Component 1 case study 1: National Alcohol Strategy 2006-2009

Background

Alcohol has substantial economic and social impacts in Australia: it is embedded in many aspects of cultural life and makes a significant contribution to the Australian economy. It is also associated with a wide range of health-related harms and community safety issues. The National Alcohol Strategy: 2006-2009 (the Strategy) is therefore of particular interest and importance as a core sub-strategy of the National Drug Strategy 2004-2009 (NDS).

Development of the Strategy (to replace the National Alcohol Strategy 2001-2003/2004) was proposed by the IGCD in September 2004 and endorsed by the MCDS in November 2004. Professor Margaret Hamilton presented the draft Strategy to the IGCD in September 2005. The final Strategy document and its public release were endorsed by the MCDS in May 2006.

Aims of the Strategy

The Strategy is intended as a plan for action with a focus on developing safer and healthier drinking cultures in Australia to prevent and minimise alcohol-related harm to individuals, families and communities.

It has four aims, which translate to four priority areas: (1) reduce the incidence of intoxication among drinkers, (2) enhance public safety and amenity at times and in places where alcohol is consumed, (3) improve health outcomes among all individuals and communities affected by alcohol consumption, and (4) facilitate safer and healthier drinking cultures by developing community understanding of the special properties of alcohol through regulating its availability.

A fifth component of the strategy (‘Where to from here?’) highlights the need for coordinated and integrated approaches (eg disseminating, communicating and promoting the Strategy, building partnerships, coordinating outcomes), building the research agenda, enhancing data collection and monitoring and evaluating the Strategy’s impact on community drinking cultures.

Each priority area comprises a set of sub-areas with recommended responses that are presented along with supporting research evidence and examples of best practice. The four priority areas and their recommended responses cover: supply reduction, demand reduction and harm reduction interventions. They involve health, law enforcement and education sectors across different levels of government and non-government agencies and industry groups.

Purpose of the case study

This case study examines the extent to which the Strategy promotes coordinated or consistent approaches for alcohol-related strategies and policies across jurisdictions (Commonwealth, State, Territory and local government) for the health, law enforcement and education sectors.

Proposition tested by the case study

There is a difference between the National Alcohol Strategy document itself (an agreed position by the Australian Government and State and Territory Governments), and the Strategy as a set of actions and activities comprising its development, implementation, and evaluation. This case study deals with this second meaning.

The proposition to be investigated is that the Strategy in practice provides advice on coordinated and consistent approaches in alcohol-related strategies and policies across the jurisdictions – State, Territory and local government – for the health, law enforcement, and education sectors (including both government and NGOs).

For the purpose of this case study, we have considered the width and depth of interest group, expert, and public involvement in the policy development process – for example, in identifying the need for the Strategy, using evidence from scientific studies, and achieving a high level of agreement across jurisdictions and the public and private sectors (government
and NGOs). We have also considered how far the Strategy has been used to guide policy and program implementation, resource allocation and capacity development across the jurisdictions and sectors, and the extent to which the Strategy provides an integrated basis for evaluating outcomes.

**Method**

Content analyses of relevant documentation and informant interviews were used to test the proposition, and a set of research questions guided the document analyses and interviews.

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The documents reviewed included the current and previous National Alcohol Strategy documents, and equivalent State, Territory and local government alcohol policy and strategy documents. Key international publications were reviewed on major components of contemporary national alcohol strategies and policies.

A set of discussion topics derived from the research questions were used to facilitate informant interviews. Informants included members of the Strategy’s project development and advisory groups, and those involved in developing and implementing alcohol-related strategies and policies at jurisdictional levels. The latter group included representatives from law enforcement, health and education sectors and local government.

Representatives of the alcohol industry were also interviewed. Informants were initially identified by the evaluation team and reviewed by the Evaluation Project Working Group to ensure adequate representation of all interested parties.

Information gathered through the documentation review and informant interviews was synthesised using the research questions to guide analysis of the Strategy’s role in achieving coherence as defined in this case study. Key themes and issues identified through the analyses were used to structure the report and address the research questions.

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1 See Appendix E for the Case Study interview protocol
Public policy challenges: The Australian context

The National Alcohol Strategy was not developed or implemented in a vacuum. The structure and nature of Australia’s federal system of government constrain the possibilities for its development, processes for achieving high-level agreement on the Strategy, and approaches to implementation.

Context of federalism

In the context of the Australian federal system, the three levels of government – Commonwealth, State and Territory, and local government – have responsibility and accountability for different domains of public policy (health and aged care, education, infrastructure and regulation) as well as different components within each public policy domain.

The separation of responsibilities across levels of government also extends to alcohol-related policies and issues. For example, the issue of alcohol taxation is largely the responsibility of the Commonwealth government, but each State and Territory has its own liquor licensing legislation and regulations. Policing, treatment and educational approaches occur largely, but not exclusively, within state jurisdictions and community safety is often a local government concern.

Differences in, or conflicting priorities and interests among Commonwealth, State and Territory and local governments often occur. Furthermore, there are often differences of interest and priority between the public, private and non-government sectors. These differences create tensions over conflicts of interest and opportunities for collaboration that require negotiation to minimise barriers to consistency in policy and program development and implementation. Negotiating national policy and strategy requires political leadership, skilled public and private sector negotiators, clear structures in which negotiation can take place and well-articulated processes and accountabilities. The National Alcohol Strategy achieved its development through the leadership structures and processes set up under the MCDS.

