

## ***Appendix I.***

### ***Mapping the Future (NDS Evaluation extracts)***

#### **Train mainstream health, law enforcement and community officials to effectively minimise Drug-related harm**

For doctors, nurses, psychiatric workers, prison officials, social workers, pharmacists and law enforcement personnel to effectively deal with the problems of substance misuse, special training programs should be developed or enhanced. Medical schools in particular should give greater attention to specialised education and training in problems with alcohol, tobacco, pharmaceuticals and illicit drugs usage. There is growing evidence that early detection and brief interventions by family physicians are effective in preventing serious alcohol problems from developing. There is a need for improved interdisciplinary coordination in educational institutions. To maximise the likelihood of health and law officials putting into practice the training they receive, there may also be a need for structural reforms so that their job descriptions clearly include the management of alcohol and drug issues.

#### **Recommendations**

- ❖ **Medical and nursing schools should include specialised training in preventing, detecting and treating alcohol, tobacco, pharmaceutical and illicit drug problems in patients. Specialised training in drug problems should also be enhanced in continuing education programs, including, for example, enhanced training in home detoxification, early detection, brief interventions, motivational interviewing, methadone treatments and other specialised drug treatment.**
- ❖ **Similar specialised education and training should be enhanced or made available as part of continuing education programs and normal professional training for social workers, pharmacy students and those who work in corrections.**
- ❖ **Graduate schools awarding masters and doctoral degrees in fields related to substance misuse – such as psychology, sociology, history, pharmacy, pharmacology, criminology, epidemiology and public health – should be provided with incentives to develop courses and multi-disciplinary collaborative programs in substance abuse.**
- ❖ **In many education and training institutions, there may be a lack of instructors qualified to teach in the area of drug abuse. Therefore, strong consideration should be given to a national faculty development program, supporting the initial hiring of specialised expertise for a specified period of time.**
- ❖ **Specialised training should also be enhanced for persons at the local level who have to deal with alcohol and other drug issues and problems. This includes municipal officials charged with developing substance abuse policies at the community level, as well as persons who serve alcohol in licensed establishments.**

- ❖ **The National Centre for Education and Training in Addictions should be encouraged to enhance linkages with the National Centre for Research into the Prevention of Drug Abuse and the National Drug and Alcohol Research Centre in order to promote the development of improved educational and training programs nationally.**

*Improve the ability to monitor the performance of the NDS and make new developments in prevention, treatment and research more readily available to health care practitioners, law enforcement officers and the public.*

*The ability to monitor the performance of the NDS should be enhanced and its products better disseminated. There are many examples of excellent work in prevention, treatment and research conducted under the NDS. Over the past decade the NDS has helped Australia move from being a backwater to being at the forefront in international efforts to deal with the problems of substance abuse. Unfortunately, much of the research and other ground breaking work conducted under the NDS is underutilised by front-line health professionals, social workers, law enforcement officials and educators. In some instances, the reason is simply that the people who would benefit from this work are unaware of it. In other instances, the results of NDAS research and prevention programming are not made available in a non-technical manner or the relevance of this work to people working in the field is not clearly delineated.*

#### *Recommendations*

- ❖ *The NDSC should fund the creation of the Australian National Clearing House on Drugs. A key objective of the clearing house would be to inventory prevention, treatment, research and governmental programs and policies on substance abuse in Australia. The clearing house would also develop an electronic network of key resource centres for front-line professionals. It would create a website on the Internet linking existing websites and presenting information in a non-technical fashion on recent developments in prevention, treatment, research and policy targeted at doctors, other health workers, social workers, law enforcement officers, government policy makers, special target groups such as youth, and the public at large. The clearing house would also produce information products in print form. Strong consideration should be given to locating the new clearing house under the auspices and operational management of a national nongovernment organisation such as the Alcohol and Other Drugs Council of Australia. The proposed NDS unit would be responsible for overseeing the clearing house functions to assist the NDS unit, NDSC and MCDS in monitoring the performance of the NDS and disseminating its successful activities.*
- ❖ *Through the proposed NDS unit the NDSC should organise an annual symposium for the development and assessment of a national research agenda. This should involve the National Centre for Research into the Prevention of Drug Abuse, the National Drug and Alcohol Research Centre, the National Centre for Education and Training on Addictions, the National Police Research Unit, representative of key nongovernment*

*organisations, overseas expertise and the management of the NDS. The agenda should include:*

- ◆ *the development of future research agenda;*
- ◆ *non-technical summaries of recently completed research;*
- ◆ *an assessment of the success in carrying out prior research agendas;*
- ◆ *an annual summary of trends in performance indicators of the NDS; and*
- ◆ *discussion papers on the implications of recent developments in research to front-line health, social service and law enforcement professionals.*
- ❖ *The data development of activities of the NDS which are used to monitor the performance of the Strategy should continue to be supported and enhanced, including the national surveys and statistical data-bases. Summaries should be provided in a non-technical manner, and analyses should be conducted in each State or Territory. Insofar as possible, key indicators should be reported at the community level.*
- ❖ *Priority for specially funded projects should be given to monitoring research on prevention, treatment and policy developments in Australia and elsewhere, program evaluation and other applied research, with lower priority given to basic research. The periodic studies of morbidity and mortality attributable to drug misuse and the cost estimation studies have been particularly useful at all levels of policy making and program development, and should continue to be supported.*
- ❖ *Other monitoring activities being under-taken by the National Public Health Partnership (NPHP) should continue, including the planned inclusion of key NDS success indicators under the Public Health Outcomes Funding Agreements (PHOFAs) and the Information Working Group recently established under the NPHP. New arrangements have been made for:*
  - ◆ *the National Drug and Alcohol Research Centre to develop a minimum data set for clients of alcohol and other drug services; and*
  - ◆ *the Australian Institute of Health and Welfare to calculate the drug caused mortality and hospital admissions, and to revise in 12999 the aetiologic fraction methodology used to calculate estimates of drug caused mortality and morbidity.*

*The proposed dedicated NDS unit should be responsible for the overall coordination of the collection and the analysis of drug use statistics and trends in prevalence, attitudes and risk behaviours, and reporting these statistics.*
- ❖ *In order to improve that utilisation of research by treatment agencies, the recommendations of the alcohol and Other Drugs Council of Australia Forum of Treatment and Research in December 1995 should be supported and, where appropriate, funded. Specifically, these include:*
  - ◆ *the establishment of an agreed minimum data on clients and treatment agency activities;*
  - ◆ *involving treatment agencies in setting research agendas;*
  - ◆ *including evaluation and data collection as components inservice contracts;*
  - ◆ *including dissemination strategies in all research proposals; and*
  - ◆ *developing guidelines for appropriate matching of clients to treatment services.*

*Similar initiatives should be developed and implemented for NDS prevention programs.*
- ❖ *With the assistance of the newly created dedicated NDS unit, the NDSC should consult with appropriate expert groups to clarify the meaning of harm minimisation and to develop a set of strategic harm minimisation principles underlying the NDS*

References:

Single E, Rohl T. The National Drug Strategy: Mapping the Future. An Evaluation of the national Drug Strategy, 1993-1997. A report commissioned by the Ministerial Council on Drug Strategy, Canberra, April, 1997. AGPS.