ADCA Issues Paper on the Commonwealth Department of Health and Ageing's 2010-15 National Drug Strategy Consultation Paper

3 March 2010

ABN: 39 008 455 525

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ADCA and the AOD Sector: Who We Are and What We Do

ADCA is the national peak body for the AOD sector, providing an independent voice for people working to reduce the harm caused by alcohol and other drugs.

ADCA is a non-government, not-for-profit organisation which receives approximately 85 per cent of its core funding and major ongoing project funding through the Australian Government Department of Health and Ageing under its Community Sector Support Scheme (CSSS), and the National Drug Strategy Program respectively. Approximately 9 per cent is received through other project grants from State Governments and other funding bodies. The remaining 6 per cent is generated through ADCA's membership fees, interest and other sources of income (small one-off projects). ADCA is a company limited by guarantee, a public benevolent institution with income tax and sales tax exemption, and a deductible gift recipient.

As the national peak body, ADCA occupies a key role in advocating for adequate infrastructure support and funding for the delivery of evidence-based AOD initiatives. In this regard, ADCA represents the interests of a broad group of AOD service providers and individuals concerned with prevention, early intervention, treatment, harm minimisation, supply reduction, and research.

Under ADCA's new governance arrangements, the ADCA Board is elected by the ADCA membership and consists of a total of nine Board Directors. The ADCA Federal Council, comprising one representative per State/ Territory AOD peak organisation plus the ADCA Board, has been established as a key mechanism for coordination and cooperation with State/ Territory AOD peak organisations. The ADCA Policy Forum comprises the ADCA Board, the State/ Territory AOD peak representatives, and the Chairs of the ADCA Working Groups, and establishes an advisory forum on key policy issues for the AOD sector. Both the ADCA Federal Council and the ADCA Policy Forum come together for face-to-face meetings, and telephone link-ups.

At 31 December 2009, ADCA's membership totaled 332, comprising 152 organisational members, 46 associate organisational members, 123 individual members, and eleven life members. These include AOD services, agencies, and individual professionals and practitioners engaged in AOD services throughout Australia, as well as major university research centres, tertiary institutions offering courses in addiction studies and other programs for AOD workers, officers of law enforcement and criminal justice systems, policy analysts, and administration. Given the size and diversity of organisations and associate member organisations, the representation in terms of overall numbers in the AOD sector is very significant.

In addition to representing its members and the AOD NGO sector, over the past 24 months ADCA has developed or expanded linkages with the following organisations:

- Australasian Professional Society on Alcohol and other Drugs (APSAD)
- Drug and Alcohol Nurses (DANA)
- Australian Medical Association (AMA)
- Mental Health Nurses
- Mental Health Council of Australia (MHCA)
- Australian Drug Foundation (ADF)
- Australian Centre for Child Protection

- White Ribbon Foundation
- Cancer Council Victoria, and
- Victorian Health Promotion Association (VicHealth).

ADCA has also expanded its international linkages over the past 24 months. It has renewed ties with the International Federation of Non-Government Organizations for the Prevention of Drug and Alcohol Abuse (IFNGO); ADCA was a founding member of IFNGO in 1981. IFNGO has formal relationships with the World Health Organization and a number of other United Nations bodies and, has a specific focus on preventing alcohol and drug harms in South-East Asia. In 2009 ADCA accepted an invitation to sit on the Board of the International Council on Alcohol and Addiction (ICAA).

Executive Overview

On Monday, 7 December 2009, the Department of Health and Ageing (DoHA) released *Australia's National Drug Strategy Beyond 2009 Consultation Paper* dated 27 November 2009. This paper was prepared for the Ministerial Council on Drug Strategy (MCDS) by the Intergovernmental Committee on Drugs (IGCD) National Drug Strategy Development Working Group. The Consultation Paper is designed to elicit submissions from interested parties with knowledge of the alcohol and other drugs (AOD) sector.

Along with the Consultation Paper, DoHA released an evaluation of the effectiveness of the 2004-2009 National Drug Strategy, complied by Siggins Miller[1]. The Consultation Paper lists 13 key consultation questions which are discussed on pages eight to 20. Below each Key Consultation Question, ADCA has placed a summary of opinions on the concerns that may be relevant to the AOD sector, and suggested some issues for further discussion. However, to provide the best possible opinion to DoHA, ADCA sought input from the ADCA Policy Forum members consisting of the ADCA Board, State/ Territory AOD peak organisations, and ADCA Working Group Chairs on the discussion questions and important priorities for the next phase of the National Drug Strategy.

Pages 21 to 25 contain the 15 recommendations arising from the evaluation of the 2004-2009 National Drug Strategy. As part of the Siggins Miller evaluation process, ADCA provided written material and Mr David Templeman, CEO ADCA, was interviewed by Ms Mary-Ellen Miller, Director of Siggins Miller as a "key informant". ADCA has indicated its level of support and provided a brief note after each recommendation.

To gain a broad perspective of the issues that the AOD NGO sector wishes considered as part of the new National Drug Strategy, ADCA has distributed this Issues Paper to the ADCA Board, State/ Territory AOD Peak bodies, and the Chairs of ADCA's Working Groups.

This submission and recommendations were endorsed by the ADCA Board on 2 March 2010.

