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National Drug Strategy 2010 – 2015

Roundtable Consultation Report

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1 Executive Summary

The roundtable consultation conducted on behalf of the Intergovernmental Committee on Drugs were held in Sydney, Melbourne and Adelaide during April 2010 with invited participants from a number of peak body organisations, health, education, police, corrections, liquor licensing, and the Aboriginal and Torres Strait Islander community.

The participants attending each roundtable were asked for their views and opinions on the development of the next phase of the National Drug Strategy. The Ministerial Council on Drug Strategy's National Drug Strategy Consultation Paper was used as the basis for discussions. This report summaries the key issues and concerns discussed during the roundtable consultation.

Participants generally endorsed the success and enduring relevance of the three pillars that underpin the National Drug Strategy. There was general consensus for the strategy to be drafted in a manner that directly engages the Australian community and brings a more contemporary approach to the issues as they relate to society today. These recent developments include the increasing interdependence in service delivery across the health, housing, education, law enforcement and community services sectors; increasing levels of disaffection; and intergenerational patterns of drug use .

The roundtable discussions sought that the NDS include an updated mission statement, with clear linkages to a reduced set of objectives, which are further informed by relevant actions. Within this updated framework participants sought that the NDS provide more specific guidance in relation to sub strategies for alcohol, tobacco, other licit drugs and illicit drugs.

Participants felt strongly that the NDS should recognise the relationship between the social determinants of health and wellbeing and substance misuse. This was driven by the views of many participants that to effectively treat and support someone with a drug dependency that it was important to also give consideration to the wide range of economic, social and health issues that they are also likely to be facing. .

Alcohol, tobacco and cannabis use remain the primary concerns for the Aboriginal and Torres Strait Islander populations. Participants generally supported the existence of the Complementary Action Plan where the links to the national strategy are strengthened by bringing attention to the Aboriginal and Torres Strait Islander substance misuse issues.

Participants identified a range of emerging issues and new trends that may impact on drug and alcohol use over the next five years. These included an increase in the misuse of prescription medicines, the role of the internet as a means for sourcing drugs and equipment and a vehicle for information exchange. Social networking sites were seen as presenting both an opportunity and a challenge in that they both present an avenue for education for key target groups, but that they also provide a means for sourcing, supplying and/or the chemicals and equipment required for the manufacturing of drugs.

Participants noted that service providers are increasingly being challenged by the needs of clients with complex conditions. Participants identified the need for national policy to support a holistic approach to these clients. Integrated service delivery across alcohol and other drug sector and other community services, where funding is flexible (and follows the patient) was seen as critical to providing effective service delivery.

Participants felt that there is a need to better engage with consumers and for the Strategy to recognise the role families play in providing support and assisting people with alcohol and other drug issues to be re-integrated into the community. Participants in each roundtable noted the challenges presented by both the ageing population and the ageing workforce. By considering the social determinants of health and wellbeing participants thought that the National Drug Strategy would be comprehensive in its connections to other relevant government policies related to employment, families, housing and education.

There were strong calls for the development of a national workforce strategy to address the workforce development needs of those sectors dealing with alcohol and other drug issues. These include:

- the diverse workforce needs of the law enforcement sector in order to support their interactions with people effected by drugs and alcohol;
- establishment of best practice service standards and accreditation in the Alcohol and Other Drug sector;
- develop NGO capability regarding organisational qualifications/credentials; and
- funding for adequate training and continuous improvement - particularly for the AOD treatment sector.

The roundtable participants raised the need for the governance structure to better engage with the broader community and with the NGO sector. Participants sought transparency around roles and decision making processes relating to the National Drug Strategy.

Participants debated the pros and cons of adopting performance measures. Participants suggested the adoption of a core set of indicators that demonstrate progress such as population indicators such as smoking rates or a delay in the age of cannabis uptake. Alternatively participants suggested that indicators may be focused on the achievement of outcomes for example, death, crime, disease, economic costs impacts.

