Commonwealth Department of Health and Ageing

Submission to the House of Representatives Standing Committee on Family and Community Affairs Inquiry into Substance Abuse in Australian Families

July 2002

CONTENTS

INTRODUCTION

In June 2000 the Commonwealth Department of Health and Aged Care provided a comprehensive submission to the House of Representatives Standing Committee on Family and Community Affairs Inquiry into substance abuse in Australian communities. This submission provided full details concerning prevalence and trends data, community attitudes to drug use and drug policy, the national drug strategy and roles of the Commonwealth, State and Territory governments under the strategy, as well as information on the Department's responsibilities to address drug use and harm.

While much of this information is still current, a number of new reports on data collections and other relevant research have been published since June 2000. These include the *First Results of the 2001 National Drug Strategy Household Survey* and the *Australian Drug Trends Findings of the Illicit Drug Reporting System 2001*. These publications have been provided separately to the new Committee.

Since June 2000 a number of new initiatives have been introduced under the National Drug Strategy. These include the release of the National Alcohol Strategy, the National Illicit Drugs Action Plan and the National Heroin Overdose Strategy by Ministerial Council on Drug Strategy in July 2001.

Similarly there have been new initiatives undertaken by the Commonwealth Department of Health and Ageing across a range of program areas, including mental health, pharmaceutical benefits and the Office of Aboriginal and Torres Strait Islander Health which have an impact on and contribute to drug policy.

This submission seeks to build upon the previous submission by providing a brief, succinct outline of any major changes in prevalence and trends data and community attitudes that have emerged since the June 2000 submission, as well as an overview of major new initiatives under the National Drug Strategy and new departmental programs relevant to drug policy. This submission should be read in conjunction with the June 2000 submission.

1. PREVALENCE AND HARMS OF DRUG USE

1.1 Data on Prevalence and Trends

The overall rates of use of the main licit and illicit drugs in Australia are best assessed by household surveys of drug use in a representative sample of Australian adults. In these surveys adults are asked whether they have ever used each of a list of drugs ("lifetime use") and if they have, how often they have used in the past year ("recent use"). Surveys depend upon respondents being truthful about drug use. Extensive research in the USA, Europe and Australia suggests that most respondents are reasonably honest if given credible assurances that their answers will be anonymous and confidentiality will be maintained (Hall et al, 1999a). We can be most confident about reports on the use of alcohol, tobacco and cannabis. There may be more under-reporting of more socially disapproved and stigmatised forms of drug use, such as, heroin use (Hall et al, in press). Surveys also have limitations in estimating rates of use of the less frequently used illicit drugs like heroin because samples of 10,000 or more adults will identify very few people who report the use of these drugs. Surveys therefore provide reasonable information on the rates of use of alcohol, tobacco, and the more widely used illicit drugs in Australia, such as cannabis, amphetamines and hallucinogens.

Additional information from special purpose surveys can supplement the survey data for drugs like cocaine and heroin. School surveys of drug use provide important information on rates of licit and illicit drug use among adolescents in high school, the age group in which alcohol, tobacco and some illicit drug use first begins. Surveys of the users of less commonly used illicit drugs provide important information on patterns of licit and illicit drug use among heavier consumers of such drugs and information on the type of problems reported by drug users.

The Illicit Drug Reporting System (IDRS), conducted by the National Drug and Alcohol Research Centre (NDARC), monitors emergent trends in drug use and markets in all Australian states and territories. Annual data are collected separately in each jurisdiction and are coordinated nationally by NDARC.

There are three components to the IDRS used for supplementary data and convergent validation. Personal interviews with injecting drug users and party drug users, telephone interviews with key informants, and analysis of existing drug-related indicator data.

Commencing in 1996, the collection covers issues such as drug of choice, route of administration, type and number of illicit drug users, intensity of illicit drug use, drug-related problems, manufacture and distribution of drugs, price and purity, and reactions to government strategies.

The Drug Use Monitoring in Australia (DUMA) collection, conducted by the Australian Institute of Criminology, measures recent drug use among people detained by police. Police detainees at four designated sites in three jurisdictions (Southport, Qld; East Perth, Western Australia; Bankstown and Parramatta, New South Wales) are recruited to answer questionnaires and give urine samples, aimed at gathering information on drug use and crime.

Quarterly data are available relating to offender characteristics such as sex and age of detainees, previous arrest/prison history, education status, type of housing, source of income, mental illness and gambling behaviour, drug use and offence information. The collection commenced in 1999.

The most recent national survey of drug use was the 2001 National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare, 2002) the results from which are presented below. Table 1 presents rates of recent use (within the preceding 12 months). As might be expected, alcohol and tobacco are much more commonly used than any of the illicit drugs. The only illicit drug whose rate of use approaches that of alcohol and tobacco is cannabis (or marijuana). The rates of use of the other illicit drug types in the lifetime and past year is uniformly much lower. Table 2 provides the same data expressed in terms of the estimated number of Australian adults who have used drugs in the past year.

Table 1: Summary of drugs recently[(a)] used: proportion of the population aged 14 years and over, Australia, 1993–2001

Drug/behaviour	1993	1995	1998	2001
		(per cent)		
Tobacco	n.a.	n.a.	24.9	23.2
Alcohol	73.0	78.3	80.7	82.4
Illicits				
Marijuana/cannabis	12.7	13.1	17.9	12.9 #
Pain-killers/analgesics[(b)]	1.7	3.5	5.2	3.1 #
Tranquillisers/sleeping pills[(b)]	0.9	0.6	3.0	1.1 #
Steroids[(b)]	0.3	0.2	0.2	0.2
Barbiturates[(b)]	0.4	0.2	0.3	0.2
Inhalants	0.6	0.6	0.9	0.4 #
Heroin	0.2	0.4	0.8	0.2 #
Methadone[(c)]	n.a.	n.a.	0.2	0.1
Other opiates[(b)]	n.a.	n.a.	n.a.	0.3
Amphetamines[(b)]	2.0	2.1	3.7	3.4
Cocaine	0.5	1.0	1.4	1.3
Hallucinogens	1.3	1.8	3.0	1.1 #
Ecstasy/designer drugs	1.2	0.9	2.4	2.9
Injected drugs	0.5	0.6	0.8	0.6
Any illicit	*14.0*	*17.0*	*22.0*	16.9 #
None of the above	21.0	17.8	14.2	14.7

(a) Used in the last 12 months. For tobacco ‘recent use’ means daily, weekly and less than weekly smokers.

(b) For non-medical purposes.

(c) Non-maintenance.

2001 result significantly different from 1998 result (2-tailed $\alpha = 0.05$).

Table 2: Population Estimates of Recent Drug Use 2001

Drug Type	Males	Females	Persons
Tobacco – Daily Smokers	1,677,200	1,431,700	3,072,900
Alcohol – Daily & Weekly	4,437,100	3,081,400	7,517,300
Marijuana	1,232,800	1,025,700	2,029,500
Amphetamines	323,100	211,200	534,200
Ecstasy	277,000	179,400	456,400
Heroin	21,000	16,700	37,700

1.2 Prevalence, attitudes and policy support in 2001

The 2001 calendar year was striking in terms of topical drug-related trends and issues. The heroin shortage was the most sustained issue, with Australia becoming a world first in experiencing such a phenomenon. In addition, there was a decrease in illicit drug use overall and a decrease in tobacco use.

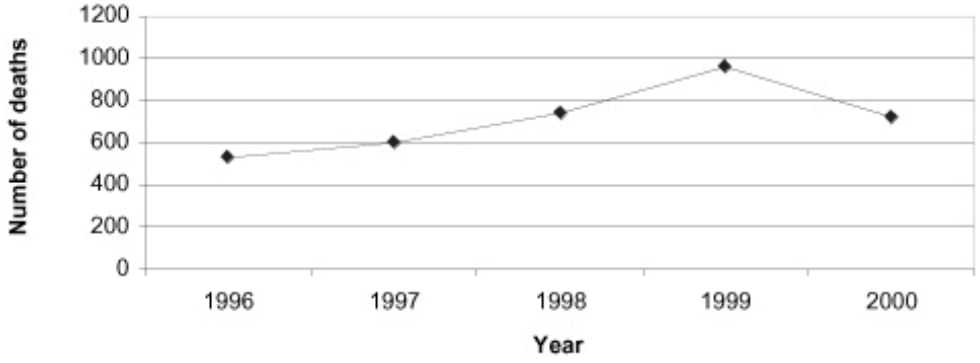
The combination of information from a wide variety of data sources including the Drug Use Monitoring in Australia (DUMA) collection, the Illicit Drug Reporting System (IDRS) and the 2001 National Drug Strategy Household Survey (NDSHS) present a composite of licit and illicit drug use, knowledge, attitudes and behaviours. This informed Government responses to priority areas and also identified new and emerging issues.

(i) Heroin shortage

Identification of the widely publicised heroin shortage, which first became apparent in late 2000, prompted wide speculation on the nature of Australia's drug market and on appropriate responses to positive developments and new challenges. A variety of sources confirmed that there was a dramatic reduction in the availability of heroin observed in all Australian states and territories in which it had been easily accessible.

