Australia's National Drug Strategy

Submission to the National Drug Strategy Consultation

Panel of experts Roundtable led by DPMP

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Introduction

The current National Drug Strategy 2004-2009 has concluded its final year of implementation. A consultation process has commenced for input into the next National Drug Strategy (NDS) for Australia. The NDS is a significant and important document that provides the overarching context, priorities and approaches that Australia will take in preventing and responding to alcohol and drug related harm over the next five years. Clearly the next NDS is a vital component of drug policy. Accordingly, the Drug Policy Modelling Program (DPMP) undertook to convene a panel of experts and opinion leaders across Australia to discuss and document their views about the next NDS. This submission to the consultation process represents the findings from that process.

The roundtable was held on 9th February, 2010 in Sydney. We invited 30 delegates – all of whom were third sector (outside government and bureaucracy) experts and leaders in the field. Invitations were extended to leaders in alcohol, illicit drugs, treatment and public health services, law enforcement, and research. Delegates' attendance was self-funded.

The twenty-three people who were able to attend on the day represented influential leaders in Australian alcohol and other drug (AOD) policy. The list of delegates is provided in Attachment 1.

Due to considerable time constraints, we elected to determine the topics for discussion prior to the Roundtable. A background paper was prepared (Attachment 2) and provided to delegates three weeks before the roundtable. As part of the preparation, delegates were asked to nominate the top 5 topics that they wished to see covered on the day. We then structured the day around the priority topics selected by the delegates. Some priority issues were not discussed on the day as individuals with expertise on the topic areas were unable to attend. One such area, voted in the top 5 by many delegates concerned drug and alcohol issues in the Indigenous population.

The final topics selected were:

1. Nature of strategy document
2. Research and performance monitoring
3. Quality treatment
4. Partnerships within government (including social inclusion agenda)
5. Balance of elements within NDS

We also included time to discuss any additional areas of concern and importance to the delegates.

The remainder of this document is divided into sections documenting each of the priority topics discussed on the day. To locate the day's dialogue within a broader context, discussion is first provided of two overarching issues seen to arise at numerous points during the day and cutting across a range of other topics covered, namely (i) the role of governance in the development and implementation of the NDS; and (ii) the role of the general public as an active NDS participant.

A complete governance overhaul? A contemporary role for the NDS and its supporting structures

There was general agreement concerning the positive impact of the NDS over many years. Indeed, Australia is lauded internationally for its emphasis, since 1985, on the need for a partnership approach to addressing drugs and drug-related issues (one that includes alcohol and drugs, all levels of government and crosses sectors such as health and law enforcement). It is also noted for its commitment to evidence-informed policies and to the evaluation of the strategies. But the sense at the roundtable was that the NDS and the underlying processes may be somewhat out of date.

The need to bring together high level experts and leaders from the health, law enforcement and education sectors remains as critical today as it was when the original strategy was developed. However, there is now a sense that the structures and processes are in need of review and ambitious inspiration. For example, the structures and governance that had served the previous NDS well, notably the Ministerial Council on Drug Strategy (MCDS), Inter-Governmental Committee on Drugs (IGCD) and Australian National Council on Drugs (ANCD) now seem less effective and perhaps past their use-by-date. Without overstating the intent of the delegates, there appeared to be a lurking suspicion that we may need a major overhaul. This is based on the sense that the structures have become too government centred to the detriment of what is in the best interest of the community; the structures are failing to engage experts and/or the general public in critical decisions; they lack the requisite power/kudos to drive policy implementation; and the partnerships with other government sectors, departments and strategies are largely rhetorical, lacking the capacity to drive changes to practice on the many frontlines at which Australia's AOD sector is engaged. To achieve public ownership of the NDS the structures and processes should reflect the engagement of a broader constituency.

We are not keeping pace with other government initiatives, such as health care reform and the prevention and social inclusion agendas. We are not 'ahead of the game' and in some cases we are not even 'at the table'. We therefore need a reformed system that will 'nudge us into new territory.'

At a time of rapid escalation of new knowledge, there is a perception of a dilution of AOD expertise within government. In addition, there are grave concerns that resources are being diminished, thereby reducing the capacity of the field to deliver good drug policy.

Issues of governance were seen to affect multiple areas of NDS function: the capacity to be innovative; to develop evidence-informed policies; to involve affected stakeholders; to pull the right policy levers and to engage change agents such as media and the community; to ensure policies are rolled out as per the strategy; to be responsive to emerging issues; to lead in the best interest of the NDS; to facilitate stakeholders to work together, etc.

The delegates had a brief exploratory discussion about how to strengthen the structures. The development of a 'drug agency' and the notion of a 'drug tsar' or 'stewardship shepherd' were raised and briefly discussed. The delegates also suggested other supportive processes. One suggestion was the greater use of impact assessment to assist policy making. This technique is designed to give policy makers qualitative and quantitative measurement of the potential impact of policy decisions before the decisions are made.

It should be noted that consensus was not reached regarding any of these: the pros and cons of each would require consideration. For example the adoption of a drug tsar or drug agency could increase government leadership but also lead to increased politicisation of the drug policy arena.

Recommendations

- that consideration is given to the need for a major overhaul of the NDS: views of multiple stakeholders should be obtained on this and determination of both the rationale for an overhaul and the important outcomes that should arise from it.
- that a significant effort is dedicated to reconsidering the governance and coordination structures (IGCD, MCDS, ANCD) with a view to ensuring that structures remain modern, energetic and connected with the most important community and government agendas.
- that a broader constituency is represented in the structures such as industry, NGOs, researchers, consumers, the general public (see next section) etc.

Role of the public

Throughout the day, many comments were made by delegates about the role of the public in the NDS. These comments surrounded three main themes:

1. the role of the general public in the generation and ownership of the NDS itself.
2. how Australian drug policy, led by the NDS, can better engage the public, for example through improving the public's 'evidence literacy'.
3. reducing the marginalisation and stigma experienced by drug users.