2 Recommendations

1. Reframe the National Drug Strategy 2010 - 2015 to better engage with the Australian community by focusing on the three pillars and increasing the understanding of the harmful consequences of drug abuse.
2. Be explicit about the inclusion of alcohol, tobacco, pharmaceutical drugs and illicit drugs within the scope of the strategy.
3. Focus the objectives on the mission statement and align the actions to give greater specificity and clear direction to the approaches that could be undertaken by the relevant jurisdictions.
4. Develop a core set of indicators designed to monitor achievement of progress.
5. Consider the need to provide national guidance regarding workforce issues.
6. Continue with a separate Aboriginal and Torres Strait Islander Complementary Action Plan and strengthen its ties to the National Drug Strategy.
7. Identify the increasing misuse of prescription medicines and the need for integrated management of clients with complex issues that include alcohol and other drug issues, mental illness, homelessness, domestic violence and family breakdown.
8. Identify within the NDS that the internet provides a great opportunity for educating and providing information to target groups (such as families and youth), but also is a means for sourcing, supplying and/or manufacturing drugs.
9. Adopt practices to increase the transparency of national governance arrangements.
10. Adopt wider engagement with consumers (including families) and non-government organisations in the national decision making processes.

3 Roundtable Participants

ROUNDTABLE ATTENDEES

	Name	Organisation	Position	Roundtable
1	Alwin Chang	Aboriginal Health Council of SA		Adelaide
2	Alex Wodak	Alcohol and Drug Service St Vincent's Hospital	Director	Sydney
3	David Templeman	Alcohol and Other Drugs Council of Australia	Chief Executive Officer	Sydney
4	Kris McKracken	Alcohol, Tobacco & Other Drugs Services	A/g CEO	Melbourne
5	John Ryan	Anex	CEO	Melbourne
6	Mark Hollick	Anglicare AOD Services		Melbourne
7	Lynne Magor Blatch	Australasian Therapeutic Communities Association	A/g Executive Officer	Sydney
8	Rupert MacGregor	Australia Council of State School Organisation	Executive Director	Sydney
9	Catarina Giorigi	Australian Education and Rehabilitation Foundation	Policy Officer	Sydney
10	John Herron	Australian National Council on Drugs	Chairman	Sydney
11	Sheree Vertigan	Australian Secondary Schools Principals Association	President	Melbourne
12	Gary Bennett	Bethlehem House (St Vincent de Paul)	Manager	Melbourne
13	Ian Hickie	Brain and Mind Institute	Executive Director	Sydney
14	Chris Wake	Correctional Primary Health Risdon Prison	Clinical Director	Melbourne
15	Jan Burgess	Department of Education and Children's Services	Policy & Program Officer	Adelaide
16	Barry Sargent	Department of Racing, Gaming and Liquor	Director-General	Adelaide
17	Carol Mead	Directions ACT	Executive Director	Sydney
18	Tony Trimmingham	Family Drug Support	CEO	Sydney
19	Mitch Dobbie	COMPARI Midwest Community Drug Services Team	Manager	Adelaide
20	Cheryl Mangan	Inspire Foundation	Research and Policy Manager	Sydney
