Submission

Australia’s National Drug Strategy: Beyond 2009

Consultation Process

February 8th, 2010
About DPMP

The Drug Policy Modelling Program (DPMP) was established in 2004 with funding from the Colonial Foundation Trust. DPMP is a collaboration between the National Drug and Alcohol Research Centre and other organisations including the Australian National University, the University of Queensland and Burnet Institute. Further details on collaborations, governance and the work of DPMP can be found on the website, www.dpmp.unsw.edu.au

The goal of DPMP is to improve Australian drug policy by generating new evidence; translating that evidence into policy-relevant information; studying how policy actually gets made and evaluating policy processes. All of our work is underpinned by a focus on capacity-building: encouraging scientists from other areas to work in the illicit drugs domain; providing consultancy and support to policy makers to improve their use of research evidence; working in partnership with existing drug research centres and teams across Australia; bringing international expertise to Australia; and disseminating our work to researchers, policy makers and the public. DPMP conducts rigorous research that provides independent, balanced, non-partisan policy analysis.

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Introduction

The DPMP welcomes the opportunity to contribute ideas to the development of the next phase of the National Drug Strategy (NDS). We are in agreement with the Intergovernmental Committee on Drugs (IGCD) (2009) NDS Consultation description of the strategy as being ‘fundamentally sound’.¹ We also concur with Siggins Miller (2009) who attributed the success of the NDS in their recent review to its comprehensive nature, partnerships, balance and the promotion of evidence to inform policy and practice. ² The IGCD noted that the strategy needs to evolve to address emerging trends over the next phase of the NDS (2010-2015). We agree that developing capacity to identify and respond to emerging issues is an important function of the NDS. The DPMP believes that this capacity to respond will be further enhanced by addressing some existing, sometimes long-standing issues. Many of these issues were identified in the Siggins Miller NDS Evaluation and will be referred to in this submission.

The focus of the submission is on matters that directly relate to the work of DPMP. Therefore we have not addressed some issues that arguably should be high priorities in the next iteration of the NDS (e.g. Indigenous drug, alcohol and related concerns). We have also not addressed the dilemma about the level of specificity required in a strategy document. We can see the merits of a high-level, broad, flexible consensus document that allows different jurisdictions to introduce innovative programs to meet specific priorities and needs and represents a ‘broad church’ of approaches. We can also see potential down-sides to this approach, including difficulty specifying priorities and performance measures leading to a lack of accountability and the inability to address resource allocation. A more specific and priority-driven strategy, on the other hand, enables clarity of goals, performance measurement and resource allocation but does not permit flexibility and responsiveness and may exclude some people’s agendas. This dilemma is difficult to resolve but on balance we have a preference for greater specification to improve performance, performance measurement and accountability.

The submission should also be seen as DPMP suggestions for actions that can be feasibly taken by government to strengthen the next phase of the NDS. Development of the submission has been guided by the NDS Consultation Paper (IGCD 2009) and the NDS (2004-2009) Evaluation (Siggins Miller 2009) and draws heavily on research conducted by the DPMP.

Areas requiring action in the next phase of the NDS

1. Linking drug policy with the broader social policy agenda;
2. Developing structures and processes for improved collaboration and stakeholder engagement;
3. Strengthening the evidence-base for policy and practice;
4. Addressing policy balance;
5. Improving performance monitoring; and
6. Reviewing the ‘Harm Minimisation’ terminology.

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1. Linking drug policy with the broader social policy agenda

Integration of drug policy with broader social policy was a key theme identified by the policy experts attending the DPMP – Illicit Drug Roundtable in January 2009.\textsuperscript{3} Given its direct relevance, this section draws heavily on the report of those discussions. The first point concerned the need for better integration between the components of drug policy (illicit drugs, alcohol and tobacco) in recognition of the overlap in use of various drugs and the potential benefits of shared, cross-substance policy responses. The DPMP believes that integration between drug policy components should be addressed as a necessary first step in the broader process of linking the NDS with other social policy agendas.

