



SIGGINS MILLER

**Evaluation and Monitoring of the
National Drug Strategy 2004-2009**

Final Report

Volume 1: Findings and recommendations

Siggins Miller, April 2009

Table of contents

The National Drug Strategy: 2004-2009	1
Chapter 1: Introduction to the evaluation and monitoring project	3
Background and purpose of this evaluation of the NDS	3
Overview of the evaluation plan and method	3
Evaluation method	4
Data collation and analysis	5
The context and scope of the evaluation	6
Chapter 2: Drugs in Australia: an overview	7
Drug use in Australian society	7
Current prevalence and trends	7
Trends in treatment modalities	10
International comparisons	11
The social costs of drugs to the Australian community	12
Drug related morbidity and mortality	12
Victims and perpetrators of drug-related harms	13
Drug-related crime	13
Community attitudes towards drug policies	14
Drug availability, and sources of supply	14
Penalties for the sale or supply of illicit drugs, and the legalisation issue	15
Tobacco policies	15
Alcohol policies	16
Illicit drug policies	16
'Drug problems' and acceptability	16
Balancing expenditures on drug education, treatment and law enforcement	17
Conclusion	17
Chapter 3: Context of the National Drug Strategy	18
History and policy context	18
Australia's contributions to drug advice and policy	19
Trends during the currency of NCADA / NDS	20
The National Drug Strategy: 2004-2009	21
Objectives	21
Priority areas	22
Sub-strategies	22
Activities, programs and projects	22
Research, data systems and evaluation	23
Advisory structure	23

Ministerial Council on Drug Strategy (MCDS)	24
Intergovernmental Committee on Drugs (IGCD)	24
The Australian National Council on Drugs (ANCD)	24
The National Expert Advisory Panel (NEAP).....	24
National Drug Research Centres of Excellence (NDRCE)	25
Evaluations of NCADA / NDS	25
Recommendations from the evaluation of the previous phase of the NDS	26
Chapter 4: The National Drug Strategy as a policy framework.....	27
Introduction	27
Findings	28
The National Drug Strategy as an overarching framework.....	28
The principle of harm minimisation.....	29
Prevention	32
Partnership.....	32
Balance of priorities within the framework	34
An evidence-informed approach	36
Summary of findings.....	38
Working towards better practices in drug policy development.....	38
Future needs	39
Recommended improvements	40
Chapter 5: Outcomes of NDS Programs	41
Introduction	41
Aim of the NDS programs	43
Findings	47
Strengthened partnerships	48
Prevention and early intervention.....	49
Improved access to quality treatment services.....	51
Workforce development and structures.....	53
Identification and response to emerging trends.....	55
Research, best practice and education resources	56
Efficiency and effectiveness	57
Chapter 6: NDS Advisory Structure	61
Introduction	61
Findings	62
Achieving consensus and commitment	62
MCDS and COAG	62
The role of the IGCD	63
The role of the ANCD	68
Future needs	69
Future improvements.....	70

Chapter 7: NDS performance in facilitating and guiding the monitoring of drug issues and trends and the outcomes of the Strategy	71
Introduction	71
Evaluation method	71
Approaches to monitoring the NDS	72
Performance information	74
Performance Indicators for the NDS: experiences to date	75
The headline indicators.....	77
Findings	78
Appropriateness	78
Effectiveness	79
Efficiency	83
Summary of findings	84
Recommendations	85
Chapter 8: Enhancing Australia’s drug strategy	86
Overarching conclusions: opportunities for improvement	86
The ‘harm minimisation’ concept and terminology	86
Partnerships and engagement	86
Use of evidence	87
Leadership	88
Social determinants.....	88
Monitoring and evaluation	88
Component 1: NDS as a policy framework	89
Observations about efficiency and effectiveness	89
Future processes and recommended improvements	89
Component 2: NDS program outcomes.....	90
Observations about efficiency and effectiveness	90
Future processes and recommended improvements	91
Component 3: NDS Advisory structure	92
Observations about efficiency and effectiveness	92
Future processes and recommended improvements	93
Component 4: NDS performance in facilitating and guiding the monitoring of drug issues and trends and the outcomes of the Strategy	93
Observations about efficiency and effectiveness	93
Future processes and recommended improvements	94
Concluding remarks.....	95

