This annual report was prepared by the ANCD Secretariat. Copies of this report can be obtained by contacting the Secretariat, or by downloading it from the web site.

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I would like to congratulate the Australian National Council on Drugs on a very successful twelve months and thank the Council for its continuing valuable contribution to the government’s drug strategy *Tough on Drugs*.

The contribution of the non-government sector to the development and implementation of *Tough on Drugs*, particularly in the areas of prevention and treatment, is essential if we are to succeed in reducing illicit drug use in our communities. Over the past year the Council has had a major role in ensuring that the views of this sector have informed the development and implementation of drug policy.

The Council has provided expert advice on a number of key drug strategy initiatives, including the Non-government Organisation Treatment Grants Programme, the Illicit Drugs Diversion Initiative and the Community Partnerships Initiative. Together with the states and territories, the Council and the government will continue to work cooperatively over the next twelve months in the continuing implementation of these initiatives and in considering how best to address emerging issues, such as psychostimulant use and access to drug related services in rural and regional Australia.

Another important contribution of the Council over the past twelve months has been its role in building and maintaining partnerships across the range of sectors addressing drug related issues. The breadth of Council members’ expertise and experience is invaluable to this task, with members bringing to the Council perspectives on treatment, rehabilitation, education, family counselling, law enforcement, research and frontline community work. I anticipate that the Council’s role in facilitating links across sectors will be further enhanced through its auspicing of a new national research magazine. The magazine will provide people who have an interest in alcohol and other drug issues with accessible information about the latest drug-related research findings and initiatives and will help to bridge the gap between research and practice in the drug and alcohol field.

Again, I would like to thank the Chairman of the Council, Major Brian Watters and all Council members for their work over the past twelve months and in particular for their valued provision of advice to myself and my staff. I look forward to the government’s continued collaboration with the Council in the ongoing development of effective drug policy in Australia.

John Howard
Chairman’s report

The Australian National Council on Drugs (ANCD) was established by Prime Minister Howard as a component of the Tough on Drugs strategy and launched in March 1998. The funding of the first stage of the strategy covered the four years 1998–2002, and the ANCD was charged with the responsibility to help develop and implement the many programmes encompassed by the Tough on Drugs strategy.

Now as the initial funding period is ending, an evaluation process of the various components of the Strategy is taking place — Supply Reduction; Demand Reduction and Harm Reduction. It is too early to be able to present formal findings of the evaluations, but there are some initial results and indications that are cause for great encouragement. An example is the National Illicit Drugs Campaign evaluation, which yielded outstanding results, with over 50% of parents telling us that they had been able to discuss drug issues as a result of the television advertisements and the booklet. In addition, over 50% of 15–17 year olds reported that the campaign had made it easier to talk with their parents about drugs.

The ANCD has a membership with varying views on some of the more contentious areas of drug policy. Yet we have achieved a harmonious working relationship that has allowed us to drive forward the projects listed and also to give advice to Governments on a range of drug policy issues, often emphasising the perspective of the non-government sector.

I am told that the ANCD is unique — that no other country has such a distinctive NGO based council involved in the highest levels of drug policy making and implementation. At the same time we have achieved a good and personal relationship with individuals, communities and service providers across Australia.

We are grateful for the support of the Commonwealth Department of Health and Ageing, and thank the Alcohol and other Drugs Council of Australia for its role in auspicing the ANCD.

I congratulate and thank our Executive Officer, Mr Gino Vumbaca and the Secretariat staff for their excellent work throughout the year and the preparation of this report. Also of course, to the Executive and Members of the ANCD — all of whom are very busy people holding responsible positions in the field — I say thank you for your commitment and hard work throughout the year.

Finally, to Prime Minister John Howard and his staff, especially the Senior Social Policy Advisor Mr John Perrin; to the Federal Minister for Health and Ageing The Hon Kay Patterson and the Parliamentary Secretary to the Minister for Health and Ageing The Hon Trish Worth and their staff, we give our acknowledgement and thanks for the generous support and encouragement you have given to the ANCD.

Major Brian Watters
The past year has been both rewarding and demanding for the Australian National Council on Drugs (ANCD). This year has seen the release of some very informative reports such as the first stage of the Indigenous Drug and Alcohol Mapping Project, Evidence Supporting Treatment and Structural Determinants of Youth Drug Use. In addition, the Position Paper on Needle and Syringe Programs, a report on the situation in Cape York and the continuation of the Rural and Regional Study Grants Program have highlighted the ANCD’s continuing commitment to addressing issues of public health, as well as issues affecting Indigenous and rural and regional communities.

As has been the case since its inception, a core role of the ANCD is to provide advice at a policy and planning level to ensure that the views and needs of the community sector are taken into account during any decision making process. In many cases this advice is based on the numerous formal and informal consultations held by the ANCD members with the sectors involved in addressing drug and alcohol issues. These consultations provide a vital dual service by allowing ANCD members to be informed of developments and concerns in the sector, as well as informing those working in the frontline of the developments and work at the policy and planning levels.

A particular achievement of the ANCD this year was gaining the support of the Commonwealth Government for a new National Research Magazine on drug and alcohol issues in Australia. The ANCD has argued for some time that whilst it supports research to ensure that decisions on drug and alcohol issues at a policy level are evidence based, it is just as important for research outcomes and knowledge to be able to influence the delivery of services. Research can only positively affect the actual practices at drug and alcohol services if it is accessible to those in the frontline. The new ANCD sponsored National Research Magazine will strive to make these important links between research and practice a reality.

I would also like to reiterate a message from previous annual reports and stress the ANCD belief in providing independent and evidence based advice to all political parties and decision makers. The ANCD members remain focussed and committed to achieving a greater level of policy and planning sophistication, as well as a greater recognition of the role of the community sectors than has ever previously been possible.

Finally I would like to thank all members of the ANCD and in particular the ANCD Secretariat, Ms Karen Price, Mr Neill Taylor and Ms Kim O’Gorman for their tireless efforts again this year and acknowledge the high level of support provided by our auspicing body the Alcohol and other Drugs Council of Australia. The support of many governments and departments the ANCD has dealt with this year, in particular the Department of the Prime Minister and Cabinet and the Department of Health and Ageing, has also been very much appreciated by the ANCD.

Gino Vumbaca
ANCD membership and term

Members are appointed to the ANCD by the Prime Minister for a three year term. The ANCD was established in March 1998 and its first term of membership spanned 1998–2001. The current members of the ANCD form the second term of membership, which spans 2001–2004. Nine individuals have served in both the first and second (current) term of membership. As a result, each member’s term/s of membership is indicated after their name.

Membership of the ANCD includes individuals with a wide range of experience and expertise on various aspects of drug policy, such as treatment, rehabilitation, education, family counselling, law enforcement, research and work at the coalface in community organisations.

I have been a strong supporter of the role and objectives of the Australian National Council on Drugs (ANCD) since its establishment in 1998 and its focus on reducing the harm caused by drugs in our community. This 2001–02 annual report demonstrates that the ANCD has had yet another fruitful and dynamic year.

The ANCD’s role is essential in enhancing cooperation and building partnerships between a broad range of sectors including volunteer and community organisations, law enforcement, and health and social welfare fields. The collaboration of these sectors is vital to the comprehensiveness of Australia’s policy response to alcohol and other drug issues in our community.

I would like to thank all the members who have served the Council since its establishment in 1998, particularly those who have been members since its inception, including you as Chair. The valuable contribution of members, both past and present, is evident in the work of the Council in the past year.

I would like to offer my continued support for the ANCD’s role and commitment to the goals and objectives of the current National Drug Strategic Framework.

Peter Costello
Treasurer
MAJOR BRIAN WATTERS  
Chairman of the Australian National Council on Drugs

Major Watters has been a Salvation Army Officer for twenty-seven years. Whilst most of his service has been in the area of addictions, it has also included appointments in Prison Chaplaincy, Psychiatric Chaplaincy and as Director of Youth Services for Western Sydney. Major Watters has managed various drug and alcohol treatment facilities and has Commanded the Salvation Army's Rehabilitation Services Command, with responsibility for all Bridge Program’s major treatment centres in Eastern Australia, overseeing drug and alcohol treatment services in Queensland, NSW and ACT. He was the Salvation Army’s Territorial Consultant and media spokesperson prior to his retirement in May 2000. Major Watters is a past president of NADA (Network of Alcohol and Other Drug Agencies, NSW) and served for three years on the NSW Health Minister’s Drug Advisory Council. Major Watters is a current member of the NSW and QLD Boards of Drug-ARM Australia.

MICHAEL JOSEPH (MICK) KEELTY APM MPPA FAIM  
Commissioner of Police, Australian Federal Police;  
Deputy-Chairman of the Australian National Council on Drugs

Mr Keelty’s policing career began in 1974 with the ACT Police, which subsequently merged with the Commonwealth Police to become the Australian Federal Police in 1979. During his career with the AFP and ACT Police, Mr Keelty has worked in a variety of fields, including community policing, national drug operations and intelligence. He has also undertaken a lengthy secondment to the National Crime Authority.