The second issue is the policy implications of the co-occurrence of problems that are often experienced by drug users. Roundtable delegates noted that drug use issues do not occur in a vacuum from other physical and mental health problems. This is an argument for integrated policy responses and strategies for ensuring that co-occurring conditions are all treated. The delegates cautioned that while there is a need to create linkages with other sectors, there is also a potential danger if drugs are completely merged with other issues. The example given was that while the co-occurrence of drug and mental health disorders is high, each can occur in isolation. Focussing only on mental health issues can ‘falsely demonise drug users as bad and mad’.\textsuperscript{4}

The third issue relates to the policy implications of the structural determinants of drug use and harm. The Roundtable delegates noted ‘that socio-economic factors cannot be ignored in any drug policy’, stating that demand for drugs was ‘associated with a wide range of economic, social, demographic and cultural conditions’.\textsuperscript{5} This is consistent with the position of the National Preventative Health Taskforce (2010),\textsuperscript{6} emphasising that success in improving health demands attention to the structural determinants of health.

While the need for better policy and practice integration seems clear, to what extent has it been achieved? It seems that drug policy has remained fairly isolated despite consistent references to ‘whole of government’, ‘partnership’ and ‘collaboration’ principles and approaches. Siggins Miller (2009) argued that ‘little work has been undertaken and little has been gained by implementing these principles intersectorally between drug strategies and other areas of social programming’.\textsuperscript{7} However, the DPMP’s recent analysis of the coordination of Australian illicit drug policy has shown that over time there has been increased inclusion of other strategies (e.g. HIV and other sectors; and the drug treatment and research sectors).\textsuperscript{8} Each inclusion has brought advantages but also challenges. There is clear scope for identifying more synergies and using these. Failure to do so is problematic as it reduces the opportunity to identify better solutions and it also makes policy making open to conflict or duplication. We therefore concur with Siggins Miller’s (2009) findings that there is a need to expand linkages.

\textsuperscript{7} Siggins Miller. P 34.
It is good to see the links between alcohol and drug interventions and the broader social policy agenda, as articulated in the government’s social inclusion manifesto ("A Stronger Fairer Australia"). It is crucial that key stakeholders in the alcohol and drug sector have a say in the way that such policies and strategies are developed. We note that many drug-related projects are in their infancy and will require close monitoring to determine whether they achieve expected outcomes. These initiatives are particularly important for drug users who tend to be socially excluded by virtue of the stigma associated with drug use and are vulnerable to human rights abuse. The challenge for the NDS is now to specify policy actions within the next Strategy that articulate with the Government’s social inclusion actions. The actions also need to be accompanied by performance measures. The NDS structures and processes (addressed in the next section) need to demonstrate strengthened engagement with sectors, organisations and policies concerned with social inclusion.

In summary, the next phase of the NDS needs to spell out the ways in which the drug strategy articulates with the broader social policy agenda, including the specific strategies that will be undertaken to ensure this and ways that it will be monitored.

2. Developing structures and processes for improved collaboration and stakeholder engagement

Achieving improved and broader stakeholder engagement with the NDS will require both better use of existing structures and processes and possibly the development of new ones. Siggins Miller (2009) identified key stakeholders (including NGOs, consumer groups and the research community) who were only involved in policy processes in an ‘ad hoc’ way. We concur with these views and believe that structures and processes need to be improved to ensure better opportunity for input from these key groups. We know that improved stakeholder engagement is not necessarily easy. Our analysis of the coordination of Australian drug policy has shown there is no one perfect structure or process for engagement.9

We also concur with the recommendation of Siggins Miller that there is a need to better inform and engage the public in the NDS. This includes better dissemination of policy information and research and facilitating greater involvement in existing policy processes. DPMP research on public opinion showed that the public is not necessarily in step with the evidence.10 DPMP believes that providing an opportunity for public involvement in this NDS consultation process is one small step in the right direction, but greater effort to inform and engage is required. A review of the research and identification of best practice for public engagement would assist us to understand whether public involvement makes for better outcomes and determine what strategies offer greatest promise.

In terms of broadening engagement, the question is how to do this in a way that is effective and efficient. By way of example, many of the current processes for involving representatives from the social inclusion area are not in the formal NDS advisory structures. They are nevertheless supposed to be included through alternate means. One question is whether to more formally include such sectors in NDS processes (as per changes made in 2004-2009). As we found in the review of Australian drug policy coordination, formal processes can have

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9 Hughes et al. p 22.
advantages, but there is no one best approach for inclusion. Indeed making the stakeholder group too large is likely to impede the capacity of the NDS to be responsive to emerging issues and is unlikely to deliver better policy making or policy outcomes. The challenge is ensuring that processes are equitable and accessible to all as well as being responsive and efficient.

