

DRUG POLICY MODELLING PROGRAM  
MONOGRAPH 18

**THE COORDINATION OF AUSTRALIAN ILLICIT  
DRUG POLICY: A GOVERNANCE  
PERSPECTIVE**

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## THE DRUG MODELLING POLICY PROGRAM

This monograph forms part of the Drug Policy Modelling Program (DPMP) Monograph Series.

Drugs are a major social problem and are inextricably linked to the major socio-economic issues of our time. Our current drug policies are inadequate and governments are not getting the best returns on their investment. There are a number of reasons why: there is a lack of evidence upon which to base policies; the evidence that does exist is not necessarily analysed and used in policy decision-making; we do not have adequate approaches or models to help policy-makers make good decisions about dealing with drug problems; and drug policy is a highly complicated and politicised arena.

The aim of the Drug Policy Modelling Program (DPMP) is to create valuable new drug policy insights, ideas and interventions that will allow Australia to respond with alacrity and success to illicit drug use. DPMP addresses drug policy using a comprehensive approach, that includes consideration of law enforcement, prevention, treatment and harm reduction. The dynamic interaction between policy options is an essential component in understanding best investment in drug policy.

DPMP conducts rigorous research that provides independent, balanced, non-partisan policy analysis. The areas of work include: developing the evidence-base for policy; developing, implementing and evaluating dynamic policy-relevant models of drug issues; and studying policy-making processes in Australia.

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17. A review of Australian public opinion surveys on illicit drugs
18. The coordination of Australian illicit drug policy: A governance perspective

DPMP strives to generate new policies, new ways of making policy and new policy activity and evaluation. Ultimately our program of work aims to generate effective new illicit drug policy in Australia. I hope this Monograph contributes to Australian drug policy and that you find it informative and useful.



Alison Ritter  
Director, DPMP

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## TABLE OF CONTENTS

<b>Acknowledgements</b> .....	<b>iii</b>
<b>Table of contents</b> .....	<b>iv</b>
<b>List of tables</b> .....	<b>vi</b>
<b>List of figures</b> .....	<b>vi</b>
<b>Executive summary</b> .....	<b>1</b>
<b>Introduction</b> .....	<b>10</b>
The current project.....	12
Research questions .....	12
<b>Governance and good governance</b> .....	<b>14</b>
What is governance?.....	14
What is good governance?.....	15
<b>The importance of coordination for attaining good governance</b> .....	<b>18</b>
What is coordination? .....	18
How does coordination occur?.....	20
<b>How does coordination occur in Australian illicit drug policy?</b> .....	<b>24</b>
The advisory system.....	25
Resourcing of Australian illicit drug policy coordination .....	28
Coordination between strategies .....	29
Coordination within government.....	30
<b>Methodology</b> .....	<b>32</b>
Sample .....	33
Scoring.....	34
Reliability.....	34
Statistical analysis.....	34
<b>Good governance applied to Australian illicit drug policy coordination</b> .....	<b>36</b>
<b>Survey results: The good governance principles in practice</b> .....	<b>39</b>
Importance of good governance principles to coordination .....	39
Application of good governance principles to coordination .....	41
<b>Documentary analysis: Shifts in the coordination of Australian illicit drug policy</b> .....	<b>43</b>
NCADA: 1985-1988 .....	43
NCADA: 1988-1992 .....	46
NDS: 1993-1997 .....	50
NDSF: 1998-99 – 2002-03 (extended to June 2004).....	55

NDS: 2004-2009 .....	62
The National Illicit Drug Strategy.....	67
<b>Discussion .....</b>	<b>69</b>
What is likely to constrain coordination in the future? .....	72
Lessons on how to facilitate good governance .....	74
Areas for future research .....	76
<b>Conclusions .....</b>	<b>77</b>
<b>References .....</b>	<b>79</b>
<b>Appendix A: Working groups and their purposes during the 2004-2009 NDSF .....</b>	<b>86</b>
<b>Appendix B: Advisory structures in blood borne virus arena .....</b>	<b>90</b>
<b>Appendix C: The survey instrument.....</b>	<b>91</b>
<b>Appendix D: List of surveyed members.....</b>	<b>95</b>
<b>Appendix E: Detailed results from the survey.....</b>	<b>96</b>
<b>Appendix F: Survey results from health and law enforcement sectors.....</b>	<b>98</b>

## LIST OF TABLES

Table 1: Features distinguishing governance from government .....	14
Table 2: UNESCAP principles of good governance .....	17
Table 3: The continuum of coordination .....	19
Table 4: Facilitators and barriers to coordination .....	20
Table 5: Cronbach’s alpha for principles in DPMP survey.....	34
Table 6: The DPMP criteria for good coordination .....	37
Table 7: Rank of good governance principles from most to least important.....	40
Table 8: Perceived application of each good governance criteria to Australian illicit drug policy coordination, grouped by the percentage that strongly disagreed, disagreed, agreed, strongly agreed or were undecided .....	96

## LIST OF FIGURES

Figure 1: Perceived importance of all good governance principles (n=36).....	39
Figure 2: Perceived importance of good governance principles, by principle (n=36).....	40
Figure 3: Perceived application of all good governance principles to Australian illicit drug policy coordination, indicating percentages that agreed, disagreed and were undecided (n=36) .....	41
Figure 4: Perceived application of good governance principles to Australian illicit drug policy coordination, by principle, indicating percentages that agreed, disagreed and were undecided (n=36) .....	42
Figure 5: Health sector views on the application of good governance principles to Australian illicit drug policy coordination, by principle, indicating percentage that agreed, disagreed and were undecided about each principle (n=17).....	98
Figure 6: LE sector views on the application of good governance principles to Australian illicit drug policy coordination, by principle, indicating percentage that agreed, disagreed and were undecided about each principle (n=13) .....	99
Figure 7: Mean ranked importance of each of the good governance principles for health (n=17) and LE (n=13) sectors.....	100



## EXECUTIVE SUMMARY

Since the adoption of the National Campaign Against Drug Abuse (NCADA) in 1985 coordination has been one of the key mechanisms in the development of effective drug policies in Australia. Coordination, which is defined as the process of synchronising activities towards a common goal with the ultimate aim of attaining more integrated and effective policy outcomes, is not an easy task. Responding to drug use and its attendant harms requires complex, inter-governmental, inter-departmental and inter-sectoral responses. It requires solutions that involve multiple stakeholders: Federal, state, territory and local governments; diverse sectors, particularly health, law enforcement and education; government and non-government service providers and the involvement of business, industry, the media, research institutions, local communities and individuals.

Australia's reputation for coordination of alcohol, tobacco and illicit drug policies, as exemplified through NCADA and its various iterations, have led to international praise, particularly for the partnership between the health and law enforcement sector (Single, 2001, p. 65). But it is increasingly being recognised that while well coordinated systems can facilitate the capacity for integrated policy development and implementation, poorly coordinated systems may be more deleterious than systems that provide no coordination. Poorly coordinated systems may increase fragmentation, reduce accountability, increase the time and cost of responding, create barriers to services for drug users, reduce public respect for policies and lead to internal conflict between governments, sectors and service providers (Peters, 1998). Indeed in 1997 Single and Rohl (1997) argued that the national system for managing and coordinating the National Drug Strategy was in need of major reform since both its legitimacy and the ability to operate effectively were in serious doubt.

While we note the valuable research that has been conducted into Australian drug policy processes, (see particularly Fitzgerald, 2005; Fitzgerald & Swards, 2002) to date there has been no explicit study that has focused on the coordination of Australian drug policy. This project rectifies this need by examining the processes and structures for illicit drug policy coordination in Australia. We focus on Australian illicit drug policy coordination in the broadest sense, whether guided and influenced by the National Campaign Against Drug Abuse strategies or National Illicit Drug Strategies and/or both. For reasons of simplicity this project focuses on coordination within and between our national structures and advisory groups, represented at the peak by the Ministerial Council on Drug Strategy. The national advisory processes and structures warrant particular attention given they are the only formal mechanisms at which all levels of government and sectors come together to direct and coordinate Australian drug policy.

This study provides a new approach to looking at coordination, through the lens of "good governance". Such an approach was adopted both due to the absence of any specific theories or frameworks on coordination, and because of the strong links between coordination and governance.

## **Good governance**

It has long been recognised that good processes of governing facilitate better policy outcomes, but a newer realisation has been that good processes are also a goal in themselves. In efforts to facilitate this there has been an international and national push towards identifying and attaining principles of good governance.

Key proponents include the United Nations (1997; 2007), the Organisation for Economic Co-operation and Development (2005), the World Bank and the Australian Public Service Commission (2005). The most common are the set of eight principles that have been put forward by United Nations organisations, which assert that good governance should be participatory, consensus-oriented, accountable, transparent, responsive, equitable and inclusive, effective and efficient and follow the rule of law (United Nations Development Programme (UNDP), 1997; United Nations Economic and Social Commission for Asia and the Pacific, 2007).

The push towards good governance has been attributed in part to significant shifts in the role of government. Public dissatisfaction, rising expectations of the quality of government services, the difficulties solving complex problems and increasing outsourcing of government contracts has led to increased involvement of external actors and the need for policy making through negotiation: “less rowing” and “more steering” (Rhodes, 1997). Policy making in the new era involves a much broader array of stakeholders and a recognition of the inter-dependence between stakeholders. It also increases the need for consultation, trust and negotiation, rather than top down decision-making. The irony is that while in the new governance arrangements the requirement for coordination has been enhanced it has also become more difficult (Rhodes, 2000). Thus while good governance should apply to all aspects of policy making (issue identification, policy analysis, policy instruments, consultation, coordination, decision making, implementation, and evaluation) (Althaus, Bridgman, & Davis, 2007) its application to coordination is arguably the most critical.

## **The principles for good governance of Australian illicit drug policy**

Given that good governance principles are internationally aspired to, and have been adopted in various guises by Australian public service agencies and corporations, we have argued that Australian illicit drug policy (and Australian illicit drug policy coordination in particular) should also seek to follow good governance principles. This means that processes and structures of Australian illicit drug policy coordination should seek to be consistent with and assessed against their ability to attain the set of eight good governance principles as listed in Table 1.

**Table 1: The principles for good governance of Australian illicit drug policy**

<b>Principle</b>	<b>Definition</b>
Participation	No one sector of government can address the drugs issue alone. There should be opportunities for all jurisdictions, sectors and groups affected by drugs to participate either directly or through representation. Processes should be carefully constructed so as to not exclude groups or citizens with limited access.
Consensus-orientation	Key stakeholders should respect differences of opinion and act at all times in the spirit of cooperation, to reach the best options/outcomes for Australian drug policy. Optimal outcomes will occur if a deliberative process of policy making is adopted: open dialogue, respect, access to information, space to understand and/or reframe issues and movement towards a consensus.
Accountability	Stakeholders have a responsibility to account for their conduct and their performance (outcomes). Goals should be clearly identified and performance regularly assessed through the use of appropriate performance measures.
Transparency	Processes should be conducted in an open manner. Transparent systems have clear procedures for public decision making and open channels of communication between stakeholders and make a wide range of information available. This allows stakeholders to make best use of procedures (as well as uncovering abuses).
Responsiveness	Stakeholders should be sensitive to issues of concern and respond to these in a timely manner. Consultation should be as early as possible during the policy making process to allow for a greater range of options to be considered.
Equity and inclusiveness	Stakeholders should not only be able to participate, but be included in a genuine manner. Efforts should be made to develop the capacity of all stakeholders to be able to execute their entitlements, through for example the provision of skills, resources and knowledge to participants. This should ensure that all stakeholders feel valued and that they benefit from their involvement.
Effectiveness and efficiency	Effective processes should provide leadership and direction. Policies should be formulated, adopted and implemented in a coordinated manner and make the best use of resources. Such a process should lead to better outcomes: more holistic and integrated and cost-effective responses to drug and drug-related problems.
Follow the rule of law	Structures/processes should engender law abiding and ethical behaviour - procedural integrity. Processes should be fair, guidelines should be abided by and processes should be deemed legitimate.

## Research questions

This study sought to:

1. Identify the importance of the principles of good governance for the coordination of Australian illicit drug policy

2. Examine the extent to which current structures/processes of coordination are consistent with good governance principles
3. Document changes in the coordination of Australian illicit drug policy since the adoption of the National Campaign Against Drug Abuse in terms of compliance with the good governance principles

## Methodology

This project reviewed Australian illicit drug policy coordination against established principles of good governance. This was undertaken using two methods. First, we devised a survey to quantify the perceived importance and perceived application of the principles to Australian illicit drug policy coordination. The survey utilised 3-6 criteria that related to each principle. Second, we analysed the national drug strategy evaluations and reviews produced between 1985 and 2009 in terms of the relationship between the perceived strengths, weaknesses and changes in illicit drug policy coordination and their fit with the good governance principles.

The survey was sent to a total of 106 stakeholders involved in Australian illicit drug policy coordination. Targeted stakeholders comprised primarily of members of the national policy making and decision making bodies [Ministerial Council on Drug Strategy (MCDS), Inter-governmental Committee on Drugs (IGCD) and Australian National Council on Drugs (ANCD) and their advisory structures (National Police Drug and Alcohol Coordinating Committee, National Drug Law Enforcement Research Fund, National Indigenous Drug and Alcohol Committee (NIDAC) and the Asia Pacific Drugs Issues Committee]. Stakeholders were given up to two opportunities to participate in this survey. This led to a total of 36 completed surveys, i.e. a response rate of 34%. Seventeen (47%) of survey respondents were from the health sector, 13 (36%) from the law enforcement sector and 6 (17%) from other sectors, including 2 (6%) from research and 1 (3%) from each of the non-government and local government sectors.

## Results

### ***Part 1: Stakeholder survey***

Across the set of good governance principles every respondent asserted that the good governance principles were important for coordination of the National Drug Strategy. Moreover, 85% stakeholders reported that the good governance principles were either very or extremely important. On average, stakeholders viewed accountability and participation as the most important principles. Following the rule of law and transparency were the third and fourth most important principles and equity and inclusiveness and consensus-orientation were the least important principles. Pairwise Friedman's comparisons showed that consensus-orientation was rated significantly less important than participation and accountability ( $p < 0.05$ ) and less important than following the rule of law and transparency ( $p < 0.10$ ).

Across the set of principles the majority of stakeholders involved in the national advisory system ( $n=25$ ; 69%) reported that Australian illicit drug policy coordination complied with the good governance principles. Only 3 (9%) of respondents disagreed and 8 (22%) were undecided.

Respondents were most likely to report that the principles of participation and following the rule of law were met, with 27 (75%) respondents agreeing with these statements. They were less likely to report that Australian illicit drug coordination complied with the principle of consensus-orientation. Even then however only 5 (14%) stakeholders said Australian illicit drug policy was not consensus-oriented.

Our results suggested that the perceived importance and perceived application of the principles may differ between sectors. We found significant differences between the health and law enforcement sectors in the perceived application of the principles of participation and effectiveness and efficiency and the perceived importance of equity and inclusiveness.

### ***Part 2: Documentary analysis***

Documentary analysis of the identified strengths, weaknesses and shifts in Australian illicit drug policy coordination suggested that compliance with the governance principles increased between 1985 and 2009.

#### NCADA: 1985-1988

In the launch of the National Campaign Against Drug Abuse (NCADA) in 1985 the goal was made explicit that the campaign was to be a national co-operative effort. To facilitate this goal, advisory structures were established involving senior health and law enforcement representatives from each state, territory and the Commonwealth and all jurisdictions contributed to the provision of resources.

During the first phase of NCADA the establishment of partnerships between health and law enforcement and between all jurisdictions was praised. This was attributed in large part to the good design of the national management structures and the involvement of the core partners. But one problem was that the breadth of participation remained too narrow, both within and outside of government. As a result many decisions were seen as made with insufficient consultation and/or consideration of the ramification of policy decisions (Stephenson, Brown, Hamilton, McDonald, & Miller, 1988a, 1988b). This was deemed particularly damaging in regards to the formation of HIV/AIDS and prevention policies.

The other major concern identified by the first Task Force for the evaluation of NCADA was poor dissemination of issues and information, which was perceived as having reduced the capacity for full participation. The major problems in the first phase of NCADA could be seen as relating to three of the good governance principles: insufficient breadth of participation; poor equity and inclusiveness; and poor effectiveness and efficiency.

#### NCADA: 1988-1992

During the second phase of NCADA the membership of the Standing Committee of Officials was expanded to include representatives from Commonwealth law enforcement agencies e.g. Australian Customs Service and Australian Bureau of Criminal Intelligence and representatives

from a range of other Commonwealth departments including the Department of Foreign Affairs, Attorney Generals and the Prime Minister's Office.

At the end of the second phase of NCADA the evaluators reinforced that the major achievement to date remained the partnership between health and law enforcement sector "which despite the tensions and mixed goals, has resulted in greater mutual understanding and the opportunity to debate the issues" (NCADA Second Task Force on Evaluation, 1992, p. 94). Moreover, the governance structures, particularly MCDS, were argued to have provided a high level of leadership and direction to the drug strategy.

But they also identified problems which could be interpreted as affecting a number of areas of good governance. The primary concern of the Task Force was that the partnership between health and law enforcement was inequitable and that the MCDS had been used primarily for debating and devising policies of concern to the health sector. As they noted by the time of the 1992 evaluation the MCDS had with only one exception been chaired by a Health Minister and law enforcement proposals or requests for funds had a low priority. A consequence was that most of the drug law enforcement policies were debated in the Australian Police Ministers' Council and not the MCDS. The governance processes were therefore deemed inequitable and MCDS was judged to lack legitimacy as the forum for drug law enforcement policy development.

#### NDS: 1993-1997

In phase three NCADA was re-launched as the National Drug Strategy (NDS) and the NDS was accompanied by a strategic plan, the National Drug Strategic Plan 1993-1997, which outlined goals and performance indicators for all partners. The Standing Committee of Officials was replaced by the National Drug Strategy Committee. The new committee had a smaller membership with primarily health and law enforcement representatives from each jurisdiction. Eight subcommittees were also established to feed into the NDSC and the chairing of MCDS and NDSC was altered between the sectors.

In many ways the 1997 evaluation was a turning point in the coordination and management of the NDS since while applauding the success in building partnerships Single and Rohl (1997, p. ix) argued that its successes had often been "in spite of management rather than because of it." Core problems were numerous and from the good governance perspective we see this as having affected all areas of governance including the perceived legitimacy, effectiveness, efficiency, responsiveness, transparency and accountability of processes.

While noting the complexity of the task of managing the NDS Single and Rohl (1997) argued that under-resourcing lay at the heart of many of the problems. But many of the identified problems were identified in previous years and hence from the good governance perspective the problems also appeared to have worsened under the new and expanded advisory system.

Single and Rohl (1997) also identified that the piecemeal involvement of the non-government organisation (NGO) sector had become increasingly problematic. NGOs were in charge of much

of service provision and yet were not treated as an equal partner. Moreover, the continued dominance of the bureaucracy was seen as impeding the innovation of the NDS.

#### NDSF: 1998-99 to 2002-03 (extended to June 2004)

For a number of reasons the years from 1998-99 marked a distinct change in the management of the NDS. First, in November 1997 Prime Minister John Howard announced the Federal Coalition's new "Tough on Drugs" National Illicit Drug Strategy (Howard, 1997). Second, in March 1998 the Prime Minister launched a new advisory body, called the Australian National Council on Drugs (ANCD), which included a wide range of non-government experts from treatment, rehabilitation, law enforcement, research and community organisations.

The new National Drug Strategy was subsequently launched in November 1998 with a new name: the National Drug Strategic Framework (NDSF). The theme of the new framework was "building partnerships." Accordingly there was much greater emphasis upon strengthening and expanding partnerships, particularly through expanding the governance arrangements. The NDSF argued that the ANCD was central to the efforts to extend partnerships. The National Drug Strategy Committee was renamed the Inter-Governmental Committee on Drugs (IGCD) and feeding into the IGCD and ANCD were an array of 11 expert advisory committees and subcommittees.

The 2003 evaluation recognised that the expanded partnerships and links had led to numerous benefits. There was much more capacity for expert input, for raising awareness of trends and current issues, for challenging the government way of thinking and for identifying potential linkages or areas of duplication (Success Works, 2003). Yet Success Works also noted that many of the shifts needed to go much further. This was particularly in regards to incorporating the NGO sector.

As in the previous period, problems were again identified over the lack of clarity regarding the roles and responsibilities of different structures and the lack of transparency and accountability of the advisory system. These problems were exacerbated by the continued expansion of the advisory system. For example, following the introduction of the third core structure (ANCD) there had been increased conflict between the IGCD and ANCD over their roles and responsibilities, that had become highly counterproductive (Success Works, 2003). The combination of the increasing conflict and poor transparency and accountability were perceived to have reduced the overall legitimacy of the governance processes.

#### National Drug Strategy: Australia's integrated framework 2004-2009

In phase five the NDSF was relaunched as the National Drug Strategy: Australia's integrated framework 2004-2009. Moreover the National Expert Advisory Committees were abolished on the 30 June 2004 and replaced by a National Expert Advisory Panel and time-limited, topic specific working groups. The Chair of the IGCD was also made a member of the ANCD and joint annual ANCD/IGCD workshops were established. Finally, the IGCD adopted a new

governance document “to describe the roles, functions and administration of the IGCD” (Intergovernmental Committee on Drugs, 2007, p. 3).

Yet while the 2009 evaluation again praised the benefits that coordination had generated for Australian drug policy it identified an apparent gulf between the structures in terms of their coordination capacity. The ANCD was identified as having increasingly facilitated improved coordination, particularly with the NGO and community sectors and with different government departments (Siggins Miller, 2009a). From the good governance perspective it could be deemed as providing participatory, responsive, effective and efficient processes.

In contrast, the IGCD increasingly stood at odds to this, with proceedings being criticised for their lack of transparency, accountability and responsiveness and questionable participation. For example, while the new NEAP and working groups were deemed to provide greater potential for expert input, the evaluators found it very hard to assess their impacts. Moreover the evaluators identified that the IGCD had adopted a one-directional relationship with experts, whereby the IGCD was closed to anyone it did not seek expertise from. Many such issues were attributed to the IGCD remaining government centred and a loss in recent years of drug and alcohol content knowledge as well as a lack of specific resourcing for the IGCD. From a good governance perspective we see the differential capabilities as attributable in part to the increased burden placed on the IGCD in terms of its expanded advisory system.

## **Discussion**

The key findings from our analysis are threefold. The first is that good governance principles are important to those involved in the national advisory system overseeing the NDS. Second, that Australian illicit drug policy coordination, whether by way of NDS or the National Illicit Drug Strategy, appears to have increased in its compliance with the good governance principles. Third, the historical analysis of the NDS and NIDS documents, evaluations and reviews suggests that since the adoption of NCADA in 1985 there have been continual improvements in knowledge of what good processes of coordination involve and the mechanisms that can be used to improve coordination. This is a considerable achievement.

The findings suggest a number of implications for Australian illicit drug policy.

The most important implication is that the process through which coordination and governance more generally is undertaken is important to stakeholders. It appears that good governance does matter, and indeed that improvements in governance practice are valued and operationalised by those involved in the national advisory structures. This provides other stakeholders involved in Australian illicit drug policy coordination with a justified basis upon which to argue for building/maintaining good governance.

This analysis has also demonstrated that problems in coordination take years to rectify. From the good governance perspective such challenges are inevitable due to the complex nature of good governance and the need to acquire new and thorough understanding of what good governance



involves. This reinforces the benefits of continual assessment and improvement. In this regard the high level of oversight and evaluation of the NDS is something that is praiseworthy and should continue.

Finally, while positive our findings suggest there remain a number of areas where improvements can continue to be made, particularly in the areas of responsiveness, equity and inclusiveness and the transparency of Australian illicit drug policy. Continuing to improve coordination processes should put Australian illicit drug policy in a sound position to achieve good public policy and improve the health and well being of all Australians.

There are a number of limitations with this study, the most important of which is the survey design and application. Given the survey was a pilot, had a small survey pool and limited response rate, the results should not be viewed as representative. In addition, respondents were predominantly those involved in government. Our comparison of the views of stakeholders from the health and law enforcement sectors suggested differences of opinion over the application of the good governance principles but the sample size is very small. Replication with different stakeholder groups, particularly those outside the national advisory system, would be a welcome addition and would supplement our understanding of the coordination of Australian illicit drug policy.

### **Future improvement**

Coordinating Australian illicit drug policy will continue to be a challenge in Australia. This is due to structural constraints brought on by the federal system, cultural differences between stakeholders, ebbs and flows in the tendency to politicise drug issues and drug policy processes and the rise of new challenges. Yet we have argued that Australian illicit drug policy coordination can continue to build good processes of coordination by:

1. Ensuring that the good governance principles are reflected in the operations of Australian illicit drug policy
2. Refining the tool for measuring good governance and regularly identifying strengths and weaknesses in the application of governance
3. Ensuring genuine commitment to measuring and assessing good governance from multiple/all stakeholder perspectives
4. Conducting a risk assessment of the likely impacts of any changes in coordination
5. Increasing the evidence base and discussions around good governance in the NDS

Doing so will continue to foster a more coordinated system, which should be to the ultimate benefit of our ability to respond to issues of drugs and drug-related harms.

## INTRODUCTION

Since the adoption of the national drug strategy in 1985 coordination has been one of the key mechanisms for delivering effective drug policies in Australia. As noted by The Honourable Dr Neal Blewett AC at the time of the 1985 drug summit, coordination was essential but very much lacking:

To have any prospect of success a national drug strategy needs to be both co-ordinated and multi-faceted. At present the decision path chart on drugs co-ordination looks somewhat like a complex version of one of those plans for a transistor radio. Unfortunately the sound emitted is far less coherent than that which emerges from a transistor radio (cited in Brown, Manderson, O'Callaghan, & Thompson, 1986, p. 35).

There has been a consistent emphasis upon enabling a cooperative national approach, or as summed up in the 2004-2009 National Drug Strategic Framework (MCDS, 2004, p. 12) “a coordinated, integrated response to reducing drug-related harm in Australia.”

Responding to drug use and its attendant harms requires complex, inter-governmental, inter-departmental and inter-sectoral responses. It requires solutions that involve multiple stakeholders: Federal, State, Territory and local governments; diverse sectors, particularly health, law enforcement and education; government and non-government service providers and the involvement of business, industry, the media, research institutions, local communities and individuals.