Mr Keelty received the Australian Police Medal for distinguished service in 1996. He holds a Master of Public Policy and Administration, a Graduate Certificate in Criminal Justice Education and is a graduate of the FBI National Academy.

As Commissioner of the AFP, Mr Keelty is Co-Chair of the Board of Control of the Australian Institute of Police Management.

PROFESSOR MARGARET HAMILTON  
Director, Turning Point Alcohol and Drug Centre, Victoria;  
Professor, School of Population Health, University of Melbourne

Professor Hamilton has over thirty years experience in this field including clinical work, education and research. She has a background in social work and public health and has conducted research in epidemiology, policy, evaluation (prevention and treatment), young people and drugs, women and alcohol, alcohol problems in remote Australia; evaluation of therapeutic communities and selfhelp. She serves on various policy advisory groups.
MR GARTH POPPLE  
Executive Director, We Help Ourselves (WHOS);  
Board Member, International Council of Alcohol and Addictions (ICAA);  
Board Member, Australasian Therapeutic Communities Association;  
Treasurer, Network of Alcohol and other Drug Agencies (NSW)  
Mr Popple has been working in AOD management roles since 1986 and in honorary committee and board positions since 1981 for the non-profit sector. He has been primarily focused on the Therapeutic Community movement for most of his career to date, and in 1991 became involved in harm minimisation initiatives (e.g. establishment of services such as Foley House N.S.W.) and he attempts to stay in touch with the needs and feedback from users past and present. 
Mr Popple is CEO of We Help Ourselves (WHOS) which operates four Therapeutic Communities within NSW: WHOS Metro for men, WHOS New Beginnings for women, WHOS MTAR (Methadone To Abstinence Residential) and WHOS Hunter Valley. WHOS provides other services such as Aftercare and HIV/Infectious Disease Education Services. Mr Popple through his position at WHOS has been a member of NADA since 1986. He is a past NADA President 1993–1997 and currently treasurer.

MR SCOTT WILSON  
State Director, Aboriginal Drug and Alcohol Council (SA) Inc. (ADAC)  
ADAC is the only Indigenous organisation of its kind in Australia, and is based in Adelaide. Mr Wilson has presented a number of papers on behalf of ADAC at both national and international conferences on Indigenous drug and alcohol issues and was awarded the Alcohol and other Drugs Council of Australia (ADCA) Australia Day Achievement Medallion in 1997.

OTHER MEMBERS:  

DR ROBERT ALI  
Director, Clinical Policy and Research for the Drug and Alcohol Services Council (SA)  
Dr Robert Ali is a public health physician who has worked in the Alcohol and other Drug area since 1985. Dr Ali is also a senior lecturer at the National Centre for Education and Training in Addiction. Dr Ali is the Chair of the National Expert Advisory Committee on Illicit Drugs.

MS ANN BRESSINGTON  
Founder and Administrator, DrugBeat of South Australia Program for ADTARP Inc.  
Born in Toowoomba, Queensland and one of seven children, Ms Bressington attended Mater Dei Private College. Her daughter Shay Louise Bressington died in 1998 from heroin. Her daughter’s addiction is what led her to the area of treatment and rehabilitation.
Ms Bressington has studied privately in the areas of human behaviours, natural and traditional medicine, and drug dependency. She has further refined treatment that offers detoxification using Temgesic and Naltrexone for relapse prevention, and has introduced new approaches for substance abusers and family members, which include hypnotherapy, family therapy and natural therapies to assist with the psychological issues that exist for drug dependent persons and family members.

Mr David Crosbie
Chief Executive Officer,
Odyssey House, Victoria

Mr Crosbie manages a staff of over seventy and a broad range of programs including residential rehabilitation, counselling, family support, research and training, youth outreach and early intervention programs for parents of adolescents. Between August 1993 and December 1999, Mr Crosbie was the Chief Executive Officer of the Alcohol and other Drugs Council of Australia (ADCA).

Mr Crosbie is currently an editor of the ‘Drug and Alcohol Review’, with responsibility for the ‘News and Views’ Section of this publication. Previously, he was Director of Research, Training and Program Development at the Australian Drug Foundation. Mr Crosbie has written and published articles and papers on many issues including; non-government organisational effectiveness, alcohol policy towards the year 2000, the changing role of government and non-government organisations, the role of information in the drug and alcohol field, drug education in schools, alcohol in the workplace, drugs and sport, parents and drugs, smart drugs, and the police role in drug education. He has also been a regular guest lecturer at several universities, and attracts regular consulting work facilitating meetings and working with non-government organisations to improve their effectiveness.

For the past fifteen years, Mr Crosbie has primarily worked in the non-government health and welfare sectors. He has a strong commitment to the role of non-government agencies in the provision of quality programs and services.

Mr Keith Evans
Director, Drug Strategy and Programs Branch with the Department of Human Services in South Australia

Mr Evans has qualifications in psychology, nursing and management and has worked in the areas of drug and alcohol and public health in the United Kingdom, New Zealand and Australia for the past twenty-five years.

For the past fifteen years, Mr Evans has primarily worked in the non-government health and welfare sectors. He has a strong commitment to the role of non-government agencies in the provision of quality programs and services.

Mr Nick Gill
Manager, Drug and Alcohol Services Association

Mr Gill was born in England in 1948. Educated at Blundell's School, he attended Cambridge University where he commenced reading Medicine and subsequently English. He then did Research in Educational Administration at Bristol University, before immigrating to Australia in
1974. Mr Gill spent the next fifteen years working as a professional Actor, Playwright and Director, mainly in Community Theatre. In 1990 he began working for the AIDS Council of South Australia, where he became Administration Manager, moving from there to working for the Salvation Army in the Whitmore Square Sobering Up Shelter, and then as Counsellor in the Bridge Rehabilitation Program. In 1997 Mr Gill developed Australia’s first Residential Cannabis Rehabilitation program. In 1999 he moved to Alice Springs, where he is presently Manager of the Drug and Alcohol Services Association. Mr Gill is on the Board of Directors for the Alcohol Education and Rehabilitation Foundation and is a Churchwarden in the Anglican Parish of the Ascension, Alice Springs.

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MS JULIE HANBURY
Coordinator, Helping Empower Local Parents (HELP) project, Local Drug Action Groups Inc.; Parent Drug Information Service, Western Australia

Ms Hanbury is the parent of three children in their mid teens and early twenties and lives in Perth, Western Australia. She is the Coordinator of HELP, a parent drug education project managed by Local Drug Action Groups Inc., that focuses on prevention and early intervention initiatives. Ms Hanbury is involved as a volunteer with the Parent Telephone Support Network at the Parent Drug Information Service in Western Australia. She is also the secretary of the community based Western Suburbs Local Drug Action Group.

MS TONIE MILLER
TOUGHLOVE Representative Tasmania

Ms Miller has been a registered pharmacist for over twenty-five years and has held registration and worked in four countries, including both hospital and community pharmacy. She is currently professionally involved with the Methadone Program in Tasmania.

Ms Miller was a founding member and State Coordinator for TOUGHLOVE Tasmania Inc., a support group and program for parents experiencing difficulties with their young people’s behaviour. She has been responsible for the establishment of the program in other areas of Tasmania and has worked extensively with families facing difficulties related to illicit drug usage. She is a qualified TOUGHLOVE representative.

Ms Miller was both a Board Member and employee of Holyoake Tasmania Inc., The Tasmanian Alcohol and Addictions Family Education and Support Program. She has been actively involved in forums and meetings dealing with Youth Homelessness, Youth Justice and Health related issues.

PROFESSOR JOHN B SAUNDERS
Professor of Alcohol and Drug Studies, University of Queensland; Director, Alcohol and Drug Services of The Prince Charles Hospital and Royal Brisbane Hospital Health Service Districts

Professor Saunders qualified in pharmacology and then medicine from the University of Cambridge and later specialised in acute general medicine, gastroenterology and drug and alcohol medicine. He has been a practising clinician in drug and alcohol services for twenty-five years, as well as a teacher and researcher. Professor Saunders has worked closely with the World Health Organization for many years, being technical focal point (Scientific Director) for ten years of WHO’s collaborative studies on brief intervention, and responsible for devising the AUDIT questionnaire. He has been a member of the WHO Expert Advisory Panel on Mental Health (since 1991) and is the Co-Director of the WHO Collaborating Centre on Mental Health and Substance Abuse for Australia. From 1989–1993, he was a member of the Expert Advisory Panel on Alcohol and Drugs of the National Health and Medical Research Council. He has published two books and over 250 scientific papers and reviews. He has been Editor of the Drug and Alcohol Review since 1984, and a member
of the Council of the Australian Professional Society on Alcohol and Other Drugs. Since 1995, he has been Secretary and a Board Member of the International Society for Biomedical Research on Alcoholism. He has given guest lectures and workshops at international meetings on thirty-eight occasions in the past six years.

