

***INTERGOVERNMENTAL  
COMMITTEE  
ON DRUGS***

*SUBMISSION TO THE  
HOUSE OF REPRESENTATIVES STANDING  
COMMITTEE ON FAMILY AND COMMUNITY AFFAIRS*

*INQUIRY ON SUBSTANCE ABUSE IN  
AUSTRALIAN FAMILIES*

June 2000

## **INTRODUCTION**

The Intergovernmental Committee on Drugs, the Commonwealth, State and Territory health and law enforcement senior officer committee which supports the Ministerial Council on Drug Strategy, provides the attached submission to the House of Representatives Standing Committee on Family and Community Affairs inquiry into substance abuse and its social and economic costs to the community.

It recognises, as does the Standing Committee that it has been 20 years since the Parliament held a broad ranging national inquiry into legal and illegal drug abuse, in 1977 under the chairmanship of Senator Peter Baume. The IGCD notes the considerable progress government has made in addressing these issues since the last inquiry.

The response to drug abuse has been characterised by a coordinated approach by both Commonwealth and State governments and by both health and law enforcement portfolios. As a result of this commitment to coordinated approaches to dealing with drug abuse, the Intergovernmental Committee on Drugs (IGCD), makes this submission to the inquiry. The IGCD consists of senior officers representing health and law enforcement in each jurisdiction along with people with expertise in identified priority areas such as the Australian Customs Service and the Department of Education, Training and Youth Affairs.

### Submission

This submission seeks to outline the history of the National Drug Strategy since its inception in 1985 as the National Campaign Against Drug Abuse to the present National Drug Strategic Framework which runs to 2002-03.

Strategies to deal with drug abuse have been evolving since 1985. They have changed to reflect both our increased knowledge about drug abuse, its effects and appropriate methodologies for dealing with it, and changing trends in the use of particular drugs over time. Throughout the development of the strategies, the close cooperation between jurisdictions and the portfolios involved has resulted in a coherent framework for dealing with drug issues.

The National Drug Strategy has been characterised by continued evaluation and review. During its fifteen years of operation, there have been three evaluations which have allowed an opportunity revise and update the Direction of the Strategy. These evaluations have also provided an opportunity for public consultation on the direction and effectiveness of the National Drug Strategy. This has provided an opportunity to introduce initiatives which take account of public opinion about drug abuse, the effectiveness of existing interventions and in the case of public education campaigns, whether messages are getting across to the groups intended to receive them.

The National Drug Strategy continues to evolve in response to expressed need and to the findings of research and evaluations which continue to be in progress, and will no doubt

continue to do so. I am pleased to provide this submission on behalf of the Intergovernmental Committee on Drugs.

National Expert Advisory Committee on Tobacco (NEACT) submission

The body of this submission outlines the advisory structures which exist to provide a range of expertise and advice to the Ministerial Council on Drug Strategy and Intergovernmental Committee on Drugs. Included in these advisory structures are National Expert Advisory Committees on tobacco, alcohol, illicit drugs, school education, research and monitoring and evaluation. Chairs of these committees were advised of the IGCD's intention to make a submission to the Inquiry and offered the opportunity to contribute their own factual submissions to be included as an appendix to the IGCD submission. The National Expert Advisory Committee on Tobacco (NEACT), has taken up this offer and its submission is appended.

Jack Johnston  
Chair  
Intergovernmental Committee on Drugs

**HOUSE OF REPRESENTATIVES STANDING COMMITTEE ON FAMILY AND  
COMMUNITY AFFAIRS**

**INQUIRY ON SUBSTANCE ABUSE IN AUSTRALIAN COMMUNITIES**

**Draft Outline of Submission by the Intergovernmental Committee on Drugs (IGCD)**

**1. HISTORY OF NATIONAL DRUG STRATEGY**

- 1985 – 88 National Campaign Against Drug Abuse
- 1988 – 92 National Campaign Against Drug Abuse
- 1993 – 97 National Drug Strategic Plan
- 1998 – 2003 National Drug Strategic Framework

**2. NATIONAL RESEARCH ON DRUG ISSUES**

- Centres of Research Excellence
- National Drug Strategy Household Survey
- National Minimum Dataset
- Illicit Drug Reporting System
- Estimates of Drug Caused Deaths
- National Coronial Information System
- National Drug Law Enforcement Fund
- National Illicit Drug Strategy Research
- Research Under the National Drug Strategic Framework
- List of published monographs

**3. CURRENT NATIONAL DRUG STRATEGY ADVISORY STRUCTURES**

- Ministerial Council on Drug Strategy
- Intergovernmental Committee on Drugs
- Australian National Council on Drugs
- National Expert Advisory Committees

**4. RELATED NATIONAL STRATEGIES**

- National Public Health Partnership
- Directions in Australasian Policing, the National Heroin Supply Reduction Strategy and the National Supply Reduction Strategy for Illicit Drugs Other than Heroin
- Lead Ministers National Anti-crime Strategy and the National Campaign Against Violence and Crime
- National HIV/AIDS Strategy and the National Hepatitis C Action Plan
- National Medicinal Drug Policy
- National Mental Health Strategy and the National Youth Suicide Prevention Strategy
- National Health and Medical Research Council
- Aboriginal and Torres Strait Islander Substance Misuse Program
- National School Drug Education Strategy
- National Drugs in Sport Framework

**5. INTERNATIONAL**

## **HISTORY OF NATIONAL DRUG STRATEGY**

### ***BACKGROUND***

Late in 1984 the then Prime Minister, indicated an intention to initiate a National Campaign Against Drug Abuse. For the Campaign to be successful it was recognised that full support was required between States and the Commonwealth. To this end a special Premiers' Conference on Drugs was held on 2 April 1985 where it was agreed by all governments to establish the National Campaign Against Drug Abuse (NCADA), co-operatively work together and for each to devote resources to this vital task.

At the same time the Premiers also agreed to the formation of a Ministerial Council on Drug Strategy (MCDS) to coordinate and direct NCADA and to have authority to deal with all drug related matters.

The national campaign had the overall aim of minimising the harmful effects of drugs on Australian society. This was recognised as an objective which underlay a wide range of areas of policy development and program activity.

### **1985 – 88 National Campaign Against Drug Abuse (NCADA)**

NCADA was launched in 1985 by the then Commonwealth Minister for Health. The Campaign was based on a number of key principles:

- it was to be a national approach with co-operative effort and mutual support across jurisdictional boundaries;
- a major emphasis on strengthening the capacity of existing institutional and other community structures to deal with drug abuse;
- it was to take a comprehensive approach to drug abuse and drug problems, both licit and illicit drugs;
- reliable data for monitoring programs, the development of new approaches and evaluation of programs was essential;
- emphasis to be on demand reduction programs integrated with supply control strategies; and
- to have a degree of permanency and long life rather than short term focus.

