ADCAnews
ALCOHOL AND OTHER DRUGS COUNCIL OF AUSTRALIA
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The National Drug Strategy 2010-2015

By Professor Ian Webster AO
Patron and Life Member of ADCA

The National Drug Strategy (NDS) 2010–2015 is a story of survival. It started as the National Campaign Against Drug Abuse (NCADA) in 1985. The Prime Minister and Premiers agreed on three simple ideas then – all drugs should be included, law enforcement and health should cooperate, and the goal should be to reduce harms. It says a lot for the foresight of those leaders, notably the Dr Neal Blewett AC, the then Minister for Health, that these principles will continue. The Alcohol and other Drugs Council of Australia (ADCA) too provided national leadership at that time.

Those simple pragmatic ideas are in the new NDS, but the new strategy makes broader claims on other parts of government and civil society. It continues the overarching approach to all drugs – not the drug in the headlines now, nor the illegal drugs versus the legal drugs.

The NDS evolved incrementally with sub-strategies for particular drugs and for Indigenous Peoples. During the period of "Tough on Drugs" the journey became pretty rocky. But even then, harm minimisation projects continued to grow, support for non-government organisations (NGOs) increased, and diversion of drug uses from crime to treatment and education started.

The new NDS is in a different environment. Drug use has generally declined, drug overdoses are less frequent, and tobacco use is declining.

But access to treatment is still poor, alcohol still devastates families and communities, drug users remain the most stigmatised group, Indigenous communities have escalating harms, there are mental health concerns about cannabis, stimulant drugs continue, and the unceasing appearance of "new drugs" (often through the internet) pose new challenges.

Three directions signal a more comprehensive approach: recognition of a wider range of harms – to the family and community as well as to the individual, the involvement of more players such as social welfare, housing, families and mental health, as well as the acknowledgement of the role of social disadvantage and marginalisation. The NDS appendix

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refers to 10 other national frameworks, for example, suicide prevention, hepatitis C, and child protection.

From now on, drug and alcohol treatment and rehabilitation services will have to contend with a different funding and service environment. The National Preventive Health Agency will be involved with alcohol and tobacco, health reforms will re-structure the frontline of primary health care in local communities, and mental health will assume a more main-stream role.

That Australia was serious about a comprehensive approach 25 years ago was indicated by the establishment of the Ministerial Council on the Drug Strategy (MCDS). The MCDS involved health and law enforcement Ministers and education. No other country had done this.

In February this year, all the Ministerial Councils were restructured which has meant the MCDS will no longer exist. Rather a committee of officials, the Intergovernmental Committee on Drugs (IGCD), will oversight the NDS through standing committees on alcohol, tobacco, illicit drugs and pharmaceutical drug misuse, and from time-to-time there will be time-limited working groups. There will be an annual Stakeholder Forum to gain wider input into drug policy.

Some will see this as a down-grade so there is a challenge to the alcohol and other drugs (AOD) sector to maintain, on behalf of society, a watching brief on how well the new arrangements play out. ADCA has already started this process, linking with the Australian National Council on Drugs (ANCD) and other relevant agencies to ensure that alcohol and other drugs remain a priority for all governments.

Where social and health policies breakdown is in the way they deal with social inequalities and poverty – drug policies are no exception. Map inequalities in Australia and alcohol and drug problems are mapped too.

The NDS (2010-15) speaks of social inclusion, social disadvantage, unemployment, homelessness, Indigenous communities, income support, child protection, corrections, as well as culturally and linguistically diverse communities. Thus it acknowledges social causes and consequences of AOD misuse. This is the real challenge. Not so much the policies on a specific drug but how, and how effectively, can our society and its human services interrupt the pathways to the risk of addiction and problematic drug use.

Northern Territory Moves to Formalise AOD Peak

The Northern Territory Council of Social Services (NTCOSS), strongly supported by alcohol and other drugs (AOD) non-government organisations, has initiated moves to establish a formal AOD Peak.

Opening an Improved Services Initiative (ISI) AOD Forum in Darwin on 13 April 2011, the President of NTCOSS, Mr Bernie Dwyer, said the Territory desperately needed an AOD Peak to link with the Alcohol and other Drugs Council of Australia (ADCA), the National Peak, other State/ Territory Peaks.

"This would ensure that the Territory doesn't get left behind as strategies for treatment and awareness-raising are developed across the AOD sector," Mr Dwyer said.

"An AOD Peak would bring together community organisations engaged in the critical battle against alcohol misuse which causes so much misery for so many Territorians."

