Submission from the Public Health Association of Australia to the Ministerial Council on Drug Strategy

Australia’s National Drug Strategy Beyond 2009

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Public Health Association of Australia

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles.

The PHAA is a national organisation comprising around 1500 individual members and representing over 40 professional groups concerned with the promotion of health at a population level. This includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association’s role.

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. The PHAA has been a key proponent of a preventive approach for better population health outcomes, championing such policies and providing strong support for the Australian Government and for the Preventative Health Taskforce and NHMRC in their efforts to develop and strengthen research and actions in this area across Australia.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the national organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the *Australian New Zealand Journal of Public Health* draws on individuals from with the PHAA who provide editorial advice, review and who edit the Journal.

In recent years the PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all aspects of government and promoting key policies and advocacy goals through the media and other means. Through advocacy and contributions to the policy process, the PHAA is an active participant in tobacco, alcohol and other drug issues, both independently and through collaborations and coalitions including Smokefree Australia and the National Alliance for Action on Alcohol (NAAA).
Background

The Ministerial Council on Drug Strategy has invited comments on a consultation paper which will help guide the development of a draft of the National Drug Strategy 2010-2015 which will be released for further consultation. We look forward to the further consultation on the draft Strategy.

The PHAA supports the recommendations of the National Preventative Health Taskforce in relation to tobacco and alcohol and believes it is vital that a new National Drug Strategy should take account of these.

Introduction

Our comments in this submission are in keeping with the relevant PHAA Policies, including those on Alcohol, Tobacco Control, Passive Smoking, Illicit and Pharmaceutical Drug Use, and others such as Gender and Health. The comments should also be viewed in the light of the PHAA’s beliefs that:

- national policies and a whole-of-government approach to reduce economic and social inequalities will be important contributors to reducing harms arising from the use and misuse of alcohol, tobacco and other drugs
- progress in reducing alcohol-related harms must involve a focus on changing social norms around drinking, particularly those which lead to patterns of consumption associated with short-term and long-term harm
- The target for tobacco use prevalence suggested by the National Preventative Health Taskforce at 9% (or one million fewer smokers) by 2020 should be supported
- the principle of harm minimisation should underpin the national approach, while recognising that the intent for tobacco should be to end all use and protect non-smokers, and should be subject to regular review in order to address emerging issues and patterns of use (which allows for consideration of proposals to develop, if necessary, a new term that communicates the core concepts of a new national drug strategy and its approach the causes and consequences of drug use).

Key points from the relevant PHAA policies include:

**Alcohol**

- Advertising and other positive media portrayals of alcohol are significantly reinforcing factors and help ‘normalise’ consumption. The depiction of alcohol consumption in popular films and television programs, along with product placement, has been an effective marketing ploy and more effective than actual television advertisements in reinforcing and normalising drinking behaviour
- While treatment of alcohol-related harm and the expansion of treatment services remain important, the prevalence and aetiology of alcohol-related problems mean that the emphasis must be on prevention
While particular age groups and risk situations should remain a focus for targeted intervention, the greatest impact on reducing alcohol-related problems is likely to result from a reduction in overall consumption.

A comprehensive strategy for reducing alcohol-related problems will involve: fiscal measures (taxes/pricing); reduced availability (hours of sale and number/type of outlet); enforcement of laws concerning responsible service of alcohol; controls on alcohol advertising and promotion; encouragement for the production and sale of lower alcohol products; encouragement of greater individual responsibility in alcohol consumption.

**Tobacco**

Further development of a National Tobacco Strategy is required, along with a new, well-funded and sustained National Tobacco Campaign.

