



NADA
network of alcohol & other drugs agencies

NADA submission to:

**Consultation Paper:
Australia's National Drug Strategy
Beyond 2009**

February 2010

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non government drug and alcohol sector in NSW.

NADA's goal is to support non government drug and alcohol agencies in NSW to reduce the alcohol and drug related harm to individuals, families and the community.

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INTRODUCTION

The Network of Alcohol and other Drug Agencies (NADA) is the peak organisation for the non government drug and alcohol sector in NSW, and is primarily funded through NSW Health. NADA's membership comprises approximately 100 agencies across NSW and the ACT, ranging from health promotion, early intervention, treatment, and after-care programs. These agencies are diverse in their approach to service delivery and structure and make up approximately one third of the drug and alcohol sector in NSW.

NADA's goal is *'to support non government drug and alcohol agencies in NSW to reduce the alcohol and drug related harm to individuals, families and the community'*.

The NADA program consists of sector representation and advocacy, workforce development, information/data management, governance and management support and a range of capacity development initiatives. NADA is governed by a Board of Directors elected from the NADA membership.

Further information about NADA and its programs is available on the NADA website at www.nada.org.au.

PREPARATION OF THIS SUBMISSION

NADA welcomes the opportunity to provide input into such an important consultation area for all organisations providing drug and alcohol and related services across Australia.

The comments provided in this submission have been prepared by NADA staff on behalf of the NADA membership. Input was also sought from the non government drug and alcohol service providers through consultation with the NADA Board of Directors as well as other non government peak organisation colleagues. NADA would be happy to discuss any of the comments made in this submission further with the National Drug Strategy Development Working Group.

SUMMARY OF NADA SUBMISSION

A primary policy priority for NADA as outlined in NADA's Strategic Policy and Advocacy Framework 2009 – 2011 is the ***sustainability and development of the non government drug and alcohol service system***.

NADA advocates the following key points which will be discussed in further detail in subsequent sections of this submission:

Cross Sectoral Approaches

NADA argues that in order to strengthen the engagement of the National Drug Strategy (NDS) with sectors outside health, law enforcement and education, NDS structures like the Ministerial Council on Drug Strategy (MCDS) and Inter Governmental Committee on Drugs (IGCD) need to align their activities to the **Australian Government Social Inclusion Agenda** processes and initiatives. A central component of the Government's social inclusion agenda is that the community and its needs should be in the centre of any development. Therefore, **the NDS must engage with and regularly consult with the non government community sector, local communities and consumers or service users.**

Additionally it is important that the development of the next NDS aligns with **National Health Reform** initiatives such as the increased focus on **preventative health and health promotion** through the establishment of a **National Preventative Health Agency and Strategy.**

The formal **integration** of the **Alcohol and other Drugs Council of Australia (ADCA)**, the peak, national, non-government organisation representing the interests of the Australian alcohol and other drugs sector **into the MCDS** and **the representation of the state based Peak drug and alcohol organisations into the IGCD** would allow the IGCD and MCDS to more effectively access a broader range of expert advice from the community sector.

Indigenous Australians

The needs of Aboriginal and Torres Strait Islander people could be better met by the NDS through focussing effort on **broadening the scope of diversion programs**, in particular reviewing current access, eligibility and engagement policies and practices and **adopting a holistic model of care across health promotion and treatment in reducing substance use and associated harms linked to social and emotional wellbeing** that addresses entrenched social issues that accompany substance use problems including trauma, violence, homelessness, unemployment and family breakdown. Both Aboriginal Community Controlled Health Services and Aboriginal specific drug and alcohol treatment programs are key service delivery organisations that could be expanded in this area.

Capacity Building

NADA commends the Australian Government investment into drug and alcohol sector capacity building initiatives but moving forward into the next NDS, **NADA believes programs need to go beyond individual agency capacity building** (which usually receives one-off time-limited project funding) **to funding programs that support a competent workforce and a sustainable drug and alcohol sector.**

NADA supports the development of a drug and alcohol workforce development strategy, particularly within the context of the development of a national human services workforce

development strategy (which recognises the contribution of the sector, the connections between a range of social issues such as health, housing and homelessness, mental health and drug and alcohol issues and the need for better collaboration). It is critical that **workforce diversity and the differing workforce challenges** across the broader drug and alcohol sector is **recognised in the development of a drug and alcohol sector workforce development strategy or specific initiatives**, particularly the differences between the medical and non-clinical community workforce and the government and the non government sectors. Distinct workforce challenges in terms of career and education articulation pathways, supervision, mentoring and continuing education exist for the non medical, community based drug and alcohol workforce, in particular, workers who are vocationally trained and provide a critical role in frontline work and client support.

