National Drug Strategy 2010 -2015
Stakeholder Forum
Summary Report

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1 Executive Summary

The Stakeholder Forum consultation conducted on behalf of the Intergovernmental Committee on Drugs was held in Canberra on the 2nd December 2010. The Stakeholder Forum comprised invited participants from a number of peak body organisations who had been involved in the roundtable discussions that had led to the Draft National Drug Strategy (NDS) 2010-2015.

The participants attending the forum were asked for their views and opinions on the consultation Draft of the NDS, with a particular focus on identifying any key gaps or structural concerns requiring specific attention.

Participants generally noted that the revised draft of the NDS was a better structured and more connected document than previous NDS versions. There was widespread support for the outlined mission statement and participants agreed that the links between the mission statement, objectives and action items were in most part logical and simple to follow.

There was a consistent view of the need to use more “action” oriented language throughout the draft NDS. Discussion surrounding this issue was most prevalent in the three pillars segment of the workshop. Participants were seeking that the proposed actions under each of the three pillars were more directive. There was also a view that some of the actions were written too broadly, making it difficult to clearly understand the associated activities that should be undertaken. This would therefore make it difficult to monitor progress.

A number of participants suggested the tone of the document was too negative. This particularly related to the NDS emphasising “problems” or “negative experiences” that people had with drug and alcohol use. One approach proposed to dealing with the issues of negativity would be to highlight the positive outcomes that are being achieved by the successful implementation of particular strategies or activities rather than focussing on the problems or underlying issues.

There was a consensus among participants of the need for the Ministerial Council on Drug Strategy (MCDS) to remain in place as it provides national direction and a discrete link with key decision makers on drug and alcohol issues. While participants also sought that consumers and the non-government sector be better represented in the governance section of the NDS, there was not agreement on how this should be articulated or what mechanisms would best enable engagement with existing governance fora.

Participants welcomed the introduction of chapters on workforce, evidence base and performance measures. There were calls to better articulate existing data collections within the document and to identify how they could support the performance measures outlined.
2 Background and Introduction

The National Drug Strategy (NDS) Roundtables were conducted on behalf of the Intergovernmental Committee on Drugs National Drug Strategy Development Working Group. 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, including:

- 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 an outlined set of questions on specific issues. These same questions were used as the basis for the discussion of the roundtables.

The roundtable consultations where 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.

Following the NDS roundtables a Draft NDS Strategy 2010-2015 was developed and released by the Ministerial Council on Drug Strategy on 18 November 2010. The NDS Stakeholder Forum was held in Canberra on the 2nd December 2010 to discuss this consultation draft. The Stakeholder Forum comprised in excess of thirty participants, representing a range of stakeholder interests across the alcohol and other drug sector. A number of the participants had attended one of the previous roundtable discussions, so were informed about the issues previously raised.

The forum was established to bring key stakeholders together to exchange views on the Draft NDS. The workshop agenda was formed to best enable participants to provide input to the draft NDS structure, to identify any key gaps in the document and to advise on the tone and language.
3 NDS Framework

In general participants were supportive of the draft National Drug Strategy 2010-2015, noting a clear connection between the mission statement, objectives and action items. Participants were supportive of the mission statement, with some suggestion that consideration be given to replacing the word minimising with reducing. This suggestion was in line with participants seeking more consistent use of language throughout the document (e.g. the document currently refers to drug and alcohol use, misuse and abuse).

There was a view that the NDS remain the header strategy providing an overarching framework for drug strategy activities throughout Australia, but that there needs to be a clearer link to the other related strategies and sub strategies. A few participants referred specifically to the National Preventative Health Strategy as a key related strategy where closer links are required.

A number of participants sought that the executive summary be expanded to provide a more detailed summary about the objectives and actions identified across the three pillars.

Participants were generally supportive of the key challenges outlined for 2010-2015, but noted that it was unclear as to the intention of identifying these challenges as priorities. For example some participants felt that by identifying the outlined challenges as priorities in the NDS, this would direct funding priorities at the jurisdictional level, while others assumed that this would direct monitoring and data collection activities. Some participants indicated that one of the key challenges AOD workers were facing, was dealing with people who had mental health issues and the difficulty they had in accessing appropriate support services.

In relation to gaps in the NDS, participants sought that a stronger emphasis be placed on the importance of partnerships and that the NDS acknowledges the misuse of pharmaceutical drugs by “non-traditional” drug uses (e.g. pain patients). In relation to key service delivery/government segments, it was noted that the framework should highlight the importance of good working partnerships across law enforcement, primary care health services, treatment and existing community and/or human services. Along this line participants wanted to maintain and expand the MCDS portfolio to include portfolios that reflect jurisdictional implementation; e.g. human services, welfare and education.