There is a sense that there is no ownership of the NDS by the Australian community, nor is civil society engaged with the development process, the implications, or its outcomes. The future of effective AOD policy in Australia will rest with an engaged and committed public driving better processes and outcomes. For example, engaging in public debate about terminology such as 'harm minimisation' may result in debate and differentiation of views, greater understanding of Australia's intent, and an engaged and informed public. It should be noted that while there was discussion about the term 'harm minimisation' during the roundtable, consensus was not reached regarding whether the term should be retained or replaced.

Investment to increase opportunities for public involvement and ensure better literacy and grounding in what are often difficult debates and choices is long overdue. Public discussion should be geared around those issues of most concern to the public. For example in the current climate the public appears less focussed on health consequences and social inclusion and much more focussed on perceptions of public safety – thus effective engagement of the public at the moment means addressing things in terms of public safety.

Given the importance of evidence- informed policy (see later), a major focus needs to be on educating the public about the evidence base. Effective dissemination of evidence in ways that are intelligible to the general public is required. In addition, development of greater evidence literary in the general Australian community is required. 'Evidence literacy' among the public is not an issue isolated to AOD – many areas of health and indeed other areas of public policy, such as climate change, require significant investment in improving

evidence literacy. Perhaps this is an area where the AOD sector can form partnerships with others. This investment will require significant resourcing.

De-stigmatising drug users was seen as an important priority that in part can be achieved by commitments to social inclusion and participation. Delegates noted the success of *beyond blue* which is concerned with engaging and educating the public about depression, as well as de-stigmatising the disorder.

The public ownership of Australia's Drug Strategy has implications for how the strategy is developed, who is at the table during this process, and the way in which key stakeholders are engaged. We appreciate that at this late stage, it is unlikely that in the development of the National Drug Strategy 2010-2015 there is time to engage the public in the ways suggested by experts at the Roundtable. But it has been identified as an important principle for the future.

Recommendations

- that the general public be seen as an active participant in, and voice on the NDS.
- that reference is made and strategies outlined within the NDS to improve evidence literacy to ensure effective public engagement with complex drug issues.
- that ownership of the NDS is not limited to government, researchers and central stakeholders such as drug users or treatment service providers.

Nature of a strategy document

A significant dilemma for any strategy document is the extent to which it is general versus specific. Delegates appreciated the merits of a high-level, broad, flexible consensus document that allows different sectors or jurisdictions to introduce innovative programs to meet specific priorities and needs and represents a 'broad church' of approaches. Delegates also noted the possibility of a 'lost opportunity' arising from a strategy that is too broad, including difficulty specifying priorities; the absence of precise performance measures leading to a lack of accountability; and the inability to address resource allocation. A more specific strategy can enable clarity of goals, performance measurement and resource allocation but does not permit flexibility and responsiveness and may not encompass all agendas. Delegates noted that neither approach was ideal for the NDS, and that a hybrid is therefore required that can provide both vision and specific guidance regarding implementation.

Delegates noted that in other areas, such as BBV, there was one overarching national strategy coupled with specific action plans – that may target the national, jurisdictional, regional or population group level, as appropriate - each of which relates to specific elements of the broader strategy. Although the NDS has trialled action plans with mixed results, the overall feeling was that this would be an appropriate approach for the next NDS, with of course the benefits of hindsight.

Thus, the strategy needs to be two tiered: one overarching strategy document, coupled with action plans that identify specific goals, actions, resource allocations and performance measures (outputs and outcomes).

In relation to the overarching document, the NDS framework needs to be simple and carefully constructed. It also needs to identify the major problems and achievements to be met over the duration of the strategy. It should stipulate key principles, outcomes and causal pathways between these. It should be a 'brave'

and ‘honest’ document. It should further provide a goal post/vision as to where the NDS would like to be in 5 to 10 years.

The action plans, which would replace the NDS sub-strategies, have much greater specificity regarding what sectors and jurisdictions should do and how. They should be living and breathing documents that are updated and changed according to circumstance thereby retaining the flexibility to address priority areas in an innovative way. They must be linked to resources and include appropriate governance arrangements. Goals, strategies and key performance indicators need to be stipulated and explicitly linked to the principles and outcome measures in the NDS. These plans should be written by experts and other stakeholders but endorsed by the IGCD or equivalent NDS body. This will ensure that the action plans can identify best practice options and have credibility with the field, and at the same time have high level endorsement and drive policy on the ground.

The coverage or content area of the action plans should be determined based on need. That is, in some cases action plans will be national action plans concerned with a particular drug (such as cannabis). In other cases an action plan may be for a state or territory’s implementation of the entire NDS. Some action plans may relate to specific populations, such as Indigenous people, or to emerging issues, such as misuse of pharmaceutical medications. It is essential that one of the action plans is concerned with the evaluation of the NDS, and should be written at the start of the next NDS.

Recommendations

- that the NDS reflect broad principles (linked to outcomes, see ‘Performance Monitoring’ below) and set a vision for the next 5-10 years.
- that detailed action plans are developed that link directly to the broad principles of the NDS.
- that the existing multiple strategies be replaced by specific action plans.
- that the actions plans are written collaboratively by experts and other stakeholders and are endorsed by the IGCD and MCDS (to ensure effective governance).

Performance Monitoring

The delegates at the Roundtable nominated performance monitoring as one of the top priorities for attention in the development of this next NDS.

There was general agreement that strategy-level headline performance measures should be included and be made publicly available. These performance measures need to be linked to each priority and/or principle via the specified outcomes that are being sought. That is, each principle or priority has an identified outcome (such as reducing harm). The performance measures then relate to the outcomes. Clarity of the pathway from principle/priority to outcome to performance measure is essential. The publicly accessible indicators (performance measures) should assist in mobilising community effort and should help frame the nature of the public debate (see ‘Role of the Public’ above).