Many other complex social problems that society faces today similarly require complex stakeholder involvement and coordination, but there are unique challenges in the drugs arena that make the coordination of illicit drug policy a particular challenge. These include the “wicked nature” of illicit drug problems, and corresponding lack of ability to easily reduce the problems associated with drug use (Australian Public Service Commission, 2007b), the conflicting evidence base and ideologies over the optimal responses and the highly politicised nature of drug policies. Australia moreover has not only domestic but also international obligations to reduce the supply of and demand for drugs.

Coordination offers many benefits which differ somewhat from stakeholder to stakeholder. For governments coordination can facilitate the development of common understanding, minimise duplication, enhance the capacity for innovative and superior responses to complex problems and increase the legitimacy of processes (Hunt, 2005; Management Advisory Committee (MAC), 2004; Peters, 1998; Podger, 2002). Another benefit is the potential to reduce government expenditure, by either improving efficiency or cutting spending. Given that Australian governments spend \$1.3 billion on preventing and minimising problems related to illicit drugs every year (Moore, 2005) this is no small motivator.

For service providers and communities, coordination can increase knowledge on the mix of policies in operation, issues of concern, best practice and evidence concerning what works and what has not and who to turn to, to obtain increased funding (Inter-Governmental Committee

on Drugs Local Government Sub-Committee, 2002). This can increase the potential to identify emerging issues, and to respond faster and more effectively to drug and drug-related problems. And finally for drug users coordination can improve the efficacy, effectiveness and targeting of responses and the identification and reduction of barriers to services (Australian Injecting and Illicit Drug Users League (AIVL), 2008).

In regards to the formal National Drug Strategy and National Illicit Drug Strategy frameworks, coordination has been seen to lead to many such benefits. Australia's reputation for coordination has led to international praise, particularly for the partnership between health and the law enforcement sector (Single, 2001). Moreover the National Illicit Drug Strategy (NIDS) has been nominated by the Management Advisory Committee as one of the best examples at the Commonwealth level of coordination. The NIDS "improved relationships across and within portfolios" including relationships between the Attorney Generals' Department and the Australian Federal Police, Australian Customs and the Australian Crime Commission (Management Advisory Committee (MAC), 2004, p. 184). Coordination has been deemed to have increased understanding, reduced conflict between policy arenas and facilitated the adoption of more innovative and effective policies that cross areas.

One such example has been the Illicit Drug Diversion Initiative, a national agreement to divert minor drug offenders away from the criminal justice system into assessment, education and/or treatment programs. As noted by the Inter-Governmental Committee on Drugs (2002, p. 1) the agreement was contingent on the partnership between health and law enforcement sectors in all jurisdictions. The continued roll-out of the Illicit Drug Diversion Initiative is an exemplar of the value of such partnerships in providing flexible and effective models to reduce drug-related problems.

Changes within the policing agencies provide further signs of a more cooperative approach, through for example their emphasis not only on reducing supply but also on reducing harm, and the adoption of policing protocols to overlook self-administration or simple possession offences at sites of non-fatal overdose, due to the acknowledgement that fear of arrests can impede calls for assistance (Ministerial Council on Drug Strategy, 2001; The Australasian Centre for Policing Research, 2000).

To facilitate coordination Australian jurisdictions have developed an array of advisory bodies and working groups. The only system that crosses all jurisdictions and sectors is the national system, represented at the peak by the Ministerial Council on Drug Strategy. But it is increasingly being recognised that while well coordinated systems can facilitate the capacity for integrated policy development and implementation, poorly coordinated systems may be more deleterious than systems that provide no coordination. Poorly coordinated systems may increase fragmentation, reduce accountability, increase the time and cost of responding, and reduce the quality of responses (Management Advisory Committee (MAC), 2004). They may create barriers to services for drug users, reduce public respect for policies and lead to internal conflict between governments, sectors and service providers (Peters, 1998). Indeed in 1997 Single and Rohl (1997)

argued that the national system for managing and coordinating the National Drug Strategy was in need of major reform since both its legitimacy and the ability to operate effectively were in serious doubt.

It is therefore critical to assess the capacity of our current structures and processes: Are they aiding the coordination of Australian illicit drug policy? Could we do better? Where should we go from here?

### **The current project**

While we acknowledge the valuable research that has been conducted into Australian drug policy processes, (see particularly Fitzgerald, 2005; Fitzgerald & Sowards, 2002) to date there has been no study that has focused on the coordination of Australian drug policy. This project seeks to rectify this need. For reasons of simplicity this project focuses on coordination at the national level. We also decided, in light of the complexity of Australian drug policy coordination, to focus on illicit drug policy coordination. The coordination of licit drug policy involves many additional stakeholders e.g. industry partners and avenues for policy input/decision making that are otherwise uninvolved in illicit drug policy coordination.

This study provides a new approach to looking at coordination, through the lens of “good governance.” Such an approach was adopted both due to the absence of any specific theories or frameworks on coordination, and because of the strong links between coordination and governance. As will be shown good governance is increasingly being aspired to in all areas of governance, and it should therefore be applied to all aspects of illicit drug policy-making, including coordination.

In so doing we are guided by the work of the Institute on Governance, a Canadian Think Tank that amalgamated the United Nations Development Programme principles in good governance into five key good governance principles (legitimacy and voice, direction, performance, accountability and fairness) to enable assessment of good governance in a number of areas including partnership arrangements between civil society and government (Edgar, Marshall, & Bassett, 2006; Graham, Amos, & Plumptre, 2003). The Institute on Governance has demonstrated that the good governance principles can be used to develop tools for analysing the current and desired state of governance. The strength of such approach is that good governance can apply to all areas of policy making, including Australian illicit drug policy coordination.

This project critically analyses the extent to which the current national structures and processes of Australian illicit drug policy coordination are consistent with good governance principles.

### **Research questions**

1. Identify the importance of the principles of good governance for the coordination of Australian illicit drug policy

2. Examine the extent to which current structures/processes of coordination are consistent with good governance principles
3. Document changes in the coordination of Australian illicit drug policy since the adoption of the National Campaign Against Drug Abuse in terms of compliance with the good governance principles

This will provide useful information on the current state and potential directions of Australian illicit drug policy coordination.

## GOVERNANCE AND GOOD GOVERNANCE

### What is governance?

Governance refers to the processes and mechanisms by which policy (in this case Australian illicit drug policy) is directed, controlled and held to account. Governance encompasses a broad range of activities. For example, Althaus, Bridgman and Davis (2007) have described policy making as involving a series of eight different steps: issue identification; policy analysis; policy instruments; consultation; coordination; decision; implementation; and evaluation. Governance is important since it determines who has a voice in decision making, the balance of power, how decisions are made and how account is rendered (Edgar, et al., 2006).

The emphasis upon the term “governance” and not “government” is deliberate since the terms refer to different things. At the simplest level the distinction is based on the actors, namely that government involves government officials and elected representatives (bureaucrats, ministers and politicians) alone, whereas governance also involves non-government stakeholders (such as health professionals, teachers, researchers and business people). But as summarised in Table 1 government and governance can also be distinguished (at least in their ideal types) by their aims, structures and processes of policy making.

**Table 1: Features distinguishing governance from government**

Dimension	Government	Governance
Actors	Very limited number of participants Mainly state agencies	High number of participants Public and private actors
Function	Limited consultation	High level of consultation
Structure	Closed boundaries Territorially defined	Open boundaries Functionally defined
Conventions of interaction	Hierarchic authority Adversarial Secret	Horizontal authority Consensus making Open

Source: Schwab & Kübler, 2001, May 17-19.

Throughout Australia and much of the Western World the role of government in policy making has undergone a significant shift. The shift has been characterised since the rise of New Labour and the Blair government in 1997 as “less rowing” and “more steering” (Rhodes, 1997). In the new era the role of government has moved away from hierarchical and bureaucratic led policy making, what Success Works (2002, p. 1) termed the “command and control mode” to a more negotiated policy making where decisions are made in conjunction with a network of stakeholders. This is not to imply there are no ebbs and flows in the day to day governing and use of governance vs government approach, but the new era has led to a much more networked approach to governing involving a broad array of stakeholders, inter-dependency and dispersed powers of decision making (Rhodes, 2000).

The rise in new modes of governance has occurred for a number of reasons. Key drivers include public dissatisfaction with government, rising expectations of the quality of government services, globalisation, the difficulties in solving complex problems and the shift in the provision of public policy, with increasing state abdication of responsibility (outsourcing previous state actions, privatisation and contracting out) (Colebatch, 2006; O'Flynn, 2008; Rhodes, 2000; Success Works, 2002). Such factors have led to an increased need for government to collaborate within and between levels of government and to involve the third sector, otherwise known as organisations that are not for profit and operate outside of government, in all elements of the policy cycle.<sup>1</sup>

### **What is good governance?**

For many years organisations and researchers have sought to establish the optimum mechanisms for governing. This is in part a reflection that the processes of governing can be done well or poorly, and that good processes enable better direction and control, and in doing so can facilitate better results. As summed up by the UK's Independent Commission on Good Governance in the Public Services (2004, p. v), "good governance leads to good management, good performance, good stewardship of public money, good public engagement and, ultimately, good outcomes." In contrast "bad governance fosters the low morale and adversarial relationships that lead to poor performance or even, ultimately, to dysfunctional organisations" (The Independent Commission on Good Governance in Public Services, 2004, p. 1).

The importance of good processes for governing is not new. Indeed good processes of governing have long been deemed to facilitate good policy outcomes:

A good policy process is the vital underpinning of good policy development.

Of course, good process does not necessarily guarantee a good policy outcome, but the risks of bad process leading to a bad outcome are very much higher (Keating, 1996, p. 63).

In the new era of "good governance" there has been a renewed emphasis upon promoting high-quality processes both as a means to attain better policy outcomes and as end in itself.

The definition of what constitutes good governance is a matter of some contention and varies in part as to what type of governance is being referred to e.g. geo-political governance, corporate governance, public sector governance. The United Nations Development Programme (1997, p. 9) has noted that "sound governance is ... where public resources and problems are managed effectively, efficiently and in response to the critical needs of society."

Early endeavours at fostering good governance adopted a prescriptive approach. For example the Management Advisory Committee, a forum of Secretaries and Agency Heads established under the Public Service Act 1999 to advise the Australian Government on matters relating to the

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<sup>1</sup> The first sector refers to government and the second sector to for-profit organisations such as corporations and private entities.

management of the Australian Public Service, identified areas that facilitated or impeded whole of government approaches within Australia. This included structures and processes, culture and capability, information systems and budget and accountability mechanisms (Management Advisory Committee (MAC), 2004). While the Management Advisory Committee sought to determine the drivers of successful whole of government approaches they concluded that there was not a one size fits all approach. It has instead been recognised that the optimum governance process should be “fit for purpose” and hence designed to suit the context, history and goals of the particular organisation, nation or policy area in which it will be applied.

Recognition of the importance of context and history has led to increasing emphasis upon normative standards or principles of good governance. As noted by the Australian Public Service Commission (2007a, p. 28) the advantage of using “flexible and evolving principles-based systems” is that they can be applied to any context, policy arena or period. They set goals and benchmarks against which governance processes can be built and measured. For example, in Victoria the State Government, Victorian Local Government Association, Municipal Association of Victoria, Local Government Professionals and various local councils worked together to devise a Good Governance Guide, the purpose of which was “to identify the general principles which underpin good governance in local government” and to “lay the foundations on which local governments can build their own structures for good governance” (Good Governance Advisory Group, 2004, p. 2).

Ideas of good governance tend to be based on liberal democratic principles. This includes notions such as being participatory, sustainable, promoting equity and equality, engendering and commanding respect and trust, and being enabling and service-oriented (Verspaandonk, 2001).

Principles of good governance have been adapted by a number of organisations including the Organisation for Economic Co-operation and Development (OECD, 2005), United Nations (United Nations Development Programme, 1997; United Nations Economic and Social Commission for Asia and the Pacific, 2007), the World Bank (Kaufmann, Kraay, & Mastruzzi, 2009), the Australian Public Service Commission (2007a), the UK Independent Commission on Good Governance in Public Services (2004) and some local governments (see for example City of Melbourne, 2008; Roper Gulf Shire Council, 2007; Standards Australia, 2006).

The World Bank stands out in its efforts to quantify good governance. The most recent report noted that the quality of governance corresponds to the level of infant mortality and income within a nation. Moreover the decade from 1998-2008 showed that good governance is not the provenance of rich countries, and that where there is commitment to attaining good governance, improvements can and do occur. For example, Ghana, Niger and Peru improved in their provision of voice and accountability, while Latvia and Rwanda improved in the following of the rule of law (Kaufmann, et al., 2009). Conversely there were deteriorations in both the provision of voice and accountability and following the rule of law in Zimbabwe and Venezuela.



The most common good governance principles are the principles developed by United Nations agencies. There are two sets of principles that have been developed by the United Nations Development Programme (UNDP) (1997) and the United Nations Economic and Social Commission for Asia and the Pacific (UNSCAP) (2007). Neither has been adopted in the General Assembly or by convention. Nevertheless having the United Nations imprimatur gives them credibility and is undoubtedly why they are so commonly referred to. The most recent set are the set of eight principles specified by the UNESCAP, namely that good governance should be participatory, consensus-oriented, accountable, transparent, responsive, equitable and inclusive, effective and efficient and follow the rule of law. The definitions of each are listed in Table 2.

**Table 2: UNESCAP principles of good governance**

Principle	Meaning
Participation	Participation by both men and women is a key cornerstone of good governance. Participation could be either direct or through legitimate intermediate institutions or representatives. It is important to point out that representative democracy does not necessarily mean that the concerns of the most vulnerable in society would be taken into consideration in decision making.
Consensus-oriented	Good governance requires mediation of the different interests in society to reach a broad consensus in society on what is in the best interest of the whole community and how this can be achieved.
Accountability	Not only governmental institutions but also the private sector and civil society organizations must be accountable to the public and to their institutional stakeholders. Who is accountable to whom varies depending on whether decisions or actions taken are internal or external to an organization or institution.
Transparency	Transparency means that decisions taken and their enforcement are done in a manner that follows rules and regulations.
Responsiveness	Good governance requires that institutions and processes try to serve all stakeholders within a reasonable timeframe.
Effective and Efficient	Good governance means that processes and institutions produce results that meet the needs of society while making the best use of resources at their disposal.
Equity and Inclusiveness	A society's well being depends on ensuring that all its members feel that they have a stake in it and do not feel excluded from the mainstream of society. This requires all groups, but particularly the most vulnerable, have opportunities to improve or maintain their well being.
Follow the rule of law	Good governance requires fair legal frameworks that are enforced impartially. It also requires full protection of human rights, particularly those of minorities.

Source: United Nations Economic and Social Commission for Asia and the Pacific, 2007.

## THE IMPORTANCE OF COORDINATION FOR ATTAINING GOOD GOVERNANCE

Governing in the new more networked era brings many advantages for policy making, including increased capacity for more effective and publicly acceptable policies and better use of resources. But as noted by Rhodes (2000, p. 351) the irony is that it has simultaneously become more essential and more difficult to achieve coordination. This is because the dispersal of power has weakened the capacity of government to steer and hence to drive coordination. This has increased the need for trust and for perceptions of mutual benefits from all parties: in short the need for good processes of coordination.


Coordination has therefore become the “philosopher’s stone” for attaining good governance, and lies for example at the heart of the New Labour reforms in the UK (Rhodes, 2000, p. 359). Similarly a report produced for the Institute of Public Administration Australia advised that the key processes for obtaining integrated governance in Australia include networking, cooperation, coordination, collaboration and partnerships (Success Works, 2002). As shown below, networking, cooperation, and partnerships all constitute degrees of coordination.

### What is coordination?

For the purposes of this analysis, we use coordination to refer to the process of synchronising activities towards a common goal with the ultimate aim of attaining more integrated and effective policy outcomes. This draws upon the European Monitoring Centre on Drugs and Drug Addiction definition that sees coordination as organising or integrating diverse efforts with the objective of harmonising work to get better results (EMCDDA, 2001). Key elements are partnerships within government sectors and between government and non-government organisations, interdependence of partners and common goals.

But what coordination actually involves can vary significantly. This is because there are multiple levels of coordination. As summarised in Table 3 the definitions and means of acquiring coordination fall along a continuum (O’Faircheallaigh, Wanna, & Weller, 1999; Peters, 1998; Zobel, 2007). At one end coordination is a goal where departments/ jurisdictions/ sectors are cognizant of each other’s activities and try to minimise duplication. This may be achieved through the exchange of information on arising issues and practices. At the other end of the continuum coordination is a strategic activity and commitment by government about how business is undertaken. Setting priorities, curtailing discretion and active enforcement of non-compliant ministries or sectors may facilitate this form of coordination.

**Table 3: The continuum of coordination**

Coordination options		Meaning
 <p>Minimum</p> <p>Maximum</p>	1. Full independence	Independent decision making
	2. Communication	Exchanging information to inform on issues/actions
	3. Consultation	Active discussion in the process of formulating policies
	4. Prevention of divergences	Ensuring organisations do not conflict
	5. Searching for inter-organisational agreement	Seeking consensus often through the use of inter-ministerial/inter-organisational structures
	6. Arbitration of inter-organisational differences	Providing a means to settle inter-organisational differences
	7. Setting parameters on the level of organisational discretion	Using a central organisation to define what organisations cannot do and hence reducing capacity for conflict
	8. Establishing priorities	Creating a common set of objectives or standards for all organisations
	9. Overall strategy	Creating a process through which to attain objectives and identify and sanction non-compliant organisations

Source: Organisation for Economic Cooperation and Development, 1996.

The type of coordination that is adopted depends on a number of factors. These include perceptions regarding the need for central direction versus devolution, policy coherence versus functional independence and the extent to which stakeholders should reduce overlap between policies versus enabling competitive efficiency (O’Faircheallaigh, et al., 1999). These reflect different management approaches.

Both extremes have pros and cons. As noted by Peters (1998) minimalist strategies such as communication and consultation are easy to adopt, but may not have much impact. On the other hand maximalist strategies may be overly punitive and not be acceptable to all those involved. Between these extremes there is the middle ground, where coordination requires that departments/jurisdictions/sectors actively work together to identify and resolve conflicts, turf wars and duplication. From this perspective coordination is deemed to be in the mutual interests of ministries/sectors, but not something that should be enforced. From the middle ground, coordination can be facilitated through the adoption of common goals, consensus building and inter-organisational mechanisms for working together. This is the model that we perceive operates in the Australian drug policy arena. Our study examines whether and how this applies in practice.

## How does coordination occur?

There are multiple tools for attaining coordination. These include adopting broad policy frameworks, sharing decision making power, information sharing and/or adopting joint databases (Peters, 1998; Success Works, 2002; Zobel, 2007). Coordination can also be facilitated through tendering with partnering criteria and the use of pooled budgets and joint indicators.

Perhaps the best known are through the creation and use of specialised structures. These may be ad hoc e.g. taskforces or fixed e.g. inter-departmental, and may be inter-departmental, inter-ministerial or inter-sectoral. Specialised structures are largely seen as fulfilling advisory roles, providing the opportunity to exchange information and deal with difficult problems (Seidman, 1980). They fulfil a role different to that of the ministry that is in charge of day to day management and policy making.

The choice of tools is going to be dependent upon both the context and the goals of coordination. The adoption of frameworks and budgets with specific purpose allocations may facilitate the adoption of a common set of objectives or standards. This may be unnecessary if the goal is merely to exchange information. Conversely sharing documentation may generate shared knowledge, but on its own it may not enhance co-operative behaviour.

Attaining coordination, particularly a high degree of coordination, is difficult. A review of the UK Cabinet Office argued that “joining up is a mind-set and a culture” (Cabinet Office, 1999, p. 3.6.1). Coordination will require much more than mere structural measures such as the introduction of coordinating committees. This is particularly if there are inherent conflicts in existing systems:

Layers of coordinating machinery can conceal but not cure the defects and contradictions in our governmental system. If we want coordination, we must first be able to identify and agree on our national goals and priorities... (Seidman, 1980, p. 227).

There appear to be common barriers and facilitators to coordination. These can be categorised into four types: political, structural, bureaucratic and internal. These are summarised in Table 4.

**Table 4: Facilitators and barriers to coordination**

Type	Examples
Political	Leadership by politicians, government priorities, interest group ties, political mandate
Structural	Federalism, branches in government, legal requirements, structures/mechanisms for coordination
Bureaucratic	Systems of accountability, budget and culture
Internal	Compatibility of IT systems, time, will and skill of participants

Source: Management Advisory Committee (MAC), 2004; Peters, 1998; Success Works, 2002.

Political commitment and leadership are powerful tools for obtaining coordination. Success Works (2002) found that engagement of Prime Ministers’ or Premiers’ Department and Treasury

as lead or partner agencies helped to overcome bureaucratic resistance towards integration and facilitated commitment of the other agencies. The strong political commitment of the Prime Minister was deemed to facilitate coordination within the National Illicit Drug Strategy (Management Advisory Committee (MAC), 2004). Conversely low levels of political leadership, or government prioritisation or high levels of certain interest group ties can make coordination more difficult to achieve. Political commitment appears particularly important for strategies involving multiple levels of government, and indeed Success Works (2002) found coordination at the local government level was the hardest to achieve since every level of integration was affected by the degree of integration at the level above it.

A study by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) into drug policy coordination amongst 15 member states and Norway similarly noted the strong role of political commitment. Coordination was reported to be much easier when political commitment for coordination was high (EMCDDA, 2001). Nations that appointed drug strategy coordinators and/or gave lead responsibility for coordination to the Prime Minister or equivalent facilitated commitment towards coordination.

The capacity for coordination is also affected by structural issues, including the presence or absence of federalism, the branches of government and legal requirements. Such factors affect the mechanisms and processes for coordination that can be adopted. In Australia the federal system means that responsibility is shared between multiple levels of government, something that can contribute towards more divisive policy making. For example Robbins (1993) argued that the capacity to coordinate petrol sniffing initiatives in Indigenous communities was restricted by the governance arrangements which since the early 1970s had been split between the Commonwealth and the states and territories. Since that date there has been continuing conflict over the level of funding, funding priorities and policy objectives, with the end result that while both the Commonwealth and states acknowledged the need for coordination, they continued to support differing projects and to push for different approaches (Robbins, 1993). One clear case of divisive policy making occurred following a political crisis involving the death of an Indigenous child from petrol sniffing. This prompted the South Australian government to announce the immediate establishment of a rehabilitation centre for “at risk youth,” but the Commonwealth Government rejected this on the grounds that it had not been developed through Indigenous consultation or principles of self management (Robbins, 1993).

Even in areas where there are clearer functional divisions of responsibility, the boundaries around powers are not immutable, and can be “pulled, stretched, jumped across, or ignored” for circumstances such as political benefit (Bennett, 2006, p. 4). For example, while at federation it was assumed education would be a State responsibility, federal governments have increasingly used their powers to provide “state grants” to increase their role in Australian education (Harman, 1984). Thus while the general perception is that structural factors such as federalism reduce the ease of coordination, political or bureaucratic factors particularly political interest or the provision of funding may increase the ease of coordination in a federal system.

Specialised structures are commonly utilised to aid coordination but there are many different types of structures, each of which has their advantages and disadvantages. The Management Advisory Committee (2004) argued that the best structure “will depend very much on the nature of the task, its urgency, priority, level of contention and difficulty, as well as the resources available” (Management Advisory Committee (MAC), 2004, p. 25). For example inter-departmental committees have the advantage that they are very effective for coordination and have distinct roles for representatives and a lead agency (Management Advisory Committee (MAC), 2004). But they operate on consensus hence are less effective for difficult issues or when rapid response is required. In contrast taskforces – temporary structures formed to resolve particular issues – are particularly good for establishing new directions/new strategies because they can involve stakeholders from outside government.

The capacity of structures to attain coordination is also affected by factors including their independence, membership, function (Harman, 1984) and their perceived credibility to internal and external stakeholders. For example, structures comprised solely of bureaucrats tend to produce more mundane policy advice (Komihana & Kāwanatanga, 1999) and hence are less desirable when innovative solutions are required (Management Advisory Committee (MAC), 2004). Moreover as noted by Professor Kenis (cited in Zobel, 2007) for coordination structures to perform well they must be accepted and deemed credible by both internal and external stakeholders.

A key learning in recent years is that structures are only one tool for facilitating coordination and that other tools particularly budgeting, and systems of accountability are probably much more important tools (Peters, 1998). This appears in large part because external processes are strong determinants of the operations of structures. For example, as noted by Gillot (cited in Zobel, 2007) the efficiency and effectiveness of drug coordination mechanisms in the European Union was shaped by the adequacy of financial resources, the extent to which coordination mechanisms controlled financial allocation and the stability and perceived legitimacy of the structures.

Bureaucratic issues have a strong influence upon the capacity for coordination. The size, level of movement between agencies and level of turnover are also important: enhanced movement can increase understanding and coordination but large bureaucracies and high turnover can work against it (Peters, 1998). Organisational culture and accountability mechanisms can work against coordination, by encouraging a focus on the areas for which each public servant is accountable (Hunt, 2005; Peters, 1998). Conversely, coordination can be facilitated by integrated outcomes, incentives to coordinate and flexible funding arrangements. For example the adoption of integrated outcomes - improved economic, environmental and social wellbeing - was deemed to facilitate coordination in the “Growing Victoria Together” framework for achieving fair and sustainable prosperity (Success Works, 2002).

Of all the facilitators and barriers budgeting is commonly argued to be the most critical. Peters (1998, p. 39) has argued that budgeting “may be the most important mechanism for setting priorities and coordinating activities.” This is because it facilitates organisational willingness to

coordinate, plus provides the necessary funds to support new forms of infrastructure. The attribution of financial resources is claimed to be particularly important to help coordination between levels of government (vertical coordination) (Zobel, 2007).

With regard to Australian illicit drug policy coordination this suggests that federalism is one impediment to coordination. Potential facilitators of coordination include political interest or leadership, the attribution of financial resources, and the use of well designed structures, integrated outcomes, incentives to coordinate, flexible funding arrangements and the movement of stakeholders between sectors/departments.