History of drug strategies and policies in Australia

Over time, national drug strategies and policies in Australia (from the National Campaign Against Drug Abuse in 1995 to the current NDS) have developed approaches based on collaborations and partnerships across levels of government and sectors. It is accepted that a successful strategy usually requires the different sectors to be represented at the table. Agreement among key players in Australia over the guiding principle of harm minimisation in policy and the need for comprehensive strategies to address supply, demand and harm reduction have aided consensus building.

As a key sub-strategy under the NDS, the National Alcohol Strategy (in its various versions) adopts these approaches and stresses the need for integrated and coordinated responses. It is this that has made the Australian approach to national policy building, through the National Drug Strategy generally and the National Alcohol Strategy in particular, stand out in the international arena.

Alcohol strategies: the Australian approach

Achieving coherence is challenging given the realities of a federal system of government and the need for comprehensive strategy across demand and supply involving a wide range of players in the public and private sectors. It involves developing links among levels of government while maintaining the independence of each level, and reaching beyond government into the non-government and private sectors. A sound national strategy in a federal system should therefore provide clear and practical guidelines on how different levels of government and sectors can contribute and act to develop their own strategies and plans that contribute to overarching national goals.
The Strategy acknowledges the three-tiered system of government and the roles each level of government plays in alcohol-related policies and activities. At the national level, for example, the Strategy highlighted the importance of related national strategies (e.g., mental health, suicide prevention, road safety, injury prevention, nutrition); nationally relevant publications and resources on alcohol issues; and national bodies (e.g., ANCD, ADCA) in providing guidance and advice on alcohol policies and issues. Developing and implementing strategies to deal with alcohol-related harms and liquor licensing reviews were identified as the responsibilities of State and Territory governments. The role of local governments was recognised in direct service delivery and working with businesses and industry groups, community groups and residents in responding to alcohol issues at the local level.

The Strategy provides recommended responses that correspond to the roles and responsibilities at each level of government (as well as at the community level). The Strategy recognises, for example, the need for a national approach to the collection of alcohol wholesale sales data and other alcohol consumption data and nationally consistent training programs in responsible service of alcohol. At the State and Territory government level, the Strategy recommends the need to improve the enforcement of liquor licensing legislation and regulations and review liquor licensing laws. The Strategy also suggests ways in which local governments can be involved, for example, when exercising their building and planning authority and considering the costs and benefits of liquor licensing applications in their area. In addition, the Strategy identifies the need to involve the local community in processes such as in liquor licensing decision-making.

The Strategy also provides a wider understanding of the alcohol issue to provide opportunities for partnerships and buy-in from multiple sectors. Notably, the link between alcohol and crime provides an opportunity for the law enforcement sector to be involved. The enforcement component of the Strategy (e.g., liquor licensing regulations, blood alcohol content limits, penalties for drink driving offences) involves police, industry groups and liquor licensing authorities. Similarly, recommended responses associated with education and training highlight the role that the education sector can play in addressing the alcohol issue.

In light of the drug policy context in Australia, the Strategy allows for a wide range of approaches for action and for strategic collaborations to achieve national goals.

**Impact of related policies**

The Strategy adopts a public health approach while recognising the potential conflict of this approach with social values embodied in other areas of public policy, namely free trade, open markets, and individual freedom.

A key measure of policy coherence is the extent to which it accords or conflicts with other policies. The capacity of the Strategy to provide coherence in national and jurisdictional alcohol strategies and policies is complicated by other national and jurisdictional policies.

The National Competition Policy (NCP) was identified, both in the Strategy document and by informants, as a key policy that conflicts with alcohol strategies that attempt to regulate supply. The application of the NCP to the availability of alcoholic beverages has led to relaxation of laws governing the issue of alcohol licenses. Under NCP, alcoholic beverages are regulated in a manner similar to many other commodities, and so liquor licenses have been made available to a wide range of businesses. Each State and Territory also has its own liquor licensing authority to administer its liquor acts and regulations. Classification of licenses and associated characteristics (operating sites, trading hours) therefore vary markedly from jurisdiction to jurisdiction and location to location.

Strategies that restrict alcohol supply are in tension with economic benefits of the alcoholic beverages industry such as generating employment, retail activity, export income, and tax revenue. Evidence on the cost-effectiveness of taxation and other regulatory measures in reducing alcohol-related harm does not confirm the present policy setting (e.g., Room 2007). The challenge is to find the right balance between protecting the public and allowing free enterprise.
Perceived meaning and expectations of the Strategy

The value placed on the National Strategy differs across jurisdictions, sectors and interest groups. These groups understand the intent of the Strategy in different ways. Informant interviews provided a significant source of information on how the Strategy informs practical actions. Informants identified a number of ways in which the Strategy is currently used. These include:

- Providing a national view or position on alcohol-related issues and required actions - for example, making explicit the nature of issues, defining the problems to be addressed, and identifying broad future directions
- Setting a broad framework and set of principles to guide jurisdictional alcohol strategies and policies, and actions by other potential users of the Strategy such as the non-government sector
- Providing a reference point to support or advocate a particular approach such as intersectoral collaboration, or proposed resource allocation, policy or program development, and implementation in sectors such as police, health and education departments
- Providing a menu of evidence-based actions that various stakeholder groups may undertake

While informants generally agreed on the positive role of the Strategy as a broad, guiding framework, some believed the Strategy has had a limited role in either resource allocation decisions or fostering development and implementation of new plans in jurisdictions. Specifically, respondents cited the lack of a proactive dissemination and policy promotion strategy to ensure public accessibility of the Strategy and the use of well grounded interventions by relevant groups and organisations.