It is in the action plans where detailed specification of performance measures should occur, linked to each action and articulating up to the overarching NDS and its documented outcomes.

Some additional important points were noted:

- that performance measures must have reliability, validity, meaning and specificity.
- that measures must not be ambiguous.
- that measures should be included for all drugs, including alcohol and tobacco.
- that measures should cover health, social and economic parameters.
- that there is a move away from simplistic cause and effect assessments of performance to include techniques such as contribution analysis that take into account the limited role that any one sector has in driving performance and can thereby allow for the ways in which many of the outcomes in alcohol and drug policy are multi-determined
- that clarity is required on who reports on, monitors and evaluates performance.

But the delegates also noted that if performance measures are made public then it is essential that the public is educated as to what the measures mean: why they were chosen, what they can tell and what they cannot. Failure to do so may lead to measures being used out of context and could be to the detriment of the NDS.

Recommendations

- that the NDS specify the outcomes being sought and that each outcome is associated with high level performance measures.
- that the actions plans contain more specific and precise performance measures that connect to NDS outcomes.
- that performance measures are valid, meaningful, address causal webs through contribution analysis, and are comprehensive in their coverage.
- that the public be educated about the key performance measures, a process which in itself will require significant resource allocation. Such education will also underlie the process of the public becoming an active participant in the NDS (see ‘A Complete Governance Overhaul’ and ‘Role of the Public’).

Research

Delegates talked of the importance of an evidence-informed and innovative strategy and the need for ongoing prioritisation of research as an essential way to inform policy and practice. So research is unquestionably a priority within the next NDS, as indeed it must be in any process which seeks to be ‘evidence informed’.

There was strong support for the development of a ‘national research agenda’ (direction document) that was more than an undifferentiated list of research topics. Potential areas that a national research agenda could cover included:

1. identification of funding processes (including exploring specially dedicated and allocated funds).
2. research workforce development.
3. research coordination (including between the Centres and others).
4. the role of disciplines within alcohol and drug research (including the non-traditional disciplines).
5. the mix between investment in investigator-driven versus commissioned research.

6. research translation and dissemination. Noting the need to educate the public (see 'Role of the Public' section) and generalist and specialist treatment providers (see 'Quality Treatment' section) to increase research literacy and possibly challenge long-held views.
7. flexibility and responsiveness of research structures and resources to enable rapid research response to emerging issues.
8. consideration of the impact of research on the lives of users and other stakeholders (including coverage of ethical issues and rights).
9. the connection of research with the 'real world' – working collaboratively with end users of the research including service providers as active participants; and
10. priority research topics, as discussed next.

Delegates generated a list of research priorities. In many ways this process highlights the weaknesses associated with these exercises. The first issue is that the end product is an undifferentiated list that is unrelated to the major issues that may be identified as needing attention in the strategy. A comprehensive exercise is needed that includes a connection between the NDS content and identified priority research areas. The second is that the list can only be a subset of the potential priority areas based on the expertise and interests of those in the room on the day. That said, it does provide some indication of what experts and opinion leaders attending the Roundtable identify as research priorities. The list is:

- surveillance and monitoring research (refinement and better use of research).
- epidemiological research.
- law enforcement research.
- clinical research (effectiveness trials emphasised over efficacy trials).
- policy research.
- translational research.
- research on the impact of policies on the lives of users/stakeholders.
- evaluation sciences.
- prevention research (particularly as tied to the broader social inclusion and preventative health agenda).
- drug law research/evaluation.
- economic research – returns on investment studies.

Recommendations

- that a research strategy plan be developed and incorporate coverage of many topics (as listed above).
- that undifferentiated lists of research priority areas are not used.
- that research priorities are driven by the NDS priorities.

Quality treatment

Delegates at the Roundtable identified quality treatment as a priority for the next NDS. It is suggested that the NDS document needs to focus on key treatment service principles rather than specifying the interventions that are required. This is consistent with the notion that the overarching NDS document needs to be broad and flexible enough to respond to new developments.

An essential statement within the next NDS is that alcohol and drug treatments, whether provided in the specialist or generalist service system must be at least at the same level of quality and accessibility as any general health services. Quality and accessibility of services must be lifted. To successfully achieve this will clearly require significant investment.

Delegates agreed that the next NDS should clearly identify that there are two components within the treatment service system: a specialist sector and a generalist sector (primary care), delivering multiple interventions in multiple sectors and settings. The strategy should describe treatment service access and pathways between the broad based primary care sector and the specialist sector that provides accessible, quality care for people with more serious and complex needs.

Specialist services
Currently there is considerable variability in the quality and accessibility of specialist services across the different states and territories and between metropolitan and rural and remote settings. There is a view that many clients are poorly served and a range of treatment services improvements are required. Service quality improvements needed in the specialist services system include attention to clinical leadership and governance in treatment services. Quality assurance and accreditation is gradually being introduced in different jurisdictions but a more concerted, systematic effort with appropriate resourcing is required.

The treatment workforce has variable qualifications, skills and experience. There is evidence that in some jurisdictions or services there are real problems in these areas. In some instances minimum qualifications are set too low. Funding shortages, discrepancies between the remuneration of public sector and NGO sector personnel (working under the SACS Award) and short-term funding cycles makes it very difficult to address these issues. Consumer involvement, despite the rhetoric remains inadequate at the policy and service level. This lack of engagement is evident when comparisons are made with other countries such as New Zealand and other sectors such as Mental Health. This reinforces the stigmatisation and marginalisation of drug users.

A number of specific issues were noted by delegates, including poor access to pharmacotherapy maintenance treatments, the need for increased provision of alternate non-pharmacotherapy maintenance treatments, lack of detoxification services, lack of services for children and families, poor services in prisons (both continuity of care when entering prison, and care after release from prison), a lack of understanding of the importance of physical comorbidities, poor access points into treatment, the need for national coordination around the proliferation of online information and treatment resources, and a lack of clarity regarding coerced client treatment issues. The growing problem of prescription drugs raises issues such as how and where to best treat these people and the need to build workforce capacity in this area. There is also a need to acknowledge that access to services generally and to culturally appropriate services is even more problematic in rural and remotes areas.