There was discussion amongst the majority of participants of the need to better recognise the importance of consumer participation in NDS activities, particularly to help inform targeted intervention and support activities. Participants were pleased that the framework acknowledged the important role played by families in the successful delivery of drug and alcohol measures; however, a few participants felt this could be strengthened throughout the document. Some participants also sought that there be a greater reference to increasing emphasis on NDS activities within correctional facilities.
4 The Pillars

Participants were generally supportive of the objectives and key activities outlined in the Three Pillars section. Further, participants wanted an overview of the key objectives included in the executive summary. It was noted that commentary is required up front in the NDS that there is an intention that there be equal weight of importance placed across each of the pillars.

4.1 Supply Reduction

Participants noted that there would be value to include an outline of successful supply reduction strategies that have been undertaken to date in the preamble. Further it could be stated and that these strategies are being used to inform future activities in supply reduction. There was a view that this approach would better inform the description of the key objectives and actions currently outlined.

There was a view that one of the key supply reduction challenges relates to the availability of alcohol and that the NDS should give more weight to having additional focus on reviewing the existing regulatory framework.

Participants sought that there be additional reporting on the cost effectiveness of supply reduction strategies, as this would assist government to determine how best to allocate funding to combat the effects of inappropriate drug use. In addition to this, a number of participants also sought that the NDS outline the distribution of public funding across all three pillars, which would highlight the heavy focus on supply reduction activities.

It was noted by participants that the NDS should also take into account the monitoring of unintended consequences that particular supply reduction strategies may have. For example if the supply of particular illicit drugs is reduced there may be a corresponding increase in the use of alternative illicit drugs.

Additional suggestions emanating from discussions was the need to emphasise the links between supply reduction and treatment, improve overall data collection arrangements and the need for more proactive research, particularly in relation to precursor chemicals.

Participants were generally supportive of the two outlined supply reduction objectives. Key points raised include:

4.1.1 Objective 1

- Consider amending the last action point to make it more action oriented, for example:
  “better utilisation of available data, and understanding the impacts of supply reduction strategies”

- Include reference to considering secondary supply legislation as part of action point 8.
4.1.2 Objective 2:
• Recognise the role of all levels of government (e.g. commonwealth can do taxation, local can do licensing, etc.).
• Acknowledge that do not want unintended consequences of limiting supply to pharmaceuticals.
• Action point 5: include reference to local government authorities as part of fostering cross sector relationships.
• Action 6: separate into two points
• Action 7:
  ◦ Has a negative tone – implies it is the doctor’s fault for prescribing incorrectly.
  ◦ Mention vets as part of supply chain for pharmaceuticals.
  ◦ Make more specific, such as implementing online, real-time prescribing.
• Include actions from the National Preventative Health Strategy in relation to reducing the density of outlets serving alcohol and consideration of extending volumetric taxation for alcohol products.
• Need to include an action that looks at improving the collection and sharing of consistent wholesale sales data for alcohol and other licit drugs.
• Action point 10: The purpose of the action item is unclear. Need to undertake research activities to guide policy development, inform implementation of supply reduction strategies and monitor effectiveness of existing strategies.

4.2 Demand Reduction
It was suggested that the preamble section be expanded to provide a short discussion on drug and alcohol use, with the inclusion of a statement acknowledging that in most cases people consume alcohol responsibly and use drugs appropriately.

Participants from the treatment sector sought that there be acknowledgment that treatment programs have been successful in reducing demand for individuals and many population groups and remains a key strategy.

Many participants sought that additional emphasis or weighting be placed on demand reduction strategies for inappropriate alcohol use, as this remains the key area of concern.

Participants also noted that the NDS should emphasise that we cannot just focus on individuals and individual capacity in recovering from dependence. There is a need to focus on the quality, accessibility, and availability of services. Barriers to service access can prevent people achieving their treatment goals even if individuals are highly motivated.
Specific feedback regarding the Objectives is provided below.

4.2.1 Objective 1
- Need to talk about culture of intoxication as a barrier to changing drinking habits.
- Consideration be given to inclusion of an action item for the implementation of volumetric alcohol taxation and related target pricing initiatives – e.g. alcohol pops tax.
- An action item is included which encourages implementation of early intervention and diversion programs.
- Talk about implementing volumetric tax and related targeted pricing mechanisms
- Action 1: be more specific about what is a “healthy lifestyle”
- Action 5: use “broad media”.
- Update action point 6 to also include limiting sponsorship (current focus is on advertising and promotion).
- Action 7:
  - strengthen wording to say “ensuring” rather than “influencing”. Perhaps even discuss updating the Australian Press Council rules.
- Action 9: change this to be about getting the evidence to teachers to strengthen school drug education.
- Include an action item which identifies the need to engage with teachers and local community groups to support them in their role of preventing drug misuse.