Areas in which effort should be placed to increase the capacity of the generalist health workforce to identify and respond to substance use problems are **general education about the impact of drug and alcohol use, drug and alcohol assessment, how drugs and alcohol may interact with and affect other medications or psychological health, referral and treatment and anti stigma and discrimination education**. Workforce development and capacity building initiatives need to consider not only skills development and the training of the workforce but also the organisation context in which that work takes place.

New Technologies and On-line Services

NADA believes that Federal and State funding programs under the next NDS should address the discrepancies across the sector in terms of the access to and use of information technology infrastructure. Opportunities exist for the drug and alcohol sector with relation to technology development including improvements to client information management, better use of information and data in service delivery, planning and quality improvement activities and methods for delivering education and interventions. However, for many drug and alcohol services, the issue of technology development remains complex as the challenges of funding information technology infrastructure and maintenance, staff knowledge and training and access to suitably qualified IT professionals remains an issue for many service delivery drug and alcohol organisations particularly in the non government sector.

Increased Vulnerability

A policy framework which carefully considers the **social determinants of health** will complement the social inclusion agenda through recognising and targeting those social factors that increase an individual's risk of problematic drug use and dependence such as mental health problems, homelessness, family and social relationship breakdown and involvement in the criminal justice system. The social inclusion principles outlined in *A Stronger, Fairer Australia* would serve as a useful basis for the future policy direction of the NDS.

The non government community sector plays a critical role in meeting the needs of the country's most vulnerable population groups and this is where effort should be focused in reducing substance use and associated harms among vulnerable populations in the next NDS. NGOs are well placed and have the community connectedness to provide a range of treatment, health promotion and harm reduction services that otherwise would not be provided by the government, often at a cost significantly less than what it would cost for government to run the same services. Without the over politicisation and bureaucracy of government service provision, the non government sector has greater flexibility and adaptability in responding to multiple client needs.

Performance Measures

To demonstrate a commitment to public accountability, the NDS should make performance measures and achievement against performance measures publicly available over the life of the strategy. Performance measures need to go beyond throughputs and outputs to address the outcomes and actual changes that can be demonstrated as a result of initiatives under the NDS. To achieve this, a framework for evaluation and monitoring of the NDS needs to be developed at the commencement of the 2010 Strategy with performance measures developed in consultation and in agreement with key stakeholders including non government service providers and research bodies.

RESPONSE TO THE QUESTIONS RAISED IN THE CONSULTATION PAPER

EMERGING ISSUES AND NEW APPROACHES

CROSS SECTORAL APPROACHES

Question 1: How can structures and processes under the NDS more effectively engage with sectors outside health, law enforcement and education?

A strength of Australia's NDS since its inception has been its consistent approach based on the principle of harm reduction which incorporate strategies to reduce the supply of, demand for and harm caused by drugs. NADA believes that it is important to recognise and consider the **social determinants of health** in planning and implementing initiatives under the NDS to effectively engage with sectors outside health, law enforcement and education. Adopting a social model of health supports a social determinants of health approach which also progresses the social inclusion agenda (Question 10) and supports the needs of vulnerable populations (Question 11).

As noted by the World Health Organization¹, drug use is both a response to social breakdown and an important factor in worsening the resulting inequalities in health. Policies targeting drug use and dependence should not only focus on harm reduction, supply reduction and demand reduction but should additionally recognise that these policies will not succeed if social factors that increase an individual's risk of problematic drug use and dependence are not addressed or considered in the formulation of these policies. Social circumstances that often co-occur with drug and alcohol use and dependence include mental health problems, homelessness, family and social relationship breakdown and involvement in the criminal justice system.

