

Overview

A short history of Australia's National Drug Strategy

- 2.1 Nearly twenty-five years ago, the Senate Standing Committee on Social Welfare produced the first of a two-volume report into drug problems in Australia. The introduction to the first volume, *Drug Problems in Australia – an Intoxicated Society?* – is in the view of this Committee still apt today:

The drug use debate has brought forth extremist views. Arguments are often biased, many cannot be justified, nearly all are emotional. In supporting calls for particular actions, some contributors to the debate have been quite ready to distort or misrepresent facts. Even research has not displayed desirable objectivity or aimed at an impartial search for knowledge.

The extreme options being presented are heavy legal sanctions for breaking a strict prohibition on one hand, and total permission on the other. While we may reject these views, they have been taken into consideration when examining the evidence. A multiplicity of options can be found between these extremes. A re-orientation is needed, away from the protection of entrenched moral positions toward a constructive debate which has as its aim the diminution of the problems drugs present to our society. Attachment to this goal rather than emotional attachments to favoured solutions will aid the search for more reasonable and more efficacious strategies.

The poor standard of the debate itself has contributed to the level and nature of drug use. One doctor has called it 'the drug problem problem'. It is important that the community understands not only all the issues but also the need for more responsibility and involvement in this debate. Unless the standard of debate improves appreciably, we shall not even begin properly to comprehend the problem, let alone move toward its alleviation.¹

- 2.2 The 1977 Senate Standing Committee report (which subsequently became known as the 'Baume report') recommended the declaration of a national approach to drug abuse based on what was described as a 'seven point strategy'. The seven points counselled what might be described as a pragmatic approach to limiting the adverse effects of drug abuse. This emphasised the importance of balancing efforts to reduce the demand for and supply of drugs, as well as the desirability of viewing drug abuse primarily as a social/medical rather than a legal problem.²
- 2.3 In late 1984 the then Prime Minister signalled his intention to initiate a National Campaign Against Drug Abuse (NCADA) and, on 2 April 1985, a special Premiers' Conference on Drugs established NCADA. The overall aim of the national campaign was to minimise the harmful effects of drugs on Australian society and, towards this end, Premiers agreed to the formation of a Ministerial Council on Drug Strategy to coordinate and direct NCADA.
- 2.4 The Campaign launched by the then Commonwealth Minister for Health in 1985 was based on a number of key principles which continue to underpin what is now known as the National Drug Strategy. These are broadly consistent with those articulated in the Baume report in 1977. The approach was to be national and cooperative across jurisdictional boundaries, to be comprehensive in addressing problems related both to legal and illegal drugs, supply control and demand reduction strategies were to be integrated, and reliable data was to be collected to enable program monitoring and evaluation.³
- 2.5 A number of consultative and advisory structures have been developed to assist with the development and implementation of the National Drug Strategy. These include structures to facilitate:
- consultation and cooperation between government Ministers and government officials;

1 Senate Standing Committee on Social Welfare 1977, *Drug Problems in Australia – an intoxicated society?*, AGPS, Canberra, p. 13.

2 Senate Standing Committee on Social Welfare. *Drug Problems in Australia – an Intoxicated Society?* The Commonwealth Government Printer, Canberra, 1977, pp 1-2.

