The Parliament of the Commonwealth of Australia

# **Road to recovery**

Report on the inquiry into substance abuse in Australian communities

House of Representatives Standing Committee on Family and Community Affairs

August 2003 Canberra © Commonwealth of Australia 2003 ISBN [Click **here** and type ISBN Number]

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# Foreword

It was the best of times, it was the worst of times ... (Charles Dickens, A tale of two cities)

Working on a bipartisan federal parliamentary committee is one of the more rewarding experiences of parliamentary life. Through these committees members are able to undertake more detailed investigation of issues that affect the Australian community. Through public hearings, roundtables, community forums, briefings and inspections, committee members are able to meet face to face with the Australian community to discuss issues, draw conclusions, make recommendations and ultimately improve services for the Australian community. These committees are a vehicle for change for the better.

However the task is difficult. There are time constraints on its members' time to undertake this work. The issues dealt with are often sensitive and difficult; and balancing the alternate views is never easy, nor is the achievement of consensus.

In this inquiry the House Family and Community Affairs Committee has had the opportunity to meet with members of the community affected by this distressing issue and also with those people who are committed to addressing it. Time after time the members were astounded at the level of commitment and professionalism these people brought to the table.

There were many challenges and difficulties faced by the committee of this parliament, as we had inherited an issues paper but no detailed conclusions nor recommendations. I am very proud and indeed fortunate to be a part of a committee whose members are able to work well together and consider issues in a balanced and reasonable way. Each and every committee member worked tirelessly to bring to the Australian people a report that would contain meaningful recommendations that would begin to ease the burden of substance abuse and misuse for all Australians. In undertaking its work the committee appreciates the contributions it has received from those who made submissions and appeared at public hearings, the roundtable, private briefings and inspections. The committee has received excellent support from all of the Secretariat team, Clerk and Deputy Clerk of the House of Representatives and others in the Department.

The committee has now completed its work.

In its report, *Road to recovery*, the committee has made 128 recommendations which we believe, if implemented, will critically improve the way in which we, as a community, deal with substance use and misuse. Throughout the report consideration all members tested their conscience in trying to understand individual concerns and at times members moved from their personal stance in order to deliver a unified outcome. It is important to state that the report has absolute integrity in the desire to ensure better treatment programs that are accessible to all Australians.

It is a fact that many people never witness the strength and devotion of members of parliament as they undertake committee and policy work outside of their electorate duties. As chair, I appreciate the commitment and effort of all members of the committee, to this end I believe that the Australian people were well served!

Kay Hull MP Chair

# **Membership of the Committee**

# 40<sup>th</sup> Parliament

Chair	Mrs Kay Hull MP
Deputy Chair	Mrs Julia Irwin MP
Members	Hon Alan Cadman MP Mrs Trish Draper MP Mr Peter Dutton MP Hon Graham Edwards MP Ms Annette Ellis MP ( <i>until 27August 2002</i> ) Ms Jennie George MP Mr Chris Pearce MP Mr Harry Quick MP ( <i>from 29 May 2002</i> ) Mr Cameron Thompson MP Mr Barry Wakelin MP ( <i>from 29 May 2002</i> )

# 39<sup>th</sup> Parliament

Chair	Mr Barry Wakelin MP
Deputy Chair	Ms Annette Ellis MP
Members	Mr Kevin Andrews MP Ms Julie Bishop MP (from 13 April 2000) Hon Graham Edwards MP Mrs Kay Elson MP (until 31 May 2000) Mrs Joanna Gash MP (from 31 May 2000) Ms Jill Hall MP Mrs Julia Irwin MP (from 13 April 2000) Mrs Deanne Kelly MP (until 7 September 2000) Mr Tony Lawler MP (from 7 September 2000) Dr Brendan Nelson MP (until 31 August 2000) Dr Mal Washer MP (from 31 August 2000) Mr Harry Quick MP Mr Alby Schultz MP
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# **Committee secretariat**

## 40th Parliament

Committee Secretary	Ms Beverley Forbes
Inquiry Secretary	Dr Sarah Hnatiuk <i>(till 30 May 2003)</i>
Senior Research	Ms Margaret Atkin
Officers	Ms Jill Miller (from June 2002 till March 2003)
	Ms Rachelle Mitchell (from 22 May 2003)
Administrative Officers	Ms Debbie Irwin <i>(till 23 May 2003)</i>
	Ms Belynda Zolotto <i>(from August 2002)</i>

39th Parliament

Committee Secretary	Mr Trevor Rowe
Inquiry Secretary	Ms Shelley McInnis
Research Officers	Mr Michael Ross
	Ms Jane Sweeney
Administrative Officers	Ms Belinda Shepherd
	Ms Melissa Holland
	Ms Alime Smith
	Mrs Angela Nagy

# **Terms of reference**

On 14 May 2002 in response to a request from the committee, the Minister for Health and Ageing, Senator the Hon Kay Patterson, re-referred the following inquiry to the committee.

In view of the level of community concern about the abuse of licit drugs such as alcohol, tobacco, over-the-counter and prescription medications, and illicit drugs like marijuana and heroin, the Committee has been asked by the Minister of Health and Ageing, Senator the Hon Kay Patterson, to report and recommend on:

The social and economic costs of substance abuse, with particular regard to:

- family relationships;
- crime, violence (including domestic violence), and law enforcement;
- road trauma;
- workplace safety and productivity, and
- health care costs.

