



**The Royal Australasian College of Physicians (RACP)  
Inquiry into the Social Services Legislation Amendment (Drug Testing Trial) Bill 2019**

**Response to question taken on notice by RACP Representative, Clinical Associate Professor  
Adrian Reynolds– Public Hearing 2 October 2019**

***Question from Senator Siewert: How effective do you think the National Ice Strategy has been, and what does it mean to not actually have had the evaluation process?***

*Answer:* The National Ice Action Strategy (NIAS) was established in December 2015 to reduce the prevalence of ice use and its resulting harms across the Australian community. The Australian Government has allocated \$451.5 million in funding to implement the NIAS over six years from 2016–17 to 2021–22.

As stated in the RACP's submission to the inquiry into the Social Services Legislation Amendment (Drug Testing Trial) Bill 2018, although additional funding was provided to the drug treatment sector to support the NIAS, this funding has not generally addressed the key needs of the drug and alcohol sector as its use is restricted under the terms of the funding agreement. The severe shortage of drug and alcohol rehabilitation services and specialists around Australia persists. In addition, in our view there were key issues with the implementation of the NIAS from the onset including the lack of expertise and capability of newly established Primary Health Networks in commissioning alcohol and other drug (AOD) treatment services and implementing the NIAS in a meaningful way.

We acknowledge that the NIAS included a range of strategies of merit including those that focussed on engaging expert leadership to guide a pathway forward, building a suitably skilled workforce to deliver contemporary, evidence based clinical interventions, approving new Addiction Medicine Medical Benefits Scheme items to support the growth of an Addiction Medicine workforce and expanding career pathways for health professionals working in the drug and alcohol sector. However, few of these strategies were aimed at building sustained clinical capacity and capability across the sector and there has been no noticeable progress at this strategic level. Most importantly, it appears that no real thought was given to establishing sustainable State and Territory capability to operationalise the Strategy and that the Public Health Networks lacked capacity and expert knowledge to manage this complex task effectively.

The recent [Australian National Audit Office \(ANAO\) Report on the National Ice Action Strategy Rollout](#) outlined significant deficiencies in the implementation of the NIAS including the fact that “while Australian Government funding to the alcohol and other drug sector has been increased and actions have been progressed, there is no monitoring to assess whether progress is being made towards the Strategy’s goal of reducing the prevalence of ice use and resulting harms across the Australian community”. The ANAO Report further highlighted that “the department does not have an evaluation approach in place for the National Ice Action Strategy, and is not monitoring progress towards the goal and objective.” In addition, it stated that “public reporting by the department does not currently provide sufficient transparency about how implementation is progressing or what progress is being made towards the goal and objective.”

Setting up a robust monitoring and evaluation framework for the NIAS and other such programs from their onset is an essential step to identify whether the actions undertaken produce the desired outcomes or whether they lead to unintended consequences and potential harm. It is also essential to inform future policies in this area to ensure limited public funds are used effectively.

The deficiencies highlighted in the ANAO Report including the lack of an evaluation and monitoring framework are very significant and mean that the Government is unable to assess whether the substantial public funds allocated to the NIAS, \$451.5 million, have been effectively used to reduce the prevalence and harms of ice use across Australia.

AOD treatment services are chronically and severely underfunded across Australia and in that context, it is also of concern that Government funding continues to be directed to some non-



governmental services that are staffed by personnel without suitable tertiary qualifications and without appropriate medical support. This is a structural error that requires careful review if Australia is to develop a high quality drug and alcohol service sector.

Access to quality treatment, delivered by a suitably trained workforce, is fundamental for anyone struggling with addiction, and this should be the main priority for policy development and investment in this area. It has been estimated that approximately \$1.2 billion additional funding is required for access to AOD treatment services<sup>1</sup> to be made available and accessible to the 200,000 to 500,000 individuals requiring treatment who are currently unable to access it.<sup>2</sup> Increasing funding to the AOD sector is crucial to ensure equitable access for all those who need it and it is essential that it be done with adequate clinical and organisational governance in place to ensure that funds are allocated effectively, are well spent and that activities and programs are monitored and evaluated from the onset.

Given the acute shortage of AOD treatment services, it is very troubling that almost half a billion dollars of public funding has been allocated to the NIAS without due regard to implementing a robust evaluation and monitoring framework.

In short, not having an evaluation and monitoring framework in place from the onset means that it is not possible to say with any confidence whether the NIAS has been effective or not. Anecdotally, it is the observation of addiction medicine specialists and experts in the field more generally that the NIAS has not noticeably improved access to AOD services that is has not noticeably prevented and addressed problems with methamphetamine use across Australia. By way of example, in Tasmania, the State's Alcohol and Drug Service did not receive any funds from the NIAS even though it is the only service that has a medical capability to manage the acute medical complications of methamphetamine and other drug dependence. The lack of an evaluation and monitoring framework for the NIAS is also a lost opportunity to further our understanding of effective measures to improve the health outcomes for those suffering from substance use disorders.

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<sup>1</sup> St Vincent's Health Australia (December 2018), Media Release: At least \$1 bn boost needed to meet demand for Alcohol and Other Drug Treatment Services: <https://www.svha.org.au/newsroom/media/boostneeded-to-meet-demand-for-alcohol-and-other-drug>

<sup>2</sup> Ritter, Alison, and Mark Stooze. "Alcohol and other drug treatment policy in Australia." *Med J Aust* 2016; 204 (4): 138.