3 Submissions Vol. 2, p. 322.

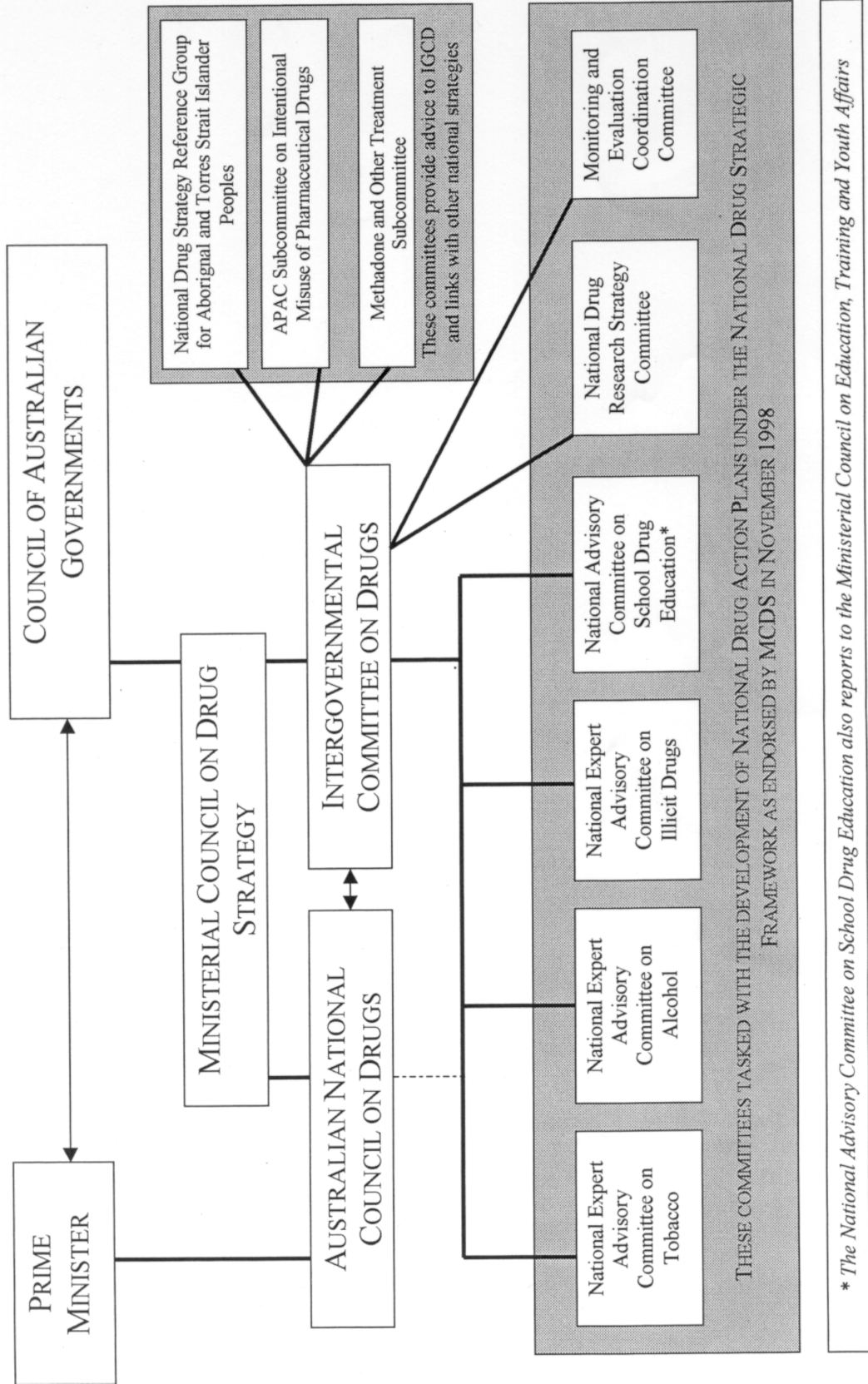
- consultation with community organisations working in the field and members of the public; and
- the provision of expert advice to government officials and Ministers.⁴

2.6 The inter-relationships between key structures, including the Ministerial Council on Drug Strategy, the Intergovernmental Committee on Drugs, the Australian National Council on Drugs, and the National Expert Advisory Committees, are represented schematically in the diagram on the following page.⁵

4 Submissions Vol. 2, p. 335.

5 Submissions Vol. 2, p. 339.

ADVISORY STRUCTURES FOR THE NATIONAL DRUG STRATEGIC FRAMEWORK 1998-99 TO 2002-03



* The National Advisory Committee on School Drug Education also reports to the Ministerial Council on Education, Training and Youth Affairs

- 2.7 Under the National Drug Strategy (NDS), the Commonwealth Government has a dual role.⁶ It is (1) responsible for providing national leadership in Australia's response to reducing drug-related harm, and (2) it has responsibility for implementing its own policies and programs to contribute to the reduction of drug-related harm. The Department of Health and Aged Care is the Commonwealth agency with overall responsibility for coordination of the National Drug Strategy and related programs. It is important to note however that a range of other Commonwealth Government agencies have responsibility for policies and programs that may impact on the demand for, or supply of, tobacco, alcohol, and other drugs. These include the Commonwealth Department of Education, Training and Youth Affairs (DETYA), the Commonwealth Attorney-General's Department, the Australian Customs Service, the Australian Federal Police, and the National Crime Authority.⁷
- 2.8 Under the NDS, State and Territory governments are responsible for providing leadership within their respective jurisdictions. They are responsible for policy development, implementation and evaluation and for the delivery of police, health (including drug treatment) and education services to reduce drug-related harm. Other activities for which State and Territory Governments are responsible under the NDS include:
- developing and implementing their own drug strategies from the perspective of law enforcement and population health, based on local priorities;
 - controlling the supply of illicit drugs through both specialist drug law enforcement units and general duties police officers;
 - enforcing the regulation of pharmaceutical drugs;
 - enforcing laws regulating the consumption and availability of alcohol and developing and enforcing legislation relating to tobacco;
 - implementing harm reduction strategies to prevent drink driving;
 - providing public sector health services or funding community-based organisations to provide drug prevention and treatment programs;
 - regulating and administering the delivery of methadone services and needle and syringe programs;
 - developing effective and comprehensive professional education and training, research and evaluation strategies, in close cooperation with other jurisdictions so as to achieve consistency;

