CHAPTER 1: INTRODUCTION

General

1.1 The use of both licit and illicit drugs by young people is one of the most pressing problems facing our community. The extent of this problem, which is interrelated with so many other social and economic problems, is a sad commentary on society's capacity and willingness to care for its youth. The adolescent phase is characterised by curiosity, experimentation, risk-taking and defiance of authority. However, it is important that adolescent drug-taking be recognised by the community and drug professionals alike as being part of the wider phenomenon of drug use and misuse in the community as a whole, rather than as a separate problem somehow limited to youth. Unfortunately, this is not always the case and is detrimental to progress in addressing drug abuse by youth. It also adds to the alienation which has always existed between adolescents and adults in society. For the Committee, this is one of the issues at the heart of this Inquiry. The other is that in order to have any long-term effect on the problem of drug misuse in the community generally, it is necessary to begin with youth.

1.2 Given the magnitude of the task before it, the Committee considered it best to divide its Report into two parts, to be released separately, in order to be better able to concentrate its focus of attention. The Committee's principal focus in this first part of its Report has been twofold. First, it has sought to take an overview of the whole process of implementation of drug policies and programs throughout NSW and to identify areas requiring improvement. Second, it has given particular attention to the two major problem drugs for youth and the community in general, nicotine and alcohol, since the dangers which these substances pose to health have not been adequately recognised as the major health issue.

1.3 The second part of this report is scheduled for completion in 1991, and will cover education, prevention strategies, illicit drugs, treatment, and the needs of specific groups in the community.

Antecedent Inquiries

1.4 The Committee decided that, given the great breadth of its terms of reference, its first task would be to review the work which had already been done in this field, particularly by previous inquiries. The Committee also took account of the very considerable and detailed research and review currently being undertaken into both prevention and treatment strategies by such organisations as the Directorate of the Drug Offensive and others in both the government and non-government sectors. The Committee did not see its role as seeking to match the expertise of these organisations in the detailed development and evaluation of such strategies.

1.5 The committee visited Albury and made interstate visits to Melbourne, Adelaide and Canberra for discussions with drug and law enforcement professionals about local problems, policies and programs (a list of meetings held is attached). A Sub-Committee also visited a number of overseas jurisdictions in Europe and North America for the same purpose (a list of the meetings held during that trip is attached). In that regard the Sub-Committee noted that a comparison between NSW and the countries visited indicated that overall we are as advanced as, and in many cases ahead of other countries in addressing these problems. This is a matter of commendation to both State and Federal Governments but certainly not grounds for complacency.

1.6 In the course of its investigations the Committee became aware of the very active, on-going debate in NSW and elsewhere in Australia about drug policy and of tensions about particular aspects of it, such as over the respective emphases to be given to demand reduction and supply control. It noted many similarities between the debate in Australia and in the overseas countries visited.

1.7 The Committee found that a great deal of valuable, detailed investigative work has been undertaken in recent years, including a number of major reports which deal with the issues under consideration in this Inquiry. These include:

Drug Problems in Australia - An Intoxicated Society? - Report by the Senate Standing Committee on Social Welfare, 1977.

Final Report of the Committee of Review into Drug and Alcohol Services in New South Wales (the "Kerr Committee"), 1985.

A Report on the Non-Government Drug and Alcohol Services System in New South Wales, prepared for the Network of Alcohol and Drug Agencies, 1985.

Regional Consultations on the Needs and Priorities for Alcohol and Other Drug Services in 1987/88, prepared by the Network of Alcohol and Drug Agencies, 1987.

Young Australians and Drugs - Options for Strategies, prepared for the Youth Bureau of the Commonwealth Department of Employment, Education and Training, 1988.

Report of the National Campaign Against Drug Abuse Task Force on Evaluation, 1988.

Drugs, Crime and Society, - Report by the Federal Parliamentary Joint Committee on the National Crime Authority, 1989.

A Police Strategy to Address Unlawful Consumption and Possession of Alcohol by Juveniles, a Proposal Submitted to the NSW Minister for Police and Emergency Services by the Commissioner of Police, 1988.

1.8 In considering these reports, the Committee noted that there appears to have been insufficient implementation of the plethora of recommendations emanating from them. A particular case in point is the highly regarded report of the "Kerr Committee", which contains 344 recommendations. The Committee notes with concern that the Drug Offensive Council had asked only in late 1989 - over four years after the Kerr Report's publication - that an audit be undertaken of how many of that Report's recommendations had been implemented. The Social Issues Committee has found no evidence to suggest that any other of the reports cited above have fared any better.

1.9 Clearly, given the effort and resources which have gone into the preparation of such reports, and the numberous ideas and strategies which have emerged from them, it is essential that the Government establish a permanent mechanism for the receipt and monitoring of such major work. It is suggested that this could best be handled by the Directorate of the Drug Offensive, with consideration being given to the resource implications for that organisation in assuming this responsibility. It could initially focus on reports emerging within NSW and at the Federal level, but need not be restricted to those two jurisdictions. The Committee envisages that the Directorate would prepare periodical - at least annual - reviews of such reports for presentation to the Ministerial Committee on Drug Strategy, with assessments of the desirability, feasibility and cost implications of their recommendations.

RECOMMENDATION 1

THAT THE DIRECTORATE OF THE DRUG OFFENSIVE MONITOR AND REVIEW ALL MAJOR DRUG REPORTS ISSUED IN NSW, AT THE FEDERAL LEVEL AND ELSEWHERE AS APPROPRIATE, AND PREPARE AT LEAST ANNUALLY DIGESTS OF THESE REPORTS INCLUDING ASSESSMENTS OF THE FEASIBILITY AND COST IMPLICATIONS OF THEIR RECOMMENDATIONS, FOR THE MINISTERIAL COMMITTEE ON THE DRUG STRATEGY.

Social and Economic Implications

1.10 It is not possible to accurately quantify the direct social and economic cost to society of drug use, while the indirect social costs, such as family violence and breakdown, are even more difficult to measure. Some conclusions can, however, be drawn from available data. Estimates of drug-related deaths, Australia-wide, in 1986 indicate that:

- 25,495 deaths were caused by drug use; of these, seventy-one percent were due to tobacco, twenty-six percent were due to

alcohol, one percent was due to opiates and two percent to all other drugs; and

- one in five deaths among all ages and one in three deaths in the 15-34 age group were caused by drugs.[1]

1.11 Regarding the economic cost, an Australia-wide study by the Alcohol and Drug Foundation of Australia[2] has estimated the cost of:

- alcohol misuse in 1988 at between $4.7 billion and $12.2 billion;
- tobacco in 1984 at least $2.66 billion;
- misuse of pharmaceuticals at $800 million annually; and
- illicit-drug-related law enforcement at $123 million annually.

Causal Factors

1.12 An early step undertaken by the Committee was to examine the known causes of young people taking up drugs, and why some youth proceed beyond mere experimentation to the stage of regular use. An appreciation of such causal factors is clearly an essential first step in any attempt to devise strategies for prevention and treatment. Such strategies would very much involve appropriate education programs, which will be dealt with in Part 2 of this Report to be brought down in 1991.

