



**Australian Alcohol  
& other Drugs Council**

*The National Peak Body*

## Issues Paper #4

### National governance structures relating to alcohol and other drugs

#### Background

In May 2020, the Council of Australian Governments (COAG) was dissolved and replaced by National Cabinet. This had the effect of disestablishing intergovernmental structures operating underneath COAG, including the Ministerial Drug and Alcohol Forum (MDAF).

As at April 2022, there has been no formal structure announced for MDAF's replacement. Advice through the Department of Health has been that the intergovernmental engagement, oversight and decision-making previously undertaken via MDAF will now occur through ad hoc structures established in response to one-off issues or initiatives. The Australian National Advisory Council on Alcohol and Other Drugs (ANACAD) is now the only standing body advising the federal Minister for Health on the breadth of issues relating to alcohol and other drugs (AOD).

#### The importance of good governance in systems operation and improvement

Good governance is the foundation for effective collaboration across governments and portfolios, through enabling strong frameworks for coordinated action. Complex systems require good governance to support cohesion and collaboration. This is especially so for Australia's AOD response system, which requires the cooperation of such diverse and sometimes divergent arms as law enforcement, health and social services, and education, working across federal and state/territory jurisdictions to deliver a nationally coordinated approach.

Australia's *National Drug Strategy (NDS)* provides a national framework to address priorities relating to AOD, and to guide action by governments in partnership with service providers and the community. The NDS currently has six sub-strategies: the *National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014-2019*; the *National Alcohol and other Drug Workforce Development Strategy* (currently under revision); the *National Alcohol Strategy 2019-2028*; the *National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan 2018-2028*; the *National Ice Action Strategy*; and the *National Tobacco Strategy 2012-2018*.

Recent years have also seen the evolution of aligned initiatives which don't formally sit under the NDS but which are strongly related to it, such as the *National Agreement on Closing the Gap*. As such, the need for consistent, transparent, workable cross-government and cross-portfolio governance structures responsible for overseeing the effective implementation, evaluation and improvement of AOD-related strategies has never been greater.

The proposal for ad hoc structures that are instigated in response to one-off issues or initiatives will, in reality, result in a patchwork of post hoc structures which lack adequate authority to resolve the issues around which they've been formed. Existing cross-government and cross-portfolio relationships will atrophy, resulting in the loss of knowledge exchange and cooperation which the NDS is intended to facilitate.

Absence of effective national governance structures will exacerbate existing issues of poor communication, coordination and collaboration across the many departments



and agencies that commission AOD services across jurisdictions. It will perpetuate and widen existing system gaps wherein the policy and practice of one arm of the system acts against the system's overarching intent and goals. It will ensure that responsibility for issues such as funding and workforce, and accountability for the implementation of national strategies and frameworks, becomes even more contested between the federal and state/territory jurisdictions.

Ad hoc structures are more likely to be responsive to short-term issues or problems arising, and less likely to focus on the proactive work of long-term future planning and systems design. There is less likelihood that such structures, activated at short notice, will be sufficiently inclusive of the non-government organisations and their representatives, who play such a critical role in delivering Australia's response to AOD and do much to inform that system's design and implementation when provided the opportunity.

### Design principles for a new way forward

AADC supports the establishment of continuing federal governance structures for Australia's system of response to AOD issues underpinned by the following principles:

- clear accountabilities for overarching systems design, governance, monitoring and evaluation consistent with the principles and purpose of the *National Drug Strategy*, its sub-strategies and aligned initiatives
- continued recognition that alcohol and other drug issues are best addressed through an evidence-based health frame
- capability to make decisions which address cross-government, cross-sector, and cross-portfolio policy and planning needs through inclusion of the right people, in the right roles, at the right level of the system
- equitable inclusion of government and non-government representatives, including active participation of First Nations peoples and people who use or have used alcohol and other drugs and their families
- shared decision-making, including the devolution of authority and responsibility to the groups and jurisdictions best-placed to inform policy implementation through collaborative design processes
- continued communication between the parts of the system responsible for system design and system implementation, to facilitate outcomes evaluation and continued improvement approaches, and
- clear and transparent external reporting mechanisms accessible to all relevant constituencies.

Any structure should be created in full consultation with all of the relevant constituencies, led in partnership by the government and non-government sectors.

### About us

The Australian Alcohol and other Drugs Council (AADC) is the national peak body representing the AOD sector, comprising: specialist health services working to prevent and reduce harms which can be associated with the use of AOD; practitioners working in AOD treatment settings and the areas of prevention and early intervention; researchers and policy specialists who build the evidence-base to support robust and evidence-based practice and programs; and people who use or have used alcohol and other drugs, and their families.

### Our purpose

We work to advance health and public welfare through achievement of the lowest possible levels of AOD related harm by promoting effective, efficient and evidence-informed prevention, treatment and harm reduction policies, programs and research at the national level.

### The issues paper series

AADC publishes periodical issues papers, through which it promotes the views and priorities of the specialist alcohol and other drugs sector.

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