6 Submissions Vol. 9, p. 2000.

7 Submissions Vol. 9, pp. 2000-2001.

- assessing measures that allow police to exercise discretion in diverting drug users away from the criminal justice system into appropriate treatment options; and
- establishing an appropriate public policy framework to deal with drug use and drug-related harm in areas such as housing, school-based drug education, criminal justice and juvenile justice and liquor licensing.⁸

Overview of substance use in Australia

- 2.9 In 1998, around one in five Australians (22%) aged 14 years and over was a current regular smoker.⁹ This figure has remained relatively stable between 1991 and 1998,¹⁰ while the proportion of people who have never smoked increased (from 23% to 34%).¹¹ The highest smoking rates for both sexes were amongst those aged 20 –29 and, overall, men were more likely to be current smokers than women.¹² Based on per capita consumption of cigarettes for people aged 15 years or more, Australia was ranked 17th in the world in 1996.¹³
- 2.10 The most recent national alcohol use data show that the proportion of persons aged 14 years and over who are regular drinkers¹⁴ of alcohol in Australia has remained fairly constant at 60% between 1991 and 1998.¹⁵ 1998 data show that males are much more likely to be current regular drinkers than females (59%/38%)¹⁶; these data also reveal that men are more likely than women (7%/4%)¹⁷ to be drinking at hazardous or harmful levels. In 1998, Australia ranked 19th in the world in terms of per capita consumption of pure alcohol.¹⁸

8 Submissions Vol. 9, p. 2005.

9 A current regular smoker is someone who has smoked at least once a day, or on most days, in the past twelve months.

10 Recent unpublished data suggests smoking prevalence is falling, with +18 year-old smoking rates down to an all-time-low of 20.3% in November 2000.

11 Miller, M., and Draper, G., 2001, *Statistics on Drug Use in Australia 2000*, Australian Institute of Health and Welfare, Canberra, p. 8.

12 Miller, M., and Draper, G., p. 2.

13 Miller, M., and Draper, G., p. 5.

14 A current regular drinker is somebody who has consumed alcohol at least once a week in the past twelve months.

15 Miller, M., and Draper, G., p. 13.

16 Miller, M., and Draper, G., p. 14.

17 Miller, M., and Draper, G., p. 15.

18 Miller, M., and Draper, G., p. 11.

- 2.11 Nearly half of all Australians aged 14 years and over have used illicit substances at least once in their life, while 23% report having used an illicit drug in the preceding 12 months. The most widely used illicit substance in Australia in 1998 was marijuana, with lifetime use¹⁹ of 39% and recent use of 18%. Only 2% of the Australian population has ever used heroin, with 1% reporting recent usage. The prevalence of cocaine use is slightly higher, with 4% of respondents reporting lifetime use, and 1% recent use.
- 2.12 There has been a general increase in the use of marijuana, hallucinogens, ecstasy/designer drugs and amphetamines since 1991.²⁰ The only illicit drug use to decline over the past decade is the non-medical use of barbiturates, with numbers of those trying the drugs falling substantially after 1991.²¹ As Professor Wayne Hall, Executive Director of the National Drug and Alcohol Research Centre, told the Committee:
- The evidence presented in our submission suggests that, notwithstanding the considerable efforts of governments, illicit drug use in Australia has edged up. Population surveys indicate that lifetime cannabis use in the 14 – 19-year age group may be as high as 45 per cent. The use of ecstasy and amphetamine-type stimulants appears to be becoming more widespread amongst teenagers and people in their 20s. Heroin-related deaths and overdoses have increased markedly. Polydrug use and injecting as a preferred method of administration are becoming more common practices. Finally, the age of initiation for those who experiment with drugs seems to be trending downwards.²²
- 2.13 The Committee notes that, since Professor Hall made the foregoing statement at a public hearing one year ago, the number of heroin overdose deaths has begun to decline nationally after a nearly three-fold increase over the past decade. A number of reasons have been put forward for this decline, including the implementation of heroin overdose strategies in many States and Territories²³.
- 2.14 While reliable international comparisons are difficult to make given lack of comparability of data sets, Australia is not alone in experiencing an increase in illicit drug use.²⁴ The reasons for this are complex and inter-related, involving a number of factors such as the following, described by

19 Lifetime use means use on at least one occasion in one's lifetime.

20 Miller, M., and Draper, G., p. 17.

21 Miller, M., and Draper, G., p. 20.

22 Evidence, p. 70.

23 The Director of WADASO in Western Australia said he thought the main reason for the decrease in overdose deaths related to increased access to treatment, especially methadone.

