

## **Development of the National Aboriginal and Torres Strait Islander Peoples Drug Strategy**

**What is your name?**

Stephen Phillips

**What is the name of your organisation?**

The Pharmacy Guild of Australia

**What are the contact details for your organisation?**

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**What is the main focus of your organisation?**

The Pharmacy Guild of Australia (the Guild) is the national peak pharmacy organisation representing community pharmacy. It strives to promote, maintain and support community pharmacies as the most appropriate primary providers of health care to the community through optimum therapeutic use of medicines, medicines management and related services.

**What is your role in the organisation?**

Policy Officer, Population Health and Planning - Policy and Regulatory Affairs Division

**What is your email address?**

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**To assist you in responding to the following questions a Background Paper has been developed by the Intergovernmental Committee on Drugs National Aboriginal and Torres Strait Islander Peoples Drug Strategy (NATSIPDS) Working Group. This can be accessed from the NIDAC website**

## **A. Goal/s or objectives of the National Aboriginal and Torres Strait Islander Peoples Drug Strategy**

### **1. What do you consider should be the main goal/s or objectives of the new Strategy?**

The main goals/objectives of the new strategy should reflect the Close The Gap (CTG) campaign's goal of equality in Aboriginal and Torres Strait Islander health and life expectancy outcomes.

It is acknowledged that poorer health outcomes in Indigenous Australians are, in part, a function of higher rates of drug and alcohol use/misuse than in the non-indigenous population. Therefore, the main goal of the new strategy should be to address and reduce these levels of use in Indigenous Australians. This, if achieved, should contribute to the achievement of the CTG goals.

In more specific terms, this objective must include:

- Consultation and partnership with Indigenous peoples and representative bodies
- Consultation and partnership with other relevant health stakeholders
- Recognition of the broad scope of social factors that contribute to harmful substance use
- Systematised planning and implementation of measures which are consistent with the National Drug Strategy, applied according to specific, culturally relevant community needs/circumstances
- Ongoing evaluation of progress (or otherwise) of these measures, with adjustment to their implementation as required

## B. Principles

The overarching approach of harm minimisation guides the National Drug Strategy 2010-2015 and is based on the three pillars of:

1. **demand reduction** to prevent the uptake and/or delay the onset of use of alcohol, tobacco and other drugs; reduce the harmful use of alcohol and the use of tobacco and other drugs in the community; and support people to recover from dependence and reintegrate with the community;
2. **supply reduction** to prevent, stop, disrupt or otherwise reduce the production and supply of illegal drugs; and control, manage and/or regulate the availability of legal drugs; and
3. **harm reduction** to reduce the adverse health, social and economic consequences of the use of alcohol, tobacco and other drugs.

Acknowledging these broad principles and also recognising the diversity of populations and locations of Aboriginal and Torres Strait Islander populations, the Intergovernmental Committee on Drugs NATSIPDS Working Group who has responsibility for developing the NATSIPDS has identified four additional principles that could potentially underpin this Strategy:

1. **Holistic Approaches** - Use of alcohol, tobacco and other drugs must be addressed as part of a comprehensive, holistic approach to health that includes physical, spiritual, cultural, emotional and social wellbeing, community development and capacity building.
2. **Whole-of-government effort and partnerships** - Whole-of-government effort and commitment, in partnership with community controlled services and other nongovernment organisations, is needed to implement, evaluate and continuously improve comprehensive approaches to reduce drug-related harm among Aboriginal and Torres Strait Islander peoples.
3. **Indigenous ownership of solutions** - Aboriginal and Torres Strait Islander people must be centrally involved in planning, development and implementation of strategies to address the use of alcohol, tobacco and other drugs in their communities, and should have control over their own health, alcohol and other drug, and related services.
4. **Resourcing on the basis of need** - Resources to address the use of alcohol, tobacco and other drugs must be available on the basis of need, and at the level required to reduce the disproportionate levels of drug related harm experienced by Aboriginal and Torres Strait Islander peoples.

1. Are these principles appropriate? (tick selected choice) Yes  No

2. Why / Why Not?

The Guild continues to support the National Drug Strategy (NDS) and its three pillars, noting it is widely recognised as one of the most progressive and respected drug strategies in the world. The additional principles are appropriate and suitably underpin the NDS.

**3. Are there other principles that should underpin this Strategy?**

With regards to additional policy 2, Whole-of-government effort and partnerships, the Guild highlights the infrastructure of community pharmacy in its role as a provider of primary health care, which includes drug-related specific services, smoking cessation services and advice/services relating to alcohol. There are approximately 800 community pharmacies located in rural and remote areas throughout Australia, providing continuing opportunities for partnerships, including delivery of services.

## C. Broad Priorities for the Strategy

The NATSIPDS Working Group has also identified what it sees as some of the key priorities, issues and specific population groups that could be discussed in the Strategy. These include:

- Broad social and structural determinants related to harmful substance use including whole of government matters such as intergenerational social disadvantage; employment and welfare dependence and social and economic participation (including education, employment);
- Local service delivery issues, including workforce issues such as the ability to attract and retain staff across the range of disciplines necessary to provide effective and sustainable interventions, particularly in remote areas;
- Supporting children, youth and women – including children exposed to alcohol and other drugs during pregnancy and early childhood; and
- Transference and poly-addiction (not only between substances, but other issues such as gambling).

