



BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING

ACON: National Drug Strategy Submission

Introduction

ACON is Australia's largest community-based gay, lesbian, bisexual and transgender (GLBT) health and HIV/AIDS organisation. We promote the health and wellbeing of the GLBT community and people with HIV. We also provide information and support for people at risk of or affected by HIV, including sex workers, people who use drugs and the family and/or carers of people with HIV. As a state-wide organisation, ACON has offices in Sydney, Illawarra, Northern Rivers, Hunter and Mid North Coast, offering a wide range of services.

Specifically in the area of drugs and alcohol, ACON works with people in our community to reduce the harms associated with drug use or to stop using drugs by providing a range of targeted resources and support services. This helps reduce the potential for HIV transmission as well as the impact that drug use has on the wellbeing of individuals, the GLBT community and the public health system.

ACON's work on drug and alcohol issues among its communities

Evidence suggests that the GLBT population has considerably higher rates of use of a range of illicit substances in comparison with the broader Australian population. Tobacco use and risky alcohol use are higher among same sex attracted women than among their heterosexual counterparts. People in the GLBT population may also use substances over a longer span of time than people in the general community in Australia, which has particular implications for their health needs.¹

¹ Murnane, A., Smith, A., Crompton, L., et al. (2000) *Beyond perceptions: A report on alcohol and other drug use among gay, lesbian, bisexual, and queer communities in Victoria*, Melbourne, Australia: Australian Drug Foundation; Hillier, L., De Visser, R., Kavanagh, A. M., McNair, R. P. (2003). 'The association between licit and illicit drug use and sexuality in young Australian women', *Medical Journal of Australia*, 179, 6, 326-327; Degenhardt, L. (2005). 'Drug use and risk behaviour among regular ecstasy users: Does sexuality make a difference?', *Culture, Health & Sexuality*, 7, 6, 599-614; Australian Institute of Health and Welfare (2008). *2007 National Drug Strategy Household Survey: detailed findings*. Drug statistics series no. 22. Cat. no. PHE 107. Canberra: AIHW.

ACON recognises that drug use occurs in the GLBT community, in sex work settings and among people with HIV. ACON is uniquely positioned to respond to the challenges associated with the use of alcohol and other drugs in our communities in ways that are culturally appropriate, and that will improve health and wellbeing. Evidence and experience suggests that alcohol and other drug use impacts on the health of our communities in multiple and significant ways that are culturally specific.

ACON has a long history of working to reduce the harms associated with alcohol and other drug use. Work in this field began in the late 1980s with a focus on preventing the transmission of HIV through injecting drug use and discussions on the possible impact of alcohol and drug use on sexual behaviour.

Since that time, ACON's services have grown to include health promotion programs, education campaigns, Needle and Syringe Programs, community education and support at events, as well as counselling and referrals to drug and alcohol services.

ACON is currently undertaking work under a second strategy for addressing alcohol and other drug use in the GLBT community. Key action areas in ACON's Strategy Pills and Powders, Parties and Pubs include:

- Provision of education, information and prevention;
- Assisting with early identification of problematic use;
- Providing access to better care and treatment around drug and alcohol issues;
- Working with mainstream services to improve GLBT cultural appropriateness;
- Building shared responsibility for addressing problematic use; and
- Working to improve research, monitoring and evaluation regarding GLBT drug use and service provision.

In ACON's experience in providing client services both specifically for drug and alcohol use and other health issues, many people present to ACON concerned about illicit drug use and want to access a GLBT-specific service. ACON is currently the only NSW agency leading a response to managing drug and alcohol use in the GLBT community, for which there is overwhelming evidence of need.

ACON provides a range of services to people who are experiencing problems with their use of alcohol or other drugs, as well as partners, family and friends who may need support. ACON's services include:

- One-to-one counselling
- Referral to group-based support groups
- Crisis management
- Phone-based support
- Referral to public treatment programs, external counselling services, GLBT-friendly GPs and services

ACON also has the Rover Program, which comprises a team of volunteers who provide health promotion services at major GLBT events. Each ACON Rover is trained, supervised and equipped to:

- Help patrons who require medical assistance to access onsite services; and
- Provide harm reduction services to patrons (e.g. provide water, encourage people to take breaks and cool down, and provide accurate alcohol and drug information).

