INTRODUCTION

In Australia, the policies relating to control measures being applied to drugs of dependence are laid down by the National Standing Control Committee of Drugs of Dependence. This committee is composed of Departmental Heads both Commonwealth and State, from the fields of health and law enforcement.

As one of the control measures is health education, this Committee has under it, a Drug Education Subcommittee on which sit senior health education officers from the Commonwealth and from each State, educationalists, a law enforcement representative and others who, because of their individual expertise or who represent Commonwealth and State Governments in other fields, can significantly contribute to this particular facet of health education.

In 1970, the Commonwealth Government, apprehensive of the possibility of an escalation of drug misuse, initiated a National Drug Education program; this was co-ordinated by the Drug Education Subcommittee which laid down guidelines though the program was, nevertheless, so flexible that it could be varied according to the needs of each part of Australia. The program was funded by the Commonwealth Government and this funding has continued up to the present time.

Prior to 1970 there were programs of drug education being carried out throughout the country, by a number of organisations and individuals, but most of these were designed to give information about drugs and drug abuse, and some use was made of scare tactics.

The present program does not preclude individuals and voluntary agencies from carrying out programs, although many of these are guided by the various State drug education units.

THE NATIONAL DRUG EDUCATION PROGRAM

With the introduction of the National Drug Education Program in 1970 new philosophies were adopted. Whereas, originally the concept of ‘drugs’ was those substances which were being used in an illicit way, that is amphetamines, narcotics, barbiturates, marihuana and hallucinogens, this concept changed to accepting other substances, such as alcohol, tobacco, tranquillisers and aspirin as drugs. This is realistic, as it is known that in Australia these substances constitute a much bigger drug problem than all of the illicit substances together particularly in relation to alcohol and traffic accidents. Another change which came about was to place the drug problem in perspective, along with a number of other social issues.

a Chief Health Education Officer, Health Education Centre, Department of Health, Victoria, Australia.

b The author acknowledges the Report of the Drug Education Subcommittee’s Assessment Team. This Report has been referred to during the course of preparation of this paper.
So now, programs throughout Australia aim to provide 'education' and not just 'information', although there are still some organisations which prefer to talk about drugs as an isolated topic.

In each State, drug education programs have been designed for the main age and social groupings in the community, namely school children, youth (both in and out of school), adults, including leaders of community groups, adults at risk and parents. Also, special training programs have been conducted for teachers, trainee nurses, journalists, youth leaders and key members of community service groups (such as Rotary International, Lions and Apex Clubs).

Special seminars have been held for certain professional groups such as, doctors, members of the judiciary and pharmacists, and some States have organised longer training courses for health educators.

As far as school children are concerned, programs have been provided throughout Australia for children in both government and non-government primary and secondary schools. There is a move towards integrating 'drug education' with total health education programs where the topic can be viewed in its correct prespective alongside other important social issues. This is in accord with the recent philosophies of the World Health Organisation.10

Young people who have left school are a particularly vulnerable group6; approaches have been made to groups of apprentices either at their place of work or at institutions where they receive their part-time tuition, and contact has been made with young people at coffee shops, and drop-in centres.

Programs have been provided for three categories of adults: those who, because of their community activities seek information about drugs; parents, for the same reasons; and adults at risk of drug abuse. Many programs are being conducted for the first two groups, but for the latter group education is being carried out mostly after the problem has arisen, when treatment is being conducted. Education of drivers apprehended for driving with a blood alcohol concentration exceeding the legal limit is an example of this type of activity.

Considerable importance is attached to conducting training programs for teachers who, it is considered, should play a very significant part in the school drug education programs. In-service training programs for community health nurses, government-employed pharmacists and other health workers have been conducted in each State.

One most interesting program, which is being conducted throughout Australia under the auspices of the Australian Foundation on Alcoholism and Drug Dependence2, is its Alcohol and Drug Dependence program in industry. This is a joint union-management responsibility, and aims at identifying the employee with a drinking or other drug problem, and motivating him to accept treatment. Education of management and union representatives, and of the work force is an important part of such a program. It will be appreciated that a significant proportion of the work force drives motor vehicles at some time or another, whether in a private capacity or as part of its daily occupation.

The Commonwealth Department of Health has assumed the responsibility of producing and distributing to States films for use in the national program, and appropriate literature for distribution to interested persons. This centralised production ensures a uniformity of approach. A periodical, the *Technical Information Bulletin*, is also produced centrally and enjoys a wide distribution throughout the country. It is a means of keeping interested persons informed about the rapid changes which are occurring in the drug abuse field.

State health education organisations have also produced literature, films and other audiovisual aids for local use.

Throughout this program there is a very broad approach to the subject of drug abuse, including its causes, its consequences and ways of preventing it. Its relationship to traffic safety is not made a special issue, but is discussed within this broad framework. Certainly, in the State of Victoria, the Health Education Centre has found a great interest on the part of adolescents and young adults in the relationship between alcohol drinking and safe driving
and this has now become an important topic for discussion in the drug education program.

It is essential to continuously evaluate drug education programs. It is relatively easy to evaluate the educational methods used, and to find out if the target group has acquired additional information, but to measure a behavioural change which is related to drug education is more difficult; the best measurements of this have been done in relation to tobacco smoking\(^5,^8\) and one may draw some analogies from this. A recent study in Canberra\(^7\) has suggested that appropriately carried out drug education will reduce the recruitment rate to drug use amongst school students.

In order to attempt an assessment of drug education programs the Drug Education Subcommittee set up an assessment team in 1973; this team visited all States, and together with the local drug education units, examined programs and recommended changes where necessary.\(^1\) The assessment team will repeat its activities in 1977, as there have been changes in programs since its last visit. An attempt is being made also to design a questionnaire for use on a national basis, which can be put to target groups, to measure the effectiveness of programs.

CONCLUSION

In conclusion, I would remind us all that drug abuse, in its broad interpretation, is a problem which has arisen in most countries, and most countries have attempted programs of drug education as part of their control measures. We are all steering towards a common goal, namely the control of drug abuse; no country should be working in isolation in this field, and it is by meeting and talking with one another that we can help each other.

REFERENCES

1. Assessment Team of Drug Education Subcommittee of the National Standing Control Committee on Drugs of Dependence, Offset Printed Notes, Canberra, Australia, 1974.