Mr Dwyer said that NTCOSS and representatives from the AOD Peak Working Group had sought a meeting with the Minister for Health, the Hon Kon Satskalis MLA, who is also Minister for Children and Families, and Child Protection, to progress arrangements to establish a Peak without delay.

"In a letter to the Minister in early March, it was suggested that the name of the Peak could be the Alcohol and Other Drugs Association of the Northern Territory (AADANT)," Mr Dwyer said.

"The proposed vision is 'To build and maintain a strong, sustainable and culturally diverse AOD sector to reduce alcohol and other drug-related harm across the Northern Territory community', with full membership available to NGOs and individuals who provide direct AOD services, and associate membership to organisations and individuals who provide indirect AOD services."

When interviewed by ABC Radio in Darwin, the Patron and Life Member of ADCA, Professor Ian Webster AO, who was the Keynote Speaker at the Forum, commented that NTCOSS's actions to create an AOD Peak were to be applauded, and should be endorsed by the NT Government.

Professor Webster with NTCOSS Executive Officer, Ms Wendy Morton.

From the CEO's desk

It certainly is pleasing to see that all Governments have indicated a strong commitment to the new National Drug Strategy 2010-2015 (NDS) and its improved governance arrangements.

ADCA also welcomes the addition of alcohol and pharmaceuticals as part of the NDS considerations and priorities. The new NDS is strengthened by this, as the NDS now covers all drugs.

Given that the great cost of alcohol and other drugs excluding tobacco is $45 billion per annum, we call on the alcohol and other drugs (AOD) sector to continue reminding our political leaders that while a great deal has already been achieved there is a lot more needed to be done.

The NDS is an essential plank of the National Health Reform Agenda. The strategic message of the NDS is linked to the recommended outcomes from other major Federal-Government directed reviews such as the Henry Review into Australia's Future Tax System, the Productivity Commission's Study of the Contribution of the Not-for-Profit Sector, and Treasury's Scoping Study for a national not-for-profit regulator. Furthermore, it is critical that we do not overlook the priority accorded to alcohol-related harm as evidenced in the National Preventative Health Taskforce Review.

The reinvigorated NDS requires committed leadership and direction from all AOD peaks with their member bodies, and the many related organisations that make up the sector. We collectively need to present a united voice to create change when addressing main priorities.

These priorities include generating more resources - particularly for prevention - and recognising, rewarding, retaining, and of course attracting quality people into the AOD workplace, combined with addressing pay inequity across the sector.

There is a critical need for appropriately skilled and qualified people in AOD treatment, prevention and health promotion services, and we must tackle this as a major priority.

There is currently disparity between the costs of service delivery and the unit price for each service paid to NGO AOD treatment, prevention and health promotion services. The downward effect of this means that to make up for the discrepancy, AOD workers are frequently being underpaid for the work that they do. The lack of pay equity has seen AOD workers moving onto higher paid positions in other sectors.

This need has received considerable attention by Government, both in the NDS and in the development of the Community Sector Wages Group, which has been tasked with reviewing the funding of the community services sector as a response to the Social and Community Sector equal pay test case, which is currently before Fair Work Australia.

The group will be chaired by Senator Jacinta Collins, and will include representatives from the Australian Council of Social Service (ACOSS), the social and community sector, the Australian Services Union (ASU) and other unions, and State and Territory Governments. This is an excellent opportunity to focus on the issue of pay inequity, and all AOD peaks will need to be involved to ensure that our needs are strongly advocated for.

AOD sector organisations can show support for improved wages by signing-up to the Equal Pay Campaign on the ACOSS website at http://acoss.org.au/equalpay/sector_statement/.

ADCA congratulates the Government for establishing a working group to develop a National Workforce Development Strategy for the AOD field, a long-overdue initiative. It is excellent news for the AOD sector to see that the NDS is supported by a commitment to address the factors that affect the ability of the workforce to function with maximum effectiveness, so that we can see progress in reducing the level of community harm inflicted by the misuse of alcohol and other drugs.

ADCA's Patron, Professor Ian Webster AO, has made some very encouraging comments about the new NDS in this Issue's Editorial.

David Templeman
ADCA Chief Executive Officer

Looking forward: The National Drug Strategy

Late February 2011, the eagerly awaited National Drug Strategy 2010-2015 (NDS) was approved by the Ministerial Council on Drug Strategy and released publicly mid-March. As the national peak of the alcohol and other drug (AOD) sector, the Alcohol and other Drugs Council of Australia (ADCA) is pleased to report that for the first time since its establishment in 1985, alcohol, tobacco and prescription drugs have been included in the strategy. As major contributors to illness, injury and death in Australia, this success is a milestone for the AOD sector.