[1] Siggins Miller is a consultancy firm based in Queensland, with significant experience in the Health sector. The Department of Health and Ageing contracted Siggins Miller to evaluate and monitor the 2004-2009 phase of the National Drug Strategy in 2007.

ADCA Consultation Paper Key Issues from the AOD sector

1. There is a need to expand the representation of the NGO AOD sector within the formal avenues of inter-governmental consultation.

   For over 40 years, ADCA has been the independent voice of the NGO AOD sector, providing advice to government backed by evidence of what works in a variety of settings. The diversity of our membership base ranges from large university-level research institutes to remote drug and alcohol service organisations.

   On 28 December 2009, the Minister for Health and Ageing, the Hon Nicola Roxon MP, announced new Federal support funding for ADCA and reinforced ADCA's unique role in representing and advocating for non-government organisations in the AOD sector (Roxon, N 2009).

   ADCA believes that the Ministerial Council on Drug Strategy (MCDS) and IGCD would benefit from expanding their membership to include ADCA and the State/ Territory AOD Peak bodies, noting the Minister's statement of 28 December 2009. It should be noted that ADCA recommended this measure in its submission to the 2004-2009 National Drug Strategy (ADCA 2004). Likewise, recommendation nine of the Siggins Miller Evaluation of the 2004-2009 NDS advocates for ADCA, representing the AOD NGO sector, to be given formal representation on government consultative bodies (Siggins Miller, 2009).

2. Synchronising strategies. ADCA believes that there would be benefit from closer alignment of the NDS and associated sub-strategies. For example, in the Consultation Paper, the National Alcohol Strategy is listed as expiring in 2011, when, according to the Alcohol Strategy website, the National Alcohol Strategy was scheduled to expire at the end of 2009. In ADCA's opinion, the emphasis placed by the Federal Government on excessive alcohol consumption, means it is vital that this strategy is updated concurrently with the over-arching National Drug Strategy. Similarly, the National Drugs Strategy Aboriginal and Torres Strait Islander Complementary Action Plan needs to be updated to take account of developments such as the successful alcohol management plans instituted at local levels in a variety of remote communities and issues such as the Northern Territory Intervention.

3. Furthermore, ADCA believes that there is a lack of ongoing consultation with service delivery organisations. Regular contact with service-delivery organisations through peak bodies such as ADCA, and the other State/ Territory peak bodies may improve communication and provide additional insights to enable better understanding of drug consumption patterns, service delivery challenges, and staff workload.

4. Likewise, ADCA notes that there is no consumer view represented within the National Drug Strategy. ADCA believes that consumer views should be represented to enable valid debate around the policies and programs that will successfully reduce the harms from AOD use in our community. In its submission to the 2004-2009 NDS, ADCA recommended that the Australian Injecting and Illicit Drug Users' League (AIVL) should be acknowledged as a source of consumer information (ADCA 2004).

5. In 2009, ADCA provided detailed submissions to the Productivity Commission's Report into the Contribution of the Not-for-profit sector. The Commission's final Research Report quoted ADCA as follows:

   ADCA strongly recommends that funding providers move away from competitive tendering processes as these often present an impediment for not-for-profit organisations to gain access to additional financial resources rather than a welcomed, easily accessible opportunity to secure additional funding. Competitive tendering processes should be substantially reduced so that service providers can solely focus on delivering their services efficiently and effectively, and grants should be given to service providers based on a qualitative assessment of their service provision (Productivity Commission, 2010).

   In ADCA's opinion, the National Drug Strategy needs to consider the administrative burden faced by AOD NGO service delivery organisations as increasing proportions of staff time are being devoted to fulfilling funding reporting demands rather than client treatment. The issue of administrative burden is also pertinent in light of the proposal to mandate a national eHealth system. There is concern in the AOD NGO sector as to whether the implementation of an eHealth system will be accompanied with additional resourcing/ training to enable AOD staff to appropriately administer any proposed eHealth system (ADCA 2009).

6. ADCA commissioned a Code of Ethics for the AOD NGO sector, and believes that this document could be used as part of a process to develop a national accreditation system for AOD service delivery organisations (ADCA, 2007).

7. There is increasing community unease over the abuse of prescription drugs. ADCA believes that this issue needs greater attention and resourcing. ADCA notes the Pharmacy Guild's Project STOP as a appropriate response to monitor supply of a precursor ingredient (Pharmacy Guild of Australia 2009). While ADCA believes that, in principle, this initiative could provide an example for other pharmaceutical supply reduction initiatives, it acknowledges that to date, it is not clear how this approach would translate to non-precursor drugs, especially since sharing of data with law enforcement agencies may not be appropriate.

8. Any discussion around the relevance of the term "harm minimisation" needs to reflect how drug consumption and drug-related harms are communicated to the general public. In particular, education of the levels of harm associated with individual drugs (including alcohol and tobacco) need to be appropriately presented, enabling Government, the AOD sector, the general community, and the media to properly frame the debate around AOD issues. ADCA has provided support for the term "harm minimisation" in previous submissions to the 2004-2009 drug strategy. The phrase is widely accepted by the AOD NGO community and, in ADCA's belief, accurately reflects the sentiment of the AOD NGO sector.