## HOW DOES COORDINATION OCCUR IN AUSTRALIAN ILLICIT DRUG POLICY?

Australian illicit drug policy coordination is inherently complicated because of the nature of the Australian federation and the need to involve multiple stakeholder groups. In 2005 McDonald, Bammer and Breen (2005) identified over 100 organisations involved in the process of Australian illicit drug policy making. These are at various levels of government, different sectors and from within and outside of government. The organisations involved in illicit drug policy differ somewhat to those involved in alcohol and tobacco policy. One notable difference is that illicit drugs lack a strong industry group. Conversely other drivers play an increased role in illicit drug policy making, particularly public opinion, media and politics (see for example Bammer, 1997; Gunaratnam, 2005; Lawrence, Bammer, & Chapman, 2000; Wodak, 1997).

A key feature of Australian drug policy is that responsibility for developing and implementing drug policies and responses to drug use and harm is split between the Commonwealth Government, the states/territories, and local government. Australia is a federation comprised of six sovereign states and two territories. The Commonwealth Government is responsible for a range of activities including (but not limited to) national policy management, medical services through the Medical Benefits Scheme, the Pharmaceutical Benefits Scheme and funding for the public hospital system, monitoring adherence to international treaties and border control (Ryder, 2008). While the Commonwealth has an important role in policy development and funding, the biggest area of responsibility falls on the state and territory governments for activities including state policy development and implementation, providing public sector health services for drug treatment and prevention, enforcing laws and policing within the state, and devising policies to deal with drug use and drug-related harm in areas such as schools, the criminal justice system and in public housing.

While a comprehensive analysis of federalism is outside the scope of this current project, Chapman (1990, p. 70) notes that it creates additional challenges to the coordination of public policy and works optimally where sufficient flexibility exists to allow for the movement between independence and interdependence of the constituent governments across differing policy domains:

In a society that has chosen to federate, the legal, financial, and political complexity out of which public policy emerges, is much more labyrinthine than in a unified polity.

That said the extent to which federalism increases the need for inter-governmental relations depends upon three factors: the dependence/inter-dependence of states and federal government; the political salience of the policy issue; and the centralisation/decentralisation of structures/processes (Chapman, 1990). While implementation of the drug strategies has historically been more of a state government responsibility, the political salience of illicit drugs and the level of inter-dependence between the federal and state governments have shifted from one period to another, with much higher political salience and federal government involvement in more recent times.



## The advisory system

Governance of Australian drug policy involves an array of ministerial, bureaucratic and ad hoc structures at the Commonwealth and state/territory level. As will be shown later in this report the advisory system has undergone a number of changes over time, but the core structures have remained fixed.

The peak policy and decision making body is the Ministerial Council on Drug Strategy (MCDS) comprised of state, territory, Commonwealth and New Zealand Health and Law Enforcement Ministers, as well as the Commonwealth minister responsible for education. The position of Chair for MCDS rotates between the health and police ministers involved based on the location of each meeting. The MCDS meets twice per year, usually in May and November, but decisions can also be taken between meetings by correspondence (Commonwealth-State Relations Secretariat, 2009).

The MCDS is supported by a structure of senior officers, the Inter-Governmental Committee on Drugs (IGCD), comprised of health and law enforcement bureaucrats from the state, territory and Commonwealth, and the Commonwealth Department of Education, Employment and Workplace Relations. The IGCD has the mandate of overseeing the implementation of the NDSF, developing proposals to Ministers and the MCDS, liaising with other inter-governmental committees and the non-government sector and coordinating activities of the advisory groups situated under the IGCD (Commonwealth Department of Health and Ageing - Population Health Division, 2009).

A high level inter-sectoral committee also operates, providing advice directly to the Commonwealth Government: the Australian National Council on Drugs (ANCD). It is comprised of experts from the non-government sector, including research, law enforcement, education, Indigenous affairs, local government and drug treatment. The ANCD is tasked with building partnerships with a range of sectors including the non-government sector, consulting and liaising with peak NGO bodies, stakeholder groups and public health representatives and providing independent advice to the Prime Minister, Australian Government Ministers and members of MCDS on national drug policies, strategies and emerging issues (Australian National Council on Drugs, 2009).

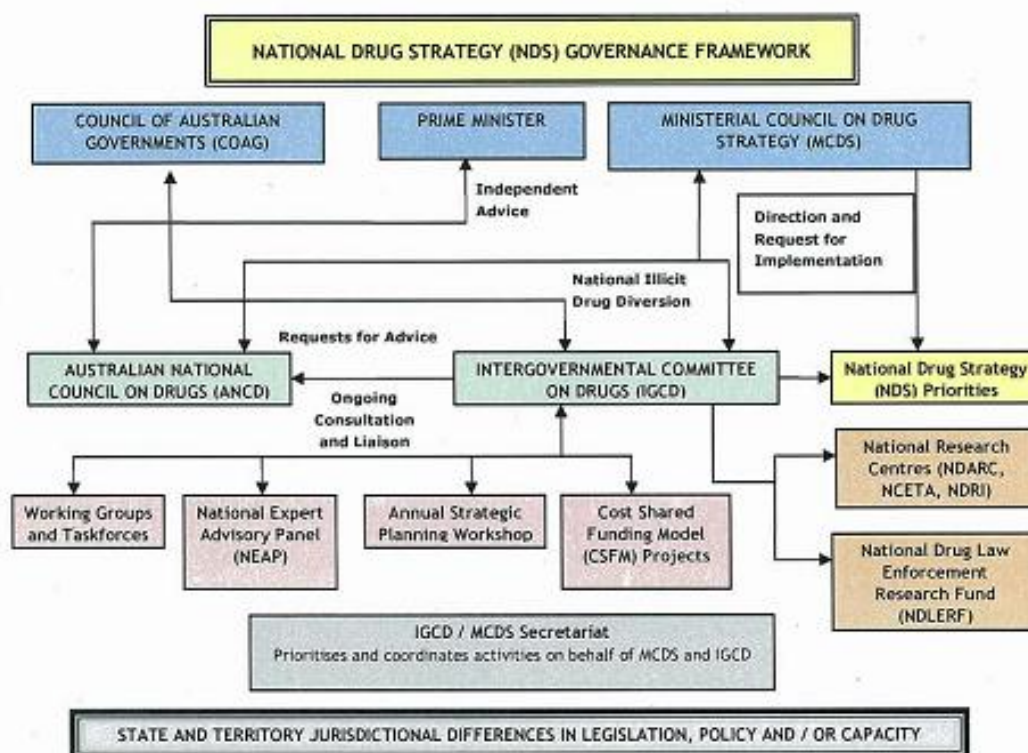
The governance structures also include a National Expert Advisory Panel (NEAP) which consists of 284 people appointed by IGCD and ANCD with expertise in drug and alcohol issues and a number of time-limited and/or fixed committees and working groups. The NEAP was established in 2004 to “provide a pool of relevant multidisciplinary expertise” (MCDS, 2004, p. 20) from which expert advice could be provided or time-limited working groups established. Information on the NEAPs functioning is however very limited (Siggins Miller, 2009a).

The time-limited and/or fixed committees have generally been appointed by IGCD and are composed of members of IGCD, ANCD and/or relevant experts. The number and type of

advisory committees and working groups has varied from year to year. Between the periods of 2004-05, 2005-06 and 2006-07 there were 15, 24 and 20 structures respectively (Inter-Governmental Committee on Drugs Executive and Secretariat, 2006, 2007, 2008). Over this period a total of 30 different working groups have operated. In the absence of more current data it is not possible to say how long the working groups have lasted, but it is clear that some groups are more transient than others. At least six groups operated for one year only, at least five for two years only and at least six for three years (13 have therefore operated for a minimum of one year).

The length of operation appears to reflect in part their mandates. For example, working groups that operated for one year only included the “Efficacy of drug testing part 1” (which was designed to review the discussion paper by the former National Expert Advisory Committee on Illicit drugs on the social, health and legal issues of drug testing kits) and the “National working group on the prevention of the diversion of precursor chemicals into illicit drug manufacture.” Groups that operated for two years only include the “Review of the national pharmacotherapy and clinical guidelines” and the “Development of the National Cannabis Strategy 2006-2009.” Finally groups that operated for three years include the “Working group on the National Drug Strategy Data Analysis,” a “NDS Companion Document” and “the Scheduling of Controlled Substances” which had the respective mandates of identifying the information needed to drive the NDS, collating information on key drug statistics and developing a model drugs schedule to promote consistency across jurisdictions (see Appendix A for a complete list of working groups and their mandates). The links between these structures have been summarised by the Inter-Governmental Committee on Drugs (2006) (see Figure 1).

Figure 1: The advisory structures supporting the NDS and their relationships



Source: Inter-Governmental Committee on Drugs, 2006.

It is important to note that in most of the structures alcohol, tobacco and illicit drugs compete for priority, with illicit drugs sometimes gaining and sometimes losing prominence. The priorities of the day are shaped by current events and by those in charge of setting the agenda.

Outside the core advisory structures and working groups operate a number of other organisations and structures. These include the Council Of Australian Government (COAG), the peak inter-governmental forum in Australia that is comprised of the Prime Minister, the State Premiers and the Chief Ministers for the Territories; the three National Research Centres, (the National Drug and Alcohol Research Centre, National Drug Research Institute and the National Centre for Education and Training on Addiction); and other national bodies such as the Alcohol and other Drugs Council of Australia (ADCA); the Australasian Professional Society on Alcohol and other Drugs (APSAD); and the Australian Injecting and Illicit Drug Users League (AIVL). Some of the latter organisations have opportunities to feed advice into and/or have members take part in the advisory structures and working groups. The exact process by which this occurs is not documented.

The relationship between MCDS and COAG is complex, since while MCDS sits at the peak of the NDS advisory structures, it is also required to implement decisions made by COAG that relate to drugs and alcohol. Examples of this include the establishment of the Illicit Drug

Diversion Initiative and the youth binge drinking initiatives (Council Of Australian Governments, 2008). As noted by Siggins Miller (2009a, p. 62), MCDS can technically also put drug and alcohol issues on the COAG agenda, something they argued is advantageous as it allows the “drug and alcohol sector to work proactively and reactively with those responsible for the policy areas that together address the broad social determinants of drug related harms.” But to date the relationship between COAG and MCDS has tended to operate in a more one-directional or top-down decision making manner, with COAG making decisions for MCDS to follow through on.

The one-directional relationship has sometimes led to the overturning of an MCDS decision, such as in the case of the 1997 proposal to conduct a heroin trial in the ACT. On 31 July 1997 following concerted advocacy and research to enable the provision of heroin to heroin-dependent people, the MCDS reached the majority decision to support the proposal to conduct a heroin trial in the ACT. Yet, on 17 August 1997 the Prime Minister and Federal Cabinet overturned the decision saying it would “send the wrong signal” (Farr, 1997; Lawrence, et al., 2000).

### **Resourcing of Australian illicit drug policy coordination**

Tim Moore (2005) calculated in 2002-03 that Australian governments spent \$3.2 billion on illicit drugs. Of this \$1.3 billion was deemed proactive, directed at the causes of illicit drug use, and an additional \$1.9 million was deemed reactive expenditure, funds that were spent reacting to the consequences of illicit drug use and drug-related problems.

It has been argued that compared to other arenas, the illicit drugs arena is relatively well resourced. For example, Chapman (2000) estimated that over the period 1994-95 to 2002-03 an average of \$111 million was dedicated to Australian drug policy, as directed through the National Drug Strategy and other sources, compared to an average of only \$38 million for black spot road safety prevention and \$10.5 million for cervical cancer. The level of investment was in spite of there being far more deaths relating to road safety or cervical cancer than illicit drugs. While of course there are other outcomes associated with each activity, this suggests that illicit drug policy has been relatively well resourced.

One example of this was the period 1997 to 2007 in which there was a large injection of new funding targeting illicit drug problems. Under the Howard Government expenditure of more than \$1 billion was directed through the National Illicit Drug Strategy (NIDS) (Attorney General's Department, 2007).

Yet it is rare for the MCDS or the IGCD to directly allocate funds. The National Illicit Drug Strategy was created under the direction of the Department of the Prime Minister and Cabinet with little reference to the MCDS or IGCD. Funds are generally appropriated for distribution to the states and territories or for programs of the Commonwealth departments and agencies. The Australian National Council on Drugs directs some funding but this is generally to support research projects determined by the ANCD itself.

## **Coordination between strategies**

The process for developing and adopting the new iterations of the NDS typifies the complexity of gaining endorsement for national illicit drug policy within a federation. Following public consultations and some multilateral negotiations the final draft document is endorsed by the MCDS. This means that each jurisdiction agrees to work within the NDS and agrees with the goals and objectives. While individual jurisdictions develop their own drug strategies they generally complement the national strategy.

The process of jurisdictional endorsement of the NDS is somewhat unique in that the MCDS provides an explicit and relevant mechanism to drive jurisdictional agreement on the National Drug Strategy. Other related national policies, like the National HIV/AIDS Strategy (Commonwealth of Australia, 2005) and the National Hepatitis C Strategy (Department of Health and Ageing, 2005) are adopted by the Federal Cabinet as national policy documents and the process does not require each jurisdiction to explicitly sign off on the documents. The mandates of the advisory structures in such areas are therefore more restrictive (see Appendix B for a description of advisory structures in the blood borne virus arena). This means there is much more opportunity for differences to emerge in the strategy documents at the State and Territory level.

The issue of coordination between the National Drug Strategy, the National HIV/AIDS Strategy, the National Hepatitis C Strategy and other related strategies such as National Mental Health Strategy and National Mental Health Plans (Commonwealth of Australia, 2009) also arises as an important matter. This is not simply a matter of resource allocation as each of the strategies have overlapping target groups i.e. people who use drugs. The goals of each strategy are also essentially different: the HIV/AIDS and the Hepatitis C Strategies are concerned with reducing the incidence and prevalence of blood borne viral infections, while the mental health and NDS are focused on multiple risk factors and events. Ensuring that the goals and activity planned under each strategy are complementary and not duplicative, adds a degree of complexity to the development of each of the strategies.

There have been a number of mechanisms put in place over time to ensure there is at least awareness if not shared communication between the various policy structures. These have ranged from joint sittings of the committees to agendas and formal reports being exchanged. Joint meetings of the Chairs of the various advisory bodies have also been conducted. For example, to facilitate coordination between IGCD and ANCD joint IGCD/ANCD executive meetings are held. In addition the chair of the IGCD is a member of ANCD and members of both IGCD and ANCD are involved in the working groups (Inter-Governmental Committee on Drugs Executive and Secretariat, 2007).

## Coordination within government

As the idea of “joined up government” or “whole of government” (public service agencies working across portfolios to achieve shared goals and responses to complex issues) has gained credibility in the past decade, a number of guides or protocols have been developed to action this type of approach. These are available at most levels of government but here we focus on guides and protocols at the Commonwealth level. It should be noted that there is no documented general legal or policy framework for cross-agency governance arrangements in the Commonwealth, however there are a number of guides to good practice now available.

The Australian Public Service Commission (2006) has developed a good practice guide for whole of government work. This guide has some interesting complementary aspects with the principles of good governance and offers advice about good governance. It specifies the need to nominate a lead agency that has the authority and recognition to act in this capacity. The guide suggests formalising the arrangements for the whole of government response through memorandums of understanding (MOUs). Governance, risk management and implementation planning are the three key elements articulated in the guide. The need for clear recognition of accountability arrangements is also emphasised to monitor performance of the lead agency and the other agencies involved in the initiative.

The Management Advisory Committee (2004) makes it clear that there is no “one size fits all” approach for whole of government. There needs to be a range of organisational options available to deliver policies, programs and services across organisational boundaries successfully. Experience does suggest, however, that there are a range of common principles and challenges that need to be met for whole of government initiatives to be successful. In its report, “Connecting government: Whole of government responses to Australia’s priority challenges,” the MAC (2004) provides a number of case examples of successful whole of government initiatives. One of those example initiatives is the National Illicit Drug Strategy (NIDS) from which a number of important learnings have been derived about whole of government initiatives. (See later sections of this report).

Early in 2009 the Department of the Prime Minister and Cabinet revised the compendium covering Commonwealth/state relations via ministerial councils. That compendium describes the role of Ministerial Councils as “to facilitate consultation and cooperation between governments, to develop policy jointly and to take joint action in the resolution of issues which arise between governments in the Australian Federation” (Commonwealth-State Relations Secretariat, 2009, p. 1). The protocols are designed to guide the efficient management of intergovernmental fora. They provide the ground rules for the operation of Ministerial Councils but are designed to retain appropriate flexibility in their operation. The compendium also outlines arrangements for liaison among Ministerial Councils and between Ministerial Councils and Heads of Government.

The Legislation Handbook sets out principles for consulting other Ministers or non-government stakeholders in developing new policy or legislation (for full details see Department of the Prime Minister and Cabinet, 2004). Within the Commonwealth Government there are specific

guidelines for the development of New Policy Proposals (NPP) for those instances which fall outside the Budget process (Cabinet Implementation Unit, 2009, 25 February). Obviously there are very specific rules for NPPs within the Budget process. The Implementation Statements flag a requirement to determine the need for negotiation with state governments and other stakeholders.

In this section we have endeavoured to describe how the policy development processes within Australian illicit drug policy coordination unfold, whether by way of NDS, NIDS or through related strategies, and how overlaps with related strategies are managed. We have described the range of advisory structures that operate in Australian illicit drug policy and some of the Commonwealth guides to strategy development and mechanisms that are in place to ensure coordination is effected and effective. Despite this raft of policy development and consultation guides there remains considerable opportunity for autonomy and conflict.

## METHODOLOGY

This project reviewed Australian illicit drug policy coordination against a set of established principles of good governance. This was undertaken using two methods. First, we devised and administered a survey on the perceived importance and perceived application of the principles to Australian illicit drug policy coordination. Second, we analysed the national drug strategy evaluations and reviews produced between 1985 and 2009 in terms of the relationship between the perceived strengths, weaknesses and changes in illicit drug policy coordination and their fit with the good governance principles.

The first part of the project involved the development of a survey to quantify the perceived importance and perceived application of the principles to Australian illicit drug policy coordination. To do this we devised criteria for each principle that could be ranked on a five point scale (also known as a Likert or summated rating scale). Such an approach was adopted since each of the good governance principles consists of multiple dimensions which were difficult to assess with one question alone. Producing multiple statements is a common method used to improve the ability to capture the dimension of interest, plus the precision and reliability of the measurement (Buckingham & Saunders, 2004; Spector, 1992). Criteria were added, subtracted and modified to produce an initial set. This led to the specification of a total of 35 criteria regarding the application of the principles (between 3 and 6 criteria for each principle).

A survey was then designed which asked key informants to respond to two different questions. First, the survey asked key informants to rate criteria derived from the good governance principles in terms of their application to the coordination of Australian drug policy (see Appendix C). Rating took place on a five point Likert scale from 1 to 5 where 1= strongly disagree, 2= disagree, 3= undecided, 4= agree and 5= strongly agree. The survey also asked key informants to rate each of the eight principles in terms of their importance for the coordination of the National Drug Strategy. Rating took place on a five point Likert scale from 1 to 5 where 1= not important, 2= somewhat important, 3= moderately important, 4= very important and 5= extremely important. Key informants were also given the opportunity to provide additional comments or feedback. The initial instrument was provided to external reviewers for comment/feedback, prior to distribution to the sample of interest. The survey was anonymous and took 10-15 minutes to complete. The survey received ethics approval from the University of New South Wales.

The rationale of the survey was twofold:

1. To explore the application of principles of good governance to the coordination of Australian illicit drug policy
2. To explore the relative importance of the principles for the coordination of Australian illicit drug policy

The second part of the project involved documentary analysis of national drug strategy evaluations and reviews produced between 1985 and 2009 in terms of the relationship between



the perceived strengths, weaknesses and changes in illicit drug policy coordination and their fit with the good governance principles. This drew upon a range of publicly available material: the five national drug strategies (Commonwealth Department of Health, 1989; Department of Health, 1985; MCDS, 1998, 2004; National Drug Strategy Committee for the Ministerial Council on Drug Strategy, 1993); reviews by the Australian National Council on Drugs into Drug Policy: The Australian Approach (Fitzgerald & Sowards, 2002) which included detailed insight into drug policy making; and the Management Advisory Committee whole of government report which included a specific focus on the processes surrounding the National Illicit Drug Strategy (2004); and the five national evaluations of the National Drug Strategy:

- Report of the NCADA Task Force on Evaluation (volume 1 and volume 2) (Stephenson, et al., 1988a, 1988b)  
By 5 person taskforce: Dr Eric Stephenson AO, OBE (Chair), Dr Heather Brown, Margaret Hamilton, David McDonald and Mel Miller
- No Quick Fix: An evaluation of NCADA (NCADA Second Task Force on Evaluation, 1992)  
By 8 person taskforce: Prof Ian Webster (chairperson), Martin Derkley, Chief Inspector Frank Hansen, Dr Meg Montague, Dr Carol Pedersen RSC, Dr Brian Shea, Det Commander John Spurling and Dr Tricia Szirom
- The National Drug Strategy: Mapping the future (Single & Rohl, 1997)  
By Professor Eric Single and Professor Timothy Rohl
- Evaluation of National Drug Strategic Framework 1998-99 - 2003-04 (Success Works, 2003)  
By Success Works
- Evaluation and Monitoring of the National Drug Strategy 2004-2009 (volume 1 and volume 2) (Siggins Miller, 2009a, 2009b)  
By 11 person taskforce: Dr Mary-ellen Miller, Professor Ian Siggins, Professor Wayne Hall, Professor Robert Bush, Mr David McDonald, Ms Geraldine Cleary, Dr Sally Hsueh-Chih Lai, Ms Bonnie Ho, Mr Greg Fowler, Mr Michael O'Connor and Dr Crissa Sumner

## Sample

The survey was sent to a total of 106 individuals comprised of members of the national policy making and decision making bodies (MCDS, IGCD and ANCD) and their advisory structures (National Police Drug and Alcohol Coordinating Committee, National Drug Law Enforcement Research Fund, National Indigenous Drug and Alcohol Committee (NIDAC) and the Asia Pacific Drugs Issues Committee). Representatives of the national research centres and peak bodies were also given the opportunity to participate (see Appendix D for the list of whom the survey was sent to).

Stakeholders were sent an initial invitation to participate and a copy of the survey. Return envelopes were provided with the survey. A follow up invitation and survey was sent four weeks

later. This meant key informants received up to two invitations to participate. This led to a total of 36 completed surveys, i.e. a response rate of 34%. Seventeen (47%) of survey respondents were from the health sector, 13 (36%) from the law enforcement sector and 6 (17%) from other sectors, including 2 (6%) from research and 1 (3%) from each of the non-government and local government sectors. The survey was therefore slanted towards the government representatives, particularly those from the health sector

## Scoring

We created a single score per good governance principle by summing the items pertaining to that principle. The summary score represents a composite measure or summated score of agreement/disagreement for each of the 8 principles. A higher score indicated a higher level of agreement.

## Reliability

We used Cronbach's alpha test to see how well the set of items measured the application of each of the principles and the overall construct of good governance. Cronbach's alpha reliability coefficients range between 0 and 1. The closer Cronbach's alpha coefficient is to 1.0 the greater the internal consistency of the items in the scale. The Cronbach's alpha for the principles ranged from 0.801 to 0.940 (see Table 5) which suggests each set of items measured the same principle.

**Table 5: Cronbach's alpha for principles in DPMP survey**

Principle	Cronbach's Alpha	Cronbach's alpha based on standardised items
Principle 1 (items 1-4)	0.867	0.869
Principle 2 (items 5-7)	0.801	0.800
Principle 3 (items 8-13)	0.852	0.851
Principle 4 (items 14-17)	0.822	0.820
Principle 5 (items 18-22)	0.866	0.865
Principle 6 (items 23-27)	0.883	0.884
Principle 7 (items 28-32)	0.885	0.887
Principle 8 (items 33-35)	0.940	0.946

Moreover Cronbach's alpha for the good governance construct (measured using questions 1-35) was 0.962. This suggests the survey measured a single uni-dimensional construct: good governance.

## Statistical analysis

The perceived importance of the good governance principles was calculated using the mean, standard deviation and proportion of key informants who perceived the principles to be extremely important, very important, somewhat important, moderately important and not important. Such analysis was repeated for the good governance construct as a whole.

The perceived application of the good governance principles was calculated using the summated score for each of the principles and for the good governance construct as a whole. For each principle/construct we calculated the median and proportion of key informants who strongly agreed, agreed, disagreed, strongly disagreed or were undecided about the application of the principle.

We then calculated the mean rank of the perceived importance and median rank of the perceived application of the principles. To determine if there were significant differences Friedman's two-way analysis of ranks were used. This is a non-parametric equivalent of a one way repeated measures ANOVA that compares the median ranks of related groups. Where significant differences were identified Pairwise Friedman's comparisons were used to determine and identify which principles differed. We then repeated such analysis for the two dominant sectors (health and law enforcement).

Four key limitations with this method warrant mention. First, in regards to the survey, this was a pilot and hence the results should be judged as experimental. Second, the small survey pool and even smaller response rate mean the results are not representative of all stakeholders in the advisory system. Third, while respondents were asked about the application of the principles to Australian illicit drug policy coordination, they were asked about the perceived importance of the principles to NDS coordination. Given NDS coordination includes tobacco, alcohol and illicit drugs, one cannot infer that responses referred only to illicit drug policy. Finally, in regards to the documentary analysis, the evaluations and studies and reviews related to alcohol, tobacco and illicit drugs, not illicit drugs specifically. Nor did they exclusively focus on coordination.

## **GOOD GOVERNANCE APPLIED TO AUSTRALIAN ILLICIT DRUG POLICY COORDINATION**

Based on the good governance principles and the literature we started with the assumption that Australian illicit drug policy coordination should abide by the following eight principles:

- **Participation**  
Participation should be based on the view that no one sector or government can address the drugs issue alone. There should be opportunities for all jurisdictions, sectors and groups affected by drugs to participate either directly or through representation. Processes should be carefully constructed so as to not exclude groups or citizens with limited access.
- **Consensus-orientation**  
Key stakeholders should respect differences of opinion and act at all times in the spirit of cooperation, to reach the best options/outcomes for Australian drug policy. Optimal outcomes will occur if a deliberative process of policy making is adopted: open dialogue, respect, access to information, space to understand and/or reframe issues and movement towards a consensus.
- **Accountability**  
Stakeholders have a responsibility to account for their conduct and their performance (outcomes). Goals should be clearly identified and performance regularly assessed through the use of appropriate performance measures.
- **Transparency**  
Processes should be conducted in an open manner. Transparent systems have clear procedures for public decision making and open channels of communication between stakeholders and make a wide range of information available. This allows stakeholders to make best use of procedures (as well as uncovering abuses).
- **Responsiveness**  
Stakeholders should be sensitive to issues of concern and respond to these in a timely manner. Consultation should be as early as possible during the policy making process to allow for a greater range of options to be considered.
- **Equity and inclusiveness**  
Stakeholders should not only be able to participate, but be included in a genuine manner. Efforts should be made to develop the capacity of all stakeholders to be able to execute their entitlements, through for example the provision of skills, resources and knowledge to participants. This should ensure that all stakeholders feel valued and that they benefit from their involvement.
- **Effectiveness and efficiency**  
Effective processes should provide leadership and direction. Policies should be formulated, adopted and implemented in a coordinated manner and make the best use of

resources. Such a process should lead to better outcomes: more holistic, integrated and cost-effective responses to drug and drug-related problems.

