

National Drug Strategy 2010 - 2015

Roundtable Consultation Synopsis Framework

Melbourne, 21 April 2010

Participants

The Melbourne roundtable was attended by 23 participants. A list of participants and the organisations they represent can be found at Attachment A.

Summary

There was general consensus among participants of the need to reshape and reduce the number of objectives contained in the National Drug Strategy (NDS). Discussions at the roundtable indicated that there is currently not a clear delineation across the objectives, priorities and the principles underpinning the NDS. There was a suggestion that an alternative approach could be to identify a set of desirable outcomes and then outline the core strategies for addressing these outcomes. Participants also suggested a means for reducing the number of core objectives may be to align them to the NDS core pillars so that there would be an overarching objective to improve related health, social and economic outcomes, which would then be achieved by:

- preventing harmful drug use;
- reducing supply; and
- undertaking early interventions.

Further, as part of re-drafting the NDS, participants sought that effort should be made to outline the positive steps that have been taken to date through the implementation of a harm minimisation approach. Participants identified that the NDS should better advocate community educations as a means for impacting cultural change towards the use of licit and illicit drugs. Alcohol use by young people was particularly highlighted by participants as an area where cultural change was needed.

Participants also identified that the NDS should highlight the importance of early intervention as a means to reducing substance misuse. There was a desire for the NDS to more explicitly outline the core activities related to alcohol, tobacco and prescription drugs as contained in the sub strategies.

Overall there was support among participants of the need to better capture key licit and illicit drug prevention, supply and harm reduction activities within the NDS, which could then better inform and guide subsequent sub strategies.

There was discussion at the roundtable of the need for the NDS to give consideration to high risk population groups being treated as a priority. In particular participants noted the importance for providing support and treatment services to those people with

dependent children, as these children were at risk due to being subjected to an environment of risk taking behaviours by their parents. Refugees were also identified as a potential target group, given they are often disconnected from the mainstream community and will often not seek out treatment or other support services.

Participants indicated that people with substance misuse problems and population groups who are vulnerable, often present with a range of complex needs that the NDS needs to acknowledge. Participants noted that to best support these people, and to successfully implement a 'no wrong door' policy, there needs to be an emphasis on integrated care, which will require flexible funding models to allow different sectors to work together to deliver the full complement of required services (e.g. drug and alcohol treatment, family counselling and housing services). Participants indicated that the national health reform agenda may provide for better service integration opportunities, particularly in providing better incentives for medical practitioners to work with alcohol and other drug treatment services.

Participants noted the need for a greater emphasis on workforce development across the sector. In particular, given the key role NGO's have in service delivery, participants acknowledged the need for appropriate base funding for these organisations to enable investment in continuous improvement and workforce development.

It was noted by participants that that the NDS should support innovation as a priority, which acknowledges the introduction of new treatment and service delivery arrangements. Further participants sought that the current engagement and governance models for the NDS be re-visited. In particular, there was widespread support for the peak bodies representing drug and alcohol services to be included in national governance arrangements. Participants felt that this arrangement would better enable engagement with the broader sector.

There was support for the NDS to be tied to a set of performance measures, however participants were concerned at the cost to the sector in collecting this data and also the difficulty many drug and alcohol services would have in developing the necessary capability to collect and use this data.

Policy Framework

The following issues and suggestions were raised by workshop participants:

Scope

- The link across the objectives, strategies and principles needs to be clearer. This could be achieved by reshaping and restating a reduced number of objectives, linked to a small group of strategies.
- The NDS needs to be more explicit in its reference to alcohol, tobacco and prescription medicines. The NDS should to inform and guide these sub-strategies.
- The current reference to partnerships throughout the NDS was seen by many participants as being too vague. There was strong support by removing partnerships

and referencing service integration. This identifies the need for a co-ordinated and integrated approach to practice.

- Participants noted that improved service integration would require more flexible funding arrangements. The national health reform agenda was identified as an opportunity to see new financing arrangements introduced, which could support better integration of services.
- Some participants sought that the Aboriginal and Torres Strait Islander Complimentary Action Plan should be brought into the NDS, while others felt it needed to remain as a key sub-strategy. However, there was consensus among participants to better outline Aboriginal and Torres Strait Islander needs as a priority area within the NDS.

Objectives

- Participants sought that the number of objectives be reduced. There was a suggestion to align them to the NDS core pillars so that there would be an overarching objective to improve related health, social and economic outcomes, which would then be achieved by:
 - preventing harmful drug use;
 - reducing supply; and
 - by undertaking early interventions.
- A recurring theme throughout the roundtable discussion was the need for the NDS to reflect the importance of integrated service offerings in acknowledgment that people with substance misuse issues often have a complex set of needs that requires assistance across a range of sectors.

Principles

- Participants sought better alignment across the objectives, principles and priorities as outlined in the NDS. In addition to the existing principles a range of other principles were identified, including the efficient use of resources; reinforcing the need to apply an evidence base to decision making; and the inclusion of quality improvement as a key principle.