The PHAA supports the National Preventative Health Taskforce target of 9% prevalence or 1 million less smokers by 2020. The Task Force emphasised the importance of a comprehensive approach including revenue measures, legislative reforms, expenditure measures, indigenous tobacco control and other socio-economic appropriate measures. Therefore, the PHAA supports the following:

- Increased tobacco taxation, plain packaging, and below-the-counter sales should be key components of a comprehensive strategy
- Well-funded, sustained, hard-hitting media campaigns
- All possible measures to protect non-smokers, especially children, from passive smoking; the phasing out of duty-free tobacco sales on a national and global basis; prohibition of internet sales and advertising; prohibition of all remaining forms of tobacco advertising and promotion
- A requirement for tobacco manufacturers to provide governments with information on promotional activities and on sales; the establishment of mechanisms to monitor and control all tobacco product constituents and emissions
- Support for smoking cessation should be available as required, particularly for disadvantaged groups
- Substantial programs to reduce smoking among Indigenous Australians should be developed and implemented
- Elimination of smoking in: all remaining enclosed and partially enclosed public places and workplaces; passenger vehicles when children are present; outdoor public places frequented by children (e.g. school playgrounds, ovals and parks); and enclosed areas of prisons
- No prisoner should be required to share a cell with a prisoner who smokes
- Public information and education should be increased with the aim of reducing smoking in domestic environments around children and other family members.
Illicit and Pharmaceutical Drug Misuse

- A whole-of-government approach to prevention and early intervention should include strategies to build resilience, maximise protective factors, minimise risk factors and provide support to families affected by the harmful use of illicit drugs and pharmaceutical products.

- Programs that have been found to be effective in reducing drug-related harm should continue to be supported.

- Where the use of illicit drugs has a harmful effect on the individual, the response should primarily be a matter for the health and welfare sector; where the use of illicit drugs causes harm to others in the community, there is a greater role for law enforcement.

- The law should be responsible for the regulation of individuals or organisations involved in the manufacture or cultivation, transport, distribution and sale of illicit drugs in quantities greater than that deemed for personal use.

- Individuals who are incarcerated should have access to drug treatment and to appropriate referral pathways to ensure adequate levels of care upon release.
Australia’s National Drug Strategy Beyond 2009

1. Cross sectoral approaches

How can structures and processes under the National Drug Strategy more effectively engage with sectors outside health, law enforcement and education?
Which sectors will be particularly important for the National Drug Strategy to engage with?
Could the IGCD and MCDS more effectively access external expert advice and if so, how?

National Drug Strategy structures and processes

Recommendation 1

The PHAA recommends an examination of these bodies (IGCD and MCDS) to assess if they need to be reconstructed to deliver the best health outcomes and incorporate representation from all key sectors. This should involve consideration of the re-establishment of Expert Advisory Committees (EACs).

Tobacco

The PHAA believes that the comprehensive work of the National Preventative Health Taskforce provides the appropriate template including targets and timeframes for dealing with harm associated with tobacco.

With regard to tobacco this means a first phase approach as follows:
* Regulate manufacturing and further regulate packaging and supply of tobacco products
* Ensure all smokers in contact with health services are encouraged and supported to quit, especially pregnant women and their partners, and people living with chronic disease
* Work in partnership with Indigenous groups to boost efforts to reduce smoking and exposure to tobacco among Indigenous Australians
* Boost efforts to discourage smoking among people in other highly disadvantaged groups
* Assist parents and educators to discourage tobacco use and protect young people from second-hand smoke
* Ensure that the public, media, politicians and other opinion leaders remain aware of the need for sustained and vigorous action to discourage tobacco use
* Ensure implementation and measure progress against and towards targets

Further phases should mean:
* Taxation to keep pace with international best practice while implementing and enforcing measures to prevent increases in illicit trade
* Continue social marketing campaigns
* Improve legislation across a range of areas including promotion, sales outlets and second hand smoke particularly in public places
Health system and program implementation including support for cost effective cessation systems
Interventions for disadvantaged groups – particularly Aboriginal and Torres Strait Islanders
Maintain an international role in assisting in developing guidelines and using overseas aid programs to encourage tobacco control

Alcohol
The PHAA believes that the comprehensive work of the National Preventative Health Taskforce provides the appropriate template including targets and timeframes for dealing with harm associated with alcohol.

