



The **National** Drug Strategy

Australia's
Integrated
Framework
2004–2009

THE NATIONAL DRUG STRATEGY

Australia's integrated framework

2004–2009

Ministerial Council on Drug Strategy

May 2004

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The document was prepared for the Ministerial Council by a joint working group of the Intergovernmental Committee on Drugs and the Australian National Council on Drugs.

Information on the National Drug Strategy

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1. Introduction

The National Drug Strategy 2004–2009 provides a framework for a coordinated, integrated approach to drug issues in the Australian community.

Drug use contributes to significant illness and disease, injury, workplace concerns, violence, crime, and breakdowns in families and relationships in Australia. Collins and Lapsley (2002) estimated that the economic costs associated with licit and illicit drug use in 1998–99 amounted to \$34.5 billion, of which tobacco accounted for 60%, alcohol 22%, and illicit drugs 17%.

This document is a national policy framework that is complemented, supported and integrated with a range of national, state, territory, government and non-government strategies, plans and initiatives. It builds upon the experience and achievements of its policy predecessor, the National Drug Strategic Framework 1998–99 to 2003–04, and is overseen and guided by key advisory and decision making bodies.

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.

Ministerial Council on Drug Strategy

The National Drug Strategy is the responsibility of the Ministerial Council on Drug Strategy (MCDS). The MCDS is a national ministerial-level forum responsible for developing policies and programs to reduce the harm caused by drugs to individuals, families and communities in Australia. The MCDS is the peak policy and decision making body on licit and illicit drugs in Australia. It brings together Australian government, state and territory ministers responsible for health and law enforcement, and the Australian government Minister responsible for education.

The MCDS is responsible for ensuring that Australia has a nationally coordinated and integrated approach to reducing the substantial harms associated with drug use. The council's collaborative approach is designed to achieve national consistency and to improve outcomes in the areas of policy, program development and service delivery.

The MCDS will continue to liaise with, and provide reports to, the Australasian Police Ministers' Council, the Australian Health Ministers' Council, the Ministerial Council on Employment, Education, Training and Youth Affairs, the Ministerial Council for Aboriginal and Torres Strait Islander Affairs and other ministerial councils on matters of joint responsibility and priority in relation to the National Drug Strategy.

The MCDS is supported in its role by an advisory structure that is outlined in Chapter 4. The Intergovernmental Committee on Drugs (IGCD) and the Australian National Council on Drugs (ANCD) are the principal bodies responsible for the provision of advice to the MCDS on the development and implementation of policies and programs.

The Australian approach

The principle of harm minimisation has formed the basis of successive phases of Australia's National Drug Strategy since its inception in 1985.

Harm minimisation does not condone drug use, rather it refers to policies and programs aimed at reducing drug-related harm. It aims to improve health, social and economic outcomes for both the community and the individual, and encompasses a wide range of approaches, including abstinence-oriented strategies.

Australia's harm-minimisation strategy focuses on both licit and illicit drugs and includes preventing anticipated harm and reducing actual harm. Harm minimisation is consistent with a comprehensive approach to drug-related harm, involving a balance between demand reduction, supply reduction and harm reduction strategies. It encompasses:

- supply reduction strategies to disrupt the production and supply of illicit drugs, and the control and regulation of licit substances;
- demand reduction strategies to prevent the uptake of harmful drug use, including abstinence orientated strategies and treatment to reduce drug use; and
- harm reduction strategies to reduce drug-related harm to individuals and communities.

Individual jurisdictions and non-government organisations will continue to develop plans and strategies that reflect the key elements of the National Drug Strategy, and will report annually on implementation of programs, activities and initiatives.

Key achievements

Over the life of the previous National Drug Strategy there have been a number of positive changes in the Australian drug environment.

There has been a reduction in the prevalence of tobacco use as well as a reduction in the use of certain illicit drugs. Rates of fatalities associated with alcohol have decreased and the number of treatment services has significantly increased over the period of the existing National Drug Strategy.

Cooperation between law enforcement, health and other key stakeholders has increased significantly and will remain a focus of the new phase of the National Drug Strategy.

The National Drug Strategy's success in building partnerships, particularly between the health and law enforcement sectors, has broadened the role of police in addressing drug issues. Enhanced law enforcement efforts and approaches have significantly disrupted the supply of illicit drugs and reduced demand for them. The role of law enforcement in harm-reduction strategies is well recognised.

The National Drug Strategy has strengthened Australia's presence among drug treatment, law enforcement and prevention service providers internationally, where Australia's model for dealing with drug issues is recognised as particularly effective. Enhanced professional development of the workforce has been a significant factor in contributing to this position.

Australia's research, reports and publications are internationally respected for their significant and sometimes groundbreaking contribution to innovative responses to drugs and understanding of 'what works' through careful evaluations and reviews. Improving linkages between research and other activities will be a focus of this phase of the National Drug Strategy.

All jurisdictions completed reviews of existing policy directions and programs, and held a number of high-profile drug summits that incorporated input from a wide range of key stakeholders. Public participation has been a key factor in each of the reviews and summits held.