The Campaign was created with strong bipartisan political support. The focus of the Campaign was to minimise the harmful effects of drug use in Australian society. This focus has remained since its inception.

### **Review of NCADA 1985-88**

In 1988 MCDS commissioned an independent evaluation to assess the progress of the Campaign and make appropriate recommendations regarding the future directions of Australia's drug effort.

The evaluation task force undertook an extensive program of formal and informal consultation with organisations and individuals across Australia. This work included wide ranging discussions with personnel in relevant Commonwealth, State and Territory Departments, other public agencies and a large number of people representing the range of non-government organisations which play an important role in delivering services. Public submissions were called for through advertisements in major metropolitan newspapers, major ethnic community newspapers, a number of regional papers, and relevant journals.

The evaluation also had access to baseline information on drug usage in Australia, community attitudes to drugs and other issues relevant to the national campaign from a national household survey. The evaluation task force also commissioned specialist papers on *An overview of the effectiveness of treatment for drug and alcohol problems* and *Strategies for the prevention of drug and alcohol problems for use by Commonwealth, State and Territory authorities*.

The evaluation found “the campaign to date has been a major success, having in three years made considerable progress towards its goal of minimising the harm caused by drugs in Australian society”. It described the success of the campaign:

“Australia now has in place a coherent national approach to drug problems, which nevertheless provides the flexibility to respond to particular local needs. After the first three years of the campaign:

- a wide range of prevention and treatment services is available in all jurisdictions;
- significantly improved statistical and research data are becoming available;
- the community is more aware of and better informed about drug related matters, and the level of professional and community debate on drug issues has risen;
- Australia has moved towards a more appropriate balance between measures designed to control the supply of drugs and measures designed to reduce demand;
- Australia’s international reputation in the drug field has grown considerably”.

The Ministerial Council on Drug Strategy agreed to the continuation of the National Campaign Against Drug Abuse in October 1988, and its resolutions reflected continuity with the 1985-88 campaign while reflecting changing circumstances and community priorities.

It was recognised that the national strategy represented a long term approach and that change towards prevention strategies could only be achieved gradually.

### **1988-92 National Campaign Against Drug Abuse**

The MCDS agreed that the National Campaign Against Drug abuse should continue and that over the next three years the National Campaign Against Drug Abuse should:

- Continue the focus on harm associated with both legal and illegal drugs, giving priority to tobacco, alcohol and illicit drug use;
- Pay particular attention to the circumstances and requirements of young people, women, Aboriginal people, prisoners, people of non English speaking background and intravenous drug users;
- Expand the law enforcement components of the campaign, with support for nationally significant law enforcement initiatives; and

- Address the need for improved training of professionals and non-professionals working in the drug and alcohol field, particularly staff of treatment agencies servicing intravenous drug users.

### **Review of NCADA 1988-92**

In February 1992, the second evaluation titled *No Quick Fix* was released. The evaluation saw NCADA to that time as a step in the right direction which must be followed through to capitalise on the experience of its first six years. Its strengths were identified as the aim of harm minimisation, greater policy attention paid to alcohol and other drug issues and the public health approach of the campaign. The evaluation also commented positively on:

- The Campaign's comprehensive and multi-faceted approach which included licit and illicit drugs;
- The range of strategies and organisations involved;
- The national framework and the continuing policy commitment;
- The increasing status of alcohol and other drugs as an area to work in; and
- The resources made available in the field.

The evaluation also noted that community awareness had increased and that there had been a positive change in attitudes to the responsible use of alcohol and tobacco during the six years of the Campaign.

It made 66 recommendations with one of these proposing the relaunch of the NCADA as the National Drug Strategy (NDS) based on a new National Drug Strategic Plan. The National Drug Strategic Plan 1993-97 was released in 1993.

### **The National Drug Strategic Plan 1993-97**

The National Drug Strategic Plan provided an outline for the next five years of the Campaign, with goals and objectives, key national indicators and program priorities for focusing national attention and action.

Each jurisdiction, including the Commonwealth was to develop a 3-5 year strategic plan within the broad framework set by the National Drug Strategic Plan and based on jurisdictional priorities. The strategic plans were then to be used to guide the development of annual action plans for each jurisdiction. The aim of the action plans was to translate the broad directions set in the strategic plans into concrete activities.

The National Drug Strategic Plan set out a broad national policy approach and key national policy objectives and indicators in the areas of:

- Tobacco;
- Alcohol;
- Pharmaceuticals;
- Illicit Drugs

It also listed National initiatives proposed for the next five years.

## **Review of the National Drug Strategic Plan**

At the conclusion of the five-year phase of the National Drug Strategic Plan, MCDS commissioned an evaluation of the Plan and the NDS. The evaluation titled *The National Drug Strategy: Mapping the Future* was undertaken by independent evaluators Professor Eric Single of the University of Toronto, and Professor Timothy Rohl from the Australian School of Police Management, Charles Sturt University. It was released in April 1997.

*Mapping the Future* noted there had been an impressive record of achievement under the NDS. The evaluators found that Australia's National Drug Strategy was widely recognised as one of the most progressive and respected drug strategies in the world.

However, in order to refocus the NDS for the future, to continue achieving its success and maintain its international reputation, the evaluators proposed a seven-point plan for the future direction of the Strategy. The Plan recommended:

- the strengthening of partnerships and expansion of these to the local level;
- establishment of a dedicated NDS unit to assist and advise the MCDS and the National Drug Strategy Committee (later named the Intergovernmental Committee on Drugs or IGCD) and provide Commonwealth leadership;
- training of mainstream health, law enforcement and community officials to effectively minimise drug-related harm;
- improvement in the cost effectiveness of treatment, prevention and research;
- improvement in the ability to monitor the performance of NDS and make new developments in prevention, treatment and research more readily available to health care practitioners, law enforcement officers and the public at large;
- enhancement of the involvement and effectiveness of law enforcement in preventing drug-related harm; and
- redirection of cost-shared funding used for ongoing services to the development and dissemination of new programming.

The evaluation found that much of the success of the National Drug Strategy could be attributed to the 'commitment of individuals and non government organisations which have carried out the prevention, treatment, education and research projects under the National Drug Strategy'. In recognition of the specialised knowledge and expertise of volunteer and community organisations, the Council of Australian Governments (COAG) at its meeting of 7 November 1997 noted the Commonwealth's intention to establish an Australian National Council on Drugs. ANCD members are appointed for a three year term. A detailed description of the ANCD's role and function is in Chapter 3 – Current National Drug Strategy Advisory Structures.

