

Chapter 8: Enhancing Australia's drug strategy

In Chapters 4-7 we have discussed in detail each of the four components of the evaluation. Here we draw attention to some of the overarching issues that have emerged from the evaluation. We do so first in general terms and then for each component in turn, together with the suggestions for future processes and improvements developed in each component.

Overarching conclusions: opportunities for improvement

The 'harm minimisation' concept and terminology

'Harm minimisation' as a concept has worked well for the NDS over its life. It has facilitated engagement of diverse people and perspectives, drawn attention to the contributions of the health, law enforcement and education sectors both separately and in partnerships, helped keep the focus on all psychoactive drugs, and created space for initiatives focussing on drug use prevalence and reducing harm among people who continue to use drugs.

Throughout the components of the evaluation, however, we have noticed an underlying debate about the contemporary usefulness of 'harm minimisation' in facilitating sound policy activity, underpinning program development and implementation, and shaping the operation of the advisory structures. Managers and decision-makers close to the NDS are largely comfortable with the term, using it as a convenient shorthand representation of a complex concept. It is less successful, however, in communicating the essence - the strengths - of the NDS in contemporary society. It no longer facilitates communication, understanding and leadership.

The time has come, we have argued, to find a term that better captures and communicates to diverse audiences what the NDS seeks to achieve. That is why we have recommended that a new term be developed, preferably one that is more explicit about the fact that the Strategy addresses the causes and well as the consequences of problematic drug use, and reduces the prevalence of harmful drug use as well as assisting people who continue to use drugs to reduce the harm they experience and they cause to others.

Partnerships and engagement

Partnerships have featured in the core policy settings of the NCADA/NDS since its inception. Indeed, the 1985 ADCA *Drugs In Australia: National Action* workshop that developed the Strategy's central features was an exercise in developing and using partnerships. This was the first time this occurred in the arena of national policy on substance use.

In each of the five phases of the NCADA/NDS, partnerships have been prominent in the Australian approach to drugs policy. The power of this approach has been acknowledged internationally. We see it continuing to be crucial in the next phase of the NDS and beyond.

The nature of partnerships was a theme in component 1, where the NDS as a policy framework was evaluated. In component 2 we highlighted its contribution to developing and implement NDS programs and attaining their goals. Component 3's focus on advisory structures illuminated partnerships as reflected in governance arrangements - formal structures, codes of practice and informal networking. The component 4 evaluation showed that data and information on their own are of limited usefulness. Their real value emerges from structured processes that use the data and information, particularly where there is partnership between the producers and disseminators of data on the one hand and the users of data on the other.

Linked to partnerships is the process of engagement. Developing mutually respectful partnerships among people and organisations with different world views and different agendas facilitates genuine engagement - engagement between people, engagement with ideas, and engagement in program articulation and implementation.

Tensions inevitably arise in partnerships. Individuals experience difficulty in communicating, organisations find themselves in competition, and any number of other challenges arise from time-to-time. Nevertheless, all four components highlighted the achievement of partnerships and engagement in their respective domains, and all have pointed to its instrumental role in attaining the overarching goals of the NDS.

The allocation of resources to the various AOD sectors and drug types

One of the greatest challenges for the NDS has been getting the right mixture of interventions. The reality is that we do not have clear enough guidance from research evidence to be able to identify the optimal mix of interventions at the high level of generality expressed as supply reduction, demand reduction and harm reduction. We need to achieve an allocation of investments across different drug types and intervention sectors that maximises impact by investing in appropriate, effective and cost-effective interventions.

Priority-setting strategies such as the Basic Priority Rating Scale (Vilnius & Dandoy 1990) draw attention to the value of focusing on the extent and seriousness of drug-related problems and on the effectiveness and cost-effectiveness of the interventions available to address them. Although the NDS policy framework provides limited guidance for this, the NDS programs are the outcomes of resource allocation decisions that reflect policy (whether developed explicitly or implicitly) on what the optimal mix and emphases should be. The advisory structures are crucial in facilitating informed discussion and decision-making on the optimal mix of interventions. The NDS information systems should inform quality decision-making on the mixture of investments.