Magistrate, Sydney

Mr Thompson is a non-practicing Barrister at Law and has twenty-three years experience as a magistrate in Local Courts of NSW, has four years experience in the Children’s Court and served briefly in the Coroner’s Court. Mr Thompson is a former District Governor in Lions Clubs International. He was the liaison officer for Lions in the former Lions AFADD Foundation, the District Drug Awareness Chairman for three years and President of PRYDE (Parents Reaching Youth through Drug Education). Mr Thompson was a board member of the Ted Noffs Foundation for seven years.

Director, Cyrenian House, Perth

Mr Toon has been Director of Cyrenian House (a non-government rehabilitation agency) since 1987. His involvement in broader drug and alcohol policy issues includes Vice President of the Alcohol and other Drugs Council of Australia. He is also an executive member of the WA Network of Alcohol and other Drug Agencies and served as its chair for four years.

President, Alcohol and other Drugs Council of Australia

Professor Webster is Emeritus Professor of The University of New South Wales. He is Chair of the National Advisory Council on Suicide Prevention, Chair of the New South Wales Expert Advisory Committee on Drugs, Chair of the Alcohol Education and Rehabilitation Foundation, Co-chair, New South Wales Mental Health Implementation Group and Director of the Board of the South Western Sydney Area Health Service. He is honorary visiting physician to the Matthew Talbot Hostel for the homeless and physician in Drug and Alcohol in the South Western Sydney Area Health Service.

Immediate Past President, Australian Secondary Principals Association

Mr Woolley has been a teacher, curriculum specialist and leader in the South Australian public school system for more than thirty-two years, the last thirteen years as the Principal of three large and complex schools. He holds educational, science and postgraduate management qualifications and has had successful teaching experiences in country and city schools including a year overseas. He is an author, educational writer and speaker and has served on a wide range of educational and advisory committees at state and national level. He is currently Principal of Unley High School in Adelaide, South Australia. He has been an executive member of both state and national principal associations for six years and was elected national president in 1999. Mr Woolley’s background has brought him into contact with many young people and their families in diverse communities over many years.
MR DENNIS YOUNG
Executive Director, Drug Awareness and Relief Foundation (Australia);
National Director, DRUG-ARM Australia

Mr Young’s diverse and multi-faceted background includes management, leadership, training and youth programs. He has qualifications in Human Resource Management, Marketing, and Vocation Education and is a registered teacher in Queensland who has worked in the alcohol and other drug field since 1988.

MS SUE KERR
Advisor to the ANCD
Assistant Secretary
Drug Strategy and Health Promotion Branch
Commonwealth Department of Health and Ageing

SECRETARIAT:

MR GINO VUMBACA
Executive Officer, ANCD Secretariat

Mr Vumbaca has extensive experience in the HIV/AIDS and drug and alcohol fields both in Australia and overseas. He is a Churchill Fellow and has completed a Social Work degree and a Masters of Business Administration at the University of Sydney. He has worked as the Manager of HIV/AIDS and related services with the NSW Department of Corrective Services, in a variety of drug and alcohol centres as a counsellor and was responsible for co-ordinating the establishment of the NSW network of needle and syringe exchange programs for the NSW Health Department.

MR NEILL TAYLOR
Project Officer, ANCD Secretariat

Mr Taylor has been with the ANCD since March 2002. Previously he has worked in the Commonwealth Government’s Youth Affairs Bureau and as a secondary teacher. Mr Taylor holds a Bachelor of Social Science (Human Movement and Recreation), Graduate Diploma of Education (Secondary) (PD/H/PE) and a Graduate Certificate in Public Administration.

MS KAREN PRICE
Research Officer, ANCD Secretariat

Ms Price has a strong background in drugs in sport, having worked for the Australian Sports Drug Agency (ASDA), and in a coordination role drug testing at the Sydney Olympics. In her various roles at ASDA, Ms Price has had experience in education programs, staff training and development, and contracts with professional and non-professional sports. Ms Price has a Bachelor of Education (human movements and legal studies) and a Graduate Diploma in Public Health.

MS KIM O’GORMAN
Office Manager, ANCD Secretariat

Ms O’Gorman has been with the ANCD Secretariat since January 2000. Her responsibilities include organisation of meetings, travel arrangements for members and various other office administration tasks.
These committees tasked with the development of National Drug Action Plans under the National Drug Strategic Framework as endorsed by MCDS in November 1998

*The National Advisory Committee on School Drug Education also reports to the Ministerial Council on Education, Employment, Training and Youth Affairs
The ANCD has worked diligently during the last twelve months to ensure that it remains the principal advisory body to government, fulfilling its strategically important role within the National Drug Strategic Framework. The ANCD has maintained its involvement in, and provided substantial input to, an array of Tough on Drugs initiatives, such as the Community Partnerships Initiative (CPI), Non-Government Organisation Treatment Grants Program (NGOTGP) and the National Illicit Drug Diversion Initiative. In addition, ANCD members also occupied positions on a range of committees that provide timely and effective advice to both Federal and State/Territory Governments.

In line with its Term of Reference to inform and educate public knowledge and discussion on drug related issues, the ANCD released several publications and media statements. The focus of the publications was quite diverse and included young people, Indigenous communities, rural and regional communities, Needle and Syringe Programs and treatment. The ANCD expects that the upcoming year will once again see the release of several evidence based publications. Of particular note will be the release of a new national research magazine. The purpose of the magazine will be to bridge the gap between research and practice in the AOD sector and provide the sector with even greater access to information.

The ANCD continued to foster its effective working relationship with other key stakeholders in the National Drug Strategic Framework such as the Ministerial Council on Drug Strategy (MCDS), the Inter-Governmental Committee on Drugs (IGCD) and the National Expert Advisory Committees (NEACs). Additionally, the ANCD maintained networks with other key stakeholders in the AOD field both nationally and internationally. To strengthen its relationship with the aforementioned key stakeholders, the ANCD is exploring opportunities to work collaboratively on projects of mutual interest in the coming year.

The level of support provided to the ANCD by government and government departments in each jurisdiction has been greatly appreciated. The ANCD trusts that these productive relationships will continue for the next year.

This year the ANCD has maintained its formal and informal two-way communication process with the AOD sector. The ANCD believes this to be an important communication strategy, as it not only keeps the sector aware of policy developments, but also provides another opportunity to have input into the policy development cycle, and raise issues of concern. As a result of its consultation, the ANCD has provided detailed advice on matters such as public liability insurance, alcohol taxation and workforce development to relevant key decision makers in government.

The ANCD recommends its annual report to readers and encourages those who require further information about the issues raised in it to visit the web site www.ancd.org.au or contact the Secretariat.
Introduction

The ANCD was established by the Prime Minister in 1998 with the distinct purpose of being the principal advisory body to government on drug policy and plays a critical role in ensuring the voice of the community sectors is heard in relation to drug related policies and strategies. As a result of its unique position, the ANCD continues to be an influential advisory body and has had input into several initiatives associated with the National Drug Strategy.

This report outlines the work of the ANCD during the 2001–2002 financial year. In particular, it demonstrates how the ANCD’s activities during this period have made progress against the objectives identified in its three-year work plan.

To be effective, national drug control polices must recognise the global nature of the challenge and include a commitment to support effective international cooperation. For this reason, Australia has been a key player in international drug control initiatives, chairing the United Nations Commission on Narcotic Drugs in 2002 and qualifying as a major donor to the United Nations International Drug Control Program (UNDCP).

Acknowledging the importance of effective law enforcement, social, education and health measures against the trafficking, use and effects of drug abuse in our region, at least half of Australia’s contribution to the UNDCP is directed to projects in South East Asia, and we maintain a significant bilateral program through AusAID funding in the region.

Australia’s ability to take a leadership role in international efforts against the trafficking in and abuse of drugs owes much to the strength of Australia’s national drug control policy. The contribution of the ANCD’s expertise and experience to Australia’s national programs is fundamental to maintaining Australia’s international stature in this field.

Alexander Downer
Minister for Foreign Affairs
ANCD terms of reference
2001–2004

The Australian National Council on Drugs will:

a. Provide independent advice to the Prime Minister and the MCDS on national drug strategies and policies;

b. Contribute to the effectiveness of Australia’s supply, demand and harm reduction initiatives, consistent with the national interest;

c. Provide independent and strategic advice on drug policy and services to Federal Government and other bodies and parliamentary parties, as appropriate;

d. Consult and liaise with the drug and alcohol and related sector, and in particular the non-government sector;

e. Inform and educate public knowledge and discussion on drug related issues;

f. Build and maintain partnerships across the range of sectors concerned in dealing with and addressing drug related issues;

g. Work closely with the IGCD and the National Expert Advisory Committees to develop and implement effective strategies, policies and programs to address the uptake and misuse of illicit and licit drugs;

h. Maintain effective liaison with other stakeholders, public health advisory bodies and relevant peak non-government organisations;

I welcome the opportunity to congratulate the ANCD on its valuable contribution to the development of quality drug policy in Australia. The Council continues to provide expert guidance on the implementation of the National Illicit Drug Strategy Tough on Drugs, including the National Illicit Drugs Campaign.