Evidence and innovation
Another principle is the need for treatment interventions to be based on the available evidence. To do this, there is a need to continue to improve the evidence base and increase the uptake of that evidence in treatment services. There is an argument for taking the evidence and designing interventions that are adapted for the needs of different client populations. One potential downside of the unwavering adherence to evidence-based practice is that we stop innovating. It is important that we continue to explore promising and innovative practice, particularly in areas where the evidence-base is weak.

Earlier, the importance of evidence literacy in the general public was noted. Here, the research literacy of the practitioner workforce requires substantial improvement. All practitioners should be able to readily identify research

evidence that is of high quality and translate or adapt the findings to their own practice as appropriate.

Recommendations

- that the next NDS explicitly address the two components of the service system: specialist and primary care.
- that the general community should expect to have ready access to a range of quality alcohol and other drug treatment services provided in multiple specialist and primary care settings.
- that the NDS emphasise the importance of equivalent quality of care in AOD as in other health services.
- that service system research informs the articulation of various components of the treatment system.
- that treatment is evidence-informed.
- that innovation is encouraged.

Partnerships within government (who to involve)

It is acknowledged that partnerships are critically important to the effective functioning of the NDS. These partnerships encompass:

- the formal government partners involved with the NDS (primarily Health, Law Enforcement and Education).
- the interrelationships between the NDS partners and other areas of government policy.
- the connection between the NDS and the NGO sector and service providers more generally.
- the connection between the NDS and society more generally (business, industry, schools, families etc.).

As a strategy for managing a big topic it was agreed that the Roundtable discussion should be confined to partnerships within government. So the emphasis was on connections or articulation with other government departments, agendas and initiatives (e.g. homelessness, mental health, social inclusion, welfare etc.)

Very quickly the delegates were able to identify multiple Commonwealth government departments and initiatives that were essential for the NDS to engage. These included:

- Australian Government Treasury (including Economic Development; Productivity Commission). This was seen as critical for achieving traction for AOD at a whole of government level.
- Attorney-General's Department.
- Department of Education, Employment and Workplace Relations (DEEWR).
- Department of Families, Community Services and Indigenous Affairs (FaHCSIA).
- Department of Health and Ageing: Office for Aboriginal and Torres Strait Islander Health (OATSIH).
- Department of Health and Ageing: Mental Health and Special Programs Branch (Mental Health Strategy).
- Department of Health and Ageing: Office of Rural Health.
- Department of Health and Ageing & Health Insurance Commission (Medicare).
- Department of Health and Ageing: Pharmaceuticals Benefits Scheme;
- Australian Customs and Border Protection Services.
- Australian Federal Police.

- Local Government/ community policies including Liquor Licensing;
- Social Inclusion Board - Social determinants/inequalities.
- National Health and Hospitals Reform Commission (government response).
- National Suicide Prevention agenda.
- National Preventative Health Taskforce.
- Health Workforce Strategy (pending).
- Blood Borne Virus Strategies.

The generation of this list was a very quick exercise not intended to be exhaustive. There was also no attempt to prioritise it although the experts did emphasise the importance of Treasury. The critical question is not the content of the list, but what the governance system can do to connect the NDS with these agendas, to ensure involvement at the right time and scale.

As a cautionary tale, reference was made to the relationship between drug and alcohol and mental health services at both the policy and service level. There is widespread agreement that co-occurring disorders should be effectively treated. But although rates of co-occurrence of some conditions may be high, many people only require services for one condition. For large numbers of AOD service users, physical comorbidities and social disadvantage are of more immediate significance than mental health. The closer integration of AOD and mental health was perceived by some delegates as posing significant risk of further stigmatisation ('bad' and 'mad').

Recommendations

- that partnerships remain a priority area in the next NDS.
- that the partnership between health, law enforcement and education be retained.
- that a greater number of other significant partners (such as Treasury) are formally included.
- that some assessment of the importance of each possible partner – a stakeholder analysis - be made in order to have a systematic process for prioritising inclusion.

Balance of elements within the NDS

The issue of policy balance is complex given that there is currently little evidence to inform the debate, and that the role of evidence is overshadowed by the role of political issues in shaping policy decisions. This brings into sharp focus the issue of suggesting changes to balance in an ideal world compared to achieving those changes in the real world.

There was agreement about two overriding aspects to balance:

1. that the next NDS be weighted towards alcohol and tobacco (as the drugs that cause most harm).
2. that greater emphasis and resources be given to demand reduction and harm reduction (relative to supply reduction).

The delegates noted that these recommendations are in line with public opinion as per the 2007 NDSHS.

This discussion by a group of experts also demonstrated the different assumptions made and definitions used when considering 'balance'. To some commentators 'balance' means equality between intervention areas whereas to others it means alignment with the sources of the burden of harm. It is clear that

definitions need clarification. For example, the term ‘prevention’ is used in a wide variety of ways in the literature, including non drug-specific ‘upstream’ strategies to prevent uptake; specific strategies to prevent or delay uptake such as school-based drug education programs; and interventions designed to prevent harm amongst existing users. Clarification of scope is needed. Another example is the use of the term ‘supply reduction’. We often limit our thinking to illicit drugs (policing, customs, etc.) and overlook the considerable supply reduction strategies that apply to various legal drugs (e.g. Liquor Licensing controls of alcohol use). Optimum balance will also vary hugely from one drug to another, particularly between the licit and illicit drugs.

Assessment of balance can be on the basis of financial investment, on the basis of effort and outputs, or the basis of harm. If based on financial allocation, it needs to be noted that the costs of interventions vary enormously (e.g. comparing harm reduction strategies with policing initiatives).