Executive summary: Evaluation of the NDS 2004-2009

Australia's National Drug Strategy (NDS) began in 1985 as the National Campaign Against Drug Abuse (NCADA). The current phase of the NDS has been monitored and evaluated using a framework endorsed by the Ministerial Council on Drug Strategy (MCDS) and the Intergovernmental Committee on Drugs (IGCD), and guided by an Evaluation and Monitoring Project Working Group appointed by the IGCD. The evaluation framework had four related key components:

1. Evaluate the NDS as a policy framework that informs stakeholders in developing their respective drug related policies and programs
2. Evaluate the outcomes of programs under the NDS, including the cost shared funding model projects
3. Evaluate the roles and workings of the advisory structures that inform development and implementation of the NDS
4. Monitor the performance of the NDS with regard to actual and potential drug issues and drug trends in Australia, during the period 2006-2009.

Each component was assessed for effectiveness, efficiency, future needs, and opportunities for improvements. The logic of the components of the NDS was mapped, and their contribution to the goals of the Strategy was assessed. Extensive information was gathered from reviews of key documents and published literature, consultations with informants, and case studies, and critically compared to make findings and inform recommendations.

Context

The report summarises trends in drug use, community attitudes to drug use, and public attitudes towards Australia's responses. The prevalence of consumption of tobacco, cannabis, painkillers and amphetamines is falling. The use of most other drugs is relatively stable, except for tranquillisers and cocaine, whose use has risen in recent years. No marked changes have emerged over the last two decades in the age of initiation to drug use. Community attitudes to drugs continue to be broadly consistent with research evidence about which interventions are the most effective in preventing and dealing with problems arising from both licit and illicit drugs.

The National Drug Strategy 2004-2009

The current phase of the NDS displays a comprehensive, partnership-based and balanced approach to drug policy. Harm minimisation, a concept that encompasses supply reduction, demand reduction and harm reduction, is a key element of what has come to be known as 'the Australian approach' to drug policy. The Strategy enables collaborations among health, law enforcement and education, among different levels of government, and among government, non-government and private organisations and the community at large. It promotes the use of evidence to inform drug policy and practices. These characteristics play a critical role in the success of Australia's drug policy.

The following national initiatives were designated by the Project Working Group and the Department of Health and Ageing as within the scope of this evaluation on the basis that they are funded under CSFM or alternate funding sources, or explicitly implemented under the NDS framework but not associated with funding, including new legislation and new international relationships: National Cannabis Prevention and Information Centre (NCPIC), National Comorbidity Initiative (NCI), National Drug Research Centres of Excellence (NDARC, NDRI, and NCETA), National Drug Law Enforcement Research Fund (NDLERF), MCDS Cost Shared Funding Model (CSFM), National Drugs Campaigns in Alcohol, Tobacco and Illicit Drugs, Community Partnerships Initiative (CPI), Non-Government Organisation Treatment Grants Program (NGOTGP), National Illicit Drug Diversion Initiative (IDDI), and Amphetamine-type Stimulants Grants Program (ATSGP).

Of course, this does not constitute the totality of effort under the National Drug Strategy. Other initiatives include legislative reform and development of new international relationships, ongoing work in service delivery in the criminal justice, health, education and social welfare systems, and the broader community. Some of this service is delivered in specialised alcohol and other drug agencies, and some in mainstream settings in the government, private and not-for-profit sectors. Much of this is funded from non-NDS sources such as State and Territory budgets.

Component 1: The National Drug Strategy as a policy framework

The NDS policy framework has successfully informed development and implementation of drug policies and strategies at many levels and across government and the public, private and non-government domains. The NDS is broad and flexible enough to enable State and Territory and local drug strategies to be tailored to local needs and priorities. This is an effect of a consistent approach to harm minimisation, partnerships and the use of evidence over a long period. Disagreement still exists over how specific the sub-strategies of the framework should be about mechanisms for delivery and accountability, and whether allocation of financial resources by the Commonwealth is a necessary component of the NDS.