The inquiry had initially been requested by the committee in the previous (39<sup>th</sup>) parliament and the reference initially provided by the Minister for Health and Aged Care, the Hon Michael Wooldridge MP, on 30 March 2000.

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	List of	abbreviations
	AAPS	Alcohol Advertising Pre-Vetting System
	ABAC	Alcohol Beverages Advertising Code and Complaints Management System
	ABCI	Australian Bureau of Criminal Intelligence
	ADCA	Alcohol and other Drugs Council of Australia
	ADIN	Australian Drug Information Network
	AIDS	acquired immunodeficiency syndrome
	ACC	Australian Crime Commission
	AFP	Australian Federal Police
	AIC	Australian Institute of Criminology
	AIHW	Australian Institute of Health and Welfare
	AMA	Australian Medical Association
	ANCAHRD	Australian National Council on AIDS, Hepatitis C and Related Diseases
	ANCD	Australian National Council on Drugs
	AOD	alcohol and other drugs
	ATS	amphetamine type stimulants
	AUSTRAC	Australian Transaction Reports and Analysis Centre
	CFS	Commonwealth Forensic Services

COAG	Council of Australian Governments
Customs	Australian Customs Service
DASC	Drug and Alcohol Services Council
DUMA	Drug Use Monitoring in Australia
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ETS	environmental tobacco smoke
FAS	fetal alcohol syndrome
FFDLR	Families and Friends of Drug Law Reform
FSANZ	Food Standards Australia New Zealand
GPs	general practitioners
Health Outcomes	Health Outcomes International Pty Ltd
HIV	human immunodeficiency virus
LAAM	levo-alpha-acetylmethadol
MCDS	Ministerial Council on Drug Strategy
MMT	methadone maintenance treatment
NCA	National Crime Authority
NCADA	National Campaign Against Drug Abuse
NCETA	National Centre for Education and Training
NDARC	National Drug and Alcohol Research Centre
NDS	National Drug Strategy
NDS Household Survey	National Drug Strategy Household Survey
NEPOD	National Evaluation of Pharmacotherapies for Opioid Dependence

NGO	non-government organisation
NIDS	National Illicit Drug Strategy
NOHSC	National Occupational Health and Safety Commission
NRTC	National Road Transport Commission
NSP	needle and syringe program
NUAA	New South Wales Users and AIDS Association
OHS	occupational health and safety
PBS	Pharmaceutical Benefits Scheme
PHAA	Public Health Association of Australia
PHOFA	Public Health Outcome Funding Agreements
RBT	random breath testing
SIFs	safe injecting facilities
THC	tetrahydrocannabinol (the psychoactive agent in cannabis)
VCTC	VicHealth Centre for Tobacco Control
WET	wine equalisation tax
WFA	Winemakers Federation of Australia
WHO	World Health Organization

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# List of recommendations

### 3 Families and communities

### **Recommendation 1**

The committee recommends that the Commonwealth government, in cooperation with the State and Territory governments, ensure that early intervention and prevention programs aimed at young people are expanded to:

■ actively encourage and support young people to be involved in communities, families and with their peers in a way that is valued and recognised;

■ create opportunities for them to connect with adults in schools, local neighbourhoods and families; and

■ promote skills in young people and adults for making those connections. (para 3.32)

### **Recommendation 2**

The committee recommends that the Commonwealth, State and Territory governments work in cooperation to ensure that all early intervention and prevention programs aimed at young people are delivered in conjunction with programs targeting areas of disadvantage such as poverty, poor housing, ill health and poor school attendance. (para 3.33)

### **Recommendation 3**

The committee recommends that the Commonwealth government, in cooperation with the State and Territory governments, give the highest priority to the implementation of the National Drug Prevention Agenda and its ongoing evaluation. (para 3.34)

The committee recommends that the Commonwealth government in conjunction with State and Territory governments ensure that adequate funding is provided on a long term basis for comprehensive school drug education programs that are part of a whole of school and community approach to dealing with drug use. Programs must be evaluated for effectiveness across a range of criteria. (para 3.53)

### **Recommendation 5**

The committee recommends that the Commonwealth government in conjunction with State and Territory governments ensure adequate numbers of:

■ teachers receive ongoing professional development (in-service) in order to provide effective drug education; and

■ trainee teachers are specifically trained (pre-service) to provide effective drug education. (para 3.57)

### **Recommendation 6**

The committee recommends that the Commonwealth, State and Territory governments ensure that schools:

■ are sufficiently resourced to provide comprehensive assistance to substance using students and their parents;

■ have adequately trained staff to deliver this assistance;

■ this resourcing must be sufficient to enable schools to effectively liaise with health and welfare agencies dealing with students at risk of substance abuse; and

■ are urged where appropriate not to use expulsion as the first or only response. (para 3.64)

### **Recommendation 7**

The committee recommends that the Commonwealth, State and Territory governments continue to give a high priority to developing and maintaining effective school drug education programs. (para 3.73)

### **Recommendation 8**

The committee recommends that the Commonwealth, State and Territory governments work together to:

■ evaluate the effectiveness of family and community-focused interventions in relation to:

 $\Rightarrow$  providing people with the skills to be better parents and in particular to deal with substance use by family members and others; and

 $\Rightarrow$  empowering communities to identify and implement appropriate local initiatives; and

■ ensure programs found to be cost-effective prevention measures are funded on a more generous, longer term basis than at present. (para 3.80)