The development of national drug-specific action plans achieved a high degree of national consistency in approaches to policy and program development, while allowing flexibility for individual jurisdictions to pursue specific priorities. These plans have provided a sound platform for identifying priorities and strategies for action by governments and other stakeholders.

The development of the Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2006 was a significant outcome from the previous National Drug Strategy. The plan was developed in recognition that Indigenous peoples continue to suffer a greater burden of ill health than the rest of the population and that drug action plans and strategies do not always relate well to the particular drug issues that affect Aboriginal and Torres Strait Islander Peoples. During the new phase of the National Drug Strategy, implementation of the key action areas under this plan will be a high priority.

2. The 2004–2009 phase of the National Drug Strategy

To meet the challenges of the next five years, we will need to build on the achievements of the past. Australia's work in monitoring trends in drug use and drug-related harms is important and will provide ongoing opportunities for proactive policy and program development in progressing the priorities of the National Drug Strategy.

Objectives

The following objectives of the National Drug Strategy 2004–2009 contribute to reducing drug use and supply, and preventing and minimising harm caused by licit drugs, illicit drugs and other substances:

- prevent the uptake of harmful drug use;
- reduce the supply and use of illicit drugs in the community;
- reduce the risks to the community of criminal drug offences and other drug-related crime, violence and antisocial behaviour;
- reduce risk behaviours associated with drug use;
- reduce drug-related harm for individuals, families and communities;
- reduce the personal and social disruption, loss of life and poor quality of life, loss of productivity and other economic costs associated with harmful drug use;
- increase access to a greater range of high-quality prevention and treatment services;
- increase community understanding of drug-related harm;
- promote evidence-informed practice through research, monitoring drug-use trends, and developing workforce organisation and systems;
- strengthen existing partnerships and build new partnerships to reduce drug-related harm;
- develop and strengthen links with other related strategies; and
- develop mechanisms for the cooperative development, transfer and use of research among interested parties.

The challenge for all levels of government, the community and non-government organisations is to work together on these objectives 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. The structures and processes for achieving this are set out in later sections of this document.

Priority areas

Building upon the previous National Drug Strategy, the following eight priorities are identified as specific areas for future action within the National Drug Strategy 2004–2009:

- prevention;
- reduction of supply;
- reduction of drug use and related harms;
- improved access to quality treatment;
- development of the workforce, organisations and systems;
- strengthened partnerships;
- implementation of the National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2006; and
- identification and response to emerging trends.

These priorities are further illustrated in the sections below. For each priority, some areas are identified for particular attention within the broader strategic priorities.

Prevention

Prevention refers to measures that prevent or delay the onset of drug use as well as measures that protect against risk and prevent and reduce harm associated with drug supply and use.

It has become clear that drug use is but one of a number of social and health problems that can share common determinants, and that these problems tend to cluster in vulnerable individuals and population groups. Equally, it is clear that wide-ranging and broad-based interventions are needed to address these problems in an integrated way across the whole community.

In order to collect the evidence and enhance the understanding of prevention, a comprehensive research effort was undertaken during the previous National Drug Strategy. The report of this research will be used to inform the development of a prevention agenda within the National Drug Strategy 2004–2009.

In recognising that a range of approaches are encompassed by prevention, the National Drug Strategy will:

- identify effective prevention approaches, techniques and interventions;
- promote and implement these by focussing on
 - preventing the uptake of illicit drugs;
 - delaying and preventing the uptake of licit drugs;
 - reducing harm associated with drug use; and
- undertake evaluations of funded prevention programs.

Reduction of supply

Supply reduction initiatives primarily aim to prevent and reduce the availability of drugs. Partnerships can assist activities that aim to reduce drug supply. The National Drug Strategy recognises that optimum results are achieved in concert with demand and harm reduction strategies developed by engaging law enforcement, health and other regulatory agencies.

The breadth of law enforcement activities make it more difficult for those involved in illicit drug supply, increases the likelihood of people seeking treatment, assists in prevention outcomes, reduces funds available for illicit drug purchase by prosecuting associated crime, and reinforces the message that illicit drug use is not condoned by the community.

During this phase of the National Drug Strategy, action will be taken to:

- disrupt the manufacture and supply of illicit drugs;
- enhance efforts to control the inappropriate supply and diversion of pharmaceutical drugs and pre-cursor chemicals;
- dismantle organised crime;
- implement effective legislation and regulatory regimes, and education programs for key justice and health professionals;
- implement effective legislation and regulation of alcohol, tobacco and other substances to reduce associated harms to the community; and
- examine mechanisms to ensure that all relevant stakeholders participate in implementing law enforcement strategies in all jurisdictions.

Reduction of drug use and drug-related harms

Approaches that aim to reduce drug use and the harmful impacts of drug use under this National Drug Strategy include those that are targeted towards individuals and communities. Seeking to reduce drug-related harms acknowledges that drug use involves risks. Responsibility for reducing these risks is shared between governments at all levels, the non-government sector, business and industry, communities, research bodies, families and those who use drugs or other substances themselves.