1.13 A large number of social, psychological, economic and other factors have been identified by researchers as antecedents to drug use. There is no generally agreed, definitive list of such antecedents, but there is widespread consensus about many of them. These include the characteristics, referred to earlier, which are common to adolescence: curiosity, experimentation, seeking new experiences and thrills, risk-taking, defiance of authority, indifference to possible long-term harm to one's health, peer pressures and desire to impress the opposite sex, and boredom, particularly in the absence of adequate recreation facilities. A second group of factors include the desire to alleviate the stresses, pain and damage to self-esteem associated with family breakdown and dysfunction, overcrowded or otherwise inadequate housing, domestic violence, homelessness, sexual assault, poverty, neglect and poor academic and work achievement. Negative role modelling by adults, especially parents, is a further important cause. Affluence and the

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[1] Source: Federal Department of Community Services and Health. Statistics on Drug Abuse in Australia, 1989.

[2] Economic Cost of Drug Misuse; paper by Geoff Elvy, Executive Director.

receipt by young people of generous allowances, coupled with other negative factors, can also contribute to drug use.

1.14 Any concerted attack by government on drug use among youth must address these problems through programs aimed at both parents and children. The Committee acknowledges the Report of the National Inquiry into Homeless Children by the Human Rights and Equal Opportunity Commission, as important in this regard.

Role of the Media

1.15 Accurate public perception of drug problems in society is extremely important if policies are to be effective. It is essential that the public understands that drug problems potentially impact on every person and that the community, both generally and at local levels, must be acquainted with drug policy and with the strategies of both the government and non-government sectors. The media plays a central role in this process. Unfortunately, although there has been a significant amount of responsible reporting about drug issues in recent years, there is still a tendency, particularly but not exclusively on the part of the print media, to sensationalise drug issues, thereby presenting an inaccurate and distorted picture of the situation. While the Committee has detected a growing appreciation in the community of what the major drug problems are, there is still a great deal of misunderstanding.

1.16 There is also widespread apathy about drugs as an issue, due largely to the erroneous belief that drug problems only affect a small percentage of the population and do not touch "ordinary" people. All too often the media has tended to stereotype drug users as seedy and totally alienated heroin addicts who support their habit through the proceeds of crime. The statistics show that this image is accurate for only a very small proportion of all drug users. A NCADA survey of lifetime experience with drugs in 1988 showed that only one per cent of the Australian population had ever tried heroin, a decrease from two per cent in 1985[3]. While the figure for those addicted to heroin is not given, it can be presumed to be significantly less than one percent. In stating this, the Committee wishes to note, however, that it appreciates that the media has a difficult task in reporting on drug problems in that a more positive depiction of these problems could risk glamorising drug abuse.

1.17 Nevertheless the point which the media has failed to deliver is that most adults and a great many young people in our society are users of drugs of one sort or another. This is largely on account of the fact that the drugs

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[3] NCADA Social Issues in Australia Survey, 1985; and 1988 NCADA National Survey.

which together cause by far the greatest harm to health, society and the economy, namely nicotine and alcohol, are licit, widely available and their use, especially in the case of alcohol, is condoned and even widely encouraged. The abuse of pharmaceuticals, especially tranquillisers, is another serious problem to which the media does not give sufficient focus. In regard to the illicit drugs, a distorted impression is given of the extent of their use, which is statistically very low compared with the licit drugs. According to the NCADA survey quoted in the previous paragraph, only five per cent of the Australian population had ever tried amphetamines, two percent had ever tried cocaine/crack, six percent had ever tried hallucinogens, and one percent had ever tried "ecstasy"/designer drugs. The corresponding figures for alcohol and tobacco were respectively ninety-two percent and eighty per cent. There is also inadequate information provided about the pharmacology of these substances, which is very important for an appreciation of the potential harm they can cause. Drug policy is also given scant attention, as is the range of preventive and treatment measures and facilities currently in place.

1.18 The Committee does not suggest that the media is totally lacking a sense of public responsibility in its treatment of drug issues. Some very good work has been done; one recent example is the ABC television documentary "The Devil You Know ..."[4] and there have been other reports of similar quality. The point does need to be re-emphasised, however, that given the media's enormous influence as the major source of information to the public, especially young people, its policy makers need to give more careful attention to presenting as accurate and balanced an account of the drug issue as possible.

Harm Minimisation

1.19 It should be noted that the recommendations in this Report are intended to be in harmony with the precepts of the National Campaign Against Drug Abuse (NCADA), including its basic goal of harm minimisation. While the attainment of a society free of illicit drugs and of the problems associated with the licit drugs is without question highly desirable, it is recognised that this goal will probably never be totally achieved and that therefore drug policy must be aimed not only at prevention and cessation of drug use, but also at minimising the harm to individuals and society which is associated with that use.

1.20 NCADA aims to reduce the demand for drugs through a comprehensive program involving education, early intervention, treatment, rehabilitation, research and law enforcement. Its underlying goal is to minimise the harmful effects of drugs on Australian society. This is to be achieved through a

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[4] Screened on 18 July 1990.

series of specific strategies and principles. The Head of the Directorate of the Drug Offensive, Dr Michael MacAvoy pointed out to the Committee that the policy of harm minimisation implies no form of implicit or explicit support for illicit drug use. The harm minimisation strategy is the guiding principle of government policy at all levels, although the Committee recognises that there are some sectors within the community who argue for a philosophy of abstinence rather than harm minimisation.

Drug Supply

1.21 In accordance with its terms of reference, this Report concentrates on the issue of demand reduction. It does not separately address supply reduction, although of course the Committee fully appreciates the important place which the latter also occupies in overall drug strategy.

Terminology

1.22 The term "drugs" refers in this Report to all mood-altering substances, both licit (tobacco, alcohol, pharmaceuticals) and illicit (marijuana, opiates such as heroin, stimulants such as cocaine and amphetamines, hallucinogens, and "designer" drugs), as well as volatile solvents such as glue and petrol.

1.23 Although this Inquiry's principal focus is on young people between the ages of eight and eighteen, the Committee has found it necessary in many instances to expand its purview beyond those age limits. Given the extent of drug use throughout the community, it is inevitable that several of this Report's recommendations, such as those relating to the co-ordination of drug policy and programs (in Chapter 2) and the establishment of a Health Promotion Foundation (Chapter 5), will impact on youth and adults alike. However, such recommendations are made because the Committee is convinced of their necessity in addressing youth drug abuse.

1.24 The Committee is aware of the disagreement within some sections of the professional drug community over the appropriateness of such expressions as "abuse" and "misuse" in relation to drugs. For its part the Committee has no problems with these terms and has employed them together with the term "use" interchangeably throughout the Report in relation to young people, as all drugs are legally prohibited to minors (with some express exceptions, such as the availability of tobacco to over sixteen year olds[5], of alcohol to minors in their own homes and of pharmaceuticals properly and responsibly prescribed).

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[5] The Committee has recommended in Chapter 3 that this age limit be increased.

