ANGLICARE TASMANIA

The National Drug Strategy 2010-2015

A framework for action on alcohol, tobacco, illegal and other drugs

Consultation Draft

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Introduction
Anglicare welcomes the opportunity to provide comment to the Alcohol, Tobacco and Other Drug Council of Tasmania on the *National Drug Strategy 2010-2015* consultation draft released by the Ministerial Council on Drug Strategy. In providing this feedback, Anglicare draws on research conducted by the organisation's Social Action and Research Centre, and on service delivery experience, particularly connected with past and present Alcohol and Other Drug Service program areas including court mandated diversion (CMD), therapeutic responses and needle and syringe programs.

Resourcing
- National Drug Strategy (NDS) responses must be backed by appropriate resourcing, including within the wider service system, so that people receive all the support they need; and
- Resourcing continue to be directed into promoting and sustaining cultural change across the broader partnership approach, particularly within the health, child and family services, law enforcement, housing, gerontology and education sectors to ensure NDS responses are valued and supported.

Anglicare's experience is that while diversionary programs such as the CMD program are potentially valuable and effective ways to respond to certain types of offending behaviour, they cannot be successful without sufficient resources being available and without the necessary cultural change from within government and the justice system. "Implementation of CMD has been in the context of a recognised incapacity of the existing alcohol and drug service system in Tasmania to meet the client needs" (Success Works 2008, p.2). Anglicare research identified Community Sector Organisation (CSO) workers experiencing persistent delays in access to and long waiting list for the limited specialist services in the Tasmanian sector (Hinton 2008, pp.43-7).

Programs of a diversionary nature do not fit within the harm reduction pillar and should be situated as a strategy within the demand and/or supply reduction pillars.

There are a large number of people with AOD use (problematic and otherwise) who do not make contact with specialist services. This population can benefit from interventions delivered by workers with whom they have developed a rapport and which can be delivered opportunistically. Workforce development opportunities must include support to embrace a holistic partnership approach and, for systemic attitudinal change.

A lack of funding for the alcohol and other drug (AOD) and non-AOD specialist services and programs has the potential to undermine the Strategy's success in reducing relapse, recidivism and early intervention programs.

Language
Anglicare supports the use of terminology in a consistent and non-discriminatory manner. It would appear the terms 'abuse' and 'misuse' are used throughout the

document to effectively describe the use of a range of drugs. The terms abuse and misuse in this context are judgemental and value-laden in nature and whilst descriptors of the behaviour are ultimately a subtext for the individual. Whilst understanding there are continuums of use and harms, Anglicare would prefer the National Strategy utilise the term 'use'.

Community Engagement

The AOD service system is currently marked by an almost complete absence of consumer participation in the developmental stages of services and in the delivery of services. Existing models of consumer feedback are typically passive – for example post-service feedback questionnaires. This absence undermines the effectiveness and legitimacy of the AOD sector. Research which surveyed the state of consumer engagement in drug and alcohol treatment services (AIVL, 2008) found that:

- the NDS had a broad stated commitment to consumer participation but no framework or approach to guide implementation. This has led to an absence of national and jurisdictional consumer participation policies to provide a structural framework to support consumer participation at service delivery level. For example, the National Alcohol Strategy fails to list consumers as key stakeholders;
- the majority of providers support consumer participation and many services conduct low degree consumer participation activities but consumers have little knowledge of what opportunities are available to participate despite the majority wanting to do so;
- education and training and the demonstration of effective and practical consumer participation models are required to promote the implementation of consumer participation both at a policy and planning level and in service delivery.

Overall the AIVL research concluded that despite strong support for the principle of consumer participation in drug treatment it will only truly develop through the development and implementation of a national policy framework in order to promote consistency and compliance at a jurisdictional level and with concrete, measurable and achievable outcome indicators. This is consistent with other areas of health service delivery; for example in the National Mental Health Plan and in National Disability Services Standards.

The evaluation of the NDS also raised concerns that a broad range of stakeholders, including consumers, are not sufficiently engaged in NDS policy development and review and engagement with the policy process is largely confined to governments. Consultation with a diverse range of stakeholders is recognised as best practice in developing and implementing public policy and its absence leads to a limited scoping of problems and a limited range of ideas or policy options. Advisory structures need to obtain insights from non AOD specialists and from consumers to address the wider and deeper elements of the causal paths that end in problematic drug use. This means increasing community engagement and the involvement of consumer groups and of providers in decision making, planning and resource allocation.

In line with AIVL's findings research recently conducted by Anglicare Tasmania (Hinton, 2010) which documented UK models of consumer engagement in alcohol and drug treatment services demonstrated how a national push and resourcing has led to a proliferation of diverse consumer activity and the involvement of consumers at all levels of service planning, development and delivery. The research concludes that consumer involvement requires nurturing by government and a national approach underpinned by adequate resourcing and reinforced through standards, accreditation, regulatory and review processes and integrated into service contracts and tendering processes.

Harm Reduction

Peer education, as a successful harm reduction strategy, is a major gap in the NDS. Peer education has been effective in the prevention of blood borne viruses such as HIV and hepatitis C, through brief intervention and engagement measures operating alongside other harm reduction strategies including needle and syringe programs, overdose prevention projects and street-based outreach activities. As noted by the Centre for Harm Reduction, "peer education is perhaps the only way to reach and inform many drug users who would not be reached by more mainstream or traditional forms of education".

References

Australian Injecting and Illicit Drug Users League (AIVL) 2008, *Treatment Service Users Project: Final Report,* Canberra, Australia.

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The Centre for Harm Reduction. *Fact sheet: the value of peer education*. Burnet Institute, Melbourne.