There was a significant decrease in heroin overdose deaths, with 725 deaths among 15-44 year olds attributable to opioids in 2000, almost 25% less than in 1999. While equivalent figures for 2001 are not yet available, early indicators are than an even greater reduction occurred. For example 2001 data from Victoria indicates a 90% reduction in opioid overdose deaths from the previous year. The 2000 Australian Bureau of Statistics (ABS) data on opioid overdose deaths, used in Figure 1 below, illustrates this decline in deaths.

Figure 1: Number of opioid overdose deaths among those aged 15-44 years Australia, 1996-2000



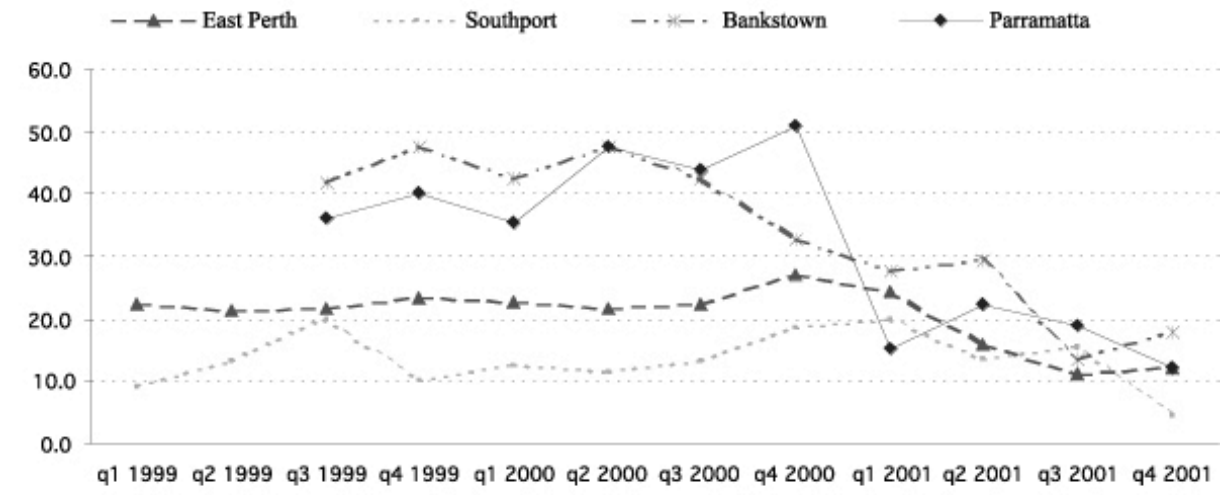
The 2001 NDSHS revealed a significant decrease in the proportion of the population who stated using heroin in the last 12 months. Reported use declined from 0.8 per cent in 1998 to 0.2 per cent in 2001.

The 2001 IDRS also reported a decline across all Australian states and territories in:

- the number of injecting drug users preferring to use heroin;
- those who had injected heroin on the last occasion they injected; and
- those who injected heroin most often of all drugs injected in the last month.

The results of the IDRS indicate that the change in availability was associated with increases in the price, marked decreases in the prevalence and frequency of use, and moderate declines in purity. The DUMA project detected a decline in the proportion of detainees testing positive to opiates during the period, as illustrated in Figure 2 below.

Figure 2: Percent Testing Positive to Opiates by Site by Quarter, Adult Males



Source: Australian Institute of Criminology, Duma Collection 1999 - 2001 [Computer File]. Data collected between 15/01/1999 and 11/12/2001.

There are many factors likely to have influenced both the heroin shortage and reductions in use, including law enforcement initiatives, increases in the range of treatment options available to users, and targeted education and information campaigns.

The Australian Illicit Drug Report 2000-01 noted that between October and December 2000 Australian law enforcement, in cooperation with overseas agencies, prevented over half a tonne of heroin from reaching the Australian market place. This cannot be discounted as a factor in the reduced availability of heroin.

In addition to the quantities seized, Commonwealth law enforcement agencies were successful in dismantling established heroin trafficking networks and removing key players. Involvement in operations offshore extended the pressure on overseas suppliers. Effective street level policing by state and territory law enforcement has also contributed to the heroin shortage.

The National Drug Law Enforcement Research Fund Board initiated a project to study the causes and impacts of the heroin shortage. This research will provide a unique insight into supply and demand dynamics of the heroin market in Australia as well as the interrelatedness of this market with other illicit drug markets. Results of this study will be reported to the Department in 2003.

(ii) Psychostimulant Use

A significant trend noted by the Inter-Governmental Committee on Drugs, through the efforts of many researchers and agencies, was the increased use of psychostimulants such as cocaine and amphetamine-type stimulants (ATS) among specific population groups such as injecting drug users and police detainees. This increase was detected by early warning systems, such as the DUMA project, IDRS and by law enforcement agencies.

The IDRS reported the increasing use of potent forms of methamphetamine ("ice", "base") across all Australian states and territories and an association in New South Wales between reduced heroin supply and increased cocaine use. Use of cocaine in other states and territories remained relatively uncommon and infrequent.

Results from the 2001 NDSHS reveal that use of amphetamines and ecstasy remained stable and use of cocaine decreased between 1998 and 2001 in the general population.

Party drugs has emerged as an issue of increasing concern, particularly in view of the increasing use of ecstasy and drugs sold as ecstasy. A study in NSW revealed that of tablets purporting to be MDMA (3,4 methylenedioxymethylamphetamine, known as "Ecstasy"), only 22% (2000) and 49% (2001) contained that substance. A greater number contained methylamphetamine 55% (2000) and 41% (2001), or the dangerous veterinary tranquilliser ketamine, 32% (2000) and 20% (2001), and no MDMA at all.

Increasingly stringent domestic controls have increased the incentives for criminal importation of precursors. Commonwealth law enforcement agencies, working closely with state, territory and overseas counterparts on preventing precursor importation and on disrupting illicit drug distribution networks, seized significant quantities of

precursor chemicals in the period. Record quantities of ATS and cocaine were also seized (802kg of ATS and 502kg of cocaine in 2000/01).

Any increased prevalence in the use of psychostimulants has implications for both law enforcement and health. Of particular concern is management of aggressive behaviour associated with psychostimulant use, the potential for increased amphetamine psychosis, and the higher risk of blood borne virus transmission due to increases in injecting and risk taking behaviours.

(iii) Illicit drugs – results from the 2001 National Drug Strategy Household Survey

More than nine in every 10 Australians aged 14 years and over primarily associated an illicit drug with a drug 'problem'. The proportion of persons nominating heroin increased from 37% in 1998 to 50% in 2001.

Although the proportion of Australians approving the regular use of illicit drugs was low, one in four accepted the regular use of marijuana by adults. Marijuana was nominated by 23% of survey respondents in 2001which was a slight increase from 1998 (21%).

Almost two in every five Australians had used an illicit drug at some time in their lives and almost one in six had used illicit drugs in the previous 12 months. The average age at which new users first tried illicit drugs remained stable at 19 years of age.

The most accessible illicit drugs were painkillers/analgesics and marijuana/cannabis – 38.4% and 21.0% of the population respectively were offered or had the opportunity to use these drugs.

As reported on page 2, recent use of any illicit drug has decreased overall from 22.0% in 1998 to 16.9% in 2001. Table 1 reveals that this result is largely attributed to decreases in the use of heroin, marijuana and inhalants:

- marijuana use decreased from 17.9% in 1998 to 12.9% in 2001,
- heroin use decreased from 0.8% in 1998 to 0.2% in 2001; and
- inhalants use decreased from 0.9% in 1998 to 0.4% in 2001.

Recent use of amphetamines and ecstasy remained relatively stable in the general population in 2001, though indications from other data collections such as the IDRS and DUMA indicate that for the injecting drug user and police detainee populations, use continues to increase and remains a concern for health and law enforcement.

Between 1998 and 2001 there was a general shift in attitude towards the expenditure of a nominal drugs budget away from education and treatment towards law enforcement for all substances surveyed (alcohol, tobacco, marijuana, amphetamines and heroin/cocaine).

(iv) Tobacco

The most recent estimates of mortality and morbidity in Australia attribute over 19,000 deaths (1998) and 142,500 hospital separations (1997/98) to tobacco use.

The 2001 NDSHS presents information on consumption patterns, attitudes and associated behaviours relating to tobacco use (and other drug use) amongst the Australian community.

Since 1998 there has been a decline in the proportion of the population who smoke tobacco regularly (see Table 3). The proportion of daily smokers dropped from 21.8 per cent in 1998 to 19.5 per cent in 2001. The proportion of ex-smokers increased slightly from 25.9 per cent in 1998 to 26.2 per cent in 2001 and the proportion of those who have never smoked increased slightly from 49.2 per cent in 1998 to 50.6 per cent in 2001.

Table 3: Tobacco smoking status: proportion of the population aged 14 years and over, by sex, Australia, 1998 and 2001

	Males		Females		Persons	
Smoking status	1998	2001	1998	2001	1998	2001
			(per cent)			
Daily	24.2	21.1	19.6	18.0	21.8	19.5
Weekly	2.0	2.0	1.6	1.3	1.8	1.6
Less than weekly	1.6	2.6	1.1	1.5	1.3	2.0
Ex-smokers[a]	28.3	29.6	23.4	22.9	25.9	26.2
Never smoked[b]	43.9	44.7	54.3	56.4	49.2	50.6

(a) Ex-smoker: smoked at least 100 cigarettes (manufactured and/or roll your own) or the equivalent tobacco in their life, but reported no longer smoking.