9. Any discussion on new policy should include the potential to include prevention into the new National Drug Strategy, as well as enable AOD issues to be placed into a human rights framework, addressing issues such as the socio-economic frameworks in which individuals choose to use alcohol and other drugs. Interventions that focus on more basic, social interventions such as food/ nutrition, housing, safety, access to education/ training, access to affordable and appropriate levels of health care may provide just as much benefit to the often marginalised AOD-using population. ADCA member organisations have noted

that they are often asked by clients to deal with a range of social inclusion issues, such as those listed above. Addressing AOD issues within a broader human-rights/ social inclusion framework may provide AOD clients and organisations with better outcomes.

10. ADCA believes that Federalism and differing Legislative instruments at State/ Territory level also reduces the effectiveness of the National Drug Strategy. ADCA believes that harmonising Legislation/ Regulations on such issues as alcohol and tobacco supply should be a priority for the next phase of the National Drug Strategy. ADCA notes that the National Preventative Health Taskforce has already discussed alcohol licensing harmonisation in their Key Action Items (Commonwealth of Australia 2009).

ADCA response to Key National Drug Strategy Consultation Questions

1. **How can structures and processes under the National Drug Strategy more effectively engage with sectors outside health, law enforcement and education?**

As discussed in ADCA's submission to the 2004-2009 National Drug Strategy, ADCA is firmly of the opinion that developing sound evidence-based policy requires a strong evidence-base. ADCA notes that there is currently no nationally published Research Program or Strategy and we believe that establishing such a program could identify gaps in our knowledge and allow for resources to be more efficiently targeted (ADCA 2004).

The existing IGCD/ ANCD Annual Strategic Issues Workshop provides a current working process whereby the National Drug Strategy can effectively engage with other sectors. At a minimum, ADCA believes that the broader Health/ Wellbeing NGO sector should be included as part of this workshop. It may also be of benefit to include a consumer perspective, which can be obtained by inviting a representative from AIVL.

Similarly, successful supply reduction strategies for alcohol and tobacco use also involve State/ Territory Departments of Justice/ Liquor Licensing and Local Government Planning Divisions. Including representatives from these sectors into the National Drug Strategy may provide more effective, whole-of-government solutions to reduce excessive alcohol consumption and tobacco and other drugs use.

Also, it is important that the NDS reflect the social determinants of health when planning outcomes. It is also important that the NDS reflect both the National Compact with the Third Sector, currently being developed by the Federal Government as well as the Government's broader Social Inclusion agenda (Commonwealth of Australia 2009). ADCA submitted a number of recommendations to the National Compact Consultation process which focus on acknowledging the significant role that the AOD NGO sector plays in reducing and/ or preventing AOD-related harms (ADCA 2009).

ADCA recommends that:

(a) the existing IGCD/ ANCD Strategic Issues Workshop be expanded to include representation from ADCA on behalf of the AOD NGO Sector

(b) in line with the principles of the Federal Government's Social Inclusion Agenda, the existing Strategic Issues Workshop be expanded to include Employment, Housing and other social determinants of disadvantage.

2. **What sectors will be particularly important for the National Drug Strategy to engage with?**

Firstly, ADCA believes that the National Drug Strategy needs to effectively engage with the AOD NGO sector. To ADCA's knowledge, NGOs in the AOD sector feel little connection to the strategy. ADCA, as the national peak and working with the State/ Territory AOD peak bodies, ADCA Board, Working Groups and Membership is well equipped to provide evidence-based information to the Government's advisory and policy-making bodies, i.e. the IGCD and the MCDS.

With regard to considering the different sectors/ Government agencies that ADCA believes are important to engage, ADCA has long advocated for more integration and inter-governmental collaboration, for example, with regard to harmonising the various State/ Territory liquor licensing and regulation systems.

Consequently, ADCA believes that the following Government and third-sector interests should be brought together in any consultation/ planning for an integrated NDS:

- Local Government (planning, management and declaration of alcohol-free zones, waste removal, anti-graffiti, public amenities)
- Housing, (integration of AOD treatment services with housing support post treatment episodes)
- Family/ Community services (integration of AOD issues with child support/ welfare services)
- Mental Health service providers (enabling better integration for people suffering Mental Health and AOD disorder comorbidities)
- Justice/ Liquor licensing (to integrate consistent harm minimisation principles across State/ Territory jurisdictions with respect to liquor licensing)
- The Wider Health/ Wellbeing/ Community Services NGO sector (to further enhance inter and intra-sectoral collaboration and shared understanding of better ways to manage complex needs patients)
- Media organisations (to reduce media comment based on sensationalism and replace this with evidence-based commentary on the changing alcohol consumption issues within Australia)
- Sports and fitness sectors (to illustrate how healthy lifestyles can aid in reducing harmful alcohol consumption)
- Advertising (to create greater understanding of the spirit and intent behind regulating alcohol advertising, promotion of “lifestyle” issues)
- Insurance industry (to discuss AOD treatment industry insurance as well as health insurance for people with AOD-related issues/ dependence), and
- Immigration/ Migrant/ Refugee advocacy groups (to engage in culturally appropriate harm reduction measures for Culturally And Linguistically Diverse (CALD) and migrant groups).

As discussed on pages three and four, ADCA already has extensive links with other Peak Bodies in the Health/ Wellbeing/ Community Services NGO sector as well as its Membership base and its expert Working Groups. These links can provide the Department and other bodies with an existing pathway which enables wider NGO sector participation in the NDS.

ADCA recommends that:

(c) the National Drug Strategy acknowledges that ADCA, as the National Peak Body should have formal representation as the voice of the AOD NGO sector on inter-governmental committees such as the IGCD and the MCDS.