### **Recommendation 9**

The committee recommends that the Commonwealth, State and Territory governments support the provision of out-of-school activities for young people:

■ with particular attention to those areas where few such activities are currently available; and

■ ensuring that these activities form one component of a larger intervention that addresses other problem aspects of these young people's lives. (para 3.84)

### **Recommendation 10**

The committee recommends that the Commonwealth, State and Territory governments ensure that the Good Sports Program or like programs are established and promoted in all jurisdictions. (para 3.87)

### **Recommendation 11**

The committee recommends that the Commonwealth, State and Territory governments trial substance abuse prevention strategies that combine school, family and community-focused activities which have been tailored to the needs of the individual local communities where they are implemented. (para 3.91)

### **Recommendation 12**

The committee recommends that the Commonwealth, State and Territory governments provide funding:

■ for programs that support families dealing with substance abuse;

■ for treatment regimes that allow families to be involved with the substance user's treatment; and

■ to evaluate the success of these programs and regimes with a view to identifying best practice and disseminating information about that best practice. (para 3.98)

### **Recommendation 13**

The committee recommends that the Commonwealth, State and Territory governments implement adequately resourced, coordinated, comprehensive services for drug-affected individuals and their families. (para 3.104)

### **Recommendation 14**

The committee recommends that the Australian National Audit Office evaluate the Australian National Council on Drugs mapping exercise on Australian drug treatment capacity. (para 3.111)

### **Recommendation 15**

The committee recommends that any Commonwealth, State and Territory agency or body, or NGO, in receipt of Commonwealth funding for drug related programs, be compelled as a condition of funding, to provide to the Australian National Council on Drugs data and information required for the facilitation of the Australian National Council on Drugs database. The information is to be provided in a timely manner to enable the database to meet its objective of providing all Australians with advice on available services. (para 3.112)

### **Recommendation 16**

The committee recommends subject to the outcomes of the Australian National Audit Office evaluation that the Australian National Council on Drugs mapping exercise:

■ urgently complete the mapping of available alcohol and drug services across Australia;

■ identify any gaps in the data assembled which are needed for planning purposes;

ensure those data are collected; and

■ regularly update the information contained in this database. (para 3.113)

### **Recommendation 17**

The committee recommends that the Commonwealth, State and Territory governments and non-government organisations working in the alcohol and other drug sector constructively engage with the media to promote better informed, rational debate on drug issues. (para 3.116)

The committee recommends that the Commonwealth Department of Health and Ageing liaise with representatives of the media in order to develop a voluntary media code for responsible reporting of substance use and abuse similar to that in place for reporting youth and other suicides. (para 3.119)

### 4 Health care

### **Recommendation 19**

The committee recommends that the Commonwealth, State and Territory governments must work together to substantially increase the number of places and access to detoxification, including rapid detoxification, and rehabilitation services that are critical to the successful transition from abuse to non-use. (para 4.27)

### **Recommendation 20**

The committee recommends that the Commonwealth, State and Territory governments, in order to achieve a substantial reduction in substance abuse, consult with non-government organisations to ensure that alcohol and other drug services offer a range of approaches to treatment and rehabilitation.

Governments should consult with non-government organisations to ensure they are mindful of the need for an appropriate mix of residential and non-residential services, making provision for family involvement if desired. (para 4.28)

### **Recommendation 21**

The committee recommends that the Commonwealth government, in consultation with State and Territory governments:

■ provide additional funding for alcohol and other drug treatment so that the shortfall in services is eliminated and adequate numbers of appropriately qualified staff are employed to work in these services, with the ultimate objective being to obtain a drug free status for the client; and

■ pay particular attention to the needs of people who abuse substances and suffer mental ill-health, including those in prison. (para 4.37)

### **Recommendation 22**

The committee recommends that the Commonwealth, State and Territory governments give priority to funding the ongoing medical, psychological and community support systems required for those users who have undertaken detoxification in order to provide the optimal chance of successful transition to an alcohol or a drug free state. (para 4.38)

### **Recommendation 23**

The committee recommends that the Commonwealth, State and Territory governments work with the alcohol and drugs sector, to improve the training available to workers in that sector by:

■ supporting the development of a nationally agreed curriculum and accreditation system;

■ providing adequate training opportunities to supply sufficient qualified staff, including ongoing access to new information and the implications of this new information for practice;

■ sponsoring work on best practice in educating and training alcohol and drug workers; and

■ encouraging senior professionals to inform themselves of the needs of other drug and alcohol service providers and fully participate in that education and training. (para 4.49)

### **Recommendation 24**

The committee recommends that the Commonwealth, State and Territory governments, working with the non-government sector, give priority to coordinating and integrating the many professionals and agencies that serve substance-dependence people.

