also notes that further investigation is needed on many interventions. The Department of Health and Ageing will ensure that research into such preventative tools forms a core part of its funded research programs. Such research will help to inform future funding decisions in support of evidence-based prevention.

Under the National Drug Prevention Agenda, which is supported by MCDS, two key components have been developed:

- a toolkit of the available techniques and interventions to assist young people to better develop life skills to manage transitions (e.g. from childhood to adolescence and subsequently to work and adult relationships). The toolkit will be a resource for jurisdictions to assist in setting up and/or evaluating programs which address risk and protective factors for a range of negative life course outcomes for young people, such as the uptake of drugs; and
- a *Pathways to Prevention* Report, which highlights the importance of targeting multiple risk and protective factors at critical transition points in a young person's developmental life cycle. The report also identified different models and examples of good practice, including cost-effectiveness in terms of key crime prevention, and will facilitate the promotion of information about good practice on diversion. The emphasis within the report is on early intervention with a link to the criminal justice system.

¹ While this particular section focuses on prevention activities, prevention is also featured elsewhere in the Response, for example under 'Illicit drug use: prevention and treatment' and 'Crime, violence and law enforcement'. To avoid duplication, this section focuses on overarching prevention activities aimed specifically at families and communities. The reader is asked to consider the entire Response in order to gain a complete picture of Australian Government prevention activities.

Schools

The Commonwealth Government acknowledges that state and territory governments are primarily responsible for school education, including the development, implementation and evaluation of education policy and curriculum. The Commonwealth Government continues to work closely with states and territories and through the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA), the MCDS, and other forums to ensure that school drug education programs are provided and adequate resources available to support them.

The Government remains committed to fostering the capacity of whole school communities to: provide safe and supportive school environments for all Australian school students; enhance school drug education programs; and, manage drug related issues and incidents in schools. The Government has provided a total of \$47.5 million over the period 1999-2000 to 2007-08 for this purpose, through the *National School Drug Education Strategy* (NSDES). Under NSDES, an overarching policy for a nationally consistent approach to school drug education has resulted in agreement by all Australian governments to the *National Framework for Protocols for Managing the Possession, Use and/or Distribution of Illicit and Other Unsanctioned Drugs in Schools* (the National Framework).

Under NSDES, funding in 2004-05 to 2007-08 is directed toward providing continued national support for schools; addressing current and emerging issues in school drug education; implementing strategies to address the needs of students and staff in the early and primary years of schooling; implementing strategies to address the needs of targeted population groups, particularly indigenous students and students in rural and remote communities; and monitoring and evaluation.

Funding provided to state and territory governments and non-government education authorities through cross-sectoral arrangements builds on achievements to date by ensuring that school drug education activities are sustainable in the long term and that funding is available for strategic activities that encourage innovation and good practice at the local level. These activities include supporting professional development for teachers, including professional development to assist in the implementation of government resources.

There have been significant advancements in school drug education under NSDES including the implementation of a range of initiatives and resources that build resilience in young people and give them the skills to make positive life choices.

The evaluation of NSDES, conducted in 2003, found that: participation of schools in NSDES activities had increased; there was increased interest in, and support for drug education in schools; a nationally consistent approach to school drug education which engages school staff, parents and other community members had been adopted; professional development opportunities had been provided; educational resources had been enhanced; and there had been an increase in the profile of school drug education. Evaluation continues to be a key component under NSDES, with \$370 000 provided in 2004-05 to 2007-08 to fund monitoring and evaluation.

Universities

In recognition of the pressures that young people may experience as part of their transition from the school environment to the university environment, the Government included \$19.8 million over four years in the 2006-07 Budget to establish a network of university campus counsellors. This initiative will focus on identifying early onset psychosis, substance abuse and family support needs among tertiary students, and arranging referral to appropriate specialist and mainstream community services.

Youth

The Government, through the Department of Families, Community Services and Indigenous Affairs and the Department of Health and Ageing, currently funds and/or administers several youth programs that focus on early intervention and prevention; to keep young people engaged in education, work and the community. These youth programs are designed to complement programs administered and funded by state and territory governments by targeting areas of high need and disadvantage.

In 2004 the Government, through the Alcohol Education and Rehabilitation Foundation (AERF), provided \$200 000 to the Australian Drug Foundation to assist the national rollout of the *Good Sports Accreditation Program*. AERF has also provided \$85 500 to the YMCA's Youth Services Victorian State Council to employ a project officer under the *Good Sports Accreditation Program* framework. The project officer's role is to facilitate change within local sporting clubs to create a culture that promotes responsible management and service of alcohol.

The Commonwealth and the South Australian, Northern Territory and Western Australian governments have agreed on a new strategic approach to combat petrol sniffing. This approach includes alternative activities for young people and initiatives to strengthen and support communities, which complement law enforcement and health approaches. The Government has committed \$55 million to combat petrol sniffing and other substance abuse in Indigenous townships and settlements.

Families

The Government is supporting families and communities to assist in addressing and coping with drug abuse problems. A book of family stories entitled *In My Life*, commissioned under the *National Comorbidity Initiative*, provides case studies of real life stories from ordinary Australians who have experienced what it is like to have, or to be exposed to someone that has, a drug and alcohol and mental health problem.

Through the Australian National Council on Drugs (ANCD), the Government has commissioned two family related projects:

- The *Drug Use in the Family: Impacts & Implications* project considered children with drug using parents, the way in which drug abuse disrupts or diminishes parental capacity to fulfil their responsibilities as a parent, and other social roles. The project seeks to identify the opportunities and impediments for engaging and supporting families to reduce the likelihood that children of current, problematic drug users failing to receive proper care during their formative years, and possibly becoming drug users themselves. This project is nearing completion.

- The *Supporting families: Investigating support options for family members of young people with problematic drug use* project aims to conduct evidence-based research into the needs of family members of young people who are involved in problematic drug abuse and to make recommendations about which programs or services most effectively address the needs of these family members.

The Government agrees with the Committee's support for drug prevention strategies that combine a school, family and community focus, and has funded a number of prevention measures, including the *Community Partnerships Initiative* (CPI) and the *Strengthening and Supporting Families Coping with Illicit Drug Use* measure. The focus of CPI is to reduce drug abuse and drug-related harms through community projects that promote and support the establishment of community-driven prevention and early intervention measures to improve individual, family and community well-being. To date, over \$17 million has been provided to communities under CPI to support 224 projects Australia-wide. A fifth funding round under CPI has recently been advertised.

While state and territory governments are primarily responsible for the provision of drug and alcohol treatment services, the Government, through the *Non Government Organisation Treatment Grants Program*, the *Illicit Drug Diversion Initiative* and the *Strengthening and Supporting Families Coping with Illicit Drug Use* measure, has invested significant resources to complement jurisdictional funding for drug treatment services, many of which support families dealing with drug issues. There has been increased treatment service capacity and higher numbers of people seeking treatment.

Location and access to services

Research commissioned by the ANCD provides an analysis and commentary on the number, location and nature of all treatment services available within Australia, to assist in identifying service gaps and needs across all geographic regions. While the Committee's recommendation that this project be evaluated by the Australian National Audit Office (ANAO) has been noted, the ANAO's activities are restricted to auditing the operations of a government body. It is not the role of the Auditor-General to evaluate government policy or to consider the adequacy of the Government's funding of programs and agencies.

Under the *National Drug Strategy*, the Australian and state and territory governments contribute administrative data from treatment services to a National Minimum Data Set. This data, in conjunction with other information, is used to inform issues of access to treatment services as well as to inform debate, policy decisions and planning processes that occur within the alcohol and other drug treatment sector.

Improving access to drug treatment and prevention activities in rural and regional areas is of particular concern to the Government. To help address this need, \$5 million over five years (from 2003-04) has been committed to the *NIDS Rural and Regional Initiative*.

Media

The influence of media reporting on community understanding of drug, alcohol and mental health issues is widely acknowledged. The *Mindframe* program, which was developed and disseminated to the media sector as a part of the *National Mental Health Strategy*, seeks to influence the media industry to report mental illness and suicide issues responsibly, accurately and sensitively, and provides resources and training to media organisations for this purpose.

The Government also supports the work of the ANCD and others to improve aspects of this type of media reporting. The ANCD is working towards this aim by developing core principles for better media reporting, for the drug and alcohol and media sectors. The core principles will be used as a basis for fostering closer and more productive working relationships between the alcohol and other drugs sector and the media.

Health care

Recommendations 19 – 32 refer

Treatment services

While state and territory governments are primarily responsible for the provision of drug and alcohol treatment services, the Government recognises the importance of access to detoxification and rehabilitation treatment services.

Under the *National Illicit Drug Strategy* (NIDS), the Government has funded a number of initiatives aimed at promoting best practice and quality assurance in the treatment of drug dependence.

Since 1997, the Government has provided over \$142 million for alcohol and other drug treatment services across Australia through the NIDS *Non-Government Organisation Treatment Grants Program* (NGOTGP). The long-term aim of this program is to assist patients to become abstinent through ongoing review of their treatment. A range of treatment types are funded including outreach support, outpatient counselling, inpatient and outpatient detoxification, medium- to long-term rehabilitation and support for clients on pharmacotherapy programs. Additional funding for NGOTGP announced in the 2005-06 Budget provides Government funding for 169 services until 2007-08.

The Office for Aboriginal and Torres Strait Islander Health's Aboriginal and Torres Strait Islander Substance Use Program has also provided \$18.3 million annually in funding to support 64 Aboriginal and Torres Strait Islander substance use services nationally. A further \$1.6 million was allocated in 2005-06 for a number of strategic national projects supporting service delivery for this population.

One-off infrastructure grants of \$50 000 each were also provided in the 2005-06 financial year to 17 treatment services across Australia. These grants will assist these services to create settings more conducive to providing professional treatment, counselling and rehabilitation.

Although the Government does not fund any services providing rapid detoxification at this time, the Government notes that the 1998 National Drug Strategy Household Survey found that 60% of those polled supported rapid detoxification therapy compared with only 58% for methadone maintenance programs. Additional research in this area to determine the potential risks and benefits of anaesthesia-based withdrawal is needed.

While many hundreds of services operate across Australia to specifically address drug and alcohol issues, it needs to be acknowledged that the Medicare program, and many other health programs available to the general public, can be accessed for issues related to drug and alcohol use. For many people a visit to their general practitioner is the first step in addressing their drug and alcohol concerns. The general practitioner may then refer a person to the more specific drug and alcohol service.

Comorbidity

The Government, through the *National Drug Strategy 2004-2009*, the *National Mental Health Strategy*, and more recently, the *COAG Mental Health National Action Plan*, recognises the importance of addressing coexisting mental health and substance use disorders.

The *National Comorbidity Project* was a joint venture in 2001 under the *National Drug Strategy* and the *National Mental Health Plan*. A number of resources were produced under the Project to inform policy development in this area, including:

- the Monograph – *Comorbid Mental Disorders and Substance Use Disorders*;
- a second edition of the Monograph – *Review of diagnostic screening instruments for alcohol and other drug use and other psychiatric disorders*;
- the Monograph – *Current practice in the management of clients with comorbid mental health and substance use disorders in tertiary care settings*;
- the Monograph – *Comorbidity of mental disorders and substance use in General Practice*; and
- the publication – *A Brief Guide for the Primary Care Clinician*.

Building on these foundations, the Government allocated \$17.7 million over 7 years (from 2003-04 to 2009-10) to the *National Comorbidity Initiative*. The Initiative aims to improve service coordination and treatment outcomes for people with coexisting mental health and substance use disorders and focuses on the following priority areas:

- facilitating resources and information for consumers;
- providing support to general practitioners and other health workers to improve treatment outcomes for comorbid clients;
- improving data systems and collection methods within the mental health and alcohol and other drugs sectors to manage comorbidity more effectively; and
- raising awareness of comorbidity among clinicians/health workers and promoting examples of good practice resources/models.

Work under the *National Comorbidity Initiative* is ongoing. An example of work undertaken under this initiative is the development of an information brochure, *Feeling good: answering your questions about alcohol, drugs and mental health*. The information in the brochure aims to increase the understanding of comorbidity among people with co-existing mental health and substance use disorders.

The Government also funded the National Drug and Alcohol Research Centre (NDARC) to perform a multi-site pilot study over three years examining the effectiveness of psychostimulant treatment at a community level and the impact of mental health disorders on treatment outcomes. The treatment being assessed will be that delivered in a general community setting and will focus on the main modalities of treatment provided for the use of amphetamines within the community (i.e. residential rehabilitation and detoxification). This work is expected to be completed by the end of 2008.

Information on projects conducted to date under the *National Comorbidity Initiative* and its predecessor, the *National Comorbidity Project*, is available on the Department of Health and Ageing's website at: <http://www.health.gov.au/internet/wcms/publishing.nsf/content/health-publth-publicat-document-metadata-comorbidity.htm>.