During this phase of the National Drug Strategy, action will be taken to:

- continue to use public education campaigns and responsible media reporting, informed by current issues and emerging trends, to increase the public's understanding of drug-related harms and effective interventions;
- work with key service providers to support and encourage practices that reduce drug use and drug-related harms;
- evaluate current programs aimed at reducing drug-related harms;
- develop a comprehensive approach to the management of drug use and related harms in correctional settings; and
- develop local level programs that improve public amenity and reduce drug use and drug-related fear.

Improved access to quality treatment

The availability of treatment services for users of both licit and illicit drugs remains integral to the National Drug Strategy. While preventing uptake of harmful drug use is vital, it is also essential to provide treatment services for people who experience drug-related problems or are drug dependent.

Effective treatment needs to attend to the multiple needs of the individual. Experiences of consumers and drug user organisations should be included in treatment service planning.

During this phase of the National Drug Strategy, action will be taken to:

- minimise barriers to treatment;
- support effective treatment interventions and promising new treatment options;
- build strong partnerships between drug treatment services and mental health services to enhance responses to co-existing drug and mental health problems;
- increase the involvement of primary care such as general practitioners, specialists and hospitals, in early intervention, relapse prevention and shared care;
- improve access to treatment programs and services (including diversion programs) in the criminal justice system; and
- improve knowledge of the effectiveness of culturally secure treatment for specific groups.

Development of the workforce, organisations and systems

It has become increasingly evident that, although education is a necessary part of a workforce development strategy, it is not sufficient to facilitate and sustain the workforce. The National Drug Strategy recognises that a multifaceted approach to develop the workforce is required, which should address the range of factors that impact on the ability of the diverse workforce to function with maximum effectiveness.

During this phase of the National Drug Strategy, action will be taken to:

- develop a framework for a national strategy that will prepare the workforce for future challenges, raise their professional status and improve their capacity to adopt more effective innovations;
- undertake analysis of effective dissemination strategies, the role of education and training, and the barriers to research uptake and ways of overcoming them; and
- improve the capacity of community-controlled and mainstream organisations to provide quality services to Indigenous communities.

Strengthening partnerships

A partnership approach has been one of the hallmarks of the National Drug Strategy. The development of effective working relationships between the three tiers of government and affected communities, community-based organisations, business and industry, the medical profession and research institutions both nationally and internationally continues to be a key feature of the National Drug Strategy.

The partnership between health and law enforcement has been particularly successful. Jurisdictions also adopt multi-agency partnerships that encompass prevention, education, treatment, justice, Aboriginal affairs, liquor licensing and law enforcement in a partnership approach. The National Drug Strategy will build on this success to strengthen partnerships with other sectors, in particular the non-government sector, through relevant national and jurisdictional representational organisations and the Australian National Council on Drugs.

During this phase of the National Drug Strategy, action will be taken to:

- use the range of advice available from both the government and non-government sectors;
- support the continuation of successful partnerships established with health, law enforcement, education, non-government sector, research sector and affected communities;
- build on current regional and global relationships with an emphasis on promoting Australia's role in knowledge transfer and cooperation;
- engage actively with local government to develop responses to local alcohol and other drug issues; and
- cooperate with business, government and relevant media to manage the community impacts of drug use.

Implementation of the National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2006

The development of the Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2006 was a significant outcome from the previous National Drug Strategy. This plan was developed following extensive consultation with Indigenous communities; it provides a national direction to deal appropriately with the specific alcohol, tobacco, illicit drugs and other substance issues that concern Aboriginal and Torres Strait Islander Peoples.

The timeframe for the implementation of this plan sits within the life of the National Drug Strategy, and as such, action will be taken to implement the key action areas identified in the Plan, with particular priority afforded to:

- building community capacity to address current and future issues in the use of alcohol, tobacco and other drugs;
- actively promoting whole of government and community approach in implementing the key action areas;

- improving access to the appropriate range of health and wellbeing services that play a role in addressing alcohol, tobacco and other drugs issues; and
- recognising the role of holistic approaches from prevention through to treatment and continuing care that is locally available and accessible.

Responding to emerging trends

Research, data and specialist advice will continue to have a high priority as these are essential elements of the infrastructure of the National Drug Strategy and allow the understanding of licit and illicit drug issues and the tailoring of policies and programs.

During this phase of the National Drug Strategy, action will be taken to:

- implement robust, flexible and responsive advisory structures to allow direct access to specialist research and advice from people in the alcohol, other drugs and related sectors, on which policy decisions can be made in response to emerging issues and trends;
- undertake regular environmental scanning through the advisory structures and other mechanisms to ensure that pro-active and responsive attention is given to emerging trends;
- develop appropriate processes to implement research, monitoring, evaluation and dissemination practices appropriate to Indigenous communities and programs;
- efficiently exchange data and information between health, law enforcement and other stakeholders;
- continue to seek opportunities to improve data collections;
- evaluate the impact of existing activities and determine consequential impacts on patterns of drug supply, use and associated harm;
- support research that might inform the next generation of responses to emerging drug issues;
- facilitate the provision of relevant research advice; and
- undertake annual strategic directions workshops.