It was noted that there are many regulatory levers for influencing licit drug use that sit outside the NDS (for example volumetric tax on alcohol). Including these levers inside the NDS would greatly improve the ability to impact patterns of harm and shift associated funding to where needed and would necessarily initiate the kinds of partnerships with Treasury highlighted earlier.

Recommendations

- that the next NDS be weighted towards alcohol and tobacco (as the drugs that cause most harm).
- that greater emphasis and resources be given to demand reduction and harm reduction (relative to supply reduction).
- that further consideration is given to scheduling discussion and undertaking research during the next phase of the NDS to better understand the concept of balance.

Conclusion

In summary, this document is a record of the views of the expert group that attended the roundtable. It reflects the discussion on the day, but consensus on each point was not sought.

The solid progress of the NDS to date provides the basis for a more ambitious strategy going forward. There is a feeling that although the NDS governance structures and processes have served Australia well for many years they are now tired and in need of an overhaul. There is a sense that the structures and processes are now too government centred and are not effectively engaging with key stakeholders or key government health and social reform initiatives. The NDS governance structures and processes need to be reconsidered. Lack of public engagement in the NDS is of particular concern and investment is required to address this in the next NDS.

The delegates felt that the strategy needed to be two tiered, comprising an overarching strategy document with vision, key principles and headline performance measures, coupled with action plans that would replace the NDS sub-strategies. The action plans would address priority areas in innovative ways and include detailed performance measures, explicitly linked to the principles and outcome measures in the overarching NDS.

In considering the balance of elements in the NDS the delegates acknowledged complexity in establishing meaningful balance but expressed a preference for the

balance to be weighted to alcohol and tobacco. They also felt that greater emphasis and resources needed to be directed to demand and harm reduction, relative to supply reduction.

Discussions about partnerships between the NDS and other government departments and initiatives highlighted the considerable work that needs to be done to ensure involvement with key agendas, at the right time and scale. Treasury was consistently identified as a key NDS partner.

Research should remain an NDS priority and this is consistent with a principle that the NDS be evidence-informed. But research under the new NDS should be better guided and systematised through the adoption of a research strategy plan.

Access to quality treatment should also remain a priority for the NDS. Access and quality issues still need to be addressed and it was agreed that as a benchmark the AOD treatment services accessibility and quality must at least be the equivalent to any general health service. A particularly important issue in the AOD sector is the stigmatisation of drug users. This needs to be acknowledged in the NDS document and strategies such as community education developed to address it.

These issues have been identified by the Delegates as the premier issues warranting attention in the development of the future NDS. Given this report represents the views of influential leaders and experts from multiple fields in Australian alcohol and other drug (AOD) policy, DPMP urges the government to give serious consideration to the recommendations.

Attachment 1: DPMP Roundtable Delegates

Mr Damon Brogan	Executive Officer, Harm Reduction Victoria Inc.
Mr Andrew Bruun	Director, Research and Education; Youth Substance Abuse Service (YSAS)
Professor Jan Copeland	Director, National Cannabis Prevention and Information Centre
A/Prof Paul Dietze	Head, Alcohol and other Drug Research Group; Burnet Institute
A/Prof John Fitzgerald	Senior Research Fellow, VicHealth
Professor Paul Haber	Area Medical Director, Drug Health Services; Royal Prince Alfred Hospital
Professor Margaret Hamilton	Chair DPMP Advisory Committee and Member, Australian National Council on Drugs
Professor Simon Lenton	Deputy Director, National Drug Research Institute
A/Prof Dan Lubman	Head, Clinical Research; ORYGEN Research Centre
Ms Annie Madden	Executive Officer, Australia Injecting & Illicit Drug Users League (AIVL)
Mr David McDonald	Director, Social Research & Evaluation Pty Ltd
Dr Mel Miller	Director, Siggins Miller
Mr Jason Payne	Australian Institute of Criminology
Professor Ann Roche	Director, National Centre for Education on Training and Addiction
Mr John Rogerson	CEO, Australian Drug Foundation
John Ryan	CEO, ANEX
Mr David Templeman	CEO, Alcohol and Other Drugs Council of Australia
Dr Libby Topp	Senior Lecturer, National Centre in HIV Epidemiology and Clinical Research
A/Prof Carla Treloar	Deputy Director – Head, Hepatitis C program, National Centre in HIV Social Research
Professor John Toumbourou	Chair in Health Psychology, Deakin University and Senior Research Fellow; Centre for Adolescent Health, Murdoch Children's Research Institute.
Dr Ingrid van Beek	Director, Kirkton Road Centre
Professor Ian Webster	Emeritus Professor; Public Health & Community Medicine, University of New South Wales
Dr Alex Wodak	Director of Alcohol and Drug Service, St Vincent's Hospital

Attachment 2: Background paper

Second Roundtable

'The Next Phase of the National Drug Strategy'

February 9th, 2010

Background Paper

Background

Australia's drug policies have long been recognised internationally as progressive, balanced and coordinated. The next phase of the National Drug Strategy (2010-2015) provides an opportunity to build on this sound basis by focussing on some existing challenges and developing capacity to respond effectively to emerging issues.

The Drug Policy Modelling Program Roundtable is designed to gather together key opinion leaders across the sector and distil the most important messages to assist the development of the next phase of the NDS. A report of those deliberations will be submitted by February 24th, as part of the NDS consultation process.

The NDS Consultation Paper invites feedback on the key consultation questions posed in the paper and 'other emerging issues' that we think are relevant to the next phase of the NDS.

We elected to identify issues, questions and areas for further development based on three documents:

- Australia's National Drug Strategy: Beyond 2009: Consultation paper (MCDS 2009);
- Evaluation and Monitoring of the National Drug Strategy 2004-2009 (Siggins Miller 2009); and
- The National Drug Strategy: Australia's Integrated framework 2004-2009 (MCDS 2004);

This resulted in the generation of fourteen possible areas for Roundtable consideration and inclusion in the submission to the NDS consultation process. The table below lists the areas for consideration and the documents where the issues have received attention.