A greater focus on community based health promotion and treatment initiatives which take a less medical and more social view of health and drug and alcohol use is important to ensure the approach of the NDS is collaborative and cross-sectoral and may assist in redressing the current emphasis, in terms of funding and priority, on law enforcement. As recognised in initiatives such as the Non Government Organisation Treatment Grants Program (NGOTGP) and the National Illicit Drug Diversion Initiative, non government organisations (NGOs) are a key provider of community based drug and alcohol services. The role of the non government sector in this area should be enhanced in the next NDS through funding streams for new and enhanced service delivery.

To strengthen the engagement of the NDS with sectors outside health, law enforcement and education there needs to be systematic consultation processes, ongoing communication and adequate resourcing to ensure the engagement and commitment of a broader range of stakeholders. NDS structures like the MCDS and IGCD need to align their activities to the Australian Government Social Inclusion Agenda processes and initiatives and build on partnerships and collaborative opportunities developed under this policy. Furthermore, the addition of the national Council of Social Services Network and state and territory health and human services peak organisations into IGCD meetings and planning processes is also recommended to broaden the scope and perspective of this committee.

Question 2: Which sectors will be particularly important for the NDS to engage with?

If the NDS is to be successful in addressing social factors that generate or contribute to problematic drug use, it is important for the NDS to engage with:

The Australian Government Social Inclusion Agenda: a key part of this agenda is a National Compact between the Australian Government and the not-for-profit sector which recognises the critical role the not-for-profit sector plays in delivering services, advising and

¹ Wilkinson, R. & Marmot, M. (Eds.) (2003). Social Determinants of Health: The Solid Facts (2nd edition). World Health Organization, Denmark.

developing social policy, and advocating on behalf of marginalised groups. The Government's Social Inclusion Agenda aims to reduce social disadvantage and increase social inclusion through education, employment, social support and community engagement and participation. Specific priorities currently being addressed that are relevant and should inform initiatives that are part of the NDS include:

- Breaking the cycle of entrenched and multiple disadvantage in particular neighbourhoods and communities.
- Reducing the incidence of homelessness
- Closing the gap for Indigenous Australians²

Along with human service and justice government agencies, the NDS should also engage with the non government community sector. The Government has identified successful collaboration with the sector as necessary to achieve the goals of its social inclusion agenda: "... the critical role the Third Sector plays in delivering services, advising and developing social policy, and advocating on behalf of marginalised groups. A strong relationship between the government and the sector will be crucial to the success of the agenda and related reforms."³

The NDS must also engage with local communities and consumers or service users. A central component of the Government's social inclusion agenda is that the community and its needs should be in the centre of any development. This includes involving individuals and communities in the planning, designing and implementation of policies and plans, as well as in the delivery of physical infrastructure and services. Peak organisations such as the Australian Injecting and Illicit Drug Users League (AIVL) advocating for issues of national significance for illicit drug users should be included as a source of information on consumer or service users perspectives.

Additionally, the **National Health and Hospital Reform Commission** has delivered a comprehensive report detailing significant changes to the management of healthcare systems in Australia including drug and alcohol treatment services and a higher focus on preventative healthcare with particular emphasis on alcohol and tobacco. It is important for the NDS Framework to consider targets set for alcohol and tobacco as part of the National Preventative Health Strategy and also anticipated reform in the management and governance of the overall health system.

As noted in the **National Preventative Health Strategy**⁴, partnerships, community engagement and reducing inequity through targeting disadvantage are all necessary for a

² These priorities are taken from *A Stronger, Fairer Australia: National Statement on Social Inclusion* which can be found at <http://www.socialinclusion.gov.au/Resources/Documents/ReportAStrongerFairerAustralia.pdf> (Accessed 23 February 2010).

³ Productivity Commission, *Contribution of the Not-for-Profit Sector*, Research Report, Canberra, January 2010.

⁴ From: <http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/NPHS> (Accessed 19 January 2010)

comprehensive approach to improving health. The non government sector is a key partner in achieving goals under the National Preventative Health Strategy due to its strong community connections, particularly with marginalised and vulnerable groups, its adaptive and cross sectoral approach to meeting health needs and its existing expertise in health prevention and early intervention initiatives in relation to drug and alcohol and other health issues.

Question 3: Could the IGCD and MCDS more effectively access external expert advice and if so, how?

Currently, there is no formal mechanism for the IGCD and MCDS to interact with the non government drug and alcohol sector nationally and at the state and territory level. Both committee structures appear to be fairly closed policy communities with little opportunity for the broader drug and alcohol sector, in particular those non government service delivery and advocacy organisations, to contribute to policy development.