DPMP believes that prior to the commencement of the next phase of the NDS it will be necessary to review the purpose, membership and relationships between key NDS advisory groups (MCDS, IGCD, ANCD, NEAP, the working groups, and relevant NGOs/peaks). For example, we question the extent to which the IGCD should be held responsible for NGO/expert involvement, and whether this might be best delegated to other bodies. Such a review will be an important step in addressing the concern that key groups have the opportunity for meaningful engagement with the NDS.

As a result of such a review, the next phase of the NDS should specify the structures, responsible bodies and their inter-relationships clearly and precisely.

A review of the NDS advisory structures with a view to improved operations is just one consideration. Our analysis of the coordination of Australian drug policy showed that structures are substantially affected by the resources given to them. Although Siggins Miller were highly critical of IGCD functioning, the DPMP analysis of the coordination of Australian drug policy suggests that challenges in efficient functioning may be largely due to the increasing number of ad hoc “working groups” (as so named by IGCD, see Appendix A) that have emerged under the IGCD. Another contributing factor is the lack of support for the IGCD. The next phase of the NDS should give some indication of the level of resources dedicated to coordination and governance.

A DPMP survey of a number of stakeholders from the NDS advisory bodies showed that transparency is one of the most important principles for attaining coordination, yet we and Siggins Miller have identified a number of weaknesses in this area. We therefore urge that there be increased documentation of roles and responsibilities and that these documents be increasingly made available for public comment.

The DPMP recommends the next phase of the NDS should make explicit reference to the principles of good governance, i.e. governance that is participatory, equitable, consensus-oriented, responsive, transparent, accountable, efficient and effective and follows the rule of law.

3. Strengthening the evidence-base for policy and practice

The DPMP is of the view that while the evidence-base to inform drug and alcohol policy and practice is getting stronger in some areas (e.g. alcohol and drug treatment and alcohol policy) more applied research is required in others. This is particularly noteworthy in the area of law enforcement where there is still much evidence missing, or in some cases not in the public domain due to sensitivities. For example, the existing research suggests that policing that is focussed on proactive strategies and in partnership with third parties is the most effective but

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11 Hughes et al.
12 Hughes et al.
13 Hughes et al.
we do not know the extent to which Australian law enforcement agencies preferentially engage in these types of policing over others.\textsuperscript{15}

The evidence also suggests that law enforcement should focus its efforts on the dealers and suppliers of illicit drugs, rather than on the users – who are better managed through the education and treatment systems rather than the criminal justice system. Therefore one way to assess our law enforcement efforts is to examine the relative balance between arrests for drug use/possess (consumer arrests) and arrests of suppliers of drugs (provider arrests). IDDR data\textsuperscript{16} show that consumer arrests far outstrip provider arrests. Of all arrests in 2006-07, 81\% were of consumers and 19\% providers. Naturally the number of consumer arrests will be higher than provider arrests simply because many more people use drugs than engage in selling, manufacturing or distributing them. Therefore little can be said in itself about the relative proportions of 80:20. However, in terms of trends over time we note with concern that consumer arrests are increasing while at the same time provider arrests are decreasing. This is worrying. If we are in agreement that the most important role for law enforcement is to reduce supplies of drugs (through apprehending dealers and producers) then we would expect increasing provider arrests as an overall proportion of all drug arrests. The DPMP concludes that there is an imbalance in law enforcement efforts in Australia and greater focus on apprehending suppliers of drugs should occur, with less focus on apprehending users of drugs.

The National Drug Strategy going forward needs to clearly articulate the mechanisms for filling gaps in the evidence-base, including the provision of dedicated funding. Aside from the evidence-base per se, there is insufficient focus on translating research into more effective policy and practice. DPMP research has shown the dissonance between the places where researchers publish their work and the places that policy makers go to access research findings.\textsuperscript{17} More research is required to develop effective transfer strategies. Additional resources will be required to assist researchers, policy makers and drug and alcohol practitioners to incorporate evidence into policy and practice. The NDS should identify translation as a priority area for action.