24 Evidence, p. 71.

a senior representative of the Commonwealth Department of Health and Aged Care at a public hearing before the Committee:

...factors that seem to play a part include particular influences such as family stress and conflict, physical and sexual abuse, isolation from family support, low income, unemployment and homelessness...Beyond the interplay of these specific influences, but also related to them, research suggests that in some sections of society there is an increasing sense of social isolation, insecurity, powerlessness and loss of control in individuals, families and communities. It is hard not to draw the conclusion that there is something in all of this which makes some in our community more vulnerable. That translates into a greater propensity towards self-destructive and risk-taking behaviour which, for some, is manifested in a culture of illicit drug taking and binge drinking.²⁵

Conduct of Inquiry to date

2.15 On 28 March, 2000, the Chair of the Committee, Mr Barry Wakelin, MP, wrote to the federal Minister for Health and Aged Care, the Hon Dr Michael Wooldridge, MP, proposing that, in view of the rising level of community concern about the continuing abuse of licit and illicit drugs, the Committee investigate and report on the social and economic costs of substance abuse with regard to:

- family relationships;
- health care costs;
- crime, violence and law enforcement (including domestic violence);
- road trauma; and
- workplace safety and productivity.

2.16 On 30 March, 2000, the Minister wrote back to the Committee accepting the terms of reference for the proposed Inquiry and offering the support of the Commonwealth Department of Health and Aged Care. In mid-April, submissions to the Inquiry were solicited through:

- mid-week and Saturday advertisements in *The Weekend Australian*;
 - dissemination of information to the 1000 subscribers of the free e-mail information service provided by the Alcohol and other Drugs Council of Australia (ADCA), the peak, national, nongovernment organisation
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representing the interests of workers and agencies in the alcohol and other drug arena; and by

- direct mail-out to approximately 250 government and non-government agencies and individuals on a Secretariat-generated database, compiled with the assistance of lists provided by the Commonwealth Department of Health and Aged Care.

- 2.17 On 9 June 2000 the Committee began its Inquiry with a private briefing at Parliament House attended by representatives from the Commonwealth Department of Health and Aged Care (DHAC), the Alcohol and other Drugs Council of Australia (ADCA), the Australian Institute of Criminology (AIC), and academics from the National Centre for Epidemiology and Population Health (NCEPH) at the Australian National University. By the end of June 2001, the Committee had visited all capital cities and a number of regional centres in all national jurisdictions, and consulted hundreds of individuals in the collection of formal and informal evidence for the Inquiry. In addition, the Committee received and authorised for publication over 220 submissions from governments, nongovernment organisations, and private citizens with a story to tell about the social and economic costs of drug abuse. Comprehensive lists detailing formal and informal consultation processes undertaken by the Committee are provided in appendices at the back of this report.²⁶
- 2.18 In preparing for its national program of informal visits and public hearings and in the conduct of its Inquiry, the Committee sought the advice and assistance of many individuals, in particular people from the Alcohol and other Drugs Council, members of the Intergovernmental Committee on Drugs, and staff from the Commonwealth Department of Health and Aged Care, in particular those working in the Drug Strategy and Population Health Social Marketing Branch. The Committee would like to acknowledge their invaluable assistance in supporting the work of the Committee on this Inquiry.
- 2.19 This paper is organised according to the terms of reference of the Inquiry. It encapsulates the evidence presented to the Committee and is broadly descriptive of what is happening in the community. A range of views is canvassed. It is hoped this will encourage those who contributed to this Inquiry, and those who did not, to come back to the Committee with further thoughts.
- 2.20 Throughout this paper we use the terms ‘substance’ and ‘drug’ interchangeably. When we use either of these terms, we want readers to

26 Most submissions are available in electronic form through the Committee’s website on: <http://www.aph.gov.au/house/committee/fca>.

understand that we are not making distinctions based on the legal status of the drug or substance. Therefore, when we use the term drug or substance, we are referring to all kinds of mood-altering chemical products, including for example, alcohol, tobacco, marijuana and heroin.