Implementation of Recommendations

1.25 In Chapters 3 and 4 of this Report, relating to Tobacco and Alcohol, the Committee has made a number of recommendations for changes in regard to advertising, health warnings and tobacco sponsorship of sport and the arts. The Committee appreciates that implementation of these recommendations should, in each case, involve a phasing-out or phasing-in period, to allow the necessary adjustments to be made by the companies and organisations concerned.

CHAPTER 2: DIRECTORATE OF THE DRUG OFFENSIVE

2.1 One of the first tasks undertaken by the Committee was to examine the mechanisms for the administration and co-ordination of drug policy in NSW. As an initial step, the Committee looked at what constitutes drug policy. It obtained information on this matter principally from senior officials of the Directorate of the Drug Offensive, and from representatives of the Federal Department of Community Services and Health, which has responsibility for the day-to-day co-ordination of the National Campaign Against Drug Abuse (NCADA).

Drug Policy in NSW

2.2 Drug policy in NSW, as in each Australian State and Territory, follows the guidelines laid down by the national Ministerial Council on Drug Strategy, comprising Health and Police Ministers from all States and Territories and the Federal Attorney-General and Minister for the Aged, Family and Health Services, who direct the National Campaign Against Drug Abuse (NCADA). The Campaign was agreed upon at the special Premiers' Conference convened by the Prime Minister in 1985. The original 3-year commitment to NCADA was extended in 1988 for a further three years. During NCADA's first three years to 1988, $110.6 million was provided for education, training and community development, treatment and rehabilitation, research, data systems and evaluation, and controls and enforcement. Of this total, $77 million was provided to the States and Territories on a cost-sharing basis (under the agreed formula whereby the Commonwealth allocates cost-shared funds to the States and Territories on a per capita basis; funds are allocated to treatment/rehabilitation programs and to education programs in an approximate 3:1 ratio).

2.3 The previous chapter referred to the fact that the Campaign's underlying goal is to minimise the harmful effects of drugs on Australian society through a series of specific strategies and principles, and that the policy of harm minimisation implies no form of implicit or explicit support for illicit drug use. The principle of harm minimisation has been stated by the Directorate as "*a series of broad goals applicable to both licit and illicit substances*", *as follows:*

> *(i) to reduce the levels of consumption of drugs associated with harm;*
>
> *(ii) to reduce the occurrence of behaviour leading to harm associated with drug use;*

(iii) to increase public awareness of:

(a) problems related to alcohol and other drug use, and the range of effective responses;

(b) resources available in the community that can provide assistance with these problems;

(c) the safe use of drugs;

(iv) to increase the awareness of health and welfare professionals about alcohol- and other-drug-related problems, leading to an improved capacity for identification and treatment of individuals so affected; and

(v) to ensure the provision of effective and accessible drug and alcohol services to the community."

2.4 These goals, according to the Directorate, are intended to reflect the need to properly balance strategies designed to control the supply of drugs with those for reducing the demand for their consumption. Supply control strategies for both illegal and legal drugs are typically regulatory and legislative measures such as proscription, interdiction, protection and other law enforcement activities and, in the case of legally available substances, licensing for distribution, accompanied by restrictions on availability and access. Achievement of demand reduction is through a combination of treatment and rehabilitation measures, education and other forms of prevention and detection strategies and penalties as deterrents to use.

2.5 This drug policy conforms with the public health model, according to which particular emphasis is given to dealing with the effects of drugs on the health of the individual in the community. This is also the case with the other States and Territories. It accords with NCADA guidelines which were reconfirmed by the Ministerial Council on Drug Strategy in 1988 in response to the recommendations of a task force which evaluated the first three years of the Campaign. The Ministers endorsed the task force's recommendation "*That the current NCADA strategy, emphasising activities aiming to reduce the demand for drugs through prevention and treatment services, while maintaining and selectively enhancing drug supply control measures, be maintained.*"

2.6 The public health model for drug policy has its critics within some sectors of the community who consider that predominant emphasis should be given to the law enforcement aspects of drug policy. The Committee's view, however, is that in accordance with this model, the current balance in NSW between demand reduction and law enforcement is correct.

Policy for Youth

2.7 The Committee accepts these policy goals in general, but is concerned by the fact that there is no body of policy guidelines specific to youth. This is a serious omission, only partially compensated for by the fact that young people are one of a number of target groups in overall drug policy. It is self-evident that childhood and adolescence are phases of development and growth which tend to give rise to particular physiological and psychological traits and needs. These must be taken into careful and sympathetic account in drug policy. The problems and needs specific to adolescence are neither more nor less serious than those of adults; they are, simply, in some ways different. As such, they require separate consideration.

2.8 The Committee considers essential the development of a body of drug policy guidelines for youth. The principal of these should be the need to ensure that all prevention and treatment campaigns, programs and activities include youth in their focus, and/or are accessible to young people. This will need to be reflected in funding guidelines and may require some increase in overall levels of funding. In particular, the Committee's attention was drawn repeatedly during the Inquiry to the widespread lack of adequate youth-specific facilities, or alternatively adult facilities with the capacity to care for youth. This point was made in submissions from several Area Health Services, municipalities and shires, covering both the metropolitan and regional areas[6]. Attention will have to be given in the planning phase to ensuring an adequate State-wide balance of such facilities, consistent with local youth populations and demographic trends. The policy guidelines should also encompass the availability of youth-drug counselling and information services, and of drug-specific educational courses for parents. In this regard the Committee considers as still valid the principles defined in the Kerr Committee's Report underlining prevention and treatment strategies for youth. These include:

- innovative community development programs for youth;
- strengthening generalist youth services by the provision of more drug training programs for workers, especially youth workers;
- the appointment of more youth workers, preferably with drugs training, in outreach positions; and
- all units specialising in the provision of counselling services for adolescents developing some expertise in drug problems.[7]

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[6] For example, submissions 10, 12, 19 and 49.

[7] Op. cit. pages (iii), (xi) and (xii).

2.9 In order to facilitate this process, it is recommended that in the first instance the Directorate of the Drug Offensive investigate, in co-ordination with the Regional and Area Health Services and the Network of Alcohol and Other Drug Agencies (NADA): (A) investigate the extent of drug-related needs of youth throughout the State, on an area and regional basis; and (B) prepare an inventory of strategies, programs and treatment and counselling facilities specific to, or accessible to young people, and of all parent educational courses throughout NSW. Such an investigation would form the basis of the process of developing youth drug guidelines.

RECOMMENDATION 2

(a) THAT THE DIRECTORATE OF THE DRUG OFFENSIVE, IN CO-ORDINATION WITH THE AREA AND REGIONAL HEALTH SERVICES AND THE NETWORK OF ALCOHOL AND OTHER DRUG AGENCIES, INVESTIGATE THE FULL EXTENT OF DRUG STRATEGIES, PROGRAMS AND FACILITIES FOR YOUTH THROUGHOUT NSW RELATING TO BOTH THE GOVERNMENT AND NON-GOVERNMENT SECTORS, AND THE EXTENT TO WHICH THESE ARE MEETING THE NEEDS OF YOUTH;

(b) THAT FOLLOWING THIS INVESTIGATION, THE DIRECTORATE, IN CONJUNCTION WITH OTHER RELEVANT ORGANISATIONS, DEVELOP A BODY OF DRUG POLICY GUIDELINES SPECIFIC TO YOUTH, FOR SUBMISSION TO THE MINISTERIAL COMMITTEE ON DRUG STRATEGY;

(c) THAT AGREED YOUTH POLICY GUIDELINES BECOME AN INTEGRAL PART OF THE ON-GOING PLANNING PROCESS AND BE DISSEMINATED TO ALL RELEVANT ORGANISATIONS THROUGHOUT NSW.

