

CHAPTER THREE

THE NATIONAL DRUG STRATEGY

As detailed in *The National Drug Strategy: Mapping the Future* (Single and Rohl, 1997), the National Drug Strategy (NDS) and its forerunner, the National Campaign Against Drug Abuse (NCADA), were created with strong bipartisan political support to minimise the harmful effects of drug use in Australian society. From its inception, the NDS has been characterised by a unique combination of features:

- The NDS adopts a comprehensive approach to drugs which encompasses the misuse of licit as well as illicit drugs. Policies and programs to address the problems of illicit drugs, alcohol, tobacco and pharmaceuticals all fall under the umbrella of the NDS;
- The NDS's approach to drugs stresses the promotion of partnerships – between health, law enforcement, education, non-governmental organisations and private industry;
- The NDS attempts to address drug issues in a balanced fashion. This refers to an appropriate balance between the Commonwealth, States and Territories, a balance between supply and demand reduction strategies, and a balance between treatment, prevention, research and education; and
- The NDS recognises the complexity of drug issues and the need to provide frontline health professionals and other dealing with drug problems with a wide range of options based on the concept of harm minimisation. These range from abstinence-oriented interventions to programs aimed at ameliorating the consequences of drug use among those who can not be reasonably expected to stop using drugs at the present time (Single and Rohl, 1997).

3.1 HISTORY OF THE NATIONAL DRUG STRATEGY

A comprehensive overview of the history of the National Drug Strategy is provided in the submission to the Inquiry from the Inter-governmental Committee on Drugs. Key milestones include:

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| 1985 | National Campaign Against Drug Abuse (NCADA) established following a special Premiers' Conference on drugs.

The Ministerial Council on Drug Strategy formed. |
| 1988 | An independent evaluation of the NCADA was undertaken and the MCDS agreed that NCADA should continue for a further three years. |
| 1992 | Second NCADA evaluation, <i>No Quick Fix</i> , Chaired by Professor Ian Webster, released.

National Drug Strategic Plan 1993-97 released. |

1997 Evaluation of the National Drug Strategic Plan 1993-97, *The National Drug Strategy: Mapping the Future*, released (see Appendix 1).

Council of Australian Governments recognise the specialised knowledge and expertise of volunteer and community organisations working in the drug field and note the Commonwealth's intention to establish an Australian National Council on Drugs (ANCD).

1998 The Prime Minister announces the establishment of the Australian National Council on Drugs, Chaired by Major Brian Watters of the Salvation Army.

MCDS endorse a draft of the National Drug Strategic Framework 1998-99 to 2002-03 for public consultation. The Strategic Framework is addressed in detail below.

3.2 THE NATIONAL DRUG STRATEGIC FRAMEWORK 1998-99 TO 2002-03

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 members of the Alcohol and Other Drugs Council of Australia (ADCA); and 800 recipients who requested a copy of the draft Framework by accessing a toll free telephone number. An advertisement was also placed in 75 newspapers nationally.

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 National Council on Drugs (ANCD) and the Intergovernmental Committee on Drugs for consideration by Ministers.

MCDS endorsed the National Drug Strategic Framework 1998-99 to 2002-03 on 19 November 1998 (see Appendix 2). The Strategy maintains the policy principles of the past and adopts the major recommendations of *Mapping the Future*.

The mission of the National Drug Strategic Framework 1998-99 to 2002-03 is:

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.

As detailed in the Strategic Framework, Australia's approach to minimising the harmful effects of drugs in Australian society is based upon:

- **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; and 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 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 objectives of the Strategic Framework are to:

- increase community understanding of drug-related harm;
- strengthen existing partnerships and build new partnerships to reduce drug-related harm;
- develop and strengthen links with other related strategies;
- reduce the supply and use of illicit drugs in the community;
- prevent the uptake of harmful drug use;
- reduce drug-related harm for individuals, families and communities;
- reduce the level of risk behaviour associated with drug use;
- reduce the risks to the community of criminal drug offences and other drug-related crime, violence and anti-social behaviour;
- 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;
- increase access to a greater range of high quality prevention and treatment services;
- promote evidence-based practice through research and professional education and training; and

- develop mechanisms for the cooperative development, transfer and use of research among interested parties.

3.3 NATIONAL DRUG STRATEGY ADVISORY STRUCTURES

Advisory structures under the National Drug Strategic Framework are summarised diagrammatically at Appendix 3.

3.3.1 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 harms 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.

3.3.2 Inter-governmental Committee on Drugs

A Commonwealth and State/Territory government forum, the Intergovernmental Committee on Drugs, supports the Ministerial Council on Drug Strategy. It consists of senior officers representing health and law enforcement in each Australian jurisdiction (appointed by their respective health and law enforcement Ministers) and Government officers 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 the 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.

3.3.3 Australian National Council on Drugs

The ANCD provides Ministers and the Prime Minister 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.

3.3.4 National Expert Advisory Committees

National expert advisory committees have been established for tobacco, alcohol, illicit drugs, school drug education, research and monitoring and evaluation. These committees have clearly defined tasks. Generally, the role of the committees involves:

- 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 addressing 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.