With regard to alcohol this means a first phase approach as follows:
- Improve the safety of people who drink and those around them
- Increase public awareness and reshape attitudes to promote a safer drinking culture in Australia
- Regulate alcohol promotions
- Reform alcohol taxation and pricing arrangements to discourage harmful drinking
- Improve the health of Indigenous Australians
- Strengthen, skill and support primary healthcare to help people in making healthy choices
- Build healthy children and families
- Strengthen the evidence base

In the later phases it is appropriate to monitor and evaluate these strategies in a way that is consistent with the Taskforce recommendations so that new regimes are strongly evidence based and pursued as effective and comprehensive measures.

Recommendation 2
The PHAA recommends modelling the approach in the National Drug Strategy on the recommendations of the National Preventative Health Taskforce

2. Indigenous Australians
Where should efforts be focused on reducing substance use and associated harms in Indigenous communities?
How could Aboriginal and Torres Strait Islander peoples’ needs be better addressed through the main National Drug Strategy Framework?
In that context, would a separate National Drug Strategy Aboriginal & Torres Strait Island Complementary Action Plan continue to have value?
Recommendation 3

The PHAA recommends the development of appropriate strategic frameworks for Aboriginal and Torres Strait Islander actions, appropriate recognition of NIDAC (the National Indigenous Alcohol and Drug Committee), and appropriate consultation, engagement and modification at the local level.

3. Capacity Building

Where should effort on the support and development of drug and alcohol sector workforce be focused over the coming five years?
Where should efforts be focussed over the coming five years to increase the capacity of the generalist health workforce to identify and respond to substance use problems?

Recommendation 4

The PHAA recommends that efforts at capacity building are not restricted to individuals who see themselves as alcohol and drug workers but expands to a wider range of other professions that deal with people who use drugs.

4. New Technologies and On-Line Services

What are the particular opportunities and challenges that technology development is likely to pose for the community and the alcohol and drug sector over the next five years?

This is not an area of expertise for the PHAA

5. Increased vulnerability

How can efforts under the National Drug Strategy better complement the social inclusion agenda such as addressing unemployment, homelessness, mental illness and social disadvantage?
Where should effort be focused in reducing substance use and associated harms among vulnerable populations?

Many responses to this discussion paper will no doubt highlight issues relating to marginalised and vulnerable populations, including Indigenous Australians, the unemployed, people who are socially isolated, and those who suffer from mental illness. The PHAA would also like to draw attention to tobacco, alcohol and other drug issues as they impact on people who are incarcerated in Australian prisons.

Prisoners are one of the most marginalised groups in the community and suffer from relatively high levels of health problems including psychiatric illness, infectious diseases (hepatitis and HIV), sexually transmitted infections, poor dental health, and other chronic health conditions such as cardiovascular disease and diabetes. This group is also known to experience high levels of tobacco, drug and alcohol use.
Despite their health risks and disadvantage, prisoners lose their entitlement to Medicare and the PBS when they enter prison (whether by law or by administrative action), and responsibility for their health is transferred to the State and Territory in which they are incarcerated. As a result, there is little to ensure that prisoners receive optimal levels of care. These issues are compounded as a result of the composition of the prison population, which includes a disproportionately high proportion of Indigenous people (around 24% of Australia’s prisoners are Aboriginal or Torres Strait Islanders).

The PHAA continues to have serious concerns about prisoners’ lack of access to Medicare or to the PBS. Such access would, for example, allow the ‘Health Check’ for Aboriginal and Torres Strait Islander people aged 15–54 years (Medicare Item 710) to be routinely administered in prison. The community ultimately bears the cost of the poor health of prisoners in terms of the direct health costs on release back into the community and indirectly in terms of their wider impact on the health of others. Access to Medicare and the PBS could also assist in the transition from prison, with benefits to the broader community.

**Recommendation 5**

*The PHAA therefore recommends a continuing emphasis on disadvantaged communities, including people with mental health problems. We also recommend a review of prisoner health particularly in the light of access to Medicare and to the PBS.*

**6. Performance measures**

Are publicly available performance measures against the National Drug Strategy desirable? If so, what measures would give a high level indication of progress under the National Drug Strategy?

