



**NADA**  
network of alcohol and  
other drugs agencies

# Submission to Parliamentary Joint Committee on Law Enforcement Inquiry into Crystal Methamphetamine

December 2016

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non-government alcohol and other drugs sector in NSW.

NADA's goal is to lead as a member driven peak body, building sustainable non government alcohol and other drug organisations to reduce alcohol and drug related harms to individuals, families and communities in NSW.

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## **ABOUT NADA**

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non-government alcohol and other drugs sector in NSW. Our vision is a connected and sustainable sector providing quality evidence based programs to reduce alcohol and drug related harms to NSW communities.

We represent approximately 100 organisational members that provide a broad range of services including health promotion and harm reduction, early intervention, treatment and aftercare programs. Our members comprise of services that are diverse in their structure, philosophy and approach to alcohol and other drugs service delivery. NADA provides a range of programs and services that focus on sector and workforce development, information management, governance and management support, sector representation and advocacy, as well as actively contributing to public health policy.

NADA is governed by a board of directors elected from the NADA membership. We are accredited under the Australian Service Excellence Standards.

Further information about NADA and our programs and services is available on the NADA website at [www.nada.org.au](http://www.nada.org.au).

## **PREPARATION OF THIS SUBMISSION**

The comments provided in this submission have been prepared by NADA as part of the NADA Peak body responsibility and represents the views of the Australian Network of State and territory Alcohol and other Drug Peak Bodies. The work in this submission draws largely on the work that has been done and that is contained in the Australian Network of State and territory Alcohol and other Drug Peak Bodies submission.

### **NADA contact for this submission**

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## SUBMISSION OVERVIEW

NADA welcomes the opportunity to provide a submission into the Parliamentary Joint Committee on Law Enforcement Inquiry into Crystal Methamphetamine (the Inquiry).

NADA supports the re-initiation of the Inquiry. It is timely to consider the recommendations, strategies and initiatives from the Final Report of the National Ice Taskforce 2015 (Final Taskforce Report), the Australian Government Response, and the Council of Australian Governments' National Ice Action Strategy 2015 (National Action Strategy),

NADA welcomed the release of the Final Taskforce Report, Australian Government Response, and the National Action Strategy. However, NADA believes that there are gaps that, if not incorporated, will limit the outcomes of any initiative.

To deliver meaningful outcomes that address the complex needs and expectations of the community, NADA considers that any approach must include:

- a balanced allocation of resources across the three pillars of harm, demand and supply reduction
- sector and consumer co-production on all initiatives, to ensure efficient systems are adopted and potential inadvertent consequences are avoided
- a transparent governance structure underpinned by a current national alcohol and other drug strategy
- a service commissioning process co-produced with the alcohol and other drug service sector, so as to leverage sector expertise in addressing complex community needs
- a multi-jurisdictional approach to address stigma and discrimination, so as to improve access to cross-sector treatment and support
- monitoring and evaluation.

## STRATEGIC DIRECTION

The overarching approach of harm minimisation, which has guided the National Drug Strategy since its inception in 1985 encompasses the three pillars of demand, harm and supply reduction.

NADA, and the Network of Peaks believes that there is a need for a greater emphasis on demand and harm reduction in the delivery of alcohol and other drug strategies to create balanced proactive solutions to the problems caused by substances such as methamphetamine.

An analysis by Ritter, McLeod and Shanahan of 2009-10 expenditure by Australian governments revealed approximately \$1.7 billion or 0.8% of all government expenditure was spent on illicit drug policy. The majority of this funding was attached to actions with a supply reduction focus<sup>1</sup>:

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<sup>1</sup> Ritter, A., McLeod, R., & Shanahan, M. (2013). Monograph No. 24: Government drug policy expenditure in Australia – 2009/10. DPMP Monograph Series. Sydney: National Drug and Alcohol Research Centre.