The formal integration of the Alcohol and other Drugs Council of Australia (ADCA), the peak, national, non-government organisation representing the interests of the Australian alcohol and other drugs sector into the MCDS and the state based drug and alcohol peak organisations into the IGCD would allow the IGCD and MCDS to effectively access a broader range of expert advice from the community sector. ADCA has recently introduced new governance structures including a Federal Council which formalises interactions between ADCA and the State/ Territory drug and alcohol peak organisations as well as a Policy Forum which comprises the ADCA Board, the Federal Council, and the Chairs of the ADCA Working Groups to provide expert advice on key policy issues for the drug and alcohol sector. These structures allow ADCA to collaborate and seek input from non government organisations in each jurisdiction as well as research and practitioner expertise that could feed into NDS policy, program design, implementation and evaluation. NADA recommends the formal incorporation of drug and alcohol peak organisations into MCDS and IGCD as a priority.

Furthermore, as noted in Questions One and Two, the addition of the national Council of Social Services Network and state and territory health, human services and drug user peak organisations into IGCD meetings and planning processes is also recommended to broaden the scope and perspective of this committee.

INDIGENOUS AUSTRALIANS

Question 4: Where should efforts be focused in reducing substance use and associated harms in Indigenous communities?

Strong links exist between the health and social wellbeing of Indigenous communities, alcohol and drug use, violence and interaction with the criminal justice system. Indigenous Australians are heavily overrepresented in the criminal justice system making up almost one quarter of Australia's prison population but underrepresented in drug crime diversion programs⁵. As stated in a report on Aboriginal participation in the NSW Magistrates Early referral Into Treatment (MERIT) Program, "Overall, the ability to identify MERIT clients, the eligibility criteria, the location and the ability of MERIT teams to engage with Aboriginal defendants are key factors that limit MERIT's capacity to treat Aboriginal defendants."⁶

NADA believes that more broader and more accessible diversion treatment programs need to be developed to break the drug and crime cycle that many Aboriginal people are in. Formal court diversion programs like MERIT have failed to address the real needs of Aboriginal people with alcohol and drug issues. NADA believes that the non government drug and alcohol and Aboriginal health sectors are well placed to provide treatment and other programs that address criminogenic risk in Aboriginal communities through a range of culturally appropriate programs.

A more holistic approach in reducing substance use and associated harms is needed which is linked with individual and community social and emotional wellbeing and addresses entrenched social issues that accompany substance use problems including trauma, violence, homelessness, unemployment and family breakdown. While it is true for all people that a one-size-fits-all approach to addressing substance misuse problems is not appropriate, this is especially true for Indigenous Australians, a higher proportion of which live in remote or rural areas. Aboriginal Community Controlled Health Services, particularly those in rural and remote areas, may only have a generalist health workforce but these workers need to be skilled to deal with drug and alcohol issues arising in their community. Additionally, specialist Aboriginal rehabilitation services should continue to be funded and expanded to meet the strong demand for their services. These services focus on wellness, healing and social and environmental issues affecting health and problematic substance use.

Question 5: How could Aboriginal and Torres Strait Islander people's needs be better addressed through the main NDS Framework?

The two areas mentioned above in Question 4 should be considered in the main NDS Framework to better address the needs of Aboriginal and Torres Strait Islander people:

⁵ National Indigenous Drug and Alcohol Committee (2009). Bridges and barriers: Addressing Indigenous incarceration and health. ANCD: Canberra.

⁶ NSW Audit Office (2009). Auditor-General's Performance Audit Report: Helping Aboriginal Defendants through MERIT. Accessed from: <http://www.audit.nsw.gov.au/publications/reports/performance/2009/merit/merit-contents.htm> (Accessed 13 January 2010).

1. Reviewing current drug crime diversion programs to review access, eligibility, engagement and participation of Indigenous people.
2. Adopting a holistic model of care across health promotion and treatment in reducing substance use and associated harms linked to social and emotional wellbeing and that addresses entrenched social issues that accompany substance use problems including trauma, violence, homelessness, unemployment and family breakdown. Such an approach should recognise the contribution and ongoing workforce development needs of Aboriginal specific drug and alcohol treatment programs and Aboriginal Community Controlled Health Services through the development of new funding streams for the non government Aboriginal health and drug and alcohol sectors.