Attention should be given to:

■ improved links between different parts of the health care sector and between the health care sector and social service agencies such as those dealing with housing, training and education; and

■ the funding for medical, psychological and community support services as recommended in Recommendation 22. (para 4.57)

### **Recommendation 25**

The committee recommends that the Commonwealth, State and Territory governments, working with assistance from the non-government sector, in the training and research that underpin the health services, also ensure the integration of:

■ knowledge from different disciplines to better train drug and alcohol workers so they can deliver the best possible services; and

■ research efforts which will advise the development of new, more integrated policies and programs. (para 4.61)

### **Recommendation 26**

The committee recommends that the Commonwealth government, in consultation with State and Territory governments and all non-government stakeholders:

evaluate the outcomes to date of the National Comorbidity Project;

■ investigate the linkages between mental health, drug abuse and suicide; and

■ identify from these outcomes and other sources what further steps must be taken to improve the treatment of and provision of services to people suffering from co-occurring mental ill health and substance abuse and their families and ensure their implementation. (para 4.68)

### **Recommendation 27**

The committee recommends that Commonwealth, State and Territory governments continue to support and expand substance misuse programs that assist Indigenous planning processes to best achieve their objectives in delivering acceptable forms of treatment. (para 4.77)

### **Recommendation 28**

The committee recommends that the Commonwealth government, State and Territory governments and Indigenous organisations work together to:

■ collect information on Indigenous needs for alcohol and other drug services and how well those needs are currently being met;

■ direct existing resources to regions of greatest need and provide additional funding where required; and

■ identify and, in the light of emerging trends, respond to new needs by ensuring access to appropriate programs. (para 4.84)

### **Recommendation 29**

The committee recommends that the Commonwealth, State and Territory governments institute programs to:

combat increasing illicit drug use by Indigenous people; and

■ provide improved training to Indigenous drug and alcohol workers. (para 4.86)

The committee recommends that the Commonwealth government work with State and Territory governments and non-government organisations to:

■ identify the best structures and practices to engage and retain young drug users in treatment;

■ ensure that trained skilled health professionals are available to deal with young people who are substance-dependent; and

■ ensure adequate support services are available to families and that families are getting the skills required as well as to cope with young people who are substance-dependent. (para 4.90)

### **Recommendation 31**

The committee recommends that the Commonwealth, State and Territory governments, in consultation with non-government organisations:

■ ensure the needs for regional detoxification, treatment and rehabilitation facilities are met;

■ assemble information on best practice options for providing alcohol and other drug services in remote and rural areas, and disseminate that information widely; and

■ provide additional funding where needed to implement best practice. (para 4.96)

### **Recommendation 32**

The committee recommends that the Commonwealth, State and Territory governments, in consultation with the non-government sector:

■ establish targets for all drug-related health programs against which their outcomes can be judged;

■ use this information to evaluate existing programs and plan new ones; and

■ report annually to their parliaments on their performance against targets for each program. (para 4.102)

### 5 Alcohol misuse: prevention and treatment

### **Recommendation 33**

The committee recommends that the Commonwealth government continue to:

■ fund the National Alcohol Campaign;

■ support the targeting of young people and parents of adolescents in future phases of the campaign; and

■ evaluate the effectiveness of the campaign and use the results, together with other research, to determine the content for future campaign phases. (para 5.21)

### **Recommendation 34**

The committee recommends that the State and Territory governments must strictly police compliance laws regulating the supply of alcohol to minors and introduce harsher penalties against those found to be not complying. (para 5.24)

### **Recommendation 35**

The committee recommends that the Commonwealth, State and Territory governments work to ensure that effective information is widely circulated to female adolescents, women and their partners on the dangers posed to unborn children by heavy drinking during pregnancy. (para 5.29)

### **Recommendation 36**

The committee recommends that the Commonwealth Department of Health and Ageing table in parliament the report on the review of the effectiveness of the current regulatory system for alcohol advertising as soon as possible so the parliament can consider the need for appropriate legislation for the regulation of the advertising of alcohol. (para 5.43)

### **Recommendation 37**

The committee recommends that the Commonwealth government implement requirements that all advertising of alcoholic beverages encourage responsible drinking, by including information on the National Health and Medical Research Council's Australian Alcohol Guidelines. (para 5.44)

### **Recommendation 38**

The committee recommends that information from the National Health and Medical Research Council's Australian Alcohol Guidelines be included on alcoholic beverage container labels. (para 5.50)

The committee recommends that the Commonwealth government, in consultation with State and Territory governments, ensure:

■ the vigorous implementation of responsible service practices in licensed premises by adequately trained staff; and

■ that legislation that penalises irresponsible service practices is in place and strictly enforced, particularly in premises that trade late into the night. (para 5.55)

### **Recommendation 40**

The committee recommends that the Commonwealth government investigate the social benefits of replacing ad hoc taxation on alcohol with an across the board regime based on alcohol content. (para 5.64)

### **Recommendation 41**

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

■ ensure that primary health care providers receive adequate training to deal with alcohol dependence and other alcohol use problems;

■ provide incentives for medical practitioners to provide brief interventions for alcohol problems; and

■ fund research into new approaches to treating alcohol dependence, including:

 $\Rightarrow$  trialling new drugs; and

 $\Rightarrow$  filling gaps in knowledge, like the efficacy of using the internet for brief interventions and the relative effectiveness of different psychological therapies. (para 5.70)

### **Recommendation 42**

The committee recommends that the Commonwealth, State and Territory governments work together to run education campaigns that raise awareness of and level of knowledge about the risks associated with:

■ the disparity in alcohol content within various alcoholic drinks; and

■ the different levels of intoxication during the process of alcohol consumption. (para 5.72)

### 6 Tobacco: prevention and cessation

### **Recommendation 43**

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

■ run public education campaigns on the risks of smoking that target the whole community;

■ continue to develop strategies for increasing awareness among school students, particularly young women, and older women of child bearing age and their partners, of the risks of tobacco smoking for reproduction and their children's health; and

■ require updated more detailed written and graphic health warnings on cigarette packets. (para 6.34)

### **Recommendation 44**

The committee recommends that the Commonwealth, State and Territory governments contribute funding for further research into why people commence smoking. (para 6.37)

