



**ADCA Submission to the Senate Select Committee into the Abbott
Government's Commission of Audit**

21 January 2014

ABN: 39 008 455 525

**ADCA Submission to the Senate Select Committee into
the Abbott Government's Commission of Audit**

The Alcohol and other Drugs Council of Australia welcomes the opportunity to provide a submission to this Senate Select Committee.

While ADCA's situation may place it outside the ambit of the Abbott Government's Commission of Audit, the organisation having been defunded from 25 November 2013, ADCA feels this submission is relevant, given the commitment to funding by successive governments over the past 46 years.

The basis of our submission is that ADCA has been denied access to the Commission of Audit despite its being defunded as part of the government's budget austerity measures.

As the national peak body for the alcohol and other drugs sector for nearly 50 years, much of ADCA's funding has come from the Federal Government. Membership dues and project management fees generated other income. Defunding has essentially destroyed the organisation and with it, its representative role in the alcohol and other drugs sector. The tens of thousands of workers in the sector, ranging from researchers and academics, community organisations, treatment specialists through to carers and volunteers in rural and remote Australia are now denied a national voice.

The impact of alcohol and other drugs on the Australian community is significant and widespread. There are very few families who escape it – be it from personal illness or injury or simply from their association with an affected family member. Combating the effects of alcohol and other drugs costs an estimated \$50 billion per year, with alcohol the major contributor at \$36 billion. The recent spate of alcohol related violence over Christmas and New Year highlights the seriousness of the problem.

ADCA understands the decisions that governments need to make in times of budget constraint. However, the timing of this decision preempts any consideration by the Commission of Audit on the value of the work ADCA has undertaken using government funds. Peak bodies have a significant and varied role; in general terms, ADCA advocates for and on behalf of the sector, provides support to the people that work within the sector, and advises governments and the community.

ADCA believes that its situation should be part of the review of government expenditure by the Commission of Audit. ADCA further suggests that its funding should be restored until at least after completion of the audit, so that years of expertise and corporate knowledge are not lost. It is a relatively quick process to dismantle an organisation and its networks, but it takes a longer to re-build expertise, relationships and trust.

ADCA has been the national representative of people and organisations involved in the alcohol and other drugs sector for nearly half a century. Since its establishment as an initiative of, among others, the eminent Australians Sir Edward (Weary) Dunlop and Sir William Refshauge, and with patronage by a string of Governors General, it has dealt with governments of all persuasions, and always from a disinterested, evidence-informed stance.

There is no other organisation in Australia that has the depth of corporate knowledge. Nor is there another body that so completely represents those who work in the sector. Attached is a summary of the work that ADCA does and an explanation of its importance. That work, and

people's view of it, are reflected in comments, also attached, from signatories to a petition to the Prime Minister to maintain ADCA funding.

The immediacy of the government's decision came out of the blue. There had been no prior indication from either the government or our major funding source, the Department of Health, of discontent with our work. Health had informed us that our ongoing funding was assured, with a commitment in April 2013 to fund through to the end of the 14/15 financial year. ADCA's core funding was to be increased by \$300,000 with separate amounts provided for two projects that would be managed by existing, already funded staff. Based on that assurance, staff had accepted longer term contracts, many of them making financial commitments well into the future.

As an aftermath, reports also emerged about ADCA's financial "difficulties", with assistant Health Minister Senator Nash alluding to this in a statement saying the Government would support our financial position. This was disingenuous to say the least. ADCA assures the Committee that the only financial difficulties it experienced arose from the Department's failure to deliver funding. ADCA continued to operate during the 2013/2014 financial year because of repeated assurances by the Department that funding was forthcoming.

In addition to ADCA's mainstream work are two major projects, the National Drug Sector Information Service (NDSIS) and Drug Action Week. The NDSIS maintains the largest and one of the world's most highly regarded drug and alcohol collections, heavily relied on by hospitals, doctors, specialists, researchers, service providers and government departments, agencies and authorities. It appears destined for landfill as no arrangements have been made to retain it in any form.

NDSIS itself manages several smaller projects, RADAR the register of Australian Drug and Alcohol Research and the Inter-Governmental Committee on Drugs (IGCD) instigated National Inhalants Information Service; most recently it has been deeply involved in workforce development through the Drugfields project. While academe explores the future of the AOD workforce, Drugfields has been developing practical applications such as e-portfolios for those working in the alcohol and other drug fields. Groups already initiated to pilot this project, include the Vietnamese Community in Australia (Adelaide) and the Drug and Alcohol Nurses of Australasia. Funding supplied by the Department of Health for this project has now been rescinded, which begs the question who might address career pathways for a workforce where it is notoriously difficult to find staff in an "industry" that shows no signs of abating.