The systems for monitoring drug use trends in Australia are fairly well developed, but do need an ongoing resource commitment to consolidate and further enhance them. Concerns that have been raised relate to the frequency of the surveys, low response rates and a tendency to underestimate illicit drug use due to the social undesirability of the behaviour.\textsuperscript{18} The costs and benefits of further development such as ‘tactical early warning systems’ to collect real time or close to real time information, needs to be carefully considered. Greater focus on policy responses and interventions to address emerging trends in a timely way may be a higher priority.

In light of the concern raised in the Siggins Miller evaluation about the reliability and validity of the NDS Household and Australian Secondary Students’ Alcohol and Drug surveys we think it would be wise to accept their recommendation to review the soundness of the surveys and if necessary make changes.\textsuperscript{19}

\textsuperscript{15} Mazerolle et al. p 1.
\textsuperscript{19} Siggins Miller. p 83.
makers, researchers and the general public all need to have confidence in these surveys given the extent to which we rely on them.

Another issue is the need to continue to encourage harmonisation of the data collection techniques. This is a particular issue with the Illicit Drug Data Report where each dataset is collected according to individual definitions and methods of the state police agencies. One particular issue is idiosyncratic recording of purity of seized drugs. The Australian Crime Commission is aware of such issues and is consciously pushing for further harmonisation. This is vital for increasing capacity to identify trends and impacts of policies in different parts of Australia. The NDS should make a clear statement about the importance of and commitment to continuous improvement in drug use monitoring systems.

4. Addressing policy balance

The Consultation Paper indicated that the Ministerial Council on Drug Strategy intended to maintain a ‘balanced approach’ to the next phase of the NDS. This term is used widely to describe the ‘Australian Approach’ to drug policy – but what is meant by the term? DPMP has conducted research with policy makers to identify illicit drug policy priorities and this raised interesting questions such as:

- ‘What is the evidence base for a balance?’
- ‘Is a balance really the best thing?’
- ‘At what point do you reach a balance between law enforcement, prevention, treatment and harm reduction?’
- ‘How do you know and how do you measure these things?’
- ‘Are there alternate assumptions other than balance that should be explored?’

Siggins Miller (2009) argued that there was an imbalance in investment between licit and illicit drug interventions across the three pillars (supply, demand and harm reduction) and recommended a review of investment. They also recommended that investment be made in accordance with the ‘relative seriousness of the harms and costs addressed’. The Consultation Paper (IGCD 2009) also notes the need for further research into what constitutes an appropriate policy balance. We concur with the view that balance should be made in accordance with seriousness of harms and costs. This should be documented in the next phase of the NDS.

DPMP is conducting research on identifying the relative mix of drug policies within Australia. This endeavour is motivated by the desire to objectively document the current mix of policies and explore the likely implications of changing the current balance. One such project has been the assessment of government expenditure on illicit drug policy. This has illustrated that there is significantly greater expenditure on law enforcement and criminal justice policies than treatment. In terms of the amount spent by governments on direct drug policy interventions, the majority is destined for law enforcement (56%), followed by prevention (23%), treatment (17%), harm reduction (3%) and other (1%). Yet the issue of whether this is “wrong” is not a simple question to answer.

21 Siggins Miller. p 36.
A challenge in addressing policy balance is the multiple policy options – over 100 identified in DPMP research. Systematic mapping of both the resource inputs into this array of policy options, and the expected and actual outcomes from them has not been undertaken. This leads to another challenge: Linking resource input to outcomes hinges on good indicators of performance. This is something that Siggins Miller and the DPMP have noted is of variable quality across different domains, particularly in law enforcement. Finally, as noted above the notion of balance not only requires better evidence, but it also requires an analysis of values (what “should” the balance be).

In yet to be published research DPMP is comparing Australia’s spending mix with that of other selected countries. Due to methodological differences there are difficulties making comparisons, however there is some evidence that when compared to some other countries, spending in Australia is less weighted to law enforcement. This work is also considering the question – what is the best way to measure balance? Services, activities or outputs may be better measures than spending. This framing allows us to ask questions about whether we have ‘enough’ in each domain. For example, recent DPMP research asked this question in relation to opioid pharmacotherapy treatment. The modelling exercise showed that only 50% of potential demand is currently met and this finding could reasonably be the basis for arguing for additional treatment resources. Justification for this increased investment is further bolstered by cost-benefit research, including that of Rydell and Everingham (1994) where it was concluded that drug treatment was more cost-effective than law enforcement. Within law enforcement, as noted in the earlier section, the balance between consumer arrests and provider arrests appears inconsistent with the evidence.

