National Campaign Against Drug Abuse (NCADA): A policy perspective

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In April 1985 a Special Premiers' Conference was held in Canberra. It's express purpose was for the States and the Commonwealth to formalize participation in a nation-wide program of social improvement. The agreement was for an initial 3 year period, at a cost of $100 million, and was to be known as the National Campaign Against Drug Abuse (NCADA). The Premiers' Conference was referred to as the Drug Summit and was presented to the public as a joint effort, above party politics, to be like a war effort to bring the nation back from the brink of a impending fall into the abyss of full-scale drug abuse.

In Australia joint cooperative activity between all the States and the Federal government has been difficult to obtain and if it does occur, is prone to disintegrate because of the varying political shades of the governments. The States also have a long history of preserving their separate identities against perceived incursion by the Federal government and have exclusive powers for the provision and delivery of many services. The main arenas the NCADA identified were to be in education, rehabilitation and law enforcement. These are three areas of exclusive State jurisdiction, marked by wide divergences in services and administrative arrangements between the States.

The communique issued by the Special Premiers' Conference, which set out the aims and objectives of the NCADA is considered to be an authoritative policy statement and will be used to illustrate the complexity of implementation of policy, when this involves an intractable social problem and the necessity for cooperative effort between widely divergent organizations in a number of jurisdictions.

Most social problems with which governments are concerned are intractable and not amenable to dramatic improvement. The central concern of the NCADA, to minimize the harmful effects of drug abuse, is a particularly good illustration of an attempt to solve an intractable problem.

The NCADA was to operate by funding existing organizations in the States, it was not an attempt to introduce radical or untried recipes. The role of the Federal Government was to be that as a co-ordinator

of a national media strategy of the image of a nation that had a drug problem and needed to collectively create a healthier and safer society. The States were to have the function of program development and service provision and/or distributors of funds to non government welfare organizations (NGWOs).

The campaign was predicated on the belief that drug abuse was self-evident, that there was already a strong degree of consensus that it was a problem, and that there were causes which if properly understood, would result in fruitful investment in preventative programs. In the document issued by the Special Premiers' Conference it was stated the campaign would achieve its stated goal of reducing drug abuse by influencing

> " attitudes so that drug abuse is less attractive; to increase the ability of individuals to resist the perceived attractiveness of drugs; to promote health through activities such as exercise and community development; to assist individuals to set positive life goals and to increase their self-esteem; and decrease socially irresponsible behaviour." Department of Health (1985; 4-5)

What constituted an unacceptable level of drug abuse was not quantified, and neither was an acceptable level of abuse articulated. It has always been very difficult to measure drug abuse, it is usually inferred from proxy measures such as deaths, hospital admission rates, impressionistic data, police arrest rates, etc.

The formation of the NCADA acted as an external impetus for change in the implementation of a more comprehensive drug abuse policy. The imprimatur of the Prime Minister, supported by all state Premiers, meant that organizations were expected to develop programs that could achieve the broad objective. This implies that organizations would have to be highly adaptive, rather than see implementation as the performance of well-defined activities as determined by the funding body. In evaluation of NCADA we must acknowledge that perfect implementation is unlikely, if not impossible. In practice it is not possible to meet all the six pre-conditions as defined by Hogwood and Gunn (1984).

In the field of drug abuse there is a considerable range of opinion between organizations and treatment agencies on matters such as causality, educational strategies, the definition of a drug, what constitutes abuse, the utility of the criminalization of drug use, etc. The NCADA strategy seems to have overlooked these divergences, which in practice are often polarized positions. Because

> " ..implementation requires not only a complex series of events and linkages but also agreement at each event among a large number of participants, (the effect

> of which is that) the probability of a successful or even a predictable outcome must be further reduced." Hogwood and Gunn (1984:202)

Besides the definitional difficulties of what is abuse and is a drug, an even more complex area is the outcome measures capable of demonstrating effectiveness. There is a substantial divergence in view about what constitutes "success". Is it complete abstinence from illicit drugs or complete abstinence from all drugs? Is it compliance with a treatment regime whereby the individual uses medication as prescribed and does not use non-prescribed medication? Is it improved social functioning, such as increased employment and reduced crime?