The Effective Implementation of Drug Policy

2.10 It is obvious that no policy can be effective without the existence of adequate means for its implementation, as well as awareness and acceptance of the policy by all those responsible for carrying it out. In this regard the Committee does not question the need for a single body with overall responsibility for drug policy co-ordination, as well as advice and on-going review.

2.11 The Committee did not see its task as proposing possible alternative organisations to replace the Directorate of the Drug Offensive. It was considered neither desirable nor productive to duplicate work on this issue which has been competently carried out in previous inquiries, in particular by the Committee of Review into Drug and Alcohol Services in New South Wales (the "Kerr Committee"), which reported to the then Deputy Premier and Minister for Health in August 1985. The Report of that Review includes a

comprehensive examination of the administrative mechanisms for "*the provision of comprehensive, balanced and co-ordinated drug and alcohol services throughout NSW.*"[8] The Review's recommendations had a significant influence in the eventual establishment of the Directorate of the Drug Offensive.

2.12 The basis for the Review's recommendations remains substantially valid today and as such is endorsed by the Committee. The Committee decided therefore to concentrate on the question of whether the Directorate as currently constituted is adequately equipped to carry out the task of State-wide co-ordination and administration of drug policy.

Background to the Creation of the Directorate of the Drug Offensive

2.13 The Drug Offensive Act 1987 created the Directorate to replace the Drug and Alcohol Authority. The latter had been established in 1977 to meet a need for greater co-ordination of the drug-related programs of both government and voluntary agencies, and for an expansion of the services which they were then able to provide. The Kerr Committee reviewed the mechanisms within the Authority and the Department of Health for planning, policy development, funding, supervision and co-ordination of drug and alcohol services in NSW.

2.14 In its report the Kerr Committee stated that the prevailing administrative mechanisms "*are considered to be neither adequate nor appropriate to achieve the development of "comprehensive, balanced and co-ordinated drug and alcohol services in NSW ...*"[9] The Report stated that the development of such services would be possible only if there were a single body with responsibility to Government. The Report criticised the one-sided responsibility placed on the Authority to consult with other bodies which provided drug and alcohol services, and recommended that this responsibility needed to be reciprocal. It called for the removal of the "*present dichotomy of responsibility between the Authority and the Department of Health*" in the provision of drug-related services. The Report recommended that a revamped Authority: (a) become the source of advice on drug and alcohol matters to the Minister for Health, all government Departments and instrumentalities, and the private sector; and (b) be responsible for the funding of all drug and alcohol services within both the government and non-government sectors.

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[8]Chapter 7, pp 296 to 338.

[9]op. cit. Chapter 7 Section 5

2.15 In the event, the Government of the day, with the support of the Opposition, chose to abolish the Authority and replace it, through the enactment of the Drug Offensive Act 1987, with the Directorate of the Drug Offensive. Its functions are set out in Section 9(2) and (3):

" *2. The Director [of the Directorate] may:*

(a) review and make recommendations to the Health Minister on the policies and programs, concerning the provision of drug or alcohol services, within the Department of Health and other organisations;

(b) in consultation with the Secretary of the Department of Health, co-ordinate, monitor and evaluate drug or alcohol services provided throughout NSW by the Department of Health;

(c) co-ordinate, monitor and evaluate, and provide an overview of drug or alcohol services provided throughout NSW by prescribed organisations;

(d) undertake, promote and facilitate research (including collection of data) into the nature, extent, detection, diagnosis, prevention or alleviation of drug or alcohol-related problems and the treatment or rehabilitation of persons suffering from drug or alcohol-related problems;

(e) promote and facilitate the development and implementation of educational and training programs relating to drug or alcohol-related problems;

(f) review and make recommendations on grants to organisations or persons for the purpose of assisting or enabling the provision of drug or alcohol-related services throughout NSW;

(g) co-ordinate the financial arrangements concerning Commonwealth grants for drug or alcohol services, relating to drug or alcohol-related, subject to the terms and conditions of any such grant;

(h) provide administrative and research support for the Council and any other organisations in relation to drug or alcohol services or drug or alcohol-related problems; and

(i) formulate standards for rehabilitation and treatment centres and policies for their implementation.

3. The Director's functions under this or any other Act may be exercised in association with other organisations, in NSW or elsewhere, having similar or complementary functions."

2.16 The Act imposes reciprocal obligations on the Directorate and on public sector organisations involved in the provision of drug-related services, to consult mutually. The Act, however, restricts the Directorate's powers in two specific and vital ways. It stipulates in Section 10(1) that consultation about drug services between the Directorate and government departments or public authorities should occur "*to the maximum practicable extent*"[10]; and in Section 10(2), that government departments and public authorities involved in the provision of drug or alcohol services shall consult with the Director, but it does not specify at what point such consultations should take place.

2.17 The Act also established the NSW Drug Offensive Council, a ministerial advisory body with part-time membership, and the Drug Offensive Foundation, managed by the Minister, which is responsible for the provision of funding and grants.

Does the Directorate Have Sufficient Influence and Authority?

2.18 The Committee considers that the Directorate's operations are unduly circumscribed by the limitations in the Drug Offensive Act, and by inadequacies in its current resources.

2.19 In evidence to the Committee, the organisation's Director stated:

> ".. *We have experienced some difficulties with the legislation in that the [Drug Offensive] Act ... requires us to advise and consult rather than do anything. That poses some problems. It requires us only to consult with other government Departments, when on many occasions we feel obliged to do more. We feel that we can see that they are going down the wrong path or incorrect paths. Secondly, in advising other government Departments, I am only allowed to do so through the Minister for Health, which means the other Ministers can't call directly upon our services.*
>
> "*We have the facility ... to not only do some work ourselves, but also to commission work out on behalf of other government Departments to assist them. It is an extraordinarily convoluted method ... It makes the Directorate too weak and vulnerable to attack, simply because we cannot direct anything.*"[11]

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[10]emphasis added.

[11]Committee Hearing on 12 December 1989 at Parliament House, Sydney.

"... the Drug Offensive Act ... implied that [the Directorate] was to be a consultative, advisory body without necessarily giving it any powers to co-ordinate drug and alcohol issues across all government Departments".

"Secondly, the Act set the Directorate up as a special division of the Health Department, which places it within the structure of a Department which does not necessarily reflect the role that it plays across Government. There have been certain consequences to that. One is that the Directorate has, I believe, not achieved the status that it needs in order to operate across Government services and all Government Departments and instrumentalities. There is clear evidence of mistakes that have been made which would not have been made had the Act been followed properly."