The Australian approach

The basics

The success of Australia's drug policy is based on four features:

- the principle of harm minimisation, which recognises the need to use a wide range of approaches in dealing with drug related harm, including supply-reduction, demand-reduction (including abstinence oriented interventions) and harm-reduction strategies;
- the comprehensiveness of the approach, encompassing the harmful use of licit drugs (tobacco, alcohol and pharmaceutical drugs), illicit drugs and other substances (inhalants, kava);
- the promotion of partnerships between health, law enforcement and education agencies, affected communities, business and industry in tackling drug-related harm;
- a balanced approach — across all levels of government — between supply-reduction, demand-reduction and harm-reduction strategies, between preventing use and harms, and facilitating access to treatment.

Significant effort has gone into increasing Australia's research capacity in this sector. This National Drug Strategy recognises the value of research, including the evaluation of effectiveness, in informing the development of programs across areas of the National Drug Strategy.

The principle of harm minimisation has formed the basis of Australia's national drug strategies since 1985. Harm minimisation does not condone harmful drug use, whether of licit or illicit substances. It refers to policies and programs designed to reduce and prevent harm associated with both licit and illicit drugs. Harm minimisation includes prevention of uptake of harmful use of licit and illicit substances. It aims to improve health, social and economic outcomes for both the community and the individual and encompasses a wide range of approaches including abstinence-orientated strategies.

Harm minimisation encompasses:

- supply-reduction strategies to disrupt the production and supply of illicit drugs and the control and regulation of licit substances;
- demand-reduction strategies to prevent the uptake of harmful drug use, including abstinence-oriented strategies to reduce drug use; and
- targeted harm-reduction strategies to reduce drug-related harm for individuals and communities.

A comprehensive harm-minimisation approach must take into account three interacting components: the individuals and the communities involved; their social, cultural, physical, legal and economic environment; and the drug itself. Harm minimisation approaches will vary according to the nature of the problem, the population group, the time and the locality. For example, strategies that aim to reduce harm for under-age drinkers will differ from strategies that target older smokers. Similarly, different strategies may be appropriate to accommodate the needs of injecting drug users living in rural Queensland and those living in metropolitan Sydney.

A coordinated, integrated approach

The National Drug Strategy 2004–2009 provides a framework for a coordinated, integrated response to reducing drug-related harm in Australia. Responsibility for action in related areas of law enforcement, criminal justice, health and education rests with government agencies at all levels, the community based sector, business and industry, the media, research institutions, local communities and individuals.

Coordinating an integrated harm minimisation approach will occur through:

- developing and implementing national strategies;
- promoting community understanding of drug-related harms;
- building partnerships, including partnerships between governments, affected communities, and service providers;
- implementing the key action areas of the National Drug Strategy Aboriginal and Torres Strait Islander People's Complementary Action Plan; and
- coordinating outcomes through complementary integrated Commonwealth, state and territory structures, and internationally (where appropriate).

There will also be integration between the National Drug Strategy and other relevant strategies, for example, the National Supply Reduction Strategy for Illicit Drugs, the National Hepatitis C and National HIV/AIDS Strategies, the National Mental Health Strategy, the National Suicide Prevention Strategy, and the Aboriginal and Torres Strait Islander Peoples Complementary Action Plan. Such integration will ensure relevant trends in these areas are incorporated in the development of policies and programs under the National Drug Strategy.

Individual jurisdictions will continue to develop plans and strategies that reflect the key elements of the National Drug Strategy, and will report annually on subsequent implementation of programs and activities.

As the peak policy and decision making body, the MCDS will ensure that Australia has a nationally coordinated and integrated approach to reducing the harm arising from drug use. The MCDS's collaborative approach is designed to achieve national consistency in policy principles, program development and service delivery.

Evidence-informed practice

Wherever possible, all supply-reduction, demand-reduction and harm-reduction strategies should reflect practices that are informed by evidence derived from rigorous research, critical evaluation, (including assessment of the cost effectiveness of interventions), practitioner expertise and the needs and preferences of the individual client or consumer.

The National Drug Strategy must continue to encourage innovation and leadership in the development of new approaches. An important goal, which is implicit in adopting this approach is to build (wherever possible) upon the evidence base, so that the impact of current approaches is well understood, the options for future actions are thoroughly explored, and the policy and program approaches adopted are influenced by this work.

International contribution and cooperation

Australia places a high priority on international cooperation and promotes a balanced approach to the global drug problem. Australia has made a commitment to work multilaterally, regionally and bilaterally to deal with drug misuse and illicit drug cultivation, production, processing, distribution, supply and trafficking.

At the regional level, Australia's contribution to the international scene has had a strong focus on the Asia-Pacific region, given that South East Asia is the largest source of illicit opiates and a source of amphetamine-type stimulants flowing to Australia.

The goals for 2008 set by the United Nations General Assembly on the World Drug Problem focus on addressing illicit drug cultivation and manufacture, diverting precursor chemicals and reducing drug demand. Australia's National Drug Strategy provides a strong basis for integrated and coordinated action within and across jurisdictions to meet these targets.

