Public Health Association of Australia submission on Action on Ice – the draft plan to address use and harms caused by crystal methamphetamines (Qld)
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**Introduction**

**The Public Health Association of Australia**

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia. The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

**Vision for a healthy population**

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

**Mission for the Public Health Association of Australia**

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

**Preamble**

PHAA welcomes the opportunity to provide input to the draft plan to address use and harms caused by crystal methamphetamines in Queensland. The reduction of social and health inequities should be an overarching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on reducing health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.
PHAA Response to Action on Ice

The PHAA supports the basis of the plan being the three pillars of harm minimisation, demand reduction and supply reduction. The PHAA is pleased to note the inclusion of the social determinants of health that contribute to substance misuse. It is essential that any response to ice includes a strong focus on addressing these factors.

The PHAA supports the reintroduction of specialist drug courts as one method of maintaining the focus on drug and alcohol misuse as primarily a health issue, most appropriately addressed within the health sector rather than the criminal justice system. The PHAA is concerned to ensure that actions to reduce the supply of ice focus on the highest levels of the production and trade in methamphetamines, rather than the criminalisation of users for possession of small amounts.

The PHAA notes the proposed delivery of prevention messages to high risk population groups. The proportion of police detainees in Brisbane testing positive to methamphetamines is approaching half, and ice is now the most commonly reported drug used by prison entrants in Queensland. The high risk population groups noted in the plan should include those involved with or at risk of involvement with the criminal justice system. However, the health effects of ice should be noted with regard to capacity to respond to education and prevention programs. Effects such as difficulties with paying attention for long periods of time, retaining new information and thinking through consequences of behaviour may impede the ability of existing users to benefit from prevention programs.

The PHAA supports the delivery of programs to offenders within both custodial and community based corrections aimed at addressing and managing issues relating to substance use. The purpose and philosophy of substance misuse programs are important in terms of the outcomes likely to be achieved. Often, programs from the perspective of corrections focus on reducing substance misuse to reduce recidivism and the likelihood of returning to prison, whereas programs from the perspective of health focus on reducing substance misuse to reduce the detrimental health effects. For the benefit of public health, these programs should a focus on the health issues related to substance use, not just the criminogenic risk factors.

Through care from custody to the community is important for maximising the benefits of these programs, particularly during the period of increased risk in the first days and weeks after release from prison. It is therefore important for intervention and support programs addressing substance use to be able to continue once a prisoner is released from custody.

The proposed action to improve the delivery of alcohol and other drug services to Aboriginal and Torres Strait Islanders in Queensland through working with key Aboriginal and Torres Strait Islander stakeholders is supported. Given the over-representation of Aboriginal and Torres Strait Islanders in prison, including in Queensland, these efforts should extent to programs and services delivered in prisons.
PHAA submission on Action on Ice (Queensland)

The PHAA strongly supports the establishment of specialist services for people experiencing co-morbid substance use and mental illness. This is a highly vulnerable population who are often at risk of not being able to access services because of their co-morbidity and high needs. The increased contact with the criminal justice system that many of this population provides a further barrier to accessing services in the community.

The PHAA supports the maintenance of needle and syringe programs in the community. These programs have proven effectiveness and should also be available in prison.

**Conclusion**

PHAA supports the broad directions of the Action on Ice draft plan. However, we are keen to ensure responses focus on prevention, early intervention and treatment, in line with this submission. We are particularly keen that the following points are highlighted:

- The social and cultural determinants of health must be central to the response to Ice in Queensland
- Law enforcement efforts should focus on the producers and suppliers, not individual use, which should be treated as a health issue
- Support services for co-morbid substance use and mental illness are essential, particularly for high-risk populations such as those involved in the criminal justice system

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to the response to Ice in Queensland.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

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References