Further, informants noted that common mechanisms for delivering and evaluating the Strategy (eg budgetary implications, performance indicators), were not included in the Strategy document.

Many informants expressed the need for the Strategy to:

- function as, or at least lead to, action and implementation plans
- have a more prescriptive role, for example, by setting priorities for recommended responses or action areas and specifying how resources should be allocated across different priority and action areas
- set performance targets, minimum requirements or data indicators; if not at the national level, then at least within the jurisdictions.
- address mechanisms for aligning budgets at different levels of government with strategic intent and goals of the National Alcohol Strategy. The lack of budgetary implications of the Strategy was identified as a key barrier to the uptake of the Strategy at jurisdictional levels.

By contrast, some informants believed the non-prescriptive nature of the Strategy is valuable and appropriate in the Australian political environment, and specifications about resource allocation and performance indicators are neither practical nor essential in the Strategy document.

Informants’ differing views about the relative strengths, weaknesses and (actual and potential) impact of the Strategy reflect different beliefs about the meaning, value and functions of a national alcohol strategy.

These expectations about what a national strategy can achieve are more practical within a single national government such as the United Kingdom. For example, the UK National Alcohol Strategy document (UK Department of Health 2007) specifies the delivery mechanisms, governance arrangements, budget allocations and performance targets. It also
specifies data sources and indicators for developing, implementing and evaluating their Strategy. Given the reality of the Australian federal system, it is neither practical nor useful to have a national strategy that is prescriptive in resource allocation and accountability, since these are matters within the preserve of different jurisdictions.

The Strategy document can be seen, instead, as a general agreement about the approaches to, and direction of, actions required to address alcohol-related harm in Australia. The broad and non-prescriptive nature of the Strategy document facilitates buy-in to the Strategy by stakeholders across multiple jurisdictions and sectors and allows for flexibility and tailoring of responses at the jurisdictional level.

The policy cycle
The coherence of the Strategy in terms of its development, implementation and evaluation is assessed using a policy cycle approach (see Althaus et al 2007). In the real world, policy making processes do not fit neatly into a convenient set of boxes, but are often influenced by the ebb and flow of sectional interests and political considerations. Nevertheless, the framework can provide a useful normative way of breaking down the policy process into manageable component parts – strategy development, strategy implementation, and strategy evaluation.

Strategy development
The Strategy Development Team was established with input from IGCD and supported by a Project Management Group and four advisory groups. It was responsible for developing the Strategy. The four advisory groups included representatives from a variety of jurisdictions, sectors and relevant industry groups: (1) the Health and Social Issues Advisory Group, (2) the Research Advisory Group, (3) the Alcohol Beverage and Hospitality Advisory Group and (4) the Regulation, Enforcement and Public Amenity Advisory Group.

The Strategy was developed in a collaborative approach involving Australian governments, non-government groups, industry partners, and the broader community. This approach allowed for avenues of influence across the spectrum of stakeholders in a coherent and expert-oriented way.

A comprehensive review of 250 new research reports, articles and books was conducted to inform the development of the Strategy in conjunction with an extensive national consultation process with over 1000 key stakeholders. Consultation methods included meetings with special interest groups and national bodies, national consultation forums, feedback forms and written (paper and online) submissions. The key stakeholders included content experts, position experts (eg government officers) and members of the general community.

This consultation process facilitated an understanding of perspectives across jurisdictions, disciplines, and public concerns by allowing the cross-fertilisation of ideas and informing stakeholders about the views of others. The process was modelled on good policy-making practice - comprehensive in nature in engaging the various communities of interest, and educative in enabling informed discussions about alcohol-related issues and intervention strategies. These were critical to the consensus and policy building process. The Strategy document can be seen as a product of the discussions and negotiations among a wide range of stakeholder groups, that is, as a consensus document developed within the framework of the elected government.

The consensus of informants was that the Strategy developed through an evidence-based, consultative and collaborative process, and the Strategy document was comprehensive in its content, coverage and balance of policy responses. Some informants believed the balance of supply, demand and harm reduction strategies did not align with evidence, which they thought indicated a need for greater emphasis on supply reduction strategies through regulation and restriction of alcohol supply, including taxation reform.
Coherence, then, is the product of negotiated consensus as well as interpretation and application of research evidence. Negotiated consensus is inevitably arrived at through trade-offs of conflicting interests.

**Dissemination of the Strategy**

While informants who were closely involved in the development or implementation of the Strategy were positive and knowledgeable about the contents of the Strategy, many raised the need for the Strategy to reach the wider population.

The MCDS endorsed the final Strategy and its public release in 2006. The Strategy document identified a number of mechanisms to facilitate its implementation. They included ‘disseminating, communicating and promoting the Strategy nationally to key stakeholders’ (31). No clearly identified proactive dissemination and promotion plan was developed for the Strategy.

The Strategy document was made available online and hence accessible to the general public, 1,000 copies were mailed out to key stakeholders, and copies were supplied to IGCD members for further distribution.

However, its dissemination and promotion needed to go further than simply making the document available; it also needed to include deliberate actions that promoted its use as a national consensus statement that could be used in action planning. For a national strategy to have a diverse range of stakeholders onboard, it is necessary to move from passive to active dissemination.

Despite the lack of an active, formal dissemination of the Strategy, there is evidence that the document has been used to advocate policy positions. This suggests that it is being disseminated informally, and having some influence across jurisdictions and sectors.

**Implementation of the Strategy**

Much of the practical coordination, decision-making, implementation and evaluation of the Strategy are the responsibility of the public sector in various jurisdictions (police, health, and education). This is where resource allocation and implementation planning occur at State level in the Australian federal system.

