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Final comments

Introduction

11.1 Australia's National Drug Strategy (NDS) was originally planned to run until 2002-03 but has been extended to 2003-04. The Commonwealth Department of Health and Ageing advised that the strategy is currently being independently reviewed in consultation with key stakeholders under the management of the Intergovernmental Committee on Drugs. The evaluation will be reviewed by the Ministerial Council on Drug Strategy at its meeting in August. The terms of reference for the review are as follows:

1. Assess the impact of the National Drug Strategic Framework (NDSF) on reducing supply, demand, and harm to individuals and the community;

2. Based on that assessment, propose any required changes to the NDSF, including related action plans and strategies, in the context of evidence on the most effective strategies for supply, demand and harm reduction.

In fulfilling these terms of reference, the evaluator will be required to:

(a) identify current and emerging trends in drug problems from existing sources;

(b) propose any changes to existing performance indicators for effective monitoring and evaluation of a national strategy;

(c) identify deficiencies or gaps in available data collections to support monitoring and evaluation of a national strategy;

(d) review the processes by which national action plans have been developed, maintained and implemented and evaluate the impact of the national action plans in terms of outputs, intermediate outcomes and cost effectiveness; and

(e) consider the appropriateness of the structures and governance arrangements to implement a national strategy.[1]

11.2 In this chapter the committee examines a number of the broader issues relating to the strategy with a view to making recommendations that will assist in the formulation of the next stage of the National Drug Strategy.

Harm minimisation

11.3 In a recent review, Fitzgerald and Sewards pointed out that the principle of harm minimisation has been one of the key principles of Australia's drug strategy since its inception in 1985.[2] In stressing harm minimisation, the strategy recognises that, as the 1977 Senate committee inquiry into drugs observed, total elimination of drug abuse is unlikely, but government action can contain the problem and limit the adverse effects.[3] The strategy's aim from the outset has been to reduce the harmful effects of drug use in Australian society, and to improve the health, social and economic outcomes for the individual and the community. As set out in the National Drug Strategic Framework, both licit and illicit drugs are targeted through a balanced combination of:

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1 Commonwealth Department of Health and Ageing, informal communication, 1/4/03, p 1.

2 Fitzgerald J & Sewards T, *Drug policy: The Australian approach*, ANCD research paper 5, Australian National Council on Drugs, Canberra, 2002, p vi.

3 Senate Standing Committee on Social Welfare, *Drug problems in Australia - an intoxicated society?*, Commonwealth Government Printer, Canberra, 1977, p 1.

- supply reduction strategies designed to disrupt the production and supply of illicit drugs;
- demand-reduction strategies designed to prevent the uptake of harmful drug use, including abstinence-oriented strategies to reduce drug use; and
- a range of targeted harm-reduction strategies designed to reduce drug-related harm for individuals and communities.[4]

11.4 According to Fitzgerald and Sewards, a feature of Australia's drug policy making has been 'the deliberate avoidance of electoral politics and public conflict by attempting to maintain consensus and accommodation …'[5] The National Drug Strategic Framework is intended to bring together in a consensual way the people who are dealing with drug issues.[6] Harm minimisation, or harm reduction as it was originally defined, was the banner under which people came together.

11.5 Among the supporters of harm minimisation policy was Turning Point Drug and Alcohol Centre which claimed that harm minimisation was seen as a way of recognising that drug use is a continuum from no use to dependent use, and allowing for 'a sound balance of practical responding which is, at the same time, humane'.[7] The Australian Association of Social Workers claimed that harm minimisation approaches, which include abstinence, are the best ways to achieve positive, cost-effective outcomes.[8] The Public Health Association of Australia (PHAA) also saw harm minimisation as of proven effectiveness[9], and Alcohol and other Drugs Council of Australia (ADCA) 'remains strongly supportive of harm minimisation as the key principle underpinning the National Drug Strategy'.[10]

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4 *National Drug Strategic Framework 1998-99 to 2002-03: Building partnerships: A strategy to reduce the harm caused by drugs in our community*, prepared by Joint Steering Committee of the Intergovernmental Committee on Drugs and the Australian National Council on Drugs, endorsed by the Ministerial Council on Drug Strategy, MCDS, Canberra, November 1998, p 1.