(d) the National Drug Strategy adopts the list of stakeholders featured in response to question 2 as a basis for broader inclusion in the new Strategy.

3. Could the IGCD and MCDS more effectively access external expert advice and if so, how?

As discussed in response to the first question, there is a significant knowledge base contained in the AOD NGO sector. ADCA as the national peak, with a membership body of over 330 AOD-related bodies and individuals would be well-placed to act as a bridge between the IGCD and MCDS in obtaining this knowledge base.

Also, ADCA's submission to the National Drug Strategy 2004-2009 (ADCA 2004) discussed providing funding for AOD-related research, and defining a national AOD research plan may improve access and communications between the government advisory bodies and relevant research bodies.

ADCA notes that the Government provides funding to the three national research institutes, namely the National Drug Research Institute (NDRI), the National Drug and Alcohol Research Centre (NDARC) and the National Centre for Education on Training and Addiction (NCETA). However, the previous National Drug Strategy did not define a national AOD Research Plan, as previously recommended by ADCA.

ADCA also considers that research funding can be made directly to NGOs such as ADCA to expand the national capacity for AOD research beyond the three centres of excellence. A successful example of this is the ADCA-auspiced research conducted by Dr Craig Fry from the University of Melbourne that contributed to the publication of: *Making Values Explicit A New Code of Ethics for the Australian Alcohol and Other Drugs Field* (ADCA, 2007).

ADCA provides information to its membership of AOD-professionals through the National Drugs Sector Information Service (NDSIS). Part of ADCA's Information services includes publishing the Register of Australian Drug and Alcohol Research (RADAR). This is the only database in Australia that contains listings of all current AOD research.

ADCA recommends that:

(e) the National Drug Strategy takes account of the significant level of expert advice available within the AOD NGO sector.

(f) a national AOD research plan be defined to benefit the IGCD and MCDS.

(g) consideration should be given to funding research/ advice requests directly through AOD NGO bodies such as ADCA.

4. Where should efforts be focused in reducing substance use and associated harms in Indigenous communities?

ADCA recently finalised a submission to the House of Representatives' Standing Committee on Aboriginal and Torres Strait Islander Affairs' Inquiry into the high levels of involvement of Indigenous juveniles and young adults in the criminal justice system. In this document, ADCA discussed Indigenous access to justice diversionary facilities for AOD-related crimes, expanding "Drug Courts" to cover licit substance and the concept of "justice reinvestment". ADCA believes the recommendations listed below could be adopted by the NDS to reduce substance use and associated harms in Indigenous communities:

1. conduct further Indigenous-specific research to develop the evidence-base and provide greater understanding of the nexus between intoxication and Indigenous incarceration
2. promote communities to take initiatives at a local level to restrict alcohol sales
3. address the reasons behind the gap in providing justice diversionary facilities to Indigenous Juveniles and young adults
4. expand "Drug Courts" to include licit substance use, especially alcohol and solvents/ inhalants (ADCA 2010).

The complete submission can be accessed on the ADCA website under http://www.adca.org.au/images/policy/submissions/2009/29%20jan%20adca%20submission%20-%20indigenous%20justice%20inquir.pdf.

ADCA recommends that:

(h) the National Drug Strategy adopts a number of recommendations from ADCA's submission to the Inquiry into the high level of involvement of Indigenous juveniles and young adults in the criminal justice system as part of its efforts to reduce harms from substance use in Indigenous communities.

5. How could Aboriginal and Torres Strait Islander peoples needs be better addressed through the main National Drug Strategy Framework?

ADCA supports the comments provided by the New South Wales AOD Peak Body, the Network of Drug and Alcohol Agencies (NADA) in their document: *NADA submission to: Consultation Paper: Australia's National Drug Strategy Beyond 2009*, especially in relation to point 2, adopting a holistic model of care across health promotion and treatment, and the development of new funding streams for the non-government Aboriginal health and drug and alcohol sectors

ADCA recommends that:

(i) the National Drug Strategy considers developing a holistic model of care across health promotion and treatment and investigate creating new funding streams to better address Aboriginal and Torres Strait Islander peoples alcohol and drug concerns.

6. In that context, would a separate National Drug Strategy Aboriginal and Torres Strait Islander Complementary Action Plan continue to have value?

ADCA maintains its support for the implementation of the Complementary Action Plan, as expressed in its submission to the 2004-2009 National Drug Strategy. ADCA supports the retention of the National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples.

ADCA recommends that:

(j) the National Drug Strategy retains the Complementary Action Plan.

(k) the National Drug Strategy retains the Reference Group for Aboriginal and Torres Strait

Islander Peoples.

7. Where should effort on the support and development of drug and alcohol sector workforce be focused over the coming five years?

Both the AOD NGO and the wider community services sector are facing a workforce shortage and a skills shortage. Surveys such as the Australian Community Sector Survey 2008, carried out by Australian Council Of Social Service (ACOSS) and AOD-specific surveys carried out in South Australia, New South Wales and the Australian Capital Territory all report difficulty attracting, retaining, and developing staff (ACOSS 2008; Network of Alcohol and Drug Agencies 2008; McDonald, D 2006; National Centre for Education and Training on Addiction 2007). ADCA has received anecdotal confirmation of the workforce and skills shortages from other State/ Territory jurisdictions.