21	Jennifer Rogers	Local Drug Action Groups		Adelaide
22	Margaret Renfrey	Lyons House	Director	Sydney
23	Kate Waters	Maribyrong Council	A/g Coordinator - Safer Communities	Melbourne
24	Jillian Paull	Mission Australia	State Director	Adelaide
25	Leonie Karlsson	Mission Australia	Service Manager	Adelaide
26	Mark Saunders	National Aboriginal Community Controlled Health Organisation		Adelaide
27	Allan Trifonoff	National Centre for Education, Training and Addiction	Deputy Director	Adelaide
28	Anne Roche	National Centre for Education, Training and Addiction	Director	Adelaide
29	Les Evans	Ngnowar-Aerwah Aboriginal Corporation	Chief Executive Officer	Adelaide
30	Gilbert Freeman	Nqwala Willumbong Co-op	Counsellor	Adelaide
31	Larry Pierce	NSW Network of Alcohol and Drug Agencies	Chief Executive Officer	Sydney
32	Wayne Starling	NSW Police		Adelaide
33	Nic Iorfino	NSW Police Services	Acting Detective Superintendent	Sydney
34	Ashleigh Lynch	OATSIH	Assistant Director	Adelaide
35	Stefan Gruenert	Odyssey House Victoria	CEO	Melbourne
36	Camila Zamfi	Ozcare	Manager	Sydney
37	Julie Hanbury	Parent Drug Information Service	A/Coordinator	Adelaide
38	John Fox	Queensland Police	Manager	Adelaide
39	Brian Huxley	Queensland Police Services	A/g Superintendent	Sydney
40	Bradley Freeburn	Redfern Aboriginal Medical Services	Drug and Alcohol Coordinator	Sydney
41	Fiona Bruce	SA Police		Adelaide
42	Tim Pfitzner	SA Police	AOD Policy Coordinator	Adelaide
43	Gerard Byrne	Salvation Army	Consultant	Sydney
44	Andris Banders	South Australia Network of Drug and Alcohol Services	Executive Director	Adelaide
45	Enrico Cementon	Substance Use and Mental Illness Treatment Team (SUMITT)	Consultant Psychiatrist, SUMITT	Melbourne
46	Darren Hunter	Sydney City Council	Drug and Alcohol Coordinator	Sydney
47	Debra Salter	Tasmania Police Drug Policy Services	Manager	Melbourne
48	Wesley Noffs	Ted Noffs	CEO	Sydney
49	Craig Holloway	Telkaya	Chair Telakaya	Adelaide
50	Kelvin Chambers	The Drug and Alcohol Multicultural Education Centre	Chief Executive Officer	Sydney
51	Jacky Cook	Toora Women Inc	Executive Director	Sydney
52	Dan Lubman	Turning Point Alcohol and Drug Centre	Director	Melbourne
53	Sam Biondo	VAADA	CEO	Melbourne
54	John Fitzgerald	VicHealth	Associate Professor	Melbourne
55	Brett Guerin	Victoria Police	Detective Superintendent	Melbourne
56	Leanne Sargent	Victoria Police	Manager - Policy and Research	Melbourne
57	Tony Biggin	Victoria Police	Detective Superintendent	Melbourne
58	Julian Thomas	Victorian Department of Justice	A/g Manager - Policy and Planning	Melbourne
59	Jon Currie	Victorian Drug and Alcohol Prevention Council	Chair	Melbourne
60	Christine Delamore	Victorian Parents' Council	Executive Officer	Melbourne
61	Darryll Gaunt	WA Police, Licencing Enforcement Division,		Adelaide
62	Garth Popple	We Help Ourselves	Executive Director	Sydney
63	Wayne Flaggge	Western Australian Network of Alcohol and Other Drug Agencies	Manager	Adelaide
64	Greg Soames	Youth Off the Streets	Cluster Manager	Sydney
65	David Murray	Youth Substance Abuse Service Pty Ltd	Executive Director	Melbourne