Additionally, meeting the needs of Aboriginal and Torres Strait Islander people with drug and alcohol issues should also be a specific part of a national drug and alcohol workforce development strategy.

Question 6: In that context, would a separate NDS Aboriginal and Torres Strait Islander Complementary Action Plan continue to have value?

Whilst NADA recognises the unique needs of Aboriginal and Torres Strait Islander people and the specialist health services provided by the Aboriginal community controlled sector, NADA believes that the objectives and priorities of the NDS apply equally to Indigenous Australians and as such a separate NDS Aboriginal and Torres Strait Islander Complementary Action Plan would not continue to have value. Instead, the needs of Aboriginal and Torres Strait Islander people should be embedded into the main NDS Framework and where specific programs for Aboriginal and Torres Strait Islander people exist or specific targets and performance measures have been set such as targets under *Closing the Gap*, these should be detailed including how the NDS will collaborate and contribute to meeting these targets.

CAPACITY BUILDING

Question 7: Where should effort on the support and development of drug and alcohol sector workforce be focused over the coming five years?

NADA commends the Australian Government investment into capacity building initiatives particularly with regards to developing the capacity of the non government drug and alcohol sector to work with people experiencing mental health issues through initiatives such as the *Improved Services for People with Drug and Alcohol Problems and Mental Illness Initiative*.

Moving forward into the period of the next NDS, NADA believes that initiatives need to move beyond capacity building (which usually receives one-off time-limited project funding) to funding programs that support a competent workforce and a sustainable drug and alcohol sector (this could be thought of as “Stage 2” capacity building). These funding programs should be seen as supporting the workforce as well as the infrastructure of the sector and should be ‘built into’ the commonwealth and state funding formulas and grant contributions.

The one-off status of capacity building initiatives can prove problematic as funding may be available for a limited period to support additional training, study and supervision or mentoring to build skills and knowledge in clinical and client support roles but as it is not permanent funding, it is not linked with an increase in remuneration to recognise increased skills and responsibilities. This may be a disincentive for some people to participate in such workforce development initiatives and may also lead to staff retention difficulties which impacts upon the long term sustainability of such initiatives.

Recognition of the diversity of the workforce and differing workforce challenges across the broader drug and alcohol sector is crucial in any effort to support and develop the drug and alcohol sector workforce particularly the differences between the medical and non-clinical community workforce and the government and the non government sector. Distinct workforce challenges in terms of career and education articulation pathways, supervision, mentoring and continuing education exist for the non medical drug and alcohol workforce, in particular, workers who are vocationally trained and provide a critical role in frontline work and client support.

NADA supports the development of a drug and alcohol workforce development strategy, particularly within the context of the development of a national human services workforce development strategy (which recognises the contribution of the sector, the connections between a range of social issues such as health, housing and homelessness, mental health and drug and alcohol issues and the need for better collaboration). Further, all jurisdictions should have performance measures relating to the ongoing development of a skilled drug and alcohol workforce as part of their commitment to the NDS and its implementation.

Ongoing research is important for the ongoing development of the drug and alcohol sector including its workforce and NADA is supportive of the development of a coordinated research strategy that includes all sectors involved in NDS and builds on the highly valuable work undertaken to date by the three major Australian drug and alcohol research centres. It is important that research centres are well linked to service delivery organisations and that the ongoing issue of translating research into practice is addressed in the development of a drug and alcohol research strategy.

Question 8: Where should efforts be focused over the coming five years to increase the capacity of the generalist health workforce to identify and respond to substance use problems?

Areas in which effort should be placed to increase the capacity of the generalist health workforce to identify and respond to substance use problems are:

General education about the impact of drug and alcohol use: Educating health workers about the impacts of drug and alcohol use to the individual, and to society as a whole will build their understanding of why it is important for them to identify and refer clients with drug and alcohol issues.

Assessment: Assessing whether a person has a drug and/or alcohol issue.

Interaction: How drugs and alcohol may affect other medications or psychological health.

Referral and treatment: The options and range of specialist services available (both medical/clinical and community based care).

Anti stigma and discrimination education: There is evidence that stigma and discrimination against people with drug and alcohol dependency issues, particularly intravenous drug users, exists in some healthcare services.