(b) Never smoked more than 100 cigarettes or the equivalent amount of tobacco. The smoking status for 1998 has been recalculated using this threshold.

With the exception of 14-19 year old females, the proportion of current male smokers was higher in each age group. The proportion of 14-19 year old female current smokers has declined since 1998 (25.6 per cent in 1998 to 20.6 per cent in 2001).

The age at which there is the highest proportion of current smokers is the 20-29 year age group, however there was a decline in the proportion of current smokers in this age group between 1998 (38.7 per cent) and 2001 (33.0 per cent).

Age of initiation remained relatively stable (15.7 years in 1998 to 15.5 in 2001).

Perceived availability of tobacco increased slightly between 1998 and 2001 from 55.8 per cent to 57.2 per cent. The proportion of persons who thought that tobacco was a drug problem decreased from 4.2 per cent to 2.7 per cent between 1998 and 2001.

Support for harm reduction measures remained high in 2001. Support increased for all measures surveyed between 1998 and 2001. That is, the majority of the 27,000 Australians surveyed supported the immediate ban of tobacco advertising at sporting events, increasing tax on tobacco products to pay for health education and stricter enforcement of law against supplying minors.

Customs seized over 100 million smuggled cigarettes during 2001, four times the amount seized in 2000. In addition to representing significant evasion of revenue, many of these cigarettes did not comply with the government's stringent requirements for health warnings and industry controls on quality of production.

(v) Alcohol

The most recent estimates of mortality and morbidity in Australia attribute 3,271 deaths (1998) and 71,442 hospital separations (1997/98) to hazardous and harmful levels of alcohol consumption.

Alcohol was associated with a drug 'problem' by 7.8% of Australians aged 14 years and over. The proportion of respondents nominating alcohol almost halved since 1998, decreasing from 14.1%. Regular use of alcohol was considered acceptable by 74% of the respondents in 2001, an increase from 61% in 1998.

Alcohol was the most accessible drug: four in five Australians aged 14 years and over were offered or had the opportunity to use alcohol in the last 12 months. Nine out of every 10 Australians had tried alcohol at some time in their lives and four in five had consumed alcohol in the 12 months preceding the 2001 survey.

The proportion of the population drinking daily remained stable (8.3 per cent) between 1998 and 2001 as did the average age at which people had their first full serve of alcohol (17 years of age). The proportion of teenagers drinking at least weekly (around 30 per cent), also remained stable.

Table 4: Alcohol drinking status: proportion of the population aged 14 years and over, by sex, Australia, 1998 and 2001

	Males		Females		Persons	
Drinking status	1998	2001	1998	2001	1998	2001
			(per cent)			
Daily	12.1	11.1	5.1	5.6	8.5	8.3
Weekly	47.3	46.0	33.0	33.2	40.1	39.5
Less than weekly	25.2	28.8	38.5	40.3	31.9	34.6
Ex-drinker[(a)]	8.6	6.8	11.4	9.2	10.0	8.0
Never a full glass of alcohol	6.8	7.4	11.9	11.7	9.4	9.6

(a) Ex-drinker: a person who had consumed a full serve of alcohol, but not in the past 12 months.

The National Health and Medical Research Council released the revised *'Australian Alcohol Guidelines: Health Risks and Benefits'* in late 2001. The new guidelines define risk in terms of short and long term risk defined as follows:

- Long-term risk – the level of long-term risk associated with regular daily patterns of drinking, defined by the total amount of alcohol typically consumed per week.

- Short-term risk – the risk of harm (particularly injury or death) in the short-term, that is associated with given levels of drinking on a single day. These levels assume that overall drinking patterns remain within the levels set for long-term risk, and that these heavier drinking days occur a

maximum of three times per week. Outside these limits, risk is further increased.

Results from the 2001 NDSHS suggest that people in the 20–29 year age group are most likely to consume alcohol in a way that puts them at risk for long-term (chronic) alcohol-related harm. This age group is also the least likely to abstain from consuming alcohol. Also, female teenagers (14.6 per cent) are more likely than male teenagers (8.8 per cent) to consume at risky or high risk levels for long-term harm.

At all ages, greater proportions of the population drink at levels that are risky or high risk for short-term harm compared with risk for long-term harm. Overall, about one-third (34.4 per cent) of persons aged 14 years and over put themselves at risk of alcohol-related harm in the short term on at least one drinking occasion during the last 12 months. More than one in 10 females aged 14–19 years (11.8 per cent) and one in six males aged 20–29 years (14.6 per cent) put themselves at risk of alcohol-related harm in the short term on at least a weekly basis during the last 12 months.

Support for the majority of alcohol-related measures decreased between 1998 and 2001. That is, support for increasing the price of alcohol and reducing the number of outlets decreased in 2001. The measure receiving the highest level of support was more severe penalties for drink driving.

One in eight people admitted to driving a motor vehicle and one in 16 verbally abused someone while under the influence of alcohol. More than one-quarter of Australians aged 14 years and over had been verbally abused and 4.9 per cent had been physically abused by someone under the influence of alcohol.

1.3 Drug use among Indigenous people

The Department is concerned about the compelling evidence that Aboriginal and Torres Strait Islander people continue to have significantly worse health than the rest of the population. National data collections have consistently shown that, although the proportion of Aboriginal and Torres Strait Islander people who drink alcohol is lower than for non-Indigenous people, Indigenous people who do consume alcohol are more likely to do so at hazardous levels.

The 2001 NDSHS showed that significantly higher proportions of Aboriginal and Torres Strait Islander people compared with other Australians drank at levels that put them at risk of harm in the short and long term. Among the harms associated with alcohol misuse, self-harm, violence, injury and comorbidity are of particular concern for Aboriginal and Torres Strait Islander people.

Smoking is more common among Indigenous Australians than among other Australians. In the 2001 NDSHS, almost half (46 per cent) of the Indigenous population surveyed reported that they smoked on a daily basis, in contrast with around one in five (19 per cent) of the other Australian population.

There are increased reports of volatile substance misuse in some urban communities and continued reports of rural and remote communities experiencing high levels of volatile substance misuse. While the extent of chronic volatile substance use is

relatively small when compared to alcohol misuse, this does not diminish the devastating impact it can have on affected communities and individuals.

The Department has been actively involved in petrol sniffing prevention and intervention strategies through the National Illicit Drug Strategy as well as other Commonwealth programs, including the Aboriginal Health and Substance Misuse Programs.

The Department takes a holistic approach to substance use. In some areas policies and programs are directed at substance use generally, while in others the focus might be on specific substances such as petrol and other volatile substance use. This is in recognition of both the complexity and interconnectedness of substance use issues with social and emotional well being and primary health care, as well as the desire at the community level to address their key priorities.

Needle and syringe program surveys between 1995 and 1998 found that significantly more Indigenous participants reported sharing injecting equipment in the previous month than non-Indigenous participants.

During 2001, the National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander People progressed development of a strategy to complement the existing National Action Plans. This strategy will identify priorities for reducing the uptake of and reducing the harms associated with licit and illicit drug misuse among Aboriginal and Torres Strait Islander People.

1.4 HIV and Hepatitis C Infections

The number of people injecting illicit drugs in Australia has increased over the past decade. The National Centre in HIV Epidemiology and Clinical Research collects information on prevalence of HIV and hepatitis C among IDU. The table below shows rates of HIV and hepatitis C prevalence from 1995 to 2001 and the rate of drug users reporting re-use of someone else's syringe among people attending needle and syringe programs in Australia.

Australia has a world leading record in preventing HIV infection among injecting drug users. Transmission of HIV infection in Australia continues to be overwhelmingly through sexual contact between men. HIV prevalence among people attending needle and syringe programs has remained low (less than 2 per cent), except among men who identified themselves as homosexual.

In contrast to the low HIV prevalence, hepatitis C prevalence among people attending needle and syringe programs remained high in 2001. Hepatitis C prevalence increased with duration of injecting in both men and women. Among people who had injected drugs for less than three years, hepatitis C prevalence increased from 13 per cent in 1996-1997 to 28 per cent in 2001.

Table 5: Proportion of respondents in the national Needle and Syringe Program (NSP) survey with HIV and Hepatitis C (HCV) antibody and proportion reporting re-use of someone else's syringe in the month before survey, 1995-2001.

	1995 n=979	1996 n=1453	1997 n=1699	1998 n=2430	1999 n=2378	2000 n=2523	2001 n=2454
% with HIV antibody	2.1%	1.8%	1.5%	0.8%	1.4%	0.9%	0.9%
% with HCV antibody	63%	52%	50%	49%	50%	53%	58%
% with HCV antibody reporting <3 years IDU	22%	13%	13%	17%	20%	26%	28%
% re-used another's syringe last month	31%	28%	16%	18%	23%	16%	13%

Source: National Centre in HIV Epidemiology and Clinical Research.