Policy Domain	2009/10
Prevention such as prevent or delay the commencement of drug use in young people	9.2 per cent
Treatment such as counselling and pharmacotherapy maintenance	21.3 per cent
Harm Reduction such as the needle syringe program	2.1 per cent
Law Enforcement such as police detection and arrest in relation to drug crimes and policing the borders of Australia for illegal importation of drugs and their precursors	66.0 per cent
Other (research funding and policy administration)	1.4 per cent

NADA is therefore concerned that current strategies and initiatives to address alcohol and other drug issues, and in particular issues related to methamphetamine use, overly emphasise a law and order focus. Whilst law enforcement is a critical part of a supply reduction, there needs to be greater emphasis placed on demand and harm reduction, specifically prevention and treatment. We believe that a balanced and effective approach is required to reduce the health and social impacts of drug use on individuals, families and communities.

## Final Report of the National Ice Taskforce 2015

NADA is generally supportive of the Final Taskforce Report and its recommendations.

To maximise the efficacy of the Report's recommendations, NADA considers the following important issues should be considered as a priority:

- Consumer and sector co-production on all initiatives
- Balanced funding and initiatives across the three pillars of harm, demand and supply reduction
- Identification of methods to implement the recommendations that ensure complex and varied community needs are met, and barriers to service access are reduced.

## RESPONSES TO RECOMMENDATIONS

**Recommendations: 1-13; 15; 22; 23; 31-34; 35(d); and 38** are for broad cross-sector initiatives that require collaboration with the specialist alcohol and other drug service sector and consumers, and NADA supports these recommendations. We emphasise that good collaboration with the specialist AoD sector will maximise meaningful outcomes.

As the National Drug Strategy currently remains in draft form we would suggest the draft Strategy needs to reflect these areas as priority considerations.

**Recommendations: 24-30; 35(a-c); and 36-37** relate to law enforcement.

In the Foreword of the Final Taskforce Report, Mr Ken Lay APM stated "Ice use is not a problem we can solve overnight, and not something we can simply arrest our way out of."<sup>2</sup> The Network of Peaks

<sup>2</sup> National Ice Taskforce, Final Report of the National Ice Taskforce. Commonwealth of Australia, 2015. P. ii.

supports this assertion, and does not support resource allocations that further preferences supply reduction over demand and harm reduction.

NADA believes there must be further consideration of an appropriate model to deliver a national hotline as outlined in **Recommendation 14**.

NADA understands that majority of states and territories currently operate phone lines that provide support, counselling and brief intervention as well as localised information for referrals and treatment matching. We therefore believe that establishing a national hotline risks duplicating existing support services, and may not be an ideal method to deliver specific, localised information and referrals.

This is more in line with the Commonwealths move to localise national NGO funding initiatives and the funds would be better utilised at the state and territory level.

In regards to **Recommendation 16**, NADA believes individuals with diagnosed 'alcohol and other drug misuse disorder' must have access to appropriate specialist alcohol and other drug treatment and support. Alcohol and other drug issues typically co-occur with other complex issues, and the alcohol and other drug issues cannot be dealt with in isolation. NADA argues that the specialist community based drug and alcohol services are best placed to ensure the complexity of issues is both identified and addressed to maximise the sustainability of outcomes.

The perceived or real discrimination experienced by individuals and families impacted by alcohol and other drug use issues often results in reduced access to the range of health and social treatment and support needed. Specialist NGO alcohol and other drug services are integral to ensure effective systems navigation.

NADA believes there is a clear role for the alcohol and other drug service sector in building the capacity of other sector services', including GPs, to enhance brief intervention and appropriate referrals. This is in line with the thinking of the PHNs at the jurisdictional level and the State and Territory AOD Peak Bodies and in a good position to actively support this capacity building.

NADA in conjunction with The Australian Network of State and Territory Alcohol and other Drug Peak Bodies does not support the development and implementation of a new national quality framework outlined in **Recommendation 17** that may duplicate existing accreditation programs.

The majority of organisations providing alcohol and other drug services are certified under a recognised accreditation standard, typically a management systems standard and/or industry specific standard. The choice of standard(s) used by an organisation is informed by multiple factors including State and Commonwealth government contract stipulations, the size of the organisation, and the organisation's service scope and focus. For example some organisations are required to meet multiple standards due to their diverse cross-sector funding and focus.

