

How the upcoming NSW Drug Summit can deliver better outcomes for individuals, families and the community

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The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non-government drug and alcohol sector in NSW. We represent 80 organisational members that provide services in over 100 locations across NSW, employing over 1,000 staff. NADA members provide a broad range of services including health promotion, harm reduction, early intervention, treatment and continuing care programs. NGOs in the drug and alcohol sector provide services to approximately 20,000 people in NSW each year.

NADA supports bold and innovative reform to improve the health and wellbeing of people who use, or have used, drugs across the NSW community. We want to see individual and community outcomes at the centre of the reform agenda, and decisive action to address the current barriers to equitable health outcomes for people who use drugs.

- Many current policies in NSW stigmatise and discriminate against people who use, or have used, drugs. This impacts on people's ability to access health services, housing and employment.
- Access to treatment services remains a significant challenge for many people, their families and loved ones, particularly in regional and rural areas where access to services and workforce shortages in the sector are acute.
- Government funding of NGO services is short-term, limited and has not kept up with the cost to deliver services. A lack of clear policy direction has had a negative flow on effects for innovation, service planning and delivery, workforce and organisation sustainability – making it impossible for the NGO sector to meet the growing demand for services.

Background

The 1999 New South Wales Drug Summit is widely acknowledged as a significant turning point in drug and alcohol policy. In bringing together a variety of stakeholders, it successfully broke through a political impasse at the time and set in train several policy, health and infrastructure initiatives. Some challenges have endured since then, and new ones have emerged.

More recently, the 2018 Special Commission of Inquiry into the Drug 'Ice' undertook extensive consultation with individuals, government agencies, non-government organisations and other agencies, including through regional hearings and engagement with First Nations communities. The resulting 109 recommendations put forward by the Commissioner, Professor Dan Howard SC, lay the foundation for wide-reaching sector reform.

While the report was delivered in 2020, it took the previous NSW Government over two years to respond to the recommendations of the Special Commission of Inquiry. Over this period, many of the challenges experienced in the drug and alcohol sector became more acute and the lack of clear policy direction significantly impacted service delivery. Only 86 of the 109 recommendations were supported or supported in principle. Implementation of the reforms and associated funding is failing to address many of the issues identified in the Inquiry.

Holding a Drug Summit in its first term in office was a key election commitment of the NSW Government. Acknowledging this, and the need for significant change, NADA has developed this Position Paper to outline how the Drug Summit can meaningfully support people who use, or have used, drugs, as well as people impacted by the use of others.

How can the Drug Summit deliver better outcomes?

1. Centre the Summit around the views and experiences of those most impacted

People who use, or have used, drugs should have the strongest voice at the Drug Summit. The Summit should be a safe and inclusive environment for people with living and lived experience to participate meaningfully, with adequate acknowledgment of the value in NGO, community-led, responses.

It is essential that there is representation and meaningful consideration of the lived experience of priority populations including First Nations, multicultural, gender and sexuality diverse communities, people in contact with criminal justice settings and systems, and people in rural and regional locations. The voices and experiences of people with living or lived experience, including families, are critical to inform successful policy responses.

Significant responsibility for drug reform implementation falls to the 1,000 frontline workers in the NSW NGO sector, many of whom have lived experience. The depth of expertise, experience and data in the NGO sector must be leveraged at the Summit, particularly when it comes to supporting priority populations and developing place-based approaches. Inclusion of the NGO sector should reflect its diversity and role as a key partner in reducing drug-related harms.

2. Commit to a holistic, person-centred and trauma-informed approach

In developing policies and programs, the Drug Summit should commit to treating people compassionately and holistically. This means developing policies and programs that support the whole person, rather than addressing just one specific need — and considering their physical, psychological, emotional and social wellbeing, as well as relationships with families and communities.

With this should come acknowledgment of the social determinants of health and equity in NSW – including the relationship between harmful drug use and socio-economic disadvantage, trauma, stigma and discrimination, access to safe and affordable housing and mental health support. Participation in the Summit needs to span all the intersecting sectors and departments.

3. Support evidence-informed drug policy

The focus of the Drug Summit should be on advancing policies and programs that are demonstrated to effectively reduce stigma and discrimination, prevent harm and support people who use, or have used, drugs. This should include examining evidence-based approaches across the spectrum of prevention, early intervention, treatment and harm reduction.

In bringing together a diversity of stakeholder perspectives, the Drug Summit must consider Australian and international best practice, including jurisdictions who have implemented progressive reform programs with success.

In particular, the Summit would benefit from hearing from representatives from other jurisdictions, such as the ACT and Queensland, where drug checking services and the personal possession of small amounts of illicit drugs has been, or is in the process of being, decriminalised.

4. Build consensus across NSW Parliament and with federal stakeholders

A large part of the success of the 1999 Drug Summit was the decision to pause other Parliamentary business and actively educate and engage all Members of NSW Parliament over a five-day period. This included addresses to the Parliament, working groups, panel discussions and field trips to inspect a broad range of treatment facilities.

All government stakeholders would benefit from a clear understanding of what best practice prevention and health education, early intervention, treatment and harm reduction looks like. This would help build consensus around the reform pathway and reduce the politicisation and stigma around drug policy.

As with the 1999 Drug Summit, federal Parliamentary stakeholders should also be engaged in the consensus-building efforts as the Australian Government has a key policy and funding role in the drug and alcohol sector.

5. Be transparent about the process and timing for reform implementation

A more transparent, consultative process is key to overcome some of the pitfalls of recent drug and alcohol reform efforts in NSW, particularly when it comes to implementation and funding. The NGO sector hopes to see clear lines of accountability and visibility over the process and timing for the Drug Summit, and regular communication from Government around activities and opportunities for consultation.