"... The outcome of that administrative arrangement has meant that the Directorate has been affected by restructuring of the Department itself. That restructuring resulted in the Directorate both being reduced in staff numbers and being incorporated as a part of the Health Development Section of the Department. This has posed extreme difficulties for the Directorate in attempting to meet the requirements of the Act."[12]

2.20 In regard to addressing this problem, Dr MacAvoy indicated to the Committee that he had consulted some of the Ministers from the NSW Ministerial Committee on Drug Strategy, including the Minister for Health, and that there had been general agreement that the current administrative arrangements are not appropriate in terms of what the Ministerial Committee wishes to achieve. It is understood that various options for change in the administrative arrangements have been considered.

Co-ordination

2.21 During several Hearings and consultations the Committee raised the question of the co-ordination of drug policy and services with representatives of several organisations in both the government and non-government sectors.

(A) Government Sector

2.22 In some areas within the government sector, respondents stated that consultation and liaison between their organisation and the Directorate was close. For example, the Committee was told by representatives of the Department of Family and Community Services, that there has been

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[12]Committee Hearing on 16 March 1990 at Parliament House, Sydney.

co-ordination with the Directorate of the Drug Offensive on the nature and style of training of departmental staff on drug issues relating to youth; in areas of the Department's research and analysis to ensure that the data reflects overall State-wide needs; and in the development of the framework for policy formulation in relation to youth falling within the Department's area of responsibility.[13]

2.23 The Committee heard from representatives of the Department of School Education that their Department worked closely with, and was frequently guided by the Directorate in relation to drug education issues.[14] Similarly, representatives of the Chief Secretary's Department dealing with liquor licensing matters indicated that they periodically consulted both formally and informally with senior Directorate representatives.

2.24 Liaison between the Directorate and the Police Department was in the past problematic, but at the officials' level communication and exchange of information seem to have improved in the last few years. The causes for the past problems stemmed largely from the differences of emphasis which the two organisations place on the respective roles of demand reduction and supply reduction, the two strategies which together form the linchpin of the National Campaign Against Drug Abuse and drug policy in NSW. Although the Directorate, in its co-ordinating role, deals with all facets of drug policy, its activities and outlook conform predominantly with a health model approach to drug abuse. The Police Department naturally gives emphasis in its drug-related activities to law enforcement. There is nothing remarkable in this, and it conforms with the practice and outlook of equivalent bodies in most other Western countries. What is important, however, is that there be adequate communication between the two organisations at all levels in order to ensure the maximum possible harmony in their respective activities.

2.25 At the Ministerial level this goal is acknowledged by the fact that the two organisations' Ministers are both members of the State Government's highest-level drug body, the Ministerial Committee on Drug Strategy (which the Minister for Police and Emergency Services chairs) and these two Ministers comprise the NSW representation on the national Ministerial Council on Drug Strategy, which has ultimate oversight of NCADA. At the departmental level, the Police Department is represented on both the NSW Drug Offensive Council and at senior levels on Directorate of the Drug Offensive committees.

2.26 At the working level the Committee understands that there is regular informal liaison between respective organisations' senior officers and useful

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[13]Committee Hearing on 23 March 1990 at Parliament House in Sydney.

[14]Committee Hearing on 19 February 1990, at Parliament House, Sydney.

exchanges of drugs intelligence. The creation within the Police Department of the position of drug policy officer, responsible directly to the Commissioner, is, in the Committee's view, a move in the right direction within Australian police forces and its further development should be encouraged. It is regarded as a credit to the Police Department for the initiative of creating this position, as well as to its present incumbent, that he is the only representative of any Australian Police Department on the NCADA Evaluation Task Force.

2.27 There is however one so far unresolved irritant from the Police viewpoint. This is that in its recommendations on the disbursement of funds, the Directorate is seen to have neglected the law enforcement agencies. The breakdown of recipients of funding given in the Directorate's 1988/89 Annual Report indicates that in that period no funds were allocated to law enforcement-related initiatives. However, the Committee has been informed that the Directorate has commenced work in response to a June 1990 resolution of the national Ministerial Council on Drug Strategy that all Australian governments should review existing NCADA allocations and provide adequate funds in 1990/91 for law enforcement-related initiatives within the context of NCADA objectives.

2.28 A specific need has been identified for better liaison between the Police Department and the Directorate to facilitate the development of programs within the Police Service which meet NCADA funding guidelines. In response, the Directorate has recently proposed the secondment of Police Department staff to develop such programs; it is also preparing a review of "worker" training needs which will include the training and education needs of Police Department staff.

2.29 At the service delivery level, the degree of consultation with the Directorate seems to vary significantly from organisation to organisation. In evidence to the Committee the representative of one organisation providing various drug services including counselling was not aware of any direct communication by that organisation with the Directorate.[15]

2.30 But such consultation or lack of it is only one aspect of co-ordination. In his evidence, a Directorate representative identified several areas of difficulty for statewide co-ordination of policy and program delivery:

(a) "*interdepartmental efficiency ... [which] the Directorate has been attempting to redress by the establishment of an interdepartmental committee across the government sector, but ... according to the Act the jurisdiction of the Directorate to*

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[15]Committee Hearing on 20 February 1990, at Parliament House.

consult with and advise other Departments is ambiguous, certainly unclear."

(b) "*ambiguity still exists within the Act regarding the extent and manner in which the Director ... may engage Heads of other Departments directly in conversation about the operation or delivery of programs and the development of policy*".[16]

(c) Another area of difficulty has to do with the Health Department Area Health Services. For the purposes of decentralisation, health services are administered throughout NSW by Area Health Services covering the metropolitan area, the Hunter and Illawarra, and Regional Health Services which cover the rest of the State. The two types of Services are administered under different Acts, and whereas the Regional Directors of Health are responsible to the Director-General of Health, Area Health Services are responsible to their own Boards which are in turn responsible directly to the Minister for Health. The Committee heard that as a consequence of these arrangements, the Area Services see themselves as under no obligation to consult the Directorate about their provision of drug services, and rarely do so. Consultation by the Regional Services is formalised, but they tended to focus on their funding requirements. The Directorate sees this situation as having further diluted its advocacy, influence and guidance profile.

(B) Non-Government Sector

2.31 The relationship between non-governmental drug agencies and government drug organisations has been a difficult one for some time, as indeed has the relationship among many of the non-governmental agencies themselves. As earlier noted, the primary motivation for the creation of the Drug and Alcohol Authority in 1977 had been to improve co-ordination between the government and non-government sector. The establishment of the Network of Alcohol and Drug Agencies (NADA) by the Authority in 1978 was aimed at facilitating the integration of government and non-government drug services, aiding the development of uniform policies, and obviating the competitiveness among drug agencies.

2.32 The Committee has not been able to detect much meaningful progress in this highly important process. Seven years after NADA's establishment, its June 1985 self-evaluatory study titled A Report on the Non-Government Drug and Alcohol Services System in New South Wales indicated that little progress had been made in these areas. Among its conclusions, the Report stated that the development of the non-government drug services system:

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[16]Committee Hearing on 16 March 1990.