The Strategy documents states ‘that the responsibility for action…rests with government agencies at all levels, the community sector, business and industry, the media, research institutions, local communities and individuals’ (31).

Informants highlighted the lack of an implementation plan as a key gap in the Strategy’s development process. Nevertheless, there are documents indicating that in November 2005 the IGCD agreed to develop an implementation plan for the Strategy. This included a table allocating responsibility for progressing recommendations within the Strategy at national and jurisdictional levels. In February 2006, the IGCD agreed to seek MCDS’s endorsement of the draft implementation plan and its financial implications at its May 2006 meeting. In September 2006, the IGCD noted local government’s response to a national approach to implement the Strategy, and in May 2007 the MCDS noted progress against the five national priority reporting areas under the Strategy. Implementation processes were thus planned for the Strategy by the NDS advisory structures, but it is unclear whether the implementation plan for the Strategy was endorsed by the MCDS or, if endorsed, disseminated.

Many informants perceived a lack of leadership in facilitating the uptake and implementation of the Strategy. While the Strategy document was intended as a plan for action, informants generally did not perceive the document as an action plan (some noted that the previous National Alcohol Strategy (2001-2003/004) was accompanied by ‘A Plan for Action 2001-2003/2004’).
Given the timing and timeframe of the Strategy document, it was preceded in some cases by State and Territory alcohol-specific strategy documents or action plans. Relevant strategy documents or action plans for each State and Territory were:

- **Western Australian Alcohol Plan 2006-2009** – covers the same timeframe as the current National Alcohol Strategy and adopts the focus on developing a culture of responsible alcohol use
- **Tasmanian Drug Strategy: 2005-2009** – identified and proposed the need to develop and implement an Alcohol Action Plan
- **The Victorian Alcohol Strategy: Stage One (2002)** was compiled to initiate the development of the *Victorian Alcohol Action Plan*. In the *Victorian Department of Health Services Plan 2007-2008*, the development of the *Victorian Alcohol Action Plan* was identified as a priority
- **South Australia** currently does not have an Alcohol Strategy, but in light of recent and increasing attention to the social impact of alcohol, the inter-ministerial committee has been re-established to prompt the development of the *South Australian Alcohol Action Plan*, which will sit under the *South Australian Drug Strategy* and the current *National Alcohol Strategy*
- **ACT Alcohol, Tobacco and other Drug Strategy 2004-2008** – has a set of actions specific to alcohol (makes reference to the *National Alcohol Strategy 2001-2003/2004*)
- **NSW Drug and Alcohol Action Plan 2006-2010** – has a set of actions specific to alcohol
- **NT Building healthier communities: A Framework for health and community services 2004-2009** – identifies tackling substance abuse as a key area with a focus on Indigenous population

While State and Territory documents did not always directly refer to the National Strategy document, the Strategy did influence their alcohol strategies and policies because of the extensive consultation process in its development. During this process, State and Territory inputs would have been incorporated into the final document. In other words, the process of influence is multi-directional - some State strategies preceding the national effort, some occurring after, and some appearing at about the same time. This is the type of policy making one would expect in a truly interactive Federal system.

The Strategy, above all else, is a consensus document that has an evolving role in shaping State and Territory alcohol policies rather than a static policy statement. It is not surprising, therefore, that generally speaking State and Territory documents align with the Strategy in their emphasis on collaborative and integrated approaches, and developing tailored community initiatives.

A mixture of supply, demand and harm reduction strategies can be found in all State and Territory documents. However, the balance among these three types of intervention strategies varies across jurisdictions. NSW, for example, has focused largely on demand (prevention) and harm reduction (treatment) responses. While the (national) Strategy document allows jurisdictions to select from its recommended responses, there is a risk that the balance of strategies represented in the Strategy document may not be accurately reflected at the State and Territory level. There is no guarantee that picking and choosing from a range of options will necessarily achieve the stated National Alcohol Strategy goals.

Each State and Territory also identified their own governance arrangements or structures for overseeing implementation of their respective strategies. The level of detail varies considerably among documents. For example, the ACT and NSW documents identify the responsible or lead agency, and provide descriptions of the various government and non-
government agencies involved in implementing the recommended actions to reduce alcohol-related harm.

In summary, the National Strategy may guide and inform implementation in State jurisdictions because it is derived through consensus building with the States and Territories and other parties. However, key public policy implementation aspects such as resource allocation around priorities depend upon matters specific to each individual State.

Evaluation of alcohol strategies

The Strategy specified the need to evaluate its impact on drinking cultures and recommended that jurisdictions share best practice examples of programs and strategies (31). While the Strategy did not specify performance targets on data indicators, it outlined the need to strengthen data collection. In particular, it advocated the need for:

- a nationally consistent approach to the collection of alcohol wholesale data and other appropriate measures of alcohol consumption in consultation with stakeholders
- a national approach to collection of alcohol-related offence information
- data collection opportunities by hospital and emergency departments re: alcohol-related presentations and admissions, including place of last drink
- opportunity to collect local data for targeted actions.

All jurisdictional strategy documents also specify the need for evaluation. Performance targets and data indicators at the jurisdictional level are identified. Again, however, there are variations in the type and range of indicators used between jurisdictions that can be partially attributed to differences in jurisdictional priority areas and recommended actions. Queensland, for example, adopted six indicators from the National Data Indicators Project, while WA specified 16 performance indicators in its Action Plan document.

The Strategy provides coherence in terms of the need for policy, but it does not set performance targets or timelines (other than that all recommended responses are achievable within the Strategy timeframe). Nor did it attempt to specify for the States and Territories what would constitute as a fair and reasonable reporting approach, reflecting the independence of jurisdictions.