Tobacco stands out as an area within the NDS where we have clear evidence of the extent of the problems and their seriousness, and good evidence of the most cost-effective interventions. There are few major impediments to implementing them. Yet only 5% of governments' drug budgets go to tobacco, the drug which causes 56% of the social costs of all forms of drug use.

This highlights the fact the NDS still has a long way to go in attaining the optimal strategic allocation of resources within and between drug types, target population groups, and implementation sectors. The drug policy Modelling Project aims to develop decision support tools in this area, and the work of the National Preventative Health Taskforce, in response to the Commonwealth's commitment to prevention, is likely to drive a reconsideration of the role of prevention in the new NDS agenda.

Use of evidence

The effective use of evidence is another theme that emerged in the evaluation. The policy activity discussed in component 1 is informed by many different types of evidence. As one authority explains, 'Evidence is information that affects the existing beliefs of important people...about significant features of the problem you are studying and how it might be solved or mitigated' (Bardach 2005, 11). The challenge for the NDS is to maximise the proportion of valid *research* evidence that stakeholders find 'convincing', in contrast to other types of 'evidence' that often convinces stakeholders, such as lobby-group pressure, media stories, case studies, self-interest, and pre-judgment of issues.

Component 2 dealt with NDS programs, asking how far these interventions were systematically informed by the evidence. The answer was that most have made good use of the research evidence, but more attention should be given to what we know about the relative cost-effectiveness of different interventions.

The main function of the advisory structures that are the evaluated in component 3 is to facilitate development of sound, evidence-informed policy and implementation. Component 4 is directed at developing the evidence base, and converting it into products that can be readily used in developing policy and monitoring and evaluating its effectiveness.

Leadership

Leadership also arose as a theme in all four components of the evaluation, more subtly in some than others. Clearly the NDS as a policy framework has a leadership role: it sets directions, priorities and (to an extent) boundaries, while giving scope for flexible responses that reflect local factors. Developing programs and implementing them requires leadership.

Although characterised within the NDS as parts of the advisory structure, bodies such as IGCD, MCDS, ANCD and others also clearly have leadership roles. They help to shape policy and its implementation.

A key finding of the evaluation was some disquiet in the AOD sector about the lack of information on how this is carried out. There were calls for increased transparency in the advisory structure. Even though Australia 'punches above its weight' in drug research and continuing data collection in key areas, it still does not have a coherent, managed drug information system. This reflects and contributes to a lack of leadership in the nation's research, monitoring and evaluation capacity and achievements.

Social determinants

During the two decades of the NDS, research into social gradients in health has crystallised an understanding of the importance of the social determinants of health and well-being on the one hand, and of adverse outcomes like morbidity and mortality, crime, poor school attainment, unemployment, poor social and life skills on the other. The evidence about the causal pathways is clearer than about the interventions best able to address these social determinants. Small studies have been conducted, with promising results, but scaling-up (particularly to national and global levels) has been a challenge. This is especially the case with psychoactive drug abuse. Although we accept that in many (perhaps most) cases there are multiple interacting causes, appropriate, effective and cost-effective responses are unclear.

Contemporary drug policy (component 1) needs to address the up-stream social determinants of problematic drug use. The portfolio of NDS programs (component 2) needs to include multi-sectoral universal, indicated and targeted population-level interventions if it is to be effective. In the future, the advisory structures (component 3) will need to obtain insights from non-AOD specialists. Information systems (component 4) will need to be expanded to address wider and deeper elements of the causal paths that end in problematic drug use and harmful societal responses to drug use and drug users.