Over the past year, the Council has also provided strategic advice on a number of important initiatives, in particular the development of a Prevention Agenda and the implementation and evaluation of the Drug Diversion Initiative.

The Government values its partnership with the Council and I look forward to working with the ANCD on the next phase of Tough on Drugs and other collaborative efforts in the coming year. I wish the Council all the best for its continued success.

Trish Worth
Parliamentary Secretary to the Minister for Health and Ageing
## ANCD work plan

The development of a three-year work plan is a requirement of the ANCD’s Terms of Reference. Accordingly, the ANCD developed a comprehensive work plan for the period 2001–2004. In developing its Work Plan, the ANCD used each Term of Reference as a heading to ensure its activities reflect the mandate given to it by the Federal Government.

### A. Provide independent advice to the Prime Minister and the MCDS on national drug strategies and policies

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<th>Objectives</th>
<th>Progress during 2001–2002 financial year</th>
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<td>i. Contribute to the provision of timely and effective advice which has an impact on the decisions of Ministers and their advisers, particularly in regard to the development, implementation and evaluation of National Drug Strategies.</td>
<td>Throughout the year the ANCD regularly provided the Prime Minister, relevant Ministers, their offices and departments with formal and informal advice on a range of issues associated with the National Drug Strategy. In particular, the ANCD contributed to the House of Representatives’ Standing Committee on Family and Community Affairs inquiry into substance abuse in Australian communities. In addition, the ANCD has provided advice to government on specific issues such as the Community Partnerships Initiative (CPI), Non-Government Organisation Treatment Grants Program (NGOTGP) and the National Illicit Drug Diversion Initiative. The ANCD reports formally to the Prime Minister and the Ministerial Council on Drug Strategy (MCDS) through its annual report. Representatives of the ANCD also attend the MCDS’ annual meeting. Following each formal meeting of the ANCD a written report is provided to the Prime Minister. Members of the ANCD also occupy positions on a range of other committees that provide timely and effective advice on national drug strategies and polices. The ‘ANCD Member Representation on other Committees’ section of this report provides these details.</td>
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<td>ii. Effective presentation of the views and issues relating to the NGO and community sectors, and other stakeholders, in advice on national drug strategy and policy formulation.</td>
<td>The ANCD developed a regular consultation process to ensure that it was aware of the views of non-government organisations, the community and other relevant stakeholders. Based on its consultation forums, the ANCD was able to ensure that the views of these groups were provided to key decision makers for consideration in policy formulation. With particular reference to the consultation forums, the ANCD provided written reports of the issues raised to the Premier or Chief Minister and relevant Ministers in the appropriate jurisdiction. In addition to consultation forums, the ANCD regularly communicated with various NGO peak bodies in the alcohol and other drug (AOD) sector on a formal and informal basis. Once again, through this process the ANCD was able to ensure that their views were put forward for consideration in policy formulation. For example, as a result of such communication, the ANCD presented information regarding a wide range of issues including public liability insurance, funding arrangements and alcohol taxation to relevant Ministers.</td>
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B. Contribute to the effectiveness of Australia’s supply, demand and harm reduction initiatives, consistent with the national interest

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<th>Objectives</th>
<th>Progress during 2001–2002 financial year</th>
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<td>Integration plans</td>
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<tr>
<td>i.  Achieve a greater level of understanding amongst decision makers on the impacts, links, effectiveness and benefits of an integrative and complementary approach to supply, demand and harm reduction initiatives.</td>
<td>The ANCD released publications on a range of issues with the aim of increasing key decision makers’ understanding of the impact on supply, demand, and harm reduction initiatives. Due to the quality of these publications, stakeholder demand for them in hard copy and electronic format has been extremely high. In addition, members of the ANCD regularly met with key decision makers in the areas of supply, demand and harm reduction to foster closer working relationships and reinforce partnerships with them. During these meetings members have also been able to use ANCD publications as a significant resource to increase key decision makers’ understanding of specific issues.</td>
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<td>ii. Raise awareness of the impact of supply, demand and harm reduction initiatives on issues affecting particular communities, such as women, youth, Indigenous people and communities, families, past and present drug users, rural communities, co-morbid clients, people from culturally and linguistically diverse backgrounds, prisoners, etc.</td>
<td>The ANCD ensures that it commissions projects that target at least one specific community each year. During the reporting period the ANCD either launched or conducted projects which focussed on the following issues: Indigenous communities, youth, rural and regional areas and comorbidity. With each completed project a report was provided to relevant key decision makers throughout Australia. In addition to commissioned projects, members of the ANCD also participated in various committees which focus on specific communities. Examples of such committees include those for the National Illicit Drugs Campaign and the National Alcohol Campaign.</td>
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<td>iii. Greater level of accountability, value and transparency in the allocation and funding decision making process.</td>
<td>The ANCD recognises the need for accountability, transparency and value in the allocation of funds and as a result, was closely involved in establishing review procedures for funding allocated to the Tough on Drugs strategy. An overriding principle of ANCD involvement in any committee is that accountability, transparency and value are factored into all decisions regarding the allocation of funding.</td>
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Supply reduction plans

| iv. Provide expert advice on the effectiveness and improvement of supply reduction initiatives. | The ANCD received regular briefings from appropriate authorities on supply reduction initiatives and values their contribution to the overall national drug strategy. During the last twelve months, the ANCD continued to develop a close working relationship with police in each jurisdiction. Negotiations have also occurred to facilitate increased ANCD involvement in the area of supply reduction in the upcoming year. |

Demand reduction plans

| v. Provide expert advice on the effectiveness and improvement of demand reduction initiatives. | In October 2001, the ANCD launched its research paper ‘Evidence Supporting Treatment’, which provided information on a range of treatment options. Throughout the year the ANCD provided advice to all levels of government on treatment issues. Examples of such issues include the range of treatment options, appropriateness of treatment, success of treatment strategies and the need for additional resources to maintain treatment. |
**Harm reduction plans**

vi. Provide expert advice on the effectiveness and improvement of harm reduction initiatives.

In March 2002, the ANCD released its position paper ‘Needle and Syringe Programs’, which put forward a number of recommendations on a range of issues associated with these programs.

During the reporting period the ANCD provided advice to all levels of government on a range of harm reduction initiatives associated with needle and syringe programs, methadone, HIV and hepatitis C.

**National interest plans**

vii. Increased attention on the workforce development needs of all professions and people dealing and working with drug use issues.

The ANCD recognises the importance of workforce development needs for those individuals who deal with AOD issues. Workforce development was raised as an issue of concern in regular discussions with relevant key decision makers. As a practical demonstration of the ANCD’s commitment to this issue, it continued to operate its Rural and Regional Alcohol and Other Drugs Study Grants program.

During the reporting period the ANCD contributed to the development and implementation of the Training Frontline Workers Initiative.

In May 2001, the ANCD was given responsibility to produce a national research magazine. The aim of which is to bridge the gap between research and practice in the AOD sector and as a result contribute to workforce development.

viii. Greater international and regional understanding of the Australian approach to drug use issues, including increased information sharing amongst agencies and services dealing with drug use issues, particularly in the area of policy development and service provision.

To enhance the understanding of Australia’s approach to drug issues, the ANCD continued to maintain networks with relevant organisations within the region such as the United Nations Drug Control Program (UNDCP) and the International Federation of Non-Government Organisations for the Prevention of Drug and Substance Abuse (IFNGO). In addition, the ANCD continued to establish relationships with relevant organisations in Europe and the USA.

