



10 December 2010

National Drug Strategy 2010-2015 Consultation  
MDP 701  
GPO Box 9848  
CANBERRA ACT 2601  
Email: [NDSconsultation@health.gov.au](mailto:NDSconsultation@health.gov.au)

Dear Sir/Madam

**RE: National Drug Strategy 2010-2015 Consultation**

The Public Health Association of Australia Inc (PHAA) provides a forum for the exchange of ideas, knowledge and information on public health. The Association is also involved in advocacy for public health policy, capacity building, development, research and training. PHAA has Branches in every state and territory. Membership of around 1600 individuals spans the health spectrum and over 40 public health related occupations are represented. PHAA has thirteen Special Interest Groups for members to meet with those who have similar interests and passions, to exchange information and to develop policy positions and papers.

As PHAA has a national and multidisciplinary perspective on public health issues it is able to make a major contribution to the public health debate in Australia through representation on government boards, committees and other decision-making bodies such as the National Health and Medical Research Council and the Australian Institute of Health and Welfare. PHAA members also sit on many state and territory committees contributing to a broad spectrum of public health issues.

PHAA members also contribute to the development and execution of public health policy in Australia, and in particular bring their experience and expertise to the development of policies for the Association. These policies are considered by the appropriate Special Interest Group, reviewed by the broad membership and finalised at the annual general meeting of the membership. When endorsed these policies become the basis for public health action for the Association.

The attached policy documents provide detail in relation to PHAA's key policy priorities in relation to alcohol and other drugs, which we would like to see incorporated in the new National Drug Strategy 2010-2015:

- Attachment A - Aboriginal and Torres Strait Islander Peoples' Substance Use Policy;
- Attachment B - Alcohol Policy;
- Attachment C - Exposure to Second-hand Smoke Policy;
- Attachment D - Illicit Drug Problems Policy;
- Attachment E - Pharmaceutical Drug Misuse Policy; and
- Attachment F - Tobacco Control Policy.

Further to the priorities outlined in the attached policy documents, we are also pleased to provide the following additional comments in relation to the current draft Strategy.

PHAA is pleased to see that the overarching commitment to harm minimisation and the three pillars of supply reduction, demand reduction and harm reduction has been retained in the new Strategy. PHAA welcomes the commitment to the

continued partnership between health and law enforcement portfolios that is vital to the holistic three pillar approach underpinning the Strategy. We are pleased to see attention to both licit and illicit drugs throughout the document and acknowledgement of the importance of an Indigenous-specific sub-strategy focussing on the needs of Aboriginal and Torres Strait Islander peoples. PHAA also welcomes the enhanced focus on disadvantaged populations and licit drugs in the current Strategy.

However, given the acknowledgement of the Ministerial Council on Drugs Strategy (MCDS) as a “*unique and new partnership between law enforcement, health and education which has enabled great strides to be taken in supply, demand and harm reduction through integrated approaches*” (pg 36), PHAA is disappointed that the current Council of Australian Government (COAG) review of ministerial councils may see the demise of MCDS. MCDS continues to have a vital role to play in facilitating and ensuring cross-portfolio engagement with and implementation of the new Strategy, particularly given the retention of the three pillar approach. PHAA believes the retention of MCDS in its current form is essential to ensuring ongoing viability and accountability in relation to the new Strategy, the implementation of which continues to require whole-of-government effort and commitment.

In addition, PHAA is keen to ensure that a specific *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan* is developed in consultation with communities as a formal sub-strategy. Given the well-documented harms to Indigenous communities from the misuse of alcohol and other drugs, the retention of the sub-strategy will be vital the achievement of broader Australian Government priorities in relation to *Closing the Gap*. PHAA also maintains a specific policy document on Aboriginal and Torres Strait Islander Peoples’ Substance Use (attached) that is provided to inform subsequent development of the new sub-strategy.

Therefore we recommend that:

1. MCDS be retained;
2. A *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan* be retained as a formal sub-strategy;
3. The recommendations in the attached PHAA policies be incorporated; and
4. Appropriate focus on disadvantaged groups, particularly Aboriginal and Torres Strait Islander peoples, is ensured.

Further to the input provided in this submission and the attached policy documents, PHAA is also one of the coordinating organisations for the National Alliance for Action on Alcohol (NAAA) and supports the additional alcohol-related policy priorities outlined in NAAA’s submission on the draft Strategy.

We appreciate the opportunity to provide input to the current process and look forward to seeing the final version of the Strategy incorporating input and feedback received through the consultations. Please do not hesitate to contact PHAA should you require additional information with regard this submission.

Yours sincerely



Michael Moore  
Chief Executive Officer  
Public Health Association of Australia