Measuring progress

It is necessary to understand the current prevalence of drug use to identify trends, monitor changes, anticipate emerging issues and respond accordingly. Research, data and specialist advice also provide information that helps to identify and anticipate issues and develop evidence-informed approaches.

There are a number of different data collections, supported by a range of agencies that provide a composite of behaviours, activities and outcomes related to drug supply, use and harms in Australia.

It is intended that this National Drug Strategy will be accompanied by a companion document that will provide an overview of the drug situation in Australia, informed by the most up-to-date evidence. This document will be updated biennially, and will also include trend analysis and some international comparisons.

A monitoring and evaluation framework will be developed during this phase of the National Drug Strategy to ensure that research, data and program information collected is reported annually and is used appropriately to inform strategic policy development.

3. Drug use in Australia

This chapter provides a broad overview of the current situation in Australia with respect to the harmful use of licit drugs (tobacco, alcohol and pharmaceutical drugs), illicit drugs and other substances (inhalants, kava).

The overview has been informed by the following sources:

- *2001 National Drug Strategy Household Survey* (AIHW 2002);
- *2002 Statistics on Drug Use in Australia* (AIHW 2003);
- *Counting the Cost: Estimates of the Social Costs of Drug Abuse in Australia in 1998–99* (Collins and Lapsley 2002);
- *Australian Alcohol Indicators—Patterns of Alcohol Use and Related Harms for Australian States and Territories 1990–2001* (National Drug Research Institute, 2003); and
- *2002 Australian Bureau of Statistics data on accidental opioid induced deaths.* (Degenhardt and Barker, 2003).

For more detailed information and discussion, please consult the Companion Document, which will be produced every two years, and will be informed by findings of population-based surveys, other data collections, program information, secondary analysis and policy analysis.

Main drugs of concern

For some time now there has been convincing evidence to show that licit drugs (tobacco, alcohol and pharmaceuticals) are responsible for the most harm associated with drugs in our community. Together with the use of illicit drugs, the community experiences a substantial number of deaths (mortality); considerable illness; disease and injury (morbidity); accidents; crime; social and family disruption; violence; and other negative impacts, including a negative impact on the economy.

Polydrug use is a significant contributor to drug related deaths, illness and other problems. The use of a combination of drugs (most commonly alcohol, prescription drugs and other drugs) continues to intensify risks, and presents challenges for health and law enforcement responses.

The fundamental aim of the National Drug Strategy 2004–2009 is to reduce drug use and the harms caused by drugs in our community. That is, to reduce the mortality, morbidity, social and economic costs that are experienced by Australians and are attributable to drug use. Given the varying reasons for, and rates at which, drugs are consumed in Australia, achievement of this aim will continue to present a number of challenges.

Tobacco

Recent measures indicate a decline in daily smoking rates. Tobacco smoking continues to be the primary cause of premature and preventable death and disease in Australia. It was estimated that, in 1998, approximately 19 000 deaths and 142 525 hospital episodes were attributed to tobacco use.

Tobacco remains a highly addictive and dangerous product and it is important that policy effort is maintained to ensure that there is no upsurge in use or acceleration in uptake by young people.

Alcohol

Alcohol is second only to tobacco as a preventable cause of death and hospitalisation in Australia. Alcohol is a significant contributor to public disorder, violence and crime. It continues to be the most common principal drug of concern for which treatment is sought.

Recent estimates in the 2001 National Drug Strategy Household Survey (AIHW, 2002) indicate that approximately 85% of Australians had consumed alcohol in the previous 12 months.

Alcohol consumption (per capita) has remained stable for the past 10 years, however at least 61% of all alcohol consumption is done in excess of the National Health and Medical Research Council's Australian Alcohol Guidelines. Binge drinking patterns remain a concern, particularly among young people.

Cannabis

Cannabis remains the most commonly used illicit drug in Australia, with approximately 13% of Australians reporting they had used cannabis in the previous 12 months in 2001 (AIHW 2002). Use of cannabis can result in acute effects, including impairment of motor skills, reaction time and the ability to perform skilled activities. Psychotic illness and symptoms of schizophrenia may be exacerbated by cannabis use.

Psychostimulants

The evolving nature of the psychostimulant market has seen the use of methamphetamine, including crystal methamphetamine and other related substances, increase over the past decade. This market is also influenced by the development of new drug compounds that gain prominence from time to time.

Current data indicate that the prevalence of cocaine use is relatively low; however, injection of cocaine and methamphetamine has increased in recent years.

The significant increase in methamphetamine use is expected to continue in certain populations. Detections of clandestine laboratories have continued to increase, from 50 in 1996 to 250 in 2002. Methamphetamine causes significant harms to the individual and the community through the dangerous methods used to manufacture the drug, the health and psychological harms, and the violence associated with its use.