"is being hampered by the style and form of funding arrangements observed by the NSW Drug and Alcohol Authority and other funding organisations. The Report attributes the difficulty in funding arrangements essentially to the expectation of the funding body that the agency will achieve certain service delivery objectives and yet on the other hand, prevents or inhibits the expectation from being met by not providing an appropriate level of funds or a reasonable security of funding."

2.33 In regard to the issue of central policy co-ordination, the Report makes two noteworthy observations about policy guidelines:

"This study has shown that the non-government drug and alcohol services sector in NSW is already very self-reliant. If it is expected to become more self-reliant, then it can also be expected that the policy directions of this service industry must also become more the prerogative of the industry than the government. The consequences of this development are that the government will not be in a position to dictate or monitor effectively either the quality of service being provided or the directions in which the service delivery system will go...

While government sometimes sees the value in having a standardised and centralised approach to service delivery this study suggests a contrary view, that is that the success and effectiveness of programs (particularly in this sector) largely depends on having a range of treatment and rehabilitation options that are able to be offered to clients who present with equally diverse needs and attitudes and who may also be operating at various levels of functioning ability."[17]

2.34 The need for a much closer and better defined process of consultation between the government and non-government sectors was acknowledged by the newly-created Directorate through its support for the regional consultations carried out by NADA with service providers and the community sector, in 1987. NADA published the results of this review in August 1987 in a report titled Regional Consultations on the Needs and Priorities for Alcohol and Other Drug Services in 1987/88. In the report NADA stated that it was "encouraged" by the fact that this was *"the first time in some ten years of formal funding for services in this field that any kind of systematic consultation has been conducted with service providers ... with regard to priorities and the allocation of funds."* NADA intended the report to *"provide the Directorate ... with additional information on the priority needs for the provision and funding of alcohol and other drug services in the 1987/88 funding period."*[18]

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[17]Paragraphs 10 and 13 of "Conclusions", p7.

[18]from the Foreword, p (i).

2.35 In the Committee's view, the Report is a most valuable source of information and opinion. Notwithstanding the fact that its funding focus is on one particular year, it cites a number of important, longer-term planning and allocation issues and needs identified by participants in the consultation exercise. These include, among others: identification of needs, duplication of services, accountability procedures, consultation at the local and regional levels, the role of area and regional health boards, policy development, "*the need for the funding body to set objectives and goals*"[19], quality assurance and evaluation, and the need for contracts of service.

2.36 All of these remain highly desirable goals and it is a matter of concern to the Committee that they may not have received the urgent attention which they require.

2.37 The Report was particularly critical of the prevailing funding processes and lack of co-ordination in relation to services. It stated:

> "*There is a very strongly held view that resources under the National Campaign [Against Drug Abuse], for the most part, are not being allocated to the most appropriate service areas nor implemented after adequate consultation with relevant State and regional services.*
>
> *... The overall allocation of these funds is, therefore, thought to be inequitable in light of the very real and critical funding problems of existing services across the State.*"[20]

2.38 The Committee is unable to make any judgement on this claim. It notes that under the Directorate's $19.7 million Grants Program for 1988/9, 87 non-government sector projects received $7.1 million and most funded agencies received a four percent increase in recurrent funds over the previous year; this in fact represents a small decrease in real terms. An outline of Drug Offensive funding allocations in 1988/89 is attached as an Appendix.

2.39 Among a list of "Key Issues", the Report cites "*an almost total lack of consultation with the community sector [by government] and a [lack of] commitment by government to develop and co-ordinate appropriate services that are based on local areas of need.*"[21]

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[19] op. cit. p 67.

[20] Introductory chapter titled "Statewide Overview".

[21] ibid.

2.40 These views continue to be held by many of NADA's constituent organisations. NADA's Chairman[22] stated that in his view the Report was still as relevant as when it was issued and that the Drug Offensive Act "*has done nothing to improve the drug and alcohol field*". He considered that neither the Directorate - largely because of its staffing inadequacies - nor the Drug Offensive Council (of which he is a member) have acquired sufficient authority and influence, and commented that the hopes generated by the creation of both of these bodies have not been realised. He said that NADA and the Directorate maintain a good working relationship, and referred to their regular, approximately six-weekly meetings; but he was of the opinion that because of the Directorate's limited policy influence, there was never any certainty that ideas which emerged from these meetings would be implemented.

2.41 In relation to the Directorate's relations generally with the non-government sector, its Director told the Committee that:

> "*I think there are some fundamental differences in attitudes and beliefs [between the two sectors] about what organisations are for, which cause most of these problems. The non-government sector, to whom we relate very closely in this area, and [with whom] ... to some degree we agree to differ, believe they are independent and have a right to government money and ... to offer their services in the way they see fit. I guess the Government's view is slightly different and this is where we clash. We believe that they - and we'll instrument this this year by actually delivering contracts with performance indicators - are an integral part of an overall drug and alcohol service and therefore they must co-ordinate with government services as must government services co-ordinate with them, to ensure we don't have overlap, to ensure there's the best use of the dollar we can get...*
>
> "*... There's no doubt that in some areas Government provides better services and the same can be true in certain areas for the non-government sector... However, ... they are recipients of public money and therefore they have to meet certain accountability requirements and to fit in with the services the Government is trying to provide in any particular area. That's sometimes hard for the non-government sector to accept and that's where we often have clashes ...*
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> "*... The non-government sector tends to operate with non-professional people, with people who have had a life experience. That brings them into the area and their commitment and sometimes their salvation is based on that. That sometimes brings them into difficulty with*

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[22] Mr Lloyd Hardman

government services who often have a much broader view of the world."[23]

2.42 A further detrimental factor in the co-ordination of drug policies and services lies in the competition among the service delivery organisations which are dependent on public sector funding for their existence. One witness told the Committee:

> *"In my experience of working for the Government and the non-government sector, the biggest problem that I have faced ... is the competition between the two ... Competition between, say, Sydney City Mission and the Bourke St Drug Advisory Centre ...*
>
> *"... The Bourke St Drug Advisory Centre would be referred to by the William Booth Institute, which is run by the Salvation Army, [as] 'a pack of academics'. Now, Bourke St Drug Advisory Centre would call the William Booth staff 'a pack of disease-models, ex-alkies and junkies' and never the two come together ...*
>
> *"... I think that's the biggest failing in our community, because the staff at [the two agencies] have a tremendous amount of experience, a wealth of knowledge and information, and if they could just ... come together, I think the job would be half done ...*
>
> *"... That [competition] is in every agency that I walked into ... I assume it's because we're all competing for dollars."*[24]

2.43 On this issue, Dr MacAvoy told the Committee:

> *"Most of the stories of rivalries we hear are second hand and some of them are fairly horrendous. There are survival tactics that some organisations have to use to ensure they continue with Government funding ... I have no direct evidence but I'm aware that organisations have deliberately sabotaged one another ... and on one occasion the funding was withdrawn because the organisation simply was not seeing anybody, for which they blamed rival agencies who they felt were a threat to their existence ...*
>
> *"... It's very easy to sabotage an organisation. You just say: 'Don't go and see them, they do X and Y to you and insist on this sort of behaviour or that.'"*[25]

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[23]Committee Hearing on 16 March 1990. at Parliament House.