Drug Action Week, the highly successful ADCA-run awareness program that has gone from strength to strength over the past 13 years, with nearly 1000 events run Australia wide in 2013, will also be lost, despite the provision of \$200,000 in extra funding in October 2013 (and just six weeks before the ADCA defunding decision) to run this year's event. Health has since rescinded that money in addition to the Drugfields funding.

**ADCA Submission to the Senate Select Committee into
the Abbott Government's Commission of Audit**

Also in October, the Prime Minister responded to an ADCA letter wishing him well following his electoral success, saying how much he looked forward to working with us. That expression of goodwill was followed four weeks later by the decision to defund ADCA.

As an indication of how little consultation or communication has been entered into – even within Government – ADCA was astounded to receive a call in early January from the office of a Liberal backbencher, asking whether the dates for DAW 2014 had been decided. (ADCA will provide the committee on request with a graph detailing the growth in DAW projects.)

Many other calls have been received from sector organisations and individuals as to the future of DAW and the National Drug and Alcohol Awards – the latter another highly successful event that ADCA coordinates.

The government's decision will ultimately prove to be shortsighted and ill-considered. There is no clearer example of the need for an organisation like ADCA than the current situation in which Australia finds itself – a nation wallowing in alcohol with a failure of leadership to address the critical issues of price, accessibility and advertising of alcohol products.

Governments in turn rely on the threat of defunding – as has happened with ADCA – to ensure advocacy and policy groups “tame down” their rhetoric. They then wonder why there is uncertainty and instability within the sector, why service organisations and community groups fight an ongoing battle to recruit and retain staff, and why such organisations find it impossible to plan for the future.

These issues should be the counterbalance to the deliberations of the Commission of Audit. The Commission will need to weigh the social costs of its recommendations against the short term financial gains they achieve. The Commission needs to weigh up whether the savings it identifies relate to prevention or treatment. As mentioned earlier, alcohol and other drugs cost Australian society an estimated \$50 billion a year. That is the aftermath – treatment. If the audit commissioners were able to comprehend – and to advise the government of the savings to be made in preventative measures against AOD misuse – Australia would be far better off on all fronts. Organisations like ADCA have for years stressed the savings inherent in prevention based policy, urging governments to act sooner rather than later – both to counter societal problems and to stop pouring money into fixing a preventable problem.

ADCA's experience in this field is unquestionable. The organisation feels that it has much to offer deliberations of the Senate Select Committee and would welcome the opportunity to present evidence to a hearing.

Yours sincerely

David Templeman
Chief Executive Officer

21 January 2014

ATTACHMENT

Why ADCA is so important

January 2014

As the national peak body, ADCA provides national representation of those working within the AOD sector – individuals, organizations, service providers, researchers, policy people, families and friends, consumers/people who use drugs, doctors and other health practitioners, emergency workers, police, government and non-government sectors. It provides a conduit to government for advice developed in the context of the evidence and those in the community working to deliver services, a function not fulfilled through other mechanisms.

It provides leadership by bringing together people and organisations with different perspectives (about the cause, nature and management of AOD problems - thanks Ian!) – medical and clinical, harm reduction to zero tolerance, detoxification to long term treatment, urban and rural, prevention, early intervention and treatment, different cultural backgrounds, large and small organisations etc - with the aim of developing a better understanding of the complexity of AOD use and to form a national view based on the evidence available

Its greatest strength is in defining and interpreting the knowledge base for everyone – politicians, service providers, media and the community, analysing and applying the findings of research and evaluation to policy and practice which it will then advocate (Ian Webster, ADCA President, ADCA Annual Report 2001-2002)

ADCA provides the opportunity for collaboration within the sector and with related organisations outside the sector (eg health and wellbeing, social services, homelessness, employment), important in understanding the drivers of AOD use and the complexity of its management, and to achieve continuous improvement in service delivery and health outcomes. ADCA has a strong across the whole spectrum of issues which have a causal or consequential relationship to AOD, namely mental health, domestic violence, homelessness, child protection, families and communities.

It plays a key role in developing knowledge, skills and partnerships; not just in the drug and alcohol specialist sector, but across broader health and well-being sectors; across government, non-government and private sectors; hospital, primary health and welfare services; and direct service delivery, research and policy agencies.

It provides support to government, the AOD workforce, hospitals, doctors, police, emergency personnel, researchers and those directly affected by AOD use (individuals, friends and families) through its advocacy, development of policy, access to information and resources and awareness raising.

ADCA offers a range of services to support the sector:

National Drug Sector Information Service (NDSIS) - largest collection of AOD resources in the world with over 97000 individual items.

RADAR (Register of Australian Drug and Alcohol Research) - aims to promote awareness of alcohol, tobacco and other drugs research in Australia. The register contains up-to-date records of current and recently completed research projects with details of published research. There is also information about researchers, their organisations and research funding bodies.