It is useful to briefly review the development of drug abuse as a problem in contemporary Australia. There have been previous episodes in our history when drug use has evoked strong community concern, such as opium smoking by Chinese immigrants around the turn of the century and cocaine use by returned World War I veterans. The two mostly widely used drugs, alcohol and tobacco, have not been regarded as subjects of serious concern until quite recently. The former drug has of course had a long and colourful history in Australia, and is responsible for many more annual deaths that all the other drugs, with the exception of tobacco.

If the criterion for the NCADA national drug abuse policy had been to reduce the mortality due to drug use, then an entirely different type of campaign could have been devised. Alcohol and tobacco would have been the major targets. This would have meant that we would have required a re-evaluation of institutional, corporate and political arrangements and this would have proven to have been very contentious and divisive. Very powerful corporations would have strongly resisted restrictions on the availability of their products, contending it was undemocratic to restrict free choice in our society. Similarly trade unions with large memberships working in the liquor industry would have resisted loss of employment if demand was reduced as a consequence of policy.

The focus of the NCADA has largely been on illicit drugs, particularly the so-called hard drugs. This in retrospect the least contentious area, for which there is also a large degree of community support even though relatively small number of individuals are involved. A prominent component of the Federal involvement has been towards drug trafficking. It was stated in the booklet *The $100 Million Commitment* distributed to Australian households that "(d)rug offenders have never run a greater risk of detection", and at another place because Australia had toughened up its passport laws and was negotiating extradition treaties with a

number of countries, then "(b)efore they're much older, criminals will find there's nowhere left in the world beyond the reach of Australian law." The imagery from the propositions in the booklet are vivid, suggesting that drug abuse will quickly infects a defenceless Australian population unless it is stopped at the national borders and the citizens are innoculated by generous infusions of preventative education. The role of imagery is a central if unarticulated aspect of the NCADA.

The genesis for the NCADA can be traced through a series of major inquiries and royal commissions since 1970. The first was a report by the Senate Select Committee on Drug Trafficking and Drug Abuse in 1971. Two further Federal parliamentary inquiries preceded the era of commissions of inquiry - the Senate Standing Committee on Health and Welfare in 1975, and in 1977 the Senate Standing Committee on Social Welfare. These latter two reports attempted to develop a perspective that licit drugs were of major concern.

Subsequent reports focussed on the criminal activity that was associated with the illicit drugs, in particular marijuana and heroin selling and importation. Some of these inquiries, especially the Costigan inquiry into the activities of the Federated Ship Painters and Dockers Union, have played a major part in emphasizing the reputed association between crime and drug addiction. The reports that followed were the Australian Royal Commission of Inquiry into Drugs in 1977 (Williams commission); the South Australian Royal Commission Into the Non-Medical Use of Drugs in 1979; the New South Wales Royal Commission into Drug Trafficking in 1979 (Woodward commission) and the Stewart Royal Commission of Inquiry into Drug Trafficking in 1981.

Analysis of the success or otherwise of the NCADA is premature and difficult to quantify given the multiplicity of activities and programs that have been funded. It is necessary to establish which approach is most appropriate. The intention of the NCADA as a complete package was to reduce the level of drug abuse in the community. This kind of behavioural outcome cannot be willed by a policy maker, it is in the final analysis a private choice by the individual to modify his/her behaviour and adopt non-drug abusing values. It may be more feasible to develop a framework of analysis that starts with a specification to reduce drug abuse to a specified level, and then develop in an ordered fashion the elements of the policy required to achieve the goal. This method has been described as backward mapping, and begins

> "... with a concrete statement of the behaviour that creates the occasion for policy intervention, describe a set of organizational operations that can be expected to affect that behaviour, describe the expected effect of these operations, and then describe for each level of the implementation process what effect one would expect that level to have on the target behaviour and what resources are required for that effect to occur." Elmore (1979-80: 612)

I would submit the NCADA could be analyzed in such a fashion, except that the components in between the behavioural specification and the needed resources are not easy to spell out. In two of the three areas in which the NCADA funded programs, treatment/rehabilitation and law enforcement, it is likely that it would be impossible to measure appropriate organizational goals and operations. In the third area, education, we need to maintain a long-term perspective before we could claim that behaviours in adulthood and youth were attributable to educational programs that were provided some years before during primary and secondary education.