4 Background and Introduction

The National Drug Strategy (NDS) Roundtables were conducted on behalf of the Intergovernmental Committee on Drugs National Drug Strategy Development Working Groups. The roundtables were part of a series of face to face consultations with expert stakeholders and the broader community on the directions of the NDS 2010 – 2015. The consultations were designed to follow up on the Ministerial Council on Drug Strategy National Drug Strategy consultation paper issued in December 2009.

The consultation paper invited public submissions on a number of issues:

- how new and emerging issues might impact upon patterns of tobacco, alcohol, illicit drug use and misuse of licit substances in the next five years, and appropriate responses to these patterns; and
- the top priorities for action during the next five years.

The paper also sought responses to the questions on specific issues. These same questions were used as the basis for the discussion of the roundtables.

The submissions are published at www.nationaldrugstrategy.gov.au.

The roundtable consultations were conducted in Sydney, Melbourne and Adelaide on 15th, 21st and 23rd April 2010 respectively. Each roundtable asked the participants to address the questions raised in the Consultation Paper as well as consider the mission statement, scope, objectives, principles and priorities of the NDS.

5 Policy Framework

The NDS provides a policy framework to co-ordinate an integrated approach to government and non-government strategies, plans and initiatives at the national, state, territory and local level. The mission is to *improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in Australian society.*

The mission is supported by a number of objectives, priorities and principles. The four key features of which are:

- Harm minimisation;
- A comprehensive approach to harmful use of licit, illicit drugs and other substances;
- Promotion of partnerships between the various government sectors, industry and the community; and
- A balanced approach across all levels of government to addressing the three pillars of supply reduction, demand reduction and harm reduction.

At the commencement of the roundtables held in Sydney and Melbourne the participants were asked to consider and respond to the following questions:

- Do the core objectives outlined in the National Drug Strategy 2004-2009 remain current?
- Are there any gaps in the objectives?
- Is there a natural order of priority?
- Do the 8 priority areas in the National Drug Strategy 2004 – 2009 remain current?
- Are there any gaps in the priorities?
- Are the priorities consistent with the objectives?

The roundtable in Adelaide focused on Aboriginal and Torres Strait Islander issues. The participants at this roundtable were asked to consider and discuss the following questions:

- How could Aboriginal and Torres Strait Islander peoples needs be better addressed through the main National Drug Strategy Framework?
- In that context, would a separate National Drug Strategy Aboriginal and Torres Strait Islander Complementary Action Plan continue to have value?
- Where should efforts be focused in reducing substance use and associated harms in Aboriginal and Torres Strait Islander communities?

There was general endorsement from the participants attending the three roundtables for the continuing relevance of the three pillars underpinning the NDS and the positive steps that have been taken to date through the implementation of the harm minimisation approach. There was discussion about the need to write the next NDS in a manner that directly engages the Australian community and brings a contemporary approach to the issues as they relate to society today. The recent developments to be recognised include:

- increasing interdependence in service delivery across the health, housing, education, law enforcement and community services;
- increasing levels of disaffection; and
- intergenerational patterns of drug use.

Many participants considered that the current NDS provides an emphasis on illicit drug use when alcohol and tobacco account for greater harms. Participants in each roundtable noted the need for an explicit scope statement reinforcing the inclusion of alcohol, tobacco and other drug use (both licit and illicit) in the Strategy.

When considering the NDS and the Aboriginal and Torres Strait Islander Complementary Action Plan (CAP) there was general agreement that indigenous issues should be more comprehensively addressed in the next NDS and that the links between the CAP and the NDS strengthened.

5.1 Mission Statement

All roundtables expressed support for the continued relevance of the three core pillars of supply reduction, demand reduction and harm reduction. Participants considered that as the key activities of the NDS are associated with the core pillars of supply reduction, demand reduction and harm reduction, that these should form the central theme of the NDS. At present there was a view that this connection is somewhat diluted due to the NDS comprising a suite of objectives, priority areas, and an overarching mission statement, which are not well integrated. On that basis many participants sought an updated mission statement, which is linked to a set of high level objectives drawn directly from the three pillars (as outlined below), which would then further link to a core set of actions:

- reduce harmful drug use;
- control and regulate the supply of licit drugs and reduce the supply of illicit drugs; and
- undertake early interventions to prevent the uptake of harmful drug use.

Further drafting suggestions in relation to the mission statement and NDS objectives are outlined in Appendix A.

5.2 Objectives

Discussions at each of the roundtables identified the need for a clear delineation between the objectives, priorities and principles. Linking the objectives and the actions to the mission statement was seen as a means for enhancing general understanding of the strategy and enabling progress to be monitored by publically available performance measures. Participants generally supported reducing the number of objectives and focusing them on a desired set of outcomes, which would assist the strategy by giving greater coherence and direction.

A further approach identified by participants was to reduce the number of objectives to a small overarching set (as outlined below), with the remaining objectives being subsumed into supporting actions:

- Prevent the uptake of harmful drug use;
- Reduce the supply and use of illicit drugs in the community;
- Reduce the risks to the community of criminal drug offences and other drug related crime, violence, and anti-social behaviour; and
- Reduce drug related harm for individuals, families and communities.

There were also suggestions that a re-drafted set of objectives follow a population health approach that focuses on the three pillars; to focus the objectives on prevention of uptake, continued harm minimisation, access to services, community engagement to increase understanding of drug-related harm, adoption of best practice, monitoring and research and workforce development.