1.5 Community attitudes to drug use

The Commonwealth Government regularly conducts surveys of community attitudes to inform the development of policies and programs. A number of surveys have recently been conducted to evaluate public information campaigns to address alcohol and illicit drugs. Research following the Launch of the National Illicit Drugs Campaign found that:

- Two in five (43%) parents of 8-17 year olds believe that taking illegal drugs is the main social problem facing young people in Australia today. This was followed by unemployment (14%) and lack of opportunities/uncertain future (7%) (Bertram S, Worsley J, and Carroll T. (2002). *Evaluation of the Launch Phase of the National Illicit Drugs Campaign*, Commonwealth Department of Health and Ageing.)

- When asked to rate how big a problem they thought illegal drugs use is amongst young people in Australia, approximately one in six (17%) gave it the highest rating of ten ('totally out of control'), with approximately half rating the seriousness of the problem between seven and nine (Bertram S, Worsley J, and Carroll T. (2002). *Evaluation of the Launch Phase of the National Illicit Drugs Campaign*, Commonwealth Department of Health and Ageing.).

Other related research indicated that:

- Qualitative research revealed that there was a widely held belief in the community that family breakdown was both a consequence and cause of illicit drug use (Research and Marketing, (1999). *Developmental research for a community education and information campaign on illicit drugs*. Commonwealth Department of Health and Aged Care.)

- With regards to alcohol, when asked whether they considered underage drinking to be a problem today, three in five (58%) of parents rated the problem as a 4 or 5 on a five-point scale, where 1 signified 'no problem' and 5 signified a 'major problem' (Carroll T, Lum M, Taylor J, and Travia J. (2000). *Summary Report – Evaluation of the Launch Phase of the National Alcohol Campaign.* Commonwealth Department of Health and Aged Care.)

2. NATIONAL DRUG STRATEGY

2.1 National Drug Strategy

The Ministerial Council on drugs (MCDS) has endorsed a one-year extension to the National Drug Strategic Framework 1998-99 to 2002-03 (NDSF). The NDSF is now due for completion on 30 June 2004.

An evaluation of the NDSF will be undertaken in the first half of 2003. The recommendations and findings from this evaluation will shape the future directions of drug policy within Australia.

2.2 Intergovernmental Committee on Drugs Local Government Sub-Committee

In May 2001, the Intergovernmental Committee on Drugs (IGCD) established as a fourth reference sub-committee, the Local Government Sub-Committee. The Local Government Sub-Committee was formed in recognition of the potential local government has to advance the objectives of the National Drug Strategic Framework (NDSF) and the fact that local government undertakes a great deal of work to address the harms caused by drug abuse at the local community level. The LGSC allows perspectives from local government to be considered under the Framework in a manner consistent with that provided by other committees of the IGCD.

2.3 Aboriginal and Torres Strait Islander Peoples' Complementary Strategy

The National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples is currently developing a Complementary Strategy to address Aboriginal and Torres Strait Islander substance misuse. The development of the Strategy is due for completion in late 2002.

The Complementary Strategy will:

- Specify priorities for reducing harm arising from the use of licit and illicit drugs in Aboriginal and Torres Strait Islander communities;
- Develop strategies for taking action on these priorities; and
- Develop measurable performance indicators which are meaningful for Aboriginal and Torres Strait Islander communities.

2.4 Development of a Prevention Agenda for the National Drug Strategy

The June 2000 submission by the then Department of Health and Aged Care, to the House of Representatives Standing Committee on Family and Community Affairs Inquiry into Substance Abuse in Australian Communities provided an indication that the department was proposing to develop a prevention agenda for the National Drug Strategy. Since that report was compiled, considerable progress has been made with the development of a National Prevention Agenda under the National Drug Strategy.

Ministerial Council on Drug Strategy's Approval

In July 2001, the Ministerial Council on Drug Strategy (MCDS) considered a framework for the development of a *Prevention Agenda* which was presented to the Council by the Intergovernmental Committee on Drugs (IGCD). MCDS endorsed the framework and supported a process of national consultation that will contribute to building a comprehensive Prevention agenda.

The *Agenda* will comprise the following interrelated elements:

- A monograph which consolidates the international and national evidence for prevention in drug policy and action with an accompanying companion document covering prevention as it relates to children and young people; and
- A national prevention policy and action plan.

It is proposed that the action plan will be an umbrella under which the Commonwealth and States/Territories frame and implement prevention initiatives – new or existing – that are relevant and appropriate to their jurisdiction.

This work is being progressed by a Prevention Expert Committee established by IGCD and chaired by the Commonwealth Department of Health and Ageing. The Prevention Expert Committee is comprised of representatives of IGCD, the Australian National Council on Drugs (ANCD), the Alcohol and Other Drugs Council of Australia (ADCA), as well as experts in the areas of law enforcement and crime prevention, mental health, developmental health and well being, health promotion and education.

Context for the Development of a National Drug Prevention Agenda

The current National Drug Strategy already encompasses a range of measures (implemented by the Commonwealth and State/Territory Governments) which have a prevention focus. They include initiatives which address tobacco smoking and exposure to environmental tobacco smoke, binge and other harmful drinking and supplying or using unsanctioned drugs in schools.

In addition to prevention activity undertaken as part of the National Drug Strategy, Federal and State/Territory strategies across a range of portfolios acknowledge the interrelated nature of issues such as drug use, crime, early school leaving, childhood abuse and neglect and homelessness. Research in these areas is pointing to common causes and in particular, to the benefits (both to the community and individuals) of investment in promoting positive early childhood development, prevention initiatives and early intervention in the pathway towards negative outcomes.

The *Prevention Agenda* will draw on the knowledge and developments across a range of disciplines which deal with prevention, and build on existing action to develop and take forward a comprehensive approach to drug prevention in Australia.

Context for Commitment to a Broad Based Prevention Initiative focusing on Early Development and interventions early in the pathway to drug use

There is evidence that drug related risk and harm share common causal pathways with other health and social problems such as youth suicide and crime prevention. Early intervention at points along this pathway can make a difference not only to reducing levels of drug-related risk and harm but also to other health and social outcomes. Likewise, intervention to reduce the impact of negative economic, social and physical aspects of the environment can improve general developmental health within the community and thereby reduce drug use along with crime, mental health problems, suicide, early school leaving and the like.

The decision to develop a National Prevention Agenda is a major initiative and future direction for drug policy and comes at a time when there is growing interest in prevention and its place in public policy more broadly. International research shows that many serious health problems are related and have common causal pathways. So it is not surprising that substance misuse commonly co-occurs with other vulnerabilities such as mental health problems to compound the public policy challenge.

Several areas of public policy have strategies and models that address the health and wellbeing of children and young people, notably ***Strengthening Families and Communities*** (Commonwealth Department of Family and Community Services), ***Pathways to Prevention*** (Commonwealth Attorney-General's Department), and the National Action Plan for Mental Health Promotion, Prevention and Early Intervention under the *National Mental Health Strategy*.

The National Drug Strategy Prevention Agenda will align strategically with both existing prevention strategies such as those already in place in States and Territories, and also with emerging policy around the development, health, wellbeing and welfare of children and young people in Australia. Most recently, a presentation on the evidence supporting early childhood intervention to the Prime Minister's Science, Engineering and Innovations Council prompted the formation of a cross government joint taskforce on developmental health and wellbeing at the Commonwealth level to explore better ways of building children's wellbeing and, in doing so, protecting them from risks later in life such as drug related risk and harm. The taskforce, and related developments, represent an early but promising start on promoting cross portfolio and interdisciplinary action on preventive investment. The National Drug Strategy Prevention Agenda can be regarded as a direct response to the Prime Minister's request for advice on ways forward on prevention policy and global interest in prevention and a companion to other initiatives that may eventuate as part of a broader government response.

The International Evidence Base for Early Childhood Intervention

The current international debate about the importance of the early years of life for subsequent health, development and wellbeing in childhood, adolescence and adult life has focused attention on the growing literature in this area. International research

is showing that many of these serious health and social problems are related and have common causal pathways. It has also been shown that the pre-birth environment and early childhood experiences influence brain development and affect the chances of chronic disease and long term social problems in later life.

There is growing concern in Australia about these adverse trends and acknowledgement of the need to strengthen preventive approaches to interrupt the cycle of health and social disadvantage being passed through the generations. Highlights from the evidence that show promise in the drugs area are:

- Community strength and the social connectedness of families are related to family functioning and positive outcomes for children and youth.
- Family strength and parenting effectiveness are strongly related to child and youth outcomes.
- Participation in pre-school programs promotes development in the short term and prepares children to succeed in school and promotes better life outcomes. Connectedness with school is equally a protective factor against early uptake of drug use.

Progress in the Development of the Prevention Agenda

The monograph, companion document and draft policy mentioned above are all presently under development.

Monograph and Companion Document

A consortium of the National Drug Research Institute (Curtin University of Technology) and the Centre for Adolescent Health (Melbourne University) has been contracted to assist with setting the evidence base for the Agenda. Specifically they have been tasked with the production of a comprehensive monograph and a companion document on prevention strategies for children and young people. Work on the two publications is well underway, and they are due to be completed later this year. A formal peer review process will follow, which will include review by national and international experts.

Development of the National Prevention Agenda Policy

In response to the resolutions of the 2001 MCDS, a draft National Prevention Agenda Policy titled *Towards a Prevention Agenda for the National Drug Strategy 2003 and beyond* is under development.