The other difficulty faced by the policy objective of reducing drug abuse, is that the term *drug abuse* is not an entity capable of precise definition. Does it mean the use of illicit (ie non-prescribed) substances? As part of an intention to reduce the supply component of drug abuse, a widely acclaimed effect of the NCADA has been to bolster law enforcement activities, with specific reference to illicit drugs. There has been considerable disquiet by highly influential medical organizations that tobacco use, particularly by the young, should have been a major priority of the NCADA. The campaign has rejected such views and has confined the definition of drug to a narrow spectrum of substances.

The Williams Royal Commission in 1977 and subsequent inquiries except for the South Australian commission, support the proposition that drug abuse supports and is supported by organized criminal enterprises. However, contrary concern was expressed in the two prior Senate Standing Committee reports which indicated that licit drugs were the principal form of drug abuse. The practices of medical practitioners had been shown to play a major role in the supply side of the drug abuse. The NCADA could have with equal justification focussed on the activities of medical practitioners. No doubt such an approach would have caused considerable controversy and difficulty for the campaign.

The States' enthusiasm for the NCADA was that it was an opportunity to obtain resources for activities which previously were not funded by the Federal government. Some of the states had placed the treatment of drug abusers within the jurisdiction of psychiatric services. This area of health care is not funded by the Federal government, ie not included in the Commonwealth-State hospital cost sharing agreements. Also of interest is that prison systems have been the sole responsibility of the states, however NCADA has meant that offenders who could be identified as drug abusers could be placed, depending on the seriousness of the offence, into NCADA funded treatment programs for offenders with drug abuse problems. The recent identification of AIDS as a significant threat to the health of IV drug abusers and in turn the wider population who are their sexual partners has added a new dimension to types of programs that could be funded as well as given a renewed impetus to expand treatment services.

From April 1985 to the end of 1986 the NCADA was concerned with heightening public concern about drug abuse. However there had been research prior to the campaign that the overall level of drug abuse in Australia had been declining in the 1980s compared to the 1970s, though there was evidence that amongst young people alcohol, tobacco and marijuana consumption had not declined: Barber and Grichting (1987). The Federal Minister for Health, Dr Blewett, in an address in March 1987 cited as a highly successful outcome of the NCADA had been

" .. a major shift in responses to questions about availability of information on drugs to the community, and the efforts of Governments in providing drug information." Blewett (1987: 12)

This could be interpreted as meaning the campaign had successfully generated concern about the seriousness and extent of drug abuse, and that the large amount of expenditure on the media campaign had been justified in response to the demand for information. Experience in the United States, which some years previously had launched a similar media campaign to capitalize on alarm and concern about drug use had suggested that this kind of strategy had increased interest in drug taking, contrary to the intended outcome. The more recent emphasis of the NCADA has been to focus on target groups, in particular youth, Aborigines, pregnant women and mothers of young children.

Prior to the NCADA the treatment and rehabilitation of drug abusers had generally been regarded as an activity characterized by poor rates of return for the effort and resources expended. The States were generally reluctant to fund treatment services,

except as separate components outside of the mainstream health care system. In the most populous state, New South Wales, government provided little in the way of services itself, instead funding NGWOs. The NGWOs were cheaper to run because of their extensive use of volunteers and/or services of non-professionals. The programs offered by these agencies were very selective, in that the mode of treatment was abstinence oriented residential treatment in so-called therapeutic communities. See generally Kerr report (1985).

In three of the States, Queensland, Victoria and Western Australia, there has been a significant commitment by government as a direct service provider. With respect to the treatment of heroin users these states have operated well established methadone programs for some years. It is to be noted that in these three states non-Labor governments had been instrumental in the development of comprehensive treatment services.