The ANCD will soon release its research paper ‘Drug Policy: The Australian Approach’. This document will provide an outline of the events and trace the development of both jurisdictional and national drug policy positions and practices.
C. Provide independent and strategic advice on drug policy and services to Federal Government and other bodies and parliamentary parties, as appropriate

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<tr>
<td>i. Establish appropriate consultative mechanisms for providing input to policy development and implementation of National Drug Strategy components.</td>
<td>During the year the ANCD sought information on a number of topics through various consultative mechanisms. AOD agency forums were held in conjunction with formal meetings of the ANCD. The ANCD commissioned workshops into particular issues such as the National Illicit Drug Diversion Initiative, Fetal Alcohol Syndrome and Comorbidity. Reports were produced as a result of these consultative mechanisms and they will be provided to key decision makers. Through its web site the ANCD also provided an opportunity for feedback on any issue relevant to the national drug strategy.</td>
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<td>ii. Increase the level of consensus and acceptance for consistent substance use policies across the nation, including across political parties.</td>
<td>The ANCD regularly met with representatives from all political parties at Federal and State/Territory level, as well as providing them with reports and advice on a range of issues. Using its quality, evidence based documents as reference material, the ANCD has attempted to ensure that there is increasing consistency in AOD polices. The local government sector was identified as one with which the ANCD will seek to increase its communication with in the year to come.</td>
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D. Consult and liaise with the drug and alcohol and related sector, and in particular the non-government sector

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<tr>
<td>i. Support initiatives that strengthen capacity of the NGO and community sectors to respond to drug issues at the national and community level by increasing the understanding of key decision makers of NGO and community sector viewpoints and advice.</td>
<td>The ANCD recognises the importance of the NGO sector in responding to AOD issues and believes it is essential to involve them in the policy development cycle. As a result, the ANCD regularly communicates with NGOs and NGO peak bodies on a range of issues. During the reporting period the ANCD commissioned projects that gave NGOs and NGO peak bodies the opportunity to have their views heard by key decision makers. Specific issues included the National Illicit Drug Diversion Initiative, Comorbidity and Fetal Alcohol Syndrome. In securing responsibility for the new research to practice magazine to be developed in 2002-2003, the ANCD expects that it will provide the NGO sector with even greater access to information to better equip them to respond to AOD issues, as well as to actively engage in the policy cycle.</td>
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<td>ii. Ensure relevance of drug policy to a range of sectors in the community, including individuals, community organisations, education sector, police and others involved in the issue of drugs.</td>
<td>Through its publications, media statements and consultation mechanisms the ANCD has communicated the relevance of drug policies to the broader community. In addition, it has also developed ongoing working relationships with the police, education, local government, mental health and public health sectors. Through its structural determinants report, the ANCD has been able to draw attention to broader influences on youth drug use and their relevance to a range of policy and program areas across government.</td>
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iii. Ensure appropriate opportunities for the NGO and community sectors to influence and better understand the work and role of the ANCD, as well as the development and implementation of drug policies, strategies and programs.

The ANCD is well aware of the need to be accessible to NGOs and the community sector and provides these stakeholders with a range of communication opportunities. The most successful strategy used to engage with the NGOs and the community sector was the AOD agency consultation forums. These forums gave stakeholders the opportunity to discuss a diverse range of AOD issues, as well as learn more about the role and work of the ANCD. In addition, the ANCD provided a feedback mechanism on its web site, which several individuals used to make comment on various AOD issues.

The Chairman of the ANCD is also very active in promoting the work and role of the ANCD and regularly participated in a wide range of forums where he was able to do this.

The ANCD used its publications as one method of highlighting its work during the year. Based on the continual demand for them from individuals and organisations in the AOD sector, the ANCD is confident that the NGO and community sectors view these reports as being of high quality and relevant to the issues in the sector.

### E. Inform and educate public knowledge and discussion on drug related issues

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<td>i. Better informed alcohol and other drug sector, professions dealing with drug use issues and general public on the rationale and reasons guiding drug policies, strategies and programs.</td>
<td>The ANCD recognises the importance of a well informed and educated public when it comes to dealing with AOD issues. Accordingly, the ANCD ensured that the media were aware of launches of new publications, as well as circulating a number of media releases on a range of AOD issues. In addition, ANCD members were active in all forms of the media. The ANCD is well aware of the influence the media has in the reporting of AOD issues and the impact this has on the public. Accordingly, it has commissioned a project which aims to increase the sophistication and accuracy in the reporting of AOD issues in the media. Through its web site the ANCD endeavoured to provide opportunities for the AOD sector to find links to relevant information. The ANCD has monitored its web site statistics and they indicate a steady increase in the number of visitors to the site. Toward the end of this year the ANCD began a process of redeveloping its web site to make it more user friendly and include additional features that will be of benefit to the AOD sector.</td>
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<td>ii. Promote discussion on drug issues and ANCD activities amongst professionals and people working with drug issues using a variety of mediums including existing periodicals, forums, etc.</td>
<td>To ensure discussion occurs on a range of AOD issues the ANCD makes all of its publications available in hard copy and electronic format. Additionally, a comprehensive mailing list was used to distribute publications to stakeholders. The ANCD also provided opinion pieces for newspapers, articles for AOD newsletters and regularly contributed to relevant email discussion lists such as the Alcohol and other Drugs Council of Australia’s list — Update. With acquisition of responsibility for a new research to practice magazine the ANCD will be able to generate further discussion on a range of AOD issues.</td>
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<td>iii. Ensure an understanding amongst ANCD members on the role, relationship and processes in dealing with the media on behalf of the ANCD.</td>
<td>All members of the ANCD were aware of, and adhered to, the media protocols established at the beginning of the 2001–2004 term of membership.</td>
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F. Build and maintain partnerships across the range of sectors concerned in dealing with and addressing drug related issues

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<td>i. Achieve a greater level of understanding and awareness across relevant Commonwealth, State and Territory Governments and departments and other relevant organisations and bodies (such as those dealing with matters related to education, justice, youth, family, law enforcement etc) on drug issues.</td>
<td>To achieve a greater level of understanding on AOD issues, the ANCD regularly met with key Federal, State/Territory stakeholders, as well as providing them with correspondence, reports and advice. This process of information sharing was deemed crucial to ensuring increased awareness and understanding of AOD issues.</td>
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<td>ii. Improve links and awareness of drug issues across all sectors by contributing towards a greater level of consensus, co-operation and collaboration between related sectors and stakeholders, and working towards a consistent cross-sectoral approach at a national, state and territory level.</td>
<td>The ANCD commissioned projects that provided opportunities for all sectors to gain a more comprehensive understanding of a variety of AOD issues. Some of the key projects that achieved this focus were those that dealt with the National Illicit Drug Diversion Initiative and Comorbidity. The ANCD also offers study grants to rural and regional workers to facilitate cooperation and collaboration between related sectors and stakeholders. The ANCD provided advice to the Federal Government on the importance and development of a whole of government approach, plus cross-sectoral involvement in AOD policy.</td>
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G. Work closely with the IGCD and the National Expert Advisory Committees to develop and implement effective strategies, policies and programs to address the uptake and misuse of illicit and licit drugs

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<td>i. Achieve a greater understanding and reduce the overlap and duplication of work undertaken by groups positioned within the national drug advisory structure.</td>
<td>The ANCD continued to work closely with the Inter Governmental Committee on Drugs (IGCD) and the National Expert Advisory Committees (NEACs). To foster effective working relationships the ANCD and IGCD held formal joint executive meetings and the ANCD participated in a number of NEAC forums and received regular updates on their work. In addition, the ANCD worked on a joint project with National Expert Advisory Committee on Alcohol on Fetal Alcohol Syndrome.</td>
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<td>ii. Support the achievement of common national approaches in key drug issues.</td>
<td>The ANCD has advocated to Federal and State/Territory Governments the need for an evidence based approach to determine AOD policies. To facilitate this process members of the ANCD were involved in a number of relevant State/Territory reference groups. The ANCD also met and communicated regularly with a number of State/Territory Ministers regarding AOD policy.</td>
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H. Maintain effective liaison with other stakeholders, public health advisory bodies and relevant peak non-government organisations

Objectives | Progress during 2001–2002 financial year
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i. Increase the level of harmonisation between public health and other strategies. | During the reporting period the ANCD conducted projects that addressed other public health issues which were related to AOD. Specific areas to highlight include the ANCD’s partnership with the Australian National Council on AIDS, Hepatitis and Related Diseases to explore HIV and hepatitis C issues, and the links made with the mental health sector through the ANCD’s comorbidity workshops.

ii. Greater co-operation and collaboration amongst key peak NGO bodies and the ANCD on the broader health, social and welfare issues that impact on drug policies, strategies and programs. | The ANCD regularly communicates with relevant peak bodies both within and outside of the AOD sector to remain aware of how broader health, social and welfare issues influence AOD policies. To strengthen this relationship the ANCD is considering a number of options to develop joint projects with these stakeholders.

I. Develop a three-year work plan for the Council

The ANCD has developed a work plan for the period 2001-2004, which the Prime Minister has approved. A full copy of the work plan is available on the ANCD’s web site — www.ancd.org.au

J. Report annually to the Prime Minister and the MCDS on the work of the Council

The ANCD reports annually to the Prime Minister and MCDS through it annual report. This annual report is the first for the current work plan.
It is with great pleasure that I acknowledge the important contribution that the Australian National Council on Drugs (ANCD) has made over the past twelve months in assisting with the Commonwealth Government’s commitment to reducing the supply and demand for illicit drugs and the harm they cause.

The multifaceted National Illicit Drug Strategy represents a balanced approach that includes law enforcement, education and treatment. The ANCD continues to inform Government policy development and activities under the Strategy by ensuring there is constructive communication between government and front line workers, local communities and the non-government sector.

As you would be aware, reducing the supply of illicit drugs to Australian streets remains the highest of priorities for my portfolio agencies. I consider our efforts to reduce the availability of illicit drugs to be a significant factor in the continued success of the Government’s Tough on Drugs strategy.

Of course, under our multifaceted approach, the continued promotion of demand reduction and treatment facilities along with the development of early intervention and prevention initiatives remains of vital importance. This area is being greatly assisted by the ANCD pursuing research and broad-ranging consultation to promote debate and interest in a range of issues such as drug use amongst young people and service provision in rural/remote regions and Indigenous communities.