- **Follow the rule of law**

Structures/processes should engender law abiding and ethical behaviour - procedural integrity. Processes should be fair, guidelines should be abided by and processes should be deemed legitimate.

Ideally all principles should be present to attain good governance. Yet it is clear that these principles will often overlap and/or conflict e.g. participation versus responsiveness and may also reinforce each other. Moreover the principles are not absolute. There is therefore a need for judgment in applying them and knowledge of the history, politics and culture surrounding the governance of Australian drug policy. With this in mind we devised key criteria for good coordination. These are listed in Table 6.

**Table 6: The DPMP criteria for good coordination**

Principle	Criteria
Participation	<p>All relevant stakeholders have been identified and given opportunities to participate</p> <p>There are structures/mechanisms to enable participation</p> <p>Desirable levels of participation have been considered for different issues, circumstances and participants</p> <p>Each participant clearly articulates who they represent and nominates how the voices of their constituents are heard and represented</p>
Consensus-oriented	<p>A process of open dialogue is adopted</p> <p>All stakeholders consider the evidence-base and alternate views and debate issues</p> <p>All stakeholders work towards compromise while taking into account the interests of the other stakeholders</p>
Transparency	<p>The roles and responsibilities of each player are clearly specified and documented</p> <p>The procedures for decision making are clearly specified and documented</p> <p>There is a free flow of information between stakeholders</p> <p>The reasons for decisions are well articulated, recorded and disseminated</p> <p>If necessary, the limits in access to information are well defined and are justified</p> <p>Real or potential conflicts of interest are declared</p>
Accountability	<p>There is an explicit commitment to clear and common goals</p> <p>There is an identifiable accountability mechanism for each stakeholder to each other, their constituency and society</p> <p>There is regular reporting of performance and outcomes</p> <p>There is robust reporting of performance and outcomes</p>
Responsiveness	<p>The current structures/processes are suited to the production of timely advice/decision making</p> <p>All parts of the system are appropriately responsive</p>

THE COORDINATION OF AUSTRALIAN ILLICIT DRUG POLICY

	<p>Stakeholders identify/address emerging problems</p> <p>Difficult issues are being addressed and resolved</p> <p>There is appropriate delegation of authority</p>
Equity and Inclusiveness	<p>All stakeholders are educated on their roles and responsibilities and the processes of coordination</p> <p>All stakeholders are able to put forward their views and have their views assessed on their merits</p> <p>The methods of engagement are appropriate for all stakeholders</p> <p>There are active efforts to overcome differential capacities and hence ensure full participation</p> <p>Decisions are being made in an equitable manner</p>
Effective and Efficient	<p>Structures/processes provide leadership and direction</p> <p>Structures/processes are leading to more holistic and integrated policies</p> <p>Current arrangements are the most cost-effective</p> <p>Barriers to coordination are being identified and addressed</p> <p>All stakeholders act in the spirit of cooperation</p>
Follow the rule of law	<p>The regulations and agreed rules that govern each party are recognised and respected</p> <p>The regulations and agreed rules that govern each party are adhered to</p> <p>Processes ensure ethical and fair behaviour</p>

These criteria formed the questions within the survey. The set of criteria provide a means of assessing the application of entire principles or aspects of principles.

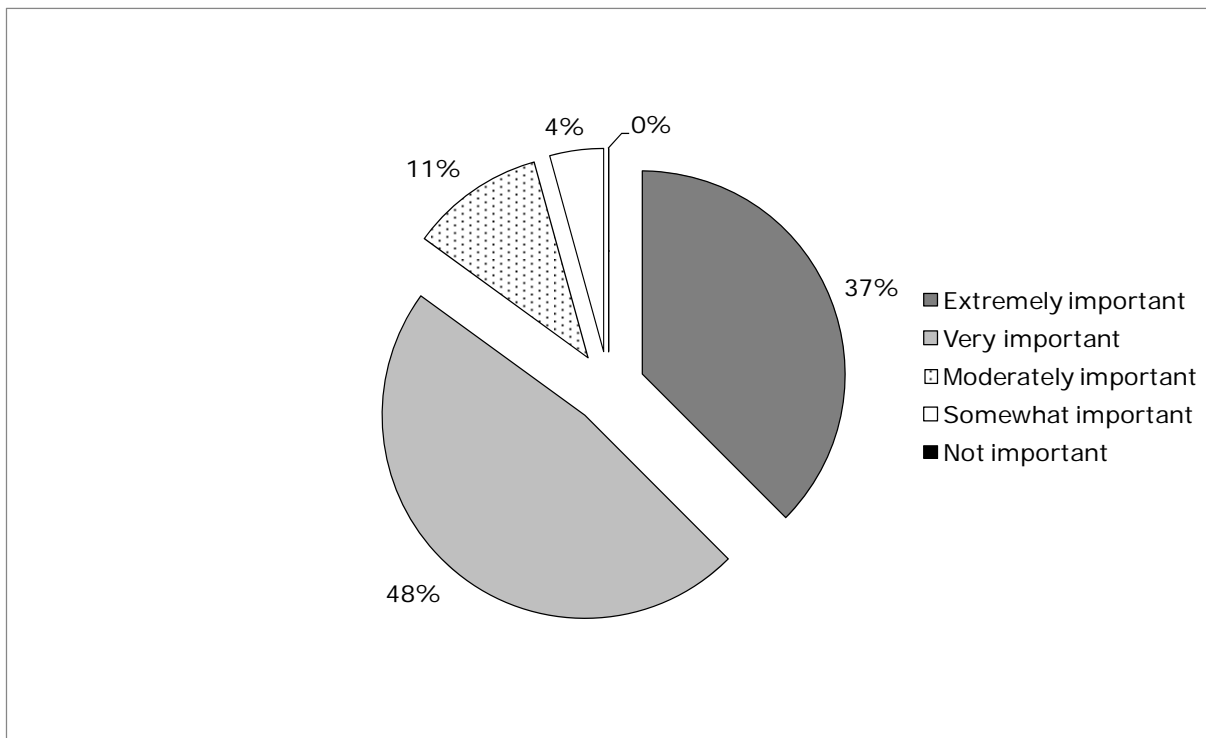
## SURVEY RESULTS: THE GOOD GOVERNANCE PRINCIPLES IN PRACTICE

In this section we examine two things: the perceived importance of the good governance principles for coordination of Australian illicit drug policy coordination and the perceived application of the principles to current structures and processes by stakeholders involved in the national advisory structures.

### Importance of good governance principles to coordination

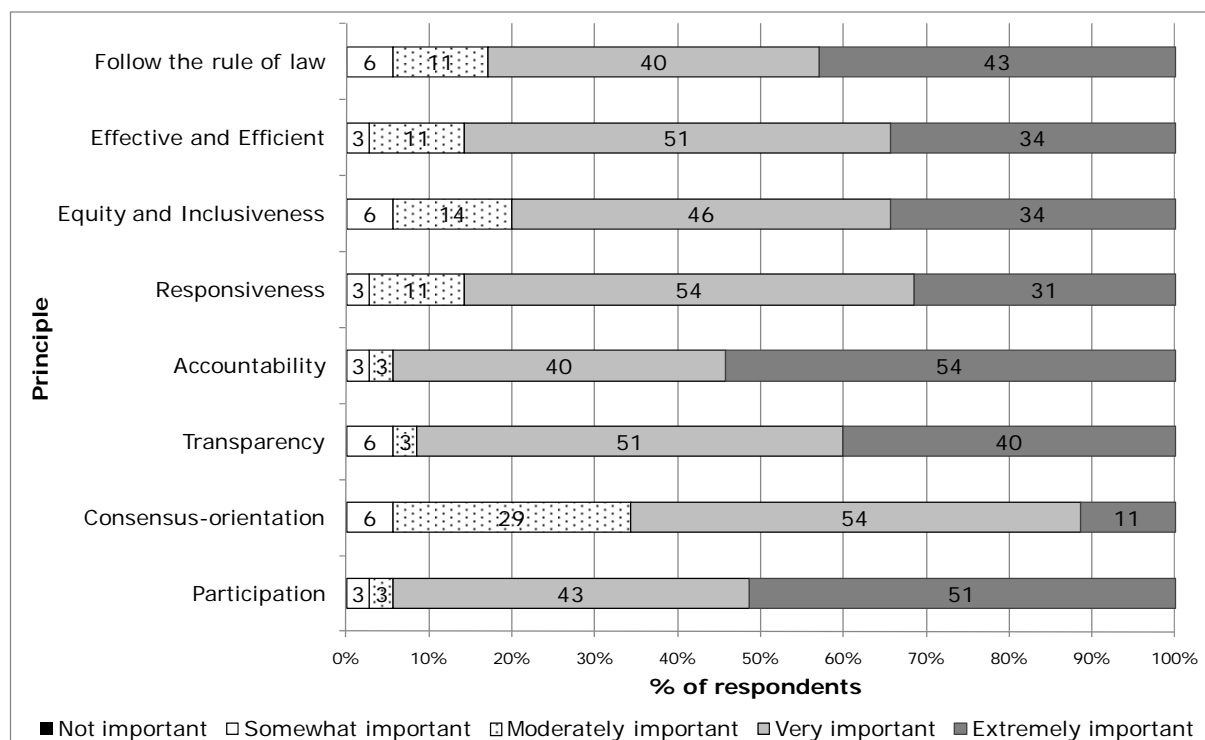
Across the set of 8 good governance principles every respondent asserted that the good governance principles were important for NDS coordination (see Figure 1). The fact that not one stakeholder said they were not important is noteworthy. Moreover, 85% stakeholders reported that the good governance principles were either very or extremely important.

**Figure 1: Perceived importance of all good governance principles (n=36)**



Stakeholders similarly reported that most of the individual principles were very or extremely important (see Figure 2). There was some variation between the perceived importance of the principles. Notably, over half of stakeholders reported that the principles of accountability and participation were extremely important for NDS coordination. In contrast only 11% of stakeholders reported that consensus-orientation was extremely important and over a third of stakeholders reported consensus-orientation was only somewhat or moderately important.

**Figure 2: Perceived importance of good governance principles, by principle (n=36)**



On average, stakeholders viewed accountability and participation as the most important principles for NDS coordination (see Table 7). Following rule of law and transparency were the third and fourth most important principles and equity and inclusiveness and consensus-orientation were the least important principles.

**Table 7: Rank of good governance principles from most to least important**

Rank	Principle	Mean rank
1	Accountability	5.39
2	Participation	5.16
3	Following the rule of law	4.80
4	Transparency	4.79
5	Effectiveness and efficiency	4.49
6	Responsiveness	4.39
7	Equity and inclusiveness	4.03
8	Consensus-orientation	2.97

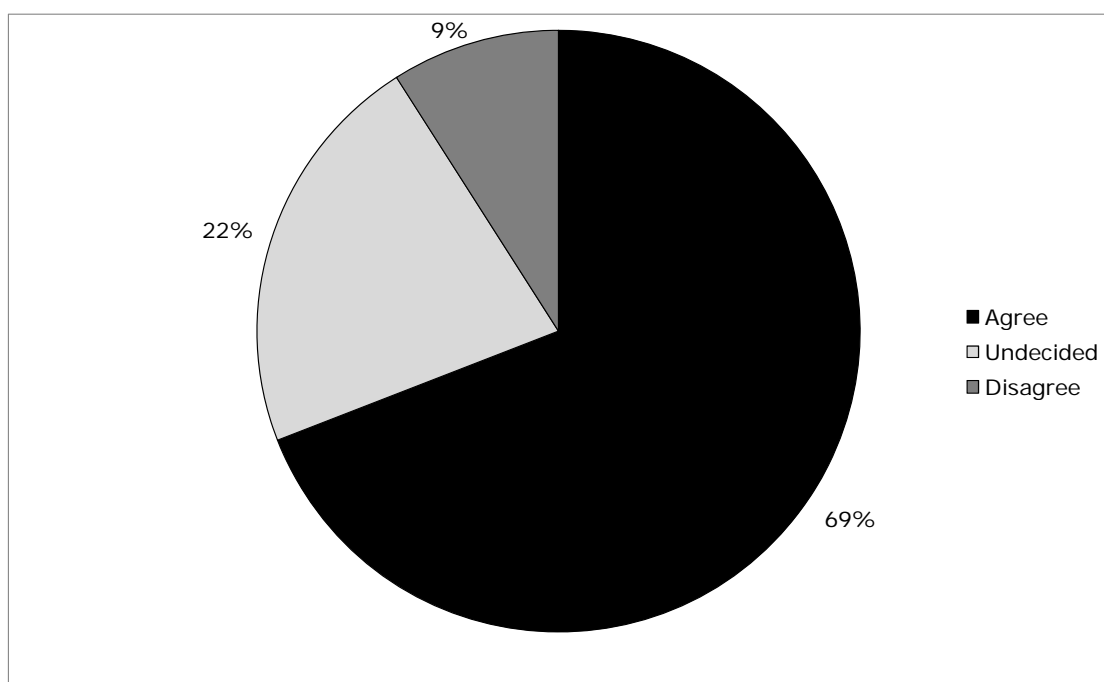
Friedman’s two-way analysis of ranks suggests there was a significant difference in the perceived importance of the principles,  $\chi^2(7)=40.816$ ,  $p<0.00$ . Pairwise Friedman’s comparisons showed that consensus-orientation was rated significantly less important than participation and accountability ( $p<0.05$ ) and less important than following the rule of law and transparency ( $p<0.10$ ). There was no difference in the relative importance of the other principles.



### Application of good governance principles to coordination

Figure 3 shows that across the set of 8 principles, the majority of stakeholders (69%) reported that Australian illicit drug policy coordination met the good governance principles. Only 9% of respondents disagreed.

**Figure 3: Perceived application of all good governance principles to Australian illicit drug policy coordination, indicating percentages that agreed, disagreed and were undecided (n=36)**



Respondents were most likely to agree that the principles of participation and following the rule of law were met, with 75% respondents agreeing (or strongly agreeing) with these statements (see Figure 4). They were least likely to agree that responsiveness, consensus orientation, and equity and inclusiveness were met. Even then there was a high level of agreement, with 61%, 64% and 64% respondents respectively agreeing or strongly agreeing that the principles applied.

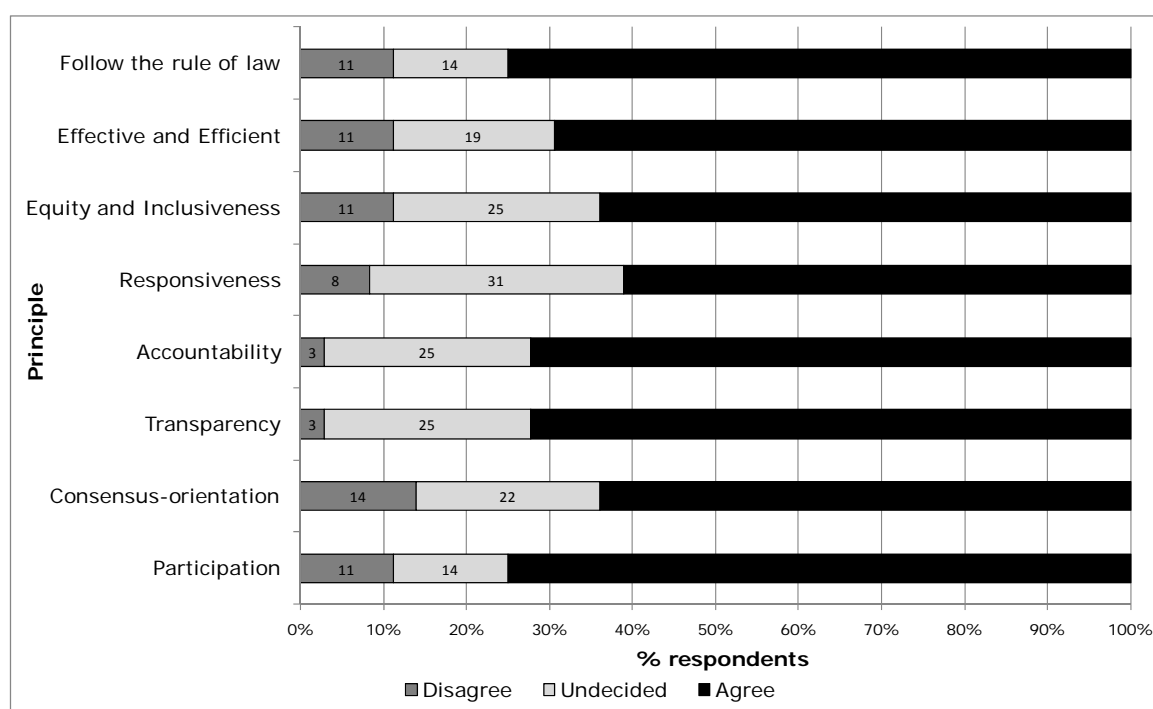
Overall between 14% and 31% of stakeholders were undecided about the application of a good governance principle (see Figure 4). The highest level of uncertainty was about the principle of responsiveness.

Analysis of responses to individual criteria (as opposed to sets of criteria) indicated higher uncertainty about the application of some aspects of the principles, particularly aspects of effectiveness and transparency. For example 44% of respondents were undecided as to whether the current arrangements were the most cost-effective. Also of note was the high level of uncertainty about aspects of transparency, particularly whether conflicts of interest were being declared (41%), whether the structures and procedures for decision making were clearly specified and documented (33%) and whether there was free flow of information between stakeholders (30%) (see Appendix E).

Few stakeholders completely disagreed that a principle did not apply, with only 3(14%) respondents disagreeing or strongly disagreeing. The highest levels of disagreement were about the application of consensus-orientation (see Figure 4).

Analysis of responses to individual criteria or statements (as opposed to sets of criteria) indicated much higher disagreement about the application of some aspects of the principles, particularly aspects of responsiveness and equity and inclusiveness. Forty-four per cent respondents disagreed or strongly disagreed that the current structures/processes were suited to the production of timely advice/decision making and almost 39% respondents disagreed or strongly disagreed that all parts of the system were appropriately responsive (see Appendix E). Moreover, 36% and 33% respondents respectively disagreed or strongly disagreed that all stakeholders were educated on their roles and responsibilities and that the methods of engagement were appropriate for all stakeholders.

**Figure 4: Perceived application of good governance principles to Australian illicit drug policy coordination, by principle, indicating percentages that agreed, disagreed and were undecided (n=36)**



Friedman’s two-way analysis of ranks suggests there was no significant difference in the level of application of each of the principles,  $\chi^2(7)=9.006, p= 0.252$ .

Our results suggest that the perceived importance and perceived application of the principles may differ somewhat between sectors. In particular we found significant differences between the health and law enforcement sectors, in the perceived application of the principles of participation and effectiveness and efficiency and the perceived importance of equity and inclusiveness. Yet while we have included the preliminary results in Appendix F, due to the small sample size caution is needed in interpreting these results.

## DOCUMENTARY ANALYSIS: SHIFTS IN THE COORDINATION OF AUSTRALIAN ILLICIT DRUG POLICY

The survey results suggest that the good governance principles are important to the stakeholders involved in the national advisory structures and that the principles are largely in application. In this next section we explore whether this has always been the case. While we are not directly able to examine historic changes in Australian illicit drug policy coordination, we use the evaluations and reviews of the NDS and NIDS to examine the structures and processes of coordination in terms of the reported strengths, weaknesses and changes since the adoption of the National Campaign Against Drug Abuse (NCADA) in 1985. We focus primarily on the structures and processes relating to the formal advisory structures of coordination and identify their apparent compliance with the good governance principles.

### NCADA: 1985-1988

At the launch of the NCADA in 1985 the goal was made explicit that the campaign was to be a national co-operative effort:

Drugs are a national issue. Patterns vary with location but events in one location influence those in others. Resources and ideas need to be shared. There will be close co-operation between Commonwealth and State/Territory Governments in the development and implementation of the campaign (Department of Health, 1985, p. 3).

A clear sign of this was the joint allocation of resources and joint establishment of national advisory structures. Funds of approximately \$37 million per year were provided by the Commonwealth, two thirds of which were distributed to the state and territory governments to be matched on a dollar for dollar basis (Stephenson, et al., 1988a). The cost-shared funds were specifically aimed for new or expanded initiatives, and in their initial conceptualisation (and efforts to enhance education and treatment) the funds were directed solely at education and treatment projects.

National advisory structures were also established which between 1985 and 1988 included the Ministerial Council on Drugs Strategy (MCDS), a Standing Committee of Officials (SCO) and a small number of committees and working groups:

#### **Standing working parties:**

- Alcohol sub-committee
- Tobacco sub-committee

#### **Ad-hoc working parties:**

- Task Force on Evaluation
- Ministerial Sub-Committee on the Draft National Alcohol Policy

Advisory structures within the states and territories were independently devised and often built on pre-existing systems (Stephenson, et al., 1988a).

The primary stakeholders in the advisory structures were senior representatives from the health and law enforcement sectors. The MCDS was comprised of Health and Law Enforcement

Ministers from each state/territory and the Commonwealth and the SCO consisted of health and law enforcement secretaries/deputy secretaries from all Australian jurisdictions and NZ. The chairing of the MCDS was reported to have been shared, and was conducted by the host minister from the state or territory. The SCO was chaired by the Secretary of the Commonwealth Department of Health.

In volume 1 of their 1988 report the Task Force set up to evaluate the Campaign argued that considerable achievements had been attained since the establishment of NCADA: “NCADA represents a striking example of sustained co-operation and complementary activity by the Commonwealth and the States and Territories” (Stephenson, et al., 1988a, p. x). This was attributed in large part to the good design of the national management structures and the inclusion of the two major stakeholders and all jurisdictions.

Yet, by 1988, it had become clear that while involvement of both health and law enforcement in the core management structures was positive, participation remained too narrow, both within and outside of government. For example, the Commonwealth was argued to have failed to systematically consult with national bodies such as Australian Police Ministers’ Council and Australian Aboriginal Affairs Council and other ministries that were involved in or were affected by drugs issues, such as education, finance, trade, industry, tourism and agriculture (Stephenson, et al., 1988a, 1988b). The Task Force was particularly critical of the involvement of the education sector and stakeholders involved in devising HIV/AIDS policy. They argued that in spite of the preventive emphasis of NCADA there was only ad hoc involvement of representatives of the education sector and that in the recent development of HIV/AIDS policy responses there had been inadequate involvement of those involved in state and territory HIV/AIDS policy development. As a result many decisions were seen as made without sufficient consultation and without sufficient consideration of the ramification of policy decisions (Stephenson, et al., 1988a, 1988b). The Task Force also identified a number of issues which they argued reduced the effectiveness of processes including the dissemination of issues.

From the good governance perspective these issues can be seen as affecting primarily the level of participation of stakeholder involvement, but to also impact upon other issues, including the effectiveness and efficiency and the equity and inclusiveness of processes.

### Strengths

1. Participation: The design of the advisory structures was very advantageous in terms of bringing together all levels of government and the two major stakeholders in the strategy. The involvement of senior officials (from key sectors) in the senior management committee facilitated leadership and direction to stakeholders on the ground.
2. Effectiveness and efficiency: MCDS was seen as a very active committee and had immediate legitimacy, thereby providing leadership and facilitating cooperation, communication and exchange between the Commonwealth and states and between the health and law enforcement sectors. This was deemed to have enabled the campaign to address two of the major facets of NCADA: demand and supply reduction. The strong

development of networks of professional and administrative groups had also made it easier for expert groups to be established and to undertake tasks through NCADA.

3. Responsiveness: The national management structures were essentially seen as well designed and enabling rapid communication. Having a small number of standing sub-committees reporting to SCO increased input into decision making but reduced demands on resources.

### Weaknesses

1. Participation: The Task Force criticised the lack of consultation with many affected stakeholders. This was attributed in part to the lack of identification of relevant stakeholders/ other advisory groups and the failure to consider the impacts of policies beyond the drugs arena.
2. Effectiveness and efficiency: Dissemination of issues was deemed poor and ad hoc. This reduced the capacity for participation of relevant audiences. This was attributed primarily to under resourcing of infrastructure and administrative requirements at the Commonwealth level. Leadership by the Commonwealth particularly in Indigenous and alcohol issues was also perceived to be lacking.
3. Equity and inclusiveness: The Task Force also noted problems with the equity and inclusiveness of proceedings, due both to system and stakeholder capacities. For example the Task Force noted there were varying degrees of satisfaction with the involvement of the non-government sector and community, both of which were the responsibility of the states and territories. They thus made a call for both more consistent consultation by states and territories with NGOs and community and for more direct consultation by the Commonwealth with the non-government sector. The involvement of stakeholders was also identified as affected by their funding and resourcing capacities: the involvement of the law enforcement sector in NCADA was deemed limited by the lack of funds for the sector and the ability of the NGO sector to be involved in governance processes was highlighted as being more limited, due to heavy demands on limited resources.

Thus, in the first stage the NCADA governance structure was deemed to facilitate involvement and policy making/implementation by the two major stakeholders and provide leadership and sustained cooperation. But the major criticisms were that the poor breadth and/or unsystematic involvement of other relevant stakeholders reduced the capacity for effective management and that the processes themselves did not necessarily lead to full, equitable or effective and efficient involvement.

The major recommendations were to provide greater links between the NDS and other sectors, especially the education sector, to ensure MCDS coordinated more effectively with other national bodies such as the Australian Police Ministers' Council, to improve consultation with the community and to improve the involvement of the law enforcement sector (Stephenson, et al., 1988a, 1988b). In an apparent acknowledgement of the need to balance participation and responsiveness, the Taskforce recommended that the education sector be included through a sub-committee that could report to SCO, rather than through the already large MCDS.