In maintaining current cooperatives between the Commonwealth and State/ Territory Governments as well as the non-government (NGO) sector, the NDS has been a vehicle to minimise harms among individuals, families and communities while providing a foundation on which safer and healthy communities can be established.

While Australia continues to be challenged by the enormous social burdens and consequences of alcohol and other drugs, ADCA welcomes the developments and future outlook of the new NDS as well as its harm minimisation approach.

An overview of the National Drug Strategy 2010-2015 has been compiled by ADCA for the reference of readers. For a full copy of this document, please visit **www.nationaldrugstrategy.gov.au**

National Drug Strategy 2010-2015 — Overview

The Architecture of NDS

The NDS is built on three pillars: Demand Reduction, Supply Reduction, and Harm Reduction. This triad has been conceptualised to provide a national framework in order to strategically target the full conglomerate of AOD issues. The pillars aim to: delay the onset of, and reduce the prevalence of AOD in the community; to provide individual, family and community support; disrupt the production, availability and distribution of AOD; and reduce the adverse health, social and economic implications inflicted on community members. Each pillar has objectives and actions, both of which consider different variables across the population as well as work in collaboration with a diverse range of sectors that have the capacity to influence drug demand, supply and harm minimisation.

1 - DEMAND REDUCTION

The first pillar aims to prevent or delay the uptake of illicit drug use and reduce misuse of alcohol, tobacco and other drugs through educational campaigns. These are delivered appropriately in accordance to age group, population and the setting of affected people, alongside a collective of evidence-based intervention programs. The first pillar disrupts physical, social and economic factors involved in alcohol and other drug misuse amongst those in high risk populations.

Objectives:

1. **PREVENT UPTAKE AND DELAY ONSET OF DRUG USE.**

   Actions:

   - Explore and implement strategies that contribute to the development of a culture that promotes healthy lifestyles
   - develop and implement treatment and family-support strategies that can prevent and break patterns of drug use, including intergenerational patterns
   - work collaboratively with other national policies to reduce risk factors and build protective factors, while recognising the diverse range of influences on drug use

Looking forward: The National Drug Strategy

- continue to implement and support well-planned social marketing campaigns that address the risks of alcohol, tobacco and other drug use, the risks about specific drug use practices (such as injecting) and promote healthy lifestyles and safer drinking cultures, including targeted approaches and local complementary initiatives for different population groups
- use the internet and other media to sustain and strengthen the provision of credible and accurate information about alcohol, tobacco and other drugs to target particular population groups
- limit or prevent exposure to alcohol and tobacco advertising, promotion and sponsorship through both regulation and, where appropriate, voluntary and collaborative approaches with business
- explore ways of influencing responsible media reporting and portrayal of alcohol, tobacco and other drug use
- support community-based initiatives, including in Indigenous communities, to change the culture of smoking, harmful alcohol use and other drug use; and
- improve the application of evidence-based whole-of-school drug education policies and programs.

2. REDUCE USE OF DRUGS IN THE COMMUNITY.

Actions:

- Build on efforts to increase the range of, access to, and links between, evidence-based treatment and other support services
- sustain efforts to increase access to a greater range of culturally-sensitive services
- improve access to screening and targeted interventions for at risk groups. Such as young people, people living in rural and remote communities, pregnant women and Aboriginal and Torres Strait Islander peoples
- increase the community's understanding of effective drug interventions by providing factual, credible information
- continue efforts in diverting people from traditional criminal justice pathways by providing information and/or referring them to assessment and treatment
- increase awareness, availability and appropriateness of evidence-based telephone and internet counselling and information services
- strengthen the capacity of the primary healthcare system to manage prevention, early intervention and treatment of tobacco use and harmful alcohol use
- develop planning models for treatment services that anticipate needs
- develop and implement quality frameworks for treatment services
- create incentives for people who misuse drugs or are dependent to access effective treatment and to make healthier choices
- encourage family members to access and make use of support services to help improve treatment outcomes for clients; and
- explore and develop opportunities in the criminal justice system, including correctional services, to assist drug users through education, treatment and rehabilitation services.