Priorities

- The participants sought that priorities be re-visited in line with a streamlining of the NDS, with some participants questioning whether it would be better to replace the notion of priorities with a set of core strategies attached to a smaller set of objectives. Further, there was a view by some participants that where priorities are outlined, jurisdictional action plans need to be linked directly to them.

Other key issues raised by participants in relation to priorities included:

- A focus should be taken on 'high risk' groups within the population, such as the mentally ill, young people (12-25 years) and Indigenous peoples. Refugees were also identified as a high risk group, particularly given that many will not readily access mainstream services.

- Reaffirm the notion of ‘no wrong door’ as a key means for supporting those with complex needs.
- Take a holistic approach to treatment, which requires integrated service delivery across the health, community services, law enforcement and criminal justice sectors.
- NDS to reaffirm early intervention as a key means for reducing substance misuse across the community.
- Workforce capability development was identified by participants as a key priority, which to date has not received appropriate emphasis.
- There is a need to better engage with and involve consumers in the next NDS.
- There is a need to encourage forward thinking and innovation as part of the NDS.

Emerging Issues

Participants discussed a range of emerging and issues, which will impact the NDS over the next five years. Issues identified included:

- Increasing numbers of people with alcohol and drug issues presenting with a range of complex needs – including mental illness, family relationship breakdown, domestic violence, homelessness and other social issues, which is increasing demands for case co-ordination and management across the various sectors.
- Increasing abuse of prescription and over the counter medicines.
- Support needs an ageing population and coping with an ageing workforce.
- The use of social network sites over the internet, which is impacting drug use, and providing a means for establishing “suburban laboratories.” Further the Internet Iso provides a great opportunity for providing education and information to target groups and those working in the sector.
- There is an ongoing need for cultural change in relation to people’s use of licit and illicit drugs (with a particular emphasis on alcohol). This could be achieved by increasing efforts in community education, which could also reduce some of the stigma attached to people with a substance misuse issue.

Increased Vulnerability

- There was a wide ranging discussion about vulnerable groups. Participants noted that rather than using the term vulnerable groups, it may be more appropriate to refer to those with complex health and social needs. There was an emphasis on the need for key at risk population groups such as Aboriginal and Torres Strait Islander people and children (whose parent(s) have a substance misuse issue) be identified for priority focus within the NDS. Further, participants emphasised the need for a holistic approach to the provision of support services, where integration across the community and health sectors occurred.

Workforce and Capacity Building

- Participants sought that an industry plan or strategy for the alcohol and drug treatment workforce be developed. This should incorporate the following components:
 - Professional development;

- Skills development;
- Raising standards of care and treatment;
- Monitoring and evaluation; and
- National standards.

Governance Arrangements

- The roundtable participants raised the need for IGCD, MCDS and ANCD to better engage with the NGO sector and with the broader community. Participants were seeking more transparency around discussions and decision making processes. Options put forward included ensuring that peak bodies representing the alcohol and drug sector were provided a place within the governance framework, which would better enable the flow of communications across the sector.

Performance Measures

- The participants expressed a general view that the adoption of key performance measures attached to the NDS was welcome. Participants noted that measures relating to alcohol and other drug interventions should be focused, realistic, practical and feasible to collect (having regard for the potential impost on services and the need for funding to support capability development in data management).

Attachment A – Participants

Roundtable, Melbourne 21 April 2010

	Name	Organisation	Position
1	Kris McCracken	Alcohol, Tobacco & Other Drugs Council (Tasmania)	A/g CEO
2	John Ryan	Anex	CEO
3	Mark Hollick	Anglicare AOD Services	
4	Sheree Vertigan	Australian Secondary Schools Principals Association	President
5	Gary Bennett	Bethlehem House (St Vincent de Paul)	Manager
6	Chris Wake	Correctional Primary Health Risdon Prison	Clinical Director
7	Kate Waters	Maribyrong Council	A/g Coordinator - Safer Communities
8	Stefan Gruenert	Odyssey House Victoria	CEO
9	Enrico Cementon	Substance Use and Mental Illness Treatment Team (SUMITT)	Consultant Psychiatrist, SUMITT
10	Debra Salter	Tasmania Police Drug Policy Services	Manager
11	Dan Lubman	Turning Point Alcohol and Drug Centre	Director
12	Sam Biondo	VAADA	CEO
13	John Fitzgerald	VicHealth	Associate Professor
14	Brett Guerin	Victoria Police	Detective Superintendent
15	Leanne Sargent	Victoria Police	Manager - Policy and Research
16	Tony Biggin	Victoria Police	Detective Superintendent
17	Julian Thomas	Victorian Department of Justice	A/g Manager - Policy and Strategic Planning
18	Jon Currie	Victorian Drug and Alcohol Prevention Council	Chair
19	Christine Delamore	Victorian Parents' Council	Executive Officer
20	David Murray	Youth Substance Abuse Service Pty Ltd	Executive Director
		WORKING GROUP MEMBERS / REPRESENTATIVES	
21	Margaret Hamilton	Executive Member	Australian National Council on Drugs
22	Jenny Holmes	Senior Policy Officer	Victorian Department of Health
23	Belinda McNair	Regional AOD Coordinator	Victorian Department of Health