The NCADA principally has benefitted the state of New South Wales, particularly by the injection of a considerable amount of funding for the expansion of methadone treatment. This was a tacit admission that the prior emphasis on abstinence oriented services provided by NGWOs had had a limited effectiveness in treatment and not produced decreases in drug abuse. This point is highlighted in Dr Blewett's address in March 1987, when he said

" ... whereas in August 1985 there were only about 750 positions for persons in methadone programs in New South Wales, by 31 December 1986 there were actually 3131 persons in methadone programs throughout that state." Blewett (1987:13)

The history of the implementation of the Western Australian drug abuse policy bears closer examination, in that it can be described as resembling a rejuvenation scenario. This type of scenario is described by Mazmanian & Sabatier (183: 281-2). There was in Western Australia a period of initial enthusiasm, followed from by disappointment that in spite of well-intentioned and humane programs the magnitude of drug abuse increased. The intractability of the problem also meant outcome measures were difficult to establish. More recently, with the advent of NCADA funding there has been expansion of some services and the development of new programs. A significant feature of the post-NCADA phase has been the establishment of training and educational courses in tertiary institutions.

In Western Australia there was an Honorary Royal Commission in 1972 which investigated the extent of use of alcohol, marijuana and mind-altering drugs. As a

result of this inquiry a new statutory organization, the Western Australian Alcohol and Drug Authority was created in 1974. The significance of the new organization was to relieve the psychiatric health care system and general hospitals of the necessity to offer care to alcohol and other drug abusers. Another change that occurred was the termination of the compulsory treatment of alcoholics. Until the the early 1970s in Western Australia a person could be convicted as an inebriate under the Convicted Inebriates Act and detained for up to six months in a low security prison farm treatment setting. The new organization inherited the farm in 1974, but used it for voluntary admissions of alcoholics.

An important feature of the new statutory organization created in 1974 was that its inaugural chairman was a Liberal member of parliament. He had been a sponsor of the parliamentary inquiry. The fortunes of the organization declined after his resignation and the change of government. It was not until after 1975 that heroin use became apparent in Western Australia. The organization was unable to develop an effective program for this particular client group, as compared to the population of alcohol abusers that the organization preferentially treated, this group were younger, more articulate and not prepared to undertake detoxification oriented programs. The organization underwent a period of decline and encountered a loss of support for its effectiveness.

Another factor that spurred the establishment of the organization in 1974 was the availability of funding from the Federal government, under the auspices of the Community Health Program of the Whitlam government. Grants from this program were expressly for the establishment of programs to provide non-hospital based services.

A further change of government in Western Australia (the Burke government) saw the organization subject to an intensive parliamentary examination by a Select Committee in 1983 of its performance and scope of activities. As a consequence of the Hill report there was increased support from the organization's sovereign and a change in emphasis away from direct service to education, research and preventive programs.

The current policy is implemented by government largely reserving to itself the responsibility for educational programs and research and evaluation activities, with direct services shifted wherever possible to NGWOs.

I have attempted to illustrate that analysis of policy implementation is a difficult exercise. The NCADA, which has operated only since 1985, has resembled a process of substantial transfusion of additional funding to the States for them to develop services which they could define as reducing drug abuse. The large number of projects funded and the diverse form of research projects makes it difficult to pin-point with precision the necessary pre-conditions for satisfactory implementation.

The outcome measures of the overall program are very difficult to quantify, either because they are very limited samples from treatment populations, or because the outcome measure is confounded by maturity and non-program factors. The NCADA generated a lot of activity and was an opportunity for all governments to join together in urging the community to fight against the consequences of the use of drugs. A significant but unstated condition for the implementation of the NCADA was to avoid conflict with powerful vested interest groups in the liquor, tobacco and pharmaceutical drugs area.

Principal benefactors of the NCADA have been the many professional groups whose employment prospects and academic reputations have been enhanced. The stated objective of NCADA, to reduce the level of drug abuse, may never be quantifiable, and if drug abuse is perceived by the community to not have been reduced, then the support behind the campaign may evaporate. The intractability of drug abuse in all its various forms licit and illicit, is largely determined by socio-economic factors, such as family stability and economic prosperity, matters not within the ambit of the NCADA.

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