In summary, the Strategy document broadly articulates the need to implement and evaluate the alcohol strategies and policies at the jurisdictional level. However, because decisions on the development, implementation and evaluation of alcohol strategies lie with State and Territory governments, the strategy was not specific about accountability at the national level.

Summary and observations

The present case study examined the role that the National Alcohol Strategy plays in providing coordination or integration in alcohol strategies and policies across jurisdictions and sectors. Based on the analyses of relevant documentation and informant interviews, there has been a coherent process of consensus building about the Strategy, but little consistency in the implementation and evaluation of the Strategy. In summarising findings, the following points and observations emerge:

1. The Strategy’s strengths in facilitating a common approach lie in its consensus building in policy, not only through the depth and width of its engagement strategy, but also the extensive use of an evidence base. It has therefore performed as a useful guide that offered a range of evidence-informed action. The relative preference of evidence-based interventions outlined in the Strategy is perhaps tempered by the need for the final document to be acceptable to a wide and diverse group of stakeholders. Nevertheless, the suggested actions covered health, law enforcement and education sectors. They also addressed issues for the jurisdictions, and allowed buy-in by the community sector and alcohol industry. Consensus building by engaging a wide and diverse group of
stakeholders enhances a national strategy’s capacity to be a useful guide that provides agreed options for evidence-informed action.

2. A wide range of sectors and groups participated in developing the Strategy document, but the absence of an active dissemination and promotions plan limited opportunities for a national implementation of effort across jurisdictions and sectors. The Strategy was disseminated to policy makers but not further afield. As a result, the effects of a national strategy and its use in planning actions in the non-government and private sector are more likely to depend on individual effort and informal processes of influence.

3. The adoption of the Strategy in jurisdictions was influenced by the continuing cycle of policy development that preceded the MCDS endorsement and public release of the Strategy. This process sometimes ran in parallel with the Strategy, and sometimes was influenced by events and decisions at State and Territory level after the Strategy’s release. The influence of a national strategy on jurisdictional strategies and policies is thus iterative and bi-directional.

4. Emerging from these findings is the question: How to develop in the Australian context a national strategy that goes beyond consensus building in its development? What the Strategy did not clearly articulate was the mechanisms for aligning resource allocation and effort at different levels of government with the strategic intent and goals of the Strategy. It is a difficult task to achieve such alignment in a federal system of government because of the independence of States and Territories. Yet if a national strategy is to achieve anything beyond consensus building, it requires alignment between resources and strategic intent. Achieving this alignment is often an iterative process negotiated at jurisdictional level through performance planning in police, health and education and other relevant sectors.

5. Finally, a coherent approach to the evaluation of the impact of the Strategy requires development of evaluation processes and related indicators that are not outlined in the national evaluation document. Processes and indicators need to be aligned to the strategic intent of the national effort, namely development of safer and healthier drinking cultures. The priority areas outlined in the Strategy document should provide a starting point for developing processes and indicators – namely, improvements in (1) the incidence of intoxication among drinkers, (2) public safety, (3) health outcomes among all individuals and communities affected by alcohol consumption, and (4) cultural drinking practices.

National strategies vary in their content and intended roles, and hence their outcomes. A national strategy can have a facilitating role that offers a consensus statement, a set of principles, and a sound evidential basis for strategies and interventions. It can also have a strategic role in implementation by actively creating opportunities to link principles and evidence-informed practice to programs and initiatives through specific resource allocation, performance targets, outcomes and timelines.

This case study has found that the National Alcohol Strategy has a facilitating role, but it does not fulfil a strategic implementation role. Informants are divided in their hopes and aspirations for the Strategy, and there is debate regarding its role. For a national strategy such as this to catalyse consistent implementation and sound evaluation of associated programs and initiatives, it is important to take a role that extends beyond facilitation alone.
Component 1 case study 2: National School Drug Education Strategy May 1999

Aims of the Strategy

Drug use and misuse have significant effects on health, social, and educational outcomes for young people. As part of a larger effort to tackle drug issues through education initiatives, schools have an important role in educating young people about drug-related harm.

The National School Drug Education Strategy: May 1999 sought to strengthen educational programs and supportive environments for young people by addressing drug issues in the school setting. Its goal was ‘no illicit drugs in schools’, which the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) endorsed in December 1997.

The stated purpose of the Strategy was to ‘provide a broad statement of principles and strategic intent for Commonwealth initiatives and funding under the National Illicit Drug Strategy in the area of school drug education’ (DETYA 1999). Acknowledging that primary responsibility in this area rested with the States and Territories, the Strategy recognised the need for a national approach to new school drug education initiatives, and an integration of existing programs. These actions were intended to enhance resilience among young people, prevent drug experimentation and use, and provide appropriate referrals and interventions.

A total of $47.5 million was provided from 1999 to 2008 for school drug education through the Strategy.