It is proposed that the draft Policy will serve two purposes:

- A public discussion paper for publication and wide dissemination early in the Agenda's development to raise awareness of the place of prevention in drug policy; and
- The basis of a series of targeted consultation workshops nationally to seek the advice and views of stakeholders in order to shape a contemporary, best practice *National Drug Strategy Prevention Agenda* to provide to MCDS for endorsement.
    - A consortium has been selected to facilitate national consultations and contract negotiations are currently taking place.
    - The consortium will provide the Commonwealth and the IGCD with a report on the results of the consultation and an assessment of the implications for national policy direction. This step will ensure that

community views are taken into account in the final recommendations to Ministers.

The draft policy will also form the basis of a National Prevention Agenda, due to be considered as part of MCDS overall decision making in connection with the Agenda.

Related Drug Prevention Initiatives

The May 2002 Budget confirmed an announcement to expand the Community Partnerships Initiative (a component under the National Illicit Drug Strategy). It has been decided that the new funding for the Community Partnerships Initiative will be refocused from prevention of illicit drug use specifically towards community activity directed at the early childhood and adolescent years. New guidelines to reflect this will be developed later this year.

3. NATIONAL TOBACCO STRATEGY

The June 2000 submission provided background information on the National Tobacco Strategy, as an action plan under the National Drug Strategic Framework. The submission also detailed examples of prevention initiatives under the Strategy, including work with at risk population groups (eg. Indigenous people, pregnant women and their partners).

Since that report was compiled considerable progress has been made with the implementation of key Commonwealth and national initiatives under the National Tobacco Strategy.

3.1 National Tobacco Campaign

Launched nationally in June 1997, the National Tobacco Campaign was initiated by the Commonwealth in association with State and Territory governments, Quit Campaigns and Cancer Councils.

The campaign has achieved a reputation for being the most collaborative, intense and sustained anti-tobacco campaign ever seen in Australia. It has recently entered its sixth year of activity and although led by mass media advertising, involves a number of other integrated strategy components.

The current focus of the campaign is adult cessation. The target group is smokers and recent quitters aged 16-40 years with an emphasis on those of low socio-economic status.

The campaign advertising is designed to elevate quitting on smokers' personal agendas by demonstrating new insights on the health effects of smoking. Consultation with medical experts, researchers and consumers identified key areas of health information that could be persuasive in encouraging smokers to quit.

In May 2002, the Australian Institute of Health and Welfare released results from the 2001 National Drug Strategy Household Survey, which indicated that daily smoking prevalence for smokers aged over 14 years had fallen to 19.5 per cent in 2001, from 21.8 per cent in 1998. These results are the most recent national figures on tobacco prevalence, and support similar findings from the most recent evaluation studies on the National Tobacco Campaign. This research found smoking prevalence had decreased by 3.4 per cent amongst smokers aged 18 years and older from the commencement of the campaign in May 1997 and November 2000.

The campaign has utilised seven television commercials, radio, Internet site, print and outdoor advertising, public relations and non-English language communications and a service provider strategy. Upgrading of the national Quitline telephone support service has taken place in conjunction with the campaign.

More than forty countries have now requested to licence the campaign television advertisements or other campaign materials for use and/ or adaptation outside Australia.

Funding continues for the most collaborative, intensive and sustained anti-tobacco campaign in Australia's history with more than $19 million of Commonwealth funding spent on the campaign as at June 2002. The Campaign continues to show its effectiveness in reducing smoking rates. Results from the latest evaluation studies on the National Tobacco Campaign indicate that smoking prevalence has decreased by 4.2 per cent among smokers aged 18 years and older since the commencement of the campaign in May 1997 to November 2001.

3.2 Tobacco Advertising Prohibition Act 1992

The *Tobacco Advertising Prohibition Act 1992* was amended to ban tobacco advertising at international sporting events from 1 October 2006. Australia is one of the first countries to legislate such a ban.

A review of the *Tobacco Advertising Prohibition Act 1992* was initiated, announced by the Parliamentary Secretary to the Minister for Health and Ageing, the Hon Trish Worth MP, on 31 May 2002.

3.3 Ingredients disclosure

A voluntary agreement was signed with the three Australian cigarette manufacturers in regard to the disclosure of the ingredients in Australian cigarettes. The Agreement formalises annual reporting by the manufacturers of cigarette ingredient information for posting on the Department's website.

3.4 Health Warnings

A review of health warnings on cigarette packets was initiated with the release of a discussion paper for public comment in May 2001, canvassing future directions for health warnings. Market testing of possible alternative warnings is currently under way. It is expected that the review of health warnings will be completed and new regulations in place mid-late 2003.

3.5 Smoking cessation

A comprehensive review was completed on the evidence base for effective smoking cessation methods. The review laid the foundation for the development of Australian smoking cessation guidelines for health professionals, which is currently under way.

3.6 Indigenous tobacco control

A major project on Indigenous tobacco control was completed, leading to an announcement by the Minister for Health and Ageing, Senator the Hon Kay Patterson, of a $1 million indigenous smoking package. The package, announced on 31 May 2002, will support establishment of a clearinghouse or centre of excellence in indigenous tobacco control, development of strategies aimed at Indigenous health workers, and development of culturally appropriate tobacco control resources.

3.7 International tobacco control initiatives

Contributing to international and regional tobacco control initiatives, the Department is taking the policy lead in coordinating Australia's participation in the development of the World Health Organization's Framework Convention on Tobacco Control. Similarly, the Government continues to support the World Health Organization's Tobacco Free Initiative. The Government has funded a two-year post in the Western Pacific Regional Office of the World Health Organization to facilitate work in the region in relation to Framework Convention on Tobacco Control activities and to build tobacco control capacity. Australia also hosted a tobacco control capacity building workshop for regional participants between 8-11 October 2001 in Sydney.

4. NATIONAL ALCOHOL STRATEGY

Since the 2000 departmental submission to the former committee a number of key national alcohol initiatives have come to fruition. These include:

- the release of the National Alcohol Strategy: A Plan for Action 2001 to 2003-04
- the release of the National Health and Medical Research Council's Australian Alcohol Guidelines
- the establishment of the Alcohol Education and Rehabilitation Foundation
- the development of the National Alcohol Research Agenda
- the National Excise Concession Scheme on low alcohol beer.

4.1 National Alcohol Strategy

The National Alcohol Strategy: A Plan for Action 2001 to 2003-04 was endorsed by Ministerial Council on Drug Strategy in July 2001 under the National Drug Strategic Framework to provide a broad coordinated strategic national approach to the reduction of alcohol-related harm in Australia.

The Strategy is structured around 11 key strategy areas which together form a comprehensive framework aimed at building a healthier and safer community by minimising alcohol-related harm to the individual, family and society while recognising the potential social and health benefits of alcohol consumption.

The eleven key strategy areas are:

1. Informing the community
2. Protecting those at higher risk
3. Preventing alcohol-related harm in young people
4. Improving the effectiveness of legislation and regulatory initiatives
5. Responsible marketing and provision of alcohol
6. Pricing and taxation
7. Promoting safer drinking environments
8. Drink driving and related issues
9. Intervention by health professionals
10. Workforce development
11. Research and evaluation

The Strategy is the culmination of some three years of collaborative effort and consultations between interested parties. The National Expert Advisory Committee on Alcohol played a substantial role in the development of the strategy.

The Strategy aims to provide an evidence based approach to alcohol harm reduction and is supported by a background paper which sets out the research basis for the interventions and strategies outlined in the National Alcohol Strategy document. These documents have been widely disseminated to a range of stakeholders, including government departments, non-government organisations, professional associations and the alcohol beverage and hospitality industry sector.

4.2 National Alcohol Research Agenda

Following the release of the National Alcohol Strategy, the Commonwealth funded the development of a National Alcohol Research Agenda to assist funding bodies and researchers to direct alcohol research to those areas of greatest need and greatest potential and to support accountability and program effectiveness. The Research Agenda is the outcome of a comprehensive process of broad ranging consultation and the resultant set of research priorities and research principles have wide agreement and support across the alcohol field. The Research Agenda was released by the Hon Trish Worth in June 2002.

4.3 National Health and Medical Research Council Australian Alcohol Guidelines

The National Health and Medical Research Council (NHMRC) endorsed the Australian Alcohol Guidelines out-of-session in October 2001. The Guidelines were prepared by an expert Working Party convened by the Health Advisory Committee of the NHMRC, and are based on an extensive literature review and reflect a contemporary approach in providing advice on the consumption of alcohol that takes into consideration population groups, settings and patterns of alcohol consumption.

The aims of the revised Guidelines are to:

- assist the whole population and within it, sub-groups (who may be at greater risk because of their susceptibility) to make informed choices about their drinking and health;
- assist health professionals in giving advice to patients that is based on evidence; and
- promote individual and population health and minimise the consequences of alcohol related harm.

The target group for the revised guidelines includes:

- everybody who drinks alcohol;
- people doing things that involve risk or a high degree of skill; and
- people responsible for private and public drinking environments.

4.4 Alcohol Education and Rehabilitation Foundation

Funding of $115 million over four years to establish and manage the operations of the Alcohol Education and Rehabilitation Foundation was announced in the 2001-02 Federal Budget.