In the 2008 – 2009 financial year, ACON distributed over 300,000 units of sterile injecting equipment through five NSP outlets in NSW. In addition to the work described above, ACON developed the “Don’t Share a Bloody Thing” campaign (a HIV and Hepatitis C prevention campaign for gay male injecting drug users in Sydney), introduced a new Substance Support Service, and hosted a range of community forums on alcohol, drugs and sexual health.

The Substance Support Service was launched in early 2009 with funding support from the Department of Health and Ageing. This much needed service offers one to one, group support and complementary therapies to GLBT community members who present to ACON’s Sydney and Hunter branches with problematic drug use issues. Community and drug and alcohol sector development is being undertaken through the Substance Support Service’s public forums and through a GLBT affirmative service provision training program that is currently under development. The Substance Support Service has been performing strongly since its inception, and continues to operate at full capacity.

General Comments: Bipartisan Support & Harm Minimisation

ACON welcomes the opportunity to provide input into the development of Australia’s next National Drug Strategy (NDS). ACON recognises and commends the ongoing bipartisan support and commitment shown through the various iterations of the NDS. ACON also has no objection to the retention of harm minimisation as the term to describe the underpinnings of the Strategy as it continues to provide a useful framing of efforts to prevent and address harms associated with drug and alcohol use.

ACON is aware of the debate surrounding the use of various terminologies (harm prevention, etc.) but is of the view that no matter what term is chosen, there will be a need to educate the sector and broader community about how this term encapsulates the wide range of activities that a sophisticated approach to drug and alcohol harm requires.

Evidence Informed Practice

ACON strongly supports the retention of the principle of evidence informed policy and practice. There are two main reasons for this support.

Firstly, ACON strives to run programs and develop resources that are evidence based. This necessitates ongoing and high quality research and evaluation efforts. ACON also recognises that such research and evaluation work is time consuming, where sometimes results from comprehensive research can take many years. Often, there is a pressing need, or indeed a new innovation that shows promise. In this context, the evidence must be gathered by conducting carefully designed and implemented evaluations. Therefore, by retaining the principle of evidence informed policy, approaches to drug and alcohol use can continue to be directed by the evidence where it exists, as well as benefit from evaluations of pilot programs into the future – nationally and internationally.

In support of this principle, and in keeping with recommendations from the *Evaluation and Monitoring of the National Drug Strategy 2004 – 2009* Report by Siggins Miller (April 2009) in support of evidence, ACON would further suggest that for initiatives under, and in reports about, programs that contribute to the aims of the NDS that such programs are given an ‘evidence rating’.

Specifically – but not necessarily solely – this rating should be used in all reports by the Ministerial Council on Drug Strategy and/or the Intergovernmental Committee on Drugs.

The use of an ‘evidence rating’ would provide an explicit and transparent indicator of Australia’s commitment to evidence informed policy across all facets (harm reduction, supply reduction and demand reduction). Such a move would also demonstrate to the community the extent to which programs are supported by evidence. One example of an evidence rating may be found in the ANCD Publication Evidence Supporting Treatment.²

Implementing a rating of this kind could prove particularly useful in addressing community concerns, educating the public as to the worthiness of programs and of continued investment in research, and determining the value of retaining or implementing strategies in terms of the spending of public funds.

For instance, the Needle Syringe Program has been a great success story in Australia, being credited with the prevention of 32 050 new HIV infections and 96 667 new hepatitis C infections between 2000 and 2009.³ Needle and Syringe Programs have been well researched, including cost effectiveness studies.

Juxtaposing the Needle and Syringe Program, the use of Drug Detection Dogs in high visibility policing exercises in the community is an example of a supply reduction program that is continuing to operate with little (or no) evidence of effectiveness, and some evidence to suggest the strategy causes harm. A report by the New South Wales Ombudsman has indicated that the use of Drug Detection Dogs in police operations in New South Wales is neither a cost effective nor an effectual approach to reducing drug supply.

In addition, there are a range of unintended negative effects associated with the use of Drug Detection Dogs, including exposing first time offenders to the criminal justice system, civil liberties concerns and damaging community relationships with the police force. The Ombudsman’s report also highlighted that the presence of Drug Detection Dogs may in fact result in an increase in drug related harms to individuals.⁴

A review of the evidence regarding the value of high visibility policing strategies such as the use of Drug Detection Dogs in reducing the level of supply of illicit substances within Australian communities would be welcomed.

ACON acknowledges that the harms experienced by individuals and communities as a result of alcohol and tobacco use exceed the known harms that occur as a result of illicit drug use.