5 Fitzgerald J & Sewards T, p 26.

6 Fitzgerald J & Sewards T, p 44.

7 Turning Point Drug and Alcohol Centre, sub 137, p 3.

8 Australian Association of Social Workers, sub 104, p 13.

9 Public Health Association of Australia, transcript, 21/11/00, p 290.

10 Alcohol and other Drugs Council of Australia, Submission to the National Drug Strategy evaluation, March 2003, p 9, viewed 14/4/03, <http://www.adca.org.au/policy/submissions/ndsf_eval_sub.pdf>.

11.6 The Australian Medical Association (AMA) stressed that it is vital that harm minimisation measures are supported by evidence of their effectiveness.[11]

11.7 According to Dr Foy of Newcastle Misericordiae Hospital:

> It is not enough … that the measures are *designed* to avoid harm, they must be shown *actually* to reduce harm and not to do more harm in the process. Good intentions are not enough, actual evidence of benefit is required. In Australia, the evidence is not conclusive for all the measures that have been used.[12]

11.8 Others were also critical of harm minimisation approaches. The Drug Advisory Council of Australia claimed that some harm minimisation policies had facilitated and exacerbated the use of illicit drugs[13], and the proponents of the policy had failed to recognise this. The Festival of Light cited needle and syringe programs as an example of a failed harm minimisation approach[14] (although, according to the Australian National Council on Drugs, the evidence of gains in terms of lives saved and sickness avoided is considerable[15]).

11.9 The Community Coalition for a Drug Free Society said, 'When ordinary Mums and Dads understand what harm minimisation really is, **they do not want it**'.[16] Restrictive policies are preferred to harm minimisation by such groups in the Australian community as Keep Our Kids Alive.[17]

11.10 According to the AMA, terms such as harm minimisation, while they may have been useful in drawing people together in the past, now appear to be polarising them instead.[18] Fitzgerald and Sewards in their analysis of Australia's drug policy noted that there has been much debate both nationally and internationally about the meaning of terms such as harm minimisation and harm reduction. They also noted that confusion has arisen as harm minimisation has been used

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11 Australian Medical Association, transcript, 21/5/01, p 892

12 Foy A, Newcastle Mater Misericordiae Hospital, sub 196, p 1.

13 Drug Advisory Council of Australia, sub 165, p 1.

14 Festival of Light (SA), sub 100, p 10.

15 Australian National Council on Drugs, *National Council backs investment on needle programs*, media release, 23/10/02, p 1.

16 Community Coalition for a Drug Free Society, sub 251, p 2.

17 Keep Our Kids Alive, sub 197, p 1.

18 Australian Medical Association, transcript, 21/5/01, p 839.

by different parties to justify quite contradictory strategies.[19] In addition, others, such as Single and Spooner, have commented on the confusion in the use of the term.[20] A particular problem to which the Cabramatta Chamber of Commerce referred was the apparent contradiction between harm minimisation and the 'Tough on Drugs' message.[21]

11.11 In the course of their study, Fitzgerald and Sewards interviewed policy advisers, bureaucrats, researchers and service providers in Australia. They reported that among these groups:

> There was particular discontent across all jurisdictions with the current status of harm minimisation as a key term to encompass supply reduction, demand reduction and harm reduction in the NDS … the term 'harm minimisation', has lost a lot of meaning … [and] can no longer provide strategic direction for drug policy. Without agreement over the meaning of key terms, the framework can no longer hold people together as it once did.[22]

11.12 There is clearly widespread unease about the effectiveness of the term harm minimisation at encapsulating and guiding the nation's response to substance abuse. Under these circumstances, Fitzgerald and Sewards suggested that 'the time may be ripe for considering a new consensus-building policy framework' that will bring people together[23] and better capture the community's sense of what direction drug policy should take.

11.13 As indicated above, drug-free and restrictive policies are among the suggestions made to the committee for a more appropriate focus for drug policy. Prevention was also proposed by several groups and individuals such as the Australian Family Association and Reverend

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19 Fitzgerald J & Sewards T, pp 16-17.

20 Single E, 'Achievements, shortcomings and lessons learned from Australia's National Drug Strategy', *Conference Papers Collection*, CD-ROM, 2nd Australasian Conference on Drugs Strategy, Perth, Western Australia, 7-9 May 2002, p 5; Spooner C, 'The role of police in illicit drug harm minimisation: an overview', *Conference Papers Collection*, CD-ROM, 2nd Australasian Conference on Drugs Strategy, Perth, 7-9 May 2002, p 3.

