Australian Alcohol & other Drugs Council

The National Peak Body

Submission to the *National Preventive Health Taskforce* on the *Draft National Preventive Health Strategy 2021-2030*

Submitted on 19 April, 2021

Submission to the National Preventive Health Taskforce

About us

The Australian Alcohol and other Drugs Council (AADC) is the national peak body representing the alcohol and other drugs sector, comprising: specialist health services working to prevent and reduce harms which can be associated with the use of alcohol and other drugs; practitioners working in alcohol and other drug treatment settings and the areas of prevention and early intervention; researchers and policy specialists dedicated to building the evidence-base to support robust and evidence-based practice and programs; and people who use or have used alcohol and other drugs, and their families.

Our purpose

We work to advance health and public welfare through achievement of the lowest possible levels of alcohol and other drug related harm by promoting effective, efficient and evidence-informed prevention, treatment and harm reduction policies, programs and research at the national level.

Our reach

Through our members, AADC represents:

- over 430 specialist treatment and harm reduction services nationwide, including more than 80% of the non-government organisations that receive federal funding to deliver services and support to people using alcohol and other drugs
- professionals working within the specialist alcohol and other drugs field, representing all treatment types including counselling, detoxification, residential and non-residential rehabilitation, opiate replacement therapy, and harm reduction services, and
- people who use or have used alcohol and other drugs, and their families.

AADC's founding members are:

- Alcohol Tobacco and Other Drug Association ACT (ATODA)
- Alcohol, Tobacco and other Drugs Council Tasmania (ATDC)
- Association of Alcohol and other Drug Agencies Northern Territory (AADANT)
- Australasian Therapeutic Communities Association (ATCA)
- Australian Injecting & Illicit Drug Users League Inc (AIVL)
- Drug and Alcohol Nurses of Australasia Inc (DANA)
- Family Drug Support - FADISS Ltd
- National Indigenous Drug and Alcohol Conference (ADAC)
- Network of Alcohol and other Drug Agencies (NADA)
- Queensland Network of Alcohol and other Drug Agencies (QNADA)
- South Australian Network of Alcohol and Drug Services (SANDAS)
- The Australasian Professional Society on Alcohol and other Drugs (APSAD)
- Victorian Alcohol and Drug Association (VAADA)
- Western Australian Network of Alcohol and other Drug Agencies (WANADA)

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The Australian Alcohol and other Drugs Council

Vision

Do you agree with the vision of the Strategy?

Agree

- AADC supports the development of a National Preventive Health Strategy that seeks to build a prevention system focussed on reducing the burden of disease and health inequity and increasing the system's capability to respond to future needs.

- The vision of the Strategy is broadly supported by our members. We acknowledge and endorse the importance given to the wider social determinants of health, and the positive impact of a health equity lens being applied to all preventive health action.

- We note that the vision of the *National Preventive Health Strategy* omits explicit reference to the role of prevention in improving the health of all Australians, albeit prevention is thereafter broadly referenced in the Strategy's aims. Given the significance of the vision as the Strategy's headline statement, it may be worth re-evaluating this.

Aims

Do you agree with the aims and their associated targets for the Strategy?

Agree

- We are pleased to see a focus on preventive health throughout the Strategy's aims and agree with their focus. We are also pleased to see increased reference to the wider determinants of health in the Strategy's aims and their associated explanatory text, consistent with our 2020 feedback to the Taskforce in response to the previous consultation paper.

- It is positive that the Strategy includes a commitment to increase investment in preventive health to 5% of total health expenditure by 2030; however, it is unclear how the proposed expenditure will be distributed across the different levels of prevention defined within the Strategy, including whether current allocations to specific areas of preventive health service delivery will be preserved.

- We would have liked to see a stronger focus within the aims and targets on Aboriginal and Torres Strait Islander preventive health. In particular, by focussing only on GP health checks and excluding reference to access to other health services and practitioners, the target for Aboriginal and Torres Strait Islander people is too narrow in its scope.

Principles

Do you agree with the principles?

Agree

- We broadly support the principles that underpin the Strategy and in particular endorse the application of a health equity lens across all preventive actions, acknowledging the significant impacts the wider determinants of health have on our community and the delivery of preventive activities and services.

- We would like to see more information in the 'Multi-sector collaboration' principle about how vested and commercial interests will be managed with regard to individuals', organisations' and businesses' engagement in decision making processes as part of the Strategy.

- We note that the health workforce is not explicitly defined in the 'Enabling the workforce' principle. This principle should make it clear that the health workforce includes the alcohol and other drugs sector workforce in government and non-government settings, as well as Aboriginal and Torres Strait Islander controlled health services including community-controlled alcohol and other drug services. As we raised in our response to the 2020 consultation paper, the current framing of this principle, particularly when read in conjunction with the following 'Community engagement' principle, continues to cause some confusion with respect to this.

- As noted in our 2020 submission, the Strategy must reach beyond the health system to explicitly address the role of other sectors, such as the education, social services, and law and justice sectors, in identifying need and supporting the implementation of preventive health approaches. In the case of responding to needs related to the problematic use of alcohol and other drugs, this network of interconnected services is critical to achieving positive, longer-term outcomes.