Within the roundtable discussions participants also identified community education as a key role for the NDS as a means of facilitating a change in a culture that may condone/encourage alcohol and other drug use. This was seen as being particularly relevant to impacting young people's views on alcohol use.

A recurring theme throughout the roundtable discussions was the need for the NDS to reflect the importance of integrated service delivery in acknowledgment that people with substance misuse issues often have a complex set of needs that requires assistance across a range of sectors.

Other issues and concerns discussed during the review of the NDS objectives included the:

- challenges and difficulties of remoteness and isolation, particularly the difficulties associated with servicing remote communities;
- importance of an emphasis on early intervention to reduce harmful behaviours; and
- need to encourage innovation especially where the evidence is not clear.

5.3 Actions

There was agreement within the roundtable discussions of the need for a set of actions to be directly aligned to the objectives and give greater specificity and clearer directions for the sub-strategies and the approaches to be undertaken within each jurisdiction. This was seen by many participants as leading to greater accountability on behalf of those responsible for implementation by reporting on outcomes achieved.

The roundtable participants felt that a focus on the social determinants of health and wellbeing at all levels of engagement across the spectrum of promotion, prevention and intervention would increase the effectiveness of the NDS. There were calls for the strategies to give consideration to a 'whole of life' perspective that supports the community context of alcohol and other drug use that is relevant at any stage of life. This was driven by the views of many participants that to effectively treat and support someone with a drug dependency that it was important to also give consideration to the wide range of economic, social and health issues that they are also likely to be facing.

At each roundtable there was a detailed discussion about the need for sub strategies to the NDS (e.g. alcohol, tobacco and prescription medicines). Some participants felt the existence of sub strategies diluted the value of the NDS, where as others felt it was important that detailed activities are best captured in strategies that sit under the NDS. In general participants did seek that the NDS provide more specific guidance in relation to sub strategies for alcohol, tobacco, other licit drugs and illicit drugs.

In devising a suite of sub-strategies under the NDS, participants outlined a range of issues that needed to be addressed within each sub strategy. These include but are not limited to:

- access to services;
- community understanding of the potential drug related harms;
- evidence based practice;
- research (including monitoring drug trends); and
- partnerships and linkages.

5.4 Principles

The participants debated the need for principles in addition to the actions if they are strengthened and aligned with the objectives. If the decision is made to retain the principles, participant suggested they focus on the following:

- social determinants of health;

- social inclusion;
- a consistent national approach that is underpinned by a strong evidence base (as supported in the NDS evaluation recommendations);
- integration and co-ordination through partnerships between the sectors;
- interventions that are based on evidence and are shown to be effective and cost-effective;
- research aimed at assisting the sector to build its evidence base and to use it to assist staff training; and
- investment in appropriate performance monitoring and evaluation.

5.5 Priorities

Many participants had the view that it would be better to re-position the priority areas within the NDS as actions, which link directly to the objectives. Within that context, participants thought that the priorities would be better understood if they were written with more clarity and precision.

There was a widespread view of the need for the NDS to better reflect the key sub-strategies relating to alcohol, tobacco, illicit and licit (include pharmaceutical medicines) drugs.

Participants raised the need for the NDS to recognise its support of innovation, particularly with regards to treatment across areas where there was an existing gap in evidence.

Other key issues raised by the participants included:

- Current funding arrangements need to better enable delivery of integrated care, where the individual's needs drive the provision of services;
- a focus should be taken on 'high risk' groups within the population, such as the mentally ill, young people (12-25 years), refugees and ATSI peoples;
- reaffirm the notion of 'no wrong door' when seeking access to services as a key means for supporting people with complex needs;
- reaffirm early intervention as a key means for reducing substance misuse across the community;
- alcohol, tobacco and cannabis use remains the primary area of concerns for the Aboriginal and Torres Strait Islander population
- additional priority needs to be placed on the increasing incidence of foetal alcohol spectrum disorder;