21 Cabramatta Chamber of Commerce, transcript of the Inquiry into Crime in the Community by House of Representatives Standing Committee on Legal and Constitutional Affairs, 9/10/02, p 197.

22 Fitzgerald J & Sewards T, p 43.

23 Fitzgerald J & Sewards T, p 44.

Robinson.[24] In addition, Drug Free Australia urged 'the introduction of a Federal policy of HARM PREVENTION whereby community expectations are supported by a Federal government focus on effective and comprehensive prevention of harm …'[25] On the basis of their consultations, Fitzgerald and Sewards reported that:

> There have been a number of alternative drug policy frameworks proposed based on different rhetorical positions. One such framework discussed by many during the course of the study is the prevention framework. Given the disquiet over the capacity of harm minimisation to bring people together, a number of groups suggested that discussion should centre on a new framework based on the broad strategy of prevention of harm and drug use ...[26]

11.14 Fitzgerald and Sewards warned that, were a prevention framework to be adopted, it is important that the framework is inclusive and:

> … cast in terms greater than simply prevention of illicit drug use. Prevention from its earliest use in 1985 has focused on the prevention of problems and harms as well as prevention of illicit drug use. Maintaining this broad definition of prevention will be a key element to a prevention framework.
>
> When prevention is cast only in terms of prevention of use, some members of the policy community could be excluded. Drug user groups, who are so central to the Australian approach, may suffer if prevention of drug use is a central priority.[27]

Conclusion

11.15 It will be clear from the earlier chapters in this report that the committee believes that much more effort needs to go into both preventing the uptake of smoking and illicit drug use and providing treatment that leads to abstinence and, in the case of alcohol,

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24 Australian Family Association, transcript, 23/11/00, p 545; Robinson M, transcript, 21/2/01, p 665.

25 Drug Free Australia, sub 283, p 6.

26 Fitzgerald J & Sewards T, p 44.

27 Fitzgerald J & Sewards T, p 44.

responsible use. Many of the committee's recommendations throughout the report are designed to achieve this.

11.16 Like many of those cited above, the committee is also confused by the use of the term, harm minimisation, particularly its relationship to the tough on drugs approach. The committee is concerned about the way in which the term harm minimisation may appear to encourage the maintenance of a drug habit and give rise to the idea that taking drugs is alright. The divisions in the community over the meaning of the term and the impact of these divisions on drug policy making and program implementation undermine one of the strengths of Australia's past, relatively united approach to its drug problem. There is a need to embrace terminology that clearly and inclusively conveys the government's policy with substance abuse and misuse in all its forms.

11.17 The committee believes that a prevention framework for the National Drug Strategy would capture better than harm minimisation the community's sense of the best approach to substance abuse and bring people together more effectively. Harm prevention and treatment should be considered as a focus for the new phase of the NDS, and the review of the current phase should include a consideration of the changes in policy and practice that might be needed in the move from a harm minimisation to a harm prevention and treatment approach.

Recommendation 122

11.18 **The committee recommends that the Commonwealth, State and Territory governments replace the current focus of the National Drug Strategy on harm minimisation with a focus on harm prevention and treatment of substance dependent people.**

11.19 In its submission to the evaluation of the NDS, ADCA commented on 'the inadequacy of any effective communications strategy to promote, inform and educate …' about the strategy's principles, directions, policies and programs. This inadequacy was also identified as a deficiency in the 1992 and 1997 evaluations.[28] ADCA suggested that:

28 Alcohol and other Drugs Council of Australia, Submission to the National Drug Strategy evaluation, p 4.

> … it is essential that the next NDS develop strategic approaches to promotion, education and information dissemination, to better engage both the AOD [alcohol and other drugs] and the broader health, welfare, law enforcement and judicial sectors.[29]

11.20 The committee believes that more effort should be put into explaining the basis of Australia's drug policy so that it is better understood by all.