The NDS aims to be evidence-based while providing opportunities for creativity and innovation particularly in response to emerging issues. Even though Australia has only a small drug research community, key elements of evidence have been developed by these researchers, more so in the health sector than the criminal justice sector. However, policy-setting bodies have faced challenges in finding an optimal balance of investment between licit and illicit drugs (tobacco has received insufficient attention) and between supply reduction, demand reduction, and harm reduction (supply reduction continues to attract most resources).

We do not have a strong enough body of evidence to make detailed, definitive statements about the optimal allocation, owing to the complex web of causes of drug use and drug related harm, and the complex relationships between activities and outcomes. Nevertheless, at a much higher level, it is clear that optimal allocation in the broad categories listed here have not yet been attained.

Another challenge to the success of the NDS as a policy framework is the use of ‘harm minimisation’ as the underpinning concept for the framework. It is widely agreed that a new term is needed that encompasses both the *causes* of problematic drug use and responding to drug-related *harms*. Many informants also believe that stakeholders outside federal, State and Territory Governments are not sufficiently engaged in NDS policy development and review.

Component 2: Outcomes of NDS programs

Ten nominated national initiatives were carefully assessed to identify how far these initiatives have been evidence-based and appropriate, efficient and effective, with enough penetration to achieve their goals. The outcomes of these programs have strengthened Australia’s capacity to address drug use and drug-related harms, by investment in the following activities:

Strengthened partnerships and collaborations between levels and sectors of government and the public, private and not-for-profit service delivery sectors. Examples include the State Reference Groups that that assess grant applications under the NGOTGP, and the collaborations involved in implementing Project STOP.

Effective prevention and early intervention. This area has not received the focus that it deserves during the current and earlier phases of the NDS. Nevertheless, the NDS Campaigns, CPI, NCI, and NCPIC all provide resources to strengthen early intervention and prevention (in the absence of an explicit prevention agenda within the NDS).

Improved access to quality treatment services. The NGOTGP, IDDI, ATSGP, and NCI have all been important in expanding access to quality treatment. The NGOTGP has been particularly

instrumental in increasing treatment services across the country. Resources for illicit drug treatment services have been allocated on the basis of sound processes that rely on collaboration at the jurisdictional level to deliver reasonable information about local needs, gaps, and opportunities and constraints in the AOD system. There is a need to continue to increase capacity for collaborative needs-based planning, more integrated seamless service delivery, data collection, performance monitoring and review.

Research and best practice resource development. Important achievements in the sector have been made by applying research-based evidence to policy and practice, and Australian researchers have contributed significantly to the evidence base. The National Drug Research Centres have made major contributions, as have researchers from other institutions. While NDLERF provides funds for drug law enforcement research, insufficient work has been done in developing the evidence base in this area, partly because of the lack of NDS-supported drug law enforcement research infrastructure. Still more could be done to use research evidence to respond to drug trends. The NDS still has no integrated national drug research strategy.

Workforce development and structures. An appropriately sized, skilled and qualified workforce is critical in sustaining effective delivery of interventions. Capacity to implement programs has been limited by staff shortages and turnover, and skill gaps in the alcohol and other drug (AOD) sector specifically and in the Australian workforce generally. The NDS contribution to training programs and resources is highly valued, as is the work of NCETA in developing a concept of workforce development far broader than education and training. More attention is needed to building the capacity and profile of professionally-trained, specialist AOD workers. Attention is needed to competitive pay and conditions, incentives and benefits. A new national AOD workforce development strategy, as proposed by NCETA and recently discussed by IGCD, will be an important initiative.

Program performance monitoring and evaluation. Capacity to engage in performance monitoring, review and evaluation is still limited. Important programs have been implemented without documented or funded monitoring and evaluation components built in from the outset. Although a commitment to monitoring and evaluation is part of every phase of the NDS, more action is needed to make it a reality.