NADA recommends that existing accredited standards should be supported, and agencies retain the flexibility to adopt the standards that best meet the needs of the organisation's continuous quality improvement.

However, we welcome consultation with the Australian Government to discuss any concerns they have with the quality of services provided by the NGO alcohol and other drugs sector.

NADA supports **Recommendation 18**. Further investment in alcohol and other drug specialist treatment services is necessary, as service demand far exceeds available supply. Every year across Australia between 200,000 and 500,000 people are unable to access the treatment they seek.<sup>3</sup>

NADA welcomes the further investment in specialist NGO treatment services and believes the Primary Health Network commissioning process is in its early stages. NADA strongly argues that to ensure community needs are addressed and treatment outcomes are maximised it is important that there is guaranteed continuity of existing Commonwealth funding to existing and high performing specialist AOD NGO services, and a clear and efficient commissioning process is continually developed and reviewed in consultation with the alcohol and other drug service sector.

In response to **Recommendation 19**, NADA supports improved service planning to ensure locations of highest need are addressed. For this to be effective the alcohol and other drug service sector must be consulted.

NADA and The Network of AOD Peaks also supports a cost-benefit evaluation process being implemented as part of service planning, to ensure community needs are being met in a cost effective manner and long term outcomes delivered. We however, note that additional resources will need to be allocated to support these processes.

NADA strongly supports the longer funding periods outlined in **Recommendation 20**.

Longer funding periods would provide much needed stability to the current service delivery environment. In addition, increasing funding periods will: reduce service disruption; improve client care; enable long term planning; and support improvement and innovation. NADA argues that longer funding periods must be complemented by improved commissioning and accountability processes at the local level through both State and Commonwealth/PHN funding agencies.

In response to **Recommendation 21**, the NADA and the Network of AOD Peaks notes that the Substance Misuse Service Delivery Grant Fund (formerly Improved Services Initiative) currently supports the alcohol and other drug service sector to strengthen collaboration and sectoral intersections and has undergone an evaluation to support this.

Capacity building is an ongoing proposition that requires resources and is the core business for alcohol and other drug State and Territory Peak Bodies. The alcohol and other drug service Dual Diagnosis

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<sup>3</sup>Ritter, Alison et al., *New Horizons: The review of alcohol and other drug treatment services in Australia*. National Drug and Alcohol Research Centre, 2014, p. 13

Capability Assessment Toolkit is an effective means for measuring capability. The mental health equivalent tool would be a valuable addition to support strengthened collaboration and intersection across the two sectors.

## REPORT GAPS

NADA considers the Final Taskforce Report to be broad and largely comprehensive in its identification and consideration of factors to address methamphetamine use in Australia. However, in line with the Network of AOD Peaks, NADA believes there are three particular gaps in the Final Taskforce Report recommendations that require emphasis and action:

- **Stigma and Discrimination** remains a key barrier to cross-sector AOD and related health and social service access and sustainable outcomes. It is well documented that individuals and family members impacted by alcohol and other drug use experience considerable levels of stigma.<sup>4,5</sup> The World Health Organisation states that illicit drug dependence is the most stigmatised health condition.<sup>6</sup> While stigma and discrimination is noted regularly throughout the Final Taskforce Report, it is not addressed in any recommendation. NADA believes that a cross-jurisdiction approach is required to address Stigma and Discrimination.
- **Consumer Involvement** is important to effective planning, development and implementation of policy and initiatives. Meaningfully including consumers in the design of initiatives will ensure that initiatives are appropriately targeted and adverse outcomes can be minimised.
- **Harm Reduction** initiatives are not included in the Final Taskforce Report recommendations. This is not consistent with the three pillars approach of the National Drug Strategy, and does not recognise the benefits of harm reduction strategies in reducing social costs. NADA and the Network of AOD Peaks recommends that harm reduction initiatives are included as a matter of priority.