Recommendation 123

11.21 **The committee recommends that the Commonwealth, State and Territory governments strengthen and better communicate the principles, policies and programs of the National Drug Strategy to both the general public and the alcohol and other drugs sector.**

Balance of effort

11.22 One of the features of the National Drug Strategy is its balanced approach. Balance is sought between supply reduction, demand reduction and harm reduction and between prevention, training and research. Fitzgerald and Sewards reported that:

> … balance is also sought between emphases on strategies targeted at licit and illicit substances, between funding for government and non-government sectors, and between [abstinence-based and non-abstinence-based] philosophies underpinning drug policy …'[30]

ADCA saw the NDS' balanced approach as one of its strengths which has contributed to placing Australia 'at the forefront of drugs policy internationally'.[31]

11.23 The balance between these different elements also received attention during the inquiry. The former committee noted:

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29 Alcohol and other Drugs Council of Australia, Submission to the National Drug Strategy evaluation, p 5.

30 Fitzgerald J & Sewards T, p 19.

31 Alcohol and other Drugs Council of Australia, Submission to the National Drug Strategy evaluation, p 3.

> … an imbalance in the amount of effort and resources going into prevention and treatment areas. While there is obvious merit and economies to be gained by investing in prevention, treatment services have usually received the lion's share of resources … [However] there is a recent burgeoning of interest and expenditure in the prevention of drug problems, and the Committee applauds this development.[32]

11.24 It is a development that appears in keeping with community sentiments as revealed by the 2001 NDS Household Survey. The survey showed that when respondents were asked to allocate $100 of a drugs budget across the three areas of education, treatment and law enforcement, education typically received the greater proportion of the allotted $100.[33]

Conclusion

11.25 As indicated in Chapter 3, the committee fully supports prevention initiatives as a very important adjunct to other approaches to reducing substance abuse. The committee is particularly excited by the possibilities offered by very early intervention in children's development and efforts to engage them with family and community. It has therefore recommended in Chapter 3 that work on the National Drug Prevention Agenda be expedited. The committee's support for prevention initiatives targeted at specific dependencies is reported in Chapters 5, 6 and 7.

11.26 Furthermore, the current committee concurs with the former committee's observation that:

> While the Committee sees the merit of placing a greater emphasis on prevention, it would not like to see this achieved at the expense of a diminution of resource allocation for treatment.[34]

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32 House of Representatives Standing Committee on Family and Community Affairs, *Where to next? - A discussion paper: Inquiry into substance abuse in Australian communities*, FCA, Canberra, September 2001, p 60.

33 Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey: Detailed findings*, Drugs statistics series no 11, AIHW, Canberra, December 2002, p 94.

34 House of Representatives Standing Committee on Family and Community Affairs, *Where to next?*, p 60.

Recommendation 124

11.27 **The committee recommends that the Commonwealth, State and Territory governments ensure that any additional funding for the prevention of drug use and abuse is not provided at the expense of expenditure on treatment.**

11.28 Another point noted by members of the former committee was the preponderance of interest and activity directed at illicit drugs. They observed how numerous agencies had:

> … expressed their dismay at how a preoccupation with illicit drugs has resulted in relative inattention to the social and economic costs associated with the abuse of alcohol and tobacco, which accounts for the vast majority of social harms …[35]

As with the balance between prevention and treatment, the former committee remarked that there were also signs that the overwhelming emphasis on illicit drugs was waning. Increasing attention was being paid to licit drugs.[36]

11.29 Several submissions to the inquiry commented on the balance between law enforcement and health care in dealing with drugs. The Brotherhood of St Laurence, and joint protocol from the AMA (New South Wales Branch) and the Law Society of New South Wales to that state's Drug Summit stressed that substance abuse is primarily a social and health issue rather than a criminal one.[37] The PHAA stated in relation to illicit drugs, 'There is little evidence to support an overemphasis on law enforcement'.[38] The Families and Friends of Drug Law Reform (ACT) (FFDLR) suggested that more funding be put into treatment than into law enforcement.[39] As outlined in

35 House of Representatives Standing Committee on Family and Community Affairs, *Where to next?*, p 60.

36 House of Representatives Standing Committee on Family and Community Affairs, *Where to next?*, p 60.

37 Brotherhood of St Laurence, sub 76, p 3; Australian Drug Law Reform Foundation, transcript, 21/2/01, p 630; *Joint protocol between the Australian Medical Association (NSW) Ltd and the Law Society of New South Wales: Developing more effective responses to Australia's growing problem with illicit drug*, p 2, attachment to the submission by The Law Society of New South Wales to the NSW Parliamentary Drug Summit, Sydney, 17-21 May 1999.