Component 3: The NDS advisory structure

The top-level decision-making body for the NDS is the Ministerial Council on Drug Strategy. It is supported by a senior officers group, the Intergovernmental Committee on Drugs. The members of both are drawn from the law enforcement, health and education sectors. The Drug Strategy Branch of the Department of Health and Ageing provides secretariat support. Other components of the advisory structure include the Australian National Council on Drugs (ANCD), appointed by the Prime Minister and providing independent advice to Government; the National Expert Advisory Panel (NEAP); and time-limited expert working groups established by the IGCD. The role of the advisory bodies is to ensure that the MCDS has timely access to the expert and policy advice it needs.

MCDS, IGCD, ANCD and the expert working groups have been useful and appropriate forums for people from the health, education and law enforcement sectors to reach consensus in key policy areas. They have sustained commitment to the principles of the NDS, and have promoted a nationally consistent and coordinated approach to developing and implementing drug policy in Australia's federated system of government.

Many informants believe that the operation of the advisory structures could be improved. There is confusion about the respective functions of the ANCD and the IGCD, and of the ANCD and ADCA in representing the views of the non-government sector. The National Expert Advisory

Panel is an innovative and potentially useful concept, but there may be ways to make it more effective. There needs to be a practical way to access a stratified database listing the knowledge and experience of all the panellists, so that the IGCD/MCDS Secretariat can call on them quickly when their particular special advice is needed.

Component 4: Performance in monitoring drug issues and trends and the outcomes of the NDS

Australia is among the world's leaders in having available information that can be used for monitoring drug-related issues and trends. We have sound data collections covering the extent and nature of drug use and drug-related harms among various populations. Furthermore, two strategic early warning systems, Illicit Drug Reporting System/Ecstasy and related drugs Reporting System (IDRS/EDRS) and Drug Use Monitoring in Australia (DUMA), are particularly highly valued. These resources have been developed over a number of years, primarily within the NDS. In the view of the evaluators and many other informants, it is one of the most significant outcomes and achievements of the NDS over the past two decades.

Nevertheless, the NDS has not been as effective as it could be in ensuring that drug trends and program implementation are monitored, or in evaluating outcomes (only five of the 10 listed programs had any form of evaluation during the current phase). Important gaps in information still exist (eg drug use and harms among Indigenous peoples), and there are delays in producing relevant findings from some important data collections (eg drug-related mortality). The lack of a national drug information system and research strategy means the data collections are not used as well as they could be for monitoring, evaluation, and policy. Decisions about data collections reflect the priorities of the collecting organisations rather than the needs of the NDS for monitoring and policy decisions.

Enhancing Australia's drug strategy

During the course of 2009 action will be taken to develop the next phase of the NDS, as the current phase ends in that year. Undoubtedly the process will include substantial inputs from the AOD and related sectors and the community. Some of the key issues that will need attention, based on our evaluation of the current phase of the NDS, include:

- Finding a more appropriate term than 'harm minimisation' to communicate the essence of the NDS, with greater emphasis on prevention
- Enhancing partnerships and engagement
- Rectifying the imbalance of investment among drug types and intervention sectors
- Further developing and using research-based evidence more effectively in developing and implementing policies and programs
- Strengthening capacity within the NDS framework for evidence-based policy debate in the public arena
- Focusing greater attention on the social determinants of health and drug-related harm, in part through the development of a comprehensive prevention agenda
- Enhancing the role of monitoring and evaluation within the NDS

The greatest strengths of the NDS have been to maintain a consistent approach over a long period, to base policy on the evidence, on needs and appropriate responses, and to act on the basis of mutually-respectful partnerships among diverse contributors. This 'Australian approach' to drug policy continues to be sound. It has produced valued outcomes across the Australian community. However, the context is changing. After a period of stability, new policies, structures, processes, resources and expectations are emerging in many domains. The challenge is to maintain the long-term positive features of the NDS, and at the same time adapt it to contemporary and emerging circumstances.

