NADA
network of alcohol and other drugs agencies

Submission to the Development of the National Preventive Health Strategy: Consultation Paper

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non government alcohol and other drugs sector in NSW. We represent close to 100 organisational members that provide a broad range of alcohol and other drugs services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Together, we work to reduce the harms related to alcohol and other drugs use across the NSW community.

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ABOUT NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for non government alcohol and other drugs services in NSW. We advocate for, strengthen and support the sector. As a member driven peak body, NADA's decisions and actions are informed by the experiences, knowledge and concerns of its membership.

We represent close to 100 organisational members that provide a broad range of alcohol and other drugs services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Our members are diverse in their structure, philosophy and approach to alcohol and other drugs service delivery.

Together, we work to reduce the harms related to alcohol and other drugs use across the NSW community.

NADA has award level accreditation under the Australian Services Excellence Standards (ASES), a quality framework certified by Quality Innovation and Performance (QIP).

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PREPARATION OF THIS SUBMISSION

NADA has developed the following submission for the Australian Government Department of Health Consultation Paper: Development of the National Preventive Health Strategy. The comments provided in this submission have been prepared by NADA staff, on behalf of its members.

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INTRODUCTORY COMMENTS

NADA has been very interested in the role of prevention and preventive health strategies on behalf of its membership for the past two decades. We were involved, through the then National Peak Body, the Alcohol and other Drugs Council, in submissions to the National Preventive Health Taskforce in 2008. We note with concern that very little has happened in the intervening years in relation to the establishment and maintenance of an overarching National Preventive Health Strategy, outside of the work of the Primary Health Care 10-year plan and the Closing the Gap National Agreement.

NADA is pleased that the current Health Minister initiated this National Preventive Health Strategy in 2019 and note that COVID-19 has impacted all aspects of planning and health service delivery across Australia. We also note that this is identified in the Consultation Paper and would stress the COVID-19 pandemic has demonstrated that the people and communities who are most vulnerable in Australia—those living in poverty, Aboriginal and Torres Strait Islander communities, individuals and groups suffering social stigma and discrimination and the frail aged—feel the impact of a population wide pandemic emergency the greatest. We therefore agree with the consultation paper's resolution that, when looking to enhance this country's efforts at an overall preventive health strategy, a health and social equity lens must be applied. NADA argues that this should be the founding principle of the Strategy.

While the consultation paper has sound theoretical descriptors of preventive health theory, there is no mention of the scale of economic poverty and inequality, no mention of the impact of climate change, little reference to Aboriginal and Torres Strait Islander health, and even less to the extent of mental ill-health and wellbeing across the population.

We strongly feel that the discussion of leadership in the consultation paper lacks a clear and detailed focus on governance for the strategy and roles and responsibilities for the implementation of the strategy. The identification that appropriate resourcing of the Strategy's initiatives is very thin

and this is the central factor that will ensure a nationally coordinated strategy can be implemented. The issue of monitoring and evaluation is equally light on detail and needs to be more clearly linked to overall governance, roles and responsibilities for implementation and outcomes and achievements of the Strategy.

COMMENTS ON VISION, AIMS AND GOALS

NADA believes the Vision statement is broadly appropriate, as are a number of the Aims. The language is also 'aspirational' and will need considerable expansion in the actual Plan and implementation strategy based on our comments in the introductory section of this submission. NADA supports all elements of the Goals as outlined in the diagram (p. 12).

We remain concerned that the final Aim: Investment in prevention is increased, is addressed comprehensively within the body of the final preventive health strategy. This will also rely on the Commonwealth and State/Territory governments commitment to funding the Strategy when it is adopted by the new National Cabinet (or the structure that will replace the Council of Australian Governments). This has been the principle reason that this country does not have an agreed and appropriately resourced preventive health pillar within the health services structure of this country. This is particularly relevant to the goal of having "prevention embedded in the health system" in the consultation paper (p. 14).

NADA is broadly in agreement with the six goals of the Strategy (p.16). We would again stress that the goals will need appropriately detailed strategies that should align with the governance framework and the roles and responsibilities of all levels of the Australian government.

THE FRAMEWORK FOR ACTION: ACHIEVING THE VISION AND AIMS

NADA agrees with the Strategy's Framework for Action and, in particular, the three interlinked elements:

1. Mobilising a Prevention System

2. Boosting Action in Focus Areas
3. Continuing Strong Foundations.

We believe that some of the language in the elements require further explanation as well as how they will be operationalised within the detailed Strategy.

