Public Health Association of Australia submission on draft ACT Drug Strategy Action Plan

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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 ACT Drug Strategy Action Plan. The reduction of social and health inequities should be an over-arching 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 promoting a healthy ecosystem and reducing social and 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 the draft

Strategy plans and strategy action plans

The PHAA is pleased to see the development of an ACT Drug Strategy Action Plan (DSAP) to help fill the gap in policy strategy in this area in the ACT since the end of the previous Drug Strategy Plan in 2014. We note the intended alignment with the National Drug Strategy 2017-2026 (NDS) and the expectation contained within the NDS that “each jurisdiction will develop their own accompanying strategy action plan which details the local priorities and activities to be progressed during the Strategy lifespan”.

The PHAA is concerned, however, at the apparent lack of an accompanying ACT Drug Strategy Plan. While the alignment with the NDS is to be applauded, local context and evidence is required to drive and support actions in the DSAP. The email seeking comment acknowledges the differences between Strategy Plans and Strategy Action Plans, and notes that the DSAP is “intended to be a succinct, user-friendly document focusing on clearly articulated priority action items”. The preamble to the draft notes that the DSAP “aims to be a single, unifying document that provides an overarching framework for addressing the harms associated with alcohol, tobacco and other drugs in the ACT”. The preamble also states that the DSAP “does not detail service delivery mechanisms as it is anticipated that these will be developed at program level”.

These statements seem to be contradictory. It may not be possible for one DSAP to attempt to be succinct, clearly articulate priority action items, a single unifying document providing an overarching framework, and also not detail service delivery mechanisms.

While other jurisdictions are aligning with the NDS and adhering to the requirement to develop their own DSAP, the ACT stands out in missing the step of a jurisdictional level strategy. For example, NSW Health is currently in the process of finalising their NSW Health Alcohol and Other Drugs Strategy, South Australia has an Alcohol and Other Drug Strategy 2017-2021, Western Australia is developing an Alcohol and Drug Interagency Strategy 2017-2021, Queensland has a Connecting Care to Recovery 2016-2021 plan for State-funded mental health, alcohol and other drug services, Tasmania has a Drug Strategy 2013-2018. These plans were developed with the NDS as the principal strategic overview, but focusing on areas of significance for their jurisdiction.

PHAA recommends that the ACT incorporate more information on the local context and evidence base for the actions proposed in the DSAP.

Measures of success

The PHAA supports the inclusion of designated data sources to measure the performance of the DSAP. However, mirroring the lack of local context contained within the DSAP, the data sources noted in the NDS are not suitable to the ACT context.

Measures 1 (increase the average age of uptake of drugs, by drug type), 2 (reduce the recent use of any drug) and 4 (reduce the number of victims of drug-related incidents) rely upon the National Drug Strategy Household Survey (NDSHS). There are several issues with the appropriateness of this as a data source. Firstly, the NDSHS is conducted only once every 3 years, with the most recent one done in 2016. That means the next one will be in 2019, which will presumably be during the middle of the DSAP. The lack of dates attached to the draft DSAP makes this difficult to determine. With a sample size for the ACT of only about 1,000 people, and high relative standard error and margin of error, data from a NDSHS halfway through the DSAP is unlikely to be able to demonstrate statistically significant changes in these domains.1

Measure 3 (reduce arrestees’ illicit drug use in the month before committing an offence) relies upon the Drug Use Monitoring in Australia data set. This data set does not include the Australian Capital Territory.2
Measure 5 (reduce the drug-related burden of disease, including mortality) relies upon the Australian Burden of Disease Study. This study has been conducted in 2003 and 2011, making it unsuitable to detect changes arising from a 3 year DSAP. ACT Health may be in a position to implement a program of burden of disease studies local to the ACT, which, if regularly updated, would over time provide an appropriate data source.

Proposed actions

The NDS states that it “outlines a national commitment to harm minimisation through balanced adoption of effective demand, supply and harm reduction strategies”. Historically in Australia and the ACT, the resource allocation to these 3 pillars has been decidedly unbalanced, with law enforcement dominating responses. The ACT DSAP should aim to address this imbalance, boosting the focus and funding on prevention and treatment services. The current proposed actions have 12 related to demand reduction, compared with 21 for harm reduction, and 3 for supply reduction).

