

National Drug Strategy 2010 - 2015

Roundtable Consultation Synopsis Framework

Sydney, 15 April 2010

Participants

The Sydney roundtable was attended by 25 participants. A list of participants and the organisations they represent can be found at Attachment A.

Summary

There was general consensus amongst the participants that the National Drug Strategy (NDS) should be rewritten in a manner that directly engages the Australian community, which will require the use of language that is less bureaucratic and is not focussed towards those working in the sector. The participants felt that a modern community focussed NDS should be explicit in the inclusion of alcohol and tobacco as well as licit (including pharmaceutical medicines) and illicit drugs. The revised strategy framework should comprise a small set of objectives which link directly to an updated mission statement and is monitored via a publicly available set of performance measures.

There was support that the three core pillars of the strategy remain relevant, but there is a need to better explain what is meant by harm minimisation. The participants suggested that the principles be clearly communicated to the Australian community and be written in a positive and concise way

Participants sought the new strategy recognise the change in service delivery arrangements across the sector, with an increasing role being played by non-government and not for profit organisations. These organisations are not only providing drug and alcohol services, but are involved in liaising with child protection, domestic violence and mental health services and are regularly called upon to deal with homelessness and a range of other complex issues.

The strategy should revisit governance and engagement arrangements to better establish partnerships and ongoing working relationships with other parts of the community. This will require better co-operation between the strategy and other government initiatives such as social inclusion and health and hospital reform, and will require the establishment of interfaces with primary health care organisations.

All parties to the strategy must be accountable and responsible for implementation as demonstrated by reporting on outcomes achieved.

Policy Framework

The following issues and concerns were raised, discussed and documented by the roundtable participants.

Scope

- The strategy must be brought up to date to recognise the changes and developments in society including recognition of the increasing interdependencies in service delivery across the health, housing, education, law enforcement and community services sectors.
- The NDS should be a contemporary document that is readable and understandable by the Australian community. It must be clear about the inclusion of alcohol, tobacco and other drug (licit and illicit) use.

Mission

- Participants sought that an updated mission statement be developed to recognise changes in the community and current challenges so that it engages the community and works for families. Initial proposals included:
 - *Reduce alcohol, drug-related harms (health, social, economic) for individuals, families and communities.*
 - *Improve social and economic outcomes for the Australian community by progressively reducing harmful alcohol and other drug use.*

Objectives

- Participants agreed there are currently too many objectives in the NDS and many of them appear to be written as strategies. A smaller set of objectives, which link directly to the mission statement and be monitored via publicly available performance measures was suggested. The focus being on prevention of uptake, continued harm minimisation; prevention, access to treatment services, community understanding of drug-related harm, adoption of best practice, monitoring and research and workforce development.

Strategies

- Participants suggested the need for the NDS to more explicitly encompass alcohol tobacco and other drugs including pharmaceuticals.
- The NDS should focus on the social determinants of health and wellbeing at all levels of engagement across the spectrum of promotion, prevention and intervention. On that basis there were calls for the strategies to give consideration to a 'whole of life' perspective, which supports the community context of alcohol and other drug use that is relevant at any stage of life. This would enable the strategy to focus on the protective factors of social connectedness and meaningful relationships.
- In devising a suite of strategies under the NDS, consideration should be given to the following factors:
 - access to services;
 - community understanding of the potential drug related harms;

- evidence based practice;
- research (including monitoring drug trends); and
- partnerships and linkages.

Principles

Participants suggested the NDS principles could focus on:

- the social determinants of health;
- social inclusion; and
- a consistent national approach underpinned by a strong evidence base as supported in the findings of the NDS evaluation.
- Further, participants raised concerns that the current national strategy discusses a balanced approach to preventing the uptake and reducing the harmful effects of drug use, but that to date funding has not been distributed in a balanced way with prevention and treatment activities receiving less financial support than supply reduction activities.
- In discussions there was a strong emphasis placed on strengthening partnerships between the government, law enforcement, the community and not for profit sectors.
- To ensure the successful implementation of the NDS, participants called for governments to support effective and cost-effective interventions. This will require the investment in appropriate performance monitoring and evaluation.
- There was also the suggestion that research institutes engage more directly with the sectors to support service level research designed to inform evidence based practice so that the findings can be applied and used by staff in the sectors.