The Prime Minister announced membership of the Foundation on 3 July 2001. The Foundation is chaired by Professor Ian Webster AO, President of the Alcohol and Other Drugs Council of Australia.

Legislation to establish a special Account received Royal Assent on 4 September 2001. The legislation, the *Alcohol Education and Rehabilitation Account Act 2001*, established the Account and the Ministerial arrangements for disbursing funding to

the Foundation. The Foundation was formally established as a public company limited by guarantee under the Corporations Act 2001 on 17 October 2001.

To enable funding to flow to the Foundation required a funding agreement between the Commonwealth and the Foundation. The previous Minister for Health and Aged Care signed this agreement in November 2001. Funding is paid into two separate accounts - one for administrative purposes and the other for trust funds, which will be payable as grants to community and other organisations.

The aims of the Foundation are to:

- Prevent alcohol and other licit substance abuse, including petrol sniffing, particularly among vulnerable population groups such as Indigenous Australians and youth;

- Support evidence-based alcohol and other licit substance abuse treatment, rehabilitation, research and prevention programmes;

- Promote community education encouraging responsible consumption of alcohol and highlighting the dangers of licit substance abuse;

- Provide funding grants to organisations with appropriate community linkages to deliver the above-mentioned services on behalf of the Foundation; and

- Promote public awareness of the work of the Foundation and raise funds from the private sector for the ongoing work of the Foundation.

4.5 National Excise Scheme for low alcohol beer

In March 2002 the Ministerial Council for Commonwealth-State Financial Relations agreed to implement a national excise scheme for low alcohol beer. The scheme will replace a range of existing State subsidy schemes with a nationally uniform and administratively efficient concession in the rate of excise on low alcohol beer.

The cost of the scheme is estimated to be about $68 million in 2002-03. The States will make a financial contribution to the national scheme which is commensurate with their current State subsidies and the Commonwealth will fund the shortfall. The new national scheme is expected to result in low alcohol beer prices falling by up to 8 percent in some States.

4.6 National Alcohol Campaign

The National Alcohol Campaign was launched in February 2000. The first booster phase took place from November 2000 through January 2001 followed by a second three month-long booster phase that commenced in June 2002. The Commonwealth's commitment to date for this communications campaign totals $9.6million.

The campaign specifically targets teenagers aged 15-17 years as well as parents of 12-17 year olds and young adults 18-24 years. The campaign focuses on young people's drinking and associated information for parents.

Campaign materials include television commercials for young people in 60 and 30 second versions ('Bottlebrush' targeting males and 'Unwanted Sex' targeting females). Print materials include brochures for young people and parents of teenagers, newspaper advertising targeting parents, a brochure for parents and magazine advertising in titles selected to reach young people, parents and Indigenous communities. On-line resources include a website for young people and one for parents that carries information in 16 languages.

4.7 The Rock Eisteddfod

In the form of a performing arts event for primary and secondary schools, the Rock Eisteddfod delivers drug and alcohol prevention messages to the target audience (teenagers 12-18 years). The Department has been a national sponsor of the Rock Eisteddfod for the past 13 Years and is sponsoring the 2002 National Rock Eisteddfod Television Special under the banner of 'Drinking. Where are your choices taking you?' from the National Alcohol Campaign.

4.8 The Croc Festivals (formerly known as the Croc Eisteddfod Festivals)

The Croc Festivals are performing arts events for primary and secondary schools in remote areas of Australia whereby drug prevention strategies can be delivered to youth, parents, teachers, schools and communities at large in a credible youth cultural environment.

The Department is sponsoring the 2002 Croc Festivals in conjunction with the Office of Aboriginal and Torres Strait Islander Health (OATSIH). The events will be held in Weipa (QLD), Nhulunbuy (NT), Kununurra (WA), Kalgoorlie (WA), Port Augusta (SA), Swan Hill (VIC) and Moree (NSW).

In December 2001, Senator the Hon Kay Patterson announced funding of $1.2 million to support the Croc Festivals, as part of a package of measures to reduce drug-related harm.

5. ILLICIT DRUGS

5.1 The National Illicit Drugs Campaign

The National Illicit Drugs Campaign (NIDC) is part of the Commonwealth Government's Tough on Drugs strategy. The campaign plays an important role as one of a number of prevention initiatives under the Strategy, with $27.5 million committed for campaign activities over four years to assist in the prevention of illicit drug use.

Part One of the NIDC was launched on 25 March 2001, targeting parents of 12-17 year olds. The campaign provided information and support to parents and carers on the positive role they can play in preventing drug use amongst children. The aim was to enhance parents' and carers' skills in communicating with children about illicit drugs in order to deter the initiation or continuation of drug use by children. The campaign involved television and print advertising, a parents' booklet, a website, and public relations activities aimed at reaching the community at a grass roots level.

A comprehensive evaluation of Part One found:

- Ninety-seven per cent of parents recognised at least one element of the campaign
- Recognition was also extremely high amongst youth (97%), community members (96%) and parents from a non-English speaking background (86%).
- Half of all parents surveyed said that the campaign had prompted them into action.
- Parents said that the campaign increased their knowledge about drugs and helped them talk about drugs with their children.

Part Two of the NIDC campaign will target youth. A marketing strategy for Part Two has been developed, based on formative research and in consultation with key stakeholders. It is expected that Part Two will be launched early in 2003.

5.2 Illicit Drug Diversion Initiative

All jurisdictions have now signed funding agreements with the Commonwealth. The initiative will be subject to a major national evaluation, with the final evaluation report due in October 2002.

5.3 National Action Plan on Illicit Drugs

The National Action Plan on Illicit Drugs 2001 to 2003-04 was endorsed by the Ministerial Council on Drug Strategy in July 2001 to provide nationally agreed directions for addressing illicit drug issues until the year 2004. The Plan offers a nationally consistent focus for determining resource priorities under the National Drug Strategic Framework, but is flexible enough for each jurisdiction to pursue State/Territory specific strategies

The Action Plan is not intended to be prescriptive or to detail specific implementation strategies or timelines. It specifies key strategy areas for preventing the uptake of illicit drug use, and reducing the harms associated with use and provides examples of strategies to address each of these priorities. The plan also lists performance measures that will be used to gauge illicit drug trends over the life of the Plan.

The key strategy areas identified in the Plan are:

- demand reduction – promotion of opportunities, settings, and values that promote resilience and reduce risk of drug use;
- supply reduction – interventions to reduce availability and supply;
- treatment;
- harm reduction;
- workforce development;
- research; and
- performance measurement

5.4 National Heroin Overdose Strategy

The National Heroin Overdose Strategy, adopted by all jurisdictions through the Ministerial Council on Drug Strategy in July 2001, provides nationally agreed priorities for reducing the incidence of heroin related overdose in Australia.

The Strategy is not intended to be prescriptive or to define detailed, specific implementation strategies or timelines. Instead, it specifies priority areas for preventing heroin overdose and reducing morbidity and mortality where overdose does occur.

The Strategy has two key strategy areas aimed at preventing heroin overdose and improving the management of overdose. A companion document commissioned by the Australian National Council on Drugs, that outlines the epidemiology of overdose in Australia and summarises the evidence regarding consequences and effective interventions, also forms part of this Strategy.

5.5 National Illicit Drug Strategy (NIDS)

The Commonwealth Government has allocated $625 million to the National Illicit Drugs Strategy since its inception for a range of supply reduction, demand reduction and harm reduction measures.

In December 2001 Senator the Hon Kay Patterson announced a package of $109 million to tackle Australia's drug problem. This comprised:

- $61.6 million to continue the Non Government Organisation Treatment Grants Program and $2.5 million to fund a range of prevention and treatment projects;
- $14 million to expand the Community Partnerships Initiative**;**
- $1.2 million to support the Croc Festivals**;**
- $27.5 million to develop and introduce retractable needle and syringe technology to Australia; and
- $4.7 million to expand the National Heroin Signature Program.

This funding was confirmed in the May 2002 Federal Budget and continues the Government's considerable investment to date under the National Illicit Drug Strategy.

In addition, this Budget continued support for other vital elements of the National Illicit Drug Strategy the Australian National Council on Drugs and an illicit drugs reporting and information data base.

Community Partnerships Initiative (CPI)

As part of the National Illicit Drug Strategy $8.8 million (over four years) was previously allocated to the CPI. In December 2001 the Honourable Kay Patterson announced additional funding of $14 million to expand by CPI. This was confirmed in the May 2002 budget.

The Initiative is modelled on the World Health Organisation's *Global Initiative on Primary Prevention of Substance Abuse* and previously has aimed to encourage quality practice in community action to prevent illicit drug use and to build on existing activity occurring across Australia. The next funding round will however be refocussed towards community activity directed at the early childhood and adolescent years.

The CPI is a community grants program that aims to encourage quality practice in community action and to build on existing activity occurring across Australia. There is a growing body of international evidence that preventive investment in the early years of life pays off. Outcomes in early adulthood as diverse as completing school, avoiding reliance on welfare, lower rates of substance use, increased mental health and well being, reduced risks of suicide and lower rates of adolescent pregnancy have been shown to be linked to effective early childhood intervention.

