

Response to draft National Drug Strategy 2016-2025

Following UnitingCare ReGen's [submission](#) to the original stakeholder consultation process for the development of Australia's next National Drug Strategy and the subsequent publication of the [draft 2016-2025 strategy](#), ReGen makes the following comments:

General comment

- The draft Strategy effectively maintains the commitment to Australia's Harm Minimisation policy as an overarching framework for a wide range of policy interventions. However, it still lacks detail on the evidence for its effectiveness and the appropriate balance of activities (and resource allocation) across the three pillars of Supply Reduction, Demand Reduction and Harm Reduction. There is also a clear need for consideration of the state of the Australian AOD treatment sector and the need for investment in service and workforce development to ensure that the sector is able to respond to emerging future needs.

Evidence based policy

- Commitment to increased consultation with and reporting to stakeholders is welcome, but the draft Strategy provides no link to evidence for the effectiveness of the current Strategy as an overarching policy. Listing 'evidence informed' approaches within each pillar does not equate to evidence of the effectiveness of the Strategy in achieving its aim.
- The draft Strategy makes no reference to the allocation of resources across each of the three pillars. There is a clear need to address the current levels of funding for treatment and harm reduction services.
- The draft Strategy does not recognise the role of AOD sector peak bodies as advocates for evidence based policy, only as a stakeholder to be engaged in community engagement activities.

Meaningful measures of success

- Strategy priorities address appropriate issues, but are vague and difficult to measure in terms of outcomes. They provide no consideration of the resources requiring to achieve them.
- It is encouraging to see recognition of social determinants of AOD use, but proposed outcomes measures will provide no indication of progress in related areas or their impact on Strategy outcomes.

Improving treatment

- The draft Strategy's focus on promoting collaboration across service sectors to support holistic responses to complex needs is positive, but there is no indication of how this would occur. There is no recognition of sector capacity to meet (current or future) community demand for treatment or the need for investment in workforce development.

- 'Develop new and innovative responses' is listed as a priority (p9), but innovation appears to be expected to result purely from cross-sector partnerships, with no need for new resources for research, pilots and evaluation to support the development of evidence based models. New Psychoactive Substances are identified as a 'Priority drug type', but there is no indication of how the sector is to develop the capacity to respond to new drug types.
- The draft Strategy provides no recognition of the importance Consumer Participation in improving treatment services. The only reference to consumers in the Strategy is as potential stakeholders to be included in IGCD stakeholder fora before each meeting (three times a year).
- While older people are identified as a priority population, the draft Strategy provides recognition of the likely changes that will be required to service sectors in response to population ageing. There is no mention of targeted approaches for older people within each pillar.