Issue	Australia's NDS -Beyond 2009: Consultation paper (MCDS 2009)	Evaluation & monitoring of the NDS 04-09 Vol 1 & 2 (Siggins Miller 2009)	The NDS: Australia's integrated framework 2004-2009 (MCDS 2004)
1. Nature of the strategy document		√	
2. Policy balance	√	√	[1]
3. Partnerships and coordination	√	√	√
4. NDS supporting structures		√	√
5. Performance monitoring	√	√	√
6. Harm minimisation	√	√	√
7. Social inclusion	√	√	
8. Prevention	√	√	√
9. Access to quality treatment	√	[2]	√
10. Supply reduction			√
11. Indigenous issues	√		√
12. Emerging trends	√	√	√
13. Workforce	√	√	√
14. Research	√	√	

We need to reduce the number of issues to ensure that each is given due consideration at the Roundtable. We want the delegates to determine which are the most important. **Please assist us to prioritise the issues for consideration at the Roundtable by completing and returning the form on the last page of this paper.**

[1] A delegate indicated that 'policy balance' was addressed in the current NDS framework document. It was an oversight that it was not included in the Background Paper that was circulated.

[2] As above – 'access to quality treatment' was extensively covered in the NDS evaluation report.

Key Issues:

1. Nature of a strategy document

The roundtable delegates could discuss the overarching principles of a strategy document – what kind of document should it be; to what extent should it be general or specific? This issue arises out of the NDS Evaluation, where the evaluators discussed the purpose of strategy documents. There seems to be broad agreement that they have 'a facilitating role that offers a consensus statement, a set of principles, and a sound evidential basis for strategies and interventions'. But to what extent should there be a link between strategic intent and specific programs and initiatives 'through specific resource allocation, performance targets, outcomes and timelines'?

A second issue concerns the NDS sub-strategies. The Consultation paper listed the eight sub-strategies and raised the issue of synchronisation (1) between each of them, (2) with the overall NDS, and (3) with other related strategies (such as the National Mental Health and Hep C strategies). It was felt that in terms of efficiency the number and content of sub-strategies needed to be reviewed. Do delegates agree?

Discussion points may include:

- Should the NDS framework remain broad and non-prescriptive or become more specific?
- What level of detail in the NDS is required to enable policy implementation?
- Is resource allocation a necessary function of the NDS?
- Are multiple strategy documents helpful? Efficient? Effective?

2. Policy balance

The NDS has always supported 'balanced' policy, between the three pillars of demand, supply, and harm and between different classes of drugs. The Consultation Paper notes the intention to maintain such a 'balanced' approach, but also notes the need for further research into what constitutes an appropriate policy balance. The NDS Evaluation highlighted imbalance in investment between licit and illicit drug interventions across the three pillars. The evaluation recommended a review of investment to ensure allocations reflect 'the relative seriousness and harms and costs addressed and the availability of evidence-informed strategies and beneficial interventions for addressing them'.

Given that there is little evidence to inform the current balance, and the question about what the correct balance should be is a value-question, the roundtable delegates may wish to consider how to take this issue of 'balance' forward – given that we won't sort it out ourselves in the time available.

Discussion points may include:

- How do we understand 'balance'?
- To what extent is 'balance' an agreed underpinning principle?
- How do we take this agenda forward?

3. Harm minimisation

The Consultation paper notes that 'not withstanding some calls for review of the terminology, the harm minimisation approach continues to be relevant today'. The NDS Evaluation reinforces the three pillars approach but calls for a new term to replace harm minimisation that 'better communicates the need for prevention

of drug use and drug-related harm'. While there appears to be broad consensus about the retention of the three pillars of supply, demand and harm reduction, further discussion about terminology may be warranted. We want to give delegates the opportunity to discuss whether the continued use of the term harm minimisation is desirable or problematic.

Discussion points may include:

- Does the term 'harm minimisation' need to be changed?
- What are the likely costs and benefits of change?
- What is a more appropriate term?

4. Partnerships/ coordination

We have combined partnerships with coordination of responses across government; in doing so, we are covering:

- The formal government partners involved with NDS;
- The connection between the NDS partners and other areas of government policy (homelessness etc)
- The connection between NDS and the NGO sector; and service providers more generally; and
- The connection between NDS and society (business, industry, schools, families, local government etc.)

The Consultation Paper highlighted the importance of partnerships between health and law enforcement, government and non-government sectors and others in coordinating resources and facilitating commitment to the common goal of reducing drug related harm. The paper calls for partnerships to be strengthened and extended particularly in light of 'the renewed policy focus on social inclusion'. The authors also call for better links with 'community, welfare, housing, Indigenous, youth and other organisations.' The NDS Evaluation identified the need for stronger engagement with the education, corrections and mental health sectors and enhanced links with national strategies and policies including welfare reform and taxation. It also called for broader stakeholder involvement in the policy process, particularly consumers groups, service providers and local government.

Roundtable delegates could identify the priority partners for a comprehensive NDS; and suggest ways in which specific integration/co-ordination with the various partners should be specified in the next NDS.

Discussion points may include:

- Which sectors are the most important for the NDS?
- What are the most effective ways of enhancing sector engagement?
- What are the relative costs and benefits of expanding current processes?
- What is the meaning of good coordination/partnerships? i.e. what should be the goals of partnerships/coordination?
- Which national strategies and policies should the NDS be engaged with? e.g., National Preventative Health Taskforce?
- What mechanisms are required to ensure greater stakeholder (general public, consumers and service providers) engagement in NDS policy processes? This point might be discussed in relation to the next issue.