$2.1 million has been allocated to establish a national drug information service to disseminate drug information to the general community, including parents, schools, health professionals and health care facilities. The Australian Drug Information Network (adin.com.au) website commenced in January 2001.

The National Drug Research Institute (NDRI) has been contracted to undertake the evaluation of the Community Partnership Initiative. The evaluation includes a review of all the major components of the Initiative (grant funding, state-based workshops, self-directed learning kit etc), and will provide a consolidated report on the evaluation findings. To date the evaluation strategy and three progress reports have been completed. The third progress report was received in May 2002.

The final product of the evaluation will be a report, which will explore the extent to which this objective has been met, identify potential obstacles and make recommendations with regards to the future implementation of the Initiative. A brief report on each project, which received funding under the Initiative, will be included in order to assist in the development of examples of the "best practice" in community activity. The project is due to be completed in early 2003.

Non-Government Organisation Treatment Grants

A further $61.5 million was allocated in the May 2002 Federal Budget to continue this program. Decisions about how this funding will be implemented are yet to be made.

National Evaluation of Pharmacotherapies for Opioid Dependence (NEPOD)

In July 1998, the Commonwealth Government, with the agreement of the Ministerial Council on Drug Strategy, and as part of the National Illicit Drug Strategy, commissioned the National Drug and Alcohol Research Centre to undertake the National Evaluation of Pharmacotherapies for Opioid Dependence (NEPOD) project – a comparative evaluation of the outcomes of a range of trials of opioid detoxification and maintenance treatments, conducted by various States and Territories.

A dissemination and implementation strategy is currently being pursued in order to:

- ensure that accurate information about the nature, costs and effectiveness of the evaluated pharmacotherapies is made available to health care providers, senior administrators, drug and alcohol workers, clinicians, opioid users and the general community;
- promote the uptake of NEPOD recommendations in current clinical practice; and
- encourage a collaborative approach to support jurisdiction-specific implementation activities.

5.6 International Initiatives

Australia is a signatory to several international conventions and agreements that involve the assumption of certain responsibilities and have implications for domestic policy formulation.

The purpose of Australia's participation in international drug cooperation is to contribute to global stability and regional cooperation, drawing on our extensive expertise and experience in effective law enforcement strategies, regulatory mechanisms and demand and harm reduction initiatives.

Australia is a major donor to the United Nations International Drug Control Programme (UNDCP). The Federal Government makes annual voluntary contributions to the core resources of the UNDCP through the Overseas Aid Program. In 2001-02, Australia's core contribution was $800,000, 50% of which was 'soft earmarked' to support programs operating out of UNDCP's Regional Centre in Bangkok.

Australia has been a member of the Commission on Narcotic Drugs (CND) since 1973. Australia participates in the annual meetings of the CND and is an active and well respected member. The 45th Session of the CND, which was held 11-15 March 2002, in Vienna was chaired by Australia, as the nominee of the Western European and Other Group. During the meeting, Australia advanced a number of key issues

including securing agreement to Australian led resolutions on HIV/AIDS and international law enforcement co-operation. The 46th Session will be held in April 2003 and will include a ministerial segment, to focus on progress towards implementing the first of the goals and targets, agreed by the 1998 United Nations General Assembly Special Session.

Australia is one of the world's major suppliers of licit opiates. Australia produces high quality concentrate of poppy straw for both domestic use and export. The Australian industry has been operating for over thirty-five years and is recognised internationally as being highly secure, efficient and tightly controlled by government.

The poppy industry, which is based in Tasmania, is regulated in accordance with Australia's obligations under the United Nations Single Convention on Narcotic Drugs, 1961 as amended by the 1972 Protocol. The International Narcotics Control Board (INCB) was established by the Single Convention to limit the cultivation, production, manufacture and utilisation of drugs while ensuring the availability of drugs for medical and scientific purposes. Australia fully co-operates with the Board in its endeavours to achieve the global balance between supply and demand. The licit opiate industry in Australia is subject to to various controls by both Commonwealth and State and Territory Governments.

- The Commonwealth is responsible for controlling the manufacture, import and export of all controlled substances. This responsibility is executed by the Department of Health and Ageing's Therapeutic Goods Administration, through a system of licenses and permits.

- The growing of controlled substances is regulated by State and Territory Governments. In Tasmania this comes under the jurisdiction of the Department of Justice, Poppy Advisory and Control Board (PACB).

Australia's efforts in international drug cooperation are coordinated by the Standing Interdepartmental Committee in International Narcotics Issues, which is made up of representatives of all Commonwealth agencies with an interest in international drug matters. The Department of Health and Ageing co-ordinates links between the Committee's activities and the National Drug Strategic Framework.

6. HEALTH AND AGEING RESPONSIBILITIES TO ADDRESS DRUG USE AND HARM

6.1 State and Territory Governments

Public Health Outcome Funding Agreements

Commonwealth financial assistance to States and Territories for the National Drug Strategy is provided through a broadbanded funding mechanism, the bilateral Public Health Outcome Funding Agreements. The first round of agreements covered the period 1997-98 to 1998-99. A second round of Agreements is now in operation for a five years period 1999-2000 to 2003-04. Total Commonwealth assistance to all States and Territories over the life of the current Agreement will exceed $900 million in current prices.

The Commonwealth provided $120 million in base funding under the PHOFAs for 2001-02 and will provide $124 million in base funding in 2002-03. In addition it provides Commonwealth assistance to all jurisdictions for the purchase of vaccines under the National Immunisation Program and quarantined funding for Family Planning activities in South Australia and Victoria, and for certain Non-Government Organisation Treatment Grants under the National Illicit Drugs Strategy Second Instalment in Victoria and South Australia. The monies for the NIDS NGO Treatment Grants paid through the PHOFAs totalled $0.409 million in 2001-02 and $0.421 million has been allocated for 2002-03.

As part of the provisions of the current PHOFAs all jurisdictions are participating in the National Public Health Expenditure Project to develop agreed national definitions and reporting procedures for public health expenditure at the State/Territory and Commonwealth levels. Stage One of the Project commenced in 1997 and involved the collection of public health expenditure information for 1998-99. The first report of the Project was released in October 2001. The second report which will cover the period 1999-2000 is scheduled for publication in 2002.

6.2 Peak bodies

Alcohol and other Drugs Council of Australia

The Department provided the following levels of funding to the Australian and other Drugs Council of Australia (ADCA) though the Community Sector Support Scheme (CSSS) in the 2000-01 and 2001-02 financial years.

In 2000-2001, ADCA received $347,000 (not including GST)
In 2001-2002, ADCA received $387,000 (not including GST)

Australian National Council on Drugs

The Department has provided funding of $2,997,000 over four years since 1998-99 to support ANCD to meet commitments under its terms of reference and through the implementation of an annual workplan.

6.3 National Mental Health Strategy

The following initiatives have been progressed under the National Mental Health Strategy and the National Suicide Prevention Strategy since the Department's submission to the former committee in June 2000.

Prevention and Early Intervention

Suicide Prevention

- MindMatters is being implemented across the country. Of 3 500 high schools in Australia, 80% have requested the MindMatters resources and 50% of schools have had personnel attend professional development training, encompassing 3 700 staff. The MindMatters website receives around 700 hits per month. Base line data has been collected from a sample of 15 schools randomly selected for the evaluation. Data about the effectiveness of the professional development is also being collected.

- MindFrame (the national media strategy for the promotion of mental health literacy, reducing the stigma associated with mental illness and minimising the effects of copycat suicide) continues to influence the media industry in their reporting of mental health, mental illness and suicide issues. Peak media groups are involved in the strategy and around 300 media professionals have now been surveyed or consulted about their views and needs. During 2002, industry forums will be conducted and a website developed in response to their feedback. A new media resource kit has been developed that provides information and education to media professionals on responsible reporting.

- ResponseAbility (the national university curriculum project to develop and provide tertiary curriculum resources addressing mental health issues for the disciplines of secondary education and journalism) continues to target undergraduate courses for journalists and secondary school teachers. Personal visits and materials have been distributed to 29 schools of journalism and 49 schools of education in universities across Australia. Deans, faculty staff and students are participating in the evaluation of this initiative.

- *Life* - The Life Framework fosters partnerships across the whole community for planning and conducting suicide prevention programs and continues to be in high demand. Around 20 000 sets of the Life Framework for use by the community have been disseminated to June 2002 and a further 10 000 copies are being printed.

Mental Health

- *Auseinet (the Australian network for promotion, prevention and early intervention)* – is increasing the implementation of mental health and suicide prevention and early intervention activity within the health and other sectors. Workshops have taken place in over 20 areas with about 1700 people participating from government and non government sectors across Australia. The website receives about 85 000 hits per month and regular newsletters and an on-line journal help to disseminate information about good practice initiatives in early intervention and promotion and prevention.

- *Australian Infant, Child, Adolescent and Family Mental Health Association* – support was provided to establish the Association and to undertake scoping exercises considering evidence based programs and services related to mental health programs for the perinatal and 0-2 year old target group and for children of parents with a mental illness.

- *Mental health information and referral* – Lifeline Australia, Kids Help Line and Reach Out! provide tele and web counselling and information services. During 2001 Kids Help Line received around 410,000 telephone calls and provided 101,000 tele-counselling and 5,000 web-counselling sessions. Just Ask, Lifeline's mental health information service, received 1,549 calls over the past twelve months. The Reach Out! web site averages around 30,000 hits per month.