## **Consideration of evaluation by MCDS and development of National Drug Strategic Framework**

At its meeting in July 1997, the MDCS accepted the independent evaluation of the third stage of the National Drug Strategy.

Ministers agreed that a nationally coordinated and integrated approach to reducing harm arising from the use of licit and illicit drugs should continue for a further five years; and requested that a draft document be prepared that would:

- reaffirm commitment to harm minimisation as the underpinning philosophy of Australia's approach to harmful drug use;
- embody strategic directions and principles; and
- strengthen existing partnerships and seek to expand them in other areas.

In May 1998 a draft *National Drug Strategic Framework 1998-99 –2002-03* was endorsed by the MCDS for release as the basis for widespread public consultation involving the government, non-government and community sectors. The document was sent to 750 agencies, 500 Alcohol and Other Drugs Council of Australia (ADCA) members, and 800 recipients accessing a toll free telephone number. An advertising campaign in 75 newspapers nationally was also undertaken.

191 submissions were received as part of the public consultation process from a wide variety of organisations and individuals. Between June and July 1998, State and Territory forums were held across Australia with 300 people attending. Some 40 national peak bodies were represented.

Following the consultation process the National Drug Strategic Framework document was revised and jointly endorsed by the Australian Council on Drugs (ANCD) and the Intergovernmental Committee on Drugs for consideration by Ministers.

### **The National Drug Strategic Framework 1998-1999 to 2002-2003**

MCDS endorsed the National Drug Strategic Framework document on 19 November 1998. The Strategy maintains the policy principles of the past and adopts the major recommendations of *Mapping the Future*. It outlines the need for development of closer working relationships between the three tiers of government and affected communities (including drug users, their families and those affected by drug-related harm; community-based organisations; business and industry; the medical profession and research institutions were identified as priority areas. In recognition of this and acknowledging that a partnership approach remains an evolving feature of the Strategy, *Building Partnerships* was adopted as the theme for the next five-year phase of the National Drug Strategy.

The approach set out in the Strategic Framework includes:

- **harm minimisation** – encompassing supply reduction strategies to disrupt production and supply of illicit drugs, demand reduction strategies to prevent the uptake of harmful drug use, harm reduction strategies to reduce drug related harm for individuals and communities.
- **A coordinated, integrated approach** – stressing responsibility for action by law enforcement, criminal justice, health and education agencies, government agencies at all levels, the community based sector, business and industry, research institutions, local communities and individuals.
- **A partnership approach** – recognising the need for a cooperative effort between all levels of government, community based organisations, researchers, health professionals, educators, law enforcement authorities, drug users and the wider community to reduce the harmful social, health and economic effects of drug use.

- **A balanced approach** – seeking a balance between supply reduction, demand reduction and harm reduction strategies. Also this approach seeks a balance between strategies to reduce the harm caused by both licit and illicit drugs.
- **Evidence based practice** – emphasising that all strategies should reflect evidence based practice which is based on rigorous research and evaluation, including the cost effectiveness of interventions.
- **Social Justice** – seeking to develop strategies that recognise the unique settings of local communities, are culturally responsive, meet the needs of marginalised population groups and improve access to local services.

The National Drug Strategic Framework has as its mission

*To improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in Australian society.*

Its objectives are:

1. to increase community understanding of drug-related harm;
2. to strengthen existing partnerships and build new partnerships to reduce drug-related harm;
3. to develop and strengthen links with other related strategies;
4. to reduce the supply and use of illicit drugs in the community;
5. to prevent the uptake of harmful drug use;
6. to reduce drug-related harm for individuals, families and communities;
7. to reduce the level of risk behaviour associated with drug use;
8. to reduce the risks to the community of criminal drug offences and other drug-related crime, violence and anti-social behaviour;
9. to reduce the personal and social disruption, loss of quality of life, loss of productivity and other economic costs associated with the harmful use of drugs;
10. to increase access to a greater range of high quality prevention and treatment services;
11. to promote evidence-based practice through research and professional education and training;
12. to develop mechanisms for the cooperative development, transfer and use of research among interested parties.

### National Drug Action Plans

The National Drug Strategic Framework outlines policy principles and priority areas. It is accompanied by a series of National Drug Action Plans. These plans specify priorities for reducing the harm arising from the use of licit and illicit drugs, strategies for taking action on these priorities and performance indicators.

The Action Plans are developed by the Intergovernmental Committee on Drugs together with the Australian National Council on Drugs. They will be reviewed and reported on annually. The Intergovernmental Committee on Drugs develops priorities for and coordinates the development, implementation and evaluation of the Plans with the assistance of the national expert advisory committees and the national research centres. Interested parties are consulted in the development of each Action Plan.

To date two Action Plans have been developed. These are:

- the National Tobacco Strategy; and
- the National School Drug Education Strategy.

A draft National Alcohol Action Plan was developed by the National Expert Advisory Committee on Alcohol, on which the IGCD provided comments in late 1999. It is currently awaiting approval by the Ministerial Council on Drug Strategy.

On the advice of the National Expert Advisory Committee on Illicit Drugs, a consultant was commissioned to facilitate the development of a National Action Plan on Illicit Drugs. A preliminary draft of the Plan was considered by the Intergovernmental Committee on Drugs in September 1999 and circulated to jurisdictions for comment. It is expected that the Ministerial Council on Drug Strategy will consider a draft action plan for targeted consultation at the July MCDS meeting.

#### Evaluation and Monitoring of the National Drug Strategic Framework

Monitoring and evaluation strategies are required to determine whether the objectives and priorities of the National Drug Strategic Framework are being met and whether specific strategies identified in the National Drug Action Plans are effective. A comprehensive National Drug Monitoring and Evaluation Strategy is being developed by the National Drug Strategy Unit, under the direction of the Intergovernmental Committee on Drugs and the Australian National Council on Drugs, and in collaboration with representatives of Commonwealth, State and Territory government agencies, community based organisations and research institutions. KPMG have been contracted to assist in this process.

All jurisdictions participate in the presentation of an annual monitoring report to the Ministerial Council on Drug Strategy dealing with the implementation of the National Drug Strategic Framework. The report on the first year of operation of the National Drug Strategic Framework is expected to be available at the next Ministerial Council on Drug Strategy meeting in July 2000.

## **2. RESEARCH ON DRUG ISSUES**

The National Drug Strategy has long recognised the need for evidence based research to inform policy and program development. This is funded and encouraged through support for national research centres, through the contracting of other organisations to undertake specific research projects for which they have particular expertise, and the maintenance of a funding program which allows for the publishing of a wide variety of monographs.

Research effort has been a commitment over the life of the National Drug Strategy and has contributed greatly to the sum total of knowledge in the drugs field. It has helped jurisdictions and non government organisations in the development of programs to address drug issues directly.