[24] Committee Hearing on 20 February 1990 in Sydney.

[25]Committee Hearing on 16 March 1990.

2.44 The Executive Director of the Odyssey House McGrath Foundation[26] put the view that:

> "*I think the vast majority of those who are in the field are real heroes. They work long hours, for many of them their pay is not terrifically high ... [and they sometimes have] the frustration of seeing youngsters, after they invest their hearts and guts into them, relapse and run away, all that constant frustration and disappointment, and that in turn leads to ... almost a perverse delight when some people in the field fail ... It's sad because there's enough misery for everybody in this field to go around, and I think we need to be supportive and encouraging to one another and stop the bickering. When you have finite dollars available to you, you're sort of in competition with all of the other agencies to get your share, and in that sense, sometimes you're not as helpful as you could be.*"[27]

ENHANCEMENT OF THE DIRECTORATE'S INFLUENCE AND AUTHORITY

2.45 In summary therefore, there are several impediments to the Directorate of the Drug Offensive coping adequately with the State-wide co-ordination of drug policy and services, not only for youth, but also for the community in general.

Problems

(a) Drug Offensive Act

2.46 The principal problem relates to the restrictions specifically imposed in the Drug Offensive Act 1987 on the Director's functions and influence. The Act as currently worded does not bestow on the Director any authority to ensure that prescribed policies are being satisfactorily observed and implemented by government and non-government agencies. On the contrary, it states that the Director's co-ordinating functions "*are of a recommendatory nature only.*"[28] Although the Act, at Section 10, requires all government organisations which provide drug services to consult with the Directorate in the provision of those services [29], one major weakness is that it does not specify at what point such consultations should take place. Clearly they cannot be fully effective unless carried out prior to the provision of services and initially at the planning and drafting or amendment of legislation phases.

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[26] Mr Milton Lugar

[27] Committee Hearing on 7 February 1990 at Parliament House.

[28] Section 9(4).

[29] Section 10.(2)

Nor does the Act oblige organisations to do anything about any advice which the Directorate may provide. This also applies to the Director's promotion of educational and training programs, and formulation of standards for rehabilitation and treatment centres.[30] Additionally, the failure of many Area Health Services to consult at all with the Directorate can be attributed to the very imprecise wording of this Section of the Act. The Committee therefore considers that the Drug Offensive Act needs to be amended to take account of these weaknesses, and that similarly the Area Health Services Act 1986 requires amendment so as to oblige AHSs to consult with the Directorate prior to its provision of any drug services, including at the planning phase.

2.47 The Committee does not consider that there should be an absolute requirement for other organisations to follow the Directorate's advice, as there will inevitably be situations of disagreement or else of an organisation not having the resources to fully implement the Directorate's advice; also there is a need to maintain a diversity of services. However, the Directorate would need to be made aware of an organisation's unwillingness or inability to act on that advice prior to the commencement of the services in question, so that the Directorate could, if it wishes, inform the Minister for Health about the situation. In these circumstances, if the Minister considered the issue important enough, he would be in a position to raise it with the Minister responsible for the other organisation.

RECOMMENDATION 3

THAT THE DRUG OFFENSIVE ACT 1987 BE AMENDED TO EMPOWER THE DIRECTORATE OF THE DRUG OFFENSIVE TO CARRY OUT EFFECTIVELY ITS PRIMARY TASK OF CO-ORDINATING DRUG POLICIES AND PROGRAMS THROUGHOUT NEW SOUTH WALES.

SPECIFICALLY, THAT:

(A) THE WORDS "TO THE MAXIMUM PRACTICABLE EXTENT" BE DELETED FROM SECTION 10.(1);

(B) SECTION 10 (2) BE AMENDED IN SUCH A WAY AS TO OBLIGE ALL GOVERNMENT ORGANISATIONS TO CONSULT WITH THE DIRECTORATE PRIOR TO THE PROVISION OF ANY DRUG SERVICES;

(C) ALL SUCH ORGANISATIONS BE REQUIRED TO INFORM THE DIRECTORATE IF THEY ARE UNWILLING OR UNABLE TO ACT ON THE DIRECTORATE'S ADVICE PRIOR TO THE COMMENCEMENT OF THE SERVICES IN QUESTION.

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[30]Section 9.(2) (e) and (i).

(b) Responsibilities Related to Funding

2.48 Responsibility for financial accountability, by which an agency's program delivery and adherence to guidelines can best be assessed, was transferred away from the Directorate to another area of the Department of Health, the Grants and Subsidies Unit, as a result of Departmental restructuring at the beginning of 1990. The Committee was told that although it is the Directorate which formulates the standards required for services which are government-funded, the task of monitoring these standards on an agency-by-agency basis has been allocated to the Grants and Subsidies Unit. The Committee is not aware of the rationale behind this move, but considers it managerially appropriate that the unit responsible for the setting of standards for services should also be the one to monitor adherence to these standards.

2.49 Secondly, the Directorate does not administer all Department of Health drug service funds. The specific problem is that it has no control over expenditure of global budgets provided to the Area and Regional Health Services. Dr MacAvoy noted that: "*whilst most of the services that are provided occur within the Department of Health, funding through the Department of Health, administration and financial accounting throughout the Department ... differ according to [the various] funding channels over which the Directorate has very little control by and large.*" The Directorate's Deputy Director stated that as a consequence, "*monies earmarked for drug and alcohol services often become renal dialysis units ... Under global budgeting ... Health Services ... have the right ... to allocate on the basis of perceived priorities, the problem being that drug and alcohol services and often services for young people often fall out the bottom when you're talking about high tech, high profile medicine.*"[31]

2.50 The Committee recognises this as a problem endemic to global budgeting. It considers that it should be able to be resolved through effective liaison with and co-ordination of the seventeen Area and Regional Drug and Alcohol Co-ordinators. A Co-ordinator is assigned to each Area and Regional Health Service throughout the State. Their functions include encouraging local health authorities to consult with the Directorate on local drug-related needs and issues, advising the Directorate about local needs on the basis of liaison with local drug service providers, and representing the Directorate's views to local health authorities. However, Directorate representatives told the Committee that the Directorate, which provides full or partial funding of several of these positions, is not obtaining full value from the services of the Co-ordinators and consider that there is a need to review their functions and generally their relationship with the Directorate. They stated that the Co-ordinators require more supervision, support and training in order to be fully effective. Their standing vis-a-vis their local government

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[31]Committee Hearing, 16 March 1990.

services management networks, which currently varies from region to region, is also regarded by the Directorate as needing rationalisation.

2.51 The Committee considers that in accordance with the Directorate's enhanced co-ordinating role as recommended in this Report, and in order to ensure that all areas and regions of NSW are receiving adequate drug services fully consistent with their needs, it is essential that Drug and Alcohol Co-ordinators be effective in their key role of advice and liaison based on their local expertise. On the basis of the Directorate's evidence, the Committee agrees that a review needs to be undertaken of the role and full range of functions and responsibilities of the Co-ordinators and recommends that this be carried out as soon as possible.