- Reducing access to means of suicide by exhaust gas poisoning - the Department is working with the Royal Melbourne Institute of Technology (RMIT) on the development of a non specific quality monitoring device. The Department has also developed links with the Department of Transport and Regional Services to develop a more solid evidence base approach upon which to develop motor vehicle exhaust gas initiatives.

- Reducing suicide for males aged 25-44 years is a high priority for future work and initial planning has occurred including consideration of support for demonstration projects.

Social Marketing Activity (National Mental Health Strategy)

- The mental health information brochures produced under the Community Awareness Program have been revised and updated in response to current research and focus group testing. There continues to be strong demand for these resources (74 122 from 1 February 2002). In total over 1 million have been taken up by the public. The six brochures are:

    - Mental illness: the facts
    - What is Bipolar Mood Disorder?
    - What is Schizophrenia?
    - What is Depression?
    - What are Anxiety Disorders?
    - What are Eating Disorders?

People with mental illness and drug dependency

Both the National Drug Strategic Framework and the National Mental Health Strategy recognise the importance of addressing issues around coexisting mental health and substance use disorders. Both strategies identify the need for a national response to this priority area, including the development of better care and management.

The first stage of the National Comorbidity Project was a National Comorbidity Workshop that was held in Canberra on 6-7 March 2000. In response to priorities identified from the workshop the Department is undertaking the following initatives which will assist in developing a comprehensive evidence base to inform future work:

- **National Comorbidity Workshop Report**
  The report of the *National Co-morbidity Workshop* held in March 2000 has been published and distributed to workshop participants.

- **Comorbidity Monograph**
  The production of a monograph that will review the national and international evidence in respect to comorbid mental health and substance misuse problems. The monograph is expected to be completed in August 2002.

- **Review of Diagnostic Instruments Monograph**
  The National Drug Strategy monograph *Diagnostic screening instruments for alcohol and other drug use and other psychiatric disorders* (1997) has been updated.

- **Comorbidity Scoping Study in General Practice and Primary Health Care**
  A study that includes a comprehensive international and national literature review on best practice for identifying, managing and treating people with comorbid disorders in primary care settings and a survey of primary care and general practice in Australia to identify gaps in areas such as research, education, training and service support. The scoping study is expected to be completed in August 2002.

- **Scoping Exercise of Specialist Tertiary Services providing Services to Clients with Comorbid Mental Health and Substance Use Disorders**

A scoping exercise to identify and document the characteristics of existing tertiary treatment services for comorbid clients, identify those elements of service delivery (including both clinical and administrative aspects, communication lines, education and training, etc) which the evidence suggests enhance skills and confidence of practitioners working with comorbid clients and improves outcomes for clients suffering from comorbid mental health and substance use disorders; andpropose strategies for improving best practice in this area. The results of the study are expected to be available in late 2002.

6.4 Pharmaceutical Benefits

Pharmaceutical Benefits Scheme (PAQ)

The Therapeutic Goods Administration registered buprenorphine for the treatment of opiate dependence within a framework of medical, social and psychological dependence in November 2000. Buprenorphine or Subutex (tradename) was listed on the Pharmaceutical Benefits Scheme in August 2001 for the treatment of opioid dependence, including maintenance and detoxification. In 10 months (August 2001 to May 2002) the cost to Government has been $4.2 million.

Buprenorphine treatment is virtually identical to that of methadone. Both drugs seek to provide an effective drug free maintenance therapy. Buprenorphine offers a number of advantages compared to methadone; it has a reduced risk of overdose, its cessation is followed by a milder withdrawal, its long action can half dosage frequency and as a detoxification agent buprenorphine allows subsequent treatment with other agents such as methadone or naltrexone.

Buprenorphine complements existing treatments such as methadone, which has a proven track record in saving lives, improving health, reducing crime and facilitating social functioning and will increase the range of options open to opioid dependent individuals.

Potential for Abuse of New Medicinal Preparation - PBS Listing

Temazepam (PAQ)

Medical, pharmacy and consumer organisations have been concerned about the harm caused by the intentional misuse of temazepam capsules by injecting drug users (IDUs) and others in the community. Temazepam capsules are misused by IDUs to augment the effect of heroin, or to act as a substitute when they cannot obtain heroin.

Following a review of the evidence, the Government has restricted the availability of temazepam capsules under the PBS, and introduced an education campaign for prescribers, pharmacists and consumers about the issue. The PBS change encourages medical practitioners to prescribe the tablet dosage form of temazepam, which remains an unrestricted PBS benefit. The PBS Authority mechanism also ensures that those who have a genuine need for the capsules are still able to obtain them as subsidised medicines.

The change has already reduced the pool of temazepam capsules within the Australian community. This is expected to result in reduced harm in the IDU community through intentional misuse of the product, and associated costs to the community through crime, prescription forgery and trafficking.

Tramadol (PB)

Tramadol formulations (Tramal ®) have relatively recently been listed on the PBS as alternatives to the opioid containing analgesics on the basis of being associated with less abuse and dependence potential.

6.5 Office for Aboriginal and Torres Strait Islander Health (OATSIH)

Aboriginal and Torres Strait Islander Substance Misuse Program

In 2001-02 the Aboriginal and Torres Strait Islander Substance Misuse Program provided funding of $18.8 million towards the operation of sixty-five (65) community controlled health and substance misuse services nationally. Of these 65 services, 42 are stand-alone that provide only substance misuse services, with the remaining 23 providing services as part of a primary health care facility.

Comgas Scheme

The Office for Aboriginal and Torres Strait Islander Health has negotiated agreements with suppliers of aviation fuel, namely Mobil Oil Australia Ltd, BP Australia Ltd and Shell, to subsidise supply to some thirty three (33) communities. Funding of $1 million is provided annually to support this initiative, which allows remote communities to substitute aviation fuel for regular petrol, as part of their broader approach to dealing with petrol sniffing.

Prevention and early intervention

The OATSIH has completed the national implementation of the *National Recommendations for the clinical management of alcohol-related problems in Indigenous communities* through the distribution of the document and the staging of workshops nationally. The implementation strategy was designed to promote uptake and dissemination of the document among clinical practitioners in primary health care to improve their management and intervention with Indigenous clients. The final implementation report is currently being considered by the Department.

In January 2001 the OATSIH engaged the Australian National University's Centre for Aboriginal Economic Policy Research (CAEPR) to undertake three Indigenous substance misuse projects. CAEPR provided the following research outcomes:

- A user friendly information resource on a range of interventions in addressing substance misuse for use by OATSIH service Boards of Management.
- A discussion paper informing the development of an evaluation framework for Indigenous residential rehabilitation programs.
- Testing of a flipchart to assist primary health care practitioners provide brief interventions for hazardous alcohol use to Indigenous clients.

Specialist treatment and rehabilitation

The OATSIH funded Dr Maggie Brady Fellowship has provided two resources to enhance specialist treatment and rehabilitation services:

- *Helping Out with Alcohol and Other Drug Problems: A resource book for Aboriginal and Torres Strait Islander people working in residential programs.*
- A report that has analysed rehabilitation programs and provides options for improving and evaluating residential substance use programs for Aboriginal and Torres Strait Islander people.

Improving the evidence base

The OATSIH recently funded the National Drug Research Institute at the Curtin University of Western Australia to publish a series of 13 research articles on substance use within Indigenous communities. The aim of the publication is to enable communities to access research around substance use, allowing communities to utilise research outcomes and to develop responses and programs to deal with local substance use issues.

In 1999-2000 the OATSIH developed the Drug and Alcohol Service Report (DASR) questionnaire, which gives OATSIH funded substance use services the opportunity to report on all their activities including client numbers, episodes of care, funding, staffing and resource needs. Through the DASR, services also identify areas of importance in substance use service delivery which may require advocacy, program and policy development or improved inter-sectoral work. Importantly the DASR plays an important role in improving the evidence base in the area of services to address substance use.

Implementation of the Policy Framework

The National Indigenous Substance Misuse Council (NISMC) was officially launched at Parliament House, Canberra, on 28 June 2001.

The objectives of the NISMC are to:

- work for community-based solutions to the distress, suffering and harmful effects of the misuse by Aboriginal persons and their families of alcohol, harmful drugs and other harmful substances;
- support member organisations of the Council which work directly to implement the objects of the Council, and to encourage the support of other Aboriginal community-based organisations and other agencies to implement projects which further these objectives;
- assist in national policy development, research, implementation and lobbying;
- ensure the active participation of Aboriginal people in the work of the Council; and
- do all such other things as may be incidental to the attainment of such objects.

The Review highlighted a number of areas for improvement in specialist substance use treatment and rehabilitation services, including the development of quality assurance processes. The OATSIH in partnership with the Aboriginal Drug and Alcohol Council of South Australia has established a pilot of the Quality Improvement Council (QIC) *Standards for Alcohol, Tobacco and Other Drugs in substance use services* in South Australia. This trial is designed to establish the

appropriateness of the QIC process and standards when applied to Indigenous substance use services and to inform the development of a quality assurance framework for the Program.