### **Recommendation 45**

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

■ include tobacco as a priority in all relevant national, state and territory health strategies and make tobacco dependence a national health priority;

■ promote attention to the status of tobacco as a national health priority by requiring the adoption of tobacco control policies and investment as a condition of health care financing at state, territory and agency levels;

■ make free or low cost tobacco smoking cessation services and aids readily available throughout Australia particularly for pregnant women and their partners; and

■ investigate the cost benefit analysis of subsidising aids such as nicotine patches under the Pharmaceutical Benefits Scheme to better assist cessation of cigarette smoking. (para 6.43)

The committee recommends a study of the price elasticity of tobacco and tobacco consumption in Australia be conducted to determine what is the minimum price increase that will stop large numbers of people smoking as a result of price alone. (para 6.49)

### **Recommendation 47**

The committee recommends that the Commonwealth, State and Territory governments work together to develop and legislate for nationally consistent regulations governing the registration and licensing of the wholesalers and retailers of tobacco products, which should include registration fees and an emphasis on heavier penalties for the sale of cigarettes to minors than apply at present. (para 6.54)

### **Recommendation 48**

The committee recommends the Commonwealth, State and Territory governments work together to ensure that all remaining forms of promotion of tobacco products be banned, including advertising, incentives to retailers, sponsorships and public relation activities. (para 6.61)

### **Recommendation 49**

The committee recommends that the Commonwealth, State and Territory governments investigate removing nicotine's exemption from classification as a poison under the Commonwealth's Standard for the Uniform Scheduling of Drugs and Poisons and in State and Territory Poisons Acts. (para 6.68)

### **Recommendation 50**

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

■ develop and deliver a program to build community support for a ban on tobacco smoking in public areas where exposure to involuntary smoking is likely; and

■ develop a similar program to further discourage smoking in private environments, such as homes. (para 6.76)

### 7 Illicit drug use: prevention and treatment

### **Recommendation 51**

The committee recommends that, as a high priority, the Commonwealth, State and Territory governments:

■ increase the proportion of heroin addicts in treatment from 45 per cent to 80 per cent of the total number of heroin dependent people in order to reduce heroin-related harm and deaths; and

■ increase the target to include everyone who requests treatment, as resources permit. (para 7.26)

### **Recommendation 52**

The committee recommends that, when providing:

■ methadone maintenance treatment to save lives and prevent harm to people dependent on heroin, the ultimate objective be to assist them to become abstinent from all opioids, including methadone; and

■ in addition, comprehensive support services must be provided to achieve this outcome. (para 7.32)

### **Recommendation 53**

The committee recommends that the Commonwealth government, State and Territory governments provide funding to determine the extent of very long-term use of methadone, including dosage rates, by opioid dependent people and its effect on the user, including its impact on the user's workplace, community and family roles. (para 7.33)

### **Recommendation 54**

The committee recommends that the Commonwealth, State and Territory governments ensure that sufficient funding is available to treatment services to provide comprehensive support to opioid dependent people who are receiving pharmacotherapy:

■ for as long as it is needed to stabilise their lifestyle;

■ if possible, to assist them to reduce or eliminate their use of all opioids, including methadone;

■ support further research and trials of promising new medications and techniques;

■ continue to fund research into pharmacotherapies for opioid dependence;

■ make widely available as a matter of priority any treatments that are found to be cost-effective; and

■ give priority to treatments including naltrexone that focus on abstinence as the ultimate outcome. (para 7.41)

The committee strongly recommends as a matter of urgency that the Commonwealth government fund a trial of naltrexone implants, coupled with the support services required for efficacy. (para 7.42)

### **Recommendation 56**

The committee recommends that:

■ the Australian National Council on Drugs urgently determine best practice models of residential rehabilitation in consultation with service providers;

■ the Commonwealth, State and Territory governments ensure funding to establish these models throughout urban and rural areas;

■ residential rehabilitation providers establish programs to instigate, where it is not already provided, ongoing support for those needing residential rehabilitation; and

■ given the complexity of delivery of rehabilitation programs, responsibility and coordination should be undertaken by the Commonwealth Department of Family and Community Services. (para 7.46)

### **Recommendation 57**

The committee recommends that trials of heroin prescription as a treatment for heroin dependence not proceed. (para 7.53)

### **Recommendation 58**

The committee recommends that the Commonwealth government ensure that proven pharmacotherapies are available at low cost to all opioid dependent people undergoing treatment. (para 7.59)

### **Recommendation 59**

The committee recommends that the Commonwealth government list naltrexone on the Pharmaceutical Benefits Scheme for the treatment of opioid dependence, particularly for heroin and methadone dependence. (para 7.61)

### **Recommendation 60**

The committee recommends that the Commonwealth, State and Territory governments investigate the potential to deliver cost-effective treatment to opioid dependent people by the greater use of general practitioners. (para 7.64)

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

■ widely disseminate information to inform the Australian community about the levels of cannabis use including impacts on mental health and possible gateway to addiction and other drug use;

■ evaluate the effectiveness of these information campaigns;

■ trial innovative, preventive approaches to reduce the use of cannabis;

■ develop consistent national policy and legislation which reflect the dangers of cannabis use; and

■ in the interim monitor the effect of State and Territory specific legislation dealing with cannabis use and regularly report on the health, social and criminal outcomes for each State and Territory. (para 7.86)

