

## Aboriginal and Torres Strait Islander People's Substance Use Policy Position Statement

**Key  
messages:**

Substance use contributes significantly to the gap in life expectancy between Aboriginal and Torres Strait Islander people and other Australians.

Smoking is the major cause of chronic disease, and alcohol and other drug use a major contributor to the higher rates of injury, violence and Aboriginal and Torres Strait Islander people involvement in the criminal justice system.

Together alcohol, tobacco and illicit drugs use continues to be both the cause and effect of much suffering amongst Aboriginal and Torres Strait Islander people, causing serious harm to the physical health and to the social health of individuals and their communities.

**Key policy  
positions:**

1. A new National Committee for alcohol and drug policy with Aboriginal and Torres Strait Islander people part of the decision-making process.
2. Develop and implement a follow up to the *National Aboriginal and Torres Strait Islander People's Drug Strategy 2014-2019* including harm reduction and historical and social determinants.

**Audience:**

Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

**Responsibility:**

PHAA Aboriginal and Torres Strait Islander Special Interest Group

**Date adopted:**

18 September 2019

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# Aboriginal and Torres Strait Islander People's Substance Use

## Policy position statement

### PHAA affirms the following principles:

1. Hazardous substance use should be treated as a health issue, not a criminal justice issue.
2. An ongoing partnership among Aboriginal and Torres Strait Islander peak bodies, health professionals, communities and people, with governments and non-government organisations as well as the private sector is essential for appropriate responses to substance use.<sup>1</sup>
3. Community control through Aboriginal Community Controlled Health services ("ACCHOs") must be at the centre of policy development and service provision.
4. There should be a whole-of-family approach to alcohol and other drug ("AoD") treatment and care.<sup>1</sup>
5. Substance use service provision for Aboriginal and Torres Strait Islander people should be guided by the following principles:
  - a. be driven by Aboriginal and Torres Strait Islander people;
  - b. be evidence-based with reference to established best practice;
  - c. facilitate the provision of a multifaceted range of services within communities, and aim for equitable levels of service delivery across the nation; and
  - d. be in line with key national strategic priorities and timeframes for implementation, particularly the current *National Aboriginal Torres Strait Islander Peoples Drug Strategy 2014-2019* and the new *2019-2024 Strategy*.

### PHAA notes the following evidence:

6. Hazardous substance use contributes significantly to the gap in morbidity and mortality between Aboriginal and Torres Strait Islander people and other Australians.<sup>2, 3</sup> Smoking is the major cause of chronic disease, and alcohol and other drug use a major contributor to the higher rates of injury, violence and exposure to the criminal justice system.<sup>4</sup>
7. Together alcohol, tobacco and illicit substances use continues to be both the cause and effect of much suffering amongst Aboriginal and Torres Strait Islander people causing serious harm to the physical health and to the social health of individuals and their communities.<sup>3, 5</sup>
8. Alcohol restrictions have been successful in improving the public health of some remote and regional communities and towns.<sup>6, 7</sup> Community-led alcohol restriction policies should be supported.

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9. Amphetamine use in Aboriginal communities is a priority issue requiring specific responses resourced by Governments.<sup>8,9</sup>
10. Further work is required to develop an integrated service delivery model for the common co-morbidities of substance use and mental health issues. Such a model must take into account Aboriginal and Torres Strait Islander culture.<sup>10, 11</sup>
11. Sobering up shelters and night patrols prevent Aboriginal people being placed in police custody and provide an important point of contact for drug and alcohol treatment services.<sup>12</sup>
12. Parents and other adults often supply alcohol to young people under the age of 18 years.<sup>13</sup> The use of alcohol in these younger years is harmful and health promotion should be undertaken to incorporate these messages in a non-threatening but assertive way for parents and other adults.<sup>14</sup>
13. Implementing this policy would contribute towards the achievement of [UN Sustainable Development Goals 3 – Good Health and Wellbeing](#) and [10 – Reduced Inequalities](#).

### PHAA seeks the following actions:

14. Develop, resource and implement a new National Aboriginal and Torres Strait Islander People's Drug Strategy.
15. Develop a service provision funding model which is evidence-based, community driven, multifaceted, equitable across the country, and in line with national Strategies.
16. Additional resources to provide both AOD specific services and to expand the capacity of generalist health services, particularly ACCHOs to better deal with AoD use issues, and provide people with a choice of service providers wherever possible.<sup>12</sup>
17. Sobering up shelters should continue to be funded and additional shelters opened.
18. Night patrols should continue to be funded and additional service opened.

### PHAA resolves to:

19. Advocate for the above actions to be taken based on the principles outlined in this statement.

**ADOPTED September 2019**  
**(First adopted 2008, revised in 2016)**

## References

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13. Kelly AB, Chan GCK, Weier M, Quinn C, Gullo MJ, Connor JP, et al. Parental supply of alcohol to Australian minors: an analysis of six nationally representative surveys spanning 15 years. *BMC Public Health*. 2016;16(1).
14. Gilligan C, Kypri K, Johnson N, Lynagh M, Love S. Parental supply of alcohol and adolescent risky drinking. *Drug and alcohol review*. 2012;31(6):754-62.