What should the Drug Summit deliver?

Drive improved population health and wellbeing

1. Develop a plan to reduce stigma and discrimination

The Drug Summit should recommend development of a plan to address the significant levels of stigma and discrimination experienced by people who use drugs, as well as their families. Stigma creates barriers to people seeking and receiving help to address drug use and limits opportunities to access other services or employment.

In health settings, stigma and discrimination can range from outright denial of care and provision of sub-standard care to more subtle behaviours such as making people wait longer for treatment – impacts that can result in increased drug-related harms.

Stigma and discrimination also impact policy and funding decisions, as evidenced by the years-long delay in addressing the recommendations of the Special Commission and inadequate funding of drug and alcohol services. Reducing stigma requires legislative change, public awareness and social marketing campaigns with coordinated action across policing, justice, health, housing, and the NGO sector.

2. Decriminalise personal drug use to reduce barriers to care

The Drug Summit should deliver legislative change to decriminalise using or possessing small amounts of drugs for personal consumption. All available evidence suggests that decriminalising minor drug use in favour of harm reduction and investment in additional treatment capacity delivers the best health and wellbeing outcomes for the community. This includes by reducing stigma associated with drug use and reducing barriers to accessing care. While the majority of communities see the benefit of such reform, a key outcome should also be a community education campaign about why this change is necessary.

Decriminalisation must be supported by a robust, well-funded health and social services system, with adequate investment in prevention and health education, early intervention, treatment and harm reduction. A shift to treating drug use as a health issue rather than through the criminal justice system presents an opportunity to reduce stigma and discrimination and shift focus and funding to supporting evidence-based harm reduction and support.

3. Invest in community education, prevention and harm reduction

Increased investment in evidence-based community education and prevention campaigns, as well as harm reduction initiatives should be a priority outcome of the Drug Summit, particularly if decriminalisation is pursued. There is an urgent need to correct the chronic underfunding of community education programs to prevent or minimise harm associated with drug use. Further initiatives should be funded to be delivered by and for communities, as well as via the living and lived experience workforce expertise from priority populations, and community-led health organisations – who can provide tailored and responsive approaches.

Set NSW on a successful pathway to reform

4. Prioritise delivery of a Drug and Alcohol Strategy

Noting that NSW has not had a Drug and Alcohol Strategy in some 15 years, this should be a key deliverable from the Drug Summit. The Strategy should include set priority areas, targets and funding plans and provide strategic direction across prevention, early intervention, treatment and harm reduction – with a focus on ensuring that people have access to services where they live and that meet their needs. It should be developed in genuine collaboration with services across the sector and people with living and lived experience of drug use, including priority population communities.

The NSW Drug and Alcohol Strategy must also recognise and complement national reform objectives. Coordinated effort between the NSW and federal governments is required to reduce duplication and bureaucratic inefficiencies, provide mutual support and guidance for the service system.

5. Deliver drug and alcohol reform via a central agency

Responsibility for implementing reform outcomes from the Drug Summit should sit within the NSW Cabinet Office and Premier's Department to help overcome existing government siloes and drive long-term, cross-sector outcomes. It will enable attention and executive oversight at the juncture and interface of Police, justice, health, housing, and the NGO sector – the NGO sector should be represented on overarching governance structures.

Establishing responsibility for reform implementation within a central agency enables a coordinated approach, ensures resources are properly utilised and manages reporting and accountability across government and industry. Centralising policy delivery would also support better data collection, analysis, and accountability. A public report card should be considered to report back to community.

Support NGO sector reform

6. Ensure NGO funding reflects service demand and support the need for holistic treatment

People accessing drug and alcohol services often present with a range of issues impacting their lives. Common co-occurring concerns include homelessness, mental health, domestic and family violence and child protection involvement. To deliver meaningful improvements, the Drug Summit must ensure that policies and programs respond holistically to people accessing services, supported by appropriate funding models.

NGOs are inadequately funded, usually for fundamental treatment options such as withdrawal management, residential rehabilitation, counselling, case management, and day programs. They are not funded to provide necessary psychosocial support, including post-treatment, but the sector is necessarily absorbing the additional strain where funding does not meet community needs. The sector is also not adequately funded to address the increase in compliance and growing insurance costs. Funding of the sector must be long-term and include cost escalation.

The implementation of the Special Commission recommendations is only funding new services outside of the public system, without addressing the existing NGO service infrastructure which has been struggling for years. Further procurement models, such as open tendering, are unfairly disadvantaging First Nations run organisations, and other NGOs that deliver services to their own communities. Priority populations can have difficulties accessing conventional programs. There is a need for specialised services for people who face barriers to treatment, e.g. First Nations, multicultural, gender and sexuality diverse communities, people in criminal justice settings and people in rural and regional locations. Consideration should be given to how services for priority populations are funded.

7. Address NGO workforce sustainability

The current NGO workforce cannot meet the demands of the community. Any reform outcomes from the Drug Summit must recognise the importance of a sustainable NGO workforce to support delivery of health and social services in NSW. The NGO workforce should be treated as a valuable long-term investment with a clear strategy in place to attract, retain and upskill multidisciplinary staff, including identified living and lived experience roles.

Noting that the NGO sector has a clear competitive disadvantage in attracting and retaining staff, workforce retention requires a specific focus. This should include better compensation structures (for example a dedicated Award for the AOD sector could be considered), longer contract duration, more opportunities for professional development, clinical and cultural supervision, formal work recognition structures and genuine career opportunities – including the ability to move within the NGO sector and transfer between the NGO and public sectors while retaining employee benefits. Drug and alcohol service delivery is dynamic and demanding, therefore we need systems in place to ensure that the NGO sector is an attractive employment proposition for health professionals and that we protect the welfare and wellbeing of the NGO workforce.

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