3. SUPPORT PEOPLE TO RECOVER FROM DEPENDENCE AND RECONNECT WITH THE COMMUNITY.

Actions:

- Develop new evidence-based national planning tools to help jurisdictions better estimate the need and demand for alcohol and other drug health services across Australia. This should include the full spectrum of services from prevention and early intervention to the most intensive forms of care, and the range of services across the life span
- develop a set of national clinical standards for alcohol and other drug treatment services
- Improve the links and coordination between primary health care and specialist alcohol and other drug treatment services to enhance the capacity to deal with all health needs and to facilitate the earlier identification of health problems and access to treatment
- improve the communication and flow of information between primary care and specialist providers, and between clinical and community support services to promote continuity of care and the development of cooperative service models
- investigate appropriate structures that could be developed to help engage families and other carers in treatment pathways and ensure that information about the pathways is readily accessible and culturally relevant
- identify and link the necessary services to provide those affected by drug use and dependence, such as family members, children and friends, with ongoing support including links to child welfare and protection services
- move towards a nationally consistent approach for non-government treatment services including quality frameworks and reporting requirements

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- develop a sustained and comprehensive stigma reduction strategy to improve community and service understanding and attitudes towards drug dependence, help seeking and the related problems of individuals; and
- improve links and coordination between health, education, employment, housing and other sectors to expand the capacity to effectively link individuals from treatment to support required for them to reconnect with the community.

4. SUPPORT EFFORTS TO PROMOTE SOCIAL INCLUSION AND RESILIENT INDIVIDUALS, FAMILIES AND COMMUNITIES.

Actions:

- Support whole-of-government and whole-of-community efforts to build parenting and family capacity, creating communities that support the positive development of children. This may include evidence-based approaches to drug prevention in schools
- continue to implement skills training to provide individuals with coping skills to face situations that can lead to risky behaviour including harmful drug use
- implement preventive support programs targeting life transition points- primary to secondary school, secondary school to tertiary education, school to work and prison to community- to help individuals develop the skills to manage the next stage of life
- support efforts to encourage participation of at-risk groups in community life including recreational, sporting and cultural activities; and
- provide support services to parents in recovery to ensure the needs of dependent children are met.

2 – SUPPLY REDUCTION

Through engagement of law enforcement, the health sector, industry and regulatory authorities, the second pillar endeavours to eliminate or interrupt accessibility of alcohol and other drugs. Supply Reduction involves enforcing prohibition and regulation through means of border and domestic policing, restricting procurement of chemicals and manufacturing equipment and through enforcement strategies directed towards the entirety of the alcohol and other drugs supply chain.

Objectives:

1. REDUCE THE SUPPLY OF ILLEGAL DRUGS (BOTH CURRENT AND EMERGING).

Action:

- Prevent the importation of illegal drugs, and control the legitimate trade of equipment and chemicals used in their manufacture
- increase and improve enforcement targeting cultivation, manufacture and trafficking of illegal drugs, including the financial proceeds arising from these activities
- improve powers of detection through supportive technology (and systems), access to relevant information and workforce development
- strengthen collaboration between law enforcement, industry and relevant agencies to prevent the diversion of precursor chemicals into the manufacture of illegal drugs
- improve cooperation and collaboration between law-enforcement agencies, especially with respect to information and intelligence access and exchange
- develop closer relationships with international partner agencies and bodies and enhance Australia's national approach to implementing its obligations under international drug control treaties
- build on Australian's capacity to use the border as a significant choke point for the supply of illegal drugs into Australia through promoting nationally consistent drug control laws, which would also limit the opportunity for organised crime to exploit legislative inconsistencies
- ensure the ongoing and timely review of legislation and regulation to reflect the dynamis nature of illegal drug markets and manufacture
- research, investigate and gather information on all aspects of drug supply markets including identifying emerging drugs and manufacturing techniques to properly inform law enforcement responses; and
- foster research and development in technological innovation to provide investigative tools for use in the disruption of the supply markets.

2. CONTROL AND MANGE THE SUPPLY OF ALCOHOL, TOBACCO AND OTHER LEGAL DRUGS.

Action:

- Improve and strengthen the regulatory framework surrounding the promotion, sale and supply of legal drugs (both from domestic and overseas sources) to prevent their diversion, misuse and consequent harm
- increase and improve the enforcement of regulatory mechanisms concerned with the supply and availability, including via the internet, of legal drugs that are subject to misuse and harm
- target the illegal importation and illegal supply and cultivation of tobacco

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- Participate in negotiations to finalise the Protocol to Eliminate the Illicit Trade in Tobacco Products under the WHO Framework Convention on Tobacco Control
- further foster relationships between all levels of government with industry, relevant agencies and the community to assist in regulating and reducing inappropriate access to legal drugs that are subject to misuse and harm
- improve the capacity of law enforcement, health professionals and agencies, industry groups and other relevant agencies by developing supportive systems or technology to identify and respond to the inappropriate use of legal drugs
- increase training and support for those at the point of sale of alcohol to reduce the inappropriate supply of alcohol and in particular the supply of alcohol to young people
- consider the development of a set of national principles on liquor licensing
- increase the community's understanding of the inappropriate supply and diversion of alcohol, tobacco, pharmaceutical and other legal drugs and the associated consequences through targeted public information campaigns, information sharing and social marketing
- research, investigate and gather information on all aspects relating to the supply of alcohol, tobacco and other legal drugs, including the impact on individual and the community; and
- research the effectiveness of strategies aimed at curtailing the inappropriate supply of alcohol, tobacco and other legal drugs.