**Recommendation 6**

*The PHAA recommends increased emphasis on improving quantitative and qualitative information about tobacco, alcohol and other drugs in Australia.*

**7. Other issues and priorities**

How will the emerging issues and new developments identified in this paper impact on patterns of tobacco, alcohol, illicit drug use and the misuse of licit substances in the next 5 years? Appropriate responses to these patterns?

The discussions paper has not systematically identified the emerging issues and new developments in relation to tobacco, alcohol and other drugs. We will therefore not attempt to list or analyse them here. It will be the task of the new national drug strategy to devise appropriate responses.
8. Our priorities for action during the next 5 years?

**Over-arching issues**

We agree with the list of future needs with the priorities identified by the National Preventative Health Taskforce and other issues identified by Siggins Miller.

While the importance of treatment services should not be understated, we believe that a greater emphasis on prevention would be consistent with other initiatives in the areas of chronic disease prevention, primary health care, and men’s and women’s health strategies. As the Siggins Miller report observes, ‘Even though prevention has been listed as a priority area since the inception of the Strategy, it is still described as ‘missing in action’ within the NDS.’ The PHAA recognises and supports an appropriate emphasis on the social determinants of health in developing and implementing tobacco, alcohol and other drugs strategies.

Overall, this means that we would like to see a strategy which results in a more appropriate allocation of investment across sectors and drug types. This allocation should reflect the relative seriousness of the harms and costs, the availability of evidence-informed strategies, and the availability of (or ability to develop) beneficial interventions for prevention and response.

The need for more attention to patterns and combinations, rather than to single substances and behaviours, is particularly important in view of the effects of multiple substance use on the burden of disease and injury. For example, there is strong evidence that the combination of smoking and drinking leads to a significantly increased risk of certain cancers, and links have been suggested between smoking and drinking (together or separately) and poor nutrition and/or overweight and mental health issues.

Improved information would contribute to our ability to ‘get it right’ when it comes to policies, programs and campaigns. Better qualitative research – including more ‘lay epidemiology’ that comes from listening to and understanding people’s actual beliefs, values, perceptions and motivations – would help to ensure that resources are used for approaches that are actually likely to be effective with the target group. We also need to move away from the ‘re-inventing the wheel mentality’ and do more to benefit from initiatives that have had success elsewhere by testing and, if necessary, modifying these for Australian use.

We would also like to highlight as a priority area an issue that does not always find a place in strategic discussions about national drug strategies: child and adolescent health. The PHAA believes that investment in population-based approaches to the health of children and teenagers is central to achieving greater health equity, reduced social exclusion, and the promotion of protective factors which reduce the risks associated with poor health and well-being. There is considerable scope for more investment in adolescent health in particular, including more support for self-esteem and resilience development, especially in boys. Greater use of ‘life skills training’ at the secondary school level should be considered, as well as the introduction of a new annual Adolescent Health Check as a Medicare item, for young people between the ages of 12 and 24 (as proposed in various submissions to the Primary Health Care Strategy).
Recommendation 7

The PHAA recommends that future priorities should be determined in accordance with the priorities identified by the National Preventative Health Taskforce, and with a special and continuing focus on disadvantaged groups.

Conclusion

A heightened focus on prevention should feature in a new national drug strategy, and in this regard we are pleased to note the commitment in the discussion paper to take account of the Preventative Health Strategy and to ensure that a new drug strategy is implemented in co-operation with a new National Preventive Health Agency. The PHAA believes that the establishment of an appropriately structured and supported National Prevention Agency will be a key factor in promoting the policies, programs and conditions that are necessary to ensure that a national drug strategy exists as something more than words.

We also noted at the beginning of this submission that there are a number of documents which should help inform a new National Drug Strategy. The PHAA believes that the Siggins Miller evaluation report of the 2004-2009 National Drug Strategy makes particularly important points about structure and process issues which have an impact on decision-making. Many of these matters have a direct bearing on the questions contained in the present consultation paper, including those relating to wider engagement and future needs. We would expect a new Strategy to be informed by the report’s comments and recommendations.

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