3.3.5 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 the:

- National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples;
- Australian Pharmaceutical Advisory Committee (APAC) subcommittee on Intentional Misuse of Pharmaceutical Drugs; and
- Methadone and Other Treatments Subcommittee.

3.4 NATIONAL DRUG ACTION PLANS

The National Drug Strategic Framework outlines policy principles and priority areas. It is to be accompanied by a series of National Drug Action Plans which 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 being developed by the Intergovernmental Committee on Drugs, together with the Australian National Council on Drugs and the Expert Advisory Committees. Interested parties are consulted in the development of each Action Plan. The plans will be reviewed and reported on annually.

Details on the National Action Plans on tobacco, alcohol, illicit drugs and school drug education are outlined below. The work of the National Drug Research Strategy Committee is discussed below in section 3.5 Research Infrastructure, and the National Drug Monitoring and Evaluation Strategy being developed by the Monitoring and Evaluation Coordination Committee is discussed in Chapter 6.

3.4.1 National Tobacco Strategy 1999 to 2002-03 (Tobacco Action Plan)

The Ministerial Council on Drug Strategy (MCDS) endorsed the National Tobacco Strategy (NTS) 1999 to 2002-03 in June 1999 (a copy of the NTS is provided at Appendix 4). This comprehensive Strategy is the result of an impressive level of collaborative effort between Commonwealth, State and Territory Governments, the non-government sector, community groups and individual members of the Australian public and, as a result, it is the first truly national collaborative strategy on tobacco control.

The Strategy provides for national leadership while allowing flexibility for each jurisdiction and the non-government sector to ensure tobacco control action is responsive to the needs and priorities of the jurisdiction and non-government sector. It provides for an evidence-based approach to tobacco control in Australia over the next three to four years and a system to review and account for progress on tobacco control in Australia. Expert advice on the NTS development, implementation and evaluation is provided through the National Expert Advisory Committee on Tobacco (NEACT).

The goal of the National Tobacco Strategy is to improve the health of all Australians by eliminating or reducing their exposure to tobacco in all its forms. The objectives of the National Tobacco Strategy are to:

- prevent the uptake of tobacco use in non-smokers, especially children and young people;
- reduce the number of users of tobacco products;

- reduce the exposure of users to the harmful health consequences of tobacco products; and
- reduce exposure to tobacco smoke.

Initiatives under the Strategy cover the key strategic areas of:

1. strengthening community action;
2. promoting cessation of tobacco use;
3. reducing availability and supply of tobacco;
4. reducing tobacco promotion;
5. regulating tobacco; and
6. reducing exposure to environmental tobacco smoke.

In terms of performance information, the NTS currently identifies long and short term indicators, including reference to existing baselines and sources of data. It recognises the need to strengthen existing, or develop new, baselines against the prevalence indicators and process indicators against which the strategies will be assessed.

3.4.2 National Alcohol Action Plan

The draft National Alcohol Action Plan 2000-2002 has been prepared by the National Expert Advisory Committee on Alcohol (NEACA) and will be finalised later in 2000, following a public consultation phase. (A copy of the Plan will be forwarded to the Committee when finalised.)

The Plan has been framed within the context of, and will inform the further development of, national alcohol policy. The Plan will provide nationally agreed direction for minimising the consequences of alcohol related harm. It is accompanied by a more detailed background paper, "*Alcohol in Australia: Issues and Strategies*", which sets out the epidemiology and other supportive material, including the findings of research, evaluation and the findings of Australian and international experience.

The Plan identifies 11 key strategy areas that provide a platform from which more specific strategies and actions can be developed. The key strategy areas have been selected by NEACA because they offer a comprehensive framework for addressing alcohol-related harm.

They provide for:

- community education;
- strategies that target high risk groups, such as young people, pregnant women and indigenous people;
- attention to the effectiveness of regulations and legislation in the States/Territories;

- responsible marketing of alcohol;
- harm reduction strategies in the drinking environment and in relation to drink driving;
- interventions by health professionals;
- workforce development;
- pricing; and
- research and evaluation.

3.4.3 National Action Plan on Illicit Drugs

A draft National Action Plan on Illicit Drugs 2000-2003 has been prepared by the National Expert Advisory Committee on Illicit Drugs (NEACID). The Plan, when adopted by all jurisdictions through the Ministerial Council on Drug Strategy, will provide nationally agreed directions for addressing illicit drug issues until the year 2003. (A copy of the Plan will be forwarded to the Committee when finalised.)

The plan is not intended to be prescriptive or to detail specific implementation strategies or time lines. 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 indicators that will be used to measure outcomes 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 - Market interventions to reduce availability and supply;
- treatment;
- harm reduction;
- workforce development;
- research; and
- performance measurement.

The Plan offers a nationally consistent focus for determining resource priorities under the National Drug Strategic Framework, but is flexible for each jurisdiction to pursue strategies appropriate to its particular circumstances. It is anticipated that the National Action Plan on Illicit Drugs will be finalised in late 2000, following a consultation phase.