3 – HARM REDUCTION

Harm Reduction, employs education, intervention and community based programs aimed to improve treatment and family support services. These programs are designed to reduce health, social and economic harms through extensive support services directed towards successful recovery of individuals, families and communities.

Objectives:

1. REDUCE HARMS TO COMMUNITY SAFETY AND AMENITY.

Action:

- Make local communities and public places safer from alcohol-related violence and other incidents through stronger partnerships between health, law enforcement, liquor licensing, local government and planning and transport authorities
- continue to work within jurisdictions on transparent approaches on alcohol outlet density and take away hours and share examples of best practice
- consider further reforms to drink driving laws and develop effective evidence-informed responses to driving under the influence of illegal and pharmaceutical drugs
- provide new supports for frontline workers (such as police, emergency medical service workers, paramedics, emergency department personnel and welfare workers) to manage poly-drug use and related aggressive behaviours in public places
- continue existing harm-reduction efforts including needle and syringe programs and safe disposal of used injecting equipment and improve access for disadvantaged populations
- improve community and workforce awareness of the health dangers of clandestine laboratories and the need for remediation of sites; and
- work with industry and consider regulation and other ways to reduce harms from emerging substances of concern, for example addressing the potential for energy drinks to exacerbate alcohol-related problems in public places.

2. REDUCE HARMS TO FAMILIES.

Action:

- Enhance child and family sensitive practice in alcohol and other drug treatment services and build links and integrated approaches with community, family and child welfare services
- review existing national frameworks which address some of the causes of drug use, for example domestic violence strategies, and consider related actions that could be taken under the National Drug Strategy
- develop initiatives to reduce the secondary supply of alcohol to minors including through community education and information campaigns advising parents of health and social harm from alcohol and potential criminal justice outcomes
- continue preventive approaches to alcohol, tobacco and other drug use during pregnancy, including community education
- develop coordinated measures to prevent, diagnose and manage foetal alcohol spectrum disorders and make available appropriate supports to affected children and families
- consider the introduction of health warning labels, including pregnancy health warnings, on alcohol products; and

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- introduce regulation and other appropriate measures to reduce the exposure of children to tobacco smoke in cars and other places.

3. REDUCE HARMS TO INDIVIDUALS.

Action:

- Strengthen evidence-based education initiatives to ensure they are appropriately targeted in terms of patterns of drug use through the life span and mode of delivery
- enhance treatment and associated service systems across settings to provide help at all stages of drug use, particularly for disadvantaged populations
- raise awareness of the harmful impacts of drug use in the workplace including through resources that promote improved practice and better links to treatment and other support
- develop and implement internet-based approaches to target individuals with problematic drug use who do not think they have a problem and encourage them into treatment and/or other service supports
- continue successful illicit drug diversion programs and extend their application to alcohol and other substances where indicated
- sustain efforts to prevent drug overdose and other harms through continuing substitution therapies, withdrawal treatment and other pharmacotherapies
- support peer-based approaches to reducing harms associated with an individual's drug use; and
- continue support for needle and syringe programs and encourage safe injecting practices.

Approaching each pillar

In keeping the NDS relevant and workable, specific issues have a tailored approach for any given setting or effected group. The following have been considered:

AGE AND STAGE OF LIFE

This refers to appropriate support and intervention suitable for different life transition periods such as school leavers, groups entering the work force and people who are retiring. This is necessary as the propensity of risk taking behaviour and coping mechanisms differ amongst differing ages and stage of life groups.

AGEING POPULATION

In recognition of new challenges faced by an aging population, the NDS reports concerns faced by long-term drug use amongst adults. For instance, the most common age group involved in daily use of cannabis are those aged between 40-49 years. This does not come without further burden to treatment among older people.

DISADVANTAGE AND SOCIAL ISOLATION

The prevalence and relationship between drug use and people in disadvantaged and social isolation is highly correlated. These include associations between unemployment, homelessness, poverty and family breakdown. In particular, smoking and alcohol consumption are higher amongst aboriginal and Torres Strait Islander people and those living in regional and remote areas.

Further disadvantage includes people with co-occurring mental illness who have poorer health and social function following treatment of drug misuse. Other groups include people in prison, culturally and linguistically diverse populations and marginalised groups, especially those with multiple and complex needs.