As part of the Government's commitment to the COAG Mental Health National Action Plan, a range of measures were funded as part of the 2006-07 Budget which build on the *National Comorbidity Initiative* including:

- \$73.9 million to improve services for people with co-existing drug and alcohol problems and mental illness (includes \$8 million to continue the *National Comorbidity Initiative*). These funds will build the capacity of non-government organisations to provide best practice services that effectively address and treat coinciding mental illness and substance abuse;
- \$21.6 million over four years for a public awareness communication campaign to assist the Australian community to better understand the connections between drug abuse and the development of mental illness, as well as the importance of seeking help early; and
- \$20.8 million for training health workers to identify and address mental illness and associated substance use issues within Indigenous communities, to recognise the early signs of mental illness and to make referrals into treatment where appropriate.

Indigenous

Substance abuse in the Indigenous population is of concern to the Government. The *National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan* provides a framework of holistic care and collaboration between all levels of government, with Indigenous organisations and with communities themselves.

Efforts to reduce petrol sniffing in Indigenous communities continue to be a priority and currently 59 Aboriginal and Torres Strait Islander communities and 13 commercial outlets in and around the designated zone of the Central Desert region receive Opal fuel. A new strategic approach to combat petrol sniffing has been agreed with the South Australian, Northern Territory and Western Australian governments. This approach includes alternative activities for young people and initiatives to strengthen and support communities, which complement law enforcement and health approaches. The Government has committed \$55 million to combat petrol sniffing and other substance abuse in Indigenous townships and settlements. This includes \$20 million that has been earmarked to roll out Opal fuel to an additional 33 sites, including 15 roadhouses near Indigenous townships. That will take to 92 the total number of sites around Australia where Opal fuel is available.

Other activities to address substance misuse by Indigenous Australians include a trial of interventions to address substance misuse in far north and south-east Queensland, including the *Volatile Substance Misuse Prevention* project, the *Supporting Cape York Peninsula's Indigenous Communities in Managing the Demand for Alcohol* project, and, in the Northern Territory, the Prime Minister's *Petrol Sniffing Diversion* project.

Workforce development

Workforce development is recognised by the Government as fundamental in improving our responsiveness to drug problems. While understanding that workforce development is primarily the responsibility of state and territory governments, the Commonwealth does invest in this area.

The Government funds the National Centre for Education and Training on Addiction (NCETA) to:

- improve understanding of models of practice change and build the capacity of the workforce to respond effectively to alcohol and other drug related harms; and
- improve the quality of education and training among frontline workers to prevent and respond to drug related harm (also refer to **Workplace safety**).

Alcohol misuse: prevention and treatment

Recommendations 33 – 42 refer

The abuse of alcohol and the health, social and economic consequences that flow from it are issues for all governments. The Government recognises that the complex issues associated with alcohol misuse are of concern to health, law enforcement and regulatory authorities.

Leadership in the area of drug and alcohol misuse requires strategic vision, strong partnerships and clear indicators of progress. Recognising this, the Government led the development of a new *National Alcohol Strategy 2006-2009*, which was endorsed by MCDS in May 2006. The Strategy has been developed through a series of consultations with community, industry, professionals and key stakeholders from the government and non-government sectors, and is informed by the latest available research evidence. The Strategy focuses on four principle areas for action – intoxication; public safety and amenity; health impacts; and cultural place and availability – and many activities within the Strategy are being undertaken by the Government.

The Government is concerned with issues of underage drinking and supply, but acknowledges that these are primarily matters within the responsibility of state and territory government regulatory bodies. In 2003, the MCDS requested that Ministers with responsibility for state and territory liquor licensing schemes examine the issues of underage drinking and inconsistencies in liquor licensing legislation. MCDS also requested that the Intergovernmental Committee on Drugs (IGCD) oversee the development of a report on the optimum mix of interventions that can be taken at the state and territory level to address underage drinking. The results of this work informed the development of the *National Alcohol Strategy 2006-2009*.

Education, prevention and treatment

Education, prevention and treatment are key elements of the Government's approach to all drug and alcohol problems.

Between 2000 and 2003 the Government funded a National Alcohol Campaign which was targeted at young people to assist them in making responsible drinking choices. This Campaign has been subject to a thorough evaluation process which found that it performed well and communicated effectively with its teenage and parent target audiences. Specifically, over the length of the Campaign:

- One in two parents reported that they had taken action in response to seeing the campaign, by reinforcing campaign messages when talking to their teenagers about drinking and/or the problems and dangers associated with drinking.
- Among those teenagers aware of the campaign, a high proportion of teenagers continued to rate the commercials as thought provoking, believable and relevant and made them think about 'the negative things that can happen when they drink too much', 'the benefits of not drinking too much' and 'the choices they make about drinking'.
- Less than two in three teenagers reported consuming alcohol within the last three months following the third phase of the Campaign in August 2002, which was lower than that seen before the Campaign launch.

The reports on the evaluations are available on the Internet at:
<http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/resources>.

Building on the success of this campaign, the Government committed \$25.2 million over four years in the 2006-07 Budget to update the National Health and Medical Research Council's (NHMRC) *Australian Alcohol Guidelines* and to conduct a national alcohol education and information campaign on inappropriate alcohol consumption.

As part of its commitment to ensuring the dissemination of current and accurate information on responsible drinking, the Government has provided the *Australian Alcohol Guidelines* to a number of diverse stakeholders. Information on measuring standard drinks, the process of intoxication, and injury and disease, particularly cancer and heart disease, is contained in the *Australian Alcohol Guidelines* and related resources, including the *Alcohol and your Health Fact Sheets*. In particular, Fact Sheet 16 on 'What is a Standard Drink?' provides information about the amount of alcohol in an Australian Standard Drink and notes the importance of keeping track of how much alcohol is consumed. This fact sheet is available at http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-publicat-document-metadata-alcfs_intro.htm.

The information on the *Australian Alcohol Guidelines* has also been distributed into schools and universities, community centres such as libraries and event halls, and through jurisdictional health departments to drug and alcohol treatment centres. Many schools have used the Guideline's information in their curriculum and university student organisations distribute large numbers of Guidelines resources through events where alcohol is consumed on campus. State and territory health departments have been major distributors of the resources produced by the Government. Some resources such as the *Guidelines for the Treatment of Alcohol Problems* are widely used by hospital staff and some health departments modify the resources for local conditions.

Local governments have also been closely involved by using the *Australian Alcohol Guidelines* and related materials to inform Alcohol Accords, which are community level agreements between local government, law enforcement, and the private sector. The Guidelines are used by many local councils to help describe standards of behaviour that minimise alcohol abuse.

The Government also participates in a working group to consider the best approaches in the development of interventions related to Foetal Alcohol Spectrum Disorders and will develop a package of interventions for the consideration of MCDS during 2006.

The Government works in partnership with industry to tackle alcohol abuse. The Government also provided \$5 million in funding to DrinkWise Australia to develop education and campaign activities using industry experience in promoting and advertising. The recent *Alcohol and Your Health Week* featured the messages 'don't lose your standards' targeted at younger people and 'count your drinks for better health' targeted at the broader population. Messages were focussed on increasing the understanding of a standard drink, and also that intoxication can lead to undesirable negative health effects and behaviours.

Through the MCDS, the Government is working with alcohol producers to voluntarily increase the size of standard drink information on alcohol beverage container labels. This initiative facilitates Australian's awareness of the concept of a standard drink and information contained in the *Australian Alcohol Guidelines*.

Treatment is a major element in addressing the inappropriate use of alcohol and the Government has been very active in its efforts to ensure treatment providers are well equipped to deal with alcohol problems. Under the *National Illicit Drug Strategy Training Frontline Workers Initiative*, the publication *Alcohol and Other Drugs: a Handbook for Health Professionals* has been updated (by NCETA) and a training package for medical practitioners has also been developed (also refer to **Illicit drug abuse: prevention and treatment**).

The Government also funded NDARC to undertake a series of 100 workshops in capital cities and regional centres to promote the *Australian Alcohol Guidelines*, and the *Guidelines for the Treatment of Alcohol Problems* (the Treatment Guidelines) to drug and alcohol workers and other health care providers. The Treatment Guidelines provide up-to-date advice on treatment modalities, including the use of pharmacotherapies as an aid in reducing alcohol dependence.

In addition the Government is funding a range of other initiatives to promote the above Guidelines to health care providers, including:

- **General Practitioners (GPs)**

Promotion of the Guidelines to GPs has occurred with articles in GP newsletters, distribution at major GP conferences, and through the SNAP initiative (Smoking, Nutrition, Alcohol and Physical activity). A satellite broadcast by the Rural Health Education Foundation targeted GPs and primary health care providers in rural and remote Australia.

- **Pharmacists**

The Government provided funding to the Pharmaceutical Society of Australia to develop a range of resources to educate pharmacists and pharmacy assistants about the Guidelines. This included special editions of InPHARMation in 2002 and 2004 and the distribution of Alcohol Fact Cards for consumers through Self-Care pharmacies. The Alcohol Fact Cards are particularly popular with consumers and have been updated and re-printed.

The *Community Pharmacy Standard Drink Awareness Campaign* involved the development and distribution of 50 million pharmacy repeat prescription covers. The covers contained health messages about alcohol consumption as well as details of the participating pharmacies. The Pharmacy Guild of Australia assisted with the distribution of the covers to pharmacies, where the pharmacists passed them on to clients. Pharmacists found the covers to be a useful tool in starting conversations with consumers about their alcohol use and how it impacts on their health.

The Government provided funding of \$115 million over four years (commencing in 2001-02) to establish the Alcohol Education and Rehabilitation Foundation (AERF) to reduce alcohol and other licit substance misuse (including petrol sniffing). A key objective of the Foundation is to support evidence-based alcohol and other licit substance abuse treatment, rehabilitation, research and prevention programs. More information about the programs being supported by AERF can be found on their internet site at www.aerf.com.au

Advertising

The current self-regulatory code for alcohol advertising states that advertisements for alcoholic beverages must present a mature, balanced and responsible approach to consumption and must not encourage excessive consumption or abuse of alcohol. The Government assisted in developing a report on the review of the current self-regulatory system for alcohol advertising, which was accepted by the MCDS in May 2003, and implemented by the Alcoholic Beverage and Hospitality Industry by 31 March 2004, resulting in the production of an annual report related to the Alcohol Beverage Advertising Code. The annual report is available at: http://www.aab.org.au/documents/ABAC_AnnRepor2.pdf

Taxation

While recognising that the primary purpose of alcohol taxation is to raise revenue, the Government notes that the system has, over time, responded to a number of other factors including addressing social issues associated with alcohol consumption, relevant industry profiles and broader economic considerations. Current arrangements reflect a longstanding feature of the Australian taxation system that the consumption of beer, spirits and wine be taxed differently. The last review of alcohol taxation occurred in 1999 in conjunction with the introduction of the New Tax System, where the rates were adjusted to account for the introduction of the Goods and Services Tax.

Tobacco: prevention and cessation

Recommendations 43 – 50 refer

Australia has had great success in reducing smoking rates, with the 2004 National Drug Strategy Household Survey (NDSHS) results showing the lowest smoking rates ever seen in this country, and amongst the lowest rates anywhere in the world.

A new five-year *National Tobacco Strategy*, which was endorsed by the MCDS in November 2004, builds on existing tobacco control efforts and achievements by the Australian and state and territory governments. The Strategy, which is enhanced by research into effective international tobacco control strategies, provides a long-term framework for national tobacco control activity, under which all jurisdictions and the community may dedicate resources.

Education and research

The Government has instituted new regulatory requirements for some of the most graphic health warnings in the world on tobacco products. The new warnings, which took effect from 1 March 2006, depict the health effects of smoking and include quit messages.

The National Tobacco Campaign which was funded by the Government from 1997 to 2003-04, significantly contributed to reducing smoking rates in Australia. However, the 2004 NDSHS indicates that young Australians are still taking up smoking at a concerning rate. To combat this, the Government committed \$25 million in the 2005-06 Budget to a new anti-smoking campaign, specifically targeting youth. This youth campaign is currently under development.

An important plank of the Government's approach on tobacco, alcohol and drug misuse is to ensure research is considered in developing policy and programs.

There are a number of well researched and documented reasons why people commence smoking. *Tobacco in Australia – Facts and Issues 1995*, quotes 15 factors influencing the uptake of smoking, which include smoking among family members, parental attitude to smoking by children, socio-economic status, attitude to cigarette advertising, cost of smoking, availability of cigarettes, and the perceived benefits of smoking.

Recent research highlights that adolescents who begin smoking at younger ages are more likely to become regular smokers and less likely to quit. Further, addiction to nicotine usually begins during adolescence with only around 10% of new smokers initiating the habit after the age of 18 years. The early onset of smoking has been shown to be related to the number of cigarettes smoked per day in adult life.² These factors underline the importance of the Government's investment in a campaign targeting young people who may be thinking of taking up smoking.

² Sowden A., Arblaster L., Stead L. Community interventions for preventing smoking in young people (Cochrane Review). *The Cochrane Library*, Issue 1, 2004. Chichester, UK: John Wiley & Sons, Ltd.

The Government is currently progressing five key areas of work, to better understand: the current attitudes of youth towards smoking; the impact of parental attitudes and influence on uptake of smoking by youth; available interventions to halt the move from youth experimentation to dependence on tobacco; strategies employed by youth to reduce or cease smoking and to recommend possible cessation strategies that could be targeted at youth; and the association between youth smoking and cannabis/marijuana use.