### **Recommendation 62**

The committee recommends that the Commonwealth, State and Territory governments fund research into pharmacological and psychological treatments for dependence on cannabis. (para 7.87)

### **Recommendation 63**

The committee recommends that the Commonwealth, State and Territory governments give priority to funding research into the nature of the link between cannabis use, opioid and other drug use, and mental health. (para 7.88)

### **Recommendation 64**

The committee recommends that the Commonwealth, State and Territory governments continue to fund research into pharmacological and psychological treatments for dependence on psychostimulants. (para 7.96)

### **Recommendation 65**

The committee recommends that the Commonwealth, State and Territory governments, as part of the National Drug Strategy, urgently inform and warn the Australian community about the dangers of psychostimulant use. (para 7.97)

The committee:

■ recommends that a complete evaluation of needle and syringe programs be undertaken by the Australian National Audit Office. Issues that should be assessed are distribution, inadequate exchange, accountability and associated education and counselling programs and the impact on both HIV and hepatitis C; and

■ supports the recommendation of the Australian National Council on Drugs calling for the removal of legislative impediments to the proper disposal of used injecting equipment, specifically offences related to self administration and possession of injecting equipment. (para 7.123)

### **Recommendation 67**

The committee recommends that the Commonwealth, State and Territory governments work to establish a wider range of detoxification and rehabilitation centres bolstered by a range of ancillary programs to give maximum support to individual drug users. (para 7.139)

### **Recommendation 68**

The committee recommends that the Commonwealth, State and Territory governments continue to give a high priority to funding education campaigns to:

■ target the general population as well as at high risk groups; and

■ inform high risk groups about HIV/AIDS and hepatitis C and, in particular how to prevent the transmission of these diseases. (para 7.147)

### **Recommendation 69**

The committee recommends that the Commonwealth government evaluate the outcomes of the 2003-04 budget funding for the National Hepatitis C Strategy over the four year period to ensure that the issues outlined in 7.153 are being adequately addressed. (para 7.157)

### **Recommendation 70**

The committee recommends that the Commonwealth, State and Territory governments continue to fund research into the prevention and management of hepatitis C infection. (para 7.158)

### **Recommendation 71**

The committee recommends that the Commonwealth government take a leading role as a matter of urgency in establishing a national committee
to coordinate policy and programs to prevent the use of inhalants and treat dependent users. (para 7.169)

# 8 Crime, violence and law enforcement

## **Recommendation 72**

The committee recommends that the Commonwealth, State and Territory governments build evaluation into all their law enforcement initiatives related to substance abuse and misuse. (para 8.16)

## **Recommendation 73**

The committee recommends that Commonwealth, State and Territory governments put in place as soon as possible all components of the new national framework to combat multi-jurisdictional crime. (para 8.28)

#### **Recommendation 74**

The committee recommends that the Commonwealth, State and Territory governments urgently examine the need for Commonwealth initiatives, to supplement that available in the States and Territories, directed at supporting local community drug control initiatives. (para 8.38)

#### **Recommendation 75**

The committee recommends that the Commonwealth government play an active role through the ministerial councils on police, corrective services and justice in establishing best practice and promoting nationally consistent policies and practices in policing and sentencing as they relate to drugs. (para 8.44)

#### **Recommendation 76**

The committee recommends that, with respect to the Australian Customs Service, the Australian Federal Police, the Australian Crime Commission and the Commonwealth Forensic Services, the Commonwealth government:

■ undertake an independent external review by the Australian National Audit Office every three years of the adequacy and funding of these agencies' capacity to gather the intelligence about drug-related crime that is needed to intercept supplies; and

■ funding levels recommended by the review be set as the minimum for the subsequent period. (para 8.48)

The committee recommends that the Commonwealth, State and Territory governments give high priority to:

■ further standardising the drug-related data collected by different jurisdictions; and

■ ensuring that such data is consistently collected and capable of being reported to reveal what is happening at the local, state and national level. (para 8.53)

### **Recommendation 78**

The committee recommends that the Commonwealth, State and Territory governments devote more resources to overcoming barriers to communication between jurisdictions and agencies dealing with drugrelated crime, including barriers within information management systems. (para 8.57)

## **Recommendation 79**

The committee recommends that Commonwealth, State and Territory government agencies dealing with drug-related crime:

extend the cooperation and collaboration between them; and

■ develop performance measures to report on improvements in interagency cooperation and outcomes. (para 8.61)

## **Recommendation 80**

The committee recommends that the Commonwealth, State and Territory governments work together to develop nationally consistent legislation relating to illicit drugs. (para 8.74)

# **Recommendation 81**

The committee recommends that Commonwealth, State and Territory governments cooperate to develop robust performance measures for supply reduction strategies of illicit drugs. (para 8.82)

## **Recommendation 82**

The committee recommends that legislation be introduced by governments at the Commonwealth, State or Territory level to:

■ require that the loss or theft of the precursors of amphetamine-type stimulants be reported to the police;

■ amend Schedule VI of the *Customs Act 1901* to include the precursors of amphetamine-type stimulants;

- $\Rightarrow$  placing ceilings on orders by retailers;
- $\Rightarrow$  limiting replacements by wholesalers; and
- $\Rightarrow$  requiring the pharmaceutical industry to report high-use customers to the police. (para 8.93)

The committee recommends that:

■ the National Working Group on Diversion of Precursor Chemicals identify a way to make legislation sufficiently flexible to be able to regulate immediately the changing precursors that are found in amphetamine type stimulants;