**NCADA: 1988-1992**

During the second phase of NCADA a specific strategy document was not produced. Instead the Commonwealth Department of Health (1989) produced a NCADA monograph as a response to the Task Force. The NCADA monograph was called the “The National Campaign Against Drug Abuse 1985-88: Evaluation and future directions”. This emphasised the need to develop coordinating mechanisms with Aboriginal and Torres Strait Islander peoples and to establish closer links between MCDS and SCO with other national committees and councils, particularly those concerned with education, Aboriginal affairs and HIV/AIDS. The membership of MCDS remained the same, but the membership of SCO was expanded to include representatives from Commonwealth law enforcement agencies e.g. Australian Customs Service and Australian Bureau of Criminal Intelligence and representatives of a range of other Commonwealth departments including the Department of Foreign Affairs, Attorney Generals and the Prime Minister’s Office. Other advisory groups during this period were not specified in either the MCDS response or the subsequent evaluation by the Second Task Force. Inter-departmental committees were also established in efforts to increase knowledge of NCADA goals and strategies across government.

At the end of the second phase of NCADA the second Task Force of evaluators reinforced that the major achievement to date remained the partnership between health and law enforcement sectors “which despite the tensions and mixed goals, has resulted in greater mutual understanding and the opportunity to debate the issues” (NCADA Second Task Force on Evaluation, 1992, p. 94). Moreover, the advisory structures, particularly MCDS, were argued to have provided a high level of leadership and direction to the drug strategy. They noted for example that since 1985 30% of MCDS resolutions had been devoted to policy development (NCADA Second Task Force on Evaluation, 1992).

But the evaluators noted the immense challenges in building coordination between jurisdictions and sectors in a federated nation, and they identified a number of problems which could be seen to affect a number of areas of good governance: participation; equity and inclusiveness; effectiveness and efficiency; accountability; and transparency. The primary concern of the evaluators was that the partnership between health and law enforcement was inequitable and that the MCDS had been used primarily for debating and devising policies of concern to the health sector. As they noted by the time of the 1992 evaluation, while the chairing of MCDS had been rotated between jurisdictions, it had with only one exception been chaired by a Health Minister. Moreover law enforcement proposals or requests for funds had a low priority. As a consequence law enforcement policies that should have been debated and agreed upon in the MCDS were often debated in the Australian Police Ministers’ Council (APMC), which as the name suggests consisted solely of Police Ministers (NCADA Second Task Force on Evaluation, 1992).

Fitzgerald and Swards (2002, p. 41) similarly identified that the principal advisory meetings at that time “were sometimes quite uncomfortable,” due to the perception that the law enforcement sector and health were not on the same standing. One consequence was that the law enforcement

officers sent to the SCO meetings were often of a more junior level than their health counterparts.

Moreover the evaluators identified problems concerning the optimum design and use of the advisory structures. The lead governance structures (MCDS and SCO) were perceived to have reduced in their capacity to provide direction and leadership, in part because they were not always seen as the legitimate forums for policy development, but also because of the infrequency of their meetings, and because they were seen to have devoted too much time to operational matters:

The SCO, as it is currently conducted, does not adequately take the opportunity to debate alcohol and other drug issues facing Australia, such as the integration of law, enforcement and health activities, setting long term directions and goals for the Campaign, discussion of the opportunities, conflicts, current debates and professional and public agenda setting (NCADA Second Task Force on Evaluation, 1992, pp. 104-105).

This was perceived as having a detrimental impact both on the outputs from the MCDS and SCO and to the overall standing of NCADA. For example the Task Force identified that in spite of the establishment of inter-departmental committees (and efforts to increase knowledge of NCADA goals and strategies) recognition of NCADA had waned since its launch. This impeded the capacity to provide strategic direction and engage stakeholders from outside the drugs arena.

### Strengths

1. Participation: The key achievement remained that NCADA brought together health and law enforcement sectors and different jurisdictions (at the ministerial and officers level).
2. Effectiveness and efficiency: MCDS was seen as a legitimate and effective forum of alcohol and drug policy development, as seen by the high level of resolutions devoted to policy development. This had encouraged understanding and networking and interchange of ideas as well as increased the ability to learn from neighbouring jurisdictions. The support of the Prime Minister and Premiers/Ministers to MCDS was seen as critical to the effectiveness and perceived legitimacy of the management structures.
3. Consensus-orientation: In a federal system the consensus-orientation of processes was seen as a major achievement.

### Weaknesses

1. Participation: Coordination with and consultation outside of the drugs arena for example with stakeholders from education, housing, employment and Indigenous affairs was perceived to have remained questionable and inconsistent. This meant that sectors operated in silos, focusing on their own systems and issues. One consequence was that many potential partners and sources of funding were often overlooked.
2. Equity and inclusiveness: The primary criticism with the NCADA management processes was that the processes of involving the law enforcement sector were deemed inequitable and non-inclusive. The low standing of the law enforcement sector was attributed to three things: a lack of national coordination within the law enforcement sector; a lack of units dedicated to managing law enforcement drug and alcohol policy issues; and a lack of

willingness to include the law enforcement sector in NCADA. The involvement of NGOs was also seen as piecemeal as they were often not told the implications of NCADA strategies and policies or given the opportunity to input advice.

3. Effectiveness and efficiency: The evaluators identified problems with the perceived legitimacy of the advisory structures and also problems with the efficiency and effectiveness of operations. For example, as identified above drug law enforcement policy development tended to occur in APMC rather than MCDS, which was attributed in part to the perception that the MCDS was not the legitimate forum for drug law enforcement policy development. As a result the health sector was not involved in discussions. Moreover there was a duplication of effort for example with both the MCDS and the APMC having produced amphetamine strategies. Further, both the evaluators and Fitzgerald and Swards (2002) identified problems with the effectiveness and efficiency of processes, including the infrequency and poor focus of meetings and engagement in the law enforcement sector of sub-optimum representatives. For example, the Drugs of Dependence Branch consulted with the Commonwealth Attorney General's Department on law and enforcement matters, but due to constitutional issues the Attorney General's Department did not see itself as the appropriate national representative on policing issues.
4. Accountability: The evaluators identified there was a very low level of accountability for NCADA operations. In spite of the objective that all cost-shared funded projects were to be evaluated, reports on the use of cost-shared funds were of variable quality. Their biggest concern was that the indicators gathered were of activity, not outcomes. The lack of indicators of outcomes was an impediment to identifying treatment or prevention programs that were under-performing or ineffective and conversely to identifying those programs that were effective. Moreover the Commonwealth was found to take up to 18 months to provide feedback on the data. Finally, there were no data collected on the performance of programs that were not funded through NCADA.
5. Transparency: The Task Force noted that the roles and responsibilities of the key players were often poorly understood. Information flow about NCADA processes and outcomes was sometimes poor, particularly to the NGO sector.

Thus the second evaluation noted that while the governance processes brought partners together, obtaining an inclusive approach continued to be a challenge, as did obtaining an effective way of structuring involvement. As a result "its potential to develop national policy has not yet been fully realised, nor has its capacity to influence policy development across jurisdictions" (NCADA Second Task Force on Evaluation, 1992, p. 97).

The Task Force proposed a number of changes that could be seen from the good governance perspective as designed to increase the effectiveness and efficiency and equity and inclusiveness of the advisory structures and processes, and to a lesser extent the accountability of NCADA. The first set of proposed changes concerned MCDS operations. The Task Force argued there was a strong need to reassert the pre-eminence of the MCDS (as opposed to the Australian Police Ministers' Council) for dealing with drugs issues. Methods for doing this included clearly stating the roles and responsibilities of MCDS, (and specifically that MCDS and the SCO had sole responsibility for developing the new national drug strategy and action plan), increasing the



frequency of MCDS meetings (such that it met a minimum of once per year) and inviting relevant ministers from other portfolios to attend MCDS where advantageous.

The second set of proposed changes concerned the SCO, and included recommendations to reduce the size and increase the autonomy of the SCO. They advocated that Australian Customs Service, Australian Bureau of Criminal Intelligence, Department of Finance and Department of Foreign Affairs be excluded so as to improve the opportunity to conduct debate and that the SCO be supplemented with greater use of working parties and inter-departmental committees. They further recommended that the SCO be given more autonomy and power to debate issues and set NCADA directions, that administrative issues be relegated to the Commonwealth secretariat, and that a specific national drug strategy unit be established within the Commonwealth Department of Health, Housing and Community Services to support the operations of the MCDS and SCO and advisory groups.

The Task Force also strongly suggested improving the status of the law enforcement ministers/bureaucrats in the strategic bodies. Indeed in their evaluation it was noted that “the Task Force insists that the current difficulties between the law enforcement sector and health sector must be resolved” (NCADA Second Task Force on Evaluation, 1992, p. 113) Key proposals to achieve this included alternating the meeting dates of MCDS to coincide with the Australian Health Ministers’ Council and Australian Police Ministers’ Council, alternating the chairing of MCDS meetings between health and law enforcement ministers and providing equal status for health and law enforcement officials in SCO (NCADA Second Task Force on Evaluation, 1992). They also recommended that the law enforcement sector send senior officers (as opposed to junior officers) to the SCO.

Finally the Task Force recommended providing much more strategic direction and accountability for NCADA. As they noted, stakeholders expressed a strong desire for accountability and evaluation to enable policies to be informed by evidence. To do this they proposed the development of a national strategic plan to guide activities over the subsequent 5 years. The proposed plan was recommended to contain objectives and defined outcomes and measurable performance indicators. They further recommended that evaluation and accountability be integrated into all policy and program areas, not just those funded through NCADA.

Many of these recommendations were followed up on, either in part or whole. In particular a new strategic plan was adopted, chairing of MCDS was alternated between health and law enforcement, the membership of SCO was reduced and the chairing of SCO was also alternated (on a two year basis). But these recommendations did not just follow from the advice of the evaluators, since in the intervening period between the release of the 1992 evaluation and the new National Drug Strategy historic meeting – called the Manly meeting – was held. As outlined by Fitzgerald and Swards (2002) the meeting was convened by the state and territory police forces and involved stakeholders from state health, education, corrections and law enforcement. The Manly meeting recommended a number of important changes to NCADA operations including the creation of a National Drug Crime Prevention Fund to finance research into law enforcement

initiatives, a commitment to rotate the chair of the SCO, and a commitment to provide a minimum of 10% of the cost-shared funds for the law enforcement sector in each state. This they argued would facilitate commitment of senior officers to attend and be involved in the NDS management and processes. Subsequently in June 1992 MCDS agreed to an increase in the proportion of NDS cost-shared funds for the law enforcement sector, increasing it from 3% in 1992-93 to 10% in 1994-95.

One notable recommendation that was not followed up was the request for a dedicated strategic unit in the Commonwealth Department of Health, Housing and Community Services (Single & Rohl, 1997).

### **NDS: 1993-1997**

In phase three NCADA was re-launched as the National Drug Strategy (NDS) and was accompanied by the National Drug Strategic Plan 1993-1997 (National Drug Strategy Committee for the Ministerial Council on Drug Strategy, 1993). The National Drug Strategic Plan was intended as a means of facilitating jurisdictional planning and evaluation. As the plan noted:

The National Drug Strategic Plan is committed to the application of needs-based planning and evaluation activities to ensure the effectiveness and efficiency of strategies employed to minimise drug-related harm. Annual action plans will specify actions to be taken in each jurisdiction and nationally to meet the need for performance assessment (National Drug Strategy Committee for the Ministerial Council on Drug Strategy, 1993, p. 5).

As outlined above a number of changes were made to the advisory structures. In particular, the Standing Committee of Officials was replaced by the National Drug Strategy Committee (NDSC) which had a smaller membership with primarily health and law enforcement representatives from each jurisdiction. Chairing of both MCDS and NDSC was alternated between health and law enforcement. The MCDS continued to meet once per year, and the meeting was scheduled to coincide with the meeting of the health ministers. The NDSC met twice per year and the executive was also given the powers to meet out of session if needed.

Eight subcommittees comprised of government, NGO and other experts were also established to feed into the NDSC:

- Illicit Drug Expert Working Group
- Subcommittee on the Controlled Availability of Opioids
- National Methadone Committee
- Self Administration Working Group
- Working Party to Address Prescription Drug Abuse
- National Drug Crime Prevention Fund Committee
- National Community Based Approach to Drug Law Enforcement Board of Control
- National Alcohol Strategic Planning Group

From 1994 to 1996 secretariat support for the MCDS and NDSC was provided from the Drugs of Dependence Branch in the Commonwealth Department of Health and Family Services. This was in charge of operative policy management, but in 1996 the Drugs of Dependence Branch was disbanded and the secretariat was transferred to the Illicit Drug Section of the National Health Promotion and Protection Branch (Single & Rohl, 1997).

In many ways the 1997 evaluation was a turning point in the management of the NDS since while applauding the success in building partnerships Single and Rohl (1997, p. ix) argued that its successes had often been “in spite of management rather than because of it.” Core problems were numerous and from the good governance perspective we see this as affecting many areas: perceived legitimacy, effectiveness, efficiency, responsiveness, transparency and accountability of processes.

While noting the complexity of the task of managing the NDS which required development, implementation, fiscal accounting, monitoring, evaluation and dissemination of projects and the multiple stakeholders involved, Single and Rohl (1997) concluded that under-resourcing lay at the heart of many of the problems. As they noted management was split between the peak bodies and the secretariat, both of whom had insufficient time to devote to the strategy:

The two key decision-making bodies of the NDS—the National Drug Strategy Committee (NDSC) and the Ministerial Council on Drug Strategy (MCDS)—meet infrequently, with very crowded agendas to be covered in a short time. The bulk of the day-to-day operational management falls on a secretariat for whom the NDS is only one of many tasks (Single & Rohl, 1997, p. 71).

This led them to conclude:

Given the scope of the task, the number and complexities of the partnerships involved, and the fact that at every level all the persons involved in managing the NDS – although clearly competent and well intended – are only able to give part-time attention to this task, it is hardly surprising that several concerns over the management of the NDS emerged in the evaluation (Single & Rohl, 1997, p. 71).

Problems with management were identified as having worsened in 1996 following the cuts within the Commonwealth Department of Health and Family Services, particularly the loss of skilled staff, and can be seen from the good governance perspective as having hampered the effectiveness and efficiency (particularly the perceived legitimacy and direction), and contributed to problems in the responsiveness, transparency and accountability of processes.

But from the good governance perspective we would also argue that many of the issues identified by Single and Rohl (1997) were raised in the earlier evaluations. Such issues appeared to not have been properly addressed and more plausibly to have worsened under the new and expanded advisory arrangements. The expanded advisory arrangements appeared to have created additional stresses on multiple areas of governance.

### Strengths

1. Participation: The strong partnership between law enforcement and health continued to be heralded as a major success. Collaboration between states and Commonwealth was deemed strong. Both were deemed to have been facilitated by the strategic structures. It had led to a strong sense of national not Commonwealth ownership of NDS and to the embracing of harm minimisation by both health and law enforcement.
2. Equity and inclusiveness: The law enforcement sector was perceived to have become a much more integral partner in the NDS. For example, they were often generating their own research and taking the lead in developing drug policy initiatives. Moreover, in reference to the 1993-1997 period Fitzgerald and Sowards (2002) noted more senior law enforcement officers had been encouraged to attend the NDSC meetings, with for example both NSW and Victoria sending Assistant Commissioners instead of the drug and alcohol policy coordinator.
3. Effectiveness and efficiency: In many ways the NDS advisory system was seen to have become more effective through the increased inclusion of the law enforcement sector. Harm minimisation was being increasingly incorporated into policing initiatives, such as random breath testing. Fitzgerald and Sowards (2002) also noted that the more equitable relationships between the health and law enforcement sectors added stability and perceived legitimacy to the NDS advisory system. The adoption of the national drug strategic plan was also perceived to have provided an added sense of direction to the NDS (within of course the limits of a federal system).

### Weaknesses

1. Participation: Single and Rohl (1997) found that in spite of the expanded sub-committee structures NGOs and other sectors continued to play insufficient roles in the NDS. Their low level of involvement was becoming increasingly problematic as NGOs were in charge of much of the service provision and hence were the best source for identifying issues of current need. NGOs also had specialised knowledge and were less curtailed by government, something that Single and Rohl identified was essential for good policy advice. There also remained insufficient involvement in the NDS of partners beyond health and law enforcement, particularly partners from courts, corrections, education, training and industry. This restricted the opportunities to develop and implement programs that crossed sectors e.g. drug diversion in courts or harm reduction in work places.
2. Responsiveness: The structures and processes were seen as making rapid responses very difficult. As a consequence there was often no response by NDS management to emerging issues, such as the media attention to the harms associated with psychostimulant use following the hospitalisation of a Queensland youth (Single & Rohl, 1997). This was in large part because management was split between the strategic bodies and the Commonwealth and no one had full time responsibility for it. Responsiveness was also reduced by strategic committees having large agendas and sometimes agendas crowded with uncontroversial issues and by the requirement to reach a consensus. But it was also noted that structures were often unresponsive as a

consequence of their membership, namely the preponderance of government ministers and bureaucrats, individuals who were reluctant to be or appear to be critical of government. There was thus an over-emphasis upon addressing short-term uncontroversial issues, to the detriment of addressing the long term important issues.

3. Transparency: There was a general lack of transparency of governance processes. For example there was no current list of the subcommittees and expert working groups (and hence Single and Rohl (1997) were not sure they had identified all operational groups), no formal documentation spelling out the roles and responsibilities of stakeholders, no guidance as to the role of the secretariat, no minutes of MCDS meetings were taken and records were only kept on resolutions in relation to agenda items. It was also very difficult to determine whether resolutions were implemented, the current status of projects or funding provided to projects. This in turn was deemed to have contributed to confusion amongst stakeholders and a duplication of efforts and affected the perceived legitimacy of proceedings (see below).
4. Accountability: In spite of the adoption of the National Drug Strategic Plan, accountability for the NDS was seen to have remained low. This was because while the Plan provided goals and specified performance indicators, it did not include a system for tracking progress against it. The primary focus of NDS management had therefore remained upon policy/project approval and reporting where expenditure was directed. This had meant accountability remained very low and contributed towards differences between objectives and practices. For example Single and Rohl (1997) noted a big gap between the intended and actual use of funds. Expenditure was often directed at funding ongoing treatment programs rather than the intended target of expenditure on new programs. They attributed this gap both to issues of federalism and the Commonwealth's decision to give states the role of allocating NDS funds, and to the Commonwealth Government's low prioritisation of accountability.
5. Effectiveness and efficiency: Single and Rohl (1997) identified that the perceived legitimacy of decisions by the NDS advisory system was impeded. Key causes were the predominance of government employees in the NDS advisory structures and committees, the high turnover within the Drugs of Dependence Branch and by the general lack of transparency surrounding decision making and confusion surrounding the processes. Moreover, in spite of the strategic plan there was insufficient guidance on management processes and strategic direction. Hence the processes were essentially ad hoc and led to much uncoordinated policy decision making. For example the National Pharmaceutical Drug Strategy was devised outside the NDS even though pharmaceuticals were part of the NDS. The lack of direction was exacerbated by the growth of advisory committees and working groups and lack of clear rules and processes as to their roles and inter-relationships. A further and final issue that could be seen from the good governance perspective as having impacted upon effectiveness was a growing tension over the NDS goal (harm minimisation). As noted by Single and Rohl (1997) the glue that held the sectors together was fragmenting, with many stakeholders particularly from the law enforcement and abstinence-based treatment sector, feeling that the goal, when defined as

reducing harm without necessarily reducing use, was in conflict with their work practices. Such tension could be seen as an impediment to cooperative action.

6. Consensus-orientation: Single and Rohl (1997) argued that while the consensus-orientation of the NDS had been admirable, it had sometimes led to an avoidance of conflict. As a result some decisions had gone unchallenged even though they were counter to policy and there was a focus on short term issues, rather than more complex issues. It was also argued that the consensus-orientation reduced the capacity for rapid responses.
7. Equity and inclusiveness: While Single and Rohl (1997) noticed many positive changes in the improved equity of MCDS and IGCD operations, they argued that decision making at the MCDS remained favoured towards health in both the scheduling of meetings and agenda items. One cause was that MCDS meetings were scheduled to coincide with the Health Ministers meeting.
8. Following the rule of law: Evaluators raised questions over the extent to which the rules and regulations were being followed by the state and territory governments. State and territory governments sometimes made decisions that were counter to the national agreements (e.g. to not adopt uniform tobacco warnings) and appeared to be using cost-shared funds for purposes other than which they had signed off. There was also a perception that MCDS decisions were sometimes being detrimentally influenced by interest groups, rather than in the best interest of the NDS.

Thus at the end of the third phase of the NDS Single and Rohl (1997) identified problems that could be seen as affecting all areas of good governance. They warned that “unless these issues of management are adequately addressed, the very existence of the NDS is threatened” (Single & Rohl, 1997, p. ix).

To address the issues they recommended a number of significant changes to the management processes, the most important of which were expanding partnerships to include the NGO sector and establishing a national drug strategy unit. They advocated for increased NGO involvement throughout all stages of policy development and implementation, which could be facilitated by increased participation in advisory committees and working groups and in the operation of the proposed national drug strategy unit. In addition they recommended increased establishment of partnerships at the local level. From the good governance perspective we would argue that the increased involvement of NGOs was designed to facilitate much greater compliance with a range of principles, including participation, responsiveness and effectiveness and efficiency, and to a lesser extent transparency.

As in previous evaluations Single and Rohl (1997) proposed the establishment of a national drug strategy unit in the Commonwealth bureaucracy. They argued the unit would need to be funded on an ongoing basis and be composed of individuals with expertise in drugs issues, covering both health and law enforcement issues. The development of such a unit was proposed to both support the strategic bodies and facilitate better direction, information flow, monitoring and responsiveness:

It would assist the MDCS and NDSC in providing better leadership for the NDS, not only via in-house expertise, but also by the involvement of working groups and expert committees. The unit would be the principle [sic] national agency, focusing on strategic planning, coordination and monitoring of success indicators of the NDS. It would have the capacity to scan the policy environment to develop proactive responses to drug issues and assist governments in anticipating and responding to emerging drug issues which receive media and public attention. It would help to organise and set agendas for meetings of the NDSC and MCDS. The unit would also disseminate information on NDS activities and programs, and promote the Strategy nationally and internationally (Single & Rohl, 1997, p. 83).

From the good governance perspective the unit could be seen as a proposed means of enhancing responsiveness, transparency and accountability while also increasing direction and reducing role confusion (hence increasing effectiveness and efficiency). This is particularly through the proposal that the unit devise a new three year strategic plan and thereafter report on an annual basis on progress.

To facilitate direction Single and Rohl also recommended broadening the definition of harm minimisation in favour of a “more general, catholic definition of harm minimisation” which included abstinence-based approaches (Single & Rohl, 1997, p. 45). This they argued would facilitate the inclusion of all sectors, particularly law enforcement and abstinence-oriented providers.

### **NDSF: 1998-99 – 2002-03 (extended to June 2004)**

For a number of reasons the years from 1998-99 marked a distinct change in the management of the NDS. First, in November 1997 Prime Minister John Howard announced the Federal Coalition’s new “Tough on Drugs” National Illicit Drug Strategy (Howard, 1997). Second, in March 1998 the Prime Minister launched a new advisory body, called the Australian National Council on Drugs (ANCD), which was initially chaired by Major Brian Watters of the Salvation Army. The ANCD included a wide range of non-government experts from treatment, rehabilitation, law enforcement, research and community organisations.

The reason for the introduction of the ANCD is somewhat unclear. The Federal Coalition said it was introduced to represent the voice of the non-government sector (Howard, 1998) and indeed this could be seen as responding to some of the criticisms by the Single and Rohl (1997) evaluation of the existing system of management. The first chair of the ANCD, Major Brian Watters, concurred with this view: “In some ways it [the ANCD] is a counter or a balance to the ascendancy of the bureaucracy, a pragmatic, practical coalface awareness of some of the issues” (Hughes, 2006, p. 152).

But others including Fitzgerald (2005) saw the introduction of the ANCD as a means to increase political control over Australian drug policy and to undermine/control the agenda of the National Drug Strategy. This is largely because the ANCD had very different management

arrangements to the IGCD: not only did the ANCD report to the MCDS, but it also had direct access to the Prime Minister, something that was outside the powers of either the IGCD or MCDS. Moreover, members of the MCDS and IGCD were elected officials whereas members to the ANCD were appointed by the Prime Minister.

The new National Drug Strategy was subsequently launched in November 1998, with a new name, the National Drug Strategic Framework (NDSF) and a broadened definition of harm minimisation (which included abstinence based strategies). The theme of the new framework was “building partnerships.” Accordingly there was much greater emphasis upon strengthening and expanding partnerships:

The effectiveness of the National Drug Strategic Framework depends on cooperation between and within a wide range of sectors of Australian society. The Framework seeks to strengthen existing partnerships and expand them to other areas... (MCDS, 1998, p. 21).

Key partners that were identified included the NGO sector, business, industry, community based organisations and research institutions.

The new NDSF argued that the ANCD was “to be central to the National Drug Strategy Framework’s efforts to extend the partnerships approach of the National Drug Strategy to the community sector” (MCDS, 1998, p. 34). The National Drug Strategy Committee was renamed the Inter-Governmental Committee on Drugs (IGCD) and feeding into the IGCD and ANCD was an array of 11 expert advisory committees and subcommittees whose purpose was, as stated in the NDSF, to provide advice as referred to them by MCDS, ANCD or IGCD (MCDS, 1998):

**National Expert Advisory Committees:**

- National Expert Advisory Committee on Tobacco
- National Expert Advisory Committee on Alcohol
- National Expert Advisory Committee on Illicit Drugs
- National Expert Advisory Committee on School Drug Education

**Additional committees/sub-committees:**

- National Drug Research Strategy Committee
- Monitoring and Evaluation Coordination Committee
- National Drug Strategy Local Government Subcommittee
- Australian Pharmaceutical Advisory Council
- Subcommittee on Intentional Misuse of Pharmaceutical Drugs
- Methadone and Other Treatment Sub-committee
- National Drug Strategy Reference Group on Aboriginal and Torres Strait Islander Peoples

With the new NDSF a National Drug Strategy Unit within the Commonwealth Department of Health and Ageing was established. This was stated to have “primary carriage” for activities



under the NDSF, including providing assistance to MCDS and IGCD and ANCD, managing workplans, monitoring trends and the impacts of the NDS (MCDS, 1998, p. 40).