Cessation

Smoking cessation is recognised as a key health issue requiring multiple systemic approaches across the national, state and local levels. The Government provides broad banded (or pooled) funding through the Public Health Outcome Funding Agreements (PHOFAs) to assist state and territory governments to achieve a number of nationally agreed outcomes, including smoking prevention. In 2005-06, over \$160 million in broad banded funding was provided, with individual state and territory governments determining how much of their broad banded allocation is expended locally on particular programs in order to meet various performance indicators.

The National Drugs and Poisons Scheduling Committee (NDPSC), at its meeting of 24-26 February 2004 confirmed its initial decision to exempt nicotine replacement therapy (NRT) in the form of chewing gum and transdermal patches from scheduling requirements. This means these NRT products could be available from supermarkets and other retail outlets as well as through pharmacies. NRT manufacturers initially chose not to market gum and patches in supermarkets and other retail outlets. However, at least one manufacturer has taken steps to overcome the barriers to sale of these products outside the pharmacy setting and some NRT products are now available in major supermarkets.

The exemption from scheduling of NRT gums and patches resulted in these products being subject to GST. To address concerns that the imposition of GST would increase NRT prices, at least in the short-term, the Government reinstated GST-free status to these products in August 2004. For smokers wishing to use NRT to assist smoking cessation, the cost of NRT remains significantly less than the cost of cigarettes. In addition, the prescription smoking cessation medicine, Zyban, is subsidised through the Pharmaceutical Benefits Scheme.

As part of the Government's 2004 election commitments, a national program aimed at helping women – particularly Indigenous women – to stop smoking during and after pregnancy is being developed. The program will include a number of projects to encourage doctors, midwives and Indigenous health workers to give advice to pregnant women about the damage caused by smoking. Pregnant women who smoke may be more motivated to quit when the benefits of not smoking while pregnant are highlighted in a clinical setting and if they are supported by their GP or midwife. It may also provide an opportunity to educate a partner or family member on their role in supporting a pregnant woman who wants to stop smoking. A total of \$4.3 million over three years commencing July 2005 has been provided for this measure.

Advertising

Given the priority afforded to reducing smoking prevalence in Australia, restricting the promotion of tobacco is an important aspect of the overall tobacco strategy. The Government has conducted a review of the *Tobacco Advertising Prohibition Act 1992* (the Act). The review was informed by an extensive public consultation process and found that the Act is working well to protect the Australian public from tobacco advertising messages.

2006 is the last year that sporting events of international significance (i.e. the Australian Grand Prix and the Australian Motor Cycle Grand Prix) will be permitted to have tobacco promotional material at event venues. The provision under the *Tobacco Advertising Prohibition Act 1992* that has allowed limited advertising at such events will no longer exist from 1 October 2006. The motor racing industry has known for a number of years that tobacco advertising will not be permitted for events of international significance in Australia after 1 October 2006 and have had sufficient time to make alternative arrangements, including seeking other sponsors.

Licensing

The Government has also commissioned a report into the feasibility of registration and licensing schemes for tobacco wholesalers and retailers. This report was intended as a best practice guide for state and territory governments to implement should they wish to do so, as the Commonwealth does not have jurisdiction in this area. Some state governments are currently considering action in the area.

Passive smoking

While state and territory governments have primary responsibility for tobacco legislation, the Commonwealth strongly supports and encourages programs that discourage smoking in public places and is committed to ensuring the wide dissemination of accurate information on the affects of passive smoking. The Government, through the Department of Health and Ageing, managed the *National response to passive smoking in enclosed public places and workplaces* for the National Public Health Partnership. The response provides state and territory governments with legislative strategies to consider within their jurisdictions.

Taxation

According to OECD figures, tobacco taxation in Australia is amongst the highest of member countries. The Government acknowledges that while price increases may be used to depress tobacco consumption, given the current high level of taxation in this country, other more targeted mechanisms are currently more appropriate to achieve this goal. Such measures include education and media campaigns targeted at specific demographic groups, product regulation and health warnings. Other strategies include increased restrictions on advertising and sponsorship, and increased access to smoking cessation therapies.

Illicit drug abuse: prevention and treatment

Recommendations 51 – 71 refer

Emerging trends

Illicit drug abuse causes a great deal of harm to individuals, families and the community. Social and economic costs arising from drug abuse run into billions of dollars each year. While some drug abuse patterns have changed over past decades, representing both achievement and challenge, young Australians' use of cannabis, meth/amphetamines and ecstasy are of particular concern to the Government.

The 2004 National Drug Strategy Household Survey (NDSHS) findings indicate that whilst cannabis is the most widely used illicit drug, recent use at 11.3% is the lowest rate since 1993. Although a downward trend in use is good news, there is no room for complacency given that cannabis use is a major risk factor for other drug abuse, injury and mental illness. A major concern is the fact that more young people are using methamphetamines (speed/ice) and ecstasy. Recent use of ecstasy increased from 1.2% in 1993 to 3.4% in 2004, and for methamphetamines, the rate was 2.0% in 1993, increasing to 3.2% in 2004. In response the Government has increased its investment in initiatives that address the use of cannabis, methamphetamines and ecstasy.

To further combat emerging illicit drug trends, the Government continues to raise awareness of the dangers associated with illicit drug abuse through the very successful *National Illicit Drugs Campaign*, and has recently committed a further \$23.7 million for a third phase. Phase one and two of the Campaign focused on young Australians and their parents, providing accurate and frank information about the health risks of drug abuse. The Campaign has encouraged parents to engage and talk to their children about illicit drugs through fast-paced advertisements with a focus on meth/amphetamines, ecstasy and cannabis. The Campaign is underpinned by evidence and expertise, with a reference group overseeing the development of each phase.

A comprehensive evaluation of phases one and two of the Campaign has now been completed and indicates positive results, with around two in three young people reporting the Campaign had influenced what they do or think about drugs, most often to avoid drugs and to think about the dangers of using them. More than half felt the Campaign had made it easier to discuss illicit drugs with their parents. The evaluation will be used to inform the next phase of the Campaign.

Psychostimulants

To complement the National Illicit Drugs Campaign, the Government has allocated around \$15 million (over 7 years from 2003-04 to 2009-10) to the *National Psychostimulant Initiative* to address problems associated with the increased availability and use of psychostimulants (meth/amphetamine and ecstasy) in Australia. The Initiative includes:

- identification and dissemination of good practice models and approaches for the treatment of psychostimulant use;
- education and training measures to strengthen the capacity of drug and alcohol counsellors and others within the sector to deal more effectively with psychostimulants;

- provision of support and training to general practitioners and other health workers to improve treatment outcomes for psychostimulant users; and
- provision of information for at-risk youth and families.

Reducing the supply of these substances is another pillar of Australia's approach to the amphetamine and ecstasy problem. The *National Strategy to Prevent the Diversion of Chemicals into Illicit Drug Manufacture* is discussed further in **Crime, Violence and Law Enforcement**.

To date Australian and state and territory governments have instigated a number of measures to target psychostimulant supply and demand, such as border controls, law enforcement and workforce development activities. The Government is currently leading the development of a *National Amphetamine Type Stimulant Strategy* to combat the harmful effects of psychostimulant use. This new national approach will take jurisdictional efforts to the next level and will coordinate effort across Australia.

Cannabis

The World Drug Report reveals that cannabis abuse continues to be a challenge for most countries, including Australia.

To better understand this problem, the Government funded the update of the National Drug Strategy Monograph – *The Health and Psychological Consequences of Cannabis Use*. The Monograph examines the evidence in this area and aims to assist health practitioners in informing, assessing and intervening with cannabis-dependent clients. The Monograph is available at <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubs-drug-cannab2-home.htm>

In collaboration with state and territory governments, the Commonwealth led the development of Australia's first *National Cannabis Strategy 2006-2009*, which was endorsed by MCDS in May 2006. The Strategy, which was informed by the available evidence, focuses on reducing the supply and use of this illicit substance, increasing community awareness of its illicit status and the harms caused by its use, as well as recognising the need for further research into harms and treatment options, and building workforce capacity.

The Government is also leading the implementation of this Strategy and has committed \$14 million over the next four years to the establishment of a National Cannabis Control and Prevention Centre. The Centre will assist in building the evidence base on the harmful effects of this drug, will provide information to young Australians on the dangers of cannabis, and will support services in the treatment of cannabis addiction.

In addition to the work underway to prevent cannabis abuse, the Government is seeking expert advice on the association between cannabis abuse and mental health problems (as discussed earlier in **Health care**). The Government supports additional research into pharmacological and psychosocial treatments for dependence on cannabis and is seeking additional advice on the priority research questions.

The Australian National Council on Drugs has also recently produced two publications to increase community understanding of cannabis and the associated risks with use. These publications are entitled ANCD Research Paper 11- *Evidence Bases Answers to Cannabis Questions - a review of the literature* and *Cannabis - answers to your questions*.

Heroin use – statistics

In 1997 there were an estimated 79 900 regular heroin users in Australia. While over 1100 people died from an opioid overdose in 1999, the number of deaths decreased markedly to 357 in 2003. Acknowledging that any death is a tragedy, this demonstrates a massive decrease in the use of this devastating drug and the deaths it causes. After the marked decline in heroin availability in 2001 the demand for heroin appears to have now stabilised. However, the prevalence and frequency of use has not returned to the same levels as seen in 2000, with 12 000 fewer regular users in 2004 than in 2001. In 2004, the availability of heroin was lower than it has been in a decade.

Coinciding with a decrease in the prevalence and frequency of use of heroin is a significant increase in the number of clients seeking treatment for heroin use. According to the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS), 16.5% more clients sought treatment for heroin in 2003-04 compared with 2001-02. As the number of regular users decreased by approximately 12 000 in that time, this demonstrates a large increase in the percentage of heroin users seeking treatment.

Despite the achievements in this area of drug abuse, the Government acknowledges that heroin dependence remains a serious personal and public health issue, and continues to invest in a wide range of initiatives.

Heroin treatment – pharmacotherapies

The Government is committed to providing a range of effective, evidenced-based treatment options for heroin dependence. While acknowledging that different pharmacological treatments progress towards opioid abstinence at different rates, the Government strongly supports the premise that the ultimate goal for the client is to become drug free.

Recognising that naltrexone implants may be an effective treatment to add to the available treatment options for opioid dependence (and subsequently achieve the highly desirable goal of abstinence from all opioids), the Government, through the National Health and Medical Research Council (NHMRC), has provided approximately \$570 000 for a clinical trial of naltrexone implants. The trial, which commenced in November 2005 and is currently in-progress, is comparing naltrexone implants with naltrexone tablets as a treatment for heroin dependence. We expect the preliminary stage of the trial to be finished by the end of 2006. The results of the clinical trial, together with other evidence, will inform further consideration of naltrexone implants by the Government. The Therapeutic Goods Administration has granted the manufacturer of naltrexone implants with a licence to manufacture under the Code of Good Manufacturing Practice for Medicinal Products -Annex 13, which relates to the manufacture of medicinal products for investigational use, and Annex 1 which relates to the manufacture of sterile medicines. Registration for naltrexone implants will not be sought until the clinical trials have been concluded.

In addition to the clinical trial, the NHMRC awarded two additional grants to Professor Hulse for naltrexone related projects – a record linkage study of the effects of naltrexone treatment on health outcomes and health service utilisation (\$111 625); and a project to assess naltrexone implant or methadone maintenance treatment on mental and physical health outcomes in heroin users (\$216 200). The Government has also funded the University of Western Australia to undertake the following three additional projects on the safety and efficacy of naltrexone implants valued at \$163 417. These relate to biopsy information on the histology of naltrexone implants, ultrasound assessment of implant biodegradability over

time, and blood naltrexone levels over time following naltrexone implant. These projects were completed in 2005 and early 2006, and will complement the NHMRC trial. The total investment by the Government in naltrexone implants now totals more than \$1 million.

The Government does not directly fund or administer methadone programs, nor does it have a direct role in how state and territory governments manage the delivery of methadone services. However, the Government is committed to providing access to low cost treatment, such as pharmacotherapies for opioid dependence through the Pharmaceutical Benefits Scheme (PBS).

The Government facilitates access to treatment for opioid dependence by:

- funding the wholesale cost of all methadone/buprenorphine in Australia under Section 100 of the PBS; and
- funding of consultations and urinalysis relating to these services through the Medicare Benefits Schedule.

Methadone and buprenorphine are both listed on the PBS and are provided by the Government at no cost to community pharmacists. As naltrexone implants have not yet been approved for marketing in Australia for the treatment of opioid dependence (the evidence to support an application for approval of marketing is still being gathered), they are not eligible for subsidy under the PBS.

As part of the *National Drug Strategy*, the Government funded the production of national clinical guidelines and procedures for the use of methadone, buprenorphine and naltrexone in the management of opioid dependence. The buprenorphine guidelines have been revised to include Suboxone which is now available on the Pharmaceutical Benefit Scheme (from 1 April 2006).

International research literature clearly shows that being in treatment leads to less heroin use, lowered mortality rates, and reduced crime. Consistent with the international evidence, the Government funded *National Evaluation of Pharmacotherapies for Opioid Dependence* (NEPOD) project demonstrated that maintenance treatment with opioid pharmacotherapies resulted in substantial reductions in heroin use, criminal activity and spending on illicit drugs while participants remained in treatment.