A mechanism for coordinating research has been established through the National Drug Research Strategy committee. As mentioned elsewhere, the committee is an IGCD coordination committee which manages the National Drug Research Strategy. This Strategy provides nationally agreed research priorities and an effective process for dissemination of research results.

### Funding for Research Centres of Excellence

The National Drug Strategy benefits from dedicated national research centres that provide the opportunity for a core research program. The establishment of two Research Centres of Excellence was approved by the then Minister on 18 October 1985. In 1986, the National Drug and Alcohol Research Centre (NDARC) and the National Centre for Research into the Prevention of Drug Abuse (now the National Drug Research Institute – NDRI) were established.

A major strength of the Centres has been the development of drug and alcohol research infrastructure. They have undertaken an important and valuable range of research and related activities, including publishing widely findings of research, both in Centre publications and refereed journals. The Centres have developed good links over time with the using community, therefore building trust, allowing them to undertake projects such as the Illicit Drug Reporting System. This would be more difficult for non dedicated centres as it would not be their core business.

Both Centres have now begun to develop Web sites and this form of communication will be an increasingly important method of disseminating information to schools, government agencies and drug and alcohol agencies.

The training of PhD students, particularly in the case of NDARC, has assisted in building up a pool of individuals with training and experience in the drug and alcohol area and has extended the range of work undertaken at the Centres. The use of very motivated PhD students has provided a highly cost effective research base.

In 1999, another centre, the National Centre for Education and Training on Addiction commenced to receive funding. NCETA was previously funded by the Department of Education, Training and Youth Affairs. It combines elements of teaching and research

relating to the education of professionals and non-professionals in the drug and alcohol addiction field. Its current funding level is \$300,000

### National Drug Strategy Household Survey

Commencing in 1985, a series of six National Drug Strategy Household Surveys have been undertaken. These were conducted nationally in 1985, 1988, 1991, 1993, 1995 and 1998. The most recent survey, in 1998 was managed by the Australian Institute of Health and Welfare. Respondents are asked about their knowledge of drugs, their attitudes towards drugs and their drug consumption histories and related behaviours.

These surveys have been the principal data collection vehicle used to monitor trends and evaluate progress under the National Drug Strategy. National Drug Strategy surveys provide data on behaviour, knowledge and attitudes relating to drug use among persons 14 years and over.

A limitation of the survey series has traditionally been the relatively small sample of illicit drug users (other than for cannabis) obtained from the use of households in the sampling methodology. This problem was addressed in the conduct of the 1998 survey through an expanded and diversified sampling approach.

Strengths of the survey include its relatively long history (time series data extend to 1985), the overall consistency of approach between surveys (survey methodologies are broadly consistent over time), and the opportunity to link respondents' drug use (eg tobacco smoking) with a range of other behaviours, experiences, attitudes, knowledge and demographic characteristics.

The National Drug Strategy Household Survey not only provides useful information on such issues as consumption patterns of drugs and support for drug related policy, but provides an opportunity to measure the Australian community's changing use of drugs and attitudes to drug related policy over time.

The Household Survey provides a wealth of data which can be used by policy developers and service delivery agencies alike.

## National Minimum Dataset

The idea of the development of a National Minimum Dataset began as part of a workshop run by the Alcohol and Other Drugs Council (ADCA). Funds were provided for ADCA to run a feasibility study for data collection across jurisdictions on treatment episodes. Initially a one day snapshot census, called the Clients of Treatment Service Agencies census (COTSA) was undertaken in 1990, 1992/3 and 1995. While this information was useful, it was recognised that there was still a need for more detailed and easily comparable information on treatment services.

The National Drug and Alcohol Research Centre undertook a feasibility study, which was primarily a census of forms and data reported on, and went on from this to pilot test a series of data items and agreed definitions. This work was then transferred to the Australian Institute of Health and Welfare's national health data committee.

The work of the National Drug and Alcohol Research Centre and the Australian Institute of Health and Welfare was referred to an IGCD working group to agree the definitions. In late 1999 the IGCD working group endorsed a range of definitions. The endorsed definitions represent that information which is able to be collected by all States and Territories at present. These agreed definitions will be included in the Australian Institute of Health and Welfare's data dictionary.

This work represents an important step forward in the collection of comparable data across jurisdictions and the opportunity to make meaningful comparisons about treatment provided and its outcomes.

## Illicit Drug Reporting System

The Illicit Drug Reporting System (IDRS) monitors the price, purity, availability and use of the four main illicit drug types (heroin, amphetamines, cocaine and cannabis). The IDRS provides a strategic early warning system which alerts researchers and policy makers to changes in price, purity, availability and use of these drugs. This information is important in developing interventions in the area of drug use.

Information on drug trends in New South Wales, South Australia and Victoria are obtained through three methods:

- A survey of injecting drug users;
- A survey of key informants who are professionals in the field of illicit drugs; and
- An analysis of existing indicator data on drug related issues (eg police drug seizures, ambulance service reports etc).

Information on trends in all other States and Territories does not include a survey of injecting drug users.

The IDRS reporting system began in New South Wales, was extended to Victoria and South Australia, and then to all jurisdictions in 1999. The findings of the IDRS are important for policy development. For example, the most recent report points to a drop in the age of initiation into injecting drug use.

## Estimates of Drug Caused Deaths

The Australian Institute of Health and Welfare (AIHW) and the National Drug and Alcohol Research Centre (NDARC) undertake annual estimates of drug caused deaths.

The AIHW, using a system of agreed aetiological fractions undertakes an estimate of deaths attributable to the use of drugs, alcohol and tobacco. It also provides an estimate of person life years lost, and does work on the levels of morbidity attributable to drug use.

NDARC undertakes an estimate of deaths attributable to use of illicit drugs only.

## National Coronial Information System

This system is operated by Monash University in conjunction with the Victorian Department of Forensic Medicine. The national system is at present under development and aims to provide information on cause of death found by Coroners. It is intended that the system will be web based, allowing varying levels of access to users when it becomes operational in around two years time. The National Drug Strategy has provided some funding for the development of the core modules of the system, which will provide some basic drug death information. Specific funding for enhanced modules has been provided through the National Illicit Drugs Strategy. The aim of this is to fund the development of modules which will provide toxicological information, and also to develop standardised reporting across jurisdictions.

## The National Drug Law Enforcement Fund (NDLERF)

This is an amalgamation of two earlier research funds – National Community Based Approaches to Drug Law Enforcement (NCBADLE), a joint Commonwealth/State and Territory fund for the development of community policing initiatives (this was managed by the Australasian Centre for Policing Research in Adelaide) and the National Drug Crime Prevention fund, a joint Health and Police initiative.