## AUSTRALIAN GOVERNMENT RESPONSE TO THE FINAL REPORT OF THE NATIONAL ICE ACTION TASKFORCE

NADA supports the Australian Government increasing its focus on alcohol and other drugs, and methamphetamine issues.

NADA supports all actions outlined in the Australian Government's Response, however the complexity of implementing some of these actions must be further considered and accounted for. All governance and accountability processes must also be transparent, so that the performance and outcomes of all actions can be monitored and evaluated.

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<sup>4</sup>Adlaf EM, Hamilton HA, Wu F, Noh, S. Adolescent stigma towards drug addiction: Effects of age and drug use behaviour. *Addictive Behaviors*. 2009; 34(4): 360–4.

<sup>5</sup>Corrigan PW, Kuwabara SA, O'Shaughnessy J. The public stigma of mental illness and drug addiction: Findings from a stratified random sample. *Journal of Social Work*. 2009; 9(2):139–47.

<sup>6</sup>Kelly JF, Westerhoff, CM. Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy*. 2010; 21(3): 202–207.

## SERVICE COMMISSIONING

The announced \$241.5 million funding injection for the commissioning of services has been welcomed by the NADA as a much needed injection of new money to the alcohol and other drugs sector. However we note that this in itself will not meet the actual client treatment demand needs, as outlined earlier in this submission, which the NGO specialist alcohol and other drugs sector faces on the ground.

The new treatment funding is being commissioned through the Primary Health Networks (PHNs). NADA has developed a good working partnership with NSW PHNs collectively, and individually. While still in its early stages, the alcohol and other drug service sector in NSW has identified a significant degree of variability across the PHNs approach to the allocation of the new funding, noting that this may be appropriate in responding to local issues.

While some commissioning processes have commenced around the country, the funding has yet to result in additional services or episodes of care, with the first of these due to commence in some jurisdictions in January 2017.

Difficulties arise from:

- Maintaining nationally consistent processes with 31 commissioning systems that are required to address complex and often unique local needs
- Expectations of prescribed cross-sector collaborations
- Adding a new level of short term funding contracts, on a sector that has been on a series of one year contracts that seriously limit the ongoing sustainability of the specialist NGO AOD sector.

Additionally, concerns have been raised by NADA members that some NSW PHNs are commissioning for new services, at the end of this calendar year and giving only three to four weeks over the Christmas and New Year period for agencies to apply for grants in their on-line tender process. This severely weakens many NGO services position to compete in external tender processes as agencies staff are on holidays, partner agencies are also not as available for collaboration in the tender application and the Christmas period is generally a crisis time for clients and people seeking to access services placing extra demand on the personnel of drug treatment NGOs.

Whilst NADA acknowledges communities expectation about the delivery of treatment services in a timely manner, we argue that this timing problem should have been addressed between both the Australian Government and the PHNs so that timeframes for the roll out of competitive tendering could have been more realistic and less burdensome on services. A communication strategy developed in partnership with the Australian Government, PHNs and the Network of AOD Peaks could have gone to supporting realistic and appropriate timeframes, as well as community expectations on the commissioning of new services. This approach should be taken in the future.

NADA and the Network of AOD Peaks recommends an independent external evaluation of the Primary Health Networks' commissioning of drug treatment funding. This evaluation must consider options for a collaborative planning process that includes collaboration with the alcohol and other drug service sector.

## COUNCIL OF AUSTRALIAN GOVERNMENTS NATIONAL ICE ACTION STRATEGY 2015

NADA supports a Council of Australian Government (COAG) focus on alcohol and other drug issues. Coordinating policies and initiatives across national, state and territory jurisdictions is important to identify and leverage synergies, avoid duplication, and clarify jurisdictional responsibilities.

NADA notes that the National Ice Action Strategy will be integrated with the National Drug Strategy. After seven iterations of a national strategy over four decades, Australia is in a position to use its extensive experience to inform the development of a robust and forward looking strategy.

NADA believes that the next National Drug Strategy must outline an integrated and effective purpose for government, communities and services.