The Australian Injecting and Illicit Drug Users League note that: "Discrimination and stigma associated with injecting drug use and hepatitis C infection are major barriers to people accessing hepatitis C testing in mainstream medical environments....A report released in 2001 by the Anti- Discrimination Board of NSW found that: "[H]epatitis C related discrimination in health care settings is widespread..."⁷

Workforce development and capacity building initiatives need to consider not only skills development and the training of the workforce but also the organisational context in which that work takes place. Therefore, such initiative should be supported by appropriate internal organisational and strategic systems and processes to support staff in their role. Factors that need to be addressed for successful capacity building and organisational change⁸ include:

Role adequacy: The workers' beliefs that they have the ability to do the job.

Role legitimacy: The workers' beliefs that the tasks they do are a legitimate part of their job role.

Role support: The workers' beliefs that they will be supported by the organisation they work for to do the tasks required.

These are particularly important to consider in any strategies to support the generalist health workforce to identify and respond to substance use problems.

⁷ Australian Injecting and Illicit Drug Users League (2008), Policy Position paper - Improving Access to Hepatitis C Testing for People Who Inject Drugs. Available from: <http://www.aivl.org.au/files/AccessToHepatitisCTestingforPWID.pdf> (Accessed.23 February 2010).

⁸ These factors and others are discussed in further detail in: Pidd, K., Freeman, T., Skinner, N., Addy, D., Shoobridge, J., & Roche, A. M. (2004) From training to work practice change: An examination of factors influencing training transfer in the alcohol and other drug field. Canberra: Australian Government Department of Health and Ageing. Available from <http://www.nceta.flinders.edu.au/publications/evaluation.html> (Accessed 13 January 2010).

Specific examples of this broader workforce development strategy are two recent partnership projects NADA has led: the Mental Illness and Substance Misuse (MISU) Capacity Building Project (in partnership with Kedesh Rehabilitation Services) and the No Wrong Door Cross Training Project (in partnership with the Mental Health Coordinating Council).

NADA initially identified the need for a resource to assist its member agencies in the treatment and retention of clients with both mental health and drug and alcohol issues. In 2007, NADA supported a pilot program in which Kedesh Rehabilitation Services (KRS) developed a training resource as an approach to meet these needs. The MISU capacity building training works with staff to elicit attitudes, confidence and skill sets in working with clients with comorbid drug and alcohol problems and mental illness. Training is then delivered over a set number of structured training hours with resources and exercises provided for staff to continue learning in their work setting. The project also works with the organisations' management to review and amend operational policies, procedures and practices. Modelled along similar lines, the No Wrong Door Change Management Project has been designed to respond to consumers of the NSW community mental health sector who also have drug and alcohol issues. Further information can be found at www.nada.org.au.

NEW TECHNOLOGIES AND ON-LINE SERVICES

Question 9: What are the particular opportunities and challenges that technology development is likely to pose for the community and the alcohol and drug sector over the next five years?

A number of opportunities exist for the drug and alcohol sector with relation to technology development including improvements to client information management, better use of information and data in service delivery, planning and quality improvement activities and methods for delivering education and interventions. However, for many drug and alcohol services, the issue of technology development remains complex due to variances in knowledge, skills, access and infrastructure and consistency in use of specific technologies across services is difficult to obtain yet often desirable to derive the full benefits of technological advances. As an example, the National Minimum Data Set for alcohol and other drug services has had an uneven roll out across jurisdictions in terms of paper based, electronic and on-line models of data collection and reporting. There needs to be consistency in terms of data collection systems, infrastructure and training.

The challenges of funding information technology infrastructure and maintenance, staff training and access to suitably qualified IT professionals remains an issue for many service delivery drug and alcohol organisations particularly in the non government sector. NADA

recommends that Information Technology and information and data management be built into NDS planning and funding arrangements with all jurisdictions.

INCREASED VULNERABILITY

Question 10: How can efforts under the NDS better complement the social inclusion agenda such as addressing unemployment, homelessness, mental illness and social disadvantage?