² ANCD Research Paper 3 (2001), *Evidence Supporting Treatment: the Effectiveness of Interventions for Illicit Drug Use*.

³ National Centre in HIV Epidemiology and Clinical Research (2009). *Return on investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia 2009*, Australian Government Department of Health and Ageing.

⁴ NSW Ombudsman (2006). *Review of the Police Powers (Drug Detection Dogs) Act 2001*, NSW Ombudsman.

In particular, all Australian Governments are to be commended for the focus on addressing alcohol related harms, however it is imperative that this does not come at the expense of a sustained investment in programs and services that aim to prevent and address the harms associated with illicit drug use.

For instance, funding provided to reduce the demand for illicit drugs through the National Illicit Drug Strategy NGO Treatment Grants Program (NGOTGP) have been important to the third sector's ability to effectively contribute to the reduction of drug related harm in the Australian community. With the assistance of funding through the NGOTGP, ACON has been able to establish a much needed multi-faceted counselling service to address the unmet treatment needs of GLBT community members. There is a strong need for ongoing demand reduction and harm reduction initiatives focusing on illicit drug use, particularly among populations where there is evidence of elevated rates of use and harm (such as the GLBT population).

Partnerships, Balance, and Cross Sectoral Approaches

The NDS has benefited from a productive interaction between government agencies concerned with law enforcement and health through the IGCD and MCDS. More latterly, the ANCD has also played an important role, particularly in bringing a community and NGO sector perspective. These structures have delivered a range of benefits that are identified within the Evaluation and Monitoring of the National Drug Strategy 2004 – 2009 Report by Siggins Miller (April 2009). While it is ACON's view that these structures should continue to operate, there are some issues arising from both the operation and composition of these governance structures that guide the NDS.

Firstly, the Agendas of the MCDS, IGCD and ANCD are not able to be viewed by the sector or public. Twice a year, the MCDS issues a communiqué, the IGCD provides an annual report (usually one year later than the current fiscal year) and the ANCD provides a range of documents such as research reports, media releases and other information on its website. This lack of transparency limits participation in the national dialogue around the NDS and in turn, creates unequal opportunities for the AOD sector to contribute to strategic issues and program development.

While ACON understands that sensitive papers would not be made available to the public, some transparency could be introduced whereby the agenda is made available, and/or there is an opportunity to place issues on the agenda.

Secondly, the lack of connectedness to strategies and dialogue outside the dominant law enforcement and health discourse is problematic. Insufficient strategic and programmatic linkages are made with other directly relevant sectors and strategies such as the National HIV Strategy, or the National Mental Health Strategy. Corrective Services are not represented in these forums at all, and it is also the case that the Education sector is not sufficiently represented – it is a 'poor cousin' to health and law enforcement. Further, there is a need to ensure the experiences and views of consumers of drug treatment and peers is included in advisory structures for the NDS, in keeping with a range of other important health policy areas.

It is ACON's recommendation that the membership of IGCD be expanded to include officials from other governmental programs or agencies – such as Corrections, HIV, Hepatitis C, Mental Health, Indigenous Affairs, Welfare, and Family and Community Services.

ACON acknowledges that such a committee may be too unwieldy due to the size. In this instance, thought could be given to developing specific sub-committees which could bring in this cross-sectoral advice. These sub-committees could be conceived of in broad terms, and could comprise a combination of government officials, as well as members of the NGO service sector and academics with expertise in these areas. In a similar way as the National Expert Advisory Committees once operated, these sub-committees could have regard to broad areas of concern (rather than drug type), with specific terms of reference, and clearer governance and reporting arrangements than was previously the case.

Given the importance of the NGO sector as a supplement to government funded services (such as hospitals and specialist drug and alcohol services), a continuation of a strong partnership with the sector is required. At the national level, the contribution of the NGO sector has been recognised most recently by the development of a National Compact which will articulate and encourage active and positive partnerships between government and NGOs. The paper recognises that through NGOs “government and communities work together to address key social, environmental and economic challenges,” and that these organisations “act as touchstones for strong public policy enriching cultural and recreational participation and advocating on behalf of marginalised groups.”⁵

The success of such an approach has been successfully demonstrated by the partnership approach that has been adopted in Australia in relation to HIV, and ACON advocates a similar model to underpin the NDS.