The Strategy focused on preventing drug use and misuse by school students through preventive school drug education programs, and through national protocols and supporting initiatives to help school communities develop better ways of handling drug use. The Strategy has eight objectives:

1. Support the development of safe school environments for Australian school students
2. In conjunction with students, parents, related agencies and the broader school community, develop initiatives, programs and guidelines to support and enhance State and Territory drug education strategies
3. Identify, disseminate and promote the use of good practice models of school drug education policies, programs, curriculum and resources
4. Enhance the range of drug education curriculum materials and resources
5. Enhance the professional practice of teachers and school support staff and support the training of pre-service teachers
6. In partnership with other stakeholder such as health, inform, engage and involve parents about drug-related issues
7. Observing community cultural protocols and in conjunction with students, parents and the broader school community, identify areas of particular need and provide strategies for regions and/or targeted groups
8. Maintain and strengthen the role of research in the development and delivery of school drug education programs to ensure that school-aged children are included in other relevant research under the National Drug Strategy

The Strategy document outlines its rationale, target audiences, process of development, funding sources, key activities, its implementation (for example, by the National Advisory Committee on School Drug Education, and State and Territory School Drug Education Coordinating Committees), and its evaluation mechanisms (outcome areas and performance indicators). It also provides a set of principles for school drug education (Principles for Drug Education in Schools, Ballard et al 1994), many of which relate to good practice in program design, teaching methods and health education rather than drug-specific education.
Purpose of the case study

The purpose of this case study was to examine how the Strategy influenced the ways drug issues were addressed in schools across the various levels of government and the three main school systems (government, independent and Catholic). It also examined how provision of financial and other resources influenced and promoted national consistency through the Strategy. The study addressed the extent to which development of the Strategy has positively influenced school drug education throughout Australia and resulted in a nationally consistent approach.

There is a difference between the National School Drug Education Strategy document itself (an agreed position by the Australian Government and State and Territory Governments), and the Strategy as a set of principles, actions and activities comprising its development, implementation, and evaluation. This case study deals with this second meaning.

We have considered the width and depth of interest groups, expert, and public involvement in the policy development process – for example, identifying the need for the Strategy, using evidence from scientific studies, and achieving a high level of agreement across jurisdictions and the three school systems. We have also considered how far the Strategy has been used to guide policy and program implementation, resource allocation and capacity development across States, Territories and school systems, and provide an integrated basis for evaluating outcomes.

Method

We analysed relevant documentation and information from informant interviews. The documents reviewed included the current National School Drug Education Strategy and equivalent State and Territory government documents on school drug education strategy and policy. Key national and international publications on contemporary school health and drug education strategies, policies and practices were also reviewed.

A set of discussion topics derived from the research questions was used to facilitate informant interviews. DoHA, with the advice of the PWG provided a list of informants for the evaluation. They included people involved in developing and implementing the Strategy at federal, State and Territory levels, researchers and content experts in health and drug education, representatives of the public, independent and catholic school systems, and youth and parent organisations.

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<td>2. What mechanisms or processes were used to develop the Strategy? How effective were these mechanisms?</td>
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<td>3. What mechanisms or processes were used to disseminate the Strategy at the State and Territory levels, and across the three school systems? How effective were these mechanisms?</td>
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<td>4. How has the Strategy informed resource allocation and processes for the development, implementation and evaluation of school drug education policies and strategies at the State and Territory levels and across the school systems?</td>
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<td>5. What are the similarities and differences in school drug education strategies and policies across the States and Territories and the school systems?</td>
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<td>6. To what extent does the Strategy reflect international best practice in school drug education, and what mechanisms were used to help achieve this goal?</td>
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<td>7. To what extent has the Strategy been able to address the needs of the various members of school communities, including schools, teachers, students, parents and local communities in different environments (eg rural areas, Indigenous communities, cultural groups, across age groups)?</td>
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<td>8. How have the funds made available under the Strategy been used to advance its aims?</td>
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<td>9. What other factors (at the system, organisation, personnel and community level) influenced the Strategy’s capacity to provide national consistency in school drug education policies and strategies?</td>
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2 See Appendix E for the case study interview protocols
We used the research questions to analyse the information drawn from the documents and interviews in order to the Strategy’s role in achieving national consistency and increasing school’s capacity to address drug issues and provide drug education.

**Australia’s National School Drug Education Strategy**

**Overview**

The National School Drug Education Strategy was endorsed by the MCEETYA and released in 1999. The Strategy was developed by the National Advisory Committee on School Drug Education (NACSDE), which comprised Commonwealth and State and Territory officers, content experts, law enforcement, and representatives of the public independent and Catholic school sectors, as well as members of principal, teacher and parent organisations and the community. The Strategy document was finalised following a 10-week public consultation process on the draft Strategy document, during which a total of 113 submissions were received.

In comparison with other sub-strategies under the NDS, the management of the National School Drug Education Strategy occurs largely outside the NDS advisory structure. Although DEEWR is represented at IGCD meetings, and the role of drug education in the NDS is widely acknowledged, the Strategy does not appear to have been a major focus of the IGCD. The Strategy is implemented through the DEEWR and the State and Territory School Drug Education Coordinating Committee. This coordinating committee comprises approximately 25 members representing drug education program managers across the public, independent and Catholic school systems, and meets biennially.

The National School Drug Education Strategy can also be distinguished from other sub-strategies under the NDS in two main ways. First, it not only provides a set of principles, approaches and objectives for school drug policy and education; it also specifies the outcome and performance indicators for each of its objectives. Since its commencement, the Strategy has undergone two evaluations - in 2004 and 2008. Additionally, financial resources were provided through the Strategy to support its implementation.

‘No illicit drugs in schools’

Developed in the context of the National Drug Strategic Framework 1998–99–2002–03 (NDSF) and the National Illicit Drug Strategy (NIDS), the National School Drug Education Strategy is also linked with the COAG Tough on Drugs in Schools Initiative.

The Strategy’s goal of ‘no illicit drugs in schools’ reflects this policy context – specifically, the ‘tough on drugs’ or zero tolerance approach to drugs then taken by the Australian Government. Nevertheless, the shift from the harm minimisation and reduction focus of the National Initiatives in Drug Education (NIDE, the Strategy’s predecessor) to the Strategy’s ‘tough on drugs’ position was widely perceived to have created tension and confusion among those implementing the school drug education.

