

# **Australia's National Drug Strategy**

## **Beyond 2009**

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### **Consultation Paper**

**27 November 2009**

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## Foreword

Australia's *National Drug Strategy 2004–2009* is in its final year of implementation. The Strategy has been evaluated by independent experts under the auspices of the Ministerial Council on Drug Strategy (MCDS). The evaluation found that the Strategy and its three pillars of supply, demand and harm reduction are fundamentally sound and have been vital to the success of the Strategy in reducing the prevalence of, and harms from, drug use in Australia over a long period.

Nonetheless, significant harms from drug use continue to occur in Australia and new trends are emerging. This Consultation Paper aims to identify emerging issues and seek input from expert stakeholders and the broader community on directions for the next phase of the Strategy 2010–2015.

The Paper has been prepared on behalf of the MCDS by the Intergovernmental Committee on Drugs National Drug Strategy Development Working Group (Appendix 1 details organisational membership on the Working Group). The MCDS invites feedback on the paper. In particular the Council is interested in:

- how the emerging issues and new developments identified in this paper might impact on patterns of tobacco, alcohol, illicit drug use and the misuse of licit substances (e.g. pharmaceuticals, performance and image enhancing substances) in the next five years, and appropriate responses to these patterns;
- other emerging issues that you think are relevant to the next phase of the National Drug Strategy;
- what you think the top priorities for action should be during the next five years; and
- your response to the key consultation questions asked throughout the paper.

The MCDS will consider your feedback in response to this paper in developing a draft of the *National Drug Strategy 2010-2015*, which will be released for further consultation in the first half of 2010.

### **Submission process**

All written submissions can be forwarded to the National Drug Strategy Consultation inbox ([NDSconsultation@health.gov.au](mailto:NDSconsultation@health.gov.au)) or sent to:

National Drug Strategy Consultation  
MDP 27  
GPO Box 9848  
Canberra ACT 2601

The closing date for submissions is Wednesday 24 February 2010.

### **Privacy**

Written submissions will be made publicly available on the National Drug Strategy website ([www.nationaldrugstrategy.gov.au](http://www.nationaldrugstrategy.gov.au)).

Submissions classified by the author as “Confidential” will not be published on the website and will not be made available to the public. Submissions will be published anonymously if the author indicates at the time of submission that they wish this to be the case. Submissions received which do not state confidentiality or request anonymity will be published on the website without alteration.

## Patterns of drug use

Drug use is a serious and complex problem. It impacts on individuals, families, communities and the economy. Each year drug use contributes to thousands of deaths, significant illness, disease and injury, social and family disruption, workplace concerns, violence, crime and community safety.

The harms caused by drug use cost taxpayers billions of dollars each year. The estimated cost of drug abuse to Australian society in 2004-05 was \$56.1 billion<sup>i</sup>. Of this, tobacco accounted for \$31.5 billion (56.2 per cent), alcohol accounted for \$15.3 billion (27.3 per cent), and illicit drugs \$8.2 billion (14.6 per cent).

An estimated 2.3 million Australians aged 14 and over use at least one illicit drug each year. Cannabis is the most commonly used illicit drug in Australia, with over 1.5 million Australians using it each year, while 600,000 use ecstasy, 400,000 use methamphetamines and close to 300,000 use cocaine<sup>ii</sup>. Poly drug use, the use of combination of illicit drugs often with alcohol, is an area of increasing concern, as is the misuse of prescription pharmaceuticals.

Alcohol and tobacco remain the most commonly used drugs in Australia. Annually, close to 6 million Australians aged 14 years and over report drinking alcohol at risky or high risk levels for short term harm, and over 3.3 million Australians smoke<sup>iii</sup>. Alcohol and tobacco feature in the top seven preventable burdens of disease risk factors. More than 3 per cent of the total burden is attributable to harmful alcohol use and close to 8 per cent is attributed to smoking<sup>iv</sup>.

Encouragingly, the overall population use of most drugs has declined over the last decade or remained stable at low levels in recent years. However, there is some evidence to suggest that people who are using alcohol and other drugs are experiencing greater harms. Over the last decade more than 800,000 Australians aged 15 years and older were hospitalised for alcohol-attributable injury and disease<sup>v</sup>.

