Public Health Association of Australia submission on ACT Drug Strategy Action Plan 2018-2021

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Preamble

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.

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. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

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.
PHAA Response to the consultation plan

PHAA welcomes the opportunity to provide input to the ACT Drug Strategy Action Plan 2018-2021. This Plan represents an important step in the directions for alcohol, tobacco and other drug strategy in the ACT since the expiration of the ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014.

Plan preamble and introduction

The preamble on p3 states that “The Action Plan includes information on government commitments, current activities that are in their early stages and future intentions” (emphasis added). The wording of this sentence should be strengthened to clarify that the Government is committed to all of the nominated priority actions in the Plan. The apparent lack of commitment is reflected in the current wording of some priority actions. For example, Action 4 states “explore the option of introducing a minimum price per standard drink of alcohol”. PHAA strongly supports minimum pricing and believes the wording should be strengthened to indicate a commitment to its introduction.

Aim

The aim on p3 states that “This includes reducing the contribution of alcohol, tobacco and other drugs to marginalisation and social disadvantage”. In recognition of the fundamental role played by the social and other determinants of health in the health of people who use drugs, PHAA suggests rewording this to “This includes the relationship between marginalisation and social disadvantage, and alcohol, tobacco and other drugs”.

The last paragraph of the Aim section, on p4 notes that the Plan “aligns with other relevant ACT Government strategic documents and policy”. The social and other determinants of health, such as early child development, fair employment and decent work, social protection and the living environment, mean that much of the work required to improve health must come from outside the health portfolio. For example, for recovery from substance dependence, distance from drug-using peers is often vital, but difficult to achieve with limited community housing options. PHAA suggests that particular relevant strategic documents and policy from both health and other directorates be specified here. For example, Preventative Health Strategy, Community Services Directorate Strategic Plan 2018-2028, and Education Directorate Strategic Plan 2018-2021.

Guiding principles

Partnerships

The section on Partnerships states that “The strong partnership between health and law enforcement is central to the harm minimisation approach. Similarly important are the partnerships required in responding to the social determinants of alcohol, tobacco and other drug problems”. Placing the health and law enforcement partnership in the opening sentence suggests primary importance of that over partnerships for responding to the social determinants. This is reinforced through the less definitive wording applied in reference to the partnerships for the social determinants. PHAA suggests that the paragraph be reworded to give equal status to partnerships between health and each of the other agencies and organisations, reflecting the framing of alcohol, tobacco and drug misuse as health rather than criminal issues.
Coordination and collaboration

This section refers to “continuing engagement between government and non-government stakeholders”. Currently the Plan does not include reference to consumer and community involvement; role of peers; family and carers. PHAA recommends that this be re-worded to specify non-government organisation, treatment and support services, civil society organisations, consumer groups and peers, family and carer groups.

Access and equity

The section on access and equity lists the specific priority populations identified in the National Drug Strategy 2017-2026, and adds people who use drugs as a priority population themselves. However, the list comes from the National Drug Strategy, but is being used here for alcohol and tobacco as well as drugs. As highlighted in the recent ACT Chief Health Officer’s report, the priority populations for each of these substances are different. For example, for smoking, people from low socioeconomic backgrounds, Aboriginal and Torres Strait Islander people, those with mental health issues, prisoners, and those with other substance dependence issues are more likely than others to smoke, whereas it is 40-49 year olds who are most likely to consume alcohol at risky levels. PHAA suggests that this section be refined to identify priority populations separately for alcohol, tobacco and drugs, in the ACT context. This local contextual information is important for an ACT Plan, and should also be incorporated into the introduction sections within the Priority Actions.

Objectives

The last paragraph under Objectives, p6, acknowledges the importance of addressing social determinants of health, but states that “this is beyond the scope of the Action Plan”. Any whole-of-government, whole-of-community response to the harms caused by alcohol, tobacco and drugs must address social and other determinants of health. Rather than being outside scope, this must be a fundamental objective of the Plan. To achieve this requires the Plan to have strategic and operational links with the Plans of other Directorates, as discussed above.

Expert Advisory Group

The Plan notes the establishment of an expert Advisory Group to provide advice on implementation, monitoring and evaluation framework, and identification of emerging drug use patterns and informing future priority actions. The proposed governance for the Advisory Group is that it will be co-chaired by ACT Health and the Justice and Community Safety Directorate, and include representatives from both ACT Government and relevant community and consumer organisations.

As discussed above, in order for the Plan to be whole-of-government and address the social and other determinants, PHAA believes there should be better coordination with other ACT Government Directorates. PHAA suggests the Advisory Group be Chaired by ACT Health, with representatives from the other relevant Directorates, including Justice and Community Safety, Community Services and Education. Membership should also include key local community and consumer organisations representing treatment and support services, civil society organisations, consumer groups and peers, family and carer groups.
Priority actions

To provide some local context for the priority actions chosen, PHAA suggests the inclusion of local data in the introduction to each of the priority action sections – alcohol, tobacco, illicit drugs and non-medical use of pharmaceuticals, and all drugs, using updated data such as from the recently released Chief Health Officer’s report.

Conclusion

PHAA supports the broad directions of the ACT Drug Strategy Action Plan. However, we are keen to ensure greater emphasis on the social and other determinants of alcohol, tobacco and drug related harms in line with this submission. We are particularly keen that the following points are highlighted:

- Addressing social and other determinants must be within scope of the Plan
- Better linkages with the Plans of other relevant ACT Government Directorates should be outlined
- The Plan should explicitly reflect a whole-of-government and whole-of-community response

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to the ACT DSAP.

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