I would also like to take this opportunity to express my gratitude to you and the Commissioner of the Australian Federal Police, Mick Keelty, who, as Deputy Chair of the ANCD, plays a crucial role in maintaining the productive working relationship between the law enforcement community and the ANCD.

Chris Ellison
Minister for Justice and Customs
ANCD commissioned research and project work

The ANCD launched five projects and had several under commission during the 2001–2002 financial year.

STRUCTURAL DETERMINANTS OF YOUTH DRUG USE

Public health models identify potential structural determinants associated with drug use and health. These determinants have a potential for interaction with each other in a way that can either attenuate or exacerbate initiation of drug use and consequential related harms. If these determinants can be identified, it may be possible to influence them to reduce the initial uptake, and adverse consequences of, unsanctioned drug use by young Australians.

This project reviewed the adequacy of initiatives addressing drug use by youth from a broad, multi-sectoral perspective, taking account of social and structural issues, and put forward recommendations for a comprehensive approach to dealing with youth drug use.

The ANCD launched this report in September 2001 and a copy is available on the ANCD’s web site — www.ancd.org.au

EVIDENCE SUPPORTING TREATMENT

The ANCD sought to gather available evidence to assess the effectiveness of different treatment options. This project aimed to build upon the work of N Heather and J Tebbutt (eds). (1989). The Effectiveness of Treatment for Drug and Alcohol Problems (NCADA Monograph Series No. 11).

The ANCD sought to gather available evidence to assess the effectiveness of the different treatment options currently available. A review of the research on pharmacotherapies and other innovative therapies used to treat drug and alcohol problems was undertaken, which summarised the evidence available on the effectiveness of these treatments. This was particularly important in relation to new and/or innovative treatment options.

The ANCD launched this report in October 2001 and a copy is available on the ANCD’s web site — www.ancd.org.au

RURAL AND REGIONAL ALCOHOL AND OTHER DRUGS CONSULTATION FORUMS

Half-day consultation forums were held with AOD field staff to discuss the range of issues affecting the sector. In February 2002, the ANCD launched the report documenting the issues raised at these forums and it is available on the ANCD’s web site — www.ancd.org.au

NEEDLE AND SYRINGE PROGRAMS — POSITION PAPER

Recognising that Needle and Syringe Programs are an important part of our National Drug Strategy, the ANCD developed a Position Paper that put forward several recommendations on a range of issues connected to such programs.

The ANCD launched this paper in March 2002 and a copy is available on the ANCD’s web site — www.ancd.org.au
INDIGENOUS DRUG AND ALCOHOL PROJECTS 1999–2000
National Drug Research Institute

The ANCD is aware that there are various community-based programs being run in a number of States and Territories. It has become apparent that currently, there have been limited attempts to identify and map the different types of programs that have been tried, the areas in which they are run and their effectiveness. Accordingly, there is no instrument that can be utilised by other communities who may wish to see model programs and possibly adopt some strategies from these programs. This project aims to identify the number and nature of programs which are specifically targeted at Indigenous people who are experiencing drug and alcohol problems. Within the project there are two core elements (or phases) a review of the literature and a mapping exercise, and site visits and evaluations. The scope of this project includes mapping these programs and describing the nature and any existing evaluations of the programs. One of the primary outcomes of the project is to identify and promote programs that may be suitable models for other communities to implement.

The ANCD launched the first stage of this project in June 2002 and a copy is available on the ANCD’s web site — www.ancd.org.au

ANCD RURAL AND REGIONAL ALCOHOL AND OTHER DRUGS STUDY GRANTS PROGRAM 2001

This annual initiative is a workforce development strategy specifically for rural and regional based workers who deal with AOD issues. Workers are able to submit applications for funding to attend other AOD agencies to gather new information, improve workforce networks and learn about the services provided at other agencies. Each grant is a maximum of $5,000 and recipients must submit a report to the ANCD by no later than three months after completion of study, along with a full acquittal of funds.

The ANCD received a great deal of interest from workers for this program, with twenty-two grants awarded in the reporting period.

DRUG POLICY: THE AUSTRALIAN APPROACH
Department of Criminology, University of Melbourne, Vic

Australia has now had an integrated drug policy including demand, supply and harm reduction elements across licit and illicit drugs for some years. We are seen as a leader in this field in many countries. While we examine and sometimes borrow policies and programs from other countries, we have our own distinct set of circumstances, history, social and political context and patterns of drug use and harms. The document will include consideration of drug policies, programs and practice, across all drugs included in the NDS and the range of sectors involved in responding to drug use in Australia.

This report will result in a document that promotes the Australian approach to drugs issues with an emphasis on: partnerships, identification of the harm caused by drugs, prevention of drug use, harm minimisation, supply, demand and harm reduction approaches used, evidence based approaches and multi-sectoral involvement.

The report should include both drug policy and practice, across all drugs and the range of sectors involved in the response.

REVIEW OF CORRECTIONAL SERVICES RESPONSES TO REDUCE THE INITIATION, LEVEL AND IMPACT OF DRUG USE WITHIN AUSTRALIAN PRISONS
National Drug and Alcohol Research Centre

A number of strategies are employed to reduce drug use in Australian prisons. These strategies generally focus on the reduction of supply of drugs and the reduction of demand for drugs. This project seeks to collect, collate, audit and review data on the drug use strategies implemented in Australian prisons.

As prisons are a State and Territory responsibility a level of liaison with appropriate State and Territory agencies will be required to obtain some information. In general, the paper will present an objective overview of the drug related strategies employed by each Australian jurisdiction. The review will therefore also include information on the levels of expenditure and the results of any existing evaluation documentation associated with each strategy.
DIVERSION OF INDIGENOUS YOUTH
Siggins Miller Consultants

This project aims to firstly identify the number and proportion of Aboriginal and Torres Strait Islander youth being detained, including the number for alcohol and other drug related crimes. Secondly, the project will identify available options for diversion of Aboriginal and Torres Strait Islander youth into alcohol and other drug treatment programs, if any, in each Australian jurisdiction. After mapping the number of Aboriginal and Torres Strait Islander detainees and diversion alternatives available the project will identify any particularly effective program(s) with a view to providing a recommended model for diversion.

INDIGENOUS FAMILY HISTORY OF AOD USE PROJECT
Aboriginal Drug and Alcohol Council of SA Inc.

The project aims to develop a paper on the impact of alcohol and other drug use throughout generations of Indigenous families. This project will endeavour to trace the family histories of a number of Aboriginal and Torres Strait Islander people. In particular, the family histories will focus on the alcohol and other drug problems within selected families, over many generations.

RISKS OF INJECTING: INFECTIOUS DISEASE
Jointly commissioned by ANCD and ANCAHRD
National Drug and Alcohol Research Centre

National and international research to date is unable to explain the reasons for the continued increase in the spread of some blood borne viruses. A likely set of contributing factors may include:

- Cohort Issues (age, stage and behaviours of vulnerable sectors of the community);
- Pre-existing infection rates in the injecting drug users community;
- Ease of transmission of particular viruses;
- Delay between diagnosis and presentation of symptoms; and
- Other elements which are yet to be clearly articulated.

While considerable epidemiological research is examining some of the above-mentioned factors, the ANCD and ANCAHRD are commissioning a piece of research that goes beyond the ‘what’ of injecting drug use to the ‘why’; particularly at the level of the individual user.

ANCD MEDIA INITIATIVE
Urbis Keys Young

The media is a powerful vehicle by which to convey messages, and a common means for people to obtain information on issues that lie outside their own frames of reference or experience. It is also true that government policy is impacted on by public opinion. For these reasons the ANCD believes it is important that there is an effort made to increase the level of sophistication and accuracy in the reporting of drug and alcohol related issues in the media.

Accordingly, the ANCD is planning an initiative that aims to address a number of issues that relate to the media reporting of drug and alcohol issues. It is anticipated that one outcome of this initiative is the development of guidelines/industry ‘code of practice’ on the reporting of drug and alcohol issues. This idea stems from the understanding that has been reached on the sensitive reporting of suicides.
MAPPING NATIONAL DRUG TREATMENT CAPACITY
Siggins Miller Consultants

The ANCD is seeking information on the actual number, location and nature of all available AOD treatment services around Australia. The desired outcome of this project will provide the ANCD with a reference tool which will be used to facilitate advice and decisions about allocation of resources to treatment services, utilising information about the nature and spread of existing AOD services. The ANCD recognises that a range of professionals and organisations provide AOD treatment and other services such as Doctors, primary health care professionals, community health clinics, etc. For the purposes of this work, the ANCD wishes to gain a picture of existing drug and alcohol treatment capacity across Australia. This includes AOD-specific detoxification, rehabilitation, pharmacotherapy treatments and other services, which are dedicated to the treatment of alcohol and other drug abuse.