## Australia's drug policy

Australia has had a coordinated national policy for addressing drug issues, licit and illicit, in the community since the inception of the National Campaign Against Drug Abuse (NCADA) in 1985. In 1993 it was renamed the National Drug Strategy and has since progressed through two further phases - the National Drug Strategic Framework 1998-99 to 2002-03 and the current National Drug Strategy: Australia's Integrated Framework 2004-2009.

From its early beginnings Australia's drug strategy has had strong bipartisan support. Strong partnerships across sectors, particularly between health, law enforcement, non-government organisations and experts in the field, have been critical to its success.

Key structures supporting the Strategy have included:

- the Ministerial Council on Drug Strategy (MCDS) which functions as the peak policy and decision-making body in relation to licit and illicit drugs in Australia. The Council is represented by the Australian and State and Territory Ministers of Health and Law Enforcement and the Federal Minister responsible for Education.
- the Intergovernmental Committee on Drug Strategy (IGCD) which provides policy advice to Ministers on the full range of drug-related matters and is responsible for implementing the National Drug Strategy. This Committee consists of senior officers representing health and law enforcement in each Australian jurisdiction and people with expertise in identified priority areas including representatives of the Australian Customs and Border Protection Service, and the Department of Employment and Workplace Relations;

- the Australian National Council on Drugs (ANCD) which brings independent, expert advice from a community perspective to redress drug-related harms and enhance the partnership between the government and community sectors in the development and implementation of policies and programs; and
- the three National Drug Research Centres of Excellence (the National Drug and Alcohol Research Centre, the National Drug Research Institute, and the National Centre for Education on Training and Addiction) which develop products and facilitate research into matters identified as priorities under the National Drug Strategy.

Australia's National Drug Strategy is highly regarded internationally for its cross sectoral and cross jurisdictional collaboration and coordination. Its balanced combination of supply, demand and harm reduction strategies is particularly well regarded.

Over the life of the *National Drug Strategy 2004–2009*, significant effort has gone into supporting policy development and implementation through a strong and expanding research and evidence base.

Law enforcement agencies have targeted the supply of illicit drugs at all stages of the supply chain, from overseas suppliers, interdiction at the border, and investigation and prosecution of domestic manufacturers and suppliers. In particular, law enforcement efforts have severely curtailed the supply of heroin to Australia over the past decade which has had a significant impact on consumption, overdose, deaths and other associated harms. There have also been increasing cooperative measures with industry. The implementation of Project STOP, involving co-operation between law enforcement agencies and pharmacies, has also had an impact in restricting illegitimate access to the precursor chemical pseudoephedrine used in the manufacture of methylamphetamine.

Research has shown that demand for drugs can be curbed through information and education, targeted social marketing campaigns, brief interventions and other psychosocial treatment (such as those based on cognitive behavioural therapy) and pharmacotherapy treatment for people with opioid dependency. Early intervention and diversionary approaches have been increasingly adopted and evidence of their success is growing. There is also an increasing body of knowledge about successful approaches to drug and alcohol treatment and rehabilitation.

Excessive alcohol consumption is often a major factor in violence, antisocial behaviour and crime. Police, in concert with liquor licensing authorities, play an important role in reducing alcohol related harms by enforcing legislative requirements which restrict the sale of alcohol and in assisting in the management of the local environments around entertainment precincts and at special events.

Efforts to reduce the harms associated with substance use have also been successful. Law enforcement initiatives such as random breath testing have proven effective in reducing harms associated with alcohol. The supply and safe disposal of syringes through needle and syringe programs has helped Australia maintain low rates of HIV infections and other blood borne viruses. Graphic health warnings on tobacco products have increased consumer knowledge of the health effects relating to smoking, have encouraged the cessation of smoking, and discouraged smoking uptake or relapse.

## **National Drug Strategy principles**

The section below briefly discusses the core principles that have underpinned the Strategy for the past 25 years.

### ***A Consistent Approach***

The recent evaluation of the *National Drug Strategy: Australia's Integrated Framework 2004-2009* noted that one of its greatest strengths has been to maintain a consistent approach over an extended period of time. That consistent approach has been underpinned by consensus agreement since 1985 on the principle of harm minimisation expressed as a combination of supply reduction, demand reduction and harm reduction approaches. This covers licit and illicit drugs and includes a focus on prevention. At a practical level, the three pillars of supply reduction, demand reduction and harm reduction have brought together a diverse range of stakeholders in the national effort to address drug use.