RECOMMENDATION 4

THAT IN ACCORDANCE WITH THE RECOMMENDED ENHANCED ROLE OF THE DIRECTORATE OF THE DRUG OFFENSIVE, IT RESUME ITS FORMER RESPONSIBILITY FOR OVERSEEING THE ACCOUNTABILITY OF RECIPIENTS OF DRUG OFFENSIVE FUNDING AND MONITORING THEIR ADHERENCE TO THE STANDARDS WHICH IT HAS SET.

RECOMMENDATION 5

THAT IN ORDER TO ENSURE AREA AND REGIONAL DRUG AND ALCOHOL CO-ORDINATORS PLAY A FULLY EFFECTIVE ROLE IN THE PROVISION OF ADEQUATE DRUG SERVICES TO ALL AREAS OF NSW, THE DIRECTORATE UNDERTAKE A FULL REVIEW OF THE ROLE, FUNCTIONS AND TRAINING NEEDS OF THE CO-ORDINATORS, AND ASSOCIATED COST IMPLICATIONS, FOR PRESENTATION TO THE MINISTER FOR HEALTH.

(c) Current Administrative Arrangements:

2.52 The second major problem in regard to the Directorate's co-ordination role and its authority have to do with its administrative identity within the Department of Health.

2.53 The Committee gave consideration to whether the Directorate's current administrative arrangements are the most appropriate in terms of its role as the central co-ordinating drug organisation in NSW. A major factor in this question is the need for the organisation to avoid being seen as primarily representing the interests of one or other government department in particular, but at the same time ensuring that the drug problem continues to be addressed primarily, though not exclusively, as a health issue. Various alternative options were examined by the Committee, viz. the Directorate becoming:

(i) a separate Division within the Health portfolio, responsible directly to the Minister.

(ii) a statutory authority under the Minister for Health;

(iii) a statutory authority under the Premier;

(iv) part of the Premier's Department;

(v) a statutory authority responsible to the Ministerial Committee on Drug Strategy; and

(vi) part of another Department (e.g. Family and Community Services).

2.54 The Committee's preference is for option (i). The options (iii) to (vi) were ruled out principally on the grounds that transfer to another portfolio or group of portfolios would involve loss of direct access to Health Department support and operational facilities and would require legislative changes. In addition, options (ii), (iii) and (iv) would entail extra costs for an increase in administrative staff, while option (vi) would narrow, or be seen as narrowing, the Directorate's purview.

2.55 Retention of the Directorate in the Health Department as a separate Division would enhance the Directorate's co-ordination role by: improving its capacity to meet its cross-government responsibilities by being able to report directly to the Minister; empowering it to address more effectively issues relating to Health Areas and Regions, for the same reason; heightening its profile; and giving it the capacity to define its own most appropriate staffing structure. The Directorate would retain access to Department of Health corporate services, to minimise the need for extra ancillary staffing.

RECOMMENDATION 6

THAT IN ACCORDANCE WITH THE RECOMMENDED ENHANCEMENT OF THE DIRECTORATE'S ROLE AND EFFECTIVENESS, ITS STATUS BE UPGRADED TO THAT OF A SEPARATE DIVISION WITHIN THE DEPARTMENT OF HEALTH REPORTING DIRECTLY TO THE MINISTER.

(d) New Title

2.56 The Committee considers that in accordance with the enhanced role, status and functions recommended in this Report for the Directorate, it is appropriate that its title be changed. The Committee is also of the view that the term "Offensive" is not appropriate to either the organisation's recommended role, nor to the principles underlying the drug policies and guidelines which are the basis of the Directorate's activities. It is considered

that the title "Drug Strategy Division" is a more appropriate and accurate one, and the Committee recommends that this be the Directorate's new name.

RECOMMENDATION 7

THAT THE TITLE OF THE DIRECTORATE OF THE DRUG OFFENSIVE BE CHANGED TO "DRUG STRATEGY DIVISION".

(e) Staffing

2.57 Due to its current status as a sub-division within the Public Health Division, the Directorate has been subjected to staffing cuts which relate to across-the-board Department of Health staff ceiling reductions rather than reflecting its specific requirements. This has had the undesirable result of the Directorate's establishment fluctuating without reference to its added responsibilities, such as for the campaigns "Quit For Life" (anti-smoking) and "Stay in Control" (encouraging care and moderation in alcohol consumption).

2.58 It is clear that the Directorate's current staffing level is inadequate to fulfil its tasks under the Drug Offensive Act, and as recommended in this Report. It is the Committee's view that insufficient staffing resources have been a major impediment to the Directorate adequately fulfilling its function of broad-ranging consultation, particularly with the non-government sector. The consequent stretching of existing staff resources, especially among the organisation's specialist staff would also have had a detrimental effect on the full range of the Directorate's other responsibilities. The Committee considers that staffing levels should be reviewed in conjunction with the implementation of the other recommendations in this Report; this will also require a review of its operational budget.

(f) Directorate's Profile

2.59 It is the Committee's view that as a consequence of the problems identified above, the Directorate has been unable to achieve adequate status, authority or profile among drug service organisations and in the community generally. This has emerged very clearly from the evidence received by the Committee and in its other discussions during the course of this Inquiry. It was particularly evident in comments of representatives of non-government agencies, who generally gave the impression that the Directorate was seen exclusively as a primary source of funding. In some cases, however, such as in the Committee's discussions with representatives of Queanbeyan-based organisations during its visit to the A.C.T.[32], and with local drug

[32] 2 February 1990

professionals in Albury[33], it was clear that contact with the Directorate was non-existent.

2.60 This is a further inhibiting factor in the Directorate's co-ordination function as well as its role of principal source of information and advice about drug policy and the guidelines of the National Campaign Against Drug Abuse. In a sense, the Directorate is currently in a vicious circle: the impediments to its exercising real authority have had the effect of inhibiting its acquiring a higher status and profile, and its low profile has been a further impediment to increasing its authority. This problem also needs to be addressed in the recommended amendments to the Drug Offensive Act and to the organisation's staffing requirements.

2.61 By the same token, this problem of co-ordination must also be seen from the viewpoint of drug professionals in the field, particularly those working in regional areas. From its discussions with representatives from this group, referred to above, it was clear to the Committee that they were generally highly-motivated, committed and hard working people but their lack of contact with the Directorate and other sources of up-to-date drug information and funding has a detrimental effect on their work. The Committee considers that the Directorate should develop strategies and administrative structures which would provide better linkage and support to these professionals.

RECOMMENDATION 8

THAT THE DIRECTORATE'S STAFFING LEVEL BE REVIEWED TO ENSURE THAT IT HAS ADEQUATE STAFFING RESOURCES.

RECOMMENDATION 9

THAT THE DIRECTORATE DEVELOP STRATEGIES AND STRUCTURES THAT WILL PROVIDE BETTER LINKAGE AND SUPPORT TO DRUG WORKERS, PARTICULARLY THOSE IN REGIONAL AREAS WHO OFTEN HAVE LIMITED INFORMATION AND RESOURCES.

[33]Hearing on 7 March 1990 at Albury Council Chambers.