Monitoring and evaluation

The importance of monitoring and evaluation has emerged in all four components. The policy cycle heuristic (Althaus *et al* 2007) reminds us that these activities are integral parts of policy activity, contributing to identification of needs, analysis of policy and decision-making, and post-intervention assessment.

All phases of the NDS have included commitments to monitoring and evaluation. Each phase has been evaluated, and those evaluations have been important inputs into developing the subsequent phase. Developing and using targets and quantitative performance indicators has not been a common or consistent feature of the NDS in the past. We have identified eleven headline indicators for monitoring and suggest that their usefulness be assessed in the next phase of the NDS, along with other promising indicators. This should be as part of an explicitly managed and resourced national drug information system.

Component 1: NDS as a policy framework

Observations about efficiency and effectiveness

Contemporary public policy practice suggests that good public policy includes a clear understanding of the issue or problem; goals that can be evaluated; an inclusive and highly participatory consultation process; and the use of the best available evidence.

Over all, the NDS policy framework has effectively informed and facilitated development and implementation of congruent policies throughout jurisdictions, between sectors of government, and across public, private and non-government domains. The NDS has achieved these outcomes by promoting a consistent approach to harm minimisation, partnerships, and the use of evidence. It has done this over a considerable time.

Interpretation of the term ‘harm minimisation’ has focused the attention of community, policy makers and implementers on the consequences of harmful drug use, perhaps at the expense of addressing its causes. For the purposes of advancing leadership, community engagement, and a balanced approach to implementing the NDS, ‘harm minimisation’ no longer adequately supports a shared understanding of the need for prevention of drug use and the prevention of drug related harm. Nor does it adequately support the leadership and broader engagement needed to achieve a better balance between health and law enforcement perspectives in policy development, between licit and illicit drug interventions, and across supply, demand and harm reduction strategies.

The NDS has successfully facilitated a national program of effort through coordination and consistency in drug policy development and implementation. However, the efficiency and effectiveness of policy development and implementation has been limited by delays in addressing more challenging agenda issues. For example, development and implementation of a national prevention agenda has been on the IGCD and MCDS agenda in the past, but it remains a key area of the NDS that is yet to be turned into a formal strategy and action. There is disagreement about the amount of specification in delivery and accountability mechanisms, the identification of financial resources through the Strategy and whether this is necessarily a function of the NDS.

Promotion of an evidence-based approach has not always aligned with policy priorities, and investment decisions have not always been aligned with evidence. For example, the balance of investment between licit and illicit drug activities and across supply reduction, demand reduction and harm reduction strategies has not always been consistent. Without an adequate monitoring or early warning system, the NDS is limited in its capacity to be forward-looking and address emerging forms of drug use and drug-related harms in a timely manner. In so doing, there is a need to take into account the sound evidence of the relationship between drug-related harm and economic, social and cross-cultural circumstances. The NDS also needs to engage more broadly with experts and external stakeholders in policy development throughout the policy cycle.

Future processes and recommended improvements

Recommendation 1: Highlight and further develop a shared public understanding of the causes and consequences of drug-related harm and the need to retain the three pillars of supply reduction, demand reduction, and harm reduction, and consider replacing the term ‘harm minimisation’ with words which better communicate the need for prevention of drug use and drug-related harm.

Recommendation 2: Review investment among law enforcement, health and education sectors; supply, demand and harm reduction strategies; and illicit and licit drugs, and develop and apply funding mechanisms, jointly planned at Commonwealth and State and Territory levels, to make allocations that reflect the relative seriousness of the harms and costs addressed, and the availability of evidence-informed strategies and beneficial interventions for addressing

them, in order to ensure that allocations provide cost-effective interventions across drug types and sectors.