Ecstasy

Ecstasy is the third most widely used illicit drug in Australia after cannabis and amphetamine. In 2001, it was reported that almost 456 000 people had used this drug in the last 12 months. Of particular concern is the substantial number of users bingeing for 48 hours or more, which is a particularly harmful pattern of use that can be associated with increased psychological, physical, and occupational harm.

Heroin

Heroin use is relatively low but is a significant cause of death, injury and illness in Australia, particularly for younger people. Over the past decade, heroin overdose deaths represented the third greatest cause of death for the 25–35 year age group (behind motor vehicle accidents and suicide). In 2002, there were a total of 364 deaths attributed to opioids among those aged 15–54 years. This was a 69% decrease in the rate of deaths due to opioids since 1999.

Despite the significant decrease in heroin overdose deaths in recent years, which was associated, in part, with changes in availability, public health problems associated with bloodborne virus transmission associated with the injection of heroin and other drugs remain prevalent, as does public concern about heroin use and issues of public amenity, crime and safety.

Inhalants and volatile substances

The inhaling of substances such as paint, petrol, glue and some aerosols has gained increased prominence over recent years, with a number of serious health problems being identified among the (usually) young people engaging in this dangerous behaviour.

A national taskforce has been established to examine responses. There have been a number of initiatives instigated by Aboriginal and Torres Strait Islander communities in relation to petrol sniffing in particular, with a switch to alternative fuels and other approaches providing an example of attempts to minimise the harms caused by petrol sniffing.

Kava

Kava is extracted from the roots of the kava plant and is consumed by some subgroups. Concerns have persisted over the use of kava. Although the research regarding the potential adverse health effects of kava use (eg skin and liver damage, blood disorders) remains somewhat equivocal, kava use contributes to social problems such as neglecting family or community duties, unlicensed trading and financial difficulties, particularly in some communities.

Performance and image-enhancing drugs

Performance and image-enhancing drugs (PIEDs), and anabolic steroids in particular, have been included in Australia's National Drug Strategy since 1993. In the 2001 National Drug Strategy Household Survey, approximately 30 000 people admitted to using steroids in the previous 12 months.

The issues associated with the use of PIEDs transcend the more readily identified area of sport, to include other industries such as construction, security and entertainment. Drugs that fit within this category include synthetic and veterinary products, and a range of health problems are associated with the use of these substances.

Pharmaceuticals

The non-medical use of pharmaceuticals is a significant concern with around 598 000 persons using prescription drugs for non-medical purposes in the twelve months leading up to the 2001 National Drug Household Survey.

The Health Insurance Commission's Prescription Shopping Project monitors the prescription of drugs in excess of therapeutic need. The use of pharmaceutical products for non-medical purposes and the diversion of pharmaceutical drugs into the illicit drug market and industry, raises a number of health risks and involves substantial costs to the community.

4. National Drug Strategy advisory structures

The Ministerial Council on Drug Strategy has decided to establish the following structures to implement, support and advise on the National Drug Strategy. These differ in some ways from the structures that supported earlier phases of the National Drug Strategy and have been revised by the MCDS to better ensure that the council has timely access to the expert and policy advice it needs.

The new structures detailed below enable the Ministerial Council to access expert opinions across the community.

The Intergovernmental Committee on Drugs

The MCDS is supported by a Commonwealth/state/territory government forum—the Intergovernmental Committee on Drugs (IGCD). The IGCD consists of senior officers that represent health and law enforcement agencies in each Australian jurisdiction and in New Zealand, as well as representatives of the Australian Department of Education, Science and Training and the Ministerial Council on Aboriginal and Torres Strait Islander Affairs.

The IGCD provides policy advice to the MCDS on drug-related matters, and is responsible for implementing National Drug Strategy policies and programs, as directed by the MCDS. It will also assist in facilitating specialist advice by way of a National Expert Advisory Panel (NEAP), which will be implemented in July 2004. Membership of NEAP will consist of experts in a number of fields including local government, education, alcohol, illicit drugs, tobacco, Indigenous affairs, prevention and youth.

The Ministerial Council has endorsed the IGCD, in consultation with the Australian National Council on Drugs (ANCD), to commission work and seek specialist advice on its behalf from the NEAP as well as from time-limited and function-specific task forces, to ensure that policies, strategies and directions are consistent with the National Drug Strategy. Research and data collection is seen as the basis to identify emerging issues in the area of licit and illicit drugs. In order to be in a position to develop sound policy responses to these issues, the IGCD will be working in partnership with the ANCD.

The Australian National Council on Drugs

Membership of the ANCD includes people with a wide range of experience and expertise on various aspects of drug policy, such as treatment, rehabilitation, education, family counselling, law enforcement, research and work at the coalface in community organisations.

The ANCD will provide ministers with independent, expert advice on matters connected with licit and illicit drugs. It provides a non-government voice, to facilitate an enhanced partnership between the government and community sectors in the development and implementation of policies and programs to redress drug-related harms. The ANCD will develop a workplan and will report annually to the Prime Minister and will provide reports to the MCDS.