5. NDS supporting structures

The NDS supporting structures include a number of bodies such as the MCDS, IGCD, ANCD, NEAP, working groups and the three National Drug Research

Centres of Excellence. The Consultation Paper makes no specific reference to the operation of the supporting structures but does identify the need for whole of government responses, strengthened partnerships and engagement with other sectors. The NDS Evaluation noted that the operation of these structures could be improved and called for the establishment of 'an integrative mechanism to address current limitations of the diverse relationships among IGCD, ANCD, NEAP, the working groups and relevant NGOs/peaks'. The NDS Evaluation also made recommendations to streamline IGCD functioning and access to internal and external expertise. Roundtable delegates could consider the strengths and weaknesses of the current NDS supporting structures and suggest ways to improve coordination and functioning.

Discussion points may include:

- How well are the NDS supporting structures functioning?
- Is there a need for improvement in any specific areas?
- What are the benefits and potential costs of changing the existing systems?
- What are the most effective ways for government to access external expert advice?

6. Performance monitoring

The Consultation Paper identifies performance monitoring as an important issue and asks whether performance measures should be publically available and if so, what measures would give a high-level indication of NDS progress? The NDS Evaluation suggested 'headline indicators' as listed below. The Roundtable delegates could use these headline indicators as the basis for discussing performance measurement.

NDS Priority Area	Headline Indicator
Prevention	▪ Average age of uptake of drugs
Reduction of Supply	▪ Illicit drugs seized ▪ The availability of illegal drugs ▪ The purity of illegal drugs, as perceived by people who use illegal drugs
Reduction of drug use and related harms	▪ Recent use of any drug: people living in households ▪ Arrestees' drug use in the month before committing an offence for which charged ▪ Victims of drug-related incidents ▪ HCV & HIV/AIDS incidence ▪ Drug-related burden of disease, including mortality
Improved access to quality treatment	▪ Drug treatment episodes ▪ Opioid pharmacotherapy clients

The Consultation Paper also referred more generally to the need for ongoing attention to data collection and reporting as the basis for informed, targeted programs. In the NDS Evaluation paper the need for performance monitoring was a consistent theme at the overall NDS strategy level, the sub-strategies and at program level. The authors recommended the development of a comprehensive performance monitoring, review and evaluation system that included identifying

performance indicators, developing data collection mechanisms and training staff to collect and use data to ensure evidence-based service delivery and continuous improvement. The delegates could consider the merits of, and best ways to implement program-level performance measurement.

Discussion points may include:

- Are publicly available NDS performance measures desirable?
- Is there agreement on these headline indicators? Inclusions? Exclusions?
- What interventions are required to increase capacity for performance monitoring and review at the program level?
- To what extent should government invest in performance monitoring?
- Should performance be tied to resource allocation?

7. Social inclusion

The Consultation Paper notes that there may be increased social and economic vulnerability due to the global financial crises, including rising unemployment and insecurity. The authors also pose a question about how the NDS can articulate better with the current social inclusion agenda. This seems fundamental given the relationship between socio-economic conditions and alcohol and drug use and harm. The evaluators of the current NDS likewise identify social inclusion as a critical issue, although they use the term 'social determinants of health'.

Discussion points may include:

- To what extent should the next phase of the NDS explicitly identify and prioritise social inclusion?
- What are the priority areas and the best way to articulate with the broader government social inclusion agenda?

8. Prevention

Prevention is a priority in the current phase of the NDS. The authors of the Consultation Paper argue that the focus on prevention should continue and note the need for alignment with the Preventative Health Strategy. They offer a definition of prevention as 'measures that prevent or delay the onset of drug use as well as measures that protect against risk and prevent harm associated with drug supply and use.' The NDS Evaluation identified prevention as an area that hasn't received the focus that it deserves in past NDS strategies even though it was identified as a priority. The authors claimed that 'it was missing in action.' They called for the development of a national prevention strategy that outlines the evidence base (what works with which groups) and includes explicit actions. They also noted that up-stream social determinants of problematic drug use need to be addressed in the development of the strategy.

Roundtable delegates may wish to discuss whether prevention should remain a priority area and if so, what kinds of interventions should be recommended. Roundtable discussion could be centred on actual prevention interventions, or on the broader issue of a prevention agenda as an overarching framework and link with Preventative Health Taskforce.

Discussion points may include:

- Definition of prevention?
- What are the next steps in advancing the prevention agenda?

9. Access to evidence-based treatment

Improved access to quality treatment is a priority in the current NDS but not specifically mentioned in the Consultation Paper. The NDS Evaluation noted that Commonwealth, State and Territory funding has filled some service gaps but some gaps remain where the evidence of cost effectiveness is clear (aftercare, relapse prevention and others). The evaluators noted that 'limited data were available to quantify improvements in access, reach and penetration of treatment initiatives'. They also noted that more attention needed to be given to collaborative service planning, integrated seamless service delivery, data collection and performance monitoring and review. Would delegates suggest that access to quality treatment remain a priority area for the next NDS?

The Consultation Paper refers to service quality issues including the need to continue 'to build the capacity of the non-government sector to strengthen outcomes from its work'. The authors also note that there 'may be some scope to examine enhancements to service governance models, infrastructure, quality standards, and other structural workforce supports.' Delegates may wish to consider what enhancements are required and the best ways to achieve them.

Discussion points may include:

- Is access to treatment a NDS priority?
- What are the priority areas for treatment service development?
- What strategies are required to further enhance treatment quality?
- Should the NDS be specific in relation to which treatments, to whom and how?

10. Supply reduction

Supply reduction is a priority area in the current NDS but is not a focus in the Consultation Paper. The NDS Evaluation notes (citing the work of Stevens et al 2005) that 'little evidence exists on the efficacy and cost-effectiveness of the available drug law enforcement interventions, and studies comparing the cost-effectiveness of drug law enforcement with prevention and treatment consistently favour the latter' It was in the context of NDS 'balance' that the evaluators called for resource allocation to reflect 'the relative seriousness of the harms and costs addressed and the availability of evidence-informed strategies and beneficial interventions for addressing them'. Do delegates want to discuss supply reduction?