Recommendation 3: Progress the development and implementation of a national prevention agenda, for example by:

- 1) using NDRI's work in documenting the evidence base for a prevention agenda, including the roles of law enforcement in prevention (Loxley *et al* 2004), as a point of departure for developing a formal prevention strategy and action
- 2) developing links between NDS and related sectors and fields to address the social determinants of health
- 3) working to implement contemporary understandings of the social determinants of harmful drug use intersectorally, between drug strategies and other areas of social programming

Recommendation 4: Encourage broader stakeholder engagement in policy processes, in particular, engagement with consumer groups, service providers, and local government, for example by:

- 1) building stronger engagement of the NDS with the education and corrections sectors, and enhancing links with related national strategies and policies (welfare reforms, taxation policy) and sectors (mental health, employment, discrimination)
- 2) identifying and developing structured processes for assessing the views of the broader public through public consultations, providing greater transparency in public policy development and involving more people in shaping the next NDS
- 3) disseminating policy-relevant evidence to the public to bridge the gap in public understanding of the evidence, and ensure that community consultation involves a better informed public and is more likely to meet the ideals of deliberative democracy
- 4) establish mechanisms to provide feedback on continuing implementation and outcomes to stakeholders such as consumer groups, NGOs, and professional organisations

Component 2: NDS program outcomes

Observations about efficiency and effectiveness

In line with the principles, objectives, priorities and sub-strategies of the NDS Framework, the NDS programs were designed on the basis of evidence and sound planning. If implemented as planned, they are likely to produce the intended outcomes. These programs have contributed to Australia's capacity to reduce drug-related harm. They have formed part of a broader system involving partnerships among sectors and the complementary investments and activities of Government, non-government, private and community sectors. Investment in NDS programs has contributed to public understanding of drug issues and improved community knowledge, attitudes towards drug use and the acceptability of drug treatment.

The work of sectors responsible for policies and programs that address broader the social determinants of problematic drug use has contributed to the success of AOD specific investment. Attempts to develop 'whole-of-government' responses to complex problems have met with mixed success. This highlights the need for explicit, resourced structures and processes at the levels of research, policy activity, program implementation and evaluation to deal with the complex issues in an integrated way.

The program of effort under the NDS has contributed to increased availability of evidence-based programs (national and State and Territory-based drug-specific treatment programs, new legislation, published guidelines and research, industry/government partnerships, and new data

collections). Financial outlays by governments have gone predominantly to drug law enforcement and treatment interventions for illicit drugs. In 2008, investment in the National Binge Drinking Strategy and the National Drug Strategy Campaign: Tobacco suggested that there is now a rebalancing towards licit drugs and prevention strategies.

The NDS Programs contributed to the delivery of an evidence-based continuum of drug treatment and care (eg additional residential rehabilitation beds, increased counselling, outreach, care planning and follow-up). At the same time, positive changes have been observed in many drug use trends (for example, declining tobacco and cannabis use, heroin overdose deaths, and methamphetamine use).

The success of NDS programs, in terms of efficiency and effectiveness, has been constrained by external factors as well as those specific to the AOD sector. These broader factors include: the limited availability of a generalist and specialist labour force for the sector and AOD skill shortages. Also significant has been the limited data available to inform performance monitoring, review and evaluate programs, and disseminate the products of these activities.

Future processes and recommended improvements

Recommendation 5: Further integrate treatment services and pathways across the government, non-government and private sectors, and encourage increased investment in comprehensive models of evidence-based interventions, for example by:

- 1) working collaboratively across sectors to develop referral pathways and integration of care, through government and NGO provider co-location, coordinated referral pathways, and shared care arrangements to meet the clinical and non-clinical needs of clients
- 2) increasing capacity across State and Territory, non-government, and private sectors for more collaborative needs-based planning, funding allocation, performance monitoring, and review processes

Recommendation 6: Develop a strategic approach to AOD workforce development to meet current and future needs, for example by:

- 1) addressing structural issues of national concern such as more competitive employment conditions in the AOD sector, better clinical supervision and mentoring, and incentives, benefits, continuity of entitlements across government, non-government and private providers, and funding for medical, nursing and allied health specialist training in AOD-related conditions
- 2) identifying strategies to ensure a supply of appropriately skilled and qualified workers (such as enhancing their scope of practice, and providing MBS items for allied health professionals engaged in the AOD sector)
- 3) identifying strategies to ensure a supply of appropriately skilled and qualified Aboriginal and Torres Strait Islander and CALD AOD workforces
- 4) using NCETA's central role to focus on strategic workforce development and modelling to estimate future needs, in collaboration with other bodies, including some of the State AOD peaks and State and Territory AOD agencies

Recommendation 7: Acknowledging the significant volume and quality of Australian AOD research output, further enhance national drug research capacity, for example by:

- 1) developing a coherent national drug research strategy and implementation program (perhaps based on the report of the former National Drug Research Strategy Committee)

- 2) addressing the lack of NDS-supported infrastructure for drug law enforcement research (including dedicated researchers and research centres)
- 3) enhancing collaboration between NDS national research centres and other drug research groups and projects

Recommendation 8: Increase capacity for performance monitoring, review and evaluation to inform future investment, for example by:

- 1) developing an evaluation framework (literature review of existing evidence, program logic, contextual factors, performance indicators, data items and mechanisms for collecting them) as an integral part of the design of new programs
- 2) identifying and developing data collection mechanisms
- 3) training staff to collect and use data to monitor the performance of programs, to ensure that programs remain evidence-based and are in a position to improve the quality of their services
- 4) undertaking regular program review and improvement processes based on performance data

Component 3: NDS Advisory structure

Observations about efficiency and effectiveness

Advisory structures for large, complex programs such as the NDS work best when built on the principles of good governance. In the case of the NDS, good governance speaks to the issues of: equity; shared responsibility; comprehensiveness; recognition of the broader environmental influences that shape our health; monitoring and planning; transparency; accountability and reporting; the need for a culture of quality improvement; public participation; and clear delineation of roles and responsibilities of the Commonwealth and State and Territory governments, and the private and non-government sectors.

The terms of reference of the NDS advisory structure reflect contemporary principles of good governance. Its activities are effective in providing evidence-based advice and progressing the development and implementation of drug-related policies that are nationally consistent and coordinated, integrated and balanced approach across supply reduction, demand reduction and harm reduction by establishing representation across jurisdictions and sectors.

MCDS functions as the top level of decision-making in the NDS. Unlike many other Ministerial Councils, it reaps the benefits of having cross-sectoral membership. IGCD, the committee of senior officers supporting MCDS, also has members from a number of sectors. These two bodies provide effective forums for discussion among policy makers and senior advisors across levels and sectors of government. Intergovernmental partnerships are highly valued by all stakeholders. Expert advice is highly regarded and used by IGCD and MCDS.

However, three key challenges exist in ensuring that the MCDS has the best available advice to make decisions in the best interests of Australian drug policy:

- The limited capacity of the IGCD to provide evidence-informed advice in a timely manner to the MCDS decision making processes
- The limited ability of the IGCD to engage with stakeholders outside the IGCD and the ANCD in activities to inform policy-making and implementation

- The limited capacity of the IGCD, ANCD and working groups to engender public debate and incorporate community views into decision-making

Improved relationships between IGCD and MCDS and other government stakeholders outside of the NDS advisory structure and COAG are needed to increase MCDS's capacity to address the social determinants of health.