PARTNERSHIP

The NDS Aims to strengthen and broaden partnerships, particularly across prevention strategies. While the health-law enforcement partnership receives the greatest attention, the NDS aims to incorporate other parties including international partnerships in an effort to maximise the effectiveness of the three pillar approach.

Sub-strategies to address specific issues include:

- National Aboriginal and Torres Strait Islander Peoples Drug Strategy
- National Alcohol Strategy
- National Tobacco Strategy
- National Illicit Drugs Strategy
- National Pharmaceutical Drug Misuse Strategy
- National Workforce Development Strategy, and
- National Drug Research and Data Strategy

SUPPORTING APPROACHES

The NDS success is reliant on four supporting approaches in ensuring its relevance and effectiveness. This include: the development of a qualified workforce, maintaining and improving evidence base, monitoring performance and enhancing governance.

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1 - WORKFORCE

Having an appropriately skilled and qualified workforce is critical in achieving and sustaining effective responses to drug use. The NDS acknowledges the need of appropriately experienced people and access to current and relevant research in treatment, prevention and health promotion services. This includes those who regularly engage with the consequences of drug misuse including: law enforcement, emergency services, mental health, medical health, Indigenous health and law enforcement, child services, pharmaceuticals, education welfare and hospitality workforce.

2 - EVIDENCE BASE

In providing evidence-base and evidence-informed practice, the NDS are committed to a multiple platform approach to ensure existing and developed programs remain appropriate, effective and efficient. A conglomerate of government and non-government contributors participate in generating evidence in the application of harm reduction, demand reduction and supply reduction. Through collaboration, the NDS aims to provide high-quality research that contributes towards continued support and development of a strong evidence base policy research.

The systematic approach includes:

- Identifying priority areas for new research and areas where evidence needs updating and/or validating
- coordinating research efforts
- facilitating the identification of emerging issues for research
- encouraging the testing and validation of new interventions, and
- guiding the dissemination of findings and assisting the translation of those findings into practical policies and programs.

3 - PERFORMANCE MEASURES

To ensure data collection and policies are implemented appropriately three high-level performance measures have been included to monitor the progress and implementation of the NDS. These include Indicators of Drug Use, Disruption of Illegal Drug Supply, and Harm Associated with Drug Use.

Performance measure 1 - Indicators of drug use measures the progress of demand reduction with accordance to drug type defined such that:

- Illegal drugs prevalence includes those who have used in the previous 12 months for each drug type
- tobacco is measured by daily smokers
- alcohol is measured by the proportion of people who consume alcohol at risky levels, and
- the average age of initiation is recorded for all drug types.

In this way, the progress of demand reduction is tracked as a measure against falls in prevalence and increases in ages of initiation. Consideration of variables that may influence this data is also monitored such as prevalence within sub-populations, patterns of drug use, frequency of regular users and associated harm.

As the Alcohol and Other Drug Treatment Service National Minimum Dataset is reviewed and enhanced, further record keeping of other accessible information such as treatment data has been recommended.

Performance measure 2 - Disruption of illegal drug supply includes measures referring to supply reduction strategies such as production and supply reduction together with:

- Purity levels for illegal drugs by drug type
- the price for illegal drugs by drug type, and
- the number and scale of clandestine drug laboratories disrupted in Australia.

Success is measured by falls in purity and a rise in street value. These measures require interpretation alongside performance measure 1 - indicators of drug use, as well as law enforcement activities.

Performance measure 3 - Harm associated with drug use includes:

- The social cost of alcohol, tobacco and other drug use to the Australian community
- trends in drink-driving and drug-driving related deaths and injuries, and alcohol-related violent incidents
- perceptions of community safety regarding illegal drugs, and drunk and disorderly behaviour
- the prevalence and incidence rate of HIV and hepatitis C among injecting drug users
- trends in opioid overdose related ambulance call-outs and overdose mortality; and
- trends in alcohol-related emergency admissions and hospital separations.

A fall in trends with the exception of community safety perceptions will demonstrate progress against this measure. Statistical information requires careful analysis as variables such as increase in police patrol could skew data in a negative direction.

The National Research and Data Working Group will prepare an annual report on data against these measures to be included in the annual report of the Intergovernmental Committee on Drugs. This group will examine improving the quality of the data sources that inform these measures.

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4 - GOVERNANCE

The priority relationship in the NDS governance model is between health and law enforcement portfolios. Below is figure 2 from the NDS which details the framework of the governance structure with law enforcement as well as other stakeholders.

From July 1, 2011 the new arrangements for the Council of Australian Governments (COAG) and its Councils will be in place. This comprehensive reform plan for a new system of Ministerial Councils will see Standing Councils on health, and on police and emergency management progress priority issues relevant to their portfolio areas.