- Take a holistic approach to treatment, which requires integrated service delivery across the health, housing, social and income support, community services, law enforcement, correctional and criminal justice sectors;
- Workforce development, which participants felt had received little attention to date, was identified by participants as a key priority,;
- better engagement with and involvement of consumers in the strategy;
- Focus on families by recognising the important role they play in providing support;
- Acknowledging the different issues facing rural, remote and urban communities by tailoring actions designed to address the issues and needs in each of the different settings; and

6 Emerging Issues

The roundtables participants were asked to consider and discuss the following questions:

- Identify any emerging issues or new trends in drug use that may impact the new National Drug Strategy.
- What are the particular opportunities and challenges these issues or trends are likely to pose for the community and the alcohol and drug sector over the next 5 years?

All roundtable discussions raised the increasing misuse of prescription medicines as an issue of concern, particularly with respect to the increased incidence of poly-pharmacy, increasing client complexity (presenting with several co-existing conditions); and the low level of knowledge about pharmaceutical medicines use in Indigenous communities.

Participants identified that increasing numbers of people with alcohol and drug issues are presenting with a range of complex needs – including mental illness, hepatitis C, family relationship breakdown, domestic violence, homelessness and other health, social and economic issues, which is increasing demands for case co-ordination and management across the various sectors. This was consistent with a recurring theme related to improved service integration across the various sectors.

Participants noted that the internet presents both an opportunity and a challenge in relation to the NDS. It was noted that use of social networking sites is providing a means for acquiring equipment to establish “suburban laboratories”. It was also acknowledged that the internet provides an increasing source of information on drugs, which is leading to greater drug experimentation and is also providing increased access to both licit and illicit drugs.

In terms of opportunities, participants noted that the internet also provides a great opportunity for providing education and information to specific and sometimes hard to reach target groups (such as youth) and those working in the sector.

Other emerging issues and concerns were raised about the following:

- loss and grief arising from fragmentation of families due to substance misuse affects the ability to pass on stories and is affecting culture in Aboriginal communities;
- a trend of increased violence in communities due to substance misuse;
- the ageing population and ageing workforce – presents a complex future agenda coupled with disadvantage;
- there needs to be a stronger and more formalised partnerships between the Alcohol and Other Drug sector, State based community services (child protection, domestic violence) and law enforcement; and

- the need to develop a way in which those working in the field (e.g. ambulance officers, emergency departments, and drug and alcohol workers) are able to recognise, report and respond appropriately to emerging trends.

7 Increased Vulnerability

The participants at each roundtable consultation were asked to consider and discuss the following questions:

- How can the NDS better complement the social inclusion agenda such as addressing unemployment, homelessness, mental illness and social disadvantage?
- Where should effort be focussed to reduce substance use and associated harms among vulnerable populations?
- How could Aboriginal and Torres Strait Islander needs be better addressed through the main National Drug Strategy?

There were wide ranging discussions about vulnerable groups in all the roundtables. Some 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 or those 'at risk'. 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) to 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.

Some participants noted that the NDS framework needs to support the building of capacity for organisations to work with priority groups at increased risk of alcohol and other drug harm in a flexible way that takes into account other key sectors such as health, education, housing and the criminal justice system.

Participants asked that the NDS give consideration to the following social determinants of health:

- employment;
- families;
- housing; and
- education.

Participants noted there is a lack of access to alcohol and other drug treatment services for people in prison.. It was noted that many of these people had an ongoing substance misuse problem, which contributed to their crime and would likely impact their prospects for integrating back into the community.

Some participants noted that there is currently limited drug and alcohol support services available for those people transitioning out of prisons back into the community.

8 Workforce and Capacity Building

The participants at each roundtable consultation were asked to consider and discuss the following questions:

- Where should effort on the support and development of drug and alcohol sector workforce be focused over the coming 5 years?
- Where should efforts be focussed over the next 5 years to increase the capacity of the generalist health workforce to identify and respond to substance use problems?

The participants at all roundtables called for the development of a national workforce strategy or industry plan. Participants raised many issues and concerns about the workforces across different sectors.