With the creation of NDLERF, the Australasian Centre for Policing Research provide secretariat services to the fund under a Memorandum of Understanding. The work of the fund is overseen by a Board of Management which consists of IGCD members.

The Terms of Reference for NDLERF state that its funding is to be directed towards:

- A trialing of innovative law enforcement strategies;
- The development of ideas to a stage of experimental implementation;
- The establishment of data collections which could lead to better informed decision making by law enforcement agencies;
- The development of materials, written or otherwise, to assist law enforcement officers in the execution of their current or future roles; and
- The identification and sponsorship of suitable national law enforcement programs on a “one year at a time” basis, dependent on satisfactory evaluation and on the needs and priorities of the Fund.

Projects must also be of national significance, ie adaptable to any law enforcement agency in Australia, and must be capable of evaluation.

Recommendations for project funding are made by a Board of Management approved by the IGCD to manage the NDLERF, or the executive of that Board. Final approval for the funding of projects is given by the Minister for Health and Aged Care or their delegate.

### National Illicit Drug Strategy Research

The National Health and Medical Research Council is responsible for the management of research funding under the National Illicit Drug Strategy. The NHMRC has established a National Illicit Drug Strategy Research Committee to undertake this task. The Committee is made up of representatives of NHMRC's research committees and the Australian National Council on Drugs and other people with expertise in the prevention and treatment of illicit drug use. A research agenda has been developed and in May 1999 29 applications were received to undertake research. Sixteen projects were subsequently funded.

### Research Under the National Drug Strategic Framework

The development of the National Drug Strategic Framework and its advisory structures presented an opportunity to revise strategic approaches to research and reassess priorities annually as part of the work of the expert advisory committees. A National Drug Research Strategy subcommittee has been convened to;

- Identify research principles under the National Drug Strategy;
- Provide a systematic process for identifying research gaps and priorities;
- Assess the appropriateness of the information systems used for dissemination of research findings to those involved with the National Drug Strategy and to the wider community;
- Assess and develop priorities for research resources, including the research workforce;
- Find a balance between commissioned and investigator-determined research; and
- Develop mechanisms for the cooperative development, transfer and use of research among those involved with the National Drug Strategy.

In addition to this, monitoring and evaluation strategies are required to determine whether the objectives and priorities of the National Drug Strategic Framework are being met and whether specific strategies identified in the National Drug Action Plans are effective. A Monitoring and Evaluation subcommittee of the IGCD has been established to develop a National Drug Monitoring and Evaluation Strategy. This strategy will have four primary objectives:

- To measure the National Drug Strategic Framework's performance against its objectives and priorities, using the best available medical, social and epidemiological data;
- To provide timely and accurate information on National Drug Strategy program performance for program management and Commonwealth, State and Territory annual reporting purposes;
- To identify emerging challenges and changing trends in harmful drug use, including the emergence of new drug-related harms; and
- To communicate to all levels of government and the wider community the successes, problems and challenges of the National Drug Strategy.

### Other Commissioned Research

Over the life of the National Drug Strategy, numerous pieces of research into drugs and drug related issues have been commissioned. The results of this research have been published as a series of monographs. A complete list of these monographs is at Attachment A.

### 3. CURRENT NATIONAL DRUG STRATEGY ADVISORY STRUCTURES

From the initial implementation of the National Campaign Against Drug Abuse, there has been agreement that a national approach to the issue is essential. It was agreed that in a country such as Australia it made little sense to have unique State drug policies and that the development of a national policy avoids duplication and encourages sharing of resources and ideas. Close cooperation between Commonwealth and State/Territory governments in development and implementation of the evolving National Drug Strategy has been a hallmark of this area from the earliest days of the Strategy.

A range of consultative and advisory structures have been developed to assist with this cooperative approach. They operate at a number of levels:

- Structures which facilitate consultation and cooperation between government Ministers and government officials;
- Structures which facilitate consultation with community organisations working in the field and members of the public; and
- Structures which facilitate the provision of expert advice to government officials and Ministers.

These structures are described below. They are also represented diagrammatically in the attachment at the end of this section.

#### The Ministerial Council on Drug Strategy

The Ministerial Council on Drug Strategy brings together Commonwealth, State and Territory Ministers responsible for health and law enforcement to collectively determine national policies and programs to reduce the harm caused by drugs. In their evaluation of the National Drug Strategic Plan, *Mapping the Future*, Single and Rohl (1997) identified the Ministerial Council as one of the major strengths of Australia's National Drug Strategy. Under the National Drug Strategic Framework, the Council continues to function as the peak policy and decision making body in relation to licit and illicit drugs in Australia.

The Ministerial Council ensures that Australia has a nationally coordinated and integrated approach to reducing the harm arising from the use of drugs. The Ministerial Council's collaborative approach is designed to achieve national consistency in policy principles, program development and service delivery. The Ministerial Council continues to liaise with and provide reports to the Australasian Police Ministers Council, the Australian Health Ministers Council, the Ministerial Council on Education, Training and Youth Affairs and other ministerial councils on matters of joint responsibility and priority in relation to the National Drug Strategy.

#### The Intergovernmental Committee on Drugs

The Ministerial Council on Drug Strategy is supported by a Commonwealth and State/Territory government forum, the Intergovernmental Committee on Drugs. This type of support has been provided to Ministers throughout the life of the National Drug Strategy.

The committee was previously known as the National Drug Strategy Committee. It consists of senior officers representing health and law enforcement in each Australian jurisdiction (appointed by their respective health and law enforcement Ministers) and people with expertise in identified priority areas (for example, representatives of the Australian Customs Service and the Department of Education, Training and Youth Affairs).

The IGCD provides policy advice to Ministers on a full range of drug related matters and is responsible for implementing National Drug Strategy policies and programs as directed by the Ministerial Council on Drug Strategy.

The Ministerial Council has endorsed the IGCD as the appropriate body to develop priorities for and coordinate the activities of the national expert advisory committees (see below), to ensure that policies, strategies and directions are consistent with the National Drug Strategic Framework. The IGCD will also coordinate the development, implementation and evaluation of National Drug Action Plans. The Framework and the Action Plans provide the basis on which the IGCD develops priorities for and coordinates the activities of the national expert advisory committees on behalf of the Ministerial Council.

#### Australian National Council on Drugs

The independent evaluation of the National Drug Strategy 1993-97 by Professors Single and Rohl found that much of the success of the National Drug Strategy could be attributed to the 'commitment of individuals and non government organisations which have carried out the prevention, treatment, education and research projects under the National Drug Strategy' and that the Strategy has been weakened by a failure to more fully engage the non government sector in the development of policies and programs.