NADA supports the six areas outlined in the Boosting Action in Focus Areas diagram (p. 15) and provides detailed comments on the 'reducing alcohol and other drug-related harm' element in the diagram, later in this submission.

MOBILISING A PREVENTION SYSTEM

NADA is broadly in agreement with the seven enablers for creating a more effective and integrated prevention system. As mentioned earlier, we agree with the need for linked and effective national leadership by all levels of Australian government under a structured governance mechanism. Linked to this, the Strategy needs to identify a substantially increased and long term funding mechanism that allows for cross sectoral collaboration between governments, the NGO sector, the private sector and research institutions that is overseen by the structure to replace COAG.

NADA reiterates that the Strategy must apply a major focus on populations that are in greatest need, across all seven enablers, to create a more effective and integrated prevention system. Research shows that people experiencing poverty and disadvantage have poorer health and are at greater risk of experiencing alcohol and other drug related harms[1]. People experiencing poverty and disadvantage have less access to resources, supports and services[2]. They are more likely to be unemployed and experience marginalisation and stigmatisation, both of which can exacerbate their situation and pose a significant barrier to accessing health systems[3].

[1] Hetherington, K. & Spooner, C 2004, 'Social Determinants of Drug Use', Technical Report Number 228, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.
[2] Sinha, R 2008, 'Chronic Stress, Drug Use, and Vulnerability to Addiction', Annals of the New York Academy of The Sciences, vol.1141, pp.105-130.
[3] Hetherington, K. & Spooner, C 2004, 'Social Determinants of Drug Use', Technical Report Number 228, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

To mobilise a prevention system that will reach and support the populations most in need, the Strategy must consider the broader social determinants and drivers of disadvantage that contribute to alcohol and other drug related harms, and all the Strategy's focus areas. For public health policies to be effective they must address the social determinants of health[4] and to do this the Strategy must create a collaborative and integrated system, that includes the health, human services, housing and criminal justice sectors. Effectively preventing drug-related harms requires greater investment directed towards vulnerable people, communities and families, and recognition of the critical importance of social determinants such as school engagement and employment[5].

Access to safe and secure housing is a critical social determinant of health that the Strategy must address in creating a more effective and integrated prevention system. Homelessness is a common co-occurring issue for people experiencing problems with alcohol and other drugs[6]. It is also a problem that can impact all six priority focus areas. Before COVID-19 there were already 50,000 people on the waitlist for social housing in NSW, and with unemployment growing due to the impact of COVID-19, an increasing number of people will become at risk of homelessness.[7] We would like to draw the Strategy's attention to the *Supporting Economic Recovery in NSW Report* for further details about the impacts of COVID-19 on housing and unemployment.

People with mental health issues are more likely to use alcohol and other drugs[8]. Given the close link between mental health problems and alcohol and other drug use, the Strategy must give greater consideration to the co-occurrence of these issues. We agree that action is required to extend and enhance existing prevention action to mobilise an effective prevention system. The

4 World Health Organisation 2008, Closing the gap in a generation: health equity through action on the social determinants of health, http://apps.who.int/iris/bitstream/handle/10665/43943/9789241563703_eng.pdf;jsessionid=EA38FCBA514A78CFE9247BDA37EAF9E6?sequence=1

5 Commonwealth Department of Health 2017, The National Drug Strategy 2017-2026, www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9EDE5CA25808F00035035/$File/National-Drug-Strategy-2017-2026.pdf

6 Community Sector Consulting (2011) NGO Practice Enhancement Program: Working with Complex Needs Initiative Literature Review and Member Consultation, NADA: Sydney.

7 Equity Economics and Development Partners 2020,https://www.ncoss.org.au/sites/default/files/public/policy/Equity%20Economics%20-%20Supporting%20Economic%20Recovery%20in%20NSW_Final_220620.pdf

8 Australian Institute of Health and Welfare 2020, Alcohol, tobacco and other drugs in Australia, Web Report.

Strategy should consider the recommendations reported in the *Productivity Commission Inquiry in Mental Health*.

NADA highlights the importance of including families, friends and wider community and social networks as a vital part of a prevention system. The significant impact of family and social factors on individual's use of alcohol and other drugs is well established, as are the harms of alcohol and other drug use on the family and community members[9] [10].