Notwithstanding some calls for review of the terminology, the harm minimisation approach continues to be relevant today and is increasingly accepted internationally as a humane and pragmatic approach to drug issues. It allows legal, social and health approaches to be brought together in a coordinated and coherent way.

### ***Evidence informed practice***

One of the key principles underpinning Australia's National Drug Strategy is that policy and practice are, wherever possible, informed by research evidence on patterns of supply and use, the harms arising and the most effective approaches to reducing supply, demand and harm. Governments and non-government agencies operating under the Strategy have a shared commitment to improving knowledge and practice and building on the successes and strengths of past efforts.

A strong evidence base has been built over the past 25 years, but continuing effort is needed to update the evidence and address gaps in some areas. Early identification of emerging issues, and the development of timely responses to them also requires continuing effort, as does the translation of research findings into practice. Where there is little evidence around effective approaches, leadership is needed to support innovation building on what is known.

### ***Partnerships***

Cross-sectoral partnerships are essential to coordinating resources and effort, enlisting skills, experience and expertise, and bringing people together to work collectively toward the common goal of reducing drug-related harm. Strong partnerships between health and law enforcement and between government and non-government sectors have been central to Australia's National Drug Strategy. The Strategy has at various times promoted partnerships between Federal, State/Territory and local governments, with the education sector, affected communities, non-government organisations, health professionals and researchers. In our increasingly complex policy environment and inter-connected society, it will be important to strengthen and extend these partnerships to ensure the continued success of the Strategy.

The renewed policy focus on social inclusion is particularly relevant to the drug and alcohol sector. It provides an opportunity to strengthen links with community, welfare, housing, indigenous, youth and other organisations to get at some of the factors that contribute to harmful drug use.

As the economy emerges from the global financial crisis, there may be new opportunities to build partnerships with corporate and philanthropic organisations. Engagement with the broader community will also continue to be important both for informing policy makers, program managers and service providers and for providing feedback to the community on current directions and evidence, and the contribution they can make to reducing drug related harm.

The Strategy's governance arrangements currently reinforce partnerships between health, law enforcement and education and between Commonwealth and State/Territory governments. While this emphasis should be retained, continuing effort and innovation is needed to effectively engage other sectors and the community more broadly since the consequences of drug use are experienced by the whole community and an effective response can only be built on broad ownership of the issue.

Establishing links with other policy and program priority areas and a broader array of sectors and fields (for example primary health care, Aboriginal and Torres Strait Islander health, youth services, homelessness, mental health, population health) will be important to ensure that the Strategy continues to be effective.

### ***A coordinated, integrated approach***

A number of sub-strategies have been developed under the umbrella of the National Drug Strategy with the aim of ensuring consistency and integration with issue specific tailoring, where appropriate, across a diverse range of issues covered by the Strategy. These sub-strategies currently include:

- The National Tobacco Strategy 2004–2009
- The National Alcohol Strategy 2006–2011
- The National Cannabis Strategy 2006–2011
- The NDS Aboriginal and Torres Strait Islander Complementary Action Plan 2003-2009
- The National School Drug Education Strategy
- The National Strategy to Prevent the Diversion of Precursor Chemicals into Illicit Drug Manufacture
- The National Amphetamine Type Stimulant Strategy 2008-2011; and
- The National Corrections Drug Strategy 2006-2009

The Ministerial Council on Drug Strategy has requested that these sub-strategies as far as possible be synchronised with the National Drug Strategy. In the interests of efficiency, the number and subject matter of the sub-strategies may also warrant review.

Equally, there are a number of strategies outside the drug and alcohol sector (eg. the National Hepatitis C and National HIV/AIDS Strategies, the National Mental Health Strategy) that the National Drug Strategy should desirably connect with.

### ***A balanced approach***

A feature of Australia's National Drug Strategy has been the emphasis on 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. In this context, the term 'balance' is sometimes used as shorthand for ensuring that investment is weighted towards where there is evidence of the most harm.

In this context, investment in National Drug Strategy approaches and programs should not be measured in dollar terms alone. Regulatory and legislative approaches, technological and environmental interventions or simply better focusing of existing resources can sometimes come at significantly lower cost than conventional programmatic approaches to emerging issues. Equal efforts in law enforcement activity are not a simple substitute for efforts in health or education or vice versa. Each of these approaches is necessary.