4.2.2 Objective 2:
- Consideration is given to expanding on the definition of interventions outlined in action point 3.
- Need an action item included that acknowledges the key role of primary health care sector in supporting the reduction of drug misuse.

4.2.3 Objective 3:
- Include an action item that seeks to remove existing price barriers, which prevent people from having access to a full range of treatment options.
- There is a need to include a specific action item that calls for supporting corrections programs that focus on supporting people recover from dependence and re-connect with society upon release.
- There was strong support for the final action item, but participants sought an additional item to reflect the need for the provision of adequate support at government levels to enable better linkage across the various sectors.
4.3 Harm Reduction

Participants noted that part of the preamble says that all pillars are equal and that this should be stated earlier in the document in the executive summary.

Participants also noted that there needed to be an emphasis on articulating the important roles families, schools and other local community organisations have in implementing harm reduction strategies.

In relation to the structure of the section, a few participants suggested that the objectives could be structured to accommodate: i) individuals, ii) families, iii) communities.

Specific feedback regarding the Objectives is provided below.

4.3.1 Objective 1:
- Include “health” in the objective.
- The action items should include a greater emphasis on involving/supporting families to participate in early intervention activities.
- Participants also sought that the action items better reference other community concerns regarding drug misuse – such as reduced economic output and vandalism.
- Action point 2: could be re-worded by inserting “move towards …” (rather than “investigate”).
- Action point 3: include drink driving.
- Action point 5: talk about “enchancing” and “building.”
- Action point 6: Ensure there is clarification as to what workforce encompasses.
- Possibly include additional actions:
  - on reducing alcohol related harms around licensed venues;
  - on reducing environmental risk factors around alcohol; and
  - on working towards national consistency with RSA and training for this.

4.3.2 Objective 2:
- The preamble to this section should also discuss the positive outcomes when families are provided with the right tools, support and resources to assist those misusing drugs.
- Need to include a link to the existing child protection framework.
- Need to consider providing additional focus to illicit drugs – not just alcohol and tobacco.
4.3.3 **Objective 3:**

- Include an action item which identifies the need to enable the better access to and use of local services including GPs.

- There was a suggestion to include specific action on making innovative/evidence based nicotine interventions more available to smokers.

- Participants felt action item 4 needed to be expanded to ensure the intention was clearer.

- There was a need for an action item that proactively targeted education and support services to vulnerable/ at-risk groups.

- Possibly include actions:
  - on introducing less harmful delivery of nicotine;
  - on ensuring consumer involvement;
  - on carers (same as consumer but maintain as separate point);
  - on reducing harms from drug policy (e.g. harm impact assessment?);
  - on increasing non-custodial sentencing options; and
  - on targeting those who are vulnerable.
5 Governance

Participants wanted a broader and more encompassing governance structure. They wanted the NDS to articulate that governance needed to go beyond the law enforcement and health portfolios. There was a need to interact with community services sector, education and the broader community.

Participants sought better representation of the non-government organisation and AOD sectors in the governance structure. Many participants identified that ADCA could be included as a representative body of the AOD sectors, but it was noted that there was not consensus that ADCA is the only representative of the NGO treatment sector.

It was also acknowledged that consumers needed to be better engaged in the overall governance arrangements, but participants noted that identifying suitable representatives would be difficult.

While there was not agreement reached on the specific make up of future governance arrangements, there was a consistent view of the need for better linkage to the NGO and AOD sectors. Without these improved linkages, which would allow for the better transfer of information and sharing of ideas, participants were concerned that the NDS would remain a document for government as opposed to the broader sector.
6 Workforce

There was strong support for the inclusion of a workforce chapter within the NDS. Participants were keen to ensure that an appropriate definition of the workforce is included, which recognises the diversity of the workforce and reflects that it includes a highly specialised and interdisciplinary workforce.

The view was expressed that the NDS needs to support the development and maintenance of an AOD workforce from diverse backgrounds including people with experience (peer workforce). It is also important to include people who use/ have used drugs in workforce training for AOD sector.

Participants noted the importance of the NDS identifying that while training is an important aspect of workforce development there are a broad range of issues facing the workforce. These include remuneration, career progression, and the establishment of a core set of competencies. Further, a key emphasis on workforce development and training needs to be about providing opportunities for other workforce – e.g. police who are dealing with drug issues.

Some participants sought that the outlined workforce challenges be re-framed into action items or action statements. In particular there was a view that more emphasis needed to be placed on workforce supply and retention.
7 Evidence Base and Performance Measures

Participants were supportive of the inclusion of performance measures and the emphasis on building a strong evidence base within NDS activities.