In 2009, ADCA prepared a response to the Federal Healthcare Reform Agenda, specifically responding to a selection of recommendations from the Final Report of the National Healthcare and Hospital Reform Commission (NHHRC). Responding to Recommendation 20, ADCA discussed the newly-formed "addiction medicine" specialty. This specialty may provide for staff training and development pathways, which could be aligned with consistent National Quality Accreditation standards for AOD organisations and staff. The addiction medicine speciality may offer increased payment pathways for AOD professionals under the Medicare system. ADCA discussed this in response to NHHRC Recommendation 100, stating that accreditation/ speciality creation may be a pathway for AOD professionals and service-delivery organisations to access Medicare provider numbers, similar to the ones available to Mental Health Professionals and organisations when treating patients using Cognitive Behavioural Therapies (ADCA, 2009).

In responding to NHHRC Recommendation 40, ADCA advocated for development of an AOD workforce sub-strategy under the National Drug Strategy. This forms part of ADCA's Workforce Policy Statement which can be viewed on the ADCA website: http://www.adca.org.au/images/publications/2.11%20workplace%20development%202008.pdf.

Also, ADCA's response to the recent Senate Community Affairs Committee Inquiry into Suicide in Australia discussed a significant knowledge/ skill-set gap existing in the AOD workforce in relation to treating substance use with comorbid mental illness. ADCA notes the recent release of the Comorbidity Guidelines developed by the National Drug and Alcohol Research Centre and believes that a priority of any AOD Workforce sub-strategy should focus on promoting these guidelines and comorbidity training for AOD staff (NDARC 2009; ADCA 2009).

ADCA also notes that the NHHRC devoted a number of recommendations (Numbers 115 to 123) to the national implementation of an eHealth system including integrated, electronic patient records that can be shared between health professionals, with the patients consent. The AOD treatment sector has been identified as being part of the Primary Healthcare system by the NHHRC. NHHRC recommendation Number 120 specifically stated that eHealth should be operational by January 2013. ADCA believes that this recommendation will need to be addressed by any AOD workforce sub-strategy being developed under the National Drug Strategy.

ADCA has noted specific AOD-sector concerns regarding the implementation of an eHealth system as well as concern that funding and resourcing should be provided for the AOD NGO

sector to up-skill the AOD workforce and enable the AOD sector to fully participate in the proposed national eHealth system.

Part of the AOD sector's concern is that AOD and mental health issues are differently nuanced to physical illnesses/ disability. The sector wants to ensure that these sections of any proposed eHealth system are developed beyond being a 'tick-box' matrix.

ADCA's Pharmaceutical Working Group, however, expressed support for the development of an eHealth system which would enable real time online complete medication records for all medications and all people. This would not only enable identification of problematic medication seeking/prescribing but also offer a number of other health benefits for Australian as far as providing complete and accurate medication records. The ability of an e-Health system that included real time online medication records would provide an opportunity for 'coordinated medication management', and this would enable the identification and management of drug-seeking behaviour such as 'doctor shopping, hence proving the ability to monitor for oversupply of medications which reduce diversion of pharmaceutical drugs from licit to illicit supply.

Secondly, ADCA believes that the new NDS should advocate for a national minimum qualification set. ADCA is aware of the Victorian Minimum Qualification Strategy (State of Victoria 2004), as well as the Western Australian Network of Alcohol and other Drug Agencies (WANADA) proposal for the development of an accreditation tool for Western Australian alcohol and other drugs (AOD) and National Aboriginal and Torres Strait Islanders AOD services. ADCA believes that both the Victorian strategy and the WANADA accreditation framework, once completed, should be investigated to discover their potential to serve as a template for a National Minimum AOD Qualification Strategy.

However, ADCA recognises that any proposed Minimum Qualification Strategy should be regarded by the sector as exactly that, a minimum. ADCA subsequently does not recommend that all AOD service providers across Australia should be required to adopt a one size fits all quality accreditation process. Rather, ADCA stresses the importance that any discussion around quality improvement and accreditation, whether at State/ Territory or national level, takes into account and does justice to the diverse range of service types, sizes, and locations that can be found within jurisdictions and across Australia. ADCA also is firmly of the opinion that there needs to be scope for individual organisations to impose higher qualifications if so desired. Further, ADCA believes that any minimum qualification strategy should incorporate the Code of Ethics developed by ADCA and Dr Craig Fry (ADCA 2007).

Similarly, the NDS should recognise that a skilled workforce can be aided by quality assured organisations. ADCA notes the Victorian work on creating a quality assurance framework for AOD Treatment organisations, *Shaping the Future – The Victorian Alcohol and Other Drug Quality Framework* was launched in April 2008. This document lists key quality standards, and may provide a starting point for creation of a national quality framework/ or could be adopted by other State/ Territory jurisdictions and amended to suit local factors (State of Victoria 2008).

ADCA is of the opinion that concurrently running a workforce skills program with a national quality assurance program for AOD organisations would aid the sector in the long run. However, ADCA notes that any quality assurance program would require both initial resourcing and capacity for Government support to maintain the framework, and provide AOD NGO's with the financial resources to implement and maintain.

ADCA recommends that:

(l) the National Drug Strategy develops a workforce sub-strategy under the National Drug Strategy which contains provisions for meeting future challenges, such as eHealth.