Further research into what constitutes an appropriate balance of investment could provide a good starting point for further progressing this commitment under the National Drug Strategy.

### ***International contribution and cooperation***

The National Drug Strategy articulates Australia's commitment to assisting international drug control efforts. Over the life of the Strategy Australia has been active in ensuring that its commitments under International action plans and drug conventions are being met and implemented.

Australia's approach to border management is intelligence and risk based. In utilising this approach, Australia's diverse border environment in terms of its geographical location/remoteness, lengthy unpopulated coastline and limited international entry points presents both opportunity and challenge with respect to control of the international supply of many illicit drugs. With constantly changing and adapting international narcotic trade patterns, it is vital for Australia to maintain ongoing exchange of information and operational cooperation with our international partners.

International cooperation in law enforcement has been successful in curbing the supply of illicit drugs. Law enforcement efforts throughout the 1990s contributed to a significant decrease in the availability of heroin. There are indications that Australia's synthetic drug market continues to be predominantly supplied by domestic production using precursor chemicals sourced both domestically and from overseas. Strong international partnerships and participation in international law enforcement activities and initiatives coordinated by the United Nations Office on Drugs and Crime continue to assist in the reduction of the overseas supply of precursor chemicals destined for diversion into illicit drug manufacture.

The physical border is increasingly becoming a secondary layer for risk assessment and intervention. Border management agencies continue to work with source and transit countries to ensure that risks to Australia's border – and appropriate mitigation strategies, are identified and implemented before the risk presents at the Australian border. Australia should continue to look for opportunities multilaterally, regionally and bilaterally to make a joint contribution to reducing the supply of drugs. Australia can learn from the experience and efforts of our international counterparts. We also provide technical assistance and support where regional countries request it, particularly in the Pacific.

### ***Emphasis on prevention***

In 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 harm associated with drug supply and use.

Efforts in prevention need to be appropriate to the interventions and responses needed across the life cycle, with a particular focus on early intervention and the role that schools and other sectors can play in developing resilience and the right protective factors. To complement these approaches, prevention strategies need to be aimed at existing users, at-risk groups and the broader community. This will necessarily include targeted and broad based social marketing strategies.

The Preventative Health Taskforce has made a number of recommendations in relation to alcohol and tobacco. The next phase of the National Drug Strategy will need to take account of the Preventative Health Strategy and be implemented in co-operation with the Preventative Health Agency to be established in 2010.

## **Emerging issues and new developments**

While efforts under the National Drug Strategy have been successful in reducing the overall prevalence of drug use, new trends in drug use (such as an increase in the misuse of pharmaceutical drugs), new ways of using drugs (and hence new and continuing harms) and new policy contexts continue to emerge.

To ensure that the National Drug Strategy continues to be a contemporary document that is responsive to emerging issues and to new developments it will be important to review and refresh some aspects of the Strategy. The MCDS has identified a number of emerging issues, discussed below, that may have an impact on licit and illicit drug use over the next five years. The MCDS would like your input on whether and how the issues identified will have an influence on drug trends, any issues that may have been missed that you think may have an impact, as well as your response to the specific consultation questions asked.

### ***Cross Sectoral Approaches***

The National Drug Strategy has clear links with a number of current policy priorities and agendas including in the areas of social inclusion, health and hospitals reform, indigenous disadvantage, early childhood and family, homelessness, employment and preventative health. The challenge in developing the next phase of Australia's National Drug Strategy will be to coordinate with these complementary areas of work.

The current policy environment strongly encourages the coordination of efforts across governments and sectors to seek more comprehensive and effective solutions. Whole of government responses are particularly suitable for complex and longstanding policy issues as they focus on coordination and integration across different sectors. This is particularly important for tobacco, alcohol and other drug issues given their wide ranging impacts across law enforcement, health, licensing, local government, transport and other sectors.

Partnerships and linkages among law enforcement, health, education, community services, welfare, housing sectors, local governments, non-government organisations and academia will assist in ensuring a person-centred approach.

The illicit drug market within Australia is not constrained by Commonwealth, State or Territory jurisdictional boundaries. In recognising that whole of government responses are an effective mechanism for addressing complex and longstanding policy issues, the development of a coordinated and consistent approach with respect to legislative control and the regulation of illicit drugs and their precursors is an important consideration.