The National Expert Advisory Panel

The National Expert Advisory Panel will provide a pool of relevant multidisciplinary expertise to undertake a number of activities on behalf of the MCDS. Its activities will include:

- providing expert advice on nationally significant matters;
- 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 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; and
- providing advice and direction to ensure the development and application of strategies that are culturally responsive to specific population groups, including Indigenous communities.

To assist in implementing and progressing national priorities, time-limited and function-specific taskforces will be established on an as-needed basis. Membership of the taskforces will reflect a balance in state and territory, health and law enforcement, government/non-government, Indigenous, local government, education and relevant sector representation suitable to the particular task, and will be derived from the Panel.

National drug research centres

The National Drug Strategy benefits from core research programs of the National Drug Research Centres to develop products and facilitate research into matters identified as priorities under the National Drug Strategy.

The National Drug Research Centres will regularly provide the MCDS with advice of research outcomes, and will contribute to informing the IGCD of emerging issues and trends.

Annual strategic issues workshop

An annual joint IGCD/ANCD workshop will be held to enable these bodies to consider emerging issues, discuss approaches and appropriate policy responses. Discussions at the workshop will be informed by relevant advice and research. This approach will ultimately ensure that the MCDS is well placed to fulfil its role of directing Australia's policy and program responses to drug issues.

Glossary

abstinence: refraining from drug use.

age of initiation: the age of first use of a drug or substance.

AIDS (acquired immune deficiency syndrome): a syndrome defined by the development of serious opportunistic infections, neoplasms or other life-threatening manifestations resulting from progressive HIV-induced immunosuppression.

Australian National Council on Drugs (ANCD): one of the advisory bodies supporting the Ministerial Council on Drug Strategy, the ANCD consists of people with relevant expertise from the government, non-government and community sectors. It ensures that the 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.

best practice: on the evidence available, the best intervention to produce improved outcomes for an identified issue.

benzodiazepines: one of a group of drugs used mainly as sedatives and muscle relaxants, and for treatment of epilepsy.

binge drinking: conventionally can refer to occasional bouts of heavy drinking by young and/or non-alcohol-dependent people.

blood-borne virus: a virus that can be transmitted from an infected person to another person by blood-to-blood contact, including through the sharing of injecting equipment.

culturally responsive strategies: strategies that take into account the practices and beliefs of a particular population group, so that the relevant initiatives are acceptable, accessible, persuasive and meaningful.

demand-reduction strategies: strategies that seek to reduce the desire for, and preparedness to obtain and use, drugs. These strategies are designed to prevent the uptake of harmful drug use and include abstinence-oriented strategies aimed at reducing drug use. Their purpose is to prevent harmful drug use and to prevent drug-related harm.

drug: a substance that produces a psychoactive effect. Within the context of the National Drug Strategy 'drug' is used generically to include tobacco, alcohol, pharmaceutical drugs and illicit drugs. The National Drug Strategy also takes account of performance and image-enhancing drugs, and substances such as inhalants and kava.

drug dependence: drug dependence is characterised by a strong desire to take a drug. Among the indicators of dependence are impaired control over drug use, a higher priority given to drug use than to other activities and obligations, increased tolerance, physical withdrawal symptoms, and repeated drug use to suppress withdrawal.

drug-related harm: any adverse social, physical, psychological, legal or other consequence of drug use that is experienced by a person using drugs or by people living with or otherwise affected by the actions of a person using drugs.

evidence-informed practice: integration of the best available evidence with professional expertise to make decisions.

harm-reduction strategies: strategies that are designed to reduce the impacts of drug-related harm on individuals and communities. Governments do not condone illegal risk behaviours such as injecting drug use: they acknowledge that these behaviours occur and that they have a responsibility to develop and implement public health and law-enforcement measures designed to reduce the harm that such behaviours can cause.

harm minimisation: the primary principle underpinning the National Drug Strategy. It refers to policies and programs aimed at reducing drug-related harm. It aims to improve health, social and economic outcomes for both the community and the individual, and encompasses a wide range of approaches, including abstinence-oriented strategies. Australia's harm-minimisation strategy focuses on both licit and illicit drugs.

Harm minimisation includes preventing anticipated harm and reducing actual harm. Harm minimisation is consistent with a comprehensive approach to drug-related harm, involving a balance between demand reduction, supply reduction and harm reduction.

harmful drug use: a pattern of drug use that has adverse social, physical, psychological, legal or other consequences for a person using drugs or people living with or otherwise affected by the actions of a person using drugs.

Hazardous drug use is any drug use that puts the person using drugs, or those living with or otherwise affected by the actions of a person using drugs, at risk of these harmful consequences. Hazardous drug use includes any use of illicit drugs.

hepatitis C: is a blood borne virus that affects the liver. Transmission occurs when the blood of someone who is already infected with hepatitis C enters the bloodstream of another person.

HIV: human immunodeficiency virus. A human retrovirus that leads to acquired immune deficiency syndrome (AIDS).

illicit drug: a drug whose production, sale or possession is prohibited. 'Illegal drug' is an alternative term.

inhalants: substances inhaled for psychoactive effects—for example, glues, aerosol sprays, paints, industrial solvents, thinners, petrol and cleaning fluids.

