

**September 2019**

## **The Special Commission of Inquiry into the Drug 'Ice' roundtable**

NADA attended the Special Commission of Inquiry into the Drug 'Ice' roundtable on planning and funding of AOD treatment services in NSW. This roundtable was convened to capture the expert opinion of AOD funders and planners, the non government sector, the Primary Health Networks (PHN), Local Health District (LHD) senior staff, consumers and researchers (Drug Policy Modelling Program, UNSW). The topics for discussion were: improve the planning of AOD services, at the government and non government sector and PHN/LHD levels; the use of the Drug and Alcohol Planning Model (DASPM) and its use in assisting planning; the funding of AOD services between the Ministry and LHDs (their service level agreements); and funding contracts with the non government sector.

### **Planning and contract management**

The main messages from non government representatives were that planning between the Ministry, the LHDs and the PHNs was not coordinated and this does not give the non government AOD sector the certainty and direction for overall sustainable service planning at the individual agency level. The lack of Commonwealth funder representation at the roundtable was noted by us and comments about the lack of planning coordination between the national agencies (Department of Health, Department of the Prime Minister and Cabinet—now the National Indigenous Australians Agency) and the states were made. This was noted as a big problem since many non government AOD services are jointly funded by state and national agencies. We called for the use of the DASPM as an important planning tool by all government funders and we called for the better integration of the non government sector in the planning processes at all levels. With regard to NSW planning, we argued for the AOD plan to be a coordinated cross government plan with significant new investment (at least a doubling of the current state AOD budget) and centralised authority for the implementation of the NSW Strategic Plan for AOD being vested in the Department of Premier and Cabinet (as it was after the 1999 Drug Summit—the Office of Drug Policy) so that NSW Health and the other important human services agencies (FaCS, Housing, Corrections, etc.) have better accountability for implementation and funding allocation.

### **Funding AOD services**

We argued that the current drug budget in NSW is totally inadequate and needs to be increased to meet demand (as identified in the DASPM planning tool). We also argued for the non government sector budget to be in line with the funding amounts allocated to LHDs. We noted that in NSW, there are two completely different funding models for the LHD and non government sectors of the program, with the non government sector only receiving 25% of the overall drug budget while we are responsible for 40% of AOD treatment service delivery as measured by the NMDS data reporting on episodes of care. We went on to argue for a simplification of the non government performance reporting frameworks within our funding contracts and for performance reporting to be harmonised between the state, Commonwealth and PHN funding bodies.

We will ensure you have access to the transcript of this funding roundtable. I hope this important roundtable session will inform the final recommendations the Commission will make to the NSW government in January next year. NADA will be advocating for the planning and funding positions we have made at this roundtable and in our submissions to the Commission more broadly.

### **For more information**

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