*How can structures and processes under the National Drug Strategy more effectively engage with sectors outside health, law enforcement and education?*

*Which sectors will be particularly important for the National Drug Strategy to engage with?*

One of the ways in which the IGCD and MCDS have drawn on external expertise is through the National Expert Advisory Committee (NEAP). The NEAP is a panel of relevant multidisciplinary experts who the IGCD and MCDS are able to be called on to provide advice and assist with the implementing and progressing national priorities.

*Could the IGCD and MCDS more effectively access external expert advice and if so, how?*

### ***Indigenous Australians***

At the Council of Australian Governments meeting in November 2008, Commonwealth and State and Territory governments made a renewed commitment to closing the gap in outcomes between Indigenous and non-Indigenous Australians by addressing Indigenous disadvantage in the areas of life expectancy, health, education and employment. Substance misuse issues play a significant role in disparities in life expectancy and health.

Smoking is the number one cause of chronic disease among Indigenous Australians. In 2003, smoking was responsible for one-fifth of the deaths and accounted for 12 per cent of the total burden of disease among Indigenous Australians. About half of Indigenous Australians smoke daily, twice the daily smoking prevalence of the non-Indigenous population. Under the COAG Closing the Gap Health National Partnership, Australian Governments are investing over \$1.6 billion over four years to address chronic disease, including significant investments to tackle smoking.

Alcohol and illicit drug use continues to be an issue in Indigenous communities. Community based approaches to address these issues have been shown to be effective. In addition, the roll-out of Opal fuel has had some success in reducing the harms from petrol sniffing in communities.

Over the last six years the National Drug Strategy Aboriginal and Torres Strait Islanders Complementary Action Plan (the CAP) has provided the framework for addressing drug and alcohol issues that are specifically relevant to Aboriginal and Torres Strait Islander peoples.

*Where should efforts be focused in reducing substance use and associated harms in Indigenous communities?*

*How could Aboriginal and Torres Strait Islander peoples needs be better addressed through the main National Drug Strategy Framework?*

*In that context, would a separate National Drug Strategy Aboriginal and Torres Strait Islander Complementary Action Plan continue to have value?*

### ***Capacity Building***

The drug and alcohol sector's capacity to continue to deliver sustainable outcomes will be determined by the skills and energy of, and the supports available to, its workforce. Issues such as recruitment, retention, employment conditions, funding trends and contractual arrangements, quality assurance, supervision and mentoring, training and other systems measures are all crucial elements of a sustainable workforce.

The drug and alcohol workforce is diverse. It includes anyone who comes into contact with alcohol and other drug (AOD) issues as part of their role, including medical specialists, nurses, police, workers in treatment services, teachers, bar staff, managers and health and safety officers.

Over past decades non-government organisations have increasingly been involved or been asked to take the lead in the provision of services to support and treat people with substance use problems. Continuing to build the capacity of the non-government sector will further strengthen outcomes from its work.

Work is progressing to strengthen the health service workforce through the implementation of the COAG Health Workforce Reform Package. As part of the Package a National Health Workforce Agency is being established to develop more effective, streamlined and integrated clinical training arrangements and to support workforce reform initiatives.

In the drug and alcohol sector there may be some scope to examine enhancements to service governance models, infrastructure, quality standards and other structural workforce supports in the future.

*Where should effort on the support and development of drug and alcohol sector workforce be focused over the coming five years?*

*Where should efforts be focussed over the coming five years to increase the capacity of the generalist health workforce to identify and respond to substance use problems?*

### ***New Technologies and On-Line Services***

The continuing expansion of the internet and the rapid development of mobile information and communication technology pose both challenges and opportunities for the drug and alcohol sector.

As for any product, these technologies have made the illicit drug market more efficient and supply more flexible and able to rapidly adapt in attempts to circumvent enforcement efforts. The availability of information from the internet is also contributing to the increasing number of small scale clandestine laboratories being used by drug users to supply their own, and their friends', drug needs.

A number of internationally coordinated initiatives exist with a mandate to prevent the diversion of the licit supply of precursor chemicals into illicit drug manufacture and have achieved substantial results worldwide. However, the growth of the internet may present a new challenge. In addition to the availability of information regarding illicit drug manufacturing processes, the internet has the potential to facilitate the easy and relatively anonymous purchase of the precursors and the equipment required for the manufacture of illicit drugs. The purchase of these materials via the internet (particularly from unregulated overseas suppliers) may increasingly present challenges from both a domestic, border and international law enforcement perspective.