As noted in this submission's response to Question One on improving engagement with sectors outside health, law enforcement and education, a policy framework which carefully considers the social determinants of health will complement the social inclusion agenda through recognising and targeting those social factors that increase an individual's risk of problematic drug use and dependence such as mental health problems, homelessness, family and social relationship breakdown and involvement in the criminal justice system. The social inclusion principles outlined in the Australian Government social inclusion strategy *A Stronger, Fairer Australia* would serve as a useful basis for the future policy direction of the NDS. These principles are:

1. Building on individual and community strengths
2. Building partnerships with key stakeholders
3. Developing services tailored to the needs of the community
4. Giving high priority to early intervention and prevention
5. Building joined-up services and whole of government solutions
6. Using evidence and integrated data to inform innovative policy-making
7. Using location approaches
8. Planning for sustainability

Question 11: Where should effort be focused in reducing substance use and associated harms among vulnerable populations?

The non government community sector plays a critical role in meeting the needs of the country's most vulnerable population groups and this is where effort should be focused in reducing substance use and associated harms among vulnerable populations. In particular, services provided by the non government drug and alcohol sector offer an alternative to clients who may not access mainstream government services or have support needs that cannot be met by government drug health services. Within NADA's Strategic Policy and Advocacy Framework 2009 – 2011, the following groups have been identified as areas of priority due to current service delivery or access issues and should be prioritised in the next NDS:

- Aboriginal and Torres Strait Islander People
- People with a mental illness or mental health issue
- People involved in the criminal justice system
- Homeless people or people at high risk of homelessness

NGOs are well placed and have the community connectedness to provide a range of treatment, health promotion and harm reduction services to vulnerable populations that otherwise would not be provided by the government, often at a cost significantly less than what it would cost for government to run the same services. Without the over politicisation and bureaucracy of government service provision, the non government sector has greater flexibility and adaptability in responding to current client needs. Whilst funds may be thin on the ground at times, the freedom for innovation is greater, often achieving 'more for less' in comparison with government. Perhaps out of need, desire, and/or recognising the value, the sector develops partnerships that support improved service delivery for its clients.

NADA argues that the design of funding programs, at the commonwealth and state level, needs to be rethought and moved away from time limited program 'silo' models that inhibit cross-sectoral and cross-program service delivery to vulnerable populations (e.g. programs that target an individual's drug and alcohol or housing and accommodation issues but not both). Programs should be funded in a manner which allows the needs of the individual to be more readily addressed by the one service provider or through a genuine partnership model of service delivery. Such programs cross the portfolios of Government departments and therefore, can be better delivered by outsourcing to the NGO sector and giving government a monitoring role in the delivery of programs that address the multiple dimensions of disadvantage and the special needs faced by vulnerable populations.

PERFORMANCE MEASURES

Question 12: Are publicly available performance measures against the NDS desirable?

To demonstrate a commitment to public accountability, the NDS should make performance measures and achievement against performance measures publicly available over the life of the strategy.

Question 13: If so, what measures would give a high level indication of progress under the NDS?

Measures need to go beyond throughputs and outputs to address the outcomes and actual changes that can be demonstrated as a result of initiatives under the NDS. To achieve this,

NADA believes that a framework for evaluation and monitoring of the NDS needs to be developed at the commencement of the 2010 Strategy with performance measures developed in consultation and in agreement with key stakeholders including non government service providers and research bodies. Setting clear performance measures and outcome targets, possibly through the use of structured frameworks for planning and measuring program performance such as Results Based Accountability⁹, will allow for both formative and summative evaluation data to be collected.

Specific initiatives coming under the NDS should use identified performance measures in developing their own objectives and performance indicators. Additionally, such measures could be used as a basis for collaborative planning for drug and alcohol service delivery between the Federal and State and Territory Governments.

Lastly, NADA remains concerned about the ongoing potential for the politicisation of the NDS given the history of 'culture wars' in the drug and alcohol field. The development, implementation and evaluation of the next NDS should be evidence based and driven by health and human service delivery paradigms and models of good practice. A structured approach to development, implementation, monitoring and evaluation including reportable performance measures limits the ability of the NDS to be highjacked by either end of the political or cultural spectrum.

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⁹ For more information on Results Based Accountability, See Friedman, M. (2005). Trying hard is not good enough: How to produce measurable improvements for customers and communities. Canada: Trafford Publishing or visit www.raguide.org or www.resultsaccountability.com. This framework has been used by local, state and federal government departments for human services planning in Australia, USA and the UK.