At the Council of Australian Governments meeting of 7 November, Heads of Government recognised the specialised knowledge and expertise of volunteer and community organisations working in the drugs field and noted the Commonwealth's intention to establish an Australian National Council on Drugs (ANCD). The establishment of the ANCD is a joint Commonwealth/State initiative, and State and Territory Ministers were asked to submit nominations for representatives on the Council.

The establishment of the Australian National Council on Drugs was announced by the Prime Minister, the Hon John Howard on 16 March 1998.

The role of the ANCD is that of an advisory body and it provides independent, strategic advice to Ministers and provides an effective voice of the non government sector which complements the advice received from the Senior Commonwealth and State government officials through the Intergovernmental Committee on Drugs.

The ANCD, consisting of people with relevant expertise from the government, non-government and community sectors, supports the Ministerial Council on Drug Strategy. It ensures that the expert voice of non-government organisations and individuals working in the drug field reaches all levels of government and influences policy development. It has broad representation from volunteer and community organisations and law enforcement, education, health and social welfare interests.

The ANCD provides Ministers with independent, expert advice on matters connected with licit and illicit drugs. It facilitates an enhanced partnership between governments and the non-government and community sectors in the development and implementation of policies and programs to redress drug related harms. It serves to extend the already successful partnership between health and law enforcement and the Commonwealth and the States and Territories to the non government sector. It is also central to the National Drug Strategic Framework's efforts to extend the partnership approach of the National Drug Strategy to the community sector.

The ANCD reports annually to the Prime Minister and the Ministerial Council on Drug Strategy on progress with its workplan and provides independent advice on drug related matters. The ANCD currently receives funding of \$740,000 for 1999-2000.

### National Expert Advisory Committees

The national expert advisory committees provide a range of advice to the Ministerial Council on Drug Strategy. Committee members are selected on the basis of their expertise in health, law enforcement, community based service provision, education, research, government and industry.

National expert advisory committees have been established for tobacco, alcohol, illicit drugs, school education, research and monitoring and evaluation. These committees have clearly defined tasks. Among their tasks is the following:

- Identifying emerging trends relating to the harmful use of specific drugs or other substances and providing expert advice on strategies to ensure a timely response;
- Providing expert advice to the Ministerial Council on Drug Strategy, the ANCD and the IGCD on priorities and strategies for dealing with specific drug related harm, including priorities and strategies for supply reduction, demand reduction and harm reduction;
- Providing advice on current legal, medical, scientific, ethical, social and public health approaches to reducing drug related harm;
- Providing advice and direction to ensure the development and application of strategies that are culturally responsive to specific population groups, including Indigenous communities;
- Contributing to the development of National Drug Action Plans under the National Drug Strategic Framework by identifying national priorities and strategies for reducing them;
- Contributing to annual reports to the Ministerial Council on Drug Strategy on the progress of the National Drug Action Plans;
- Providing expert advice on other nationally significant matters, as referred to them by the Ministerial Council on Drug Strategy, the ANCD or the IGCD.

### Reference Subcommittees of IGCD

Three reference subcommittees of IGCD have been established. These committees provide advice to IGCD and links to other national strategies. They are:

- National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples;

The reference group acts as a broker on Aboriginal and Torres Strait Islander issues for the National Expert Advisory Committees and provides advice and direction to ensure the development and application of strategies that are culturally responsive.

- Australian Pharmaceutical Advisory Committee (APAC) subcommittee on Intentional Misuse of Pharmaceutical Drugs;

The subcommittee provides a framework around the intentional misuse of pharmaceuticals to which key players can contribute through existing structures. It builds on previous work in the area and complements work being done in the area of unintentional misuse of pharmaceuticals.

- Methadone and Other Treatment Subcommittee;

The subcommittee provides a forum for the development of consistent national policies and approaches to providing treatment for people who are drug dependent, including users of both licit and illicit drugs.

These subcommittees have been very recently established.

Mud map of advisory structures will be inserted in hard copy.

#### **4. RELATED NATIONAL STRATEGIES**

The IGCD has identified work which is being undertaken across a number of specific areas, which has the potential to provide linkages with the National Drug Strategic Framework. Some of these linkages have already been established and are operating well, while others are still to be developed.

##### National Public Health Partnership

The National Public Health Partnership provides a mechanism for the development, implementation and evaluation of national public health programs, promoting and facilitating evidence-based planning and practice. The Partnership Group aims to support national public health interventions and to strengthen public health capacity generally through the development of national frameworks for public health regulation, planning and practice, information and workforce development and through determining national directions for public health research and development. Formal links exist through the National Strategies Working Group and the meetings of the Chairs of National Public Health Strategies, which are attended by the Chairs of the Australian National Council on Drugs and the Intergovernmental Committee on Drugs.

The National Public Health Partnership Group is a sub-committee of the Australian Health Ministers Advisory Council, which is the senior officers advisory group to the Australian Health Ministers Conference. The Conference is made up of the Commonwealth, State, Territory and New Zealand Ministers responsible for health.

##### The National Supply Reduction Strategy for Heroin and other Illicit Drugs

The National Drug Action Plans for the National Drug Strategic Framework are developed in such a way as to be consistent with the National Supply Reduction Strategy for Heroin and other Illicit Drugs (formerly the National Heroin Supply Reduction Strategy and the National Supply Reduction Strategy for Illicit Drugs other than Heroin). The National Supply Reduction Strategy for Heroin and other Illicit Drugs was developed by the Australasian Police Ministers Council and endorsed by the Ministerial Council on Drug Strategy in November 1999. While the strategy focuses on law enforcement measures, it emphasises the importance of a balanced approach which also incorporates education and health initiatives.

##### Lead Ministers National Anti-crime Strategy and the National Crime Prevention Strategy

The Lead Ministers National Anti-crime Strategy has been developed by all jurisdictions, which are represented by either their Minister responsible for police services or their Attorney-General. It is a national mechanism for crime-prevention planning and research. The National Crime Prevention Strategy (formerly the National Campaign Against Violence and Crime) aims to prevent violence and crime and reduce fear of violence and crime. The Commonwealth Attorney-General's Department maintains links between these initiatives and the National Drug Strategy.

### National HIV/AIDS Strategy and the National Hepatitis C Action Plan

The National HIV/AIDS Strategy and the National Hepatitis C Action Plan are the responsibility of the Australian National Council on AIDS, Hepatitis C and Related Diseases, with support from the Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases. A Joint Working Group of the Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases and the Intergovernmental Committee on Drugs has been established to ensure consistency in and coordination of harm-reduction strategies to prevent the spread of blood-borne viruses, including HIV and hepatitis C.

