

National Drug Strategy Consultation Response

In response to the stakeholder consultation process to provide specialised research and advice to inform the drafting of the National Drug Strategy 2016-2021, UnitingCare ReGen makes the following comments.

Evidence based policy

- As a state-based service provider, it is hard to provide a meaningful contribution to the consultation process without having access to evidence of the impacts of the current strategy.
- Prior to the development of the next strategy, there needs to be an authoritative assessment of the impact of the current one. The [2009 review](#) of the 2005-2010 strategy by Siggins Millerⁱ provides an example of the type of review that should be undertaken as standard practice.
- The established 'balance' across the three pillars needs to be critically assessed against evidence of their effectiveness. The proportion of resources allocated to Supply Reduction has been an ongoing cause for concern within the AOD treatment sector. A [2013 report](#) from the Drug Policy Modelling Programⁱⁱ highlighted the concurrent drop in Government spending on evidence-based Harm Reduction initiatives.
- Within the 'Supply Reduction' pillar, serious consideration needs to be given to the allocation of police resources to dealing with comparatively low-level offences, particularly when considering the capacity of this approach to meaningfully contribute to current and future strategy outcomes. There is a clear need for prioritising measures to disrupt supply systems at a higher level, as opposed to punish individuals for possession.
- Given the recent evidence of the vulnerability of peak bodies in the context of austerity measures, there needs to be recognition of the importance of AOD sector peak bodies in advocating for evidence-based drug policy (and serviced delivery) at a State and Federal level and inform public debate.

Meaningful measures of success

- The current design of the strategy makes it difficult to evaluate its impacts on a national level. The next strategy needs to have better defined outcomes, clear recognition of the level of resources necessary to achieve them and identification of responsibility.
 - The future strategy should include greater recognition of the impact of broader societal factors on initiatives occurring within each of the three pillars, with particular reference to social determinants of health and the potential impacts of policy developments in other related areas (e.g. mental health, housing, family violence unemployment) as factors known to contribute to problematic AOD use.
- Improving treatment**
- The future strategy requires a clearer commitment to ongoing research into the effectiveness of established and emerging treatment models

Improving Treatment

- While it is important to identify and respond to any particular harms and treatment needs relating to new or emerging drug types, it is more important that Australia's treatment systems have the capacity to respond flexibly to future changes, rather than focus on specific drug types (such as methamphetamines or emerging psychoactive substances). To ensure a flexible, responsive treatment system, the future strategy needs to address:
 - Workforce capacity – support for ongoing professional development, especially for senior clinicians who play a key role in the development of innovative treatment responses;
 - Career pathways – improved capacity to retain experienced workers within the AOD sector and attract others from related sectors;
 - Timely responses – ensuring the capacity of researchers and treatment providers to develop early responses to emerging issues;
 - Consumer involvement – increased recognition of consumers' and peer organisations' capacity to inform the early identification of emerging changes in patterns of consumption and effective initial responses;
 - Innovation funding – service funding models need to ensure service providers have the capacity to contribute to the development and dissemination of innovative practice; &
 - Clinical research – capacity for rigorous evaluation of innovative models and building of the evidence base for areas of emerging practice.
- In addition to the development of a more flexible and responsive treatment system, the future strategy must also address the impending growth in demand from Australia's ageing population, the capacity of the current treatment system to cope and the need for the development of integrated health models for working with this group.
- There is a clear need for improved communication (by Government, peak bodies and treatment providers) of the evidence for funded treatment programs to increase community level understanding of key issues and capacity to make informed choices about treatment and support options.
- A systematic investment in Consumer Participation throughout the AOD treatment sector is well overdue. An adequately resourced and consistently implemented approach to consumer involvement in treatment planning, delivery and review will support both the quality and effectiveness of Australian treatment services.

ⁱ Siggins Miller (2009) *Evaluation and Monitoring of the National Drug Strategy 2004-2009*, Brisbane.

ⁱⁱ Drug Policy Modelling Program (2013) *Government Drug Policy Expenditure in Australia - 2009/10*, NDARC, Sydney.