One final change to the NDSF was the increased emphasis upon monitoring and evaluating policies under the NDSF. To facilitate this the IGCD and ANCD were put in charge of devising National Drug Action Plans outlining key performance indicators e.g. the National Action Plan on Illicit Drugs (Commonwealth of Australia, 2001). Moreover, the Commonwealth, states and territories were subsequently required to report on an annual basis their progress against the indicators specified in the national action plans (MCDS, 1998). Commencing in 1999 the IGCD produced an annual report to the MCDS that outlined the implementation of the NDSF. Some of the annual reports were published on the National Drug Strategy website. The details of what has gone into the reports has changed slightly, but during the initial period of the NDSF (from 1999 to 2004-05) the IGCD annual reports included details for each reporting period on the activities undertaken by the IGCD itself, by each of the advisory groups and by the individual jurisdictions. Information on national trends in drug use and harms were also reported.

For example the 2001 IGCD Annual Report reported that the National Expert Advisory Committee on Illicit Drugs met three times in 2001. Key activities undertaken during this year included that the NEACID:

- Commenced work on development of guidelines for the management of opioid withdrawal and guidelines for the management of opioid dependence;
- Developed papers: The relationship between amphetamines and violence, submitted to the IGCD in January 2002; Issues emerging from the *Illicit Drug Reporting System 2001*, submitted to the IGCD in May; and Naltrexone and Depression, presented to the IGCD in May;
- Established a working group of NEACID members to examine ways of better utilising existing sources of data on illicit drugs (Inter-Governmental Committee on Drugs Executive and Secretariat, 2002, p. 52).

From the good governance perspective such measures would appear to be designed to address many of the identified problems, especially those relating to the participation, effectiveness, transparency and accountability of the NDSF.

A number of reviews have subsequently commented on the implementation of the NDSF. These included a report by Professor Eric Single to the Canadian Special Senate Committee on Drug Policy in May 2001, a 2002 review by Fitzgerald and Sowards and the 2003 evaluation by Success Works. A further review was commissioned during this period by the IGCD for the MCDS, titled "A review of the advisory structures under the National Drug Strategic Framework." While completed in 2000 this review was never made public (Rankin, personal communication, 2009, 29 November).

In the first report in May 2001 Professor Eric Single argued that many of recommendations proposed by himself and Professor Timothy Rohl appeared to have been followed up on. More

importantly he concluded that doing so had addressed many of the significant problems in the NDS management:

I believe that the Australian drug strategy has built upon its strengths and - through better management, education and training - moved the country closer to the vision of a society that deals effectively with drugs (Single, 2001).

Reports by both Success Works and Fitzgerald and Sowards had praised the expansion of the partnerships in the NDSF, particularly the increased inclusion of the NGO sector. Fitzgerald and Sowards (2002) argued that the expansion of the policy community had led to much greater capacity for expert input and that differences in opinion were vital to a healthy policy community. The independence of advice from ANCD and involvement of members from the community were deemed to have increased the potential legitimacy of the NDSF advisory system.

Success Works (2003) similarly argued that the expanded partnerships and links had led to much more capacity for expert input, for raising awareness of trends and current issues, for challenging the government way of thinking and for identifying potential linkages or areas of duplication. The increased inclusion of NGOs and the education sector were seen as extremely valuable, with the former having provided different perspectives on issues and the latter contributing to much more focus on prevention. Moreover the evaluators argued that the increasing formalisation of participation through the identification of explicit linkages with other strategies and the use of more inter-departmental committees was highly beneficial. They argued it “should have a most positive effect on the development of coordinated strategies to deal with, amongst other things, drug-related issues” (Success Works, 2003, pp. 78-79).

Yet Success Works also noted that many of the shifts, for example in incorporating the NGO and education sector, needed to go much further. Similarly with the shifts in the law enforcement sector they argued that true inclusion of partners took time and required shifts in both the NDSF management system and in the sectors themselves in terms of their willingness to engage and incorporate the principles of the NDSF. For example they noted that the increasing equity in the partnership between health and the law enforcement sector had been facilitated by enabling access to the expert advisory structures and providing NDS funding, and also by a push from the Australasian Police Commissioners themselves to introduce and standardise drug related policies and strategies. Success Works (2003) argued this had led to admirable efforts by the law enforcement sector towards incorporating harm minimisation into the practice of policing for example by cautioning minor cannabis users. Nevertheless, they noted overcoming cultural resistance remained a challenge.

More critically following the introduction of the third core structure (the ANCD) there had been increased conflict between the peak structures, particularly between the MCDS/IGCD and the ANCD (Success Works, 2003). Conflict had arisen over the roles and responsibilities of the bodies, their relationships and the funding arrangements, which had led to confusion, duplication in policy development and funding. Moreover, there was a perception that the ANCD had

become the public face of the NDSF, and while in many ways this was good, there was also a continuing need for political and bureaucratic leadership:

Previous strategies have had strong political and bureaucratic leadership which set the agenda and encouraged debate. Currently the MCDS/IGCD is not seen as providing this leadership, which leaves the ANCD to raise a profile in the media and community. It is extremely difficult for an issue of this nature to maintain profile and community acceptance without a strongly articulated sense of direction (Success Works, 2003, p. 76).

The unsettled relationships between the core structures was deemed as highly counterproductive, which combined with the continued problems with transparency and accountability was perceived to have been damaging to both internal and external legitimacy of the core advisory system. Thus while the introduction of the ANCD had increased the potential legitimacy, many stakeholders perceived it had increased conflict over roles, at least in the short term.

A further problem identified in the reviews conducted in 2002 and 2003 were that the growth in the committee and expert advisory structures had led to an unwieldy and unmanageable system. In 2002 Fitzgerald and Swards argued that the system had reached a tipping point at which further expansion would be highly detrimental. Success Works were even more critical arguing that the system had grown too large. By 2003 the NDSF system included:

Nine governments, eighteen Australian and two New Zealand Ministers, twenty-four government officials and approximately 140 individuals in various ministerial committees, sub-committees and other groups that constitute the advisory structures supporting the NDSF. As a result of this complex structure it is not surprising that concerns are raised about the ability of the structure to respond to emerging issues... (Success Works, 2003, p. 4).

This was seen to have reduced the responsiveness and efficiency of the system, and led to duplication and conflict between the committees and a general loss of clarity over roles, responsibilities and relationships between the various parts of the system. While some such issues had been raised in earlier evaluations they seemed to have been exacerbated in the 1998-99 – 2002-03 era.

Fitzgerald and Swards (2002, p. ix) attributed the growth in the system in part to the increasing complexity of policy making: “As the demands of the system of policy making have become more complex, so too has the network of advisory structures” (2002, p. ix). But from the good governance perspective we would also argue the growth in the system had been facilitated by increased emphasis upon participation, to the detriment of other good governance principles such as responsiveness and effectiveness and efficiency.

### Strengths

1. Participation: As in previous years the strong partnership between law enforcement and health was heralded a major success, as was the collaborative partnership between the states and the Commonwealth. Moreover, the evaluators deemed the NDSF had attained

a much higher level of partnerships, with many key sectors, especially education, NGOs and industry. There were also clearer links between the NDSF and other strategies such as the National Mental Health Strategy and National Youth Suicide Prevention Strategy.

2. Effectiveness and efficiency: The increased participation and increased formalisation of links with other strategies was deemed to have contributed to improved cooperation and collaboration, increased interaction and as leading to a more consistent approach to drugs. The adoption of action plans had in some cases assisted communication and learning. The introduction of the ANCD was deemed beneficial in terms of being comprised of drug experts (not just ministers), and because it was not driven by jurisdictional concerns (Success Works, 2003). A further advantage was that it had its own budget to conduct research, which increased the potential for evidence-informed policy development.
3. Consensus-orientation: As in previous years the consensus-orientation of the NDS was praised. More importantly Fitzgerald and Sowards (2002, p. 12) helped to illuminate why it was important, namely that bringing “government and interested stakeholders to the policy table ... to devise pragmatic solutions through discussion, debate and compromise” was an approach that was profoundly different to policy approaches based on political conflict, adversarial negotiation or government imposition.

#### Weaknesses

1. Transparency: Success Works (2003) identified that there was considerable confusion as to the roles and responsibilities of the various committees, particularly how the ANCD and IGCD differed and interacted. There was also a general lack of transparency over the process of appointment to each of the governance structures and the process of decision making, over for example how items were added to the agenda. This added to the confusion on what occurred, when and why. Fitzgerald and Sowards (2002) further argued that the historic closed door approach to policy making was a barrier to building legitimacy. The lack of publication of the review of the advisory structures provided further evidence of the lack of transparency.
2. Responsiveness: The governance arrangements were seen as not producing the level of responsiveness required. This was attributed to various reasons: confusion as to roles and responsibilities, duplication in committees and unclear relationships between NDS and National Action Plans, and the large number of structures involved (Success Works, 2003). Another reason for the lack of responsiveness was that the structures themselves were deemed as fostering a slow and bureaucratic process. IGCD was seen as particularly unresponsive since it was bureaucratic and risk averse.
3. Effectiveness and efficiency: The evaluators identified a number of concerns over the governance structures and processes. For example, a survey of stakeholders found only 24% of stakeholders thought the structures were appropriate (Success Works, 2003). Numerous reasons were given, including the confusion over roles and responsibilities, poor transparency of processes, lack of responsiveness and the inefficiency of the structures. For example 58% stakeholders reported that the structures could be more cost-effective. Confusion and conflict between the ANCD and IGCD was deemed

particularly problematic as it reduced support for and hence the perceived legitimacy of the governance arrangements. Moreover, the MCDS and IGCD were not seen as providing sufficient leadership/public profile, leaving this to the ANCD. Thus the core structures were deemed to provide insufficient direction and leadership.

4. Equity and inclusiveness: Evaluators identified that education remained a part time partner to health and law enforcement, and needed to be included as a full partner. Moreover, it was felt that law enforcement remained second place to health. But the evaluators argued this was not only due to the NDSF processes, but also a lack of willingness on the part of the law enforcement sector to engage in the NDSF (see below). Fitzgerald and Seward's (2002) further argued that partnerships often remained inequitable, particularly in the context of a purchaser/provider funding framework.
5. Consensus-orientation: From Fitzgerald and Seward's (2002, p. 26) perspective while consensus-orientation was beneficial, the building of consensus had not always been advantageous and indeed that a core driver of consensus-orientation has been the "deliberate avoidance of electoral politics and public conflict." This was in large part due to the inherent conflicts between stakeholders and the emphasis at times upon resolving issues on the basis of ideological methods. Success Works (2003) similarly questioned the extent to which stakeholders, particularly from the law enforcement sector, were willing to engage and contribute to the NDSF and hence their willingness to engage and cooperate. For example the law enforcement sector did not always send high ranking members to the IGCD.
6. Accountability: As in previous years evaluators argued that accountability for the NDSF was deemed a low priority. For example, there was minimal follow up of resource allocation, which reduced capacity to identify and assess how resources were expended and how processes or outcomes could be improved. That said Fitzgerald and Seward's (2002) argued that different types of accountability mechanisms have been adopted from one jurisdiction to another, and hence that some jurisdictions had better systems than others.
7. Participation: The breadth of participation was in general deemed good. From the perspective of Success Works the main complaint was that links with other strategies could be enhanced. Fitzgerald and Seward's (2002) also identified the need to ensure that the ANCD was indeed representative of the NGO community.

In summary, during the fourth period there were deemed to have been considerable improvements in the scope of partnerships but issues remained with the advisory arrangements and their transparency, accountability, responsiveness and legitimacy. Key recommendations from the 2003 evaluation were firstly to "consider the appropriateness of structures and governance arrangements" and secondly to provide better direction, congruity and transparency in their operation. The evaluators argued that given the complexity of the partners, there were limits in the extent to which governance processes could be improved, and indeed that the body of literature on how to improve partnerships was limited (Success Works, 2003). They nevertheless recommended replacing the national expert advisory committees with time limited

consultative processes which could be more flexible and used on an as needs basis and establishing a new commitment to a partnership between ANCD and IGCD.

Success Works (2003) argued that overcoming the conflict between the ANCD and IGCD was critical, as was the need to improve the transparency of all structures and processes, particularly clearly documenting the terms of reference and membership for all structures. From the good governance perspective such measures would appear designed to improve the ability to reduce conflict and increase responsiveness, while also increasing the legitimacy of the arrangements, and creating clearer mechanisms of leadership of the NDSF.

The most immediate response to the NDSF evaluation was the publication of MCDS communiqués. Since August 2003 communiqués have been published on the NDS website and outline issues discussed and key resolutions from the MCDS meetings. For example, the first such communiqué indicated that Ministers at the August 2003 meeting discussed a number of topics including the newly evaluated National Drug Strategic Framework, the Model Criminal Code on Serious Drug Offences, performance and image enhancing drugs and the effects of alcohol advertising on young people (MCDS, 2003). Key decisions that related to the NDSF directions were to “redevelop the Framework based on the current model,” while ensuring the new framework had a stronger focus on prevention and to pay increased attention to building a partnership between the Australian Government, State and Territory Governments and NGOs. At the meeting the MCDS also endorsed a Complementary Action Plan for Aboriginal and Torres Strait Islander People.

### **NDS: 2004-2009**

In phase five the NDSF was relaunched as the “National Drug Strategy: Australia’s Integrated Framework 2004-2009” which emphasised the importance of a coordinated, integrated approach to drug use (MCDS, 2004). The new strategy introduced new advisory arrangements which it argued had been “revised by the MCDS to better ensure the council has timely access to the expert and policy advice it needs” (MCDS, 2004, p. 19).

Chief amongst these was the abolition of the National Expert Advisory Committees which occurred on June 30 2004. In their place the IGCD created the National Expert Advisory Panel which as described earlier in this report included 284 experts. The IGCD also switched from fixed to “time-limited, topic-specific working groups” which had a much narrower focus and was argued in the IGCD annual report to have facilitated responsiveness to upcoming issues:

The Working Groups are an effective mechanism to allow the IGCD to focus on issues needing immediate attention, and for priority and emerging issues to be addressed in a timely manner (Inter-Governmental Committee on Drugs Executive and Secretariat, 2008, p. 15).

There were also a number of apparent changes in the operations of the ANCD and IGCD. First, the Chair of the IGCD became a member of the ANCD and annual joint IGCD/ANCD workshops were established “to enable these bodies to consider emerging issues, discuss

approaches and appropriate policy responses” (MCDS, 2004, p. 20). That combined with the continued use of both IGCD and ANCD representatives in the working groups was argued to have “strengthened the partnership between the two groups” (Inter-Governmental Committee on Drugs Executive and Secretariat, 2006, p. 25). The membership of the IGCD was also expanded to include representatives of the Australian Department of Education, Science and Training and Ministerial Council on Aboriginal and Torres Strait Islander Affairs. From the good governance perspective the changes to the advisory structures are consistent with facilitating responsiveness, and at the same time enabling more participatory and effective responses.

Finally, in July 2005 the IGCD made the decision to improve its business practice, specifically through the adoption of a governance document “to describe the roles, functions and administration of the IGCD and the manner in which it conducts its business” (Intergovernmental Committee on Drugs, 2007, p. 3). From the good governance perspective the adoption of a governance document by the IGCD could further facilitate effectiveness and efficiency, particularly by increasing understanding of rules and functions, and the ability to follow the rule of law.

Yet while many of these changes were designed to improve the overall functioning of the advisory system, the evaluators Siggins Miller (2009a, 2009b) found that there remained considerable problems. The evaluation paid considerable attention to the elements of coordination and partnership arguing, as we have done, that in the new governance era there is even more need for strong partnerships (Siggins Miller, 2009a, 2009b). They noted that as in the previous period there remained some problems in the coordination between the structures with continued confusion over the roles of ANCD and IGCD which needed addressing. Their major criticism, was what they identified as marked differences in the capacity of the advisory structures to operate or coordinate effectively.

The ANCD was argued to have demonstrated a high level capacity to coordinate with relevant stakeholders and to respond swiftly and effectively to emerging issues, due mainly to its broad membership, strong links with a range of external stakeholders and commitment to the evidence-base. In contrast the IGCD was deemed to have had considerable problems: there was considerable confusion over the roles and processes within the IGCD and its working groups and it was highly non-transparent and non-accountable. For example while the NEAP was devised to facilitate the role of the IGCD the evaluators noted that “few informants were aware of the membership of the NEAP” and that this included “informants from the IGCD and ANCD” (Siggins Miller, 2009a, p. 65). Most damningly the IGCD was deemed to have had a strong resistance to external input into the IGCD processes and poor levels of engagement with external stakeholders, leading Siggins Miller (2009a, 2009b) to conclude that IGCD had minimal capacity to coordinate effectively. From the good governance perspective the two structures can be deemed as having very different levels of compliance with the good governance principles: with the IGCD having failures in a number of areas of governance, particularly areas of participation, transparency, accountability, responsiveness and effectiveness and efficiency.

### Strengths

1. Participation: As in previous years the evaluators praised the strong partnerships that had been developed across the levels and sectors of government and between the public, private and not for profit domains, and the way this had contributed to a more consistent and coordinated approach to drug issues. The ANCD was deemed to have developed particularly strong partnerships with the NGO sector and community, which the evaluators argued had enhanced the overall capacity of the advisory structures to incorporate NGO and public debate. The ANCD agency forums were posited as particularly beneficial in terms of ensuring continuous NGO input into ANCD activities and advice.
2. Effectiveness and efficiency: The evaluators paid tribute to all of the advisory structures, saying they had provided useful forums for obtaining consensus and for sustaining cooperation. They particularly praised the effectiveness and efficiency of the ANCD, noting that its broad and specialised membership enabled it to draw on their members expertise and that its strong networks with bodies inside and outside the advisory structures including the Prime Minister's Office had been highly advantageous. For example the ANCD had given considerable input into the Prime Minister's Office, but also to the Department of Health and Ageing, Department of Education, Science and Training, the Australian Bureau of Statistics and state and territory and federal ministers. The relationship with the Prime Minister's Office was argued to have also enabled more efficient processes since it could sometimes bypass IGCD and MCDS, however stakeholders had contrasting perceptions as to whether this enabled more or less effective processes.
3. Responsiveness: The ANCD was deemed to have been enabled swift and timely responses to issues, due in particular to its membership and its own ability to commission research.

### Weaknesses

1. Participation: The MCDS and IGCD were argued to have collaborated poorly with government stakeholders involved in non NDS government machinery such as COAG, other Ministerial Councils and other advisory structures such as the National Preventative Health Taskforce. The IGCD was also criticised for its limited links with senior officials in other areas of government such as primary care, housing and employment. Such gaps limited the capacity to ensure drug problems were addressed in the other forums. The "disconnect" was attributed to the historic emphasis upon giving the IGCD secretariat only a minor operational support role and hence the lack of any formal group for brokering and forming such relationships. But the IGCD was deemed to have a strong resistance to external input into the IGCD processes, with it seeking advice only from the national research centres and ad hoc working groups. As Siggins Miller (2009a, p. 33) noted "in other words, the NDS policy community is largely confined within government unless external input is invited or facilitated through specific programs." This is highly disadvantageous as it reduced the capacity for expert input and optimum policy design. One result was that in contrast to the ANCD, the IGCD was deemed to have very



minimal NGO input, particularly by service providers. As the evaluators noted: “There are no formal processes for IGCD to receive advice directly from NGOs to inform policy development and implementation, and its decision-making processes are limited by the resulting lack of opportunities for policy debate and feedback” (Siggins Miller, 2009a, p. 69).

2. Effectiveness and efficiency: All of the advisory structures were criticised for their ad hoc use of the national research centres. Moreover, in spite of joint meetings the ANCD and IGCD continued to pursue different agendas and sometimes duplicate efforts. The IGCD was also argued to have become less effective in recent times, due to a loss of content specific expertise, and in spite of the strong potential of the NEAP and working groups to provide expert advice to the IGCD, the evaluators argued that design faults and general confusion surrounding their roles and operation had meant their potential had been poorly realised. The net result was that the IGCD was deemed to have become less focused on producing evidenced-base policy advice. This combined with the reductions in transparency and accountability was deemed to have led to a considerable loss of reputation to the IGCD in recent years. Finally, it was argued that while the time-limited nature of the working groups facilitated efficiency, it led to a loss of learning.
3. Transparency: There was very limited documentation of policy discussions within the IGCD and MCDS or the reasons for decisions. Moreover, there was very little specification of roles and responsibilities in the IGCD working groups and NEAP. For example, only 3 of the 15 working groups specified in the NDS evaluation nominated a secretariat and specified their roles and responsibilities. Membership of the IGCD working groups was not documented for all groups and there was confusion as to roles and responsibilities of members. There was even less information available about the composition and operation of the NEAPs. For example there was no way of telling if the working groups had been devised from the NEAP members (as they were supposed to have been).
4. Accountability: Accountability particularly surrounding IGCD processes was criticised for being low. For example only a small number of the IGCD working groups had a specific work plan detailing deliverables and timeframes, and the documentation that was available to the evaluators “did not specify actions that had been accomplished or deferred” (Siggins Miller, 2009a, p. 68).
5. Equity and inclusiveness: The partnership between health and law enforcement was deemed more effective at the state and territory level, than nationally, with members of each in the IGCD tending to focus on their own issues, rather than integrate across them.
6. Responsiveness: The evaluators argued that the IGCD had become more reactive over time, as evidenced by the small number and long delays in initiatives being put forward to government. It also appeared to have focused on more mundane issues, to the detriment of emerging and complex issues. The list of 284 experts was not conducive to swift responses, as there was no stratification or listing of knowledge and expertise of each panellist.

Thus from the good governance perspective an interesting quandary had arisen, whereby the evaluators argued that the ideal of networked governing and coordination was differentially achieved by the advisory structures. They also identified that the government driven bodies were far worse at putting networked governance into practice. That said, the evaluators noted the poorer performance of the IGCD could be in part be attributed to government specific issues including the recruitment policies of the public sector (e.g. their trend to using generic rather than content specific experts) and shifts in the policy agendas of government. The former could affect the expertise of the IGCD committee and the latter the frequency with which they have been consulted and/or listened to. From a good governance perspective we would put forward two additional causes, firstly that problems resulted from the expanded IGCD advisory systems of the NEAP and working groups. As shown in previous evaluations, expanded systems tend to put additional burdens on the capacity for good governance, particularly the capacity for transparency and effective and responsive governance. It is also possible that there was actually no need for IGCD to also involve/consult NGOs since this was the role of the ANCD. From the good governance perspective this could be deemed an appropriate divvying up of roles.

The evaluators recommended four main changes be made, one of which concerned the functioning of the IGCD. They proposed that decision making processes by IGCD be documented in full, that greater attention be paid to the emerging and important issues, that agendas be more equitable, with health and law enforcement issues equally discussed, and that dedicated funding be provided to support IGCD activity. From the good governance perspective this can be seen as aimed at increasing the transparency, responsiveness, equity and inclusiveness and effectiveness of proceedings.

They further argued for what can be seen as a much broader conceptualisation of “participation,” linking NDS advisory structures into other “government machinery” that exists outside the NDS. For example, they advocated for stronger links to structures, such as the National Preventative Health Taskforce so that drug use and related harms receives attention in all such mechanisms. Better links with COAG were advocated to increase the potential for MCDS input into this forum. The evaluators thus suggested that there was increasing need to coordinate not only the core sectors and service providers, but also all alternate places of policy making.

As with previous evaluations, they also argued for a more consistent emphasis upon consultation at all stages of the policy cycle with affected stakeholders, including those involved in service delivery, drug user groups, research and local government. They further argued for stronger links with the education and corrections sectors and with other national strategies and policies such as welfare reform and taxation policy.

Finally, they recommended that an “integrative mechanism” be established to improve relationships between the advisory structures, particularly IGCD, ANCD, NEAP and working groups and external organisations such as ADCA, to “channel” issues onto the appropriate agendas. One such proposal was to stratify the NEAP database to make experts easily identifiable and to make the database accessible to all the advisory structures, not just the IGCD.

In the course of this current study a few other issues have come to our attention regarding IGCD operations. First, the Siggins Miller (2009a, 2009b) list of working groups which was given to them directly from the Department of Health and Ageing was considerably shorter than that reported in the IGCD annual reports themselves (see Appendix A). Moreover, following the move in 2004-05 from fixed working groups to time-limited working groups, information on the activities of the working groups have not been published in their annual reports (Intergovernmental Committee on Drugs Executive and Secretariat, 2006; Intergovernmental Committee on Drugs Executive and Secretariat, 2007, 2008). Further, many of the reports considered by IGCD are never publicly released. Finally, while in July 2005 the IGCD made the decision to improve its business practice, specifically through the adoption of its governance document it has become apparent that the new IGCD governance document is not publicly available. The reasons for the lack of publication are not clear.

### **The National Illicit Drug Strategy**

Although not officially part of the NDSF it is also worthwhile considering the adoption and operation of the National Illicit Drug Strategy (NIDS). Indeed in an analysis by the Management Advisory Committee (2004), a body that advises the Australian government on the management of the Australian public service, the NIDS was put forward as an exemplar of how whole of government approaches can occur.

Adopted in 1997, the NIDS was a strategy designed to reduce the supply and demand for illicit drugs through a broad range of Commonwealth, State and Territory departments as well as NGOs through such forums as the Australian National Council on Drugs and the community sector (Commonwealth Department of Health and Ageing, 2004). Core Australian government agencies involved in the strategy included:

- Department of Health and Ageing
- Attorney-General's Department
- Australian Federal Police
- Australian Customs Service
- Department of Education, Science and Training
- Department of Family and Community Services
- Department of Finance and Administration
- Department of the Prime Minister and Cabinet

Representatives of the non-government sector included:

- Australian National Council on Drugs
- Alcohol and other Drugs Council of Australia
- Representatives of other agencies and universities.

Initial funding of \$107 million was provided for the implementation of initiatives under the Strategy, but subsequently additional funds were provided.

The Management Advisory Committee (2004) noted that ongoing high level political leadership and endorsement particularly by the Prime Minister had been critical to bringing together the multiple players, facilitating dialogue and cooperation between the agencies. Another key facilitator was the high level funding, amounting to over \$1 billion between 1997 and 2007. Other lesser but still important facilitators were having a strategic plan that clearly delineated roles and responsibilities of all the key players, specified a lead agency as a central coordination point and provided agreed priorities, outcomes and decision making processes and mechanisms for review.