Addressing the impact of stigma and discrimination against people who use or have used alcohol and other drugs is a further important area in which the Strategy needs to acknowledge. NADA stresses the huge effect stigma and discrimination can have on people and their ability to access preventive health services. Therefore, this is an area the Strategy must consider and identify interventions that enables equal access to health services for all people.

BOOSTING ACTION IN FOCUS AREAS

NADA agrees with the six focus areas identified to boost prevention action in the first years of the Strategy. For our submission NADA will respond to the focus area reducing alcohol and other drug-related harm.

We would like to draw the Strategy's attention to the *Special Commission of Inquiry into the Drug Ice Report* and, in particular, the chapters on prevention and education. Although the Inquiry specifically focused on methamphetamine, the Report is a valuable resource that can inform actions to prevent alcohol and other drug related harms more generally.

9 Alcohol and other Drugs Council of Australia 2008, National Preventative Health Taskforce, https://www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=atsia/sentencing/subs/sub065.pdf

10 Commonwealth Department of Health 2017, The National Drug Strategy 2017-2026.

The National Drug Strategy 2017-2026 identifies priority populations where it is agreed the biggest gains can be delivered and the largest risk of harm currently exists[11]. These populations include; Aboriginal and Torres Strait Islander people, people with mental health issues, young and older people, people from culturally and linguistically diverse (CALD) populations, those identifying as lesbian, gay, bisexual, transgender and/or intersex (LGBTI), and people in contact with the criminal justice system. It is important therefore that the Strategy focus its preventive actions on these priority populations and builds on prevention strategies detailed in the National Drug Strategy 2017-2026.

NADA would like to emphasise that it is critical that any prevention strategies aimed at reducing alcohol and other drug related harm for Aboriginal and Torres Strait Islander people, be developed, designed and managed by Aboriginal people and their communities[12]. Aboriginal people know their communities and what will work best, and therefore any project, service or plan that is about Aboriginal people must involve Aboriginal people and their community[13].

Further to this, NADA would like to emphasise that any prevention strategies aimed at reducing alcohol and other drug related harm for people of any sociocultural background or age group, must be developed, designed in consultation with those people and their communities. Input from people who use alcohol and other drugs, who have lived experience of AOD treatment, or who care for and support these people is invaluable to developing effective, accessible and outcomes-focused AOD-related treatment and services[14] [15].

11 Commonwealth Department of Health 2017, The National Drug Strategy 2017-2026, www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9EDE5CA25808F00035035/$File/National-Drug-Strategy-2017-2026.pdf

12 Lumley, K 2016, 'Understanding intergenerational trauma', Judicial Officers Bulletin, vol. 28, no. 7, pp. 70.

13 Wallace, R & Allan, J 2019, 'NADA Practice Resource: Alcohol & other Drugs Treatment Guidelines for Working with Aboriginal & Torres Strait Islander People In a Non-Aboriginal Setting'. Sydney: Network of Alcohol and other Drugs Agencies.

14 Alcohol and other Drugs Council of Australia 2008, National Preventative Health Taskforce.

15 Commonwealth Department of Health 2017, The National Drug Strategy 2017-2026.

It is in this context that NADA would not recommend that the Australian Government continue with its historical approach with respect to mass media campaigns that focus on the population in a generic way and highlights the dangers of using drugs and alcohol. These types of campaigns have proven unsuccessful in shifting behaviour in at risk youth and other people using illicit drugs and alcohol in harmful ways. Similarly, feedback from the specialist NGO AOD sector indicates that Commonwealth and NSW government funded community action strategies, the Local Drug Action Teams (LDATs) and Community Drug Action Teams (CDATs) also have had limited success in reaching at risk youth and others that use illicit drugs and alcohol in harmful ways. NADA supports community development approaches to reducing drug and alcohol related harms based on evidence and community engagement. If LDATs/CDATs are to be continued, then a rigorous evaluation should be conducted on their effectiveness and program modifications made based on the results.

To boost effective preventive strategies to reduce alcohol and other drug related harms, it is recommended that all levels of government, in collaboration with the alcohol and other drug (AOD) non-government sector, develop an AOD workforce strategy to ensure that the government and non-government AOD workforce is well positioned to respond to the focus area of reducing alcohol and other drug related harms. This workforce strategy should include the following elements:

- a detailed workforce profile, including size and key demographics.
- a forecast of future workforce needs based on projected AOD treatment needs, and strategies to ensure that the required workforce is available.
- strategies to address the difficulties faced by the NGO sector in recruiting and retaining staff.
- a focus on strengthening the peer workforce, in recognition that peer workers are well placed to engage priority populations most at risk of problematic alcohol and other drug use issues.
- a focus on supporting the unique needs of the Aboriginal AOD workforce.