(m) the National Drug Strategy investigates creating a national AOD Minimum Qualification Strategy, building on models currently existing at State/ Territory Jurisdictional level.

(n) the National Drug Strategy investigates creating a national Quality Assurance Framework for AOD organisations.

8. Where should efforts be focussed over the coming five years to increase the capacity of the generalist health workforce to identify and respond to substance use problems?

As noted in ADCA's recent submission to the Senate Community Affairs Committee's Inquiry into Suicide, there are significant knowledge gaps in treating/ diagnosing substance use and mental health disorders. ADCA is aware that people suffering these complex needs are often discriminated against, and acknowledges the recently published: *Guidelines on the management of co-occuring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings* (NDARC, 2009).

In the opinion of ADCA, the current NDS and other AOD strategies and research omit the fact that a significant portion of people experiencing AOD-related misuse issues also suffer from other comorbidities such as chronic pain or permanent disability. These comorbidities have significant differences from AOD and Mental Health comorbidities and ADCA believes this area needs further attention.

ADCA has noted that there is currently no AOD stream within mainstream undergraduate medical/ nursing/ social welfare courses. The capacity of the generalist health workforce to identify substance use problems may be increased if AOD-related units and streams were offered within the structure of generalist medical/ social welfare undergraduate studies. These generalist stream/ units could possibly align with/ come under the jurisdiction of the Australasian Chapter of Addiction Medicine specialty.

ADCA, under former Presidents Dr Nan Godby AC, and Professor Ian Webster AO, established the Committee on Alcohol and Drug Education in Medical Schools (CADEMS). This program was designed to introduce integrated drug and alcohol education throughout the undergraduate medical curriculum, in effect providing some AOD education to the generalist health workforce. This program was evaluated in 1992 and shown to be successful in expanding AOD teaching hours and number of students participating in AOD education. From speaking with one of the principals involved with the CADEMS program, ADCA understands that this program no longer exists. ADCA believes that this program could be re-established to increase the knowledge of the generalist health workforce (Roche 1992).

The response to the Federal Healthcare Reform Agenda also highlighted ADCA's belief that the allied health workforce may benefit from training in addiction medicine, and specifically the misuse of prescription medications.

ADCA recommends that:

(o) the National Drug Strategy provides further support for research into both the physical and mental comorbidities of alcohol and other drug use.

(p) the National Drug Strategy examines the appropriateness of re-activating the CADEMS program to increase the capacity of the generalist health workforce over time.

9. What are the particular opportunities and challenges that technology development is likely to pose for the community and the alcohol and drug sector over the next five years?

ADCA notes the recommendations of the NHHRC dealing with eHealth (Commonwealth of Australia 2009). The NHHRC has defined AOD treatment services as part of Australia's primary healthcare system. According to recommendation number 113, all AOD NGO Treatment Services are expected to transit to the National eHealth system by 2013.

This transit presents an opportunity and a challenge. ADCA is concerned that this system will be implemented with little thought to the needs and budgetary restrictions placed on the NGO AOD sector. However, ADCA is also aware of the potential benefits in on-line education, and on-line service provision, which may act to reduce the impediment of distance faced by rural and remote AOD service delivery organisations.

The workforce aspects of incorporating technology also need further discussion. ADCA is aware that the NGO AOD workforce comprises a larger number of part-time, older and female workers as a percentage of the total workforce. Some of these factors may reduce the effectiveness of future technological developments, for example, it may be harder to train part-time workers. Staffing levels are also currently a concern. Extensive development and mandated implementation of new technology, such as the eHealth system may result in loss of service-delivery capacity as the workforce is trained in its use.

ADCA recommends that:

(q) the National Drug Strategy notes the high impact that any eHealth system will have on the AOD NGO sector.

(r) the National Drug Strategy acknowledges the need to provide additional resources for the AOD NGO sector to establish any eHealth system.

(s) The National Drug Strategy supports delivering sound, evidence-based online AOD education to the public.

10. How can efforts under the National Drug Strategy better complement the social inclusion agenda such as addressing unemployment, homelessness, mental illness and social disadvantage?

As discussed on page three, ADCA believes there needs to be greater integration between the National Drug Strategy and a number of other high-level strategic frameworks. These include:

- Preventative Health
- Youth
- Men's Health
- Women's Health, and
- Mental Health.

Closer integration of these broader "social inclusion" strategies may provide more consolidated results. ADCA is aware that AOD service delivery organisations are already faced with the challenge of acting as surrogate "case workers" for AOD clients, as dealing with AOD-issues without addressing other social inclusion issues such as homelessness often creates less than optimal outcomes.

ADCA recommends that:

(t) the National Drug Strategy acknowledges the challenges faced by the social determinants to health which are encountered by AOD service-delivery organisations.

11. Where should effort be focused in reducing substance use and associated harms among vulnerable populations?

A significant proportion of substances users also experience mental health disorders. ADCA is aware of the recently published information on AOD and Mental Health comorbidities Guidelines and considers that it would be of benefit to promote these guidelines under the National Drug Strategy.

ADCA is also aware that AOD service delivery organisations are increasingly confronted with clientele with other complex needs such as homelessness, child protection, domestic violence, social isolation, physical comorbidities, financial crisis, and legal issues. Service delivery organisations have to deal with these issues in addition to treating the AOD presentation, without additional funding allocated to these issues. Additional effort in transiting from the current "siloed" approach, which treats healthcare and social services as separate functions towards a more integrated "lifestyle/ human rights" framework could be advanced by the National Drugs Strategy.