- The Strategy's principles should address the need to enable, support and grow cross-sectoral workforces whose work intersects with and supports communities disproportionately affected by the wider determinants of health. This will require guidance from and coordination with other prevention and workforce strategies. This issue is currently omitted from both the 'Enabling the workforce' and the 'Community engagement' principles.

- The 'Community engagement' principle should be further expanded from its current focus on community engagement, to emphasise meaningful participation mechanisms and co-design and community-led approaches.

- The role of the specialist alcohol and other drugs sector across all five levels of prevention as defined within the Strategy, and the sector's current alignment with the health system, may impact on how the Strategy's principles are interpreted. There are significant jurisdictional differences regarding the delivery of primary prevention across the different states and territories in relation to the alcohol and other drugs sector. We discuss this in more detail in response to the question about focus areas.

Enablers

Do you agree with the enablers and their policy achievements?

Agree

- The 'Leadership, governance and funding' enabler recognises the critical importance of adequate funding, associated implementation planning and commitments, and governance and accountability structures, to achieving the Strategy's goals and outcomes.

- The Strategy presents a range of 'policy achievements' within each enabler and focus area but no information about how these achievements will be monitored, measured or reported upon. The 'Leadership, governance and funding' enabler should include a policy achievement that constitutes a commitment to transparent evaluation that assesses the impact and outcomes delivered by the Strategy in supporting prevention efforts and identifies how, and when, this will be done.

- Consistent with our 2020 submission, we would still like to see a stronger emphasis in the Strategy on how collaboration with health services that cross sectors, such as alcohol and other drugs, and other sectors whose work intersects with and supports communities disproportionately affected by the wider determinants of health, can be better enabled and supported at the national, state and local levels.

- We would like to see greater detail in the Strategy regarding how the proposed increased investment in preventive health funding will be allocated across the various areas of prevention and the Strategy's focus areas. As stated in our response to the 2020 consultation paper, we suggest the Strategy address funding mechanisms, including how current funding is to be distributed and administered as well as the total quantum of funding available to meet the needs of the community.

- As demonstrated through the five layers of prevention activity outlined within the Strategy, prevention can be understood differently by and within different sectors and governments. The 'Prevention in the health system' enabler should more clearly define prevention and the prevention system, delineating the layers and expertise in prevention practice that can be otherwise overlooked and which consequently often sideline the work of sectors such as the alcohol and other drugs sector.

- We are pleased to see collaboration and partnerships recognised under the 'Partnerships and community engagement' enabler as a large part of achieving success in prevention initiatives; however, there's little detail as to how these can be delivered.

- Consistent with our comments in response to the 2020 consultation paper, there is a need for a stronger, more explicit position under 'Partnerships and community engagement' regarding strategies that avoid impact of undue influence from commercial and other vested interests.

- We are pleased to see the inclusion of policy achievements which speak to the need to support research and strengthen research-policy pathways, with a priority on evidence-based policy and practice and the need to invest in translating research into practice.

- Stigma and discrimination from mainstream healthcare staff remains a significant barrier to service access for people who use alcohol and other drugs. The Strategy must explicitly and

directly acknowledge reducing stigma and discrimination as an enabler to the health system providing safe, inclusive, and equitable services, particularly to the most stigmatised, marginalised and criminalised people in our communities.

- Finally, similar to the 2020 consultation paper there is much reference to the health workforce made throughout the enablers. Investment in workforce development, in relation to the broader health workforce but particularly the alcohol and other drugs sector workforce, is critical to achieving the Strategy's aims. We would particularly encourage an emphasis to be placed on capacity building across the non-government workforce, in line with our position that the Strategy take a broad conception of the health system consistent with the breadth of interventions that support preventive health, and the workers who deliver them.

Focus areas

Do you agree with the seven focus areas, their targets and their policy achievements?

Agree

- We're pleased to see 'Reducing tobacco use' and 'Reducing alcohol and other drug harm' highlighted as focus areas for the Strategy, with an emphasis on a harm reduction approach rather than usage. We note, however, that the two targets associated with this focus area 6, 'Reducing alcohol and other drug harm', relate to use. This is the wrong emphasis and should be amended.

- The Strategy outlines five levels of prevention, from primordial through to quaternary. Alcohol and other drug services operate across these levels, but particularly the primary, secondary and tertiary levels through activities in harm reduction, treatment and support. Given the importance of all five layers of prevention in addressing alcohol and other drug related harm, and the target to increase the proportion of preventive funding to 5% of the total health budget, we suggest the Strategy address its targets and actions against each layer. This level of detail would demonstrate the commitment to a more holistic and comprehensive approach. It will also help in understanding how the 5% commitment is to be allocated.

- The Strategy acknowledges that a range of wider determinants significantly contribute to the harmful use of alcohol and other drugs, including social and economic exclusion, poverty, marginalisation, racism, and stigmatisation. Yet, while the Strategy describes the importance of the correlation between these wider determinants and the harmful use of alcohol and other drugs, it does not explicitly address how these issues will be responded to or remedied, nor does it establish policy actions or targets in this regard. This should be addressed.