Recommendations

Recommendation 1: Highlight and further develop a shared public understanding of the causes and consequences of drug-related harm and the need to retain the three pillars of supply reduction, demand reduction, and harm reduction, and consider replacing the term 'harm minimisation' with words which better communicate the need for prevention of drug use and drug-related harm.

Recommendation 2: Review investment among law enforcement, health and education sectors; supply, demand and harm reduction strategies; and illicit and licit drugs, and develop and apply funding mechanisms, jointly planned at Commonwealth and State and Territory levels, to make allocations that reflect the relative seriousness of the harms and costs addressed, and the availability of evidence-informed strategies and beneficial interventions for addressing them, in order to ensure that allocations provide cost-effective interventions across drug types and sectors.

Recommendation 3: Progress the development and implementation of a national prevention agenda, for example by:

- 1) using NDRI's work in documenting the evidence base for a prevention agenda, including the roles of law enforcement in prevention (Loxley *et al* 2004), as a point of departure for developing a formal prevention strategy and action
- 2) developing links between NDS and related sectors and fields to address the social determinants of health
- 1) working to implement contemporary understandings of the social determinants of harmful drug use intersectorally, between drug strategies and other areas of social programming

Recommendation 4: Encourage broader stakeholder engagement in policy processes, in particular, engagement with consumer groups, service providers, and local government, for example by:

- 1) building stronger engagement of the NDS with the education and corrections sectors, and enhancing links with related national strategies and policies (welfare reforms, taxation policy) and sectors (mental health, employment, discrimination)
- 2) identifying and developing structured processes for assessing the views of the broader public through public consultations, providing greater transparency in public policy development and involving more people in shaping the next NDS
- 3) disseminating policy-relevant evidence to the public to bridge the gap in public understanding of the evidence, and ensure that community consultation involves a better informed public and is more likely to meet the ideals of deliberative democracy
- 4) establishing mechanisms to provide feedback on continuing implementation and outcomes to stakeholders such as consumer groups, NGOs, and professional organisations

Recommendation 5: Further integrate treatment services and pathways across the government, non-government and private sectors, and encourage increased investment in comprehensive models of evidence-based interventions, for example by:

- 1) working collaboratively across sectors to develop referral pathways and integration of care, through government and non-government provider co-location, coordinated referral pathways, and shared care arrangements to meet the clinical and non-clinical needs of clients
- 2) increasing capacity across State and Territory, non-government, and private sectors for more collaborative needs-based planning, funding allocation, performance monitoring, and review processes

Recommendation 6: Develop a strategic approach to AOD workforce development to meet current and future needs, for example by:

- 1) addressing structural issues of national concern such as more competitive employment conditions in the AOD sector, better clinical supervision and mentoring, incentives, continuity of entitlements across government, non-government and private providers, and funding for medical, nursing and allied health specialist training in AOD-related conditions
- 2) identifying strategies to ensure a supply of appropriately skilled and qualified workers (such as enhancing their scope of practice, and providing Medical Benefit Schedule (MBS) items for allied health professionals engaged in the AOD sector)
- 3) identifying strategies to ensure a supply of appropriately skilled and qualified Aboriginal and Torres Strait Islander and CALD AOD workforces
- 4) using NCETA's central role to focus on strategic workforce development and modelling to estimate future needs, in collaboration with other bodies, including some of the State AOD peaks and State and Territory AOD agencies

Recommendation 7: Acknowledging the significant volume and quality of Australian AOD research output, further enhance national drug research capacity, for example by:

- 1) developing a coherent national drug research strategy and implementation program (perhaps based on the report of the former National Drug Research Strategy Committee)
- 2) addressing the lack of NDS-supported infrastructure for drug law enforcement research (including dedicated researchers and research centres)
- 3) enhancing collaboration between NDS national research centres and other drug research groups and projects

Recommendation 8: Increase capacity for performance monitoring, review and evaluation to inform future investment, for example by:

- 1) developing an evaluation framework (literature review of existing evidence, program logic, contextual factors, performance indicators, data items and mechanisms for collecting them) as an integral part of the design of new programs
- 2) identifying and developing data collection mechanisms
- 3) training staff to collect and use data to monitor the performance of programs, to ensure that programs remain evidence-based and are in a position to improve the quality of their services
- 4) undertaking regular program review and improvement processes based on performance data

Recommendation 9: Establish an integrative mechanism to address current limitations of the diverse relationships among the IGC, ANCD, NEAP, the working groups, and relevant NGOs/peaks. Its functions could include:

- providing a channel of advice that places identified needs and emerging issues on appropriate agendas, and disseminates the responses
- defining the relationship of ANCD to the NGO sector in encouraging inputs from the non-government and private sectors into policy, program design, implementation, and evaluation
- enhancing the value of the NEAP by creating an accessible, stratified database of preferred suppliers of expertise for the use of all the advisory structures as needed

Recommendation 10: Expand the IGCD's access to expertise and streamline its operations by:

- providing a funding mechanism for IGCD activity
- ensuring a balance of discussion of health and law enforcement issues during meetings
- engaging with challenging agenda items in a timely way
- strategically commissioning research from experts inside and outside the IGCD
- ensuring that its recommendations to the MCDS are supported by evidence-based advice
- adopting decision-making processes that are fully documented and transparent to the field

Recommendation 11: Build monitoring and evaluation into the design of all NDS sub-strategies from the outset.

Recommendation 12: Fill key gaps in Australia's AOD data systems by undertaking a strategic review of AOD data collection systems to prioritise where resources should be applied, including but not confined to:

- developing a process for reviewing, and implementing as appropriate, the findings and recommendations of the 2006 AIHW investigation into data on drug use, drug-related harm and drug interventions among Aboriginal and Torres Strait Islander peoples
- developing a data collection system that provides data on drug-related mortality covering all drugs, at least annually, with minimal delays
- developing a nationally consistent monitoring system regarding the purity of illicit drugs, which includes a national cannabis potency monitoring program

Recommendation 13: Establish an expert committee to develop a national drug information system, including recommendations on contents, structures, resourcing and processes. Its starting point would be this report, the report of the former National Drug Research Strategy Committee and the report of the NDS Data Analysis Project. It could include developing a system for converting the products of core data collections into policy and action within the framework of the NDS.

Recommendation 14: Establish an ongoing system for monitoring drug issues and trends in Australia, based on a further refinement of the Headline Indicators used in this report.

Recommendation 15: Review the validity and reliability of the NDSHS and the Australian School Student Alcohol and Drug Survey (ASSAD) as they are increasingly being questioned. Reviews are needed to assure users that these data collections are sound or, alternatively, to identify problems and suggest remedies.