- strategies to ensure the AOD workforce has the necessary skills to meet the specific needs of priority populations that are most at risk of experiencing alcohol and other drug related harms.
- strategies to build capacity of regional AOD medical and allied health workforce including by, for example, offering financial and workplace incentives to encourage people to move into regional areas.
- strategies to strengthen continuing professional development for AOD workers, such as through interactive online training modules.
- strategies to ensure the AOD workforce has appropriate training in best practice methods to prevent and reduce alcohol and other drug related harms, including training in common co-occurring problems such as mental health.

CONTINUING STRONG FOUNDATIONS

NADA agrees with the Strategy's statement about the importance of continuing and building on current preventative action (p. 20). In regards to current school drug education programs that aim to prevent alcohol and other drug related harms, a whole-of government education strategy is needed, to enhance the effectiveness of these programs, that considers drug education in school and non-school-based settings[16]. School drug education programs must be developed in consultation with relevant experts, including the alcohol and other drug (AOD) non-government sector, young people and the Department of Education[17]. We stress the importance of this because much of the research to date has found school-based drug education programs to be unhelpful[18]. The literature has found that most educational programs have been ineffective because they are generic and target all students, regardless of their environmental context or level of risk for alcohol and other drug use[19].

16 NSW Government 2020, The Special Commission of Inquiry into crystal methamphetamine and other amphetamine-type stimulants, https://www.dpc.nsw.gov.au/assets/dpc-nsw-gov-au/publications/The-Drug-ice-1546/02-Report-Volume-1a.pdf

17 Ibid

18 Cuijpers, P 2002, 'Effective ingredients of school-based drug prevention programs A systematic review', *Addictive Behaviors,* vol. 27, pp. 1009 – 1023.

19 Edalati, H, Afzali, M, Castellanos-Ryan, N & Conrod, P 2019, 'The effect of contextual risk factors on the effectiveness of brief personality-targeted interventions for adolescent alcohol use and misuse: a cluster-randomized trial', Alcoholism: Clinical and Experimental Research, vol. 43, no. 4, pp. 1–10.

Research has found that targeted prevention programs for at risk young people were more useful for reducing alcohol and other drug use. Selective and indicated intervention programs that target the potential risk factors for alcohol and other drug use in young people, including individual and environmental, are more beneficial for these young people in preventing and reducing harm[20]. This includes a focus on mental health when developing preventive educational responses to reduce the harms related to alcohol and other drug use. Over two thirds of mental health problems impacting people over their lifetime develop before the age of 24[21], and given the strong association between mental health and alcohol and other drug use issues, NADA urges the Strategy to consider this correlation when developing preventive responses.

Recommendations

Specific recommendations for boosting actions in alcohol and other drugs prevention include:

- commit to providing appropriate funding to enhance the development and delivery of evidence-based education and prevention programs.
- support and fund research into effective prevention strategies for alcohol and other drugs.
- develop a nationally coordinated whole-of-government education strategy that considers drug education in school and non-school-based settings, with the objectives of improving understanding across the community of:
  - the harms associated with alcohol and other drug use.
  - how to reduce the harms associated with alcohol and other drug use.
  - how to access services and support to manage drug use.
- that this education strategy includes specific actions and messages targeted at the priority populations identified in AOD strategies and at different types of drug use.
- that this education strategy includes a focus on reducing the stigma and discrimination against people who use or have used alcohol or other drugs.

20 Edalati, H, Afzali, M, Castellanos-Ryan, N & Conrod, P 2019, 'The effect of contextual risk factors on the effectiveness of brief personality-targeted interventions for adolescent alcohol use and misuse: a cluster-randomized trial', Alcoholism: Clinical and Experimental Research, vol. 43, no. 4, pp. 1–10.

21 Chisholm, K, Patterson, P, Greenfield, S, Turner, E & Birchwood, M 2018, 'Adolescent construction of mental illness: Implications for engagement and treatment', Early Intervention in Psychiatry, vol. 12, no. 4, pp. 626 – 636.

NADA appreciates the opportunity to provide comment in the Strategy's consultation process and we look forward to receiving the draft National Preventive Health Strategy when it becomes available and providing further feedback.