38 Public Health Association of Australia, transcript, 21/11/00, p 292.

39 Families and Friends for Drug Law Reform (ACT), sub 65, p 2.

Chapters 8 and 4 respectively, increasing efforts are being made to divert drug users from the criminal justice system into treatment and the number of treatment places has increased in recent years. Of the more than $1 billion since 1997 provided for the National Illicit Drug Strategy, $456 million has been for supply control measures and $691 million for demand reduction measures.[40]

11.30 In relation to research activities and service provision the committee was told by Dr Wodak that funding:

> … is predominantly weighted to service provision by a large factor of 40:1 or 50:1—it is of that order. We do need research because we need to keep investing in what we should be doing in five, 10 and 15 years time. Also, we need research because, frankly, we do not have answers to problems that are very big issues now and that are looming —such as the increasing use of amphetamines in Australia.[41]

Research, monitoring and evaluation

11.31 Several submissions, for example, those from DRUG-ARM, FFDLR and the National Centre for Education and Training on Addiction, called for an evidence-based approach to program development, based on sound research and evaluation.[42] Evidence-based practice is one of the planks of the National Drug Strategy:

> … All supply-reduction, demand-reduction and harm-reduction strategies should reflect evidence-based practice, which is based on rigorous research and evaluation, including assessment of the cost-effectiveness of interventions …[43]

11.32 According to ADCA, however, one of the NDS's shortcomings with respect to its evidence base is that a national research strategy has not been produced. ADCA also pointed out that the usefulness of some of the data collections used for monitoring the NDS could be improved

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40 Commonwealth Department of Health and Ageing, sub 291, p 2.

41 Wodak A, transcript, 16/8/02, p 1255.

42 DRUG-ARM, sub 199, p 3; Families and Friends for Drug Law Reform, sub 65 (ACT), p 1; National Centre for Education and Training in Addiction, sub 208, p 3.

43 *National Drug Strategic Framework 1998-99 to 2002-03: Building partnerships: A strategy to reduce the harm caused by drugs in our community*, p 18.

so that the possibilities for service delivery and planning at national, jurisdictional, regional and local are less limited.[44]

11.33 The committee was interested in the NDS research effort from two points of view. It wished to assess whether the right balance between funding for research and the provision of services had been achieved, particularly in relation to health care. It also wanted to form a view on the nature of the research projects funded.

11.34 The committee sought information about funding for substance abuse-related research in Australia. It was advised by the Commonwealth Department of Health and Ageing that funding for health-related research into substance abuse provided by it and its agencies included:

- $4.0 million allocated in 1998 to the Strategic Research and Development Committee of the National Health and Medical Research Council to undertake the research component of the National Illicit Drug Strategy which aims to reduce health-related harm from illicit drug use, examine social issues, and inform national health policy. The Strategic Research and Development Committee identifies important areas in Australian health care where research is currently under-developed or where there are gaps in current effort and allocates grants;
- $12,779,957 over 2000-02 contributed by the National Health and Medical Research Council for grants for research into drug use;
- $11,531,713 over 2000-01 to 2002-03 for the three NDS research centres to support their core programs of research into drug treatment, prevention and workforce development;
- $1.303 million for the National Evaluation of Pharmacotherapies for Opioid Dependence; and
- $0.252 million for research into barriers to treatment.

None of the department's research budget is passed on to the states and territory governments for allocation to research projects.[45]

11.35 The committee was concerned that the department was unable to provide the committee with information about the expenditure on

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44 Alcohol and other Drugs Council of Australia, Submission to the National Drug Strategy evaluation, pp 3, 11.

45 Commonwealth Department of Health and Ageing, sub 292, pp 1, 5- 6 and sub 293, p 2 and attachment 1, p 1.

research by the states and territories. The funding mechanisms between the Commonwealth and state and territory governments in relation to addressing drug issues do not generally stipulate the provision of funds for specific purposes like research. Furthermore the department commented that the information provided by the states and territories to the Commonwealth does not identify the relative allocation of funds, nor how they define what is included within the parameters of 'research'.[46]

11.36 The department also advised that it did not have access to information about expenditure on research on other aspects of managing substance abuse by the portfolios that deal with customs, law enforcement, veterans' affairs, education and transport. Considerable time and extensive resources would have been required to assemble this information.[47]

11.37 During the inquiry, committee members heard much about substance-abuse-related research projects. It learnt that, while some of Australia's research into substance abuse was clearly yielding valuable outcomes, a number of projects appeared to lack accountability. The committee also heard that there is some duplication among the research being carried out, including by government departments with overlapping spheres of interest.