The PHAA supports many of the proposed actions in principle, including:

- Action 1 – prevent and reduce the exposure of children and young people to alcohol promotion and marketing
- Action 3 – implement evidence-based public education campaigns
- Action 6 – maintain a focus on Aboriginal and Torres Strait Islander smoking interventions
- Action 7 – finalise evaluation of relevant programs relating to smoking, including the Smoking in Pregnancy program
- Actions 8 & 9 – relating to smoke-free areas
- Action 11: Develop and implement an ACT Drug Driving Strategy (but this should not be at the expense of random breath testing for alcohol impairment)
- Action 13 – Review and implement potential diversion strategies such as an ACT Drug and Alcohol Court
- Actions 14 & 18 – relating to the alcohol and other drugs in domestic and family violence prevention
- Action 15 – continue to support evidence-based prescription treatment programs such as naloxone and medicinal cannabis
- Action 19 – implement evidence-based education programs in schools etc
- Action 21 – continue to explore opportunities to introduce harm reduction measures (including pill testing)
- Action 22 – reduce blood-borne viral infections due to injecting drug use

However, the PHAA believes that there is a lack of clear evidence for how they were chosen, most of these actions are too vague, many are already underway (e.g. Action 11) or are largely complete (e.g. Action 17), and they do not sufficiently commit the ACT Government to new actions.

PHAA supports the proposed priority setting criteria from the Alcohol Tobacco and Other Drug Association ACT’s (ATODA) submission: size, seriousness, effectiveness of interventions, feasibility of implementation and equity. These criteria represent common public health principles and provide a framework for prioritising specific measures.
PHAA submission on draft ACT Drug Strategy Action Plan

PHAA supports the population level recommendations in the ATODA submission, including:

- Reduce waiting lists for alcohol and other drug treatment services
- Develop plan for reviving the trial of an NSP at the Alexander Maconochie Centre
- Reduce overdose deaths
- Increase uptake of hepatitis C treatment
- Implement a real-time prescription system to the ACT
- Increase the range of diversion options including pre-charge through programs such as LEAD
- Increase support for co-morbid needs such as disability and the social determinants of health

To effectively reduce the harms associated with drug use, the determinants of drug use such as housing, education, employment, mental health and social disadvantage must be addressed. The current draft DSAP relies heavily on the Directorates of Health and also Justice and Community Safety as being involved in the provision of policies and programs. PHAA recommends that this be extended to other agencies such as Community Services and Education to more effectively encourage cross-sector collaboration to address the determinants of health and drug use. Such collaboration would also assist with facilitating Action 23 (consider emerging issues in drug control and respond as required).

PHAA recommends that the suggested action regarding pill testing be strengthened to more clearly support the introduction of fixed site drug testing which could be implemented in needle and syringe exchange programs and potential other settings. Such testing would help to prevent overdoses, and also provide a valuable source of data to inform Action 20 (develop and implement a local early warning system) and Action 23 (consider emerging issues in drug control and respond as required).

It may be useful for the DSAP to clearly separate support for existing actions, from proposed new actions. This would assist the reader and service providers in several ways. Firstly, it will clearly delineate new measures and new funding from existing measures and funding. Secondly, actions at different stages of implementation and monitoring will have different expected outcomes and measures of success. Thirdly, it would provide clarity of likely future directions, for example, when a successful pilot program moves into implementation phase.

Governance

The draft DSAP notes that “an expert Advisory Group will be established to provide input and expert advice in relation to the implementation of the ACT Drug Strategy Action Plan, and the development of an evaluation and monitoring framework against which objectives will be measured. The Advisory Group will also play a critical role in identifying emerging drug use patterns and informing future priority actions, beyond the current Action Plan”.

PHAA sees the last sentence as being crucial to the work of the Advisory Group, and suggests that such a group would usefully be established earlier, to enable advice and input to the finalisation of the current DSAP. This would provide the group with a sense of ownership and investment in the DSAP and ensure that the directions of the group and the DSAP are well aligned.
Conclusion

PHAA supports the broad directions of the draft DSAP. However, we are keen to ensure it provides measureable progress, in line with this submission. We are particularly keen that the following points are highlighted:

- Alignment with the National Drug Strategy and developing an ACT Drug Strategy are not mutually exclusive, and may instead be mutually supportive. Most other states and territories are developing local Drug Strategies.
- Actions must include both support and continuation of current evidence-based actions, and new actions.
- Indicators and measures of success must be available, relevant and sensitive to change.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to the development of an ACT Drug Strategy Action Plan.

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

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29 March 2018
References