Abbreviation and acronyms

AA	Alcoholics Anonymous
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACOSH	Australian Council on Smoking and Health
ACS	Australian Customs Service
ADCA	The Alcohol and other Drugs Council of Australia
ADDR	Australian Drug Data Report
ADFA	Alcohol and Drug Foundation Australia
ADFQ	Alcohol and Drug Foundation Queensland
ADIN	Australian Drug Information Network
AERF	Alcohol Education Rehabilitation Foundation
AFP	Australian Federal Police
AGD	Australian Government Attorney-General's Department
AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
AIC	Australian Institute of Criminology
AIDR	Australian Illicit Drug Report
AIHW	Australian Institute of Health and Welfare
AIVL	Australian Injecting and Illicit Drug Users' League
AMA	Australian Medical Association
ANCD	Australian National Council on Drugs
AOD	Alcohol and other drugs
AODTS-NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
APDIC	Asia Pacific Drug Issues Committee
ASMI	Australian Self Medication Industry
ASSAD	Australian Secondary Students' Alcohol and Drug Survey
ASSDA	Australian Social Science Data Archive
ASX	Australian Securities Exchange
ATS	Amphetamine-Type Stimulants
ATSGP	Amphetamine-type Stimulants Grants Program
ATSIPCAP	Aboriginal and Torres Strait Islander Peoples Complementary Action Plan
CDD	Chemical Diversion Desks
CERG	Comorbidity Expert Reference Group
CMO	Comprehensive multidisciplinary outline
COAG	Council of Australian Governments
CPI	Community Partnerships Initiative
CPTED	crime prevention through environmental design
CSFM	Cost Shared Funding Model
DALYs	Disability-adjusted life years
DAO WA	Drug and Alcohol Office, Government of Western Australia
DAS SA	Drug and Alcohol Service, South Australia
DEEWR	Australian Government Department of Education, Employment and Workplace Relations
DEST	Australian Government Department of Education, Science and Training [now DEEWR]
DETYA	Australian Government Department of Employment, Training and Youth Affairs
DFZ	Drug-free zones
DHS	Department of Human Services
DoHA	Australian Government Department of Health and Ageing
DPMP	Drug Policy Modelling Program
DUMA	Drug Use Monitoring in Australia
EDRS (formerly ERDS)	Ecstasy and Related Drugs Reporting System
FaHCSIA	Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
FASD	Fetal Alcohol Spectrum Disorder
FECCA	Federation of Ethnic Community Council
GHB	Gamma Hydroxybutyrate
GP	General Practitioner
HCV	Hepatitis C virus

ICD	International Statistical Classification of Diseases and Related Health Problems
ICP	Integrated care pathway
ICT	Information and communication technology
IDDI	Illicit Drug Diversion Initiative
IDDR	Illicit Drug Data Report
IDPC	International Drug Policy Consortium
IDRS	Illicit Drug Reporting System
IDU	Illicit drug users
IGCD	Intergovernmental Committee on Drugs
INCB	International Narcotics Control Board
KPIs	Key Performance Indicators
LAAM	levo-alpha-acetylmethadol
LSD	lysergic acid diethylamide
MBS	Medicare Benefits Schedule
MCDS	Ministerial Council on Drug Strategy
MCEETYA	Ministerial Council on Education, Employment, Training and Youth Affairs
MDA	Methylenedioxyamphetamine
MDEA	3,4-Methylenedioxy-N-Ethylamphetamine
MDMA	3,4-Methylenedioxymethamphetamine (Ecstasy)
MJTF	multi-jurisdictional taskforces
NABIC	National Alcohol Beverage Industries Council
NACCHO	National Aboriginal Community Controlled Health Organisation
NACSDE	National Advisory Committee on School Drug Education
NADA	Network of Alcohol and Other Drugs Agencies
NAS	National Alcohol Strategy
NCADA	National Campaign Against Drug Abuse
NCBADLE	National Community Based Approach to Drug Law Enforcement
NCETA	National Centre for Education and Training on Addiction
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NCI	National Comorbidity Initiative
NCIS	National Coroners' Information System
NCLD	National Clandestine Laboratory Database
NCP	National Competition Policy
NCPIC	National Cannabis Prevention and Information Centre
NDARC	National Drug Alcohol Research Centre
NDCPF	National Drug Crime Prevention Fund
NDLRF	National Drug Law Enforcement Research Fund
NDRCE	National Drug Research Centres of Excellence
NDRI	National Drug Research Institute
NDS	National Drug Strategy
NDSF	National Drug Strategic Framework 1998-99 to 2002-03
NDSHS	National Drug Strategy Household Survey
NEAC	National Expert Advisory Committee
NEACT	National Expert Advisory Committee on Tobacco
NEAP	National Expert Advisory Panel
NEG	National Expert Group
NEPOD	National Evaluation of Pharmacotherapies for Opioid Dependence
NGO	Non-Government Organisation
NGOTGP	Non-Government Organisation Treatment Grants Program
NHHRC	National Health and Hospitals Reform Commission
NHMRC	National Health and Medical Research Council
NHS	National Health Survey
NICNAS	National Industrial Chemicals Notification and Assessment Scheme
NIDAC	National Indigenous Drug and Alcohol Committee
NIDE	National Initiatives in Drug Education
NIDIP	National Illicit Drug Indicators Project
NIDS	National Illicit Drug Strategy
NIROA	Non-injecting routes of administration