Therefore, while the DPMP encourages future moves towards balanced policy in practice as well as rhetoric, Australia will need serious investment in the research to identify what constitutes optimum balance and to address the value question before this can become a reality.

For the purposes of the next phase of the NDS, a commitment to policy balance is important. But the Strategy should acknowledge the complexities of ‘balance’ as discussed here.

5. Performance monitoring

A strong theme running through the Siggins Miller- NDS Evaluation is the need for greater emphasis on the stipulation of performance measures and policy and program monitoring and evaluation. The DPMP agrees that such emphasis is necessary.

The IGCD Consultation Paper asks ‘are publicly available performance measures against the National Drug Strategy desirable’? If so, what measures would give a high level indication of progress under the National Drug Strategy? We believe that the headline indicators outlined in the NDS Evaluation (Siggins Miller p 78) can provide the basis for high-level NDS performance monitoring and should be

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26 IGCD Consultation Paper. p 10.
adopted for the next phase of the NDS. Performance measures should be publicly available.

We also agree with the Siggins Miller recommendation to ‘build monitoring and evaluation into the design of all NDS sub-strategies from the outset’.27

We believe that greater emphasis is also required at project level. For treatment and harm reduction services some investment in monitoring and evaluating processes and outcomes is important, particularly when implementing new initiatives. This will require investment in staff training within treatment and harm reduction services in data collection and performance monitoring to ensure that programs remain evidence-informed and can continuously improve. The associated cost burden would also need to be addressed by government to ensure that already limited resources are not stretched further. For the purpose of the next phase of the NDS, a commitment needs to be made to appropriately resourced performance monitoring and evaluation.

Performance monitoring regarding drug law enforcement and criminal justice outcomes is particularly poor at present, with the primary data collected being output not outcome measures. Yet the DPMP research has indicated that this is not unique to Australia.28 Efforts to improve this will be challenging as there are a number of obstacles including the need for research consensus over outcome measurement and for resourcing and skills development within policing agencies. For example, there remains a lack of consensus as to how best to assess police performance, and new systems inevitably require new skills and establishment costs and time. The DPMP therefore strongly supports efforts to improve performance monitoring in this and other areas, but there is a need to recognise that the playing field is not even and this will be a long term development goal for the NDS.

6. Harm minimisation terminology

Although not formally raised within the IGCD Consultation Paper, we at the DPMP believe that at some point in time, the term ‘harm minimisation’ needs to be revisited. There has been long-standing comment about the potential confusion associated with the term (e.g. Single and Rohl, 1997).29 The definition of harm minimisation was expanded in the 1998-99 to 2003-04 NDSF to what was termed a “more catholic definition” which included the use of abstinence-based approaches (i.e. reduction in harm and reduction in use). The new definition was argued to be more inclusive of the whole drug and alcohol field, but it has also been criticised for being so broad that it lacks definition. Another problem is that harm minimisation has been misappropriated by some to imply it means legalisation (e.g. the House of Representatives Standing Committee on Family and Community Affairs, 2007).

The present issue is whether the term can be re-promoted or whether a new term is needed. A brief discussion about this occurred at the DPMP convened Drug Policy Roundtable, held in January 2009. As documented in the report of proceedings. Discussion amongst delegates about the term ‘harm minimisation’ and the three pillars of the National Drug Strategy reinforced the importance of a

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27 Siggins Miller. p 85.
thorough review of these frames of reference and the critical role that the third sector can and should play in such a review. The potential to use a human rights framework, inclusion of prevention as part of the framework and the need to effectively communicate the Australian illicit drugs approach across all levels of Australian society were also noted.\textsuperscript{30}

As argued by MacCoun (2009) our professional jargon should serve a number of purposes.\textsuperscript{31} It should clarify thinking, improve theories, research and program design and be useful for marketing. ‘Harm minimisation’ does not appear to fit these purposes and therefore should be reviewed. Such a review could occur within the public domain, engaging the community in the debate about drug policy for Australia.

\textsuperscript{31} MacCoun, R. (2009). Harm reduction is a good label for a criterion all drug programs should meet \textit{Addiction}, 104(3), 341-342.