NATIONAL DIVERSION INITIATIVE JURISDICTIONAL WORKSHOPS
CONSAN Pty Ltd

In collaboration with the Department of Health and Ageing (DHA) and the Inter-Governmental Committee on Drugs (IGCD), the ANCD has identified the National Diversion Initiative as being an area of significant importance requiring a broad base of knowledge to inform decisions on its current and future direction.

As a result, the ANCD, DHA and IGCD have decided to host eight one-day workshops (one in each capital city) for alcohol, drug, and other professionals working with diversion programs. In particular, the views of experienced service providers and other professionals at the ‘coal face’ are likely to be difficult to incorporate within the current evaluation. These workshops will focus on the experiences, needs and issues associated with the provision of diversion based services and potential future directions for the initiative.

NATIONAL FETAL ALCOHOL SYNDROME WORKSHOP
Joint project between the ANCD and the National Expert Advisory Committee on Alcohol (NEACA)

The issue of Fetal Alcohol Syndrome (FAS) was brought to the attention of both the ANCD and NEACA. As a result, the two bodies jointly conducted a workshop in Sydney on 27 May 2002 with the following aims:

• Bring together key people in relation to FAS to share information;
• Raise awareness of activities relating to, and the national profile of, FAS amongst professionals;
• Assist in the establishment of networks related to FAS;
• Identify and further refine the main issues relating to FAS, including the development of a paper to examine current research and interventions;
• Contribute to the future direction of policy approaches to FAS; and
• Facilitate a greater degree of evidence informed policy and practice.

A report detailing the outcomes of the workshop is being produced.
RURAL AND REGIONAL COMORBIDITY WORKSHOPS
JenCo Consulting

In its work, the ANCD has identified that alcohol and other drug workers based in rural and regional centres are generally less well supported and have diminished opportunities to access training and other development activities than their urban counterparts. Further, the ANCD has also heard the concerns of both the mental health and Alcohol and Other Drug (AOD) sectors that support is required to cater for comorbid clients (i.e. co-occurring mental health condition and drug dependence — also known as having a ‘dual diagnosis’).

As a result, the ANCD has decided to host up to eleven one-day workshops for rural and regionally-based alcohol and other drug and mental health workers. These workshops will focus on the needs and issues associated with comorbidity and the provision of treatment for comorbid clients.

The purpose of the workshops, which will be located in each jurisdiction, is to invite workers to attend a training session on this issue, with a view to increasing workers understanding of comorbidity, expanding knowledge of where to access further information, and improving workers capacity to treat comorbid clients.

I take this opportunity to congratulate you and all the members of the Australian National Council on Drugs (ANCD) for the valuable work you have undertaken, especially over the past twelve months. The role that the ANCD plays in supporting activities under the National School Drug Education Strategy is particularly important to my portfolio and greatly assists in educating young people about the harms associated with licit and illicit drug use.

The release of the Structural Determinants of Youth Drug Use report has specific relevance to school drug education and is a significant piece of research that informs practice, including the development of the REDI — Resilience Education and Drug Information materials which are currently being finalised.

Effective partnerships across the government, non-government and community sectors are critical in this difficult area. The ANCD has been instrumental in communicating views on drug related issues from families, communities and other parts of the non-government sector, and in providing strategic advice on emerging drug issues.

I look forward to a continued and enhanced working relationship with the ANCD as together we work to reduce the human and social costs of licit and illicit drug use in our communities.

Dr Brendan Nelson
Minister for Education, Science and Training
ANCD member representations on other committees

**ANCD EXECUTIVE:**

**Major Brian Watters**
- National Drug Strategy Prevention Agenda Expert Steering Committee
- COAG Illicit Drug Diversion Initiative Reference Group (NSW)
- Drug-ARM Board Member (QLD and NSW)
- National Public Health Partnership Group
- Australian Drug Information Network Reference Group

**Commissioner Mick Keelty**
- Interpol General Assembly
- Heads of Commonwealth Operational Law Enforcement Agencies (HOCOLEA)
- Australasian Police Ministers’ Council — Senior Officers’ Group
- Police Commissioners Conference (PCC)
  - PCC Drug Policy Sub-Committee
  - PCC Electronic Crime Steering Committee
- Member — Board of Control:
  - Australasian Police Education Standards Council
  - National Institute of Forensic Science
- Australasian Centre for Policing Research
- Australian Institute of Police Management — Chair
- Australian Bureau of Criminal Intelligence

**Professor Margaret Hamilton**
- National Expert Advisory Committee on Alcohol
- National Expert Advisory Committee on Illicit Drugs
- NHMRC — National Illicit Drug Strategy Working Committee
- Premier’s Drug Prevention Council (Victoria)
- Northern Territory Drugs Task Force
- National Illicit Drug Campaign Reference Group — Chair
- National Alcohol Campaign Reference Group — Chair
- Youth Substance Abuse Service — Foundation Board Member
- Capital City Lord Mayors Drug Advisory Working Group — Chair
- Cancer Council Victoria — Executive Committee
- Victorian Alcohol Action Plan Reference Group
- Royal Womens Hospital Human Research Ethics Committee — Chair
- COAG Illicit Drug Diversion Initiative Reference Group (Victoria)

**Mr Garth Popple**
- International Council of Alcohol and Addictions (ICAA)
- Australasian Therapeutic Communities Association (ATCA)
- Network of Alcohol and other Drug Agencies (NADA) — Treasurer

**Mr Scott Wilson**
- National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples — Deputy Chair
- Alcohol Education and Rehabilitation Foundation — Board of Directors, Deputy Chair
- National Aboriginal and Torres Strait Islander Health Council
- National School Drug Education Advisory Committee
- National Drug Research Institute Board Member (WA)
- National Centre for Education and Training in Addictions — Board Member
- National Indigenous Substance Misuse Council — Chair
- NIDS Community Information Campaign Reference Group
• COAG Illicit Drug Diversion Initiative Reference Group (SA)
• NIDS Training of Frontline Workers Initiative
• ADCA Executive Board Member
• Aboriginal Inter-Justice Working Party (SA)
• Alcohol, Drugs, Crime Working Party (SA)
• South Australians for Reconciliation (SA)
• Liquor Licensing Review Committee (SA)
• Lord Mayors City Safety and Drugs Advisory Group (SA)

OTHER MEMBERS:

Dr Robert Ali
• National Expert Advisory Committee on Illicit Drugs — Chair
• National Evaluation of Pharmacotherapies for Opioid Dependence (NEPOD)
• National Action Plan on Illicit Drugs
• National Heroin Overdose Strategy
• National Illicit Drug Reporting System (IDRS)
• Community Education and Information Campaign

Ms Ann Bressington
• South Australian Coalition Against Drugs (SACAD)
• Northern Parent Support Group
• Community Circles of the North
• Drug Education To Enable Responsibility (DETER)
• Australian Drug Treatment and Rehabilitation Program Inc. (ADTARP)
• Parents Against Drug Abuse (PADA)
• Coalition of Non-Drug Using Concerned Teenagers

Mr David Crosbie
• Alcohol Education and Rehabilitation Foundation — Executive Board Director
• National Expert Advisory Committee on Alcohol
• National Alcohol Campaign Reference Group
• National Alcohol Indicators Project Committee
• Editorial Board — Drug and Alcohol Review

The challenges posed by alcohol and substance abuse demand strong concerted efforts from communities and all levels of government.

The Queensland Government is intent on building and maintaining strong partnerships that maximise the success of our work surrounding the causes and symptoms of alcohol and drug abuse.

We acknowledge the endeavours of the Australian National Council on Drugs to give community-based organisations opportunities to identify and discuss local issues related to alcohol and drugs.

The Queensland Government values the partnerships forged with community organisations.

The ANCD’s Cape York Indigenous Issues Report was in part a response to the Cape York Justice Study, led by former Justice Tony Fitzgerald and commissioned by the Queensland Government. The findings in the Cape York Indigenous Issues Report reinforced the Justice Study findings, which have informed a whole-of-government response from the State Government.

The Queensland Illicit Drug Diversion Initiative has been developed with the full support and assistance of the ANCD.

As Premier, I look forward to continuing positive relationships with organisations that assist the fight against drugs and alcohol abuse, and address the underlying causes of abuse.

Peter Beattie
Premier (QLD)
I acknowledge the work of the ANCD in providing the opportunity for local community-based organisations to discuss local issues of concern. These exercises complement the ongoing local level information and exchange between Government and non-government agencies working in the alcohol and drug sector. The ANCD has also provided input to the development and ongoing implementation of the Queensland Illicit Drug Diversion Initiative.

In relation to non-government and community organisations within the alcohol and other drugs sector in Queensland, I can assure you that the Queensland Government highly values the contribution that they make.

Wendy Edmond
Minister for Health (QLD)
The Northern Territory Government recognises the role of the ANCD in providing independent advice to the Prime Minister and the Ministerial Council on Drug Strategy on national drug strategies and policies. It brings together national effort expertise from volunteer and community organisations, non-Government agencies, health and social welfare fields. The co-operation of these fields is vital to the comprehensiveness of Australia’s policy response to alcohol and other drug issues in the community.