The Intergovernmental Committee on Drugs (IGCD) is responsible for the management of ongoing work involved with the National Drug Strategy with senior officers who represent health and law enforcement agencies as well as the Australian Government Department of Education, Employment and Workplace Relations.

The IGCD provides policy advice to relevant Ministers on drug-related matters, and is responsible for implementing policies and programs under the National Drug Strategy framework.

The proposed four **Standing Committees and working groups** will support the IGCD with respect to their specialities in alcohol, tobacco, illicit drugs or pharmaceutical drug misuse. The Standing Committees will be responsible for updating and developing sub-strategies targeting the drug relevant to their field.

The **time-limited working groups** will be established and designated priorities identified in the strategy, including three immediate tasks which include:

- Developing the Aboriginal and Torres Strait Islander Peoples Drug Strategy
- a national drug research and data strategy, and
- a national workforce development strategy.

The IGCD will invite relevant representatives to participate in these committees and allow for additional groups to be established as new priorities are identified.

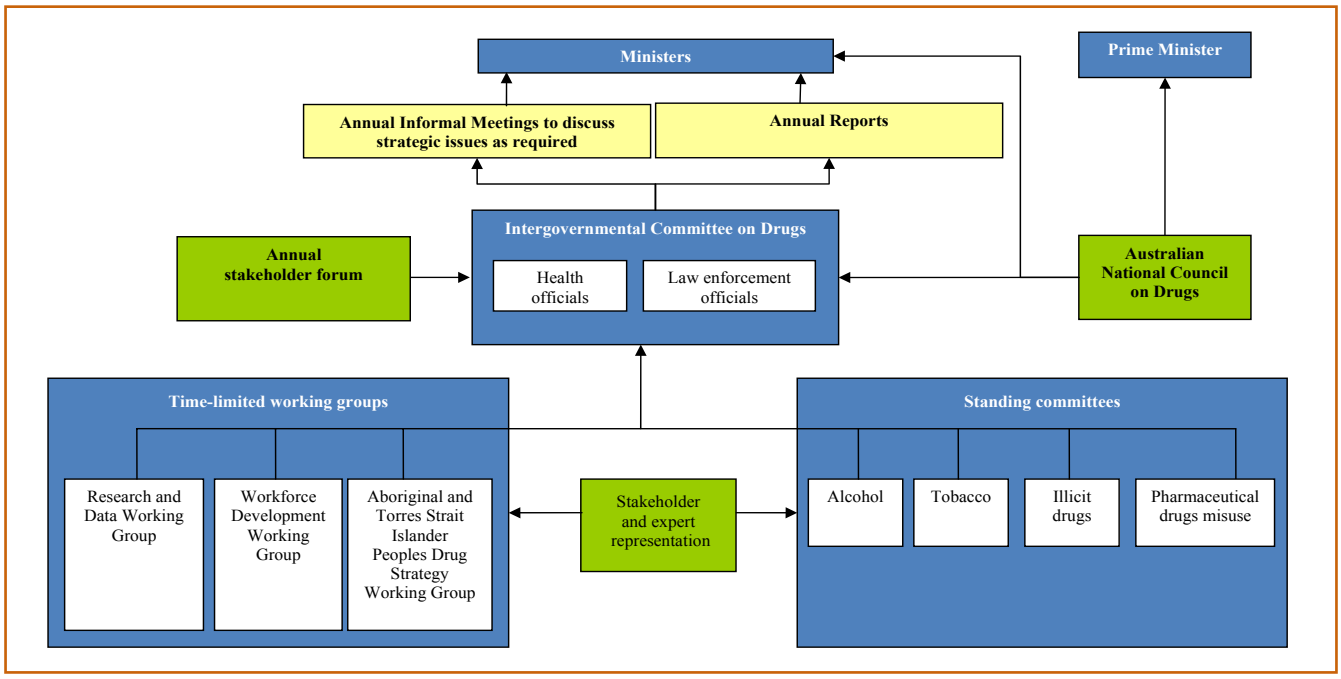
The IGCD will convene **Stakeholder engagement** through an annual Forum discussing relevant topics and issues related to drug policy. Stakeholders include AOD experts as well as representative consumer, carer, peak bodies, non-government organisations and industry groups.

Outcomes from the Forum will inform discussion at the annual IGCD Strategic Workshop.

The **Australian National Council on Drugs (ANCD)** will continue to provide Ministers and senior Federal Government officials with independent advice on AOD matters as well as facilitate communications between government and community members during the development and implementation of policy.