The partnership between Government and NGOs could be further enhanced under the NDS by seeking to involve the community sector in the dialogue at a national level (by more transparency in the agendas of national governance bodies), but also by looking at more formal involvement of the NGO sector in any sub-committees and/or time limited working groups that may be established under the Strategy in its future iterations.

Partnerships between the NGO sector and research bodies are also important. Given the relatively privileged position of the sector in that it has National Research Centres of Excellence, more could be made of these institutions and their interactions with others in the sector.

In the same way as the MCDS, IGCD and ANCD meeting agendas are not made public, there is also no identifiable means by which to understand or influence the research that is conducted by these Centres, nor is there a published research strategy that underpins the NDS.

In order to enhance the partnership between the NGO sector and research bodies, it would be desirable if a percentage of funding provided to the National Research Centres of Excellence was designated funding for research partnerships with NGOs, so that community based research capacity can be built, better evaluation work can be conducted and an improvement achieved in the partnerships within the Sector. As an organisation that values data collection and evidence-informed practice, ACON would greatly appreciate such an initiative, as we anticipate would other NGOs.

Capacity Building

The AOD sector experiences ongoing challenges in attracting, developing and retaining staff expertise. Among many health workers, the AOD field is viewed as an unappealing career pathway, perhaps as a reflection of the stigmatisation of drug use and people who use substances.

⁵ *National Compact Consultation Paper*, Part of the Social Inclusion Agenda, Commonwealth 2009, p.3.

Therefore, there are opportunities for the AOD field to be repositioned as a sector which offers opportunities to work to address entrenched disadvantage and social exclusion. Negative attitudes towards drug and alcohol work also highlight an ongoing need to build attitudinal change within the generalist health workforce regarding people who use drugs and the range of equity issues and barriers they may encounter in health settings and in the broader community. In this way, ACON would like to promote AOD work as a career 'destination' rather than a lesser preference or pathway to more desirable work.

In light of the key role that volunteers and peers can and do play in drug and alcohol service provision, particularly in the NGO sector, there is a need for the non-paid workforce to be explicitly included and supported through drug and alcohol workforce development initiatives.

ACON makes extensive use of volunteers in its drug and alcohol work. The volunteer-based Rover Project is one of ACON's most high profile and well-loved services within the GLBT community. This unfunded project involves training community members to prevent, recognise and respond to acute problems associated with drug and alcohol use in GLBT community events contexts. The volunteers do not provide First Aid, but rather they aim to prevent acute problems from developing and facilitate access to existing onsite medical services when needed.

Volunteer-driven services such as the Rover Project would benefit from being explicitly included within the NDS' capacity development considerations. Such inclusion and modest levels of support would assist NGOs to mobilise this capacity, and provide more adequate recognition of the contribution of the volunteer workforce. Further, such a move would be in keeping with recommendations from the Productivity Commission's Report *Contribution of the Not-For-Profit Sector*.⁶

This Report notes that the ABS has identified 59,000 "economically significant NFPs, contributing \$43 billion to Australia's GDP, and 8 per cent of employment in 2006-07". Further, the Report also notes that "4.6 million volunteers work with NFPs with a wage equivalent value of \$15 billion".⁷

ACON therefore recommends explicit mention of the value of volunteers in the NDS, and the need to ensure NGOs are supported to continue to mobilise this workforce, which provides such value to the Australian community.

In both the AOD workforce and the generalist health workforce, there is a need for cultural diversity training to incorporate sexual and gender diversity. The GLBT community has unique health needs in relation to drug and alcohol use. As noted above, the GLBT population has significantly higher rates of use of a range of illicit substances in comparison with the broader population, and it may be inferred that members of the GLBT population have some specific health service needs in relation to substance use.

Recent Australian research indicates that many GLBT people are not be comfortable accessing the health services they need, or do not feel comfortable disclosing their sexual or gender identity to health workers, often as a result of expectations or past experiences of homophobic discrimination from workers or other clients within health settings.

⁶ Completed in February 2010.

⁷ Page XXIII.

Such occurrences can leave GLBT clients feeling unsafe, which may in turn affect subsequent health service seeking by members of the GLBT community.⁸ In this way, GLBT populations suffer the double stigma of both their drug use and their diverse sexuality. It is important that barriers to treatment are reduced for this group, and as such, ACON recommends that GLBT 'cultural sensitivity' training is incorporated in workforce development considerations under the NDS.