### 1. Are there any other key priorities, issues and/or populations that should be included?

The continued adoption and expansion of Telehealth services should be considered a broad priority area.

Telehealth offers another way to increase rural and remote communities' access to a range of health care professionals, including pharmacists providing professional services. The extensive infrastructure of community pharmacy nationwide provides an ideal platform for Telehealth services.

## D. Actions, including reviewing the Complimentary Action Plan

It is important that any actions identified in the Strategy provide detailed guidance to governments, communities and service providers; clearly articulate the overarching objective and link strongly with the underpinning principles. It is also important that they are concrete and assessable through national performance indicators and milestones.

The NATSIPDS Working Group has agreed that a small number of Key Result Areas or priorities are needed to focus action on achieving results.

The Complimentary Action Plan (the CAP) identified six key result areas for targeted action, which might be useful to review in looking to the new Strategy:

1. Enhanced capacity of Aboriginal and Torres Strait Islander individuals, families and communities to address current and future issues in the use of alcohol, tobacco and other drugs and promote their own health and wellbeing.
2. Whole-of-government effort and commitment, in collaboration with community controlled services and other non-government organisations, to implement, evaluate and continuously improve comprehensive approaches to reduce drug-related harm among Aboriginal and Torres Strait Islander peoples.
3. Substantially improved access for Aboriginal and Torres Strait Islander peoples to the appropriate range of health and wellbeing services that play a role in addressing the use of alcohol, tobacco and other drugs.
4. A range of holistic approaches from prevention through to treatment and continuing care that is locally available and accessible.
5. Workforce initiatives to enhance the capacity of Aboriginal and Torres Strait Islander community-controlled and mainstream organisations to provide quality services.
6. Sustainable partnerships among Aboriginal and Torres Strait Islander communities, government and non-government agencies in developing and managing research, monitoring, evaluation and dissemination of information.

1. **Are the Key Result Areas of the CAP still the most important? (tick selected choice)**      Yes       No

**If not, what do you think the most important Key Result Areas should be?**

## E. Measuring Progress

Monitoring and reporting was identified as a weakness of the CAP, which can to an extent be addressed with effective performance measures and milestones.

As custodians of the National Drug Strategy, it is expected that IGCD will be responsible for the National Aboriginal and Torres Strait Islander Peoples' Drug Strategy and for providing updates to Ministers on progress against its actions. In order to gauge whether the Strategy is being effective and that progress towards the overall objectives is being made, it will be important to have clear indicators and milestones against the actions and priorities.

### 1. How often should progress be reported?

On an annual basis.

### 2. Thinking about the actions and priorities that are identified above, or that you have identified, what sort of indicators and milestones could be used to demonstrate progress?

Indicators to demonstrate progress should include the rates of use of tobacco, excessive alcohol consumption, illicit drug use and licit drug misuse/abuse in Indigenous Australians, as described in the suggested goals/objectives of the strategy.

Further to this, measures could include changes in the incidence of disease states in Indigenous Australians strongly associated with these risk factors.

Examples could include:

- rates of cardiovascular and respiratory illness associated with smoking
- rates of foetal alcohol spectrum disorder associated with harmful alcohol use in pregnancy
- rates of neurological/neuropsychiatric illness associated with volatile substance use
- rates of morbidity/mortality associated with misuse of licit drugs

## **F. Additional Comments**

### **1. Are there any other issues you would like to raise that might be helpful in informing the development of the Strategy?**

#### **F Additional comments**

The Guild and community pharmacy remains firmly committed to reducing the social and economic costs of harmful alcohol use, substance use and drug abuse in Australia.

Over a number of years, the Guild has demonstrated support for harm minimisation strategies in the Australian community, including:

- provision of drug-related specific services such as:
  - needle, syringe and other injecting equipment sales;
  - safe collection and disposal of syringes; and
  - opioid dependence treatment programs
- benzodiazepine reduction programs with supervised doses;
- Project STOP online 'real-time' recording system for the sale of pseudoephedrine-based products;
- smoking cessation advice and treatment;
- alcohol-related advice, counselling and referral
- provision of information regarding drug-related conditions (hepatitis C, HIV/AIDS etc);
- provision of information to family and friends of illicit drug users.
- inter-professional liaison and referral to appropriate treatment agencies; and
- the implementation of public health awareness campaigns.

With a network of over 5200 locations across Australia, community pharmacy remains ready and able to continue providing these services and expand upon them.

**Written submissions should be received by NIDAC by no later than COB Friday 7 June 2013. These can be sent to either:**

**National Indigenous Drug and Alcohol Committee, PO Box 205, CIVIC SQUARE, ACT, 2608**

**Fax: 02 61622611**

**E-mail: [nidac@ancd.org.au](mailto:nidac@ancd.org.au) (please save this document to your computer before emailing it to us)**

**Receipt of NIDAC receiving your submission will be sent to the email address provided.**