Future processes and recommended improvements

Recommendation 9: Establish an integrative mechanism to address current limitations of the diverse relationships among the IGCD, ANCD, NEAP, the working groups, and relevant NGOs/peaks. Its functions could include:

- providing a channel of advice that places identified needs and emerging issues on appropriate agendas, and disseminates the responses
- defining the relationship of ANCD to the NGO sector in encouraging inputs from the non-government and private sectors into policy, program design, implementation, and evaluation
- enhancing the value of the NEAP by creating an accessible, stratified database of preferred suppliers of expertise for the use of all the advisory structures as needed

Recommendation 10: Expand the IGCD's access to expertise and streamline its operations by:

- providing a funding mechanism for IGCD activity
- ensuring a balance of discussion of health and law enforcement issues during meetings
- engaging with challenging agenda items in a timely way
- strategically commissioning research from experts inside and outside the IGCD
- ensuring that its recommendations to the MCDS are supported by evidence-based advice
- adopting decision-making processes that are fully documented and transparent to the field

Component 4: NDS performance in facilitating and guiding the monitoring of drug issues and trends and the outcomes of the Strategy

Observations about efficiency and effectiveness

Australia is among the world's leaders in the availability of data and information on the extent and nature of drug use and drug-related harm. This has been one of the major achievements of 25 years of developmental work within the NDS and in association with it, and one of the Strategy's most widely-acknowledged positive outcomes. Many individuals and organisations have contributed to these achievements, including Commonwealth agencies, the NDRCE, AIHW, ABS and the State-based drug centres.

As mentioned earlier in this chapter, the availability of data has not been readily transformed into structured arrangements for monitoring the implementation, outputs and outcomes of the NDS. Little attention has been paid to using targets and quantitative performance indicators tied to them in the NDS. We heard little enthusiasm for proceeding along this path.

On the other hand, the two-yearly AIHW publication *Statistics on Drug Use in Australia* provides comprehensive data that could form the basis of monitoring if the data and information provided there (and elsewhere) were routinely and systematically analysed to identify the policy-relevant lessons contained therein. This is done with the eleven headline indicators detailed in Volume 2. We suggest that the next phase of the NDS include assessment of the usefulness of these or other headline indicators.

The commitment to evaluating the NDS during each of its phases, dating back to the 1985 Special Premiers' Conference on Drugs, has been realised in each of the Strategy's five phases, and the products of the evaluations of each phase have been used in developing the next phase. This is another of the Strategy's achievements.

By contrast, evaluation of individual NDS components and programs has been inadequate. Large, important, and sometimes innovative programs have been established with little or no thought to monitoring and evaluation. This needs attention in the Strategy's next phase.

Previous evaluations of earlier phases of the NDS have recommended establishing sub-strategies to deal with drug research and drug information systems, but these recommendations have not been adopted, though other stakeholders have done studies and submitted recommendations on this issue. Soundly developed sub-strategies addressing research and information systems would contribute directly to sound NDS policy activity, and therefore we consider the matter warrants re-consideration.

Future processes and recommended improvements

Recommendation 11 Build monitoring and evaluation into the design of all NDS sub-strategies from the outset.

Recommendation 12: Fill key gaps in Australia's AOD data systems by undertaking a strategic review of AOD data collection systems to prioritise where resources should be applied, including but not confined to:

- developing and implement a process for reviewing, and implementing as appropriate, the findings and recommendations of the 2006 AIHW investigation into data on drug use, drug-related harm and drug interventions among Aboriginal and Torres Strait Islander peoples
- developing a data collection system that provides data on drug-related mortality covering all drugs, at least annually, with minimal delays
- developing a nationally consistent monitoring system regarding the purity of illicit drugs, which includes a national cannabis potency monitoring program

Recommendation 13: Establish an expert committee to develop a national drug information system, including recommendations on contents, structures, resourcing and processes. Its starting point would be this report, the report of the former National Drug Research Strategy Committee and the report of the NDS Data Analysis Project. It could include developing a system for converting the products of core data collections into policy and action within the framework of the NDS.

Recommendation 14: Establish an ongoing system for monitoring drug issues and trends in Australia, based on a further refinement of the Headline Indicators used in this report.

Recommendation 15: Review the validity and reliability of the NDSHS and the Australian School Student Alcohol and Drug Survey (ASSAD) as they are increasingly being questioned. Reviews are needed to assure users that these data collections are sound or, alternatively, to identify problems and suggest remedies.