I fully support the continued co-operative working relationship between the Commonwealth, the Intergovernmental Committee on Drugs and the National Expert Advisory Committees to develop and implement effective strategies, policies and programs that address the uptake and misuse of licit and illicit drugs.

Jane Aagaard
Minister for Health and Community Services (NT)
ANCD meetings

2001 MEETINGS

Canberra

22 August 2001 Executive Meeting
22 August 2001 Secretariat Steering Committee Meeting

Alice Springs

12 September 2001 Executive Meeting
13 September 2001 Agency forum and Meeting
14 September 2001 Meeting

Adelaide

5 December 2001 Executive Meeting
6 December 2001 Meeting
7 December 2001 Meeting

2002 MEETINGS

Canberra

14 February 2002 Executive Meeting
14 February 2002 Secretariat Steering Committee Meeting

Sydney

13 March 2002 Executive Meeting
14 March 2002 Agency forum and Meeting
15 March 2002 Meeting

Melbourne

16 May 2002 Executive Meeting

Cairns

17 June 2002 Executive Meeting
18 June 2002 Agency forum and Meeting
19 June 2002 Meeting
Media releases

ANCD welcomes launch of South Australia’s diversion program

National Council hosts drug forums in Brisbane

National Drug Council meets in our nation’s centre

Australian National Council on Drugs (ANCD) Alcohol Education and Rehabilitation Foundation (AERF)

National Council meets with new Health Minister

Rural and regional drug issues deserve focused strategy: ANCD

National Council backs needle programs

ANCD drug forum: public liability insurance threatening services

ANCD given role to turn drug research into practice

Youth drug use — more than just a health issue

Mapping of Indigenous Drug and Alcohol Projects completed

Time to promote the positives!

National survey: Drug use down but booze up continues

We wish the Council well in its endeavours for the coming year and look forward to continuing to work together in tackling the important and complex issue of drug misuse in our community.

The New South Wales Government is pleased to congratulate the Australian National Council on Drugs for its continuing work in the development of evidence based drug and alcohol policy in this country.

In particular, the New South Wales Government appreciates the Council’s ongoing support and active participation in the implementation in NSW of the Illicit Drug Diversion Initiative of the Council of Australian Governments.

Your contribution to this important national initiative is invaluable. Its focus on getting drug users to take responsibility for their lives and stop their drug taking is critical to help prevent further harm to families and the community.

We wish the Council well in its endeavours for the coming year and look forward to continuing to work together in tackling the important and complex issue of drug misuse in our community.

John Della Bosca
Special Minister of State (NSW)
International activities

The ANCD received visitors from a range of overseas based (United Kingdom, Europe and Asia) and international organisations. During April 2002, the Executive Officer met with representatives of the Home Office and NGOs in the United Kingdom. This was followed by meetings with representatives of the European Monitoring Centre for Drugs and Drug Addiction, as well as various AOD agencies in Lisbon.

Victoria has supported the work of the ANCD since its inception. The government has joined with the ANCD in contributing expertise to the National Drug Strategic Framework in areas including alcohol, tobacco, heroin overdose, and illicit drugs. The Victorian government also endorsed the endeavour of the ANCD to establish a website to list and provide links to funding opportunities that exist for alcohol and drug non-government organisations and community sectors.

The Victorian government has demonstrated that it values the contribution to the alcohol and drug field of non-government peak organisations that advocate on behalf of the sector, such as through its funding and support of peak organisations including the Victorian Alcohol and Drug Association.

The government wishes the ANCD well in its second, three-year appointment.

John Thwaites
Minister for Health (VIC)
ANCD financial report
AUSTRALIAN NATIONAL COUNCIL ON DRUGS
INCOME AND EXPENDITURE STATEMENT 1 JULY 2001–30 JUNE 2002

**INCOME**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Commonwealth Annual Grant for 2001/02</td>
<td>766,866</td>
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<tr>
<td>Approved Rollover from 2000/01</td>
<td>511,859</td>
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<tr>
<td>Additional Grants</td>
<td>90,000(1)</td>
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<tr>
<td>Interest</td>
<td>9,427</td>
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<td><strong>Total</strong></td>
<td><strong>1,378,152</strong></td>
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**EXPENDITURE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Secretariat Salaries</td>
<td>220,134</td>
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<tr>
<td>Secretariat Activities</td>
<td>137,986</td>
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<tr>
<td><strong>Sub-Total</strong></td>
<td><strong>358,120</strong></td>
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<tr>
<td>ANCD Commissioned Research</td>
<td>284,109(2)</td>
</tr>
<tr>
<td>ANCD Meetings (inc. Executive, Reference Groups, Siting Fees etc)</td>
<td>168,466</td>
</tr>
<tr>
<td>Administrative Support for Chairman</td>
<td>3,847</td>
</tr>
<tr>
<td>Additional ANCD Member’s Expenses</td>
<td>92,383</td>
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<tr>
<td>Media &amp; Promotions</td>
<td>2,022</td>
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<tr>
<td>Consulting Services</td>
<td>1,052</td>
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<tr>
<td><strong>Sub-Total</strong></td>
<td><strong>551,879</strong></td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>909,999</strong></td>
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(1) $60,000 provided by DHA for Diversion Workshops and $30,000 provided by NEACA for joint FAS Workshop.

(2) Does not include $521,723 in commitments that are due for payment in the 2002-2003 financial year.
INDEPENDENT AUDIT REPORT TO THE
ALCOHOL AND OTHER DRUGS COUNCIL OF AUSTRALIA
AUSTRALIAN NATIONAL COUNCIL ON DRUGS FUNDING
GRANT ACQUITTAL

Scope

We have audited the Income and Expenditure/Budget Statement ("the Statement") of the Alcohol and Other Drugs Council of Australia ("ADCA") for the period ended 30 June 2002. The company's officers are responsible for the preparation of the Statement. We have conducted an independent audit of the Statement in order to express an opinion on it to ADCA.

The Statement has been prepared for distribution to ADCA and the Commonwealth Department of Health and Ageing ("the Department"). It has been prepared for the purposes of acquiring grant funding in accordance with the terms and conditions of the Agreement between the Department and ADCA in relation to the provision of secretariat and administrative support services to the Australian National Council on Drugs ("the Agreement"). We disclaim any assumption of responsibility for any reliance on this report, or on the Statement to which it relates, by any entity other than ADCA or the Department, or for any purpose other than that for which it was prepared.

Our audit has been conducted in accordance with Australian Auditing Standards. Our procedures included examination, on a test basis, of evidence supporting the amounts in the Statement. These procedures have been undertaken to form an opinion as to whether, in all material respects, the Statement is presented fairly so as to present a view which is consistent with our understanding of the transactions relating to the grant funding.

The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

In our opinion, the Statement presents fairly in accordance with the Agreement, ADCA's income and expenditure in relation to the Australian National Council on Drugs grant funding for the period ended 30 June 2002.

KPMG

D A Cross
Partner

Canberra
October 2002
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ACT</td>
<td>Australian Capital Territory</td>
</tr>
<tr>
<td>ADCA</td>
<td>Alcohol and other Drugs Council of Australia</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>ANCAHRD</td>
<td>Australian National Council on AIDS, Hepatitis and Related Diseases</td>
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<tr>
<td>ANCD</td>
<td>Australian National Council on Drugs</td>
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<tr>
<td>AOD</td>
<td>Alcohol and Other Drug</td>
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<tr>
<td>COAG</td>
<td>Council of Australian Governments</td>
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<td>CPI</td>
<td>Community Partnerships Initiative</td>
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<tr>
<td>DHA</td>
<td>Department of Health and Ageing</td>
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<tr>
<td>FAS</td>
<td>Fetal Alcohol Syndrome</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IFNGO</td>
<td>International Federation of Non-Government Organisations for the Prevention of Drug and Substance Abuse</td>
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<td>IGCD</td>
<td>Intergovernmental Committee on Drugs</td>
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<td>MCDS</td>
<td>Ministerial Council on Drug Strategy</td>
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<td>NEAC</td>
<td>National Expert Advisory Committee</td>
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<tr>
<td>NEACA</td>
<td>National Expert Advisory Committee on Alcohol</td>
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<tr>
<td>NGO</td>
<td>Non-Government Organisation</td>
</tr>
<tr>
<td>NGOTGP</td>
<td>Non-Government Organisation Treatment Grants Program</td>
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<tr>
<td>NSW</td>
<td>New South Wales</td>
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<td>NT</td>
<td>Northern Territory</td>
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<td>Queensland</td>
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<td>South Australia</td>
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<tr>
<td>Tas</td>
<td>Tasmania</td>
</tr>
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<td>UNDCP</td>
<td>United Nations Drug Control Program</td>
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<td>WA</td>
<td>Western Australia</td>
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<td>VIC</td>
<td>Victoria</td>
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