For NGO AOD agencies, there are some specific challenges in relation to retaining a skilled workforce. The Productivity Commission's report notes:

The Not-For-Profit (NFP) sector faces increasing workforce pressures and long-term planning is required to address future workforce needs. For NFPs, less than full cost funding of many services has resulted in substantial wage gaps for NFP staff. The challenges in retaining staff threaten the sustainability and quality of services. Greater clarity about funding commitment is an important step in addressing these issues. Volunteers play a critical role in delivering NFP services but rising costs are affecting the viability of their engagement.⁹

NGOs with a strong focus on learning and development can provide rich opportunities for new AOD workers, however due to disparities in remuneration between the sectors, there is an ongoing tendency for NGOs to lose skilled drug and alcohol staff to the government AOD sector or to other areas of health. There is a need to support workforce development in the NGO AOD sector by addressing remuneration disparities, and by supporting the establishment of attractive career pathways within this sector.

New Technologies and Online Services

New technologies continue to offer a range of challenges and opportunities in relation to drug and alcohol use and associated health issues.

Opportunities for health promotion agencies to undertake social marketing using electronic platforms, and to increase engagement using social networking media, continue to grow and develop.

The relative anonymity that online media offer is particularly valuable for accessing members of the community who engage in illicit and/or stigmatised drug use behaviours, who may otherwise avoid engaging with health services around substance use issues.

Notwithstanding the variable quality of internet access across regional and remote areas, web-based information provision permits broader access to drug and alcohol interventions than traditional media can achieve.

The proliferation of online information resources that relate to drug and alcohol use poses a number of challenges for the AOD sector. The factual accuracy and the educational principles underpinning existing online drug and alcohol information sources are highly variable. If the drug and alcohol sector is to rely more heavily upon new technologies for drug and alcohol education and other interventions, there is also a need to promote the development of critical skills among the population in order to determine the reliability of information sources.

⁸ Bowers R., Plummer D., McCann P., McConaghy C., Irwin L. (2006). *How we manage sexual and gender diversity in the public health system: A research report*, School of Health, University of New England and Northern Sydney Central Coast Health.

⁹ Page XXIV.

As noted in the *Consultation Paper*, the internet has increased the accessibility of experimental and pharmaceutical products through online sales. It is likely that new substances and new patterns of drug use will continue to emerge in this way in the coming years. There is a need to ensure that the drug and alcohol sector is equipped to address the changing information needs of the communities they serve. Improvements to data collection and the dissemination of research to affected communities are also critical in meeting the health needs of people who are engaging in emerging drug use patterns.

Given the GLBT community are generally high users of technology, ACON is seeking to develop an increased capacity to use new media in its health promotion work. In many ways, ACON believes it is necessary to engage with emerging technologies to “keep” our audience. As technologies develop, there is an increasing imperative to be active in cyberspace, as this will be a source of information into the future. Put simply, we cannot afford to be left behind when it comes to the utilisation of new technology in the development, delivery and evaluation of health services.

As a result of the current balance of investment in the three pillars of the NDS, heavily weighted as it is towards supply reduction measures, health promotion and harm reduction work is frequently undertaken with extremely limited resources.

Drug and alcohol education strategies that employ digital media may prove to be more resource intensive in the short-term than initiatives that use traditional media, but once established, may offer economies of scale, as well as expanded reach. Support is needed to enable the drug and alcohol sector to utilise newer technologies effectively and to best access target populations.

Increased Vulnerability

Partnerships between government and affected communities, community-based organisations, business and industry, the medical profession and research institutions are acknowledged as particularly critical to meeting the needs of Australia’s most vulnerable populations.

The previous National Drug Strategy focused upon integrating its aims with those of the *National Hepatitis C Strategy* and *National HIV/AIDS Strategies*, the *National Mental Health Strategy*, the *National Suicide Prevention Strategy*, and the *Aboriginal and Torres Strait Islander Peoples Complementary Action Plan*.

In order to ensure a shared focus on the needs of vulnerable populations, the forthcoming National Drug Strategy also needs to reference the Social Inclusion Agenda. Furthermore, a future NDS could usefully make explicit that in terms of health, Australia is interested in a social determinants of health model, which assists in the direction of scarce resources to the most vulnerable in our community.

As mentioned above, the balance of investment between supply reduction, demand reduction and harm reduction in all Australian jurisdictions is currently weighted heavily towards supply reduction measures. This strong focus on law enforcement and comparatively minimal investment in the promotion of health, treatment and harm reduction has a disproportionate and detrimental impact upon the health of the most vulnerable members of the community. People who experience higher levels of social exclusion, those with a history of contact with the justice system and people who experience intergenerational disadvantage are at increased risk of coming into contact with drug law enforcement, and are least able to access existing demand reduction and harm reduction services.