There were a broad range of suggestions about the need to look at additional indicators including:

- the price and availability of drugs as a KPI – the higher the price and less readily available indicates that the market is struggling to source/obtain drugs to sell.
- the percentage of people who acknowledge sharing or reusing somebody’s syringe.
- inappropriate use of prescription medicines.
- Pharmaceutical overdose.

In relation to research, participants from the AOD sector noted the need for commitment to better supporting the collection of data and undertaking of research.
8 Participants

The Canberra consultation workshop was attended by 30 participants. A list of participants and the organisations they represent can be found at Attachment A.
## Attachment A – Participants List

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth Singer</td>
<td>ACSSO (Australian Council of State School Organisations)/ APC (APC)</td>
</tr>
<tr>
<td>David Templeman</td>
<td>ADCA (Alcohol and Other Drugs Council of Australia)</td>
</tr>
<tr>
<td>Brian Flannigan</td>
<td>ADCA (Alcohol and Other Drugs Council of Australia)</td>
</tr>
<tr>
<td>Rosemary McClean</td>
<td>ADF (Australian Drug Federation)</td>
</tr>
<tr>
<td>Richelle Jones</td>
<td>AFP (Australian Federal Police)</td>
</tr>
<tr>
<td>Annette Douch</td>
<td>AFP (Australian Federal Police)/ NDS (National Drug Strategy) Working Group</td>
</tr>
<tr>
<td>Jonathan Curtis</td>
<td>Attorney General’s Department/ NDS Working Group</td>
</tr>
<tr>
<td>Simone Gangell</td>
<td>AIC (Australian Institute of Criminology)</td>
</tr>
<tr>
<td>Dr John Herron</td>
<td>ANCD (Australian National Council on Drugs)</td>
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<tr>
<td>Gino Vumbacca</td>
<td>ANCD (Australian National Council on Drugs)</td>
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<tr>
<td>Prof Margaret Hamilton</td>
<td>ANCD (Australian National Council on Drugs)/ NDS (National Drug Strategy) Working Group</td>
</tr>
<tr>
<td>John Ryan</td>
<td>Anex</td>
</tr>
<tr>
<td>Lynne Magor-Blatch</td>
<td>ATCA (Australian Therapeutics Communities Association)</td>
</tr>
<tr>
<td>Jann Smith</td>
<td>ATDC (Alcohol, Tobacco and Other Drugs Council Tasmania)</td>
</tr>
<tr>
<td>Carrie Fowlie</td>
<td>ATODA (Alcohol, Tobacco and Other Drug Association ACT)</td>
</tr>
<tr>
<td>Annie Madden</td>
<td>AIVL (Australian Injecting &amp; Illicit Drug Users League)</td>
</tr>
<tr>
<td>Dr Alex Wodak</td>
<td>Clinician</td>
</tr>
<tr>
<td>Kelvin Chambers</td>
<td>DAMEC (Drug and Alcohol Multicultural Education Centre)</td>
</tr>
<tr>
<td>Simon Cotterell</td>
<td>DoHA (Department of Health and Ageing) / NDS (National Drug Strategy) Working Group</td>
</tr>
<tr>
<td>Name</td>
<td>Organisation</td>
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</tr>
<tr>
<td>Tony Trimmingham</td>
<td>FDS (Family Drug Support)</td>
</tr>
<tr>
<td>Larry Pierce</td>
<td>NADA (Network of Alcohol and Other Drug Agencies)</td>
</tr>
<tr>
<td>Anne Roche</td>
<td>NCETA (National Centre for Education on Training and Addiction)</td>
</tr>
<tr>
<td>Scott Wilson</td>
<td>NIDAC (National Indigenous Drug and Alcohol Committee)</td>
</tr>
<tr>
<td>Melanie Walker</td>
<td>PHAA (Public Health Association Australia)</td>
</tr>
<tr>
<td>Pier De Carlo</td>
<td>Vic Health/ NDS (National Drug Strategy) Working Group</td>
</tr>
<tr>
<td>Lauren Trask</td>
<td>QNADA (Queensland Network of Alcohol and Other Drug Agencies)</td>
</tr>
<tr>
<td>Andris Banders</td>
<td>SANDAS (South Australia Network of Drug and Alcohol Services)</td>
</tr>
<tr>
<td>Sam Biondo</td>
<td>VAADA (Victorian Alcohol and Drug Association)</td>
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<tr>
<td>Jill Rundle</td>
<td>WANADA (Western Australia Networks of Alcohol and Other Drug Agencies)</td>
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