One challenge to the governance of the structures and processes has been the high level of involvement of NGOs, through the Australian National Council on Drugs, in the National Illicit Drug Strategy. Initially the MAC (2004) review noted the close involvement of the NGOs created a challenge for many government agencies. Ultimately however it proved beneficial: it enabled extensive consultation with the community, increased understanding of the roles of different stakeholders, and led to “stronger and more transparent decision-making processes” (Management Advisory Committee (MAC), 2004, p. 189). Over the life of NIDS the involvement of the NGO sector was deemed to have become more genuine, due principally to earlier consultation with NGOs and greater prioritisation of their proposals.

The major barriers to attaining a whole of government, coordinated approach to illicit drugs were noted to be cultural and infrastructure differences. Agencies used a number of different information systems and evaluation mechanisms. It was argued that the achievements from NIDS would have been greater if information systems could have been integrated from the start (Management Advisory Committee (MAC), 2004). Moreover, the differences in evaluation systems reflected unrecognised cultural differences. This was firstly because different agencies had different expectations, and secondly because some had immediate outcomes whereas others had long term outcomes.

This demonstrates that the adoption of the National Illicit Drug Strategy was facilitated by high level political commitment and funding. Other lesser but still important requirements were having a strategic plan that clearly delineated roles and responsibilities. From the good governance perspective the strengths were thus the high level of participation, transparency, accountability and provision of strategic direction, political endorsement and funds to drive cooperation. But this also demonstrated that the adoption of the NIDS was impeded by the failure to recognise and overcome where possible cultural and infrastructure differences. Such are the inherent challenges given the federal system and the merging of stakeholders from very different backgrounds.

## DISCUSSION

The key findings from this analysis are threefold. The first is that good governance principles are important to the stakeholders involved in overseeing Australian illicit drug policy coordination. Second, that Australian illicit drug policy coordination appears to have increased in compliance with the good governance principles, particularly those principles that are of greatest importance to the stakeholders. Third, the historical analysis of the NDS and NIDS strategy documents, evaluations and reviews suggests that since the adoption of NCADA in 1985 there have been continual improvements in both our knowledge of what good governance involves and mechanisms that can be used to attain this.

This is the first study that has applied good governance principles to the coordination of Australian drug policy. This is a key strength to the project, but also means that the methodological approach particularly in regard to the survey should be seen as experimental. Given the small sample size it was not feasible to measure the construct validity of the survey instrument. It is hoped that future analyses will further examine the reliability and validity of the measure. The survey moreover represents the views of a small sample of those within the formal advisory structures and systems. These individuals are primarily from government and may have been reluctant to express their true opinions. Nevertheless, given the pre-eminence of the formal structures for Australian illicit drug policy coordination and the difficulty in gaining access to these representatives the findings have particular importance.

The results have a number of important implications.

This analysis has demonstrated that problems in coordination take years to rectify. For example, initial solutions to increase participation in the strategy through expanding the advisory structures were insufficient. Other issues that needed to be considered included the optimal design and method of participation and, the skill set of participants. It was also shown that participation was dependent not only on linking stakeholders but also linking strategies.

From the good governance perspective such challenges were inevitable, because of the complex nature of good governance. The ability to operationalise a principle such as participation requires a thorough understanding of its elements, and attention to all those elements. It also requires a thorough understanding of the inter-relationship between the principles. For example this analysis has shown that multiple factors affected the perceived legitimacy and hence effectiveness of coordination mechanisms. These included the breadth of partnerships, the design of governance arrangements and the equity and inclusiveness, transparency and responsiveness of processes.

The documentary analysis further illustrated much advancement in knowledge on what is required to enable a good coordination process and the pros and cons to each of the tools. Since 1985 a large number of tools were used to improve Australian drug policy coordination. These included a range of advisory systems, allocation of funds, political leadership, rules regarding membership, scheduling of meetings, agenda items, delegation of authority, and decision making,

documentation and/or publication of roles and responsibilities and decisions and accountability mechanisms. The documentary analysis revealed that each tool has its own advantages and disadvantages for addressing particular issues or particular aspects of coordination. For example providing more advisory structures can increase participation and legitimacy and yet it can also decrease the potential for transparency and responsiveness of processes.

This analysis has shown the utility of using the good governance principles to identify the relative strengths and weaknesses in the current system of coordination and areas where improvement will be most valued. It has further shown the utility of the principles for identifying historic shifts in the coordination of Australian illicit drug policy and lessons concerning how to build better processes of coordination.

Arguably the most important finding was that amongst at least some of the actors involved in the advisory structures for Australian illicit drug policy there exists strong support for the good governance principles. This indicates that the process through which coordination and governance more generally is undertaken does matter and that improvements in governance practice are valued and operationalised by those within the advisory structures. Good governance is a meaningful and worthwhile goal for Australian illicit drug policy and the National Drug Strategy more particularly to strive to achieve. Our project provides other stakeholders involved in Australian illicit drug policy coordination with a justified basis upon which to argue for building/maintaining good governance.

Given the way in which this study was undertaken – as an analysis of good governance principles over time within the NDS and NIDS, it is not appropriate to draw any final conclusion/assessment about whether or not Australian illicit drug policy conforms to good governance. The small number of survey respondents did think so, but the documentary analysis reveals a much more complex outcome for good governance in Australia – with both strengths and weaknesses and inevitable trade-offs between the principles. Some readers may interpret our findings to be positive; others may note the many ways in which Australian illicit drug policy coordination could be improved.

The retrospective analysis has shown that continual assessment and modification has and will continue to facilitate better governance of Australian illicit drug policy, as well as the ability to respond to future governance challenges. As summed up by one respondent “overall I believe that the coordination and governance are very good but we should always strive to improve” (127 – LE). In this regard the high level of oversight and evaluation of the NDS and NIDS is something that is praiseworthy.

The survey results indicate a number of areas for improvement, particularly in aspects of responsiveness and equity and inclusiveness. Stakeholders indicated that particular aspects of Australian illicit drug policy coordination were much less responsive than others and that the structures and processes are not necessarily suited to the production of timely advice and decision making. In this regard the comments of one stakeholder (128-LE) are pertinent:

In general the national drug strategy coordinates well. However, on occasions, issues do become lost because they are not always tracked.

Respondents particularly identified that not all stakeholders are educated on their roles and responsibilities, something that would appear easy to rectify.

One area we would argue that is worthy of immediate attention concerns the transparency of Australian illicit drug policy coordination. Transparency was deemed one of the most important aspects of good governance for Australian illicit drug policy coordination, yet between 28% and 42% of stakeholders indicated uncertainty about the application of aspects of transparency, particularly whether roles and responsibilities were clearly specified, whether there was a free flow of information and whether limits, if any, in access to information were well defined and justified.

While all eight principles are important, we would argue that transparency is especially important since it affects the ability to assess the application of the other principles. For example, our private viewing of the IGCD good governance document reinforces the findings from the documentary and survey analysis that there have been increased efforts to enhance good governance in Australia. The adoption of this document is consistent with quality improvement. However the lack of publication of this and many others documents that guide and/or refer to policy making in Australia, reduce the ease of assessing compliance with the principles.

The lack of transparency regarding the formal advisory structures stands at odds with how Australian Parliaments operate. Since the late 19th century all debates held in the parliamentary chambers have been recorded in public as Hansard. Moreover, since 1981 parliamentary records have been produced online by the Parliament of Australia (Parliament of Australia, 2009), and between 1988 and 1999 all other jurisdictions followed suit (Legislative Assembly for the Australian Capital Territory, n.d.; Legislative Assembly of the Northern Territory, 2008; Parliament of New South Wales, 2008; Parliament of Queensland, n.d.; Parliament of South Australia, 2009; Parliament of Tasmania, n.d.; Parliament of Victoria, 2003; Parliament of Western Australia, n.d.). The online production of parliamentary speeches, questions and debates enables the public to read current events within hours of sitting. Even more recently a number of parliaments have provided live broadcasts of events. The rationale, as summarised by the Department of the Parliamentary Reporting Staff (2003) is “to give all Australians the opportunity to see, hear and read the work of their national Parliament” i.e. to provide transparency. This is something that is clearly lacking in regards to the formal processes of the MCDS and IGCD.

The particular oddity in regard to the approach of the formal advisory structures on drugs is not only their lack of transparency, but that the cloud of secrecy often appears irrelevant.

In this regard we highlight a number of deficits in transparency that we have noted in conducting this study. The working groups are currently only identifiable through the IGCD annual reports, not through the National Drug Strategy website. Moreover, the list of “current advisory structures” on the National Drug Strategy website is incorrect and includes one structure that has

ceased operation (namely the National Advisory Committee on School Drug Education) and another structure that does not formally sit within the national drug strategic framework (namely the National Police Drug and Alcohol Coordinating Committee) (Commonwealth Department of Health and Ageing, 2009). Further as noted in the previous section, the introduction in 1999 of IGCD annual reports increased the potential transparency of the NDSF, however there has been a shift post 2004-05 to less transparent reporting of activities of the working groups (Inter-Governmental Committee on Drugs Executive and Secretariat, 2006, 2007, 2008). This has reduced the capacity to identify what is and has gone on within and outside the advisory structures and understanding of the roles and inter-relationships between the various working groups. Finally, while the adoption by the IGCD of a new governance document may enhance the effectiveness of processes, the lack of publication of this document is detrimental to stakeholder knowledge on roles and responsibilities within the NDS advisory process and to the free flow of information. It also reduces the ability to assess and improve governance processes. We therefore recommend the following steps be adopted:

First, the Commonwealth Department of Health and Ageing should provide an up to date list of the working groups operating under the IGCD and ANCD. This should be placed on the National Drug Strategy website and hence made publicly available to stakeholders within and outside the core governance structures.

Second, the IGCD annual reports should continue to be published but they should follow a consistent plan/layout which includes specification of the activities undertaken by the IGCD, the ANCD and the working groups. Additional resources may need to be provided to structures such as the IGCD to enable this to happen.

Third, the governance document of the IGCD or an abridged version should be made publicly available. If it is to not be made publicly available then the reasons should be defined and well justified.

Fourth, efforts should be made to increase the general transparency surrounding documents used by the advisory groups, and to publish (within defined limits) all documents or abridged versions.

Such steps will enhance the transparency of Australian illicit drug policy coordination.

### **What is likely to constrain coordination in the future?**

As our research has illustrated there are many possible constraints on the capacity for coordination, many of which are likely to remain a continuing challenge to the coordination of Australian illicit drug policy. Chief amongst these are the structural realities of our federal system and the differing cultures of stakeholders. As summed up by one stakeholder the federal system will inherently constrain the capacity to coordinate Australian illicit drug policy:

The extent to which effective illicit drug policy in Australia is coordinated needs to be considered in the context of the Australian system of government (federal/state/local). The ways in which approaches to illicit



drug problems are developed and implemented at Commonwealth and State levels are influenced by political processes at those levels. There are also different perspectives emanating from different sectors of the Commonwealth and states and territories. There are fully independent health agencies and police services in each state/territory jurisdiction, the AFP and Customs. All of this limits the possibilities for perfect coordination. In such an environment there are always going to be possibilities for improving coordination, but the key question is “What degree of illicit drug policy coordination is achievable, given our system of government?” A good example of these problems was the attempt to get uniformity in serious drug offences via the MCCSDO (Model Criminal Code for Serious Drug Offences). It simply isn’t going to happen. Given the structural constraints the situation is probably more akin to coordination between neighbouring countries than within one country. Contrast this situation with New Zealand, for example, which has one level of government, one set of legislation, and one police force. The benchmarks used to assess coordination in this country would need to be entirely different from those applied to Australia.... (132 – LE)

The stakeholder concluded that “given all these structural constraints” “the level of coordination in illicit drug policy is pretty good.” This is an assessment with which we concur.

Similarly differences in culture and priorities of different sectors are likely to remain, and will pose continuing challenges to improving the equity and inclusiveness of processes. This is a particular challenge within the law enforcement sector, since the law enforcement sector are often unable or unwilling to devote as much attention to policy making:

There is often a view that the agenda and focus of discussion is weighted heavily on the health side – some issues relevant to this are that law enforcement have competing priorities and therefore do not invest sufficient resources into policy etc to ensure all issues and relevant matters are introduced to this forum. (123 – LE)

Changing such a practice may well be difficult.

Our survey results suggest that there are differing views from one stakeholder group to another about how governance should be achieved and what constitutes desirable goals of coordination and governance. It will be important to establish an agreed framework so as to ensure that the governance process does not suit one sector’s ideal approach, to the detriment of others. An approach that is deemed “good” for one may not be good for another.

Given the multiple stakeholders and multiple perspectives on what works and what is important, the process for coordination and management is unlikely to ever please all stakeholders. If there are differences of opinion the aim is to ensure the system does not weigh too heavily towards the preferences of one stakeholder group, otherwise it may lead to a situation in which coordination is very difficult to attain in practice. We would therefore recommend a broader assessment of the

perceived importance and application of the principles, according to different perspectives, particularly health versus the law enforcement sectors, federal versus state, and government versus non-government. We would particularly urge the need to conduct another assessment involving stakeholders within the advisory system and those outside, since the legitimacy of the system hinges upon congruence between these groups.

Australian illicit drug policy coordination is also likely to continue to be affected by changes within the NGO sector. Efforts to improve NGO involvement are critical to increasing the breadth of participation, the perceived legitimacy of processes and the responsiveness to upcoming issues. Yet ongoing domestic changes within the NGO sector including decreased workforce capacity, increased competitiveness for funds and increased provision of government tied funds reduce the capacity for the NGO sector to be legitimately and effectively involved in policy making (Spooner & Dadich, 2009). This is likely to put further pressures on NGO involvement, and will demand consideration of the recommendations of Spooner and Dadich (2009) for improved coordination both within the NGO sector and between the NGO and government sectors.

Finally, it is important to recognise that what works for Australian illicit drug policy coordination does appear context specific. As we noted earlier there are a number of different approaches to coordination that fall along a continuum from independent decision making through to the creation of a common set of objectives and standards for all organisations and active sanctioning of non-compliant organisations (O'Faircheallaigh, et al., 1999; Peters, 1998; Zobel, 2007). Each approach lends itself to different goals and different tools.

Our analysis reinforces that the coordination of Australian illicit drug policy involves a highly participatory, consultative approach to decision making, one where there is exchange of ideas, active discussion and efforts to reduce conflict between organisations. We would argue that this approach falls midway along the coordination continuum (see O'Faircheallaigh, et al., 1999; Peters, 1998; Zobel, 2007).

Evaluators of the NDS have argued that too high a degree of independence is detrimental to effectiveness; however the Australian states are sovereign in their own right. They have also highlighted a tension between those who support the status quo because the strategy enables flexibility in implementation versus those who would like increased levels of accountability and even active enforcement of non-compliant ministries or sectors (Single & Rohl, 1997; Success Works, 2003). We assert that the key strength of the current system of management is the balance between cooperation and coordination and the need to respond to problems on an as needs basis.

### **Lessons on how to facilitate good governance**

Our analysis reinforces that there are multiple approaches to Australian illicit drug policy coordination each of which has pros and cons from the good governance perspective. There are always going to be differences of opinion as to the optimal approach. Nevertheless, we believe

there are five key lessons that can facilitate improvements in the governance and coordination of Australian illicit drug policy:

1. Ensure that the good governance principles are reflected in the operations of Australian illicit drug policy
2. Refine the tool for measuring good governance and regularly identify strengths and weaknesses in the application of governance
3. Ensuring genuine commitment to measuring and assessing good governance from multiple/all stakeholder perspectives
4. Conduct a risk assessment of the likely impacts of any changes in coordination
5. Increase the evidence base and discussions around good governance in the NDS

Analysis of the previous strategies and evaluations suggests compliance with the good governance principles can be facilitated through a number of approaches:

- Participation appears to be enhanced not simply through more involvement or more structures but through identification of the range of stakeholders and the design of consultation mechanisms to take account of this.
- Equity and inclusiveness appears to be facilitated by identifying and reducing barriers, through the equity of funding allocations, sharing the scheduling, chairing, and decisions regarding the agenda of meetings. Equity and inclusiveness is also facilitated by improving access to information, particularly before meetings.
- Effectiveness and efficiency appears to be affected by the levels and type of participation and legitimacy of the processes. It is also affected by the ability of the governance structures to direct, set goals and lead. Support of the Commonwealth but also the Ministers from states and territories is critical to a willingness to coordinate. Finally having a comprehensive mix of participants enhances the effectiveness since it is better able to coordinate NDS stakeholders. Efficiency appears to be facilitated by not making committees or the governance system too large or complicated and by providing a secretariat and/or unit that can undertake day to day management and plan for meetings. Efficiency also appears to be facilitated by using committees to discuss and debate strategic, controversial and long term issues, and relegating more technocratic issues to support units or secretariat.
- Transparency appears to be facilitated by clearly specifying roles and responsibilities, having clear depictions of structures and the relationships between them and publishing resolutions and funding decisions.
- Responsiveness appears to be facilitated by having clear demarcation of responsibility and delegation of responsibility for both day to day management and strategic decision making. Responsiveness is also facilitated by ensuring participation by a mix of stakeholders with an understanding or ability to identify real world problems and evidence-influenced and feasible solutions.
- Accountability appears to be facilitated by having clear goals and their demarcation regarding responsibilities, taking into account the legal constraints on accountability.

- Follow rule of law appears to be facilitated by clearly specifying the laws/rules and having processes that are deemed fair and easy to comply with.

Increasing the evidence base on good governance will facilitate future compliance with good governance.

### **Areas for future research**

The analyses suggest a number of areas for further research. As noted previously there would be a benefit in repeating this research with a broader and more representative sample. Our findings also suggest there may be subtle differences in the extent to which strategies and structures support good governance and in the way that different stakeholders prioritise or perceive the application of the good governance principles. If true, both would be important to unmask.

Our results for example indicate that given its much broader stakeholder group, in many ways the National Illicit Drug Strategy appeared more designed towards good governance than the National Drug Strategic Framework. The Siggins Miller (2009a) evaluation has argued that the ANCD at least in its current form is much more designed for good governance than the IGCD. This suggests there is much to be learned from the NIDS and the ANCD, on how they facilitate good governance.

We would further advise the use of interviews with key stakeholders in order to better understand the complexity of coordination structures and processes. This study has demonstrated that coordination is not an easy process to study.

## CONCLUSIONS

Since the adoption of the National Campaign Against Drug Abuse (NCADA) in 1985 and through the establishment of the National Drug Strategy, the National Drug Strategic Framework and the National Illicit Drug Strategy coordination has been one of the key mechanisms for delivering effective drug policies in Australia. The process of synchronising activities towards a common goal with the ultimate aim of attaining more integrated and effective policy outcomes is not an easy task. Responding to drug use and its attendant harms requires complex, inter-governmental, inter-departmental and inter-sectoral responses. But to date our ability to understand and improve coordination has been hindered by the lack of attention to this important policy process and by the absence of theoretical frameworks or guidance on what constitutes good coordination.

We have argued that coordination can be facilitated by conceptualising coordination as part of the broader governance of Australian illicit drug policy. Governance, the processes and mechanisms by which Australian illicit drug policy is directed, controlled and held to account, determines who has a voice in decision making, the balance of power, how decisions are made and how account is rendered (Edgar, et al., 2006). Good governance can facilitate better processes of policy making and better outcomes, in this case the reduction in drug and drug-related harms.

Given that good governance principles are internationally endorsed and have been adopted in various guises by Australian public service and corporations, we have therefore argued that Australian illicit drug policy coordination should also seek to follow good governance principles. This means that processes and structures of Australian illicit drug policy coordination should seek to operate and be assessed in terms of their ability to be participatory, transparent, accountable, consensus-oriented, equitable and inclusive, effective and efficient, responsive and follow the rule of law. This includes that all stakeholders have been identified and given opportunities to participate in policy making, that barriers to participation have been identified and removed and that the structures and processes are suited to the production of timely advice/decision making.

Our survey of stakeholders involved in the peak advisory structures and documentary analysis of past strategies and evaluations has revealed three important findings. First, the good governance principles are important to the peak stakeholders, and that the most important principles are accountability and participation. Second, the structures and processes of Australian illicit drug policy coordination are deemed by the survey respondents to be meeting all of the principles. Third, such an achievement appears to have resulted from continual improvements since the adoption of NCADA in our understanding of good governance and the design of structures and processes that are well coordinated. This is a considerable achievement and one that should put Australian illicit drug policy in a sound position to achieve good public policy and improve the health and well being of all Australians.

Our results demonstrate that attaining good governance is not easy. Efforts to improve good governance often took years. This is due to the multiple elements that constitute each good governance principle, the inter-relationship of the principles and the differing strengths and weaknesses of different tools. Improving good governance is thus dependent upon building knowledge on all such elements and can be facilitated through regular assessment. Use of the good governance lens can facilitate analysis of the strengths and weaknesses of Australian illicit drug policy coordination and the identification of avenues for improvement.

Building coordination and good governance will continue to be a challenge in Australia. This is due to structural constraints brought on by the federal system, cultural differences between stakeholders, ebbs and flows in the tendency to politicise drug issues and drug policy processes and the rise of new challenges. But the coordination of Australian illicit drug policy would appear to be in a good position to face these future challenges.

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## **APPENDIX A: WORKING GROUPS AND THEIR PURPOSES DURING THE 2004-2009 NDSF**

### **Active Working Groups during 2004-2005 (Inter-Governmental Committee on Drugs Executive and Secretariat, 2006, pp. 20-21):**

- National Consistency on the Point-of-Sale of Tobacco Products—explore the possibility of achieving national consistency on the point-of-sale of tobacco products.
- Tobacco Advertising and Sales over the Internet—provide a progress report on Australian, state and territory government mechanisms to ban tobacco sales over the internet.
- National Competition Policy Taskforce—explore the relationship between the National Competition Policy and liquor licensing arrangements across jurisdictions.
- Efficacy of Drug Testing Part 1—review the discussion paper by the former National Expert Advisory Committee on Illicit Drugs on the social, health and legal issues of drug testing kits.
- Efficacy of Drug Testing Part 2—consider ways to make better use of existing law enforcement and health databases.
- Anti-smoking Advertisements in Cinemas Part 1—analyse the evidence regarding the effectiveness of anti-smoking advertisements in cinemas and to analyse the legal, operational and funding issues of advancing the proposal.
- Anti-smoking Advertisements in Cinemas Part 2—develop and cost a research program to determine the types of messages and styles of advertisements required.
- Review of National Pharmacotherapy and Clinical Guidelines—review national pharmacotherapy policy, review clinical guidelines and procedures for methadone, buprenorphine and naltrexone, and consider future management of the national bank of assessment instruments.
- National Drug Strategy Companion Document—develop a supplementary document to the NDS that provides a compilation of key drug statistics.
- Scheduling of Controlled Substances—develop a model schedule of controlled drugs, plants and precursors and relevant quantities, promoting consistency across jurisdictions in the scheduling of controlled substances.
- National Drug Strategy Data Analysis—Identify the information needed to drive the NDS, assess these needs, conduct an analysis of existing information sources against these needs, and provide appropriate recommendations.
- Development of the National Cannabis Strategy 2006–2009—develop a national cannabis strategy to consider the health, psychological, legal and public health issues associated with cannabis.
- Development of the National Alcohol Strategy 2006–2009—develop a new national alcohol strategy, following finalisation of the previous strategy in June 2004.
- Fetal Alcohol Spectrum Disorder Working Party—provide advice on developments in Australia and overseas to address the problem of FASD and to identify best practice approaches to reduce the incident of FASD, particularly in Indigenous communities.
- Sale of Alcohol to Minors—identify an optimum mix of interventions that can be implemented by governments, community and industry to reduce alcohol-related harm in young people,

including mechanisms to inform parents on the need to monitor alcohol consumption levels by their adolescents.

**Active Working Groups during 2005-2006 (Inter-Governmental Committee on Drugs Executive and Secretariat, 2007, pp. 21-22):**

- National Consistency on the Point-of-Sale of Tobacco Products – explore the possibility of achieving national consistency on the point-of-sale of tobacco products.
- Tobacco Advertising and Sales over the Internet – provide a progress report on Australian, state and territory government mechanisms to ban tobacco sales over the Internet.
- National Competition Policy Taskforce – explore the relationship between the National Competition Policy and liquor licensing arrangements across jurisdictions.
- Efficacy of Drug Testing Part 2 – consider ways to make better use of existing law enforcement and health databases.
- Review of National Pharmacotherapy and Clinical Guidelines – review national pharmacotherapy policy, review clinical guidelines and procedures for methadone, buprenorphine and naltrexone, and consider future management of the national bank of assessment instruments.
- National Drug Strategy Companion Document – develop a supplementary document to the NDS that provides a compilation of key drug statistics.
- Scheduling of Controlled Substances – develop a model schedule of controlled drugs, plants and precursors and relevant quantities, promoting consistency across jurisdictions in the scheduling of controlled substances.
- National Drug Strategy Data Analysis – Identify the information needed to drive the NDS, assess these needs, conduct an analysis of existing information sources against these needs, and provide appropriate recommendations.
- Development of the National Cannabis Strategy 2006-2009 – develop a national cannabis strategy to consider the health, psychological, legal and public health issues associated with cannabis.
- Development of the National Alcohol Strategy 2006-2009 – develop a new national alcohol strategy, following finalisation of the previous strategy in June 2004.
- Fetal Alcohol Spectrum Disorder Working Party – provide advice on developments in Australia and overseas to address the problem of FASD and to identify best practice approaches to reduce the incident of FASD, particularly in Aboriginal and Torres Strait Islander communities.
- Illicit Drug Diversion Initiative Working Group – oversee the evaluation of the IDDI.
- National Working Group on the Prevention of the Diversion of Precursor Chemicals into Illicit Drug Manufacture – provide expert advice to inform the implementation of the National Strategy to Prevent the Diversion of Precursor Chemicals into Illicit Drug Manufacture implementation.
- National Clandestine Laboratory Database User Advisory Group – finalise the concept of operations for the NCLD, addressing any identified data sharing restrictions, defining implementation risks and resource costs.
- National Inhalant Abuse Coordinating Group – provide strategic guidance and monitoring the implementation of the framework.
- Prevention Toolkit – review the available techniques/interventions to assist young people to negotiate the transition points identified in the Pathways to Prevention model successfully.