There is a need to examine the evidence for the current balance of investment between the pillars in order to minimise drug and alcohol harms for the whole Australian community. In reorienting the investment, ACON would strongly suggest an increased emphasis on community-based prevention and education messages. Community-based organisations are best placed to efficiently produce targeted and effective messages for at risk populations. ACON has a strong history of partnering with government to produce health promotion campaigns and is able to provide examples (based on our HIV prevention work).

An important next step for the NDS is to ensure programs with strong evidence of effectiveness are made available to all Australians. For instance, Australia's prisoner population, which predominantly constitutes a disadvantaged group with some of the poorest health outcomes in the country and very high rates of injecting drug use and hepatitis C infection¹⁰, does not have access to the vital prevention and harm reduction services that NSPs provide. This is despite prisoners being recognised as a priority population in both the *National Hepatitis C Strategy* and the *National HIV/AIDS Strategy*.

In addition, ACON supports the continuation of very specific use of peer-based approaches, diversion programs and community development approaches. These are all programs that require continued funding and support to ensure that the reductions in drug use achieved over the successive iterations of the NDS are not lost.

As mentioned earlier GLBT people are a vulnerable population. The GLBT community is at increased risk of health problems arising from drug and alcohol use, given the higher rates of use of a number of substances in comparison with the general population, as well as because of the barriers to health service access that this group experiences.

ACON acknowledges the strong support that the Australian Government currently provides to ACON's work addressing alcohol and other drug use among GLBT populations. We would encourage the Australian Government to underscore this existing support by explicitly naming the GLBT population (in addition to other populations that have greater support needs around drug and alcohol issues) as a vulnerable population in the next iteration of the NDS, consistent with the *New South Wales Drug and Alcohol Plan 2006–2010*.

Performance Measures

The establishment of a set of publicly available performance measures would be beneficial for assessing Australia's progress and performance on the objectives of the NDS.

In keeping with ACON's recommendation that an evidence rating is used for all NDS programs, ACON also supports performance measures for the NDS. Measuring performance is important, as is an equal focus on performance relating to each of the three pillars of the harm minimisation approach.

An evaluation panel, independent from government, with a broad range of expertise would be best placed to develop an appropriate set of key performance indicators and develop the performance evaluation process. A manageable number of high level key performance indicators (for example 7 performance indicators for supply reduction, demand reduction and harm reduction objectives, making 21 in total) would ensure that the data set generated would provide relevant indicators of progress while being practical in terms of data collection efforts.

¹⁰ Butler, T., Milner, L. (2003). *The 2001 New South Wales Inmate Health Survey*. Corrections Health Service. Sydney.

In order for adequate measurement against performance indicators to occur, there is a need to improve current data collection across the drug and alcohol sector.

The existing National Minimum Data Set (NMDS) collects basic data on drug and alcohol treatment provision. This data set does not currently collect sexuality data, despite the clear need to improve our knowledge on the drug and alcohol-related health issues and service needs for the GLBT population. In light of the government's commitment to improving the health of populations that experience increased rates of vulnerability to drug and alcohol issues, there is a need to add data collection regarding such populations. Data collection on Indigenous status already occurs within the NMDS, and there may be opportunities for adding other populations, including the GLBT population, to the data set.

There is currently no system in place for collecting and consolidating data regarding the broad range of harm reduction and health promotion work that is being done across the drug and alcohol sector. As a consequence, the evidence base for the impacts and outcomes of harm reduction and health promotion initiatives is weak, despite the strong evidence base for such approaches reducing drug related harms, reducing the demand for substances and improving community health outcomes cost effectively.

In order to document achievements against demand reduction and harm reduction objectives, there is a need to explore options for a standardised data collection system in regards to harm reduction service delivery.

Conclusion

Drug and alcohol issues are a very significant concern within the GLBT community. Accordingly, ACON welcomes the opportunity to provide input into this important process and stands ready to provide any further information should it be required. For more information or to clarify any of the points raised above, please contact Karen Price, Director – Policy, Strategy and Research at ACON on 02 9206 2048 (kprice@acon.org.au) or Ange Matheson, Manager of Alcohol and Drug Program on 02 9206 2081.