In addition, ADCA believes there are some critical population groups that would benefit from additional focus:

- People transiting into the community from residential detoxification/ rehabilitation facilities
- People transiting into the community from a period of incarceration
- Indigenous people
- CALD communities
- Rural and remote populations, and
- People in the immediate aftermath of crisis situations, such as the Victorian bushfires, other natural disasters, or personal issues such as job loss and other factors.

ADCA recommends that:

(u) the National Drug Strategy acknowledges the critical population groups identified by ADCA in response to question 11.

12. Are publicly available performance measures against the National Drug Strategy desirable?

ADCA believes that publicly available performance measures would aid the Strategy validating its success to the AOD community and general public. It would further aid future evaluations, a point noted in the Siggins Miller evaluation.

Likewise, ADCA is aware that there is debate about the adequate level of resourcing devoted to each of the three arms of the National Drug Strategy, i.e. the balance between supply reduction, demand reduction, and harm reduction strategies. Establishing publicly available performance measures may act to inform the public of the success of each arm of the strategy and reduce misinformation.

ADCA recommends that:

(v) the National Drug Strategy adopts public performance measures such as the ones identified in this Issues paper in response to question 13.

13. If so, what measures would give a high level indication of progress under the National Drug Strategy?

ADCA, as the peak body for the AOD NGO sector is aware that episodes of care is the standard model by which AOD service organisations are funded by, however, episodes of care fail to measure the actual outcomes that treatment obtains.

For this reason, ADCA and the AOD NGO sector believe that funding agreements need to be re-negotiated to add extra funding for AOD agencies to engage in post-rehabilitation follow-up, whether through surveys or through broader epidemiological study. To ADCA's knowledge, the last major study done in Australia was the Australian Treatment Outcomes study conducted by the National Drug and Alcohol Research Centre (NDARC) in 2006. ADCA envisages measures such as reduced drug use, and social indicators such as gainful employment/ participation in training or study, re-integration with family members would be used as measures of success in any follow-up survey. ADCA believes that it is critical to understand what is currently working within the AOD sector before adding new measures.

Furthermore, data on the percentage of people eligible for a treatment service but unable to access AOD treatment should form part of the National Drug Strategy performance measures.

ADCA contributed to the National Drug Policy Roundtable in Canberra in February 2009 which came to a consensus view that the evidence base for Law Enforcement activities needed strengthening. One step forward would be to devise and agree on appropriate indicators for law enforcement activities that reflect the impact of preventing and reducing harms from AOD use.

There is also a wide variety of population and sub-population measures that, in ADCA's opinion, would be suitable for reporting under the National Drug Strategy. ADCA has provided some examples below together with known data sets which may capture some of this data:

- reduction in use both self-reported through NDSHS or secondary school surveys, and reported through epidemiological surveys
- criminal data, for example, people intoxicated at arrest, as reported by the Drug Use Monitoring in Australia (DUMA) survey research
- reductions in harmful use, as measured by hospitalisation rates amongst population for individual drugs, alcohol/ drug use in roadside crashes/ drug testing outcomes, alcohol-related drowning
- societal economic harms, such as those estimated in *The costs of tobacco, alcohol and illicit drug abuse to Australian society* by Collins and Lapsley (2008) and the upcoming research by Turning Point on Alcohol's harms to non-drinkers;
- police and emergency services time costs for attending alcohol-/ drug-related incidents such as alcohol and drug-related suicide/ homicide, time and staff resource costs of roadside alcohol/ drug testing operations
- prevalence of AOD disorder in prison
- prevalence of drug related HIV and Hepatitis C data
- prevalence of smoking
- chronic bronchitis, and
- NCETA data on alcohol/ injuries, workplace productivity.

ADCA recommends that:

(w) the National Drug Strategy supports increasing funding to AOD NGO organisations to conduct post-treatment follow-up with clients.

Summary

In summary, ADCA throughout the document recommended that:

(a) *the existing IGCD/ ANCD Strategic Issues Workshop be expanded to include representation from ADCA on behalf of the AOD NGO Sector.*

(b) *in line with the principles of the Federal Government's Social Inclusion Agenda, the existing Strategic Issues Workshop be expanded to include Employment, Housing and other social determinants of disadvantage.*

(c) *the National Drug Strategy acknowledges that ADCA, as the National Peak Body should have formal representation as the voice of the AOD NGO sector on inter-governmental committees such as the IGCD and the MCDS.*

(d) *the National Drug Strategy adopts the list of stakeholders featured in response to question 2 as a basis for broader inclusion in the new Strategy.*

(e) *the National Drug Strategy takes account of the significant level of expert advice available within the AOD NGO sector.*

(f) *a national AOD research plan be defined to benefit the IGCD and MCDS.*

(g) *consideration should be given to funding research/ advice requests directly through AOD NGO bodies such as ADCA.*

(h) *the National Drug Strategy adopts a number of recommendations from ADCA's submission to the Inquiry into the high level of involvement of Indigenous juveniles and young adults in the criminal justice system as part of its efforts to reduce harms from substance use in Indigenous communities.*

(i) *the National Drug Strategy considers developing a holistic model of care across health promotion and treatment and investigate creating new funding streams to better address Aboriginal and Torres Strait Islander peoples alcohol and drug concerns.*

(j) *the National Drug Strategy retains the Complementary Action Plan.*

(k) *the National Drug Strategy retains the Reference Group for Aboriginal and Torres Strait Islander Peoples.*

(l) *the National Drug Strategy develops a workforce sub-strategy under the National Drug Strategy which contains provisions for meeting future challenges, such as eHealth.*

(m) *the National Drug Strategy investigates creating a national AOD Minimum Qualification Strategy, building on models currently existing at State/ Territory jurisdictional level.*

(n) *the National Drug Strategy investigates creating a national Quality Assurance Framework for AOD organisations.*

(o) the National Drug Strategy provides further support for research into both the physical and mental comorbidities of alcohol and other drug use.