A desirable aim of methadone (and other pharmacotherapy) programs is abstinence from all opioids. This is undoubtedly the best outcome for the individual and community. However, forced abstinence may result in clients relapsing and losing gains already achieved while on methadone maintenance therapy. Clients should stay on the program while they stabilise their lifestyle and eliminate illicit heroin and other drug abuse.

As at 30 June 2004 there were 38 741 people registered on a pharmacotherapy program for the treatment of opioid dependence.

Treatment services

State and territory governments are responsible for the implementation of treatment services in their jurisdiction, including authorisation of prescribers and clients and the way in which services are delivered in the jurisdiction. These responsibilities also extend to maintaining the mix of public and private services (which may have an impact on cost to consumers).

While the primary responsibility for drug treatment (including residential rehabilitation) ought to remain with the state and territory governments, the Government has provided over \$142 million in funding for alcohol and other drug treatment services across Australia through the *Non Government Organisation Treatment Grants Program* (NGOTGP) since 1997. The long-term aim of this program is to assist patients to become abstinent through ongoing review of their treatment. A range of projects are funded including outreach support, outpatient counselling, inpatient and outpatient detoxification, medium- to long-term rehabilitation and support for clients on pharmacotherapy programs.

There is no simple way to determine the level of unmet need for treatment services. ANCD Research Report No. 10 *Mapping National Drug Treatment Capacity* highlights the complexity and difficulty in determining whether the extent and nature of resource allocation in the drug and alcohol section is appropriate. However some data are available. The Australian and state and territory governments contribute administrative data from treatment services to a National Minimum Data Set. This data, in conjunction with other information, is used to inform issues of access to treatment services as well as to inform debate, policy decisions and planning processes that occur around the provision of treatment services.

General practitioners also play an important role in the treatment and referral of opioid dependent people. In 2003, the Government released three resources to support general practitioners (and other health professionals) in treating people with drug and alcohol problems, including people dependent on opioids:

- *Alcohol and Other Drugs: A Handbook for Health Professionals* is a resource that aims to assist non-specialist medical practitioners and nurses to respond to alcohol and other drug issues.
- The *Resource Kit for GP Trainers on Illicit Drug Issues* is the first of its kind that has been produced in Australia specifically to assist general practitioners to acquire improved knowledge and skills about illicit drugs. The Resource Kit reflects on evidence-based perspectives that are considered of practical value to the clinician in their day-to-day practice. It offers trainers a broad and flexible array of training materials for which resources can be selected to meet diverse needs. The Kit is designed to allow trainers to select or ‘mix and match’ materials according to participants’ information needs, and the trainer’s training style.
- The GP Training Package Website is designed as an information repository for general practitioners to use with patients and for their own professional and personal development.

The Government also provides funding under the *Illicit Drug Diversion Initiative* for police and court diversion to direct people into treatment. The application of targets for people in treatment is a matter for state and territory governments (also refer to **Crime, violence and law enforcement**).

Heroin trial

The Government does not support a trial of heroin prescription as a treatment for heroin dependence. Whilst state and territory governments have primary responsibility for laws governing the use and possession of illicit drugs, the Government strongly believes that heroin prescription as a treatment for heroin dependence is not an appropriate response to reduce the demand for, and uptake of, illicit drugs in Australia.

HIV/AIDS and Hepatitis C

The health risks associated with illicit drug abuse apply not only to injecting drug users, but also to the broader community. Needle and Syringe Programs make sterile injecting equipment available, but importantly, act as point of contact between the health system and injecting drug users; providing information to their clients on the availability of health services, and counselling and referrals to those agencies as required.

The Government evaluated the Needle and Syringe Programs in October 2002, finding the Programs to be widely recognised as providing an important public health service, by reducing the incidence of blood borne viruses such as HIV and Hepatitis C in injecting drug users. The *per capita* rate of new diagnosis of Hepatitis C infection declined from 19 487 cases in 2000 to 14 499 cases in 2003. The latest epidemiological data on HIV/AIDS demonstrates a reduction in the annual number of *new* HIV diagnoses (adjusted for multiple reporting) from 831 cases in 2002 to 782 cases in 2003.

Additionally, an economic study entitled *Return on Investment in Needle and Syringe Programs in Australia* was completed in October 2002. This Study reported significant savings in both number of life years saved, as well as savings to the Government in terms of health care costs through the avoidance of treatment for those affected by HIV/AIDS and Hepatitis C.

While the Committee's recommendation that the Needle and Syringe program be evaluated by the Australian National Audit Office (ANAO) has been noted, the ANAO's activities are restricted to auditing the operations of a government body. It is not the role of the Auditor-General to evaluate government policy or to consider the adequacy of the Government's funding of programs and agencies.

Issues surrounding the disposal of injecting equipment, specifically offences related to self-administration and possession of injecting equipment, are matters for state and territory governments. The Government has referred these matters to the Intergovernmental Committee on HIV/AIDS, Hepatitis C and Related Diseases (IGCAHRD) for their consideration.

The Government supports education and prevention campaigns, which are a key feature of the *National HIV and Hepatitis C Strategies 2005-2008*. These programs aim to raise awareness in the community generally about HIV and Hepatitis C as well as being directed at high risk groups. In the 2003-04 Budget the Government provided \$15.9 million over four years to reduce the transmission of Hepatitis C and improve the care and support for people living with this condition. Of this Initiative, \$8.8 million has been allocated over four years to state and territory governments to continue to implement Hepatitis C education and prevention programs in their jurisdictions. This Initiative also provided support for national education and prevention projects for key risk groups such as young people, Indigenous Australians, and injecting illicit drug users; targeted programs for specific groups such as culturally and linguistically diverse communities; educational resources; and Hepatitis C surveillance. This Initiative is currently being evaluated.

The Government considers that Hepatitis C research is fundamental to Australia's response to the disease, including by guiding the direction of Hepatitis C prevention, health promotion and treatment programs, as well as highlighting social behaviours of those most at risk of Hepatitis C. Currently, funding of \$8 million per annum for HIV and Hepatitis C research is provided through the National Research Centres. The Government has been working closely with the Centres and with expert advisory committees to ensure Hepatitis C research across all disciplines is treated as an emerging priority requiring immediate attention.

Inhalants

The Government shares the Committee's concern about inhalant abuse, and through MCDS, established a taskforce to facilitate the coordination of inhalant abuse initiatives nationally and make recommendations for further action and directions in this area. This taskforce has recently produced a report containing a national framework for addressing inhalant abuse in Australia, which is supported by 52 recommendations. This framework is currently being implemented with the guidance of this taskforce. The Government has provided funding to enable the CSIRO to investigate the feasibility of adding bittering agents to commonly abused inhalants to deter abuse of these products.

Crime, violence and law enforcement

Recommendations 72 – 101 refer

National framework to combat multi-jurisdictional crime

The Government remains committed to working with state and territory governments to implement the national framework to combat multi-jurisdictional crime agreed to by the Leaders' Summit on Terrorism and Multi-Jurisdictional Crime (the Leaders' Summit) in April 2002.

The Leaders' Summit agreed to modernise the criminal law by legislating in a number of priority areas. As a key structural aspect of the Leaders' Summit, the Australian Crime Commission (ACC) was formed on 1 January 2003 with the merger of the National Crime Authority, the Australian Bureau of Criminal Intelligence and the Office of Strategic Crime Assessments. The ACC has better positioned Australia to meet the threats posed by nationally significant crime in the post-September 11 environment.

The framework of multi-jurisdictional measures from the Leaders' Summit was also complemented by the launch of the new Australasian High Tech Crime Centre (AHTCC) on 1 July 2003. Hosted by the AFP, the AHTCC is a national policing capability formed through collaboration between all Australian state, territory and federal police services.

The agreement to, and implementation of, recommendations on multi-jurisdictional crime is a clear example of the Government's commitment to promoting consistency in policies and legislation relating to drug and other serious crimes.

Data and intelligence

Australia is one of the few countries in the world that conducts comprehensive, regular, national population surveys of drug use. National data collection mechanisms funded under NIDS has provided consistent data from jurisdictions on changes in illicit drug use and markets, and on the achievements of the Strategy.

A range of key data collections and resources at the national level include the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS), the National Drug Strategy Household Survey (NDSHS), the Illicit Drug Reporting System (IDRS), the Ecstasy and Related Drugs Initiative (ERDI), Drug Use Monitoring in Australia (DUMA), Statistics on Drug Use in Australia, and the Illicit Drug Data Report (IDDR). Under the auspices of the *National Strategy to Prevent the Diversion of Precursor Chemicals into Illicit Drug Manufacture*, a National Clandestine Laboratory Database (NCLD) is also being developed by the Attorney-General's Department with the intention of integrating it into the ACC's Australian Criminal Intelligence Database (ACID).

The National Crime Statistics Unit, the National Criminal Courts Statistics Unit and the National Corrective Services Statistics Unit, are three separate statistical units located within the Australian Bureau of Statistics, which also produce a series of reports on crime, corrective services and criminal courts activities.

Federal law enforcement agencies also support the exchange of information through liaison officers, secondees and intelligence analysts on assignment with other federal, state and territory agencies and joint agency task forces, with a focus on major drug interdiction operations. Such assignments are seen as highly beneficial for furthering information exchange and broadening the understanding of agency capabilities.

Programs such as CrimTrac and the proposed NCLD are further examples of cross jurisdictional initiatives to improve the flow of information between agencies. The CrimTrac Agency was established as a national law enforcement support initiative to give police ready access to information needed to solve crimes.

The ACC remains committed to the use of the ACID as the key national repository for intelligence on illicit drug supply related crime. All Australian law enforcement agencies use ACID and a number of these use ACID as their primary intelligence database. Development initiatives continue in individual jurisdictions to enhance the effective use of this database. The ACC has established an Information Sharing Working Group representing Commonwealth, state and territory law enforcement agencies. The Working Group was created in recognition that wider exchange of law enforcement and other regulatory information is essential to counteract threats posed by serious and organised crime including drug-related crime. The ACC continues to enhance the usefulness of ACID, through the development of cutting-edge analytical tools available to Australian law enforcement agencies and funded through various Australian Government new policy initiatives.

The Government supports the need for the continuation of appropriate funding to tackle the ongoing challenge of intelligence gathering on drug-related crime to support successful operations and targeting of resources. Substantial funding support for the Government's law enforcement agencies has been allocated through the NIDS *Tough on Drugs* initiative. Cumulative funding for supply reduction measures since the inception of NIDS to the end of 2006-07 will total over \$400 million.

While the Committee's recommendation that the adequacy and funding for the Government's law enforcement bodies be evaluated by the Australian National Audit Office (ANAO) has been noted, the ANAO's activities are restricted to auditing the operations of a government body. It is not the role of the Auditor-General to evaluate government policy or to consider the adequacy of the Government's funding of programs and agencies.

In relation to performance measures on improvements to interagency cooperation, all jurisdictions contribute to an annual implementation report to the Australasian Police Ministers' Council (APMC) on the *National Supply Reduction Strategy for Illicit Drugs* (NSRSID). Work conducted within the Police Commissioners Conference and the APMC and their supporting forums, is targeted at extending the cooperation and collaboration between Commonwealth and state and territory policing agencies.

Precursor chemicals

The Government strongly supports reducing the supply of illicit drugs. Precursor chemicals diverted for the manufacture of illicit drugs, pose particular challenges for law enforcement agencies given there are widespread legitimate uses of these chemicals.

From 2003-04, the Government has committed \$5.4 million over five years to the *National Strategy to Prevent the Diversion of Precursor Chemicals into Illicit Drug Manufacture*, with additional funding of \$1 million annually. The Strategy contributes to the supply reduction aspect of the *National Illicit Drug Strategy* by stopping legitimately available chemicals being used to make illicit synthetic drugs.

The Strategy is being delivered against the following four broad outcomes:

- Enhanced intelligence and information sharing capacity among law enforcement and regulatory agencies.
- Enhanced law enforcement, forensic and judicial responses through training.
- National regulatory approaches to control access to chemicals and equipment while recognising the legitimate needs of business and the public.
- Key stakeholders' awareness of the problem of precursor diversion.

Considerable progress has been made against these outcomes. Much of the work in this area is progressed through the National Working Group on the Prevention of Precursor Chemicals into Illicit Drug Manufacture.

Recognising that pseudoephedrine, while a key ingredient in the manufacture of methamphetamine, is also an effective decongestant medicine included in many popular cold and flu products, controls have been instigated that strike a good balance between the legitimate need of consumers to access pseudoephedrine-containing products and the need to protect Australian communities from the dangers posed by methamphetamine production. From 1 January 2006, medications containing pseudoephedrine must, at a minimum, be stored away from the public, and only to be sold by a pharmacist, and from 1 April 2006, products with higher concentrations of pseudoephedrine require a doctor's prescription. Consumers can now expect their pharmacists to ask questions about their therapeutic need for pseudoephedrine products, and may be requested to provide suitable identification.