■ the Commonwealth government amend its *Standard for uniform scheduling of drugs and poisons* to make all substances containing pseudoephedrine a Schedule 4 Prescription Only Medicine; and

■ State and Territory governments adopt the proposed legislative and scheduling proposals developed on pseudoephedrine, as outlined in the two dot points above, as soon as possible after their identification. (para 8.94)

# **Recommendation 84**

The committee recommends that the Commonwealth works collaboratively with all State and Territory governments to establish effective court diversion programs and drug courts in all States and Territories. (para 8.103)

# **Recommendation 85**

The committee recommends that the Commonwealth, State and territory governments provide training and support for police, magistrates and court personnel to enable them to effectively refer offenders to proven diversion programs where outcomes can be measured. (para 8.113)

# **Recommendation 86**

The committee recommends that the Commonwealth, State and Territory governments fund research to:

■ establish best practice in relation to existing diversion programs and disseminate the results widely; and

■ explore strategies to identify drug users or young people at risk at an earlier stage through precursive or associated behaviour that may present to the criminal justice or welfare system. (para 8.114)

#### **Recommendation 87**

The committee recommends that the Commonwealth fund a national evaluation of the drug courts to determine their success in achieving beneficial outcomes for offenders, their families and communities. (para 8.115)

### **Recommendation 88**

The committee recommends that better resourced, more efficient and effective systems be established to monitor non-custodial sanctions imposed on drug offenders. (para 8.116)

# **Recommendation 89**

The committee recommends that Commonwealth, State and Territory governments examine the establishment of a regime that would highlight options of appropriate coerced treatment and rehabilitation programs for young offenders and repeat drug-dependent offenders. The regime should include the use of good behaviour bonds and incentive sentencing as an option and sanctions for pulling out of the program. (para 8.121)

#### **Recommendation 90**

The committee recommends that the Commonwealth government encourage State and Territory governments to ensure that treatment is provided to all drug dependent prisoners. (para 8.132)

#### **Recommendation 91**

The committee recommends that every prisoner should be assessed to determine their exposure to drug use and an appropriate drug-related treatment and management strategy should be implemented if substance abuse or risk thereof is determined. (para 8.138)

#### **Recommendation 92**

The committee recommends that State and Territory governments ensure that they provide a range of treatments for drug-dependent prisoners to the standard to which they are available in the wider community. (para 8.139)

#### **Recommendation 93**

The committee recommends that, as part of the trial recommended in Recommendation 55, naltrexone implants also be trialed to treat opioid dependent prisoners. Should the trial be successful, then the use of

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naltrexone implants be an ongoing treatment for opioid dependent prisoners. Participation in the trial must be voluntary and agreed between the doctor and patient. (para 8.140)

#### **Recommendation 94**

The committee recommends that the Commonwealth government work with State and Territory governments to facilitate:

■ the establishment of independent drug free units in correctional centres;

■ drug free units should incorporate education programs including drug education;

■ admission to the drug free unit should be on a voluntary basis by inmates who are assessed to be willing to achieve drug free outcomes;

■ numeracy, literacy and life skills should form part of an education program in the unit;

■ compulsory blood or urine tests should be undertaken during the time of the program to ensure participants remain drug free; and

■ remissions should be offered as an incentive to become engaged in successful completion of the program. (para 8.141)

#### **Recommendation 95**

The committee recommends all personnel employed in correctional facilities should be subject to mandatory random blood or urine tests. (para 8.142)

#### **Recommendation 96**

The committee recommends that State and Territory governments promote best practice in drug treatment in prisons and recognise those organisation which achieve best practice. (para 8.143)

#### **Recommendation 97**

The committee recommends that the Commonwealth, State and Territory governments initiate specific programs for women and children to address drug treatments in prisons and make available support services post-release from prisons. (para 8.150)

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

■ fund research into the nature of the links between coexisting substance abuse, mental illness, crime and violence; and

■ ensure sufficient research workers with appropriate skills are available in Australia to carry out this work. (para 8.153)

#### **Recommendation 99**

The committee recommends that State and Territory governments ensure that:

■ arrangements are put in place to provide closely coordinated prerelease and post-release treatment and support services for drugdependent prisoners with the objective of assisting them to become drug-free; and

■ in particular a strong focus on education and employment should form the basis of post-release support. (para 8.155)

#### **Recommendation 100**

The committee recommends that the Commonwealth government make equivalent medicare benefit funding available to corrections health services to enable the level of treatment described in previous recommendations to be provided to eligible drug-dependent prisoners. (para 8.158)

#### **Recommendation 101**

The committee recommends that the Commonwealth government, in consultation with State and Territory governments, establish minimum standards for the health care of people in custody and the best practice in the delivery of health care. (para 8.161)

# 9 Road trauma

### **Recommendation 102**

The committee recommends that the Commonwealth government, in consultation with State and Territory governments, continue to strengthen random breath testing practices and maintain and improve this process. (para 9.11)

The committee recommends that the Commonwealth government, in consultation with State and Territory governments:

• modify the conduct of random breath testing in country areas to:

 $\Rightarrow$  use smaller, mobile testing units;

 $\Rightarrow~$  reduce the usual blitz-like approach and predictability of location and time; and

 $\Rightarrow$  move activities to times that impact early in the chain of decision to drink; and

■ ensure that there is consistency of approach in random breath testing between country and city areas. (para 9.15)