Conclusion

11.38 Whilst the committee has been hesitant about benefits of some research during this report it does believe that it is essential to use research and evaluation to identify cost-effective approaches to dealing with substance abuse and to develop good policy and programs. It is also the basis for judging the relative cost-effectiveness of different approaches within the National Drug Strategy.

11.39 The committee is therefore concerned about the lack of an overarching NDS research agenda and deficient data collections. It is also disappointed that it was unable to establish more exactly the amount of public moneys spent on research, even for health care. One such example was the significant discrepancies in evidence on the number of methadone users in Australia. The committee also judged

46 Commonwealth Department of Health and Ageing, sub 292, p 1 and sub 293, p 1.

47 Commonwealth Department of Health and Ageing, sub 292, p 1 and sub 293, p 1.

that some of the research projects about which it heard were unlikely to contribute substantially to efforts to reduce substance abuse. Given the lack of readily available information about expenditure on research and the committee's reservations about the usefulness of some of the research being performed, the committee believes that research expenditure should be more closely monitored and accountable than it is at present.

Recommendation 125

11.40 **The committee recommends that the Commonwealth, State and Territory governments:**

- **ensure that the programs and policies of the National Drug Strategy continue to be evidence-based;**
- **establish an overarching national drug research strategy;**
- **examine the national drug-related data collections with a view to improving their value for monitoring and planning purposes; and**
- **establish a reliable and consistent data methodology in conjunction with the Australian Bureau of Statistics.**

Recommendation 126

11.41 **The committee recommends that the Australian National Audit Office undertake a performance audit of the research element of the National Drug Strategy by:**

- **compiling a list of funded research programs;**
- **identifying duplication;**
- **investigating the cost-effectiveness of the research performed; and**
- **assessing the efficiency with which the evidence base is incorporated into policies and programs.**

Recommendation 127

11.42 **The committee recommends that the Commonwealth, State and Territory governments make proven benefits of research to those affected by substance abuse and misuse a prerequisite for continuing and new funding of projects.**

Responsiveness

11.43 The National Drug Strategy has been criticised for its lack of responsiveness to emerging problems in substance use and abuse. Problems, such as the increased use of amphetamine type stimulants and the risky use of alcohol by young people, have been identified, but in ADCA's view, 'the system has failed to react in a timely manner with the development of strategic policy, program, research and monitoring responses'.[48]

11.44 Both ADCA and Fitzgerald and Sewards commented on the complex governance structure of the NDS. ADCA referred to the many expert advisory committees and subcommittees which, while ensuring access to extensive expertise, reduce the responsiveness of the NDS. Issues may be passed between committees 'for some time, with little resolution'.[49] Fitzgerald and Sewards warned that the NDS' network of advisory structures may become 'an impediment to innovation'.[50] The importance of acting swiftly is obvious, as nipping an incipient problem is often much less costly of time, effort and expense than dealing with a full-blown one.

11.45 ADCA was also critical of the national action plans developed under the NDS. It pointed out that, while being comprehensive and evidence-based and providing 'a useful point of reference in terms of broad principles and goals', the action plans lack 'clear statements of what actions will be taken, by whom and by when'. ADCA suggested that jurisdictions:

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48 Alcohol and other Drugs Council of Australia, Submission to the National Drug Strategy evaluation, pp 7-8.

49 Alcohol and other Drugs Council of Australia, Submission to the National Drug Strategy evaluation, p 15.

50 Fitzgerald J & Sewards T, p 47.

> … develop their own action plans (as opposed to strategies) that are consistent with the overarching national framework and specify actions, timelines, resources and responsible agencies to address key jurisdictional priorities across all drug types (and including identified target groups) …[51]

11.46 The committee believes that it is critical that the NDS is as responsive as possible to emerging drug issues. This should be addressed in the formulation of the next stage of the NDS, with consideration being given to such matters as the role of the governance structure that supports the NDS and the usefulness of detailed jurisdictional action plans.

Recommendation 128

11.47 **The committee recommends that the Ministerial Council on Drug Strategy ensure that steps be taken to improve the effectiveness of the National Drug Strategy to dealing with the changing nature of substance use and abuse.**

Kay Hull MP
Chair

7 August 2003

51 Alcohol and other Drugs Council of Australia, Submission to the National Drug Strategy evaluation, p 13.