Consumers are increasingly using the internet to purchase pharmaceutical products. The evolving global reach of the internet combined with the relative anonymity in which both suppliers and consumers can operate may create an environment conducive to the uncontrolled/unregulated supply of controlled and/or prescription only medications, as well as the supply of substandard and/or counterfeit pharmaceutical products. People are also increasingly seeking drug information (potency, availability, effects) over the internet. This can lead to inaccurate information and understanding about the role of and harm from drugs.

The internet however, is also a potentially powerful tool for disseminating authoritative information and messages on the harms from drugs. In some cases treatment can be delivered over the internet and potentially reach groups who would otherwise not have access including people in remote and rural areas. Further, the internet has improved the accessibility of workforce training and professional information services and resources to those in the alcohol and other drug field, reducing cost and contributing to an appropriately qualified workforce.

There is a need to develop a stronger evidence base in this area including assessing the impact and useability of on-line services.

New technologies also provide opportunities for better enforcement, education and treatment efforts. For example, new technologies are improving the way in which drugs, precursor chemicals and drug paraphernalia are detected.

*What are the particular opportunities and challenges that technology development is likely to pose for the community and the alcohol and drug sector over the next five years?*

### **Increased vulnerability**

Recently, there has been much focus on the possible social and economic impacts of the global financial crisis. While Australia seems to have avoided the worst effects of the economic crisis, there is still a prospect of rising unemployment and insecurity and an associated risk of increased alcohol and drug use. Drug trends that may emerge in poorly performing economies overseas may also generate impacts for Australia.

Australian Governments have recently placed an increasing priority on social inclusion, with an emphasis on programs to address unemployment, homelessness and mental illness and social disadvantage. Supply reduction, demand reduction and harm reduction programs delivered by the government and non government sector under the National Drug Strategy will continue to be important contributors to the social inclusion agenda.

*How can efforts under the National Drug Strategy better complement the social inclusion agenda such as addressing unemployment, homelessness, mental illness and social disadvantage?*

*Where should effort be focused in reducing substance use and associated harms among vulnerable populations?*

### **Performance Measures**

A key aspect of Australia's drug approach has been the commitment to a comprehensive evidence base to inform and guide policy and program development. Australia has sophisticated data sources that enable us to identify trends in licit and illicit drug use and monitor efforts to address their use. This information also assists in the ongoing development of targeted programs and law enforcement and border protection activities to most effectively minimise the demand, supply and harms from drugs.

Data collection and reporting on drug issues needs continual attention and improvement. In addition, it may be desirable to develop a small number of high level, publicly reported performance measures under the National Drug Strategy to help improve transparency and accountability against the Strategy's objectives.

*Are publicly available performance measures against the National Drug Strategy desirable?*

*If so, what measures would give a high level indication of progress under the National Drug Strategy?*

### **Next steps and how to respond**

For details on the consultation process and how to make a submission please refer to page 1 of this document.

## Appendix 1

### ***Organisational membership on the Intergovernmental Committee on Drugs National Drug Strategy Development Working Group***

Australian Government Department of Health and Ageing

Australian Government Attorney General's Department

Australian Federal Police

NSW Health

NSW Police

Department of Health (Victoria)

Victoria Police

Queensland Police

Drug and Alcohol Services South Australia

Australian National Council on Drugs

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<sup>i</sup> Collins DJ & Lapsley H 2008. *The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05*. Canberra: Commonwealth of Australia.

<sup>ii</sup> Australian Institute of Health and Welfare 2008. *2007 National Drug Strategy Household Survey: first results*. Drug Statistics Series number 20. cat. no. PHE98. Canberra: AIHW.

<sup>iii</sup> Australian Institute of Health and Welfare 2008. *2007 National Drug Strategy Household Survey: first results*. Drug Statistics Series number 20. cat. no. PHE98. Canberra: AIHW.

<sup>iv</sup> Begg S, Vos T, Barker B, Stevenson C, Stanley L and Lopez AD 2007. *The burden of disease and injury in Australia 2003*. PHE 82. Canberra: AIHW.

<sup>v</sup> Pascal R, Chikritzhs T & Jones P 2009. *Trends in estimated alcohol-attributable deaths and hospitalisations in Australia, 1996-2005*. National Alcohol Indicators, Bulletin No.12. Perth: National Drug Research Institute, Curtin University of Technology.