Intergovernmental Committee on Drugs: one of the advisory bodies supporting the Ministerial Council on Drug Strategy, the Intergovernmental Committee on Drugs is a Commonwealth–State–Territory government forum. It consists of senior officers representing health and law-enforcement agencies in each Australian jurisdiction (appointed by their respective health and law-enforcement Ministers) and other people with expertise in identified priority areas (for example, representatives of the Australian Customs Service, the Department of Education, Science and Training and the Ministerial Advisory Committee on Aboriginal and Torres Strait Islander Affairs).

kava: a drink or preparation obtained from the kava plant, *Piper methysticum*.

licit drug: a drug whose production, sale or possession is not prohibited. ‘Legal drug’ is an alternative term.

Ministerial Council on Drug Strategy: the peak policy- and decision-making body in relation to licit and illicit drugs in Australia, 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 drug-related harm.

The Ministerial Council ensures that the Australian approach to harmful drug use is nationally coordinated and integrated. Its collaborative approach is designed to achieve national consistency in policy principles, program development and service delivery.

narcotic drug: usually refers to opioids. It is also a preferred term in United Nations conventions, where it may be used to refer more widely to other drugs.

National Drug Strategy: formerly the National Campaign against Drug Abuse, was initiated in 1985, following a Special Premiers Conference. The National Drug Strategy provides a comprehensive, integrated approach to the harmful use of licit and illicit drugs and other substances.

The aim is to achieve a balance between harm-reduction, demand-reduction and supply-reduction measures to reduce the harmful effects of drugs in Australian society. The National Drug Strategy promotes partnerships between health, law-enforcement and education agencies, drug users, people affected by drug-related harm, community-based organisations and industry, to reduce drug-related harm in Australia.

National Drug Strategy Household Survey: the National Drug Strategy Household Survey series is one of the data-collections used to monitor trends and progress under the National Drug Strategy. The Surveys have been conducted nationally in 1985, 1988, 1991, 1993, 1995, 1998 and 2001 and provide data on behaviour, knowledge and attitudes relating to drug use among people aged 14 years and over.

Needle and Syringe Programs: Authorised programs for distributing, disposing of or selling needles and syringes.

non-medical use of drugs: the use of pharmaceutical drugs either alone or with other drugs in order to induce or enhance a drug experience.

opioid: the generic term applied to alkaloids and their derivatives obtained from the opium poppy (*Papaver somniferum*), including methadone, morphine, heroin and codeine.

overdose: the use of a drug in an amount that causes acute adverse physical or mental effects. Overdose may produce transient or lasting effects and can sometimes be fatal.

partnership approach: in the context of national public policy, a partnership approach for the National Drug Strategy is defined as a close working relationship between the Commonwealth, State and Territory, and local governments, affected communities (including drug users and those affected by drug-related harm), business and industry, community-based organisations, professional workers and research institutions.

Performance and image-enhancing drugs: a range of drugs used to improve physical or mental capacity or to influence body shape.

pharmaceutical drugs: drugs available through a pharmacy, over-the-counter and prescription medicines.

polydrug use: the use of more than one drug, simultaneously or at different times. The term ‘polydrug user’ is often used to distinguish a person with a varied pattern of drug use from someone who uses one kind of drug exclusively.

population group: can refer to an entire population group, as defined by geographical location, or to sub-groups defined by geographical location, age, risk factor, or possession of a common condition or disease.

prevention: within the context of the National Drug Strategy, prevention refers to measures that prevent or delay the onset of drug use as well as measures that protect against risk and prevent and reduce the harms associated with drug supply and use.

psychoactive effects: effects that alter mental processes—mood, cognition, thinking or behaviour.

psychostimulant: a drug that activates, enhances or increases neural activity. Caffeine, nicotine, amphetamines, cocaine and MDMA (ecstasy) are the psychostimulants most commonly used in Australia.

steroids: a group of naturally occurring or synthetic hormones that may affect chemical processes in the body, rate of growth, and other physiological functions.

supply-reduction strategies: supply-reduction strategies are designed to disrupt the production and supply of illicit drugs. They may also be used to impose limits on access to, and the availability of, licit drugs—an example is legislation regulating the sale of alcohol and tobacco to people under the age of 18 years.

uptake: the commencement of drug use.

user groups: community-based organisations representing the interests of drug users.

Acronyms

MCDS	Ministerial Council on Drug Strategy
IGCD	Intergovernmental Committee on Drugs
ANCD	Australian National Council on Drugs
HIV	Human Immunodeficiency Virus
AIDS	acquired immune deficiency syndrome
PIED	performance and image-enhancing drug
NEAP	National Expert Advisory Panel

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For further information on the
National Drug Strategy
please contact the Secretariat

National Drug Strategy Unit
Department of Health and Ageing
GPO Box 9848
MDP 103
CANBERRA ACT 2601

Phone: **(02) 6289 7470**

Fax: (02) 6289 7837

E-mail: IGCD@health.gov.au

Website: <http://www.nationaldrugstrategy.gov.au>