In 2003 the ACC commenced intelligence operations relating to amphetamines and other synthetic drugs (AOSD), with the aim of developing intelligence on the importation, production and trafficking in AOSD and precursor chemicals in Australia. Throughout this process the ACC monitors emerging trends in precursor chemicals and AOSD manufacturing processes. An objective of this operation is also to provide intelligence and operational support to partner agency operations, including the use of coercive powers; disseminating intelligence to relevant jurisdictions and providing evidence to assist in debate on legislative reform.

Diversions programs

Drug courts are operated by states and territories. The Crimes Act and state and territory legislation enables courts to release offenders on a range of non-custodial sentencing dispositions, which may include drug rehabilitation and treatment conditions. Courts have the power to impose sanctions on offenders who fail to comply with the orders imposed. Such sanctions serve as incentives to offenders to complete rehabilitation and treatment as ordered.

Courts may also release offenders on conditional bail prior to sentencing. Bail conditions may include a requirement that the offender attend drug rehabilitation and treatment before sentencing. On sentencing in such cases, courts are able to take into account the offender's

attitude and response to the drug rehabilitation and treatment program during the period of remand.

Some jurisdictions also provide specialist drug courts dedicated to the management of certain drug offenders. Such specialist courts provide additional links to health care professionals and may include detoxification placement. These Courts operate in New South Wales, Queensland, Western Australia, South Australia and Victoria.

The COAG *Illicit Drug Diversion Initiative* (IDDI) sets a national approach whereby minor drug offenders are diverted away from the criminal justice system by the police or the courts. The Government has committed more than \$215 million to a second phase of IDDI with significant resources going to court-based diversion programs. Eligible offenders can be referred to appropriate assessment, education and treatment services to give them the opportunity to address their drug-related issues. If an offender rejects this opportunity or fails to attend or participate in education, assessment or treatment, he or she risks being returned to the criminal justice system.

Correctional services

The Government supports ‘in principle’ the adoption of many of the Committee’s recommendations relating to care within and upon release from correctional services, including those recommendations related to families. However, these matters fall within the responsibility of the states and territories, as does the issue of mandatory blood or urine testing for staff employed in correctional facilities.

The Government recognises that correctional environments pose particular health-related problems and supports initiatives to develop national health care standards for Australia’s prison population but notes that this is a responsibility of state and territory governments. MCDS has supported the development of a *National Corrections Drug Strategy*, and a joint committee comprising senior officials IGCD, the Corrective Service Administrators’ Conference (CSAC) and members of the ANCD has been convened to develop the draft Strategy.

The Government does not support the payment of Medicare benefits for services provided within a correctional facility. The Health Insurance Act precludes benefits for medical services that are provided under the auspices of a government authority. This prevents a service from being funded twice from public resources. While in custody, state and territory governments are responsible for prisoners’ medical care.

Evaluation

The Government supports evaluation of the effectiveness of law enforcement initiatives aimed at reducing substance abuse and misuse and combating serious drug offences, including trafficking, production and manufacture.

Agencies in the Justice and Customs portfolio undertake evaluation of their drug law enforcement measures individually and collectively. These have included benchmarking by the AFP of the effectiveness of its drug and fraud investigations against Australian and international law enforcement agencies and the private sector.

In 2004 an implementation review of the *National Illicit Drug Strategy* (NIDS) was conducted by the Department of the Prime Minister and Cabinet. The review identified particular areas of difficulty and success in past implementation, opportunities for improvement, and ways of addressing implementation difficulties. As a prerequisite for the continuation of Budget funding beyond 2007-08, all NIDS measures are to be reviewed prior to October 2007.

The previous *National Drug Strategy*, the MCDS Cost-Shared Funding Model and the National Drug Law Enforcement Research Fund (NDLERF) have all been recently evaluated with positive outcomes. Furthermore, MCDS has endorsed development work on an evaluation and monitoring framework for the current *National Drug Strategy 2004-2009*.

The first phase of IDDI was evaluated to ascertain the effectiveness of the package in contributing to arresting the growth in drug abuse, preventing the take up of illicit drugs by new users, and reducing damage to individuals and the cost to the community. Some of the key findings from the evaluation were that diversion has had benefits for some participants in the form of reduced drug abuse and crime, and improved health; there was strong support for diversion from police, magistrates and drug and alcohol workers; and there is evidence that some of the supporting measures have been cost-effective.

The evaluation of IDDI was released in June 2003 and found that more than 20 000 diversions had occurred across Australia since the commencement of the initiative. Evaluation of the second phase of the initiative will be undertaken in 2006-07.

Road trauma

Recommendations 102 – 113 refer

Random breath testing

The Government strongly supports the objective of enhancing the effectiveness of random breath testing. The *National Road Safety Action Plan for 2005 and 2006*, which was endorsed by the Australian Transport Council (ATC) in November 2004, lists improved drink driving deterrence as a priority area for road safety. Direct responsibility for implementing and enhancing random breath testing practices rests with state and territory governments, and the Commonwealth will continue working with the states and territories to identify and promote best practice and monitor results.

The specific random breath testing practices recommended by the Committee are consistent with recommendations in research reports published by Austroads, the association of Australasian Road and Traffic Authorities. The Government supports this recommendation and recognises that specially adapted programs are needed to enhance deterrence of drink driving in rural areas. A targeted approach for deterring drink driving in rural areas is a priority action item in the *National Road Safety Action Plan for 2005 and 2006*, as is the development and evaluation of improved drug deterrence measures targeting drugs known to be involved in serious crashes. Testing for drug driving has been implemented in some states and is being considered by others as results from the initial trials come to hand.

Penalties

The Government supports the principle that penalties for drink driving offences should reflect the seriousness of the road safety risk and be sufficient to achieve a strong deterrent effect. The issue of drink driving penalties has been addressed by the ATC in the context of the current *National Road Safety Strategy 2001-2010*, and in an earlier National Road Safety Package agreed by ATC in May 1997. In recent years a number of jurisdictions have reviewed and increased their penalties and there has been progress toward greater consistency of approach between jurisdictions. All jurisdictions now have substantial penalties for drink driving offences, graded to the severity of the offence. It is also recognised that treatment for alcohol problems needs to form part of the response to targeting recidivist drink drivers.

Alcohol ignition interlocks

The *National Road Safety Action Plan for 2005 and 2006* identifies extensive use of alcohol ignition interlocks for repeat drink driving offenders as a priority. To date, South Australia, Victoria and New South Wales have implemented interlock programs, while other states are at different stages of consideration. However, the mandatory standards for new vehicles, made in, or imported into, Australia are subject to a stringent regulatory assessment including consideration of cost-effectiveness, international harmonisation of vehicle standards and consideration of viable alternatives. The costs of alcohol ignition interlocks are substantial; they include regular calibration, a delay at the start of each trip, as well as initial installation costs. The Government considers that other measures to reduce drink driving, including selective alcohol ignition interlock programs targeting high-risk alcohol offenders, will be more cost-effective.

Heavy vehicles

The Government supports the need to manage fatigue among heavy vehicle drivers and through the Department of Transport and Regional Services, is working closely with the National Road Transport Commission, other transport agencies and industry representatives to progress reforms to manage this issue.

The *National Heavy Vehicle Safety Action Plan*, endorsed by the ATC in May 2003 includes an action item: "Implement quickly and uniformly the Compliance and Enforcement legislation, including Chain of Responsibility provisions being developed by the National Road Transport Commission (NRTC)". These strategies recognise both the importance of a deterrence-based approach and the need to ensure treatment options are available to drink and drug drivers.

Research, monitoring and evaluation

The Government recognises the importance of road safety research and evaluation. The Australian Transport Safety Bureau (ATSB) commissions research that contributes to the ongoing review and development of strategic national approaches on road safety, and complements research by other agencies. The ATSB also compiles and analyses national statistical databases that are important to the monitoring and review process.

The *National Road Safety Action Plan for 2005 and 2006* includes a report on implementation of measures under the previous Action Plan (2003 and 2004), and on outcomes at a national level. Further public reports are planned.

The Government considers that further research into the relationship between drugs and driving impairment is required and notes that ATSB is tasked with monitoring the results of such research and consulting with other jurisdictions.

Education

The Government agrees that the public should be informed about the dangers of driving under the influence of illicit and licit drugs. Of particular concern are the problems associated with increasing use of amphetamines by long distance drivers. State and territory governments have primary responsibility for public education on road safety matters. Insurers and motoring organisations also contribute significantly to road safety education.

Inquiry into road safety

Subsequent to the Road to Recovery Report, the Government, through the Minister for Transport and Regional Services, asked the House of Representatives Standing Committee on Transport and Regional Services to conduct an inquiry into road safety. This Committee tabled its report *National Road Safety: Eyes on the Road Ahead*, with 38 recommendations, on 21 June 2004. The Government tabled its response on 7 December 2005.

Workplace safety and productivity

Recommendations 114 – 121 refer

Workplace Safety

State and territory governments have primary responsibility for occupational health and safety. State and territory occupational health and safety (OHS) agencies have developed guidance on dealing with drugs and alcohol in the workplace to help employers and employees address their duty of care obligations under OHS legislation.

The development and coordination of national workplace health and safety policy is the responsibility of the Australian Safety and Compensation Council (ASCC). Through a partnership of governments, employers and employees, the role of the ASCC is to :

- lead and coordinate national efforts to prevent workplace death, injury and disease, and to improve workers' compensation arrangements, and the rehabilitation and return to work of injured workers;
- provide a national forum by which representatives of State and Territory governments, employers and employees consult and participate in the development of policies relating to OHS and workers' compensation matters; and
- promote national consistency in the OHS and workers' compensation regulatory framework.

The ASCC oversees the implementation and further development of the National OHS Strategy 2002-2012. The National OHS was endorsed by the Commonwealth, State and Territory Governments, the Australian Chamber of Commerce and Industry and the Australian Council of Trade Unions as members of the then National Occupational Health and Safety Commission. The Strategy aims to ensure that there is a sustained and substantial improvement in Australia's workplace health and safety performance over the next decade. The ASCC has a strong focus on progressively improving the quality and comprehensiveness of a range of data on occupational health and safety, and will examine the issues around illicit and licit drug use during the operation of workplace plant. This data and research will contribute to our improved understanding of Australia's occupational health and safety performance.

Productivity

In 2002 the Government published the Monograph entitled *Counting the cost: estimates of the social costs of drug abuse in Australia in 1998-9*. This study also estimated the impact drug abuse can have on the productivity of the paid workforce, estimating the tangible cost of licit and illicit drug abuse in Australia in 1998-9 at \$5.4 billion. The Government has recently commissioned an update of this study using the latest available data.

In June 2006 the Government supported a national forum re-examining the area of alcohol and drugs within the work setting. The forum was conducted by the National Centre for Education and Training on Addiction (NCETA) in collaboration with the Alcohol and Other Drugs Council of Australia (ADCA). The forum focused on the role of work, and the workplace, in terms of its influence on the way people use alcohol and other drugs. It also addressed the role that the workplace can play in the prevention of alcohol and drug related problems. The forum was designed for a broad range of participants including business and

industry managers, union representatives, policy makers, researchers, and prevention and treatment specialists. Indeed, all who have an interest in the optimal functioning of the Australian workforce and the role that it can play in preventing and/or ameliorating alcohol and drug problems.

Prior to the launch of the national forum, the Government released the report *Alcohol and Work: Patterns of Use, Workplace Culture and Safety* which examines the issue of workplace culture, patterns of alcohol use, and workplace injury. The findings of the report strongly indicate that the drinking culture in the workplace is a key to understanding the wider drinking culture of Australians. To complement the findings from the report, NCETA developed an information resource kit and an accompanying training program designed to assist employers respond to workplace alcohol and drug issues. The resource kit and training program has been extensively field tested and extremely well received by managers in diverse workplaces.

Privacy

The Government is currently undertaking a review of current privacy protection for employee records through the Department of Employment and Workplace Relations and the Attorney-General's Department. The review will consider the adequacy of privacy protection for all personal information regarding an employee, including drug testing results.

Final comments

Recommendations 122 – 128 refer

Under the *National Drug Strategy 2004-2009*, all governments and the non-government sector are continuing to work together to prevent drug abuse (reducing supply and reducing demand) while also ensuring the necessary support and treatment (reducing harm) for people seeking to break their dependency.

Australia is recognised as a world leader in its comprehensive approach to policies and programs designed to prevent and reduce harm associated with both licit and illicit drugs, and its achievements through a balance between demand, supply and harm reduction strategies.

Both the government and non-government sectors recognise that the ability to understand drug issues and tailor approaches to addressing these issues through policies and programs is underpinned by robust research and a strong evidence base. Research, data and specialist advice continues to have a high priority under the Strategy and are key components of specific national strategies (e.g. Tobacco) developed under the Strategy.

Since 1997, the Government has invested nearly \$30 million into drug research. This includes the three National Drug Research Centres of Excellence charged with conducting research into the areas of treatment, prevention and workforce development, as well as emerging drug trends, and NDLERF, which promotes quality evidence-based practice in drug law enforcement aimed at preventing and reducing the harmful effects of licit and illicit drugs in Australian society. The outcomes of this research are used to inform policy and program decisions. An evaluation of the National Drug Research Centres was completed in 2003, which confirmed the Research Centres value to the alcohol and other drugs sector, in addition to a number of recommendations to improve operational aspects of the Centres. The Research Centres subsequently completed strategic planning processes to accommodate the findings and outcomes of this evaluation, and the evaluation of the *National Drug Strategic Framework 1998-2003*.