### National Medicinal Drug Policy

The continuing development and implementation of the National Medicinal Drug Policy is coordinated by the Australian Pharmaceutical Advisory Committee. The Quality Use of Medicines policy is coordinated by PHARM – the Pharmaceutical Health and Rational Use of Medicines Committee. Both Committees are supported by the Pharmaceutical Benefits Branch of the Commonwealth Department of Health and Aged Care. Links between the Pharmaceutical Benefits Branch and the National Drug Strategy Unit are maintained.

### National Mental Health Strategy and National Youth Suicide Prevention Strategy

The National Mental Health Strategy is coordinated by the National Mental Health Working Group. The National Mental Health Council and the National Advisory Council on Youth Suicide Prevention advise the Commonwealth Minister for Health and Aged Care. The latter council advises on development and implementation of the National Youth Suicide Prevention Strategy. Links will be established with these bodies so that a broad range of overlapping matters can be considered, among them coordination between drug treatment services and mental health services to improve service provision in both sectors and in mainstream health services. This will lead to improved management of clients with co-existing mental health and drug problems. It will also help prevent self harm.

### National Health and Medical Research Council

The National Health and Medical Research Council is responsible for the management of research funding under the National Illicit Drug Strategy. The NHMRC has established a National Illicit Drug Strategy Research Committee to undertake this task. The Committee is made up of representatives of NHMRC's research committees and the Australian National Council on Drugs and other people with expertise in the prevention and treatment of illicit drug use. A research agenda has been developed and in May 1999 29 applications were received to undertake research. Sixteen projects were subsequently funded.

## Aboriginal and Torres Strait Islander Substance Misuse Program

A review of the Aboriginal and Torres Strait Islander Substance Misuse Program, administered by the Office for Aboriginal and Torres Strait Islander Health (OATSIH), was completed in 1998. OATSIH is responsible for implementing the recommendations arising from the review and, in collaboration with the National Drug Strategy Unit, will ensure that the National Drug Strategy is responsive to Indigenous issues.

To further facilitate the specific consideration of Indigenous issues, the IGCD has established a National Drug Strategy Indigenous Australians Reference Group. This group will provide high level advice and expertise to the National Expert Advisory Committees on priorities and strategies to address the specific drug issues related to Aboriginal and Torres Strait Islander people and to provide advice and direction to ensure the development and application of strategies that are culturally responsive, among other things.

## National School Drug Education Strategy

The National Expert Advisory Committee on School Drug Education is supported by the Department of Education, Training and Youth Affairs. In addition to reporting to the Ministerial Council on Drug Strategy, this Committee reports to the Ministerial Council on Education, Training and Youth Affairs. The National School Drug Education Strategy was released in May 1999. Under this Strategy, funds are available for State and Territory education authorities to conduct innovative school drug education activities. Funding is provided for activities which are catalytic and encourage innovation and good practice. Each state has established a cross-sectoral School Drug Education Coordinating Committee to develop and manage the projects to ensure the involvement of all school sectors, teacher and professional associations, parent organisations, health and law enforcement agencies and community groups.

## National Drugs in Sport Framework

The National Drugs in Sport Framework was agreed to and developed by the Sport and Recreation Ministers Council in 1995. The Australian Sports Drug Agency is responsible for monitoring the Framework.

On 13 May 1999 the Government released its 'Tough on Drugs in Sport' strategy which provides funding for improved anti-doping measures, education and preventing the importation of banned substances into Australia. The strategy encompasses 33 key actions which cover legislation, policy, research, education and international regulatory initiatives.

The strategy, with regard to controlling the diversion of supply, notes that through the Ministerial Council on Drug Strategy, the Commonwealth will work with the States and Territories to achieve tighter controls over the supply of human and animal steroids and hormones to address their diversion to illicit use.

The strategy also notes that, with regard to manufacturing and trafficking, the Government has been working with the States and Territories through the Standing Committee of Attorneys-General to develop a Model Criminal Code for adoption by States and Territories. In order to inform deliberations regarding the model criminal code recommendations with regard to performance and image enhancing drugs the National Expert Advisory Committee

on Illicit Drugs (NEACID) was asked to develop an options paper. The paper recommends that consideration be given to a range of measures, including for example, greater monitoring of usage, primary prevention programs, establishing limits on legal production, a voluntary code of conduct for manufacturers and suppliers and an advertising code.

In response to the NEACID paper, the Intergovernmental Committee on Drugs, at their meeting of 31 May-1 June 2000, agreed to establish a working group, consisting of Commonwealth and State/Territory members, to consider appropriate action in respect of the NEACID paper. The IGCD also agreed that the Working Group would have the flexibility to seek representatives from other relevant organisations including, for example, the Therapeutic Goods Administration and the National Registration Authority.

## 5. INTERNATIONAL

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 will continue to participate in the international drug policy arena through, for example participation in the development of the World Health Organisation (WHO) Framework Convention on Tobacco Control.

Australia is a major donor to the United Nations International Drug Control Programme and has been a member of the Commission on Narcotic Drugs since 1973. The Commission is the central policy making body within the United Nations System for dealing with drug issues. Australia participates in the annual meetings of the Commission and is an active and well respected member.

The International Narcotics Control Board undertook a periodic visit to Australia 8-15 April 2000 to develop an understanding of the environment in which Australian policies are being developed, and the rationale behind those policies. The last visit by the Board was in 1991.

- The INCB is the independent and quasi-judicial control organ for the implementation of the United Nations drug conventions. It is responsible for the promotion of government compliance with the provision of the drug control treaties and to assist them in this effort. Broadly speaking, the Board deals with two aspects of drug control:
  - Licit manufacture, commerce and sale of drugs
  - Illicit manufacture and trafficking of drugs

Following their visit, the Mission members prepared a report to be tabled at the full meeting of the Board in Vienna, in May 2000. Following Board consideration, the final report will be provided to the Australian Government in June or July 2000 and in due course will inform the INCB Annual Report on activities in 2000.

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, 1953 as amended by the 1972 Protocol. The INCB was established by the single convention to limit the cultivation, production, manufacture and utilization of drugs and at the same time ensure the availability of drugs for medical and scientific purposes. Australia fully co-operates with the Board in its endeavours to achieve the balance between supply and demand. The licit opiate industry in Australia is subject 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 Aged Care through a system of licenses and permits.
- The poppy industry in Tasmania 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 National Drug Strategy Unit coordinates links between the Committee's activities and the National Drug Strategic Framework.