ANCD members include a diverse group of experts involved in the various aspects of drug policy. These members are appointed by and report annually to the Prime Minister, as well as providing a report to relevant Ministers and IGCD.

Figure 2



NDSIS Update

Jane Shelling, Manager National Drugs Sector Information Service

The *Drug Database* has had a facelift!

While you can still search the second largest alcohol and other drugs specialist database in the world for FREE, you now can also enjoy some great new features.

www.drug.org.au

Gambling/ Internet Addiction

The NDSIS holds a range of up-to-date resources on gambling and internet addiction, and has compiled the following information which is now available.

BOOKS

Internet addiction: a handbook and guide to evaluation and treatment

Kimberly S. Young & Cristiano Nabuco de Abreu (Eds) | 2011 | Wiley | 616.8584 INT

"Internet addiction is an emergent disorder in the psychiatric and psychological fields. This book provides a theoretical framework to understand how to define and conceptualize compulsive use of the Internet from a clinical perspective. With various theoretical models from the psychiatric, psychological, communication, and sociological fields, it explores the prevalence of the disorder and the most addictive or problematic online applications, such as online pornography, Internet gambling, and online games. Evidenced-based treatment approaches are provided as well. A must-have for every clinician." Wiley.

An unsafe bet? : The dangerous rise of gambling and the debate we should be having

Jim Orford | 2011 | Wiley | 363.42 ORF

"*An Unsafe Bet? The Dangerous Rise of Gambling and the Debate We Should Be Having* reveals how gambling represents a danger to public health due to its inherent addiction potential, which is being intentionally downplayed by the gambling industry and governments."

A cognitive behavioural therapy programme for problem gambling: therapist manual

Namrata Raylu & Tian Po Oei | 2010 | Routledge |616.85227 RAY

"In this book the authors use a cognitive behavioural approach and provide a session by session guide for overcoming problem gambling. Essential topics covered include:

- assessment and psychoeducation
- cognitive behavioural strategies to stabilise gambling
- identifying and challenging thinking errors
- relaxation and imaginal exposure
- problem solving and goal setting
- managing negative emotions, and
- relapse prevention: maintaining a balanced lifestyle and coping with high risk situations.

This book *supplies* detailed information to help the therapist and client understand gambling behaviours, as well as practical advice on techniques that can be used with the client to change these behaviours."

ARTICLES OF INTEREST

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COMING SOON...

Tips and Tricks for New Players: a guide to becoming familiar with the alcohol and other drugs sector **Third Edition.** When published, copies will be sent to ADCA members.

DEDICATED THEME DAYS FOR DAW 2011

A range of strong supporting themes have been developed for Drug Action Week 2011 (DAW) and compliment the overarching theme of ***"Looking After YOUR Mind!".***

The theme days will run from Monday, 20 June through to Friday, 24 June and provide participating DAW event coordinators across Australia to focus specifically on alcohol and other drugs (AOD) issues that impact of their communities.

On Monday (20 June), the theme will be ***Don't Mix Alcohol and other Drugs.*** This relates to complex needs and comorbidity as individuals who use alcohol and other drugs are more likely to have complex and comorbidity issues than the general population.

Change the Drinking Culture of Young Australians will be considered on Tuesday (21 June) as binge drinking has increasingly become a major health issue for all Australians, particularly young people. New research estimates the total economic impact of alcohol is $36 billion annually, more than double previous estimates.

Rural health is a growing concern and on Wednesday (22 June) the theme will be ***Country Communities 'At Risk' from Alcohol and other Drugs.*** DAW 2011 aims to highlight the need for substantial improvement of resources as regional and remote communities face unique pressures when dealing with issues relating to the misuse of alcohol and other drugs.

Improve Healthcare Arrangements for Indigenous Communities is the theme for Thursday (23 June) and calls for the upgrading of health services across the country which currently are impacted heavily by a shortage of professional health staff on a daily basis.

The theme days will conclude on Friday (24 June) with ***Invest in AOD Prevention to Reduce Treatment Needs.*** Initiatives such as DAW underline the need for real investment in prevention and early intervention as only two per cent of health funding is spent on prevention, and 70 per cent goes to providing acute care. Additional funding is needed for the ongoing work of prevention and treatment across the AOD sector.

While registrations to date are on track for DAW 2011, potential event organisers are urged to jump on line at **www.drugactionweek.org.au** and lodge their registration. Here are a couple of messages for those who are yet to sign-up...

- Act NOW so you don't get trampled in the last minute rush for your FREE box of goodies, and
- most importantly, don't forget to provide a street address to help the delivery driver – our boxes won't fit into a Post Office letter box!

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