A key feature of the *National Drug Strategy 2004-2009* is the commitment to develop and implement an effective monitoring and evaluation strategy to support the continuation of evidence-informed programs and policies. This monitoring and evaluation strategy will include the development of robust mechanisms, including research and data collection and other advisory mechanisms, to identify emerging trends. This approach will contribute to the MCDS's annual priority setting and ensure that MCDS is well placed to fulfil its role of directing Australia's policy and program responses to drug issues.

The inclusion of a review of the research elements of the *National Drug Strategy* in a performance audit would be a decision of the ANAO. The recommendation has been brought to the attention of the ANAO.

Appendix A – Recommendations

Recommendations 1 – 18: Families and communities

Recommendation 1

The Committee recommends that the Commonwealth government, in cooperation with the state and territory governments ensure that early intervention and prevention programs aimed at young people are expanded to:

- actively encourage and support young people to be involved in communities, families and with their peers in a way that is valued and recognised;
- create opportunities for them to connect with adults in schools, local neighbourhoods and families; and
- promote skills in young people and adults for making those connections. (para 3.32)

Recommendation 2

The Committee recommends that the Commonwealth, state and territory governments work in cooperation to ensure that all early intervention and prevention programs aimed at young people are delivered in conjunction with programs targeting areas of disadvantage such as poverty, poor housing, ill health and poor school attendance. (para 3.33)

Recommendation 3

The Committee recommends that the Commonwealth government, in cooperation with the state and territory governments, give the highest priority to the implementation of the National Drug Prevention Agenda and its ongoing evaluation. (para 3.34)

Recommendation 4

The Committee recommends that the Commonwealth government in conjunction with state and territory governments ensure that adequate funding is provided on a long-term basis for comprehensive school drug education programs that are part of a whole of school and community approach to dealing with drug use. Programs must be evaluated for effectiveness across a range of criteria. (para 3.53)

Recommendation 5

The Committee recommends that the Commonwealth government in conjunction with state and territory governments ensure adequate numbers of:

- teachers receiving ongoing professional development (in-service) in order to provide effective drug education; and
- trainee teachers specifically trained (pre-service) to provide effective drug education. (para 3.57)

Recommendation 6

The Committee recommends that the Commonwealth, state and territory governments ensure that schools:

- are sufficiently resourced to provide comprehensive assistance to substance using students and their parents;
- have adequately trained staff to deliver this assistance;
- have sufficient resources to enable schools to effectively liaise with health and welfare agencies dealing with students at risk of substance abuse; and

- are urged where appropriate not to use expulsion as the first or only response. (para 3.64)

Recommendation 7

The Committee recommends that the Commonwealth, state and territory governments continue to give a high priority to developing and maintaining effective school drug education programs. (para 3.73)

Recommendation 8

The Committee recommends that the Commonwealth, state and territory governments work together to:

- evaluate the effectiveness of family and community-focused interventions in relation to:
 - informing people about substance use;
 - providing people with the skills to be better parents and in particular to deal with substance use by family members and others; and
 - empowering communities to identify and implement appropriate local initiatives.
- ensure programs found to be cost-effective prevention measures are funded on a more generous, longer term basis than at present. (para 3.80)

Recommendation 9

The Committee recommends that the Commonwealth, state and territory governments support the provision of out-of-school activities for young people:

- with particular attention to those areas where few such activities are currently available; and
- ensuring that these activities form one component of a larger intervention that addresses other problem aspects of these young people's lives. (para 3.84)

Recommendation 10

The Committee recommends that the Commonwealth, state and territory governments ensure that the Good Sports Program, or like programs, are established and promoted in all jurisdictions. (para 3.87)

Recommendation 11

The Committee recommends that the Commonwealth, state and territory governments trial substance abuse prevention strategies that combine school, family and community-focused activities which have been tailored to the needs of the individual local communities where they are implemented. (para 3.91)

Recommendation 12

The Committee recommends that the Commonwealth, state and territory governments provide funding:

- for programs that support families dealing with substance abuse;
- for treatment regimes that allow families to be involved with the substance user's treatment; and
- to evaluate the success of these programs and regimes with a view to identifying best practice and disseminating information about that best practice. (para 3.98)

Recommendation 13

The Committee recommends that the Commonwealth, state and territory governments implement adequately resourced, coordinated, comprehensive services for drug-affected individuals and their families. (para 3.104)

Recommendation 14

The Committee recommends that the Australian National Audit Office evaluate the Australian National Council on Drugs mapping exercise on Australian drug treatment capacity. (para 3.111)

Recommendation 15

The Committee recommends that any Commonwealth, state and territory agency or body, or NGO, in receipt of Commonwealth funding for drug related programs, be compelled as a condition of funding, to provide to the Australian National Council on Drugs data and information required for the facilitation of the Australian National Council on Drugs database. The information is to be provided in a timely manner to enable the database to meet its objective of providing all Australians with advice on available services. (para 3.112)

Recommendation 16

The Committee recommends subject to the outcomes of the Australian National Audit Office evaluation that the Australian National Council on Drugs mapping exercise:

- urgently complete the mapping of available alcohol and drug services across Australia;
- identify any gaps in the data assembled which are needed for planning purposes;
- ensure those data are collected; and
- regularly update the information contained in this database. (para 3.113)

Recommendation 17

The Committee recommends that the Commonwealth, state and territory governments and non-government organisations working in the alcohol and other drug sector constructively engage with the media to promote better informed, rational debate on drug issues. (para 3.116)

Recommendation 18

The Committee recommends that the Commonwealth Department of Health and Ageing liaise with representatives of the media in order to develop a voluntary media code for responsible reporting of substance use and abuse similar to that in place for reporting youth and other suicides. (para 3.119)

Recommendations 19 – 32: Health care

Recommendation 19

The Committee recommends that the Commonwealth, state and territory governments must work together to substantially increase the number of places and access to detoxification, including rapid detoxification, and rehabilitation services that are critical to the successful transition from abuse to non-use. (para 4.27)

Recommendation 20

The Committee recommends that the Commonwealth, state and territory governments, in order to achieve a substantial reduction in substance abuse, consult with non-government organisations to ensure that alcohol and other drug services offer a range of approaches to treatment and rehabilitation.

Governments should consult with non-government organisations to ensure they are mindful of the need for an appropriate mix of residential and non-residential services, making provision for family involvement if desired. (para 4.28)

Recommendation 21

The Committee recommends that the Commonwealth government, in consultation with state and territory governments:

- provide additional funding for alcohol and other drug treatment so that the shortfall in services is eliminated and adequate numbers of appropriately qualified staff are employed to work in these services, with the ultimate objective being to obtain a drug free status for the client; and
- pay particular attention to the needs of people who abuse substances and suffer mental ill-health, including those in prison. (para 4.37)

Recommendation 22

The Committee recommends that the Commonwealth, state and territory governments give priority to funding the ongoing medical, psychological and community support systems required for those users who have undertaken detoxification in order to provide the optimal chance of successful transition to an alcohol or a drug free state. (para 4.38)

Recommendation 23

The Committee recommends that the Commonwealth, state and territory governments work with the alcohol and drugs sector, to improve the training available to workers in that sector by:

- supporting the development of a nationally agreed curriculum and accreditation system;
- providing adequate training opportunities to supply sufficient qualified staff, including ongoing access to new information and the implications of this new information for practice;
- sponsoring work on best practice in educating and training alcohol and drug workers; and
- encouraging senior professionals to inform themselves of the needs of other drug and alcohol service providers and fully participate in that education and training. (para 4.49)

Recommendation 24

The Committee recommends that the Commonwealth, state and territory governments, working with the non-government sector, give priority to coordinating and integrating the many professionals and agencies that serve substance-dependence people. Attention should be given to:

- improved links between different parts of the health care sector and between the health care sector and social service agencies such as those dealing with housing, training and education; and
- the funding for medical, psychological and community support services as recommended in Recommendation 22. (para 4.57)

Recommendation 25

The Committee recommends that the Commonwealth, state and territory governments, working with assistance from the non-government sector, in the training and research that underpin the health services, also ensure the integration of:

- knowledge from different disciplines to better train drug and alcohol workers so they can deliver the best possible services; and
- research efforts which will advise the development of new, more integrated policies and programs. (para 4.61)

Recommendation 26

The Committee recommends that the Commonwealth government, in consultation with state and territory governments and all non-government stakeholders:

- evaluate the outcomes to date of the National Comorbidity Project;
- investigate the linkages between mental health, drug abuse and suicide; and
- identify from these outcomes and other sources what further steps must be taken to improve the treatment of, and provision of, services to people suffering from co-occurring mental ill health and substance abuse and their families. Also to ensure the implementation of these steps. (para 4.68)

Recommendation 27

The Committee recommends that Commonwealth, state and territory governments continue to support and expand substance misuse programs that assist Indigenous planning processes to best achieve their objectives in delivering acceptable forms of treatment. (para 4.77)

Recommendation 28

The Committee recommends that the Commonwealth government, state and territory governments and Indigenous organisations work together to:

- collect information on Indigenous needs for alcohol and other drug services and on how well those needs are currently being met;
- direct existing resources to regions of greatest need and provide additional funding where required; and
- identify and, in the light of emerging trends, respond to new needs by ensuring access to appropriate programs. (para 4.84)

Recommendation 29

The Committee recommends that the Commonwealth, state and territory governments institute programs to:

- combat increasing illicit drug use by Indigenous people; and
- provide improved training to Indigenous drug and alcohol workers. (para 4.86)

Recommendation 30

The Committee recommends that the Commonwealth government work with state and territory governments and non-government organisations to:

- identify the best structures and practices to engage and retain young drug users in treatment;
- ensure that trained skilled health professionals are available to deal with young people who are substance-dependent; and

- ensure adequate support services are available to families, and that families are getting the skills required as well as to cope with young people who are substance-dependent. (para 4.90)

Recommendation 31

The Committee recommends that the Commonwealth, state and territory governments, in consultation with non-government organisations:

- ensure the needs for regional detoxification, treatment and rehabilitation facilities are met;
- assemble information on best practice options for providing alcohol and other drug services in remote and rural areas, and disseminate that information widely; and
- provide additional funding where needed to implement best practice. (para 4.96)

Recommendation 32

The Committee recommends that the Commonwealth, state and territory governments, in consultation with the non-government sector:

- establish targets for all drug-related health programs against which their outcomes can be judged;
- use this information to evaluate existing programs and plan new ones; and
- report annually to their parliaments on their performance against targets for each program. (para 4.102)

Recommendations 33 – 42: Alcohol misuse: prevention and treatment
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Recommendation 33

The Committee recommends that the Commonwealth government continue to:

- fund the National Alcohol Campaign;
- support the targeting of young people and parents of adolescents in future phases of the campaign; and
- evaluate the effectiveness of the campaign and use the results, together with other research, to determine the content for future campaign phases. (para 5.21)

Recommendation 34

The Committee recommends that the state and territory governments must strictly police compliance laws regulating the supply of alcohol to minors and introduce harsher penalties against those found to be not complying. (para 5.24)

Recommendation 35

The Committee recommends that the Commonwealth, state and territory governments work to ensure that effective information is widely circulated to female adolescents, women and their partners on the dangers posed to unborn children by heavy drinking during pregnancy. (para 5.29)

Recommendation 36

The Committee recommends that the Commonwealth Department of Health and Ageing table in parliament the report on the review of the effectiveness of the current regulatory system for alcohol advertising as soon as possible, so the parliament can consider the need for appropriate legislation for the regulation of the advertising of alcohol. (para 5.43)

Recommendation 37

The Committee recommends that the Commonwealth government implement requirements that all advertising of alcoholic beverages encourage responsible drinking, by including information on the National Health and Medical Research Council's Australian Alcohol Guidelines. (para 5.44)

Recommendation 38

The Committee recommends that information from the National Health and Medical Research Council's Australian Alcohol Guidelines be included on alcoholic beverage container labels. (para 5.50)

Recommendation 39

The Committee recommends that the Commonwealth government, in consultation with state and territory governments, ensure:

- the vigorous implementation of responsible service practices in licensed premises by adequately trained staff; and
- that legislation which penalises irresponsible service practices is in place and strictly enforced, particularly in premises that trade late into the night. (para 5.55)

Recommendation 40

The Committee recommends that the Commonwealth government investigate the social benefits of replacing ad hoc taxation on alcohol with an across the board regime based on alcohol content. (para 5.64)

Recommendation 41

The Committee recommends that the Commonwealth, state and territory governments:

- ensure that primary health care providers receive adequate training to deal with alcohol dependence and other alcohol use problems;
- provide incentives for medical practitioners to provide brief interventions for alcohol problems;
- fund research into new approaches to treating alcohol dependence, including; trialling new drugs, and filling gaps in knowledge, like the efficacy of using the Internet for brief interventions and the relative effectiveness of different psychological therapies. (para 5.70)

Recommendation 42

The Committee recommends that the Commonwealth, state and territory governments work together to run education campaigns that raise awareness of, and level of knowledge about, the risks associated with:

- the disparity in alcohol content within various alcoholic drinks; and
- the different levels of intoxication during the process of alcohol consumption. (para 5.72)

Recommendations 43 – 50: Tobacco: prevention and cessation

Recommendation 43

The Committee recommends that the Commonwealth, state and territory governments:

- run public education campaigns on the risks of smoking that target the whole community;

- continue to develop strategies for increasing awareness among school students, particularly young women, and older women of child bearing age and their partners, of the risks of tobacco smoking for reproduction and their children's health; and
- require updated more detailed written and graphic health warnings on cigarette packets. (para 6.34)

Recommendation 44

The Committee recommends that the Commonwealth, state and territory governments contribute funding for further research into why people commence smoking. (para 6.37)

Recommendation 45

The Committee recommends that the Commonwealth, state and territory governments:

- include tobacco as a priority in all relevant national, state and territory health strategies and make tobacco dependence a national health priority;
- promote attention to the status of tobacco as a national health priority by requiring the adoption of tobacco control policies and investment as a condition of health care financing at state, territory and agency levels;
- make free or low cost tobacco smoking cessation services and aids readily available throughout Australia, particularly for pregnant women and their partners; and
- investigate the cost benefit analysis of subsidising aids such as nicotine patches under the Pharmaceutical Benefits Scheme to better assist cessation of cigarette smoking. (para 6.43)

Recommendation 46

The Committee recommends a study of the price elasticity of tobacco and tobacco consumption in Australia be conducted to determine the minimum price increase that will stop large numbers of people smoking as a result of price alone. (para 6.49)

Recommendation 47

The Committee recommends that the Commonwealth, state and territory governments work together to develop and legislate for nationally consistent regulations governing the registration and licensing of the wholesalers and retailers of tobacco products, which should include registration fees and an emphasis on heavier penalties for the sale of cigarettes to minors than apply at present. (para 6.54)

Recommendation 48

The Committee recommends the Commonwealth, state and territory governments work together to ensure that all remaining forms of promotion of tobacco products be banned, including advertising, incentives to retailers, sponsorships and public relation activities. (para 6.61)

Recommendation 49

The Committee recommends that the Commonwealth, state and territory governments investigate removing the nicotine exemption from classification as a poison under the Commonwealth's Standard for the Uniform Scheduling of Drugs and Poisons and in State and Territory Poisons Acts. (para 6.68)

Recommendation 50

The Committee recommends that the Commonwealth, state and territory governments:

- develop and deliver a program to build community support for a ban on tobacco smoking in public areas where exposure to involuntary smoking is likely; and
- develop a similar program to further discourage smoking in private environments, such as homes. (para 6.76)

Recommendations 51 – 71: Illicit drug abuse: prevention and treatment
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Recommendation 51

The Committee recommends that, as a high priority, the Commonwealth, state and territory governments:

- increase the proportion of heroin addicts in treatment from 45 per cent to 80 per cent of the total number of heroin dependent people in order to reduce heroin-related harm and deaths; and
- increase the target to include everyone who requests treatment, as resources permit. (para 7.26)

Recommendation 52

The Committee recommends that, when providing:

- methadone maintenance treatment to save lives and prevent harm to people dependent on heroin, the ultimate objective be to assist them to become abstinent from all opioids, including methadone; and
- treatment, comprehensive support services must also be provided to achieve this outcome. (para 7.32)

Recommendation 53

The Committee recommends that the Commonwealth, state and territory governments provide funding to determine the extent of very long-term use of methadone, including dosage rates, by opioid dependent people and its effect on the user, including its impact on the user's workplace, community and family roles. (para 7.33)

Recommendation 54

The Committee recommends that the Commonwealth, state and territory governments ensure that sufficient funding is available to:

- treatment services to provide comprehensive support to opioid dependent people who are receiving pharmacotherapy for as long as it is needed to stabilise their lifestyle, and if possible, to assist them to reduce or eliminate their use of all opioids, including methadone;
- support further research and trials of promising new medications and techniques;
- continue to fund research into pharmacotherapies for opioid dependence;
- make widely available as a matter of priority any treatments that are found to be cost-effective; and
- give priority to treatments including naltrexone that focus on abstinence as the ultimate outcome. (para 7.41)

Recommendation 55

The Committee strongly recommends as a matter of urgency that the Commonwealth government fund a trial of naltrexone implants, coupled with the support services required for efficacy. (para 7.42)

Recommendation 56

The Committee recommends that:

- the Australian National Council on Drugs urgently determine best practice models of residential rehabilitation in consultation with service providers;
- the Commonwealth, state and territory governments ensure funding to establish these models throughout urban and rural areas;
- residential rehabilitation providers establish programs to instigate, where it is not already provided, ongoing support for those needing residential rehabilitation; and
- given the complexity of delivery of rehabilitation programs, responsibility and coordination should be undertaken by the Commonwealth Department of Families, Community Services and Indigenous Affairs. (para 7.46)

Recommendation 57

The Committee recommends that trials of heroin prescription as a treatment for heroin dependence not proceed. (para 7.53)

Recommendation 58

The Committee recommends that the Commonwealth government ensure that proven pharmacotherapies are available at low cost to all opioid dependent people undergoing treatment. (para 7.59)

Recommendation 59

The Committee recommends that the Commonwealth government list naltrexone on the Pharmaceutical Benefits Scheme for the treatment of opioid dependence, particularly for heroin and methadone dependence. (para 7.61)

Recommendation 60

The Committee recommends that the Commonwealth, state and territory governments investigate the potential to deliver cost-effective treatment to opioid dependent people by the greater use of general practitioners. (para 7.64)

Recommendation 61

The Committee recommends that the Commonwealth, state and territory governments:

- widely disseminate information to inform the Australian community about the levels of cannabis use including impacts on mental health and possible gateways to addiction and other drug use;
- evaluate the effectiveness of these information campaigns;
- trial innovative, preventive approaches to reduce the use of cannabis;
- develop consistent national policy and legislation which reflect the dangers of cannabis use; and
- in the interim, monitor the effect of state and territory specific legislation dealing with cannabis use and regularly report on the health, social and criminal outcomes for each state and territory. (para 7.86)

Recommendation 62

The Committee recommends that the Commonwealth, state and territory governments fund research into pharmacological and psychological treatments for dependence on cannabis. (para 7.87)

Recommendation 63

The Committee recommends that the Commonwealth, state and territory governments give priority to funding research into the nature of the link between cannabis use, opioid and other drug use, and mental health. (para 7.88)

Recommendation 64

The Committee recommends that the Commonwealth, state and territory governments continue to fund research into pharmacological and psychological treatments for dependence on psychostimulants. (para 7.96)

Recommendation 65

The Committee recommends that the Commonwealth, state and territory governments, as part of the National Drug Strategy, urgently inform and warn the Australian community about the dangers of psychostimulant use. (para 7.97)

Recommendation 66

The Committee:

- recommends that a complete evaluation of needle and syringe programs be undertaken by the Australian National Audit Office. Issues that should be assessed are distribution, inadequate exchange, accountability and associated education and counselling programs and the impact on both HIV and Hepatitis C; and
- supports the recommendation of the Australian National Council on Drugs calling for the removal of legislative impediments to the proper disposal of used injecting equipment, specifically offences related to self-administration and possession of injecting equipment. (para 7.123)

Recommendation 67

The Committee recommends that the Commonwealth, state and territory governments work to establish a wider range of detoxification and rehabilitation centres bolstered by a range of ancillary programs to give maximum support to individual drug users. (para 7.139)

Recommendation 68

The Committee recommends that the Commonwealth, state and territory governments continue to give a high priority to funding education campaigns to:

- target the general population as well as high risk groups; and
- inform high risk groups about HIV/AIDS and Hep C and, in particular, how to prevent the transmission of these diseases. (para 7.147)

Recommendation 69

The Committee recommends that the Commonwealth government evaluate the outcomes of the 2003-04 budget funding for the National Hepatitis C Strategy over the four year period to ensure that the issues outlined in 7.153 are being adequately addressed. (para 7.157)

Recommendation 70

The Committee recommends that the Commonwealth, state and territory governments continue to fund research into the prevention and management of Hepatitis C infection. (para 7.158)

Recommendation 71

The Committee recommends that the Commonwealth government take a leading role as a matter of urgency in establishing a national committee to coordinate policy and programs to prevent the use of inhalants and treat dependent users. (para 7.169)

Recommendations 72 – 101: Crime, violence and law enforcement
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Recommendation 72

The Committee recommends that the Commonwealth, state and territory governments build evaluation into all their law enforcement initiatives related to substance abuse and misuse. (para 8.16)

Recommendation 73

The Committee recommends that Commonwealth, state and territory governments put in place as soon as possible all components of the new national framework to combat multi-jurisdictional crime. (para 8.28)

Recommendation 74

The Committee recommends that the Commonwealth, state and territory governments urgently examine the need for Commonwealth initiatives, to supplement that available in the states and Territories, directed at supporting local community drug control initiatives. (para 8.38)

Recommendation 75

The Committee recommends that the Commonwealth government play an active role, through the ministerial councils on police, corrective services and justice, in establishing best practice and promoting nationally consistent policies and practices in policing and sentencing as they relate to drugs. (para 8.44)

Recommendation 76

The Committee recommends that, with respect to the Australian Customs Service, the Australian Federal Police, the Australian Crime Commission and the Commonwealth Forensic Services, the Commonwealth government:

- undertake an independent external review by the Australian National Audit Office every three years of the adequacy and funding of these agencies' capacity to gather the intelligence about drug-related crime that is needed to intercept supplies; and
- funding levels recommended by the review be set as the minimum for the subsequent period. (para 8.48)

Recommendation 77

The Committee recommends that the Commonwealth, state and territory governments give high priority to:

- further standardising the drug-related data collected by different jurisdictions; and

- ensuring that such data is consistently collected and capable of being reported to reveal what is happening at the local, state and national level. (para 8.53)

Recommendation 78

The Committee recommends that the Commonwealth, state and territory governments devote more resources to overcoming barriers to communication between jurisdictions and agencies dealing with drug related crime, including barriers within information management systems. (para 8.57)

Recommendation 79

The Committee recommends that Commonwealth, state and territory government agencies dealing with drug-related crime:

- extend the cooperation and collaboration between them; and
- develop performance measures to report on improvements in interagency cooperation and outcomes. (para 8.61)

Recommendation 80

The Committee recommends that the Commonwealth, state and territory governments work together to develop nationally consistent legislation relating to illicit drugs. (para 8.74)

Recommendation 81

The Committee recommends that Commonwealth, state and territory governments cooperate to develop robust performance measures for supply reduction strategies of illicit drugs. (para 8.82)

Recommendation 82

The Committee recommends that legislation be introduced by governments at the Commonwealth, State or territory level to:

- require that the loss or theft of the precursors of amphetamine-type stimulants be reported to the police;
- amend Schedule VI of the Customs Act 1901 to include the precursors of amphetamine-type stimulants; and
- restrict the supply of the precursors of amphetamine-type stimulants by:
 - placing ceilings on orders by retailers;
 - limiting replacements by wholesalers; and
 - requiring the pharmaceutical industry to report high-use customers to the police. (para 8.93)

Recommendation 83

The Committee recommends that:

- the National Working Group on Diversion of Precursor Chemicals identify a way to make legislation sufficiently flexible to be able to regulate immediately the changing precursors that are found in amphetamine type stimulants;
- the Commonwealth government amend its *Standard for uniform scheduling of drugs and poisons* to make all substances containing pseudoephedrine a Schedule 4 Prescription Only Medicine; and

- state and territory governments adopt the proposed legislative and scheduling proposals developed on pseudoephedrine, as outlined in the two dot points above, as soon as possible after their identification. (para 8.94)

Recommendation 84

The Committee recommends that the Commonwealth works collaboratively with all state and territory governments to establish effective court diversion programs and drug courts in all states and Territories. (para 8.103)

Recommendation 85

The Committee recommends that the Commonwealth, state and territory governments provide training and support for police, magistrates and court personnel to enable them to effectively refer offenders to proven diversion programs where outcomes can be measured. (para 8.113)

Recommendation 86

The Committee recommends that the Commonwealth, state and territory governments fund research to:

- establish best practice in relation to existing diversion programs and disseminate the results widely; and
- explore strategies to identify drug users or young people at risk at an earlier stage through precursive or associated behaviour that may present to the criminal justice or welfare system. (para 8.114)

Recommendation 87

The Committee recommends that the Commonwealth fund a national evaluation of the drug courts to determine their success in achieving beneficial outcomes for offenders, their families and communities. (para 8.115)

Recommendation 88

The Committee recommends that better resourced, more efficient and effective systems be established to monitor non-custodial sanctions imposed on drug offenders. (para 8.116)

Recommendation 89

The Committee recommends that Commonwealth, state and territory governments examine the establishment of a regime that would highlight options of appropriate coerced treatment and rehabilitation programs for young offenders and repeat drug-dependent offenders. The regime should include the use of good behaviour bonds and incentive sentencing as an option and sanctions for pulling out of the program. (para 8.121)

Recommendation 90

The Committee recommends that the Commonwealth government encourage state and territory governments to ensure that treatment is provided to all drug dependent prisoners. (para 8.132)