Priorities

- Participants sought that core priorities should have clarity, precision and be meaningful and simple to understand. The suggestion was made that current priorities should become the strategies and that the new NDS may focus on a small number of priority areas within prevention and the reduction of supply and harmful use.

Other comments on priorities include:

- An appropriately integrated (joined-up) approach to the delivery of community and health services across the spectrum of health promotion, prevention and intervention.
- The NDS recognise the direct link between corrections, health, housing, social and income support.
- The need for synergy between mental health and Alcohol and Other Drug sectors to effectively case manage clients.
- The need for the NDS to recognise and link in with the social inclusion agenda and closing the gap initiatives.

Emerging Issues

- Participant acknowledged that emerging trends occur in the field where there is a need to support the sectors to recognise, report and respond appropriately. Responses need to be supported by a system of monitoring and tacking.

Increased Vulnerability

- The NDS framework needs to be focussed at a higher/broader level to embrace a socially inclusive society where all Australians are valued. There is a need to build 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.

On that basis the NDS must give consideration to whole of life determinants:

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

Workforce and Capacity Building

- The participants acknowledged the need for a national workforce strategy. This required jurisdictions to resource the workforce strategy.
- At present funding for adequate training and continuous improvement is often neglected. This is particularly difficult for the not for profit sector.
- A workforce strategy will need to build working partnerships between general practitioners and other health professionals and the Alcohol and Other Drug workforce.
- Some participants 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.

Performance Measures

- There was general consensus for appropriate, publically available performance measures or indicators to increase the level of accountability against the NDS and its objectives. The indicators should focus on the achievement of outcomes for example: death, crime, disease, economic costs/impacts.

Governance Arrangements

- The participants sought more contemporary and transparent governance arrangements for the NDS that reflect the changes in the sectors by increasing engagement with the non-government and not for profit organisations. This could occur by enabling consumers and national peak bodies to hold positions on key governance committees, which in turn would facilitate engagement with those working at the coal face.

Attachment A – Participants

Sydney Roundtable – 15 April 2010

	Name	Organisation	Position
1	Alex Wodak	Alcohol and Drug Service St Vincent's Hospital	Director
2	David Templeman	Alcohol and Other Drugs Council of Australia	Chief Executive Officer
3	Lynne Magor Blatch	Australasian Therapeutic Communities Association	A/g Executive Officer
4	Rupert MacGregor	Australia Council of State School Organisation	Executive Director
5	Catarina Giorgi	Australian Education and Rehabilitation Foundation	Policy Officer
6	John Herron	Australian National Council on Drugs	Chairman
7	Ian Hickie	Brain and Mind Institute	Executive Director
8	Carol Mead	Directions ACT	Executive Director
9	Tony Trimmingham	Family Drug Support	CEO
10	Cheryl Mangan	Inspire Foundation	Research and Policy Manager
11	Margaret Renfrey	Lyons House	Director
12	Larry Pierce	NSW Network of Alcohol and Drug Agencies	Chief Executive Officer
13	Nic Iorfino	NSW Police Services	Acting Detective Superintendent
14	Camila Zamfi	Ozcare	Manager
15	Brian Huxley	Queensland Police Services	A/g Superintendent
16	Bradley Freeburn	Redfern Aboriginal Medical Services	Drug and Alcohol Coordinator
17	Gerard Byrne	Salvation Army	Consultant
18	Darren Hunter	Sydney City Council	Drug and Alcohol Coordinator
19	Wesley Noffs	Ted Noffs	CEO
20	Kelvin Chambers	The Drug and Alcohol Multicultural Education Centre	Chief Executive Officer
21	Jacky Cook	Toora Women Inc	Executive Director
22	Garth Popple	We Help Ourselves	Executive Director
23	Greg Soames	Youth Off the Streets	Cluster Manager
		WORKING GROUP MEMBERS / REPRESENTATIVES	
24	Gino Vumbacca	Australian National Council on Drugs	Secretariat
25	Pat Ward	NSW Police	Team Leader, Drug & Alcohol Coordination