IGCD  
June 2000

**DRUG ISSUES – MONOGRAPHS PUBLISHED**

1. *NCADA: Assumptions, arguments and aspirations*  
The Hon Neal Blewett Minister for Health, 1987
2. *Proscription and Prescription Commonwealth Government Opiate Policy 1905 1937*  
Desmond Manderson, 1987
3. *Drinking and Alcohol in Colonial Australia 1788-1901 for the Eastern Colonies*  
Keith C Powell, MB, BS, MPH, FRACP, 1988
4. *Mothering and Addiction – Women with Children in Methadone Programs*  
Cathy Waldby, 1988
5. *Drug Education is a Joint Effort*  
Ray James, MPH Ed.D, and Danni Benton, 1988
6. *Karralika – An Evaluation of a Therapeutic Community for Drug Users in the Australian Capital Territory*  
Ruth A Latukefu MA, PhD, 1987
7. *Marijuana – An International Research Report*  
Greg Chesher, Paul Consroe and Rik Musty (Eds), 1988
8. *Drug Awareness and Use among Primary Schoolchildren – An evaluation of the Life Education Centre Program*  
John A Stephenson, Susan Quine, Petra Macaskill and John P Pierce, 1988
9. *Mass-Media Alcohol and Drug Campaigns : A consideration of relevant issues*  
Mary-Ellen Miller and Joclyn Ware, 1989
10. *Alcohol Education for Aboriginal Children*  
James G Barber, Collette Walsh and Ruth Bradshaw, 1989
11. *The Effectiveness of Treatment for Drug and Alcohol Problems: An Overview*  
N Heather, R Batey, J B Saunders, A D Wodak, 1989
12. *The National Campaign Against Drug Abuse 1985 –88 Evaluation and Future Directions*  
Commonwealth Department of Community Service and Health, 1989
13. *The development and implementation of the ‘Plan a Safe Strategy’ drink driving prevention program*  
The University of Queensland and the Queensland Department of Education Drink Driving Project, 1990

14. *Evaluating treatments for alcohol and other drugs*  
Fiona Mc Dermott, Margaret Hamilton, Bruce Legay, 1991
15. *Estimating the economic costs of drug abuse in Australia*  
David J Collins, Helen M Lapsley, 1991
16. *Responses to drug problems in Australia*  
Susan Henry-Edwards, Rene Pols, 1991
17. *Future Directions for alcohol and other drug treatment in Australia*  
Robert Ali, Mel Miller, Simone Cormack (Eds), 1992
18. *Comparative analysis of illicit drug strategy*  
Melissa Bull, Don McDowell, Jennifer Norberry, Heather Strang, Grant Wardlaw,  
1992
19. *An outline for approaches to smoking cessation: quality assurance project*  
Richard P Mattick, Andrew Baillie (Eds), 1992
20. *An outline for the management of alcohol problems*  
Richard P Mattick, 1993
21. *A treatment outline for approaches to opioid dependence: quality assurance project*  
Richard P Mattick, 1993
22. *An Evaluation of a model of drug education*  
Jeffrey Wragg, 1992
23. *The re-integration problems of drug using young offenders*  
Christine Alder and Hilary Read, 1992
24. *Workplace policies and programs for tobacco, alcohol and other drugs in Australia*  
Robyn Richmond, Nick Heather, Phoebe Holt and Wendu Hu, 1992
25. *The health and psychological consequences of cannabis use*  
Wayne Hall, Nadia Solowij and Jim Lemon, 1994
26. *Legislative Options for Cannabis Use in Australia*  
David McDonald, Rhonda Moore, Grant Wardlaw, and Nicola Ballenden, 1994
27. *Patterns of cannabis use in Australia*  
Neil Donnelly and Wayne Hall, 1994
28. *Public perceptions of cannabis legislation*  
Jenny Bowman and Rob Sanson-Fisher, 1994
29. *Public Perceptions of Health and Psychological Consequences of Cannabis Use*  
Wayne Hall and Joan Nelson, 1995

30. *The social costs of drug abuse in Australian in 1988 and 1992*  
David J Collins and Helen M Lapsley, 1996
31. *Marijuana in Australia: patterns and attitudes*  
Toni Makkai and Ian Mc Allister, 1997
32. *Models of intervention and care for psychostimulant users*  
Greg Kamieniecki, Niki Vincent, Steve Allsop and Nick Lintzeris, 1998
33. *Australian secondary students' use of over-the-counter and illicit substances in 1996*  
Tessa Letcher and Victoria White, 1999
34. *The social impacts of the cannabis expiation notice scheme in South Australia*  
Robert Ali, Paul Christie, Simon Lenton, David Hawks, Adam Sutton, Wayne Hall and Steve Allsop, 1999
35. *Cannabis offences under the cannabis expiation notice scheme in South Australia*  
Paul Christie, 1999
36. *Infringement versus conviction: the social impact of a minor cannabis offence under a civil penalties system and strict prohibition in two Australian States*  
Simon Lenton, Paul Christie, Rachael Humeniuk, Alisen Brooks, Mike Bennett and Penny Heale, 1999
37. *Effects of the cannabis expiation notice scheme on levels and patterns of cannabis use in South Australia*  
Neil Donnelly, Wayne Hall and Paul Christie, 1999
38. *A review of law enforcement and other criminal justice attitudes, policies and practices regarding cannabis and cannabis laws in South Australia*  
Adam Sutton and Elizabeth McMillan, 1999
39. *Proceedings of Expert Workshop on the Induction and Stabilisation of Patients onto Methadone*  
Rachel Humeniuk, Robert Ali, Jason White, Wayne Hall and Michael Farrell, 2000
40. *Drug Harm Minimisation Education for Police in Australia*  
The National Centre for Education and Training on Addiction, Queensland Police Service and Edith Cowan University, (in publication)
41. *Drug Law Enforcement: Its effect on treatment experience and injection practices*  
NSW Bureau of Crime Statistics and Research, (in publication)
42. *The Role of Police in the Diversion of Minor Alcohol and Drug Related Offenders*  
Department of Criminology, University of Melbourne, (in publication)
43. *Illicit Drug Use in Australia: Epidemiology, Use Patterns and Associated Harm*  
National Drug and Alcohol Research Centre, University of New South Wales, (in publication)

## **List of Source Documents for IGCD House of Representatives Submission**

National Campaign Against Drug Abuse – Campaign Document issued following the Special Premiers’ Conference, Canberra, 2 April 1985.

NCADA: Assumptions, arguments and aspirations –The Hon Neal Blewett, Minister for Health

The National Campaign Against Drug Abuse 1985-88 Evaluation and Future Directions

No Quick Fix – an evaluation of the National Campaign Against Drug Abuse (1992)  
Ministerial Council on Drug Strategy

National Drug Strategic Plan 1993-97

The National Drug Strategy: Mapping the Future - Single and Rohl

National Drug Strategic Framework 1998-99 to 2002-03

Estimating the economic costs of drug abuse in Australia – Collins and Lapsley

The social costs of drug abuse in Australia in 1988 and 1992 – Collins and Lapsley