Discussion points may include:

- Should supply reduction continue to be a priority area for the next NDS?
- If so, should there be grater emphasis on performance measures?
- How can the limited evidence-base for law enforcement interventions be addressed?

11. Indigenous issues

Drug and alcohol issues in Indigenous communities were identified as a priority area in the 2004-2009 NDS, listing key actions for implementation as part of the Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003 – 2006). The NDS Evaluation does not make specific reference to Indigenous issues. The Consultation paper notes that drug and alcohol issues continue to be of concern in Indigenous communities and seeks advice on where efforts should be focussed in the next phase of the NDS. The authors also ask whether a

separate strategy is required to address needs. The delegates may wish to address this issue.

Discussion points may include:

- Where should efforts to reduce Indigenous substance use harms be focussed?
- Is a separate action plan warranted or should Indigenous issues be addressed through the main NDS?

12. Monitoring emerging trends

There is little disagreement that monitoring and responding to emerging trends is a vital component of the NDS. The Consultation Paper does not address this issue directly but does make the point that whole of government responses, partnerships and linkages are required to respond effectively to emerging trends such as the misuse of some pharmaceutical drugs. The NDS Evaluation called for the establishment of an ongoing system for monitoring drug issues and specifically called for a review of the validity and reliability of the NDSHS and the Australian School Student Alcohol and Drug Survey.

Discussion points may include:

a. Monitoring
   - Is further development of drug trend monitoring systems required? How important is further development? In what specific areas? Cost-benefits?

b. Responding
   - What systems are required to ensure timely policy responses to emerging trends?

13. Workforce

Workforce development is a priority in the 2004-2009 NDS and one of the actions was to develop a framework for a national strategy that will 'prepare the workforce for future challenges, raise professional status and improve capacity to adopt more effective innovations.' The Consultation Paper identifies issues such as 'recruitment, retention, employment conditions, funding trends and contractual arrangements, quality assurance, supervision and mentoring, training and other systems measures as crucial elements of a sustainable workforce. The Consultation Paper also notes that the development of a National Workforce Agency as part of the COAG Health Workforce Reform Package may assist the workforce capacity building process. The NDS Evaluation also highlighted the importance of workforce development noting that while there was evidence of investment and quality outputs, there was also evidence that program implementation as planned 'has been limited by staff shortages and turnover, and skills gaps in the broader system and in the AOD prevention and treatment sectors.' The NDS Evaluation listed a series of recommendations to meet current and future needs. These focussed on attracting and retaining staff in the sector rather than the more limited, albeit important role of training.

Discussion points may include:

- Where should the effort be focussed to support and develop the drug and alcohol workforce over the coming 5 years?
- What strategies are required for ATSI, CALD and generalist health workforces?

14. Research

The Consultation Paper notes that one of the key principles underpinning Australia's NDS over the years has been that policy and practice should, where possible, be informed by research evidence. Although this has resulted in the development of a strong evidence base, continuing effort is required to 'update the evidence and address gaps in some areas'. Some areas mentioned include the need to identify and respond in a timely way to emerging issues; translation of research findings into practice; and the conduct of innovative research where evidence is lacking. A theme throughout the NDS Evaluation is the need for research to inform practice whether it is in the form of high level strategy monitoring and evaluation; reviewing return on investment across the three pillars of drug policy; increasing capacity for performance review at a program level; or disseminating policy relevant evidence to the public. The NDS Evaluation also made a specific recommendation about ways to 'further enhance national research capacity' by developing a national drug research and implementation strategy, providing infrastructure support for law-enforcement research and enhancing collaboration between research groups. The Roundtable delegates may wish to consider whether research should be a priority for this phase of the NDS.

Discussion points may include:

- Is a national research & implementation agenda required?
- If so, what does it look like and how can it be advanced in this phase of the NDS?
- Is greater research collaboration required? If so, how can this be achieved?
- What strategies are required to maximise research dissemination and uptake by key stakeholders?

Roundtable Issues: Priority Setting

We don't think it's feasible to cover all fourteen issues at the Roundtable. Therefore we are seeking your assistance to set priorities. Please nominate your top five issues for discussion.

Scoring

Top priority = 5 points
Second = 4 points
Third = 3 points
Fourth = 2 points
Fifth = 1 point

Issue	Priority rating
1. Nature of the strategy document	
2. Policy balance	
3. Partnerships and coordination	
4. NDS supporting structures	
5. Performance monitoring	
6. Harm minimisation	
7. Social inclusion	
8. Prevention	
9. Access to quality treatment	
10. Supply reduction	
11. Indigenous issues	
12. Emerging trends	
13. Workforce	
14. Research	

Please indicate your five priorities and email or Fax to Colleen Faes by January 27th, 2010
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Thankyou

Attachment 3: About DPMP

The Drug Policy Modelling Program (DPMP) was established in 2004 with funding from the Colonial Foundation Trust. DPMP is a collaboration between the National Drug and Alcohol Research Centre and other organisations including the Australian National University, the University of Queensland and Burnet Institute. Further details on collaborations, governance and the work of DPMP can be found on the website, www.dpmp.unsw.edu.au

The goal of DPMP is to improve Australian drug policy by generating new evidence; translating that evidence into policy-relevant information; studying how policy actually gets made and evaluating policy processes. All of our work is underpinned by a focus on capacity-building: encouraging scientists from other areas to work in the illicit drugs domain; providing consultancy and support to policy makers to improve their use of research evidence; working in partnership with existing drug research centres and teams across Australia; bringing international expertise to Australia; and disseminating our work to researchers, policy makers and the public. DPMP conducts rigorous research that provides independent, balanced, non-partisan policy analysis.

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