## **Recommendation 104**

The committee recommends that the Commonwealth government, in consultation with State and Territory governments, ensure the imposition of more severe penalties for repeat drink driving offenders than are currently in place. (para 9.21)

#### **Recommendation 105**

The committee recommends that the Commonwealth government, in consultation with State and Territory governments:

■ impose the use of alcohol ignition interlocks on repeat drink driving offenders; and

■ promote the voluntary installation of alcohol ignition interlocks. (para 9.22)

#### **Recommendation 106**

The committee recommends that all new cars made in, or imported into, Australia be fitted with alcohol ignition interlocks by 2006. (para 9.23)

## **Recommendation 107**

The committee recommends that the Commonwealth, State and Territory governments give high priority in the National Road Safety Action Plan to:

■ work towards all States and Territories making it an offence to drive with any quantity of illicit drug present within the system;

■ have all States and Territories enacting legislation to test and prosecute drug drivers;

■ fund and coordinate roadside drug testing with a model similar to that of alcohol random breath testing; and

■ continue research into the relationship between drugs and driving impairment. (para 9.38)

## **Recommendation 108**

The committee recommends that the Commonwealth, State and Territory governments work with industry to complete and implement the new policy for managing fatigue among heavy vehicle drivers that is currently being coordinated by the National Road Transport Commission. (para 9.44)

## **Recommendation 109**

The committee recommends that the Commonwealth government continue to vigorously promote the implementation of chain of responsibility legislation applying to the road transport industry. (para 9.48)

# **Recommendation 110**

The committee recommends that the Commonwealth government, in consultation with State and Territory governments, develop and run campaigns to inform drivers about the dangers of driving while using illicit and licit drugs. (para 9.51)

## **Recommendation 111**

The committee recommends that the Commonwealth government, in consultation with the State and Territory governments, continue to vigorously promote the drink and drug driving reduction strategies of the National Road Safety Action Plan. (para 9.55)

# **Recommendation 112**

The committee recommends that the Commonwealth government, in consultation with State and Territory governments:

■ ensure that the effectiveness of the measures adopted in the National Road Safety Action Plan are evaluated and research carried out on promising new approaches;

■ contribute funding if necessary to ensure that evaluation and research proceed leading to the direct introduction of effective measures; and

■ produce a publicly available report on the nationwide results of implementing measures in the National Road Safety Action Plan. (para 9.56)

The committee recommends that the Commonwealth government work with the State and Territory governments to ensure that drug and drink driving are targeted for deterrence and prevention. (para 9.57)

# 10 Workplace safety and productivity

# **Recommendation 114**

The committee recommends that the Commonwealth, State and Territory governments, with input from unions and industry, fund a well-designed study coordinated by the National Occupational Health and Safety Commission to investigate:

■ the prevalence of substance abuse in Australian workplaces; and

■ the relationship of substance abuse to impairment, harm and lost productivity, in the context of other factors that also impact on workplace safety and productivity. (para 10.23)

# **Recommendation 115**

The committee recommends that the Commonwealth government, through the National Occupational Health and Safety Commission:

■ promote the development of standard methodologies for collecting data relating to workplace harm;

■ ensure the standards developed encourage safe practices; and

■ work with State and Territory governments and other stakeholders to ensure that these data are collected in all jurisdictions. (para 10.24)

# **Recommendation 116**

The committee recommends that the Commonwealth, State and Territory governments fund a study coordinated by the National Occupational Health and Safety Commission to:

■ investigate existing workplace policies and interventions to reduce the impact of drugs on workplace safety and productivity, with the aim of identifying best practice and areas that need change;

■ trial innovative approaches to reducing the impact of drugs in the workplace;

■ disseminate widely the best practice findings of these investigations and trials; and

■ recommend any legislative changes deemed necessary to promote the adoption of best practice. (para 10.38)

# **Recommendation 117**

The committee recommends that the Commonwealth, State and Territory governments promote the implementation and monitoring of workplace alcohol and other drug policies by developing national guidelines and appropriate legislative frameworks. (para 10.42)

# **Recommendation 118**

The committee recommends that the Commonwealth, State and Territory governments, with input from unions and industry, fund a large-scale study to assess the efficacy of devices that purport to measure workplace drug use and impairment. (para 10.52)

# **Recommendation 119**

The committee recommends that the Commonwealth, State and Territory governments identify the privacy concerns relating to drug testing in the workplace, examine the need for legislative changes to address these concerns, and enact any needed changes. (para 10.53)

## **Recommendation 120**

The committee recommends that, following finalisation of the studies recommended in Recommendations 114, 116 and 118, the Commonwealth, State and Territory governments develop guidelines for best practice implementation and use of workplace drug testing. (para 10.54)

## **Recommendation 121**

The committee recommends that the Commonwealth government:

■ convene a national summit on the issues relating to reducing the impacts of alcohol and other drugs on workplace safety and productivity that will;

■ involve all stakeholders and relevant international speakers; and

■ develop proposals for the further development of the initiatives recommended in Recommendations 114-120 in this chapter. (para 10.56)

# 11 Final comments

#### **Recommendation 122**

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. (para 11.18)

## **Recommendation 123**

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. (para 11.21)

#### **Recommendation 124**

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. (para 11.27)

#### **Recommendation 125**

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. (para 11.40)

#### **Recommendation 126**

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. (para 11.41)

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. (para 11.42)

## **Recommendation 128**

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. (para 11.47)