Recommendation 91

The Committee recommends that every prisoner should be assessed to determine their exposure to drug use and an appropriate drug-related treatment and management strategy should be implemented if substance abuse or risk thereof is determined. (para 8.138)

Recommendation 92

The Committee recommends that state and territory governments ensure that they provide a range of treatments for drug-dependent prisoners at the standard to which they are available in the wider community. (para 8.139)

Recommendation 93

The Committee recommends that, as part of the trial recommended in Recommendation 55, naltrexone implants also be trialled to treat opioid dependent prisoners. Should the trial be successful, then the use of naltrexone implants be an ongoing treatment for opioid dependent prisoners. Participation in the trial must be voluntary and agreed between the doctor and patient. (para 8.140)

Recommendation 94

The Committee recommends that the Commonwealth government work with state and territory governments to facilitate:

- the establishment of independent drug free units in correctional centres;
- drug free units that incorporate education programs including drug education;
- admission to the drug free unit on a voluntary basis by inmates who are assessed to be willing to achieve drug free outcomes;
- numeracy, literacy and life skills as part of an education program in the unit;
- that compulsory blood or urine tests are undertaken during the time of the program to ensure participants remain drug free; and
- remissions being offered as an incentive to become engaged in successful completion of the program. (para 8.141)

Recommendation 95

The Committee recommends all personnel employed in correctional facilities should be subject to mandatory random blood or urine tests. (para 8.142)

Recommendation 96

The Committee recommends that state and territory governments promote best practice in drug treatment in prisons and recognise those organisation which achieve best practice. (para 8.143)

Recommendation 97

The Committee recommends that the Commonwealth, state and territory governments initiate specific programs for women and children to address drug treatments in prisons and make available support services post-release from prisons. (para 8.150)

Recommendation 98

The Committee strongly recommends that the Commonwealth, state and territory governments:

- fund research into the nature of the links between coexisting substance abuse, mental illness, crime and violence; and
- ensure sufficient research workers with appropriate skills are available in Australia to carry out this work. (para 8.153)

Recommendation 99

The Committee recommends that state and territory governments ensure that:

- arrangements are put in place to provide closely coordinated pre-release and post-release treatment and support services for drug dependent prisoners with the objective of assisting them to become drug-free; and
- a strong focus on education and employment, in particular, should form the basis of post-release support. (para 8.155)

Recommendation 100

The Committee recommends that the Commonwealth government make equivalent Medicare benefit funding available to corrections health services to enable the level of treatment described in previous recommendations be provided to eligible drug-dependent prisoners. (para 8.158)

Recommendation 101

The Committee recommends that the Commonwealth government, in consultation with state and territory governments, establish minimum standards for the health care of people in custody and the best practice in the delivery of health care. (para 8.161)

Recommendations 102 – 113: Road trauma

Recommendation 102

The Committee recommends that the Commonwealth government, in consultation with state and territory governments, continue to strengthen random breath testing practices and maintain and improve this process. (para 9.11)

Recommendation 103

The Committee recommends that the Commonwealth government, in consultation with state and territory governments, modify the conduct of random breath testing in country areas to:

- use smaller, mobile testing units;
- reduce the usual blitz-like approach and predictability of location and time;
- move activities to times that impact early in the chain of decision to drink; and
- ensure that there is consistency of approach in random breath testing between country and city areas. (para 9.15)

Recommendation 104

The Committee recommends that the Commonwealth government, in consultation with state and territory governments, ensure the imposition of more severe penalties for repeat drink driving offenders than are currently in place. (para 9.21)

Recommendation 105

The committee recommends that the Commonwealth government, in consultation with state and territory governments:

- impose the use of alcohol ignition interlocks on repeat drink driving offenders; and
- promote the voluntary installation of alcohol ignition interlocks. (para 9.22)

Recommendation 106

The Committee recommends that all new cars made in, or imported into, Australia be fitted with alcohol ignition interlocks by 2006. (para 9.23)

Recommendation 107

The Committee recommends that the Commonwealth, state and territory governments give high priority in the National Road Safety Action Plan to:

- work towards all states and Territories making it an offence to drive with any quantity of illicit drug present within the system;
- have all states and Territories enacting legislation to test and prosecute drug drivers;
- fund and coordinate roadside drug testing with a model similar to that of alcohol random breath testing; and
- continue research into the relationship between drugs and driving impairment. (para 9.38)

Recommendation 108

The Committee recommends that the Commonwealth, state and territory governments work with industry to complete and implement the new policy for managing fatigue among heavy vehicle drivers that is currently being coordinated by the National Road Transport Commission. (para 9.44)

Recommendation 109

The Committee recommends that the Commonwealth government continue to vigorously promote the implementation of chain of responsibility legislation applying to the road transport industry. (para 9.48)

Recommendation 110

The Committee recommends that the Commonwealth government, in consultation with state and territory governments, develop and run campaigns to inform drivers about the dangers of driving while using illicit and licit drugs. (para 9.51)

Recommendation 111

The Committee recommends that the Commonwealth government, in consultation with the state and territory governments, continue to vigorously promote the drink and drug driving reduction strategies of the National Road Safety Action Plan. (para 9.55)

Recommendation 112

The Committee recommends that the Commonwealth government, in consultation with state and territory governments:

- ensure that the effectiveness of the measures adopted in the National Road Safety Action Plan are evaluated and research is carried out on promising new approaches;
- contribute funding if necessary to ensure that evaluation and research proceed, leading to the direct introduction of effective measures; and

- produce a publicly available report on the nationwide results of implementing measures in the National Road Safety Action Plan. (para 9.56)

Recommendation 113

The Committee recommends that the Commonwealth government work with the state and territory governments to ensure that drug and drink driving are targeted for deterrence and prevention. (para 9.57)

Recommendations 114 – 121: Workplace safety and productivity

Recommendation 114

The Committee recommends that the Commonwealth, state and territory governments, with input from unions and industry, fund a well-designed study coordinated by the National Occupational Health and Safety Commission to investigate:

- the prevalence of substance abuse in Australian workplaces; and
- the relationship of substance abuse to impairment, harm and lost productivity, in the context of other factors that also impact on workplace safety and productivity. (para 10.23)

Recommendation 115

The Committee recommends that the Commonwealth government, through the National Occupational Health and Safety Commission:

- promote the development of standard methodologies for collecting data relating to workplace harm;
- ensure the standards developed encourage safe practices; and
- work with state and territory governments and other stakeholders to ensure that these data are collected in all jurisdictions. (para 10.24)

Recommendation 116

The Committee recommends that the Commonwealth, governments fund a study coordinated by the National Occupational Health and Safety Commission to:

- investigate existing workplace policies and interventions to reduce the impact of drugs on workplace safety and productivity, with the aim of identifying best practice and areas that need change;
- trial innovative approaches to reducing the impact of drugs in the workplace;
- disseminate widely the best practice findings of these investigations and trials; and
- recommend any legislative changes deemed necessary to promote the adoption of best practice. (para 10.38)

Recommendation 117

The Committee recommends that the Commonwealth, state and territory governments promote the implementation and monitoring of workplace alcohol and other drug policies by developing national guidelines and appropriate legislative frameworks. (para 10.42)

Recommendation 118

The Committee recommends that the Commonwealth, state and territory governments, with input from unions and industry, fund a large-scale study to assess the efficacy of devices that purport to measure workplace drug use and impairment. (para 10.52)

Recommendation 119

The Committee recommends that the Commonwealth, state and territory governments identify the privacy concerns relating to drug testing in the workplace, examine the need for legislative changes to address these concerns, and enact any needed changes. (para 10.53)

Recommendation 120

The Committee recommends that, following finalisation of the studies recommended in Recommendations 114, 116 and 118, the Commonwealth, state and territory governments develop guidelines for best practice implementation and use of workplace drug testing. (para 10.54)

Recommendation 121

The Committee recommends that the Commonwealth government convene a national summit on the issues relating to reducing the impacts of alcohol and other drugs on workplace safety and productivity that will;

- involve all stakeholders and relevant international speakers; and
- develop proposals for the further development of the initiatives recommended in Recommendations 114-120 in this chapter. (para 10.56)

Recommendations 122 – 128: Final comments

Recommendation 122

The Committee recommends that the Commonwealth, state and territory governments replace the current focus of the National Drug Strategy on harm minimisation with a focus on harm prevention and treatment of substance dependent people. (para 11.18)

Recommendation 123

The Committee recommends that the Commonwealth, state and territory governments strengthen and better communicate the principles, policies and programs of the National Drug Strategy to both the general public and the alcohol and other drugs sector. (para 11.21)

Recommendation 124

The Committee recommends that the Commonwealth, state and territory governments ensure that any additional funding for the prevention of drug use and abuse is not provided at the expense of expenditure on treatment. (para 11.27)

Recommendation 125

The Committee recommends that the Commonwealth, state and territory governments:

- ensure that the programs and policies of the National Drug Strategy continue to be evidence-based;
- establish an overarching national drug research strategy;

- examine the national drug-related data collections with a view to improving their value for monitoring and planning purposes; and
- establish a reliable and consistent data methodology in conjunction with the Australian Bureau of Statistics. (para 11.40)

Recommendation 126

The Committee recommends that the Australian National Audit Office undertake a performance audit of the research element of the National Drug Strategy by:

- compiling a list of funded research programs;
- identifying duplication;
- investigating the cost-effectiveness of the research performed; and
- assessing the efficiency with which the evidence base is incorporated into policies and programs. (para 11.41)

Recommendation 127

The Committee recommends that the Commonwealth, state and territory governments make proven benefits of research to those affected by substance abuse and misuse a prerequisite for continuing and new funding of projects. (para 11.42)

Recommendation 128

The Committee recommends that the Ministerial Council on Drug Strategy ensure that steps be taken to improve the effectiveness of the National Drug Strategy in dealing with the changing nature of substance use and abuse. (para 11.47)

Appendix B – Acronyms

ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACID	Australian Criminal Intelligence Database
ADCA	Alcohol and Other Drugs Council of Australia
AERF	Alcohol Education and Rehabilitation Foundation
AFP	Australian Federal Police
AHTCC	Australasian High Tech Crime Centre
AIC	Australian Institute of Criminology
AIDIP	AFP's Illicit Drug Intelligence Program
AIDR	Australian Illicit Drug Report (replaced by the IDDR)
AIHW	Australian Institute of Health and Welfare
ALEIN	Australian Law Enforcement Intelligent Net
ALGA	Australian Local Government Association
ANAO	Australian National Audit Office
ANCD	Australian National Council on Drugs
AODTS-NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
AOSD	Amphetamine and other synthetic drugs
APMC	Australasian Police Ministers' Council
APSAD	Australasian Professional Society on Alcohol and Other Drugs
ASCC	Office of Australian Safety and Compensation Council
ATC	Australian Transport Council
ATSB	Australian Transport Safety Bureau
CCCLM	Council of Capital City Lord Mayors
CDC	Commissioners' Drug Committee
CIU	Cabinet Implementation Unit
COAG	Council of Australian Governments
CPI	Community Partnerships Initiative
CSAC	Corrective Services Administrators' Conference
CSIRO	Commonwealth Scientific and Industrial Research Organisation
DUMA	Drug Use Monitoring in Australia
ERDI	Ecstasy and Related Drugs Initiative
IDDI	Illicit Drugs Diversion Initiative
IDDR	Illicit Drug Data Report
IDRS	Illicit Drug Reporting System
IGCAHRD	Intergovernmental Committee on HIV/AIDS, Hepatitis C and Related Diseases
IGCD	Intergovernmental Committee on Drugs
MCAJ	Ministerial Council on the Administration of Justice
MCCOC	Model Criminal Code Officers' Committee
MCDS	Ministerial Council on Drug Strategy
MCEETYA	Ministerial Council on Education, Employment, Training and Youth Affairs
NCCJS	National Centre for Crime and Justice Statistics

NCSSU	National Corrective Services Statistics Unit
NCETA	National Centre for Education and Training on Addiction
NCLD	National Clandestine Laboratory Database
NCSU	National Crime Statistics Unit
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NDPSC	National Drugs and Poisons Scheduling Committee
NDRI	National Drug Research Institute
NDS	National Drug Strategy
NDSF	National Drug Strategic Framework
NEACID	National Expert Advisory Committee on Illicit Drugs
NEPOD	National Evaluation of Pharmacotherapies for Opioid Dependence
NGOTGP	Non-Government Organisation Treatment Grants Program
NHMRC	National Health and Medical Research Council
NIDS	National Illicit Drug Strategy
NLGDAAC	National Local Government Drug and Alcohol Advisory Committee
NOHSC	National Occupational Health and Safety Commission
NRTC	National Road Transport Commission
NSDES	National School Drug Education Strategy
NSRSID	National Supply Reduction Strategy for Illicit Drugs
OECD	Organisation for Economic Co-operation and Development
OHS	Occupational Health and Safety
PACIA	Plastics and Chemicals Industries Association
PBS	Pharmaceutical Benefits Scheme
PDI	Party Drug Initiative
RACGP	Royal Australian College of General Practitioners
SCAG	Standing Committee of Attorneys General
WRMC	Workplace Relations Ministers' Council