(p) the National Drug Strategy examines the appropriateness of re-activating the CADEMS program to increase the capacity of the generalist health workforce over time.

(q) the National Drug Strategy notes the high impact that any eHealth system will have on the AOD NGO sector.

(r) the National Drug Strategy acknowledges the need to provide additional resources for the AOD NGO sector to establish any eHealth system.

(s) the National Drug Strategy supports delivering sound, evidence-based online AOD education to the public.

(t) the National Drug Strategy acknowledges the challenges faced by the social determinants to health which are encountered by AOD service-delivery organisations

(u) the National Drug Strategy acknowledges the critical population groups identified by ADCA in this Issues Paper in response to Question 11.

(v) the National Drug Strategy adopts public performance measures such as the ones identified in this Issues Paper in response to Question 13.

(w) the National Drug Strategy supports increasing funding to AOD NGO organisations to conduct post-treatment follow-up with clients.

Siggins Miller Evaluation Recommendations – 2004-2009 National Drug Strategy

The evaluation of the 2004-2009 strategy delivered 15 recommendations to DoHA and the Federal Government. ADCA has listed the recommendations and its support for them as follows.

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.*

ADCA believes the concept of harm minimisation enjoys broad support by the AOD NGO sector. ADCA does not believe that changing the term 'harm minimisation' should be a priority of the National Drug Strategy.

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.*

ADCA supports this recommendation.

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.

ADCA supports this recommendation, and notes the significant body of evidence held by the AOD NGO sector could be of value to implementing a prevention agenda. Similarly, a consumer perspective such as available from the Australian Injecting and Illicit Drug Users' League (AIVL) would also be of benefit.

***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) establishing mechanisms to provide feedback on continuing implementation and outcomes to stakeholders such as consumer groups, NGOs, and professional organisations

ADCA supports this recommendation and made similar recommendations to DoHA in its submission to the development of the National Drug Strategy 2004-2009.

***Recommendation 5**: Further integrate treatment services and pathways across the government, nongovernment 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 non-government 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.

ADCA agrees with this recommendation and notes the brief discussion on Federalism and funding/ governance arrangements as issues which currently hinder the AOD NGO sector.

***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, incentives, continuity of entitlements across government, non-government and private providers, and funding for medical, nursing and allied health specialist training in AOD-related condition
2) identifying strategies to ensure a supply of appropriately skilled and qualified workers (such as enhancing their scope of practice, and providing Medical Benefit Schedule (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.

ADCA strongly supports this recommendation, and notes its submission to DoHA and the Minister for Health and Ageing discussing avenues of specialisation for addiction medicine. ADCA also notes the recent surveys done on the AOD workforce in a number of State/ Territories which can provide a baseline of evidence for modelling future demand.

***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.

ADCA strongly supports this recommendation. ADCA has previously advocated for a National Drug Research strategy in its submission to the development of the 2004-2009 National Drug Strategy.

***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.

ADCA strongly supports creating a detailed evaluation methodology to enable publicly available performance measures and accountability.

***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.*

ADCA agrees with the intent of this recommendation, i.e. for greater inclusion of AOD peak organisations and consumer organisations. ADCA is concerned that the NGO sector plays a significant part in reducing alcohol and other drug harms, yet ADCA, as the endorsed peak-body has no formal place at inter-government consultations.

ADCA also notes that a similar recommendation was proposed by ADCA in its submission to the development of the 2004-2009 National Drug Strategy, yet no action occurred (ADCA, 2004).

ADCA will again be recommending that the NGO sector, through ADCA and the State/ Territory peak bodies have formal representation on the IGCD and other Governmental/ Departmental bodies.

***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.*

ADCA strongly supports this recommendation and notes, similar to Recommendation nine, that the IGCD may benefit from adopting regular consultative meetings with the National AOD NGO Sector Peak Body and consumer perspectives, from organisations such as ADCA and AVIL. As discussed on page five, ADCA recommends that ADCA and the State/ Territory peak bodies have formal representation with the IGCD and MCDS.

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

ADCA supports this recommendation.

***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 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.*

ADCA supports this recommendation, noting that NGOs such as ADCA, through the National Drugs Sector Information Service (NDSIS) and others hold significant repositories of data which need inclusion in any review.

***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.*

ADCA supports this recommendation. ADCA notes that there is significant drug information housed in existing bodies, such as ADCA's NDSIS and the Australian Drug Foundation's clearinghouse.

***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.*

ADCA agrees with this recommendation.

***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.*

ADCA agrees with this recommendation, noting the issues of reliability and validity discussed above.

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