- We support the commitment to reducing stigma and discrimination as part of the policy achievements of this focus area. Public, government and media commentary about alcohol and other drugs, treatment and services must be conducted in a respectful manner and avoid using stereotypes and sensationalist language and images that do further harm. As such, rather than a policy achievement where strategies aim to 'avoid' or 'combat' stigma and discrimination, we would propose the Strategy actively commit to a reduction in stigma and discrimination and to destigmatising treatment and related services.

- We support the delivery of mass-media information and prevention campaigns that act to reduce individual and community harm, only to the extent where there is clear and credible evidence for their achievement of positive results. We emphasise, however, that these must be based on an ethos of stigma reduction rather than sensationalism and scare tactics. We strongly endorse the development of more local, evidenced-based and targeted campaigns and other strategies addressing specific population groups, which are informed by and designed in partnership with the relevant communities.

- Policy achievements throughout all of the focus areas and specifically focus areas 1 and 6 refer to "vulnerable populations", however these are never explicitly defined within the Strategy. Instead, when referring to specific groups the Strategy adopts the language of "target populations"; this listing doesn't include people who use alcohol and other drugs. This results in a lack of clarity.

- We note the policy achievement that commits to engaging with and involving the broader community as an effective prevention strategy. There is a lack of clarity about what this means and how it will be delivered. We would like to see further explanation regarding the ways in which the Strategy intends to support meaningful and ongoing participation, which we propose should include peer and sector co-design and community empowerment mechanisms.

- While there is a specific policy achievement for Aboriginal and Torres Strait Islander people within the focus area 'Reducing tobacco use' there is no commensurate policy achievement in the 'Reducing alcohol and other drug harm' focus area. To support the *Closing the Gap* strategy and other national strategies we would like to see a specific achievement for Aboriginal and Torres Strait Islander populations included under 'Reducing alcohol and other drug harm'.

- As noted earlier, the two targets that are currently associated with the 'Reducing alcohol and other drug harm' focus area relate to use. This is the wrong area of emphasis. We recommend targets that seek to demonstrate reductions in harm. A better target relating to illicit drugs than the one currently listed would be to reduce the national fatal overdose rate. Another possible target for this focus area which would speak directly to the objectives of the Strategy is to increase entry to treatment for people engaged in the problematic use of alcohol and other drugs.

  Also as noted above, the Strategy would also benefit from targets which relate to the wider determinants of health that drive the problematic use of alcohol and other drugs. In addition to data from the *National Drug Strategy Survey*, the Strategy might look at targets which relate to data regarding poverty, as just one example. The Strategy might also mirror targets from some of the other strategies it references for strategic guidance, such as targets which relate to alcohol supply and other regulatory measures. Whilst this is a state and territory responsibility, it would be useful for it to be championed at a national level through inclusion in the Strategy.

- Further to our response to the 2020 consultation, we note the inclusion in this section of references to existing strategies that relate to the Strategy. As per our earlier submission, we suggest these listings should also include the *National Blood Borne Viruses and Sexually Transmissible Infections Strategies 2018-2022* and the *National Framework for Alcohol, Tobacco and Other Drug Treatment 2019-2029.*

Continuing strong foundations

Do you agree with this section of the strategy?

No opinion

- To sustain the current and future policy achievements contained within the 'Reducing alcohol and other drug harm' focus area, we propose the development of an enhanced and improved federal governance structure for the alcohol and other drugs sector. Such a governance structure would support a health focussed, preventive approach, focus on accountability and outcomes, and concentrate on the requirements of the sector in meeting community needs including capacity building, education and training.

- The alcohol and other drugs sector works across multiple layers of prevention and has a significant role in delivering the proposed Strategy. Capacity building will be a fundamental component of mobilising the prevention system. The sector will need to be supported to develop and undertake further workforce development, including planning, training and education.

Please provide any additional comments you have on the draft Strategy.

- The Strategy's introductory statement, 'Shaping Australia's health' states, "The Australian health system has had to adapt quickly during the pandemic, and all levels of government have responded by setting up a number of structural changes to the system. This included the Australian Government expanding telehealth, and establishing GP-led respiratory clinics to ensure the acute settings did not become overwhelmed."

  We would recommend this section also acknowledge the work of non-government health services, which include alcohol and other drug services, in rapidly adapting their services and practice throughout the pandemic period in support of Australians' health, wellbeing and continued access. Recognition of the role of non-government health services in this section of the Strategy will serve as valuable positioning context for the document.

  We would also suggest that the language of "telehealth", which primarily refers to phone-based, in-app or online chat services designed to provide access to education, information and referral, be replaced with the language of 'digital access', which better describes health services delivery across the full suite of virtual care options.

- Consistent with a focus on reducing stigma and discrimination, we would urge amendment of the term "Injecting drug users" used on page 20 of the Strategy to the less stigmatising and more appropriate term, "people who inject drugs".

Close

Thank you for the opportunity to engage in the consultation process.