Consider and develop strategies to raise awareness of the toolkit and intervention points for practitioners that can be implemented in a coordinated way across jurisdictions.

- Prevention Pathways – develop an approach that identifies key points at which young people are at risk of drug uptake or misuse and redirects them to alternative pathways.
- National Nicotine Control Framework – develop a report outlining public health issues associated with tobacco and ‘tobacco-like’ products.
- Drink Spiking Stage 2 – develop awareness-raising packages for police, accident and EDs, sexual assault counsellors and the liquor industry staff taking into account trial results.
- Amphetamines and other Synthetic Drugs National Action Plan Working Group – review the draft ATS national action plan with options for progressing this issue.
- Secondary Supply of Alcohol Working Group – collate, analyse and interpret the legal issues concerning parental/guardian supply alcohol to underage drinkers and alcohol in general from all jurisdictions to establish whether it is possible to take a nationally consistent approach.
- Wholesale Alcohol Sales Data – define and implement a national minimum data set.
- Monitoring of Alcohol Advertising Committee – continue monitoring alcohol advertising and the self-regulatory system for alcohol advertising.
- National Inhalant Abuse Taskforce – develop a national approach to inhalant abuse and make recommendations on further actions and direction in this area.

**Active working groups during 2006-2007 (Inter-Governmental Committee on Drugs Executive and Secretariat, 2008, pp. 15-16):**

- Amphetamines and other Synthetic Drugs National Action Plan Working Group – review the draft ATS National Action Plan in order to develop options to progress this issue.
- Drink Spiking Stage 2 – develop awareness-raising packages for police, accident and emergency departments, sexual assault counsellors and the liquor industry staff taking into account results from the Australian Institute of Criminology Report.
- Evaluation and Monitoring of the National Drug Strategy 2004-09 – monitor and evaluate the following four components of the NDS the:
  1. policy framework;
  2. program outcomes;
  3. advisory structures; and
  4. identification and monitoring of actual and potential issues and trends.
- Fetal Alcohol Spectrum Disorder Working Party – provide advice on developments in Australia and overseas to address the problem of FASD, and to identify best practice approaches to reduce the incident of FASD, particularly in Aboriginal and Torres Strait Islander communities.
- Harms from Alcohol and Other Drug Use – develop a paper documenting the broad range of social harms arising from alcohol and other drug use.
- Illicit Drug Diversion Initiative Working Group – oversee the evaluation of the Initiative.
- Monitoring of Alcohol Advertising Committee – continue monitoring alcohol advertising and the self regulatory system for alcohol advertising.
- National Clandestine Laboratory Database User Advisory Group – finalise the concept of operations for the Database, address any identified data sharing restrictions, and define implementation risks and resource costs.



- National Competition Policy Taskforce – explore the relationship between the National Competition Policy and liquor licensing arrangements across jurisdictions.
- National Drug Strategy Companion Document – develop a supplementary document to the NDS that provides a compilation of key drug statistics
- National Drug Strategy Data Analysis – Identify the information needed to drive the NDS, assess these needs, conduct an analysis of existing information sources against these needs, and provide appropriate recommendations.
- National Inhalant Abuse Coordinating Group – provide strategic guidance and monitoring the implementation of the National Framework for addressing Inhalant Abuse in Australia.
- National Tobacco Control Framework Project (previously known as Exploration of Frameworks to Control Nicotine in Australia Project) – develop a report outlining public health issues associated with tobacco and ‘tobacco-like’ products.
- Pathways to Prevention – develop an approach that identifies key points at which young people are at risk of drug uptake or misuse and redirect to alternative pathways.
- Performance and Image Enhancing Drugs (PIEDs) - address the use of PIEDs not connected to sport.
- Prevention Toolkit – review the available techniques/ interventions to assist young people to negotiate the transition points identified in the Pathways to Prevention model successfully. Consider and develop strategies to raise awareness of the toolkit and intervention points for practitioners that can be implemented in a coordinated way across jurisdictions.
- Scheduling of Controlled Substances – develop a model schedule of controlled drugs, plants and precursors and relevant quantities, promoting consistency across jurisdictions in the scheduling of controlled substances.
- Secondary Supply of Alcohol Working Group – collate, analyse and interpret the legal issues concerning parental/guardian supply alcohol to underage drinkers and alcohol in general from all jurisdictions to establish whether it is possible to take a nationally consistent approach.
- Tobacco Advertising and Sales over the Internet – provide a progress report on Australian, state and territory government mechanisms to ban tobacco sales over the internet.
- Wholesale Alcohol Sales Data – define and implement the National Minimum Data Set which will collate sales data across jurisdictions.

## **APPENDIX B: ADVISORY STRUCTURES IN BLOOD BORNE VIRUS ARENA**

In the blood borne viral infections area the role of the Ministerial Advisory Committee is to advise the Government on a national framework to prevent and treat blood-borne viruses and sexually-transmissible infections and play a role in implementation of the new framework and monitoring its progress and effectiveness. Moreover, there is no Ministerial Council established specifically for the blood borne virus arena. Instead policy issues are managed through the Australian Health Ministers Conference (AHMC) which is supported by the Australian Health Ministers Advisory Council (AHMAC). The AHMAC is the committee of officials supporting the Ministerial Conference.

There are a number of formal structures flowing from AHMAC to provide further support in policy development for the AHMC and AHMAC. There are six principal committees established under AHMAC:

1. Australian Health Protection Principal Committee (AHPPC)
2. Australian Population Health Development Principal Committee (APHDPC)
3. Clinical, Technical and Ethical Principal Committee (CTEPC)
4. Health Policy Priorities Principal Committee (HPPPC)
5. Health Workforce Principal Committee (HWPC)
6. National E-Health Information Principal Committee (NEHIPC)

There has been a division of responsibility between the Development Committee and the Australian Population Health Protection Committee in relation to HIV/AIDS, hepatitis C and sexually transmitted infections so that the Development Committee will take responsibility for programmatic strategy, while the Protection Committee will oversee surveillance. The Terms of Reference for each AHMAC Principal Committee are as endorsed by AHMAC or on the recommendation of the Principal Committee.

The AHPPC has two terms of reference of interest in this work:

- Facilitating development and adoption by states and territories of national health protection policies, guidelines and standards;
- Promoting alignment of jurisdictional strategic plans and activities with agreed national priorities.

The AHPPC has 3 sub committees:

1. Communicable Diseases Network of Australia (CDNA)
2. Public Health Laboratory Network (PHLN)
3. Environmental Health Committee (enHealth)

The committee equivalent to IGCD in terms of its membership and specificity of focus is the Blood Borne Virus and Sexually Transmissible Infections Sub-Committee (BBVSS) of the Communicable Diseases Network of Australia. It is not however as independent as IGCD and the relationship between IGCD and MCDS is direct, whereas the BBVSS reports through the CDNA to the AHPPC to AHMAC and then to AHMC.

## APPENDIX C: THE SURVEY INSTRUMENT

Coordination has been a longstanding objective of Australian illicit drug policy. The current project seeks to critically analyse the extent to which current processes and structures of coordination are consistent with internationally endorsed good governance principles: participation, consensus-orientation, transparency, accountability, responsiveness, equity and inclusiveness, effectiveness and efficiency, and following the rule of law (United Nations Economic and Social Commission for Asia and the Pacific, 2007). A description of the principles is contained in Appendix A.

We seek your assistance in exploring two things:

- the application of each principle to current Australian illicit drug policy coordination and
- the importance of each principle

Reflecting on your experiences as a stakeholder or participant to what extent does each statement apply to current Australian illicit drug policy coordination? Please circle from 1 to 5.

		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<b>Participation</b>						
1	All relevant stakeholders have been identified and given opportunities to participate	1	2	3	4	5
2	There are structures/mechanisms to enable participation	1	2	3	4	5
3	Desirable levels of participation have been considered for different issues, circumstances and participants	1	2	3	4	5
4	Each participant clearly articulates who they represent and, if relevant, nominates how the voices of their constituents are heard and represented	1	2	3	4	5
<b>Consensus-orientation</b>						
5	A process of open dialogue is adopted	1	2	3	4	5
6	All stakeholders consider the evidence-base and alternate views and debate issues	1	2	3	4	5
7	All stakeholders work towards compromise while taking into account the interests of the other stakeholders	1	2	3	4	5
<b>Transparency</b>						
8	The roles and responsibilities of each player are clearly specified and documented	1	2	3	4	5
9	The structures and procedures for decision making are clearly specified and documented	1	2	3	4	5
10	There is a free flow of information between stakeholders	1	2	3	4	5
11	The reasons for decisions are well articulated, recorded and disseminated	1	2	3	4	5
12	If necessary, the limits in access to information are well defined and are justified	1	2	3	4	5
13	Real or potential conflicts of interest are declared	1	2	3	4	5

THE COORDINATION OF AUSTRALIAN ILLICIT DRUG POLICY

		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<b>Accountability</b>						
14	There is an explicit statement of and commitment to clear and common goals	1	2	3	4	5
15	There is an identifiable accountability mechanism for each stakeholder to each other, their constituency and society	1	2	3	4	5
16	There is regular reporting of performance and outcomes	1	2	3	4	5
17	There is robust reporting of performance and outcomes	1	2	3	4	5
<b>Responsiveness</b>						
18	The current structures/processes are suited to the production of timely advice/decision making	1	2	3	4	5
19	All parts of the system are appropriately responsive	1	2	3	4	5
20	Stakeholders identify/address emerging problems	1	2	3	4	5
21	Difficult issues are being addressed and resolved	1	2	3	4	5
22	There is appropriate delegation of authority	1	2	3	4	5
<b>Equity and Inclusiveness</b>						
23	All stakeholders are educated on their roles and responsibilities and the processes of coordination	1	2	3	4	5
24	All stakeholders are able to put forward their views and have their views assessed on their merits	1	2	3	4	5
25	The methods of engagement are appropriate for all stakeholders	1	2	3	4	5
26	There are active efforts to overcome differential capacities and hence ensure full participation	1	2	3	4	5
27	Decisions are being made in an equitable manner	1	2	3	4	5
<b>Effective and Efficient</b>						
28	Structures/processes provide leadership and direction	1	2	3	4	5
29	Structures/processes are leading to more holistic and integrated policies	1	2	3	4	5
30	Current arrangements are the most cost-effective	1	2	3	4	5
31	Barriers to coordination are being identified and addressed	1	2	3	4	5
32	All stakeholders act in the spirit of cooperation	1	2	3	4	5
<b>Follow the rule of law</b>						
33	The regulations and agreed rules that govern each party are recognised and respected	1	2	3	4	5
34	The regulations and agreed rules that govern each party are adhered to	1	2	3	4	5
35	Processes ensure ethical and fair behaviour	1	2	3	4	5

How important is each of the good governance principles for the coordination of the National Drug Strategy? Please circle from 1 to 5.

		Not important	Somewhat important	Moderately important	Very important	Extremely important
<b>Good governance principles</b>						
36	Participation	1	2	3	4	5
37	Consensus-orientation	1	2	3	4	5
38	Transparency	1	2	3	4	5
39	Accountability	1	2	3	4	5
40	Responsiveness	1	2	3	4	5
41	Effectiveness and efficiency	1	2	3	4	5
42	Equity and inclusiveness	1	2	3	4	5
43	Following the rule of law	1	2	3	4	5

Which sector are you from?

- Health  Law enforcement/attorney generals   
 Other  Please specify \_\_\_\_\_

Comments:

Thank you for your participation.

Please put your survey into the stamped, addressed envelope and return to Colleen Faes, DPMP, NDARC, UNSW, Sydney, 2052.

### Appendix A: Good governance principles applied to coordination

In this project we used good governance as a theoretical framework to examine the coordination of Australian illicit drug policy. This is based on the rationale that good coordination is one means of attaining good governance.

To examine Australian illicit drug policy coordination we adopted the eight principles of good governance specified by the United Nations, including participation, responsiveness and equity and inclusiveness (United Nations Economic and Social Commission for Asia and the Pacific, 2007). These principles are widely referred to and are aspired to throughout the world as indicators of effective governance. Using the good governance framework we suggest that coordination should involve the following eight principles:

1. **Participation:** There should be broad and diverse involvement across all jurisdictions, sectors and groups affected by drugs. Processes should not exclude groups or citizens with limited access or those who face other barriers.
2. **Consensus-orientation:** Key stakeholders should respect differences of opinion and act at all times in the spirit of cooperation, to reach the best options/outcomes for Australian drug policy. Optimum outcomes will occur if a deliberative process of policy making is adopted: open dialogue, respect, access to information, space to understand and/or reframe issues and movement towards a consensus.
3. **Transparency:** Processes should be conducted in an open manner. Transparent systems have clear procedures for public decision making and open channels of communication between stakeholders and make a wide range of information available. This allows stakeholders to make best use of procedures (as well as uncovering abuses).
4. **Accountability:** Stakeholders have a responsibility to account for their conduct and their performance (outcomes). Goals should be clearly identified and performance assessed through the use of appropriate performance measures.
5. **Responsiveness:** Stakeholders should be sensitive to issues of concern and respond to these in a timely manner. Consultation should be as early as possible during the policy making process to allow for a range of options to be considered.
6. **Equity and inclusiveness:** Stakeholders should not only be able to participate, but be included in a genuine manner. Efforts should be made to develop the capacity of all stakeholders to be able to execute their entitlements, through for example the provision of training and resources.
7. **Effectiveness and efficiency:** Effective processes should provide leadership and direction. Policies should be formulated, adopted and implemented in a coordinated manner and make the best use of resources. Such a process should lead to better outcomes: more holistic and integrated and cost-effective responses to drug and drug-related problems.
8. **Follow the rule of law:** Structures/processes should engender law abiding and ethical behaviour - procedural integrity. Processes should be fair, guidelines should be abided by and processes should be deemed legitimate.

## **APPENDIX D: LIST OF SURVEYED MEMBERS**

All stakeholders from the following committees:

- Ministerial Council on Drug Strategy (MCDS)
- Intergovernmental Committee on Drugs (IGCD)
- Australian National Council on Drugs (ANCD)
- National Police Drug and Alcohol Coordinating Committee (NPDACC)
- National Drug Law Enforcement Research Fund (NDLERF)
- National Indigenous Drug and Alcohol Committee (NIDAC)
- Asia Pacific Drugs Issues Committee

Directors of national centres:

- National Drug and Alcohol Research Centre (NDARC)
- National Drug Research Institute (NDRI)
- National Centre for Education and Training on Addiction (NCETA)
- National Centre in HIV Social Research
- National Centre for Epidemiology and Population Health
- National Centre in HIV Epidemiology and Clinical Research
- Australasian Centre in HIV and Hepatitis Virology Research
- Australian Research Centre for Health, Sex and Society

Executive officers of peak bodies:

- Alcohol and Other Drugs Council of Australia (ADCA)
- Australian Injecting and Illicit Drug Users League (AIVL)
- The Australasian Professional Society on Alcohol and other Drugs (APSAD)
- Council of Capital City Lord Mayors (CCCLM)
- Royal Australasian College of Physicians (RACP)
- Royal Australian College of General Practitioners (RACGP)
- Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Australian National Council on Drugs (ANCD)
- Drug and Alcohol Nurses Australasia (DANA)
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- Australian Federation of AIDS Organisations (AFAO)

## APPENDIX E: DETAILED RESULTS FROM THE SURVEY

**Table 8: Perceived application of each good governance criteria to Australian illicit drug policy coordination, grouped by the percentage that strongly disagreed, disagreed, agreed, strongly agreed or were undecided**

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Missing
<b>Principle: Participation</b>						
1	0	22.2	8.3	61.1	8.3	0
2	0	13.9	8.3	69.4	8.3	0
3	0	19.4	16.7	52.8	11.1	0
4	8.3	16.7	27.8	38.9	8.3	0
<b>Principle: Consensus-orientation</b>						
5	2.8	16.7	16.7	58.3	5.6	0
6	5.6	19.4	16.7	50.0	5.6	2.8
7	8.3	16.7	36.1	36.1	0	2.8
<b>Principle: Transparency</b>						
8	0	16.7	27.8	52.8	2.8	0
9	0	5.6	33.3	52.8	8.3	0
10	0	22.2	30.6	41.7	5.6	0
11	5.6	19.4	27.8	38.9	8.3	0
12	2.8	13.9	33.3	44.4	5.6	0
13	0	11.1	41.7	38.9	8.3	0
<b>Principle: Accountability</b>						
14	0	8.3	13.9	66.7	11.1	0
15	0	19.4	27.8	50.0	2.8	0
16	0	11.1	16.7	61.1	11.1	0
17	0	30.6	27.8	38.9	2.8	0
<b>Principle: Responsiveness</b>						
18	2.8	41.7	27.8	25.0	2.8	0
19	5.6	33.3	36.1	22.2	2.8	0
20	2.8	11.1	13.9	66.7	2.8	2.8
21	2.8	13.9	33.3	41.7	8.3	0
22	2.8	11.1	36.1	47.2	2.8	0
<b>Principle: Equity and Inclusiveness</b>						
23	2.8	33.3	16.7	44.4	2.8	0
24	5.6	13.9	16.7	61.1	2.8	0
25	2.8	30.6	16.7	44.4	2.8	2.8
26	2.8	22.2	30.6	33.3	11.1	0
27	2.8	19.4	27.8	44.4	5.6	0



THE COORDINATION OF AUSTRALIAN ILLICIT DRUG POLICY

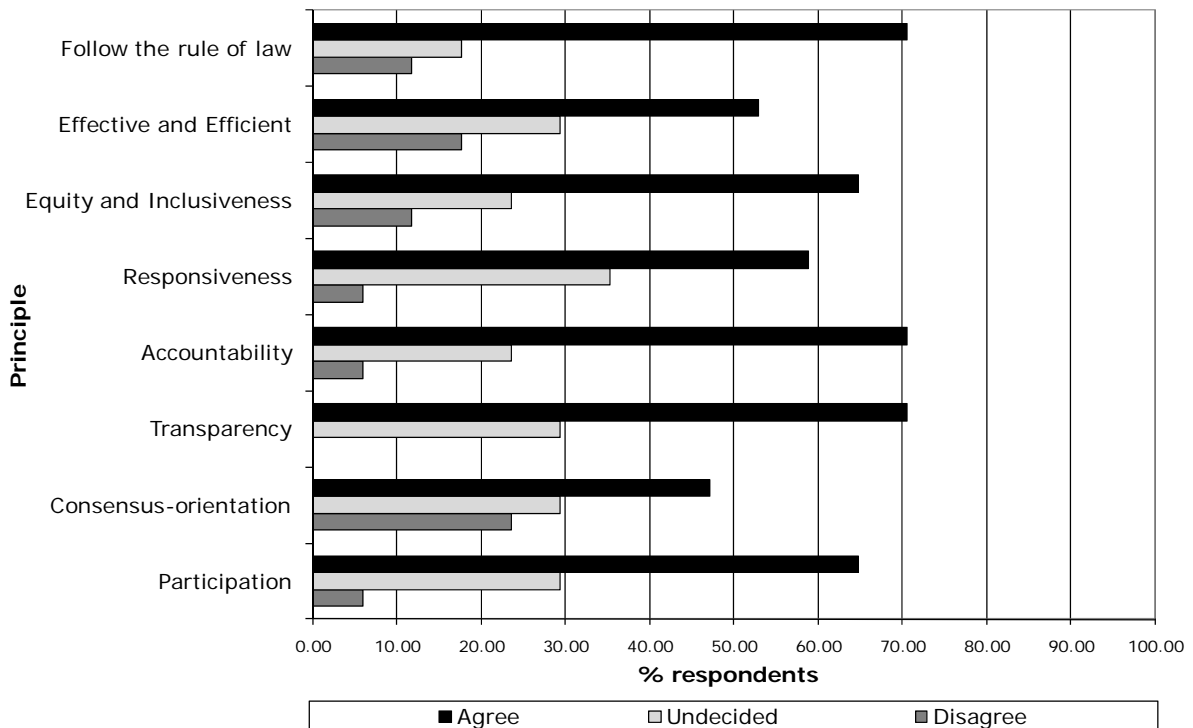
<b>Principle: Effectiveness and Efficiency</b>						
28	2.8	16.7	13.9	55.6	11.1	0
29	5.6	5.6	16.7	63.9	8.3	0
30	2.8	16.7	44.4	30.6	5.6	0
31	2.8	16.7	41.7	30.6	5.6	0
32	2.8	16.7	19.4	47.2	8.3	0
<b>Principle: Following the rule of law</b>						
33	8.3	8.3	8.3	66.7	5.6	2.8
34	8.3	5.6	30.6	52.8	2.8	0
35	2.8	5.6	25.0	61.1	5.6	0

## APPENDIX F: SURVEY RESULTS FROM HEALTH AND LAW ENFORCEMENT SECTORS

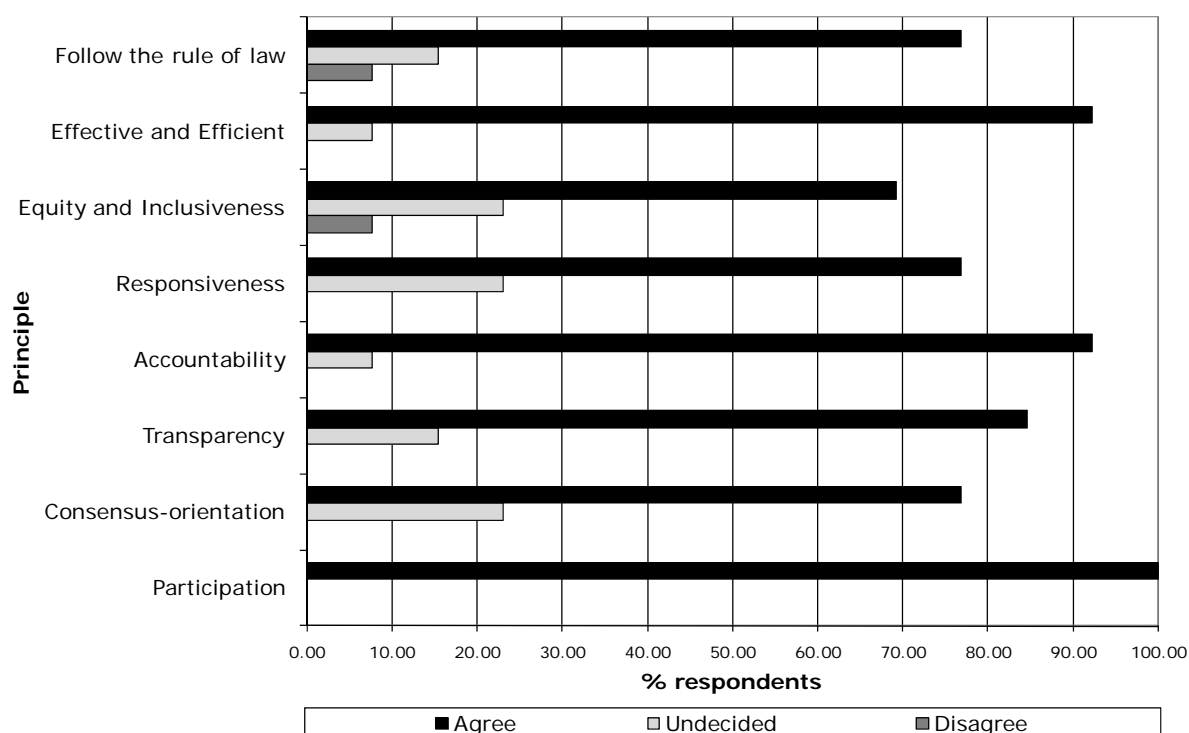
Given the National Drug Strategy gives preeminence to the partnership between the health and law enforcement (LE) sectors we sought to identify whether there were differences in the way the two sectors assessed the application or importance of the good governance principles for Australian drug policy coordination.

Interestingly, there was a considerable difference between the ratings of the principles by the health and law enforcement sectors. As Figure 5 and 6 show, across the board, the LE sector was more likely to agree that the principles were being met. 100% of the LE sector argued that Australian illicit drug policy was participatory and 90% said it was accountable and effective and efficient. In comparison for the health sector a maximum of 71% respondents agreed that any one principle was met. Similarly to the LE sector accountability was one of the principles that health perceived to have been most met, but they perceived that NDS coordination had been equally transparent and followed the rule of law. Conversely the health sector was far less likely to agree that NDS coordination had been effective and efficient, with only 52% supporting this notion.

**Figure 5: Health sector views on the application of good governance principles to Australian illicit drug policy coordination, by principle, indicating percentage that agreed, disagreed and were undecided about each principle (n=17)**



**Figure 6: LE sector views on the application of good governance principles to Australian illicit drug policy coordination, by principle, indicating percentage that agreed, disagreed and were undecided about each principle (n=13)**



A notable difference between the sectors was their perceptions on equity and inclusiveness. While 65-70% of both sectors said Australian illicit drug policy was equitable and inclusive, for the health sector this had the equal fourth highest levels of support whereas for the LE sector it had the lowest levels of support.

Kruskal Wallis tests (a non-parametric equivalent of one-way independent samples analysis of variances that tests the equality of mean ranks) suggest that there were two statistically significant differences in the perceived application of the principles: namely the perceived application of participation,  $\chi^2(1)=5.506$ ,  $p=0.019$  and effectiveness and efficiency,  $\chi^2(1)=5.468$ ,  $p=0.019$ . This suggests that the LE sector were significantly more likely to state that Australian illicit drug policy was participatory and effective and efficient.

Both sectors agreed that consensus-orientation was one of the least met principles. However, the sectors differed in terms of the other areas of potential weakness. For the health sector the Australian illicit drug policy was poor at meeting the goal of being effective and efficient. In contrast, for the LE sector the greatest challenge remained being equity and inclusiveness and following the rule of law.

Figure 7 shows that across the board the health sector rated the good governance principles as more important than the LE sector, particularly for the principles of participation and equity and inclusiveness. Kruskal Wallis tests suggested that while the latter was not quite significant, the

former was significant,  $\chi^2(1)=2.779$ ,  $p=0.096$ , which indicates that the health sector rated participation as significantly more important than did the LE sector. The differences in the relative ratings by the two sectors are also of note.

**Figure 7: Mean ranked importance of each of the good governance principles for health (n=17) and LE (n=13) sectors**