3.4.4 National School Drug Education Strategy

The National School Drug Education Strategy has as its goal 'no illicit drugs in schools'.

The National School Drug Education Strategy, which is being implemented by the Department of Education, Training and Youth Affairs, was developed on the basis of a collaborative, intersectoral coordinated approach to drug education and reflects consideration of the issues raised by stakeholder groups which were consulted. The National School Drug Education Strategy underpins a National Drug Action Plan for School Drug Education under the National Drug Strategic Framework 1998-99 to 2002-03 and complements initiatives developed by the Department of Health and Aged Care under the National Illicit Drug Strategy.

Activities funded under the National School Drug Education Strategy are underpinned by the following principles:

- Drug education is best taught in the context of the school health curriculum;
- Drug education in schools should be conducted by the teacher of the health curriculum;
- Drug education programs should have sequence, progression and continuity over time throughout schooling;
- Drug education messages across the school environment should be consistent and coherent;
- Drug education programs and resources should be selected to complement the role of the classroom teacher, with selected external resources enhancing, not replacing that role;
- Approaches to drug education should address the values, attitudes and behaviours of the community and the individual;
- Drug education needs to be based on research, effective curriculum practice and identified student needs;
- Objectives for drug education in schools should be linked with the overall goal of harm minimisation;
- Drug education strategies should be related directly to the achievement of the program objectives;
- The emphasis of drug education should be on drug use likely to occur in the target group, and drug use which causes the most harm to the individual and society;
- Effective drug education should reflect an understanding of the characteristics of the individual, the social context, the drug and the interrelationship of these factors;
- Drug education programs should respond to the developmental, gender, cultural, language, socio-economic and lifestyle differences relevant to the level of student use;
- Mechanisms should be developed to involve students, parents and the wider community in the school drug education program at both the planning and implementation stages;
- The achievement of drug education objectives, processes and outcomes should be evaluated;
- The selection of drug education programs, activities and resources should be made on the basis of an ability to contribute to long term positive outcomes in the health curriculum and the health environment of the schools.

The National School Drug Education Strategy has funding of \$18 million over four years. The Commonwealth will seek proposals from States and Territories for use by government and non government school systems under contractual arrangements with the State and Territory school education jurisdictions, generally for a period of 12 months. An additional \$9.3 million has been allocated for managing drug related incidents in schools.

State and Territory proposals are developed and coordinated by State and Territory School Drug Education Coordinating Committees. In response to a need for a partnership approach to ensure local 'ownership' and 'ground up' development of initiatives funded under the National School Drug Education Strategy, these committees must be representative of school sectors, government, Catholic and independent, relevant subject associations, peak teacher organisations (especially in the Health and Physical Education learning area), health and law enforcement agencies, peak parent and other community representation.

3.5 RESEARCH INFRASTRUCTURE

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 knowledge in the drugs field. It has helped jurisdictions and non-government organisations in the development of programs to address drug issues.

3.5.1 National Drug Research Strategy

A mechanism for coordinating research has been established through the National Drug Research Strategy Committee, which manages the National Drug Research Strategy. This Strategy provides nationally agreed research priorities and an effective process for dissemination of research results. The role of the Committee is 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.

3.5.2 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 Drug Research Institute (NDRI) (formerly the National Centre for Research into the Prevention of Drug Abuse) 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 the findings of their research, both in Centre publications and refereed journals. The Centres have developed good links over time with the using community, therefore building trust. This allows them to undertake projects such as the Illicit Drug Reporting System, which would be more difficult for non dedicated centres.

Both Centres have developed 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 Website addresses for the Centres are:

- www.med.unsw.edu.au/ndarc/
- www.ndri.org.au

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 motivated PhD students has provided a highly cost effective research base.

In 1999, another centre, the National Centre for Education and Training on Addiction received funding under the National Drug Strategy. 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.

3.5.3 The National Drug Law Enforcement Fund (NDLERF)

This is an amalgamation of two earlier research funds – the 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 administration of the fund was given to the Australasian Centre for Policing Research under a Memorandum of Understanding. The work of the fund is overseen by an IGCD subcommittee established for that purpose.

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 “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, that is, 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 his delegate.

3.6 LINKS TO OTHER NATIONAL STRATEGIES

Given the range of issues which impact on, and are affected by, drug use there are a number of policy areas which have strong links to drug and alcohol policy. Examples of other strategies which have linkages to the National Drug Strategy include:

3.6.1 National HIV/AIDS Strategy and the National Hepatitis C Strategy

The National HIV/AIDS Strategy and the National Hepatitis C Strategy (currently being developed) 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.

3.6.2 National Mental Health Strategy and National Suicide Prevention Strategy

The National Mental Health Strategy is coordinated by the National Mental Health Working Group. The Mental Health Council of Australia and the National Advisory Council Suicide Prevention (which will be appointed in July 2000) advise the Commonwealth Minister for Health and Aged Care. The latter council will advise on development and implementation of the National Suicide Prevention Strategy. Links are being 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.

3.6.3 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 Reference Group for Aboriginal and Torres Strait Islander Peoples. 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.

3.6.4 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 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 Expert Committee's paper. 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.