To achieve this, the next iteration of the National Drug Strategy must continue to build on the harm minimisation approach and maintain the three pillars of harm reduction, demand reduction and supply reduction pillars. To be effective, these pillars must be:

- balanced and equitably resourced
- supported by initiatives that are grounded in the current evidence base
- informed (supported) by appropriate data and include clear outcome measures
- managed by a formalised and transparent governance structure that engages the alcohol and other drug services sector.
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The draft National Drug Strategy 2016-2025 was released for consultation in 2015. However, the Network of Peaks considers the draft document to be insufficient in addressing the above points. NADA and the Network of AOD Peaks believes the amendment and finalisation of the National Drug Strategy must be progressed as a priority, to provide policy certainty and deliver clarity regarding the governance and accountability frameworks.

Effective and clear governance and accountability structures are of significant importance in delivering multi-jurisdictional policies and initiatives. NADA and the Network of AOD Peaks seeks clarity regarding the establishment of the governance framework to support both the National Ice Action Strategy and the National Drug Strategy and associated strategies (for example Alcohol; Aboriginal and Torres Strait Islander; Workforce Development).

The establishment of a Ministerial Forum as part of the National Ice Action Strategy provides much needed recognition of the importance of alcohol and other drug issues nation-wide and the need for coordination. However, it is not clear what progress has been made in establishing the Ministerial Forum, its scope, and the broader governance and accountability framework. All these mechanisms are required for public awareness and accountability regarding jurisdictional activities and whether these are meeting community needs and delivering meaningful outcomes.

NADA and the Network of AOD Peaks broadly supports the following sections in the National Ice Action Strategy:

- Families and communities
- Prevention
- Research and data.

To deliver meaningful outcomes, we consider it of great importance that the implementation of all initiatives outlined in the National Ice Action Strategy is done in consultation with the alcohol and other drug service sector. This will also assist in identifying and avoiding potential adverse outcomes, for example where activities may impact upon treatment service demand.

NADA and the Network of AOD Peaks provides minimal comment on the law enforcement-related initiatives outlined in the National Ice Action Strategy. The Network of Peaks recommends that governments' approaches to alcohol and other drugs should be balanced across the three pillars of harm, demand and supply reduction. The Network of Peaks does not support resource allocations that preference supply reduction over demand and harm reduction.

NADA supports the following treatment and workforce initiatives outlined in the National Ice Action Strategy:

- Increased investment in the alcohol and other drug service sector, including for Indigenous-specific alcohol and other drug services
- Counselling Online programmes
- Additions to the Medicare Benefits Schedule
- Renewal and dissemination of a national suite of evidence-based guidelines to assist frontline workers to respond to ice in their workplace
- Renewal and dissemination of National Comorbidity Guidelines.

The establishment of a new national treatment framework is supported in principle. NADA and the Network of AOD Peaks considers this framework must be developed in close consultation with the alcohol and other drug service sector and should:

- reflect jurisdictional differences and delineate government and non-government service roles
- support streamlined through care, including sector and cross-sector navigation
- reduce uncertainty and red tape.

NADA supports increasing the links that exist between Primary Health Networks and health care providers and community services. Continuity of care is important for long term outcomes, however for this to be achieved it is important that the alcohol and other drug service sector is closely involved and recognised as a specialist service area. NADA believes that responsibility for this lies both with the NGO drug and alcohol sector and the PHNs.

Expanding training to promote the use of the Alcohol, Smoking and Substance Involvement Screening Test is supported in principle by the NADA. This will have through care and referral implications for treatment services, and as such capacity of treatment services must be enhanced as a priority.

The Network of AOD Peaks reserves comment on the intent to enhance the delivery of early intervention and post-treatment care commissioned through the Primary Health Network until there is agreed clarity on what this looks like, the impact on treatment and support services, and the identification of where the funding for this is coming from.

We believe funding to support the initiative must be distinct from the identified treatment funding in the Government Response, and requires consultation with the specialist alcohol and other drug service sector.

## **FUTURE CONSULTATION**

NADA and the Network of AOD Peaks would welcome further opportunities to discuss or expand upon this submission with the Parliamentary Joint Committee.