The ability for treatment services to manage the challenges of workforce recruitment and retention was raised as a concern. There was discussion around the need for some parity of pay for alcohol and other drug workers across the government and non government organisations. It was noted that NGOs are unable to match government salaries, yet they are currently delivering a high proportion of the alcohol and other drug treatment services, and are competing to attract workers from other high paying sectors (e.g. mining in remote communities). A workforce strategy could consider building capacity of local people as a way of addressing the recruitment and retention especially in remote communities.

There were a number of areas identified where the next NDS may give direction. These include:

- the diverse workforce needs of the law enforcement sector in order to support them when engaging with people with a substance misuse issue;
- establishment of best practice service standards and accreditation;
- development of NGO capability regarding organisational qualifications/credentials; and
- funding for adequate training and continuous improvement - particularly for the AOD treatment sector.

9 Performance Measures

The participants at each roundtable consultation were asked to consider and discuss the following questions:

- Are publically available performance measures against the NDS desirable?
- If so, what measures would give a high level indication of progress under the NDS?

There was a broad discussion about having discrete performance measures tied to the NDS. While many participants thought that without having performance measures tied to the NDS, its value was diminished, others felt this to be difficult as it provides a broad policy framework for guidance to jurisdictions. Others noted the complexity in getting agreement on a set of measures and then having the jurisdictions agree to collect the data. For example it was noted that despite national agreement on the collection of alcohol sales data the liquor licence fee data is only collected in three states. From a law enforcement perspective it was noted that there is difficulty in measuring performance, especially in relation to measuring harm, as figures are often activity based.

A suggestion was made that rather than focussing on performance measures consideration be given to looking at a core set of indicators, which provide guidance on progress. These measures include population indicators such as smoking rates or a delay in the age of cannabis uptake. Alternatively indicators may be focused on the achievement of outcomes for example, death, crime, disease, economic costs and impacts.

10 Governance and Engagement Arrangements

The participants at each roundtable consultation were asked to consider and discuss the following questions:

- Could the IGCD and MCDS more effectively access external expert advice, and if so how?
- How can structures and processes under the NDS more effectively engage with the sectors outside of health, law enforcement and education?
- Which sectors will be particularly important for the NDS to engage with?

Outside those participants that were directly engaged in the current governance arrangements, for example members of the ANCD and members of the IGCD working group, participants were generally unaware of the governance arrangements for the NDS.

The roundtable participants raised the need for IGCD and MCDS to better engage with the NGO sector and the broader community. Participants sought more transparency around roles and decision making processes relating to the NDS. One option put forward was 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.

Participants also noted the need for better engagement with :

- Indigenous representatives – particularly via a formal role in the NDS governance structure;
- consumers (including families);
- peak bodies representing the NGO sector ; and
- liquor licensing authorities.

11 Other issues

Participants in each of the roundtables noted that the current discussions about health reform, particularly the advent of primary health care organisations and new funding models have the potential for a radically different approach to the delivery of primary health care, including alcohol and other drug services.

Appendix A

Proposal A

Proposed mission statement

The mission statement may be:

Reduce alcohol and drug related health, social and economic harms for individuals, families and communities.

Improve social and economic outcomes for the Australian community by progressively reducing harmful alcohol and other drug use.

Proposed strategies

Proposed reframing of the strategies based upon the current objectives:

- Prevent uptake and continuing harmful use of drugs;
- Reduce supply and use of drugs in the community;
- Reduce the extent and disadvantage in the community and the effect this has on exacerbating alcohol and drug related harms;
- Increase access to and utilisation of a greater range of high-quality, evidence based prevention and treatment services;
- Increase community understanding of drug-related harm;
- Promote evidence-informed policy and practice through research, monitoring drug use trends and developing workforce organisations and systems; and
- Strengthen and build partnerships.

Proposal B

An alternative approach to drafting the objectives:

Reduce the number of objectives by distilling them into higher order objectives. Take the first 1 – 6 objectives (collapse 3 & 4/ 5 & 6). The remainder are strategies but they should be aligned against the objectives.

An alternative view was to focus the key strategies around:

- Access to services;
- Community understanding;

- Evidence practice;
- Research (including monitoring drug trends, and national data collections); and
- Partnerships and linkages.