The majority of informants expressed concern about the appropriateness and current relevance of the Strategy’s goal for school drug education in Australia. In particular, many believed the Strategy’s goal did not reflect evidence on best practice, or the reality of drugs issues facing schools. The zero tolerance approach was perceived to contradict the harm minimisation approach to school drug education that had been promoted and adopted through the NIDE. Further, informants consistently pointed out that the emphasis on illicit drugs was contrary to evidence indicating that alcohol was the primary drug of concern for schools.

Although the Strategy identified the need to include education about other drugs (alcohol, tobacco, performance and image enhancing drugs and other substances such as inhalants), and also strategies to prevent drug use as well as reduce drug-related harm, informants perceived a

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3 The 2008 evaluation report was not yet available for review in this case study.
need for greater alignment between the Strategy’s overarching goal and evidence and practice.

In practice, implementation of school drug policy and education under the Strategy continued to follow a harm minimisation approach, which was widely endorsed by stakeholders in the education sector. Informants also agreed that the Strategy provided flexibility for States and Territories to pursue specific priorities and needs in school drug education.

The capacity of the Strategy to accommodate the then Australian Government’s position while allowing scope to implement sound evidence-based approaches can be seen as a strength of the Strategy. However, disjunction between the Strategy’s goal and its practical implementation was perceived by some informants to limit the Strategy’s capacity to provide leadership and strategic direction in school drug education.

Impact of the Strategy

Over a period of nearly a decade, the Strategy has facilitated national consistency in school drug education and enhanced the capacity of schools to address drug issues by providing a range of resources at the national level.

Principles and approaches

The Principles for Drug Education in Schools (Ballard et al 1994; DEST 2004), which underpins the Strategy, has provided a useful set of evidence-based principles for design and delivery of school drug policies and education programs across States and Territories and the three school systems. These principles have been widely disseminated, endorsed and applied in the design of school drug policy and education across jurisdictions and school systems. By promoting the principles of harm minimisation, whole of school approaches, and developing resilience, the Strategy has played an important role in facilitating national consistency. However, some content experts we interviewed thought these principles should now be reviewed so that they align with the best contemporary evidence on drug education.

There was evidence that the cooperative, coordinated and intersectoral approach to drug education advocated by the Strategy has been adopted at State and Territory level. There have been regular formal meetings and informal discussions between DEEWR officers and State and Territory education authorities, as well as between government education officers and representatives of the three school systems within each State and Territory.

The network of communication also extends to a larger community of practice. These cooperative and close working relationships facilitated the development of shared values, understanding and respect, which enhanced the capacity of the Strategy to achieve national consistency in effort while responding to jurisdictional needs and set priorities. Many informants attributed the success of the Strategy - in particular, its longevity and the wide dissemination and uptake of its principles and resources - to the strength of these relationships.

Financial and other resources

In addition to providing guiding principles and approaches for school drug education, practical implementation of the Strategy has been supported by financial and other resources provided to the States and Territories.

Approximately $18 million was provided by the Australian Government to DETYA to develop and implement the Strategy over four years from 1999 to 2002-2003. Following an evaluation of the Strategy at the end of this period, funding was provided for an additional four years (to the end of 2008). In total, $47.5 million has been allocated for school drug education through the Strategy from 1999 to 2008. With the Strategy now built into the core funding of DEEWR, the basis on which the Strategy is funded has become ongoing rather than time-limited.
Generally these funds were to be used within a 12-month period. They provided for nationally strategic projects as well as proposals for funding submitted at the State and Territory level. State and Territory school drug education officers said their capacity to plan and achieve the intended outcomes was often limited when funding was tied to a 12-month timeframe. They emphasised the need for longer-term funding to enable adequate planning, and welcomed the recent shift to a four-year funding period.

Through the Strategy DEEWR commissions projects and assesses and makes recommendations on funding submissions, with the assistance of relevant experts and practitioners in the field. A significant proportion of funding has been used to develop and disseminate a range of national resources to support the delivery of school drug education. These resources include information and education materials (books, videos, CD-ROMs, websites) that target primary and secondary school students and staff, parents, as well as professional development resources for teachers. Key national resources include:

- Resilience Education and Drug Information (REDI) resources
- Keeping in touch (The KIT): Working with Alcohol and Drug use
- Cannabis and consequences
- Rethinking Drinking
- Indigenous Rural and Remote

In addition, funding provided through the COAG Tough on Drugs in Schools Initiative has contributed to the development of the National Framework for Protocols for Managing the Possession, Use and/or Distribution of Illicit and Other Unsanctioned Drugs in Schools (DEST 2000) to ensure consistency in responses to drug-related incidents in schools. This funding has also been used to develop education resources and materials to support the design and implementation of local school and community drug summits.

Apart from these national resources, some States and Territories have also developed specific school drug education resources to meet their specific needs.

According to an evaluation of the Strategy and the COAG Tough on Drugs in Schools Initiative (Health Outcomes International 2004), funding provided to States and Territories between 1999 and 2003 was used for a range of activities that addressed various aspects of the Strategy’s objectives. These activities include:

- Professional development resources and training for educators
- Research, data collection and evaluation
- Resource material development and dissemination
- Local school and community drug summits (COAG activities)
- School drug policy development
- Implementation of specific drug education programs

Informants agreed that the national resources were generally based on sound evidence and were well-received and highly accessed by schools.