NOPSAD	National Opioid Pharmacotherapy Statistics Annual Data
NPI	National Psychostimulants Initiative
NPIERG	National Psychostimulants Initiative Expert Reference Group
NRG	National Reference Group
NSDES	National School Drug Education Strategy
NSP	Needle and Syringe Program
NTS	National Tobacco Strategy
OATSIH	Office of Aboriginal and Torres Strait Islander Health
OECD	Organisation for Economic Cooperation and Development
PDI	Party Drug Initiative
PGA	Pharmacy Guild of Australia
PGAQ	Pharmacy Guild of Australia, Queensland
PHOFA	Public Health Outcome Funding Agreements
PIEDs	Performance and Image Enhancing Drugs
PMA	4-Methoxyamphetamine Paramethoxyamphetamine
PSA	Pharmaceutical Society of Australia
PSFA	Psychostimulants First Aid Training package
PWG	Project Working Group
QADREC	Queensland Alcohol and Drug Research and Education Centre
QPS	Queensland Police Service
RBT	Random Breath Testing
RSA	Responsible Service of Alcohol
SBDP	school-based drug prevention
SCO	Standing Committee of Officials
SES	Social economic status
SHAHRP	School Health and Alcohol Harm Reduction Project
SIF	supervised injecting facilities
SRG	State Reference Groups
TGA	Therapeutic Goods Administration
UNODC	United Nations Office on Drugs and Crime
VADA	Victorian Alcohol and Drug Agencies
WHO	World Health Organization

The evaluation team, Siggins Miller

Dr Mary-Ellen Miller, Director and Principal Consultant: Adjunct Professor, School of Psychology, Griffith University; Adjunct Senior Lecturer in the University of Queensland School of Health Sciences

Professor Ian Siggins, Chief Executive and Principal Consultant: Adjunct Professor in the University of Queensland Medical School

Professor Wayne Hall, Associate: Professorial Research Fellow and Director, Office of Public Policy and Ethics, Institute for Molecular Bioscience, University of Queensland

Professor Robert Bush, Associate: Chair, Community Health Research, Healthy Communities Research Centre, University of Queensland

Mr David McDonald, Associate: Director, Social Research and Evaluation

Ms Geraldine Cleary, Senior consultant

Dr Sally Hsueh-Chih Lai, Senior Consultant

Ms Bonnie Ho, Consultant

Assisted by:

Mr Greg Fowler, Associate: Senior Research Officer, Queensland Alcohol & Drug Research & Education Centre

Mr Michael O'Connor, Research Officer

Dr Crissa Sumner, Senior Consultant

Acknowledgements

In undertaking this monitoring and evaluation project and preparing this report, the Siggins Miller project team are sincerely grateful for the ongoing advice and support of Ms Virginia Hart (Assistant Secretary, Drug Strategy Branch, Department of Health and Ageing), the staff of the Drug Strategy Branch including Ms Karen Price, Mr Robert Byrne, Ms Gunjan Sharma; Mr Patrick Smith, Mr Darius Everett, Ms Chrysanthe Psychogios, and Ms Amanda Taylor, and the current members of the Project Working Group not yet mentioned: Mr Gino Vumbaca (Executive Officer, ANCD), Professor Margaret Hamilton (Co-Deputy Chair, ANCD), Dr Kevin Lambkin (Director, ATODS, Queensland Health), Commissioner Jack Johnston (Tasmania Police), Mr Craig Harris (Assistant Secretary of the National Law Enforcement Policy Branch, Attorney General's Department), and Mr Keith Evans (Executive Director, Drug and Alcohol Services, South Australia).

We are also very grateful to all those who took part in the stakeholder consultations, and whose names are listed in Appendix B.

The National Drug Strategy 2004-2009