NIIS (National Inhalants Information Service) - provides information about inhalant misuse

Drug Database - created in 1987, it is the only comprehensive AOD citation database in Australia with the largest dedicated alcohol and drug collection of resources in the world. It provides references to books, videos, journal articles, conference papers, research reports and unpublished materials on health, social and economic aspects of aod use.

Drugfields – online professional development website, providing access to information about working in the AOD field, study opportunities and ongoing professional development activities. It provides information and resources for specific groups from agency managers and prison workers to nurses and Indigenous health workers.

Update – an online bulletin board that facilitates information sharing between interested parties and particularly within the AOD sector, such as reviews of newly published work, information on conferences and meetings, announcements of published reports, monographs, etc, press and media releases. People are also able to seek advice from others through this facility eg by asking questions.

Drugtalk - allows people to engage in an online discussion about current issues.

Drug Action Week (DAW) – activities are held nationally to raise awareness about AOD issues in Australia. It also highlights the achievements of the people who work within the AOD sector to reduce alcohol and drug-related harm.

Key historical events

1967 – AFADD established (Australian Foundation on Alcoholism and Drug Dependence)

1973 – Funding received to establish national secretariat

1974 – Library and Clearinghouse established

1983 – The Community Approach to Drug Abuse Prevention (CADAP) Program started

1985 – Convened the National Drug Summit with the National Campaign against Drug Abuse

1997 – Treatment Works Week (now Drug Action Week) established

Patrons

Patrons include many former Governors General eg Sir Paul Hasluck, Sir John Kerr, Sir Zelman Cowen and Sir William Deane.

Comments from petition to save ADCA

ADCA is our peak organisation and as such we rely on it for policy advice, professional development, national sector news and research into evidence based practice (Meg Schwarz 2 Dec 2013)

As well as ADCA's function as a co-ordinating body for the AOD sector including an excellent library of information, the Update list server and Drugtalk where people can discuss AOD issues on-line, Drug Action Week gives a great opportunity for organisations to showcase their services, present their views and exchange ideas and provide the latest research (Brian McConnell 2 Dec 2013)

As a drug and alcohol researcher for the past 11 years, I have relied on the assistance of adca, including its info clearinghouse, mailing lists and other services to do my job to the best of my ability (Emma Black 2 Dec 2013)

Alcohol and drug problems are very common and very difficult for governments. ADCA has played an important role as the peak organization uniting a diverse field and bringing the views of this field to governments -sometimes telling governments what they want to hear, sometimes not (Alex Wodak 2 Dec 2103)

We want evidence based alcohol and other drugs policies not ideologically driven ones (Matt Gleeson 2 Dec 2013)

ADCA is a broad church which has been the principal agent by which very different views about the cause, nature and management of alcohol and other drug problems have been able to find common ground upon which they can work together in the interest of all of us. (Ian Webster 2 Dec 2013)

Links between the community sector, research and policy need to be enhanced, not diminished (Rebecca Hiscock (2 Dec 2103)

ADCA provides essential infrastructure to the AOD sector: information services, forums for policy development, expert advice, access to evidence, and a 'community of practice' (Alison Ritter 3 Dec 2013)

ADCA provides ... extremely important library service including online access to dozens of medical and scientific journals, in particular all of the important journals in the field of addiction, alcohol and other drugs, of which there are over 20, as well as journals of psychiatry, public health and so on.

It is impossible for any health worker in the field to subscribe to so many journals, and even health care workers affiliated with universities or public hospitals may have access only to a small number of them (about 5 in NSW Health's CIAP system).

... ADCA has been for decades a key organisation in the mature development of Alcohol and Drug policy and practice in Australia, in so many respects the envy of the Western world. I suggest the cost of defunding this conduit of knowledge and research will be large. (Richard Hallinan 3 Dec 2013)

**ADCA Submission to the Senate Select Committee into
the Abbott Government's Commission of Audit**

We here in the US have found the work done by ADCA invaluable in informing our own research and crucial in helping shape our own public policy initiatives. Without ADCA the quality of research and our understanding of the issues will be irrevocably reduced. (David Man 3 Dec 2013)

... a trusted organisation.... (John Holmes 4 Dec 2013)

The doctors and services who use this resource have nowhere else to go when they need critical information to help their patients (Jannette Novice 4 Dec 2013)

The Internet does not replace a good research service. In fact the larger the Internet becomes the more important it is to have professional researchers - especially in areas as important as drug and alcohol dependence. (Shirley Forster 4 Dec 2013)

A significant number of resources are not available electronically and libraries are needed to store and provide access to these resources (Kerrin Param 4 Dec 2013)