While these resources were clearly identified as a major achievement of the Strategy, informants stressed the need for professional development and training to accompany the resources. Resources unaccompanied by professional development were less likely to be used. In particular, resources that were distributed to schools directly, rather than through States and Territory education authorities, were less likely to be supported by professional development. In line with this view, professional development has now become the primary focus of funding provided through the Strategy.

The Strategy’s national resources have contributed to many similarities in approach, but there have been notable variations in how school drug education is implemented, between and within States and Territories. These variations can be attributed to how school drug education
programs are integrated into the curriculum. Differences among States and Territories in their geography, main drugs of concern, specific sub-population groups, workforce capacity and funding priorities influence the nature and extent of school drug education activities in each jurisdiction.

For example, Queensland and Northern Territory have both developed projects that target school drug education for Aboriginal and Torres Strait Islander groups. With additional state funding for school drug education, Victoria, South Australia and Western Australia have been able to undertake research, resource development and support activities to meet specific needs in addition to national initiatives. Implementation of the Strategy in smaller jurisdictions and those that receive only federal funding focuses largely on implementing national initiatives and disseminating national resources.

Across schools, a range of factors influence the nature and quality of school drug education programs delivered. These factors include competing priorities (for example, with literacy programs), and perceptions of the importance of drug education by the school community. The attitudes, experience and competence of the teachers delivering drug education, the availability of professional development and training, and the capacity of teachers to undertake professional development have important implications for the quality of drug education provided to students.

In summary, it is evident that the financial resources and other support materials provided at the national level have been critical in supporting implementation of the Strategy, especially for those jurisdictions and schools that receive no other sources of funding.

The 2004 evaluation of the Strategy assessed the progress made towards achieving each of its objectives. It found that the principles, approaches and resources developed and disseminated have been widely adopted at State and Territory level, and that the Strategy has supported the design and delivery of evidence-based school drug policy and education programs. It identified a need to extend the coverage of school drug education, and made recommendations on maximising the use of resources, greater sharing of information and best practice across States and Territories, developing a comprehensive approach to professional development, providing training of pre-service personnel, stronger engagement of parents, improving performance measurements, and efforts to meet the needs of specific population groups and local contexts.

**Future needs and challenges**

This case study identified a number of future needs and challenges in school drug education in Australia.

The Strategy has increased the profile of school drug education in the broader program of effort to tackle drug issues in Australia. However, many informants emphasised the need to have realistic expectations about the impact that schools can have on substance use behaviour among young people – both during and beyond their school years. In particular, they pointed to the wide range of factors that influence the uptake of drugs among adolescents, many of which occur outside the school environment.

There is a large body of research on school drug education, most of which provides only limited support for the efficacy of school drug education programs. Although the principles and approaches, and resources developed through the Strategy are evidence-informed, it remains a key challenge to ascertain the fidelity of implementation and the effectiveness of school drug education programs implemented through the Strategy. Many informants thought the performance indicators specified in the Strategy document do not address the quality of drug education provided in schools.

Some informants highlighted the need for active dissemination and implementation of good practice based on the most up-to-date research evidence. There was also a perceived potential for the Strategy to have a greater role in supporting research and evaluation of effective
school-based drug education programs in Australia and facilitating national implementation of programs that are demonstrated to be effective in Australian schools such as the School Health and Alcohol Harm Reduction Project (SHAHRP, McBride et al 2004).

To enhance the implementation and outcomes of the Strategy, there is a need to ensure adequate investment in classroom teachers as well as school management, including school and parent leaders. Informants uniformly highlighted a need for greater investment in professional development for teachers to ensure that school drug education resources are used appropriately. Some informants identified a need to build the workforce capacity for school drug education, for example, through the training of pre-service teachers.

Given that drug use and other physical and mental health outcomes share a set of risk and protective factors, a number of informants also perceived a need for greater cross-fertilisation of fields (for example, with mental health and health promotion).

While the value of school drug education is widely acknowledged, many informants also recognised the challenge in doing drug education in schools that have an overcrowded curriculum. Given this challenge, some informants highlighted the need to integrate drug education in the existing curriculum as much as possible to minimise the burden for schools.

There also seems to be a challenge for a Strategy with a long timeframe to remain relevant, provide strategic direction, and be responsive to changing needs. Regular communication between DEEWR officers and State and Territory education authorities has helped meet jurisdictional needs, but some informants indicated that funding had recently become more ad hoc, and the Strategy needed to be reviewed if it was to provide strategic directions for the future.

**Summary and observations**

This case study examined the influence of the National School Drug Education Strategy on school drug education nationally. Based on the analyses of relevant documentation and informant views, we conclude that, though the provision of financial and other resources, the Strategy has facilitated a consistent approach to school drug education nationally and enhanced the capacity of schools to develop and implement evidence-based school drug policy and education.

There was disagreement among informants about the appropriateness of the Strategy’s goal, in particular, its zero tolerance rather than harm minimisation approach, and its focus on illicit drugs rather than alcohol and tobacco. Nevertheless, all agreed that the Strategy has contributed positively to school drug education in Australia.

The Strategy has positioned the federal Government as a resource provider - through both financial resources and the development of a wide range of evidence-based resource materials to support the delivery of school drug education programs. The Strategy has therefore an important facilitative role in providing guiding principles and approaches to school drug education, and an implementation role in the delivery of school drug education.

In addition to federal funding for school drug education, which is critical for implementing the Strategy at the jurisdictional level, positive relationships and regular communication between DEEWR and representatives of State and Territory education authorities across the three school systems have also been instrumental in achieving the intended outcomes of the Strategy.