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HCCA Feedback on the ACT Alcohol, Tobacco and Other Drug Strategy 2016 - 2020

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The Health Care Consumers' Association (HCCA) of the ACT is a health promotion organisation that was incorporated in 1978 to provide a voice for consumers on local Health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

Our work includes:

- Policy development, advice and responses
- Advocacy and representation
- Information dissemination
- Sector consultation and coordination
- Sector capacity building.
- consumer representation
- training in health rights and navigating the health system
- community forums
- working for the improvement of quality and safety of health services

HCCA currently supports fifty one consumer representatives on one hundred and nineteen committees in the ACT and we have trained forty six new consumer representatives in 2015.

1. General Comments

The Health Care Consumers' Association welcomes the opportunity to provide feedback on the ACT Alcohol, Tobacco and Other Drug Strategy 2016-20. We recognise the importance of this strategy for health consumers and the ACT community.

We are broadly supportive of the Strategy, with one of our members stating;

“This Strategy is extremely well-written and researched, and I thoroughly approve of its balanced tone: it is suitably sceptical about the effectiveness of supply reduction strategies, correct in its arguments that more needs to be done in the prevention/education space.”

A weakness in the strategy identified by one of our members is the lack of clarity about evaluation of the previous strategy and work in this space. This is especially important given that this draft framework is setting the direction for the next ten years. We are also interested to know the degree to which this draft was shaped by consultation with the consumer, carers, community sector partners and government agencies. It would be useful to include this in the document.

“The only weakness I can discern is one that one sees often: a failure to provide more detail about the evaluation that was supposedly done in June, 2014 (referenced on page 29). The very brief paragraph refers you to Appendix 2, but when I read that, it is only a recitation of actions undertaken, rather than a critical reflection of where program initiatives and policies may have missed the mark, or need to be re-oriented. That is a pity, and it feels inconsistent with the otherwise excellent strategic document which refers continually to the importance of an 'evidence base' for action.

Need to work with primary health care

The ACT Medicare Local Comprehensive Needs Assessment 2014 found that:

Considerable barriers (cost one of the most persistent barriers; stigma; lack of transport; lack of knowledge) for consumers in obtaining timely access to primary health care services, particularly for vulnerable communities (the homeless; people with alcohol, tobacco and other drug related issues; older people in residential aged care facilities; people with mental health problems; Aboriginal and Torres Strait Islander people; refugees).¹

In 2013 HCCA undertook a research project to complement the work of the Medicare Local in the development of the Comprehensive Needs Assessment. One of the key concerns raised by participants with specific and/or complex needs was the lack of available GPs with the requisite knowledge to undertake diagnosis and ongoing condition management. We found that people with alcohol dependence (and other drug use) are not treated as comprehensively in general practice as they could be,

¹ ACT Medicare Local, *Connecting Care: Comprehensive Needs Assessment*, 2014.

<http://www.actml.com.au/Uploads/Documents/CNA%202014/CNA%20Major%20Issues%20and%20Key%20Points.pdf> Accessed November 2015.

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due to a lack of practitioners with adequate skills to deal with these issues in a sensitive and effective way².

Re: p. 52 - We think that there needs to be focus given to addressing issues regarding GP willingness to work with those experiencing ATOD issues. Finding a general practitioner and general practice who can provide advice, treatment and support in an open a non-judgemental way can be difficult. This is a significant access issue for consumers.

Partner with community organisations working in the alcohol, tobacco and other drugs sector

The ACT ATOD sector provides over 30 services to people with ATOD related issues, however very few of them provide primary health care services.

One of the priority needs identified in the Comprehensive Needs Assessment undertaken by ACTML, was the need to strengthen primary care support for the management of people with ATOD related issues and to build capacity into the range of ATOD services that already provide primary health care.³

Health in All Policies

HCCA has long advocated for the ACT Government to follow the lead of the South Australian Government and introduce a Health in All Policies approach. There has been considerable work in recent times on economic considerations of health in all policies initiatives, such as those in place in South Australia, Sweden and Canada. If this Framework is seriously considering improvement in the social and economic wellbeing of all of those who live in the ACT then we need to be actively addressing the social determinants of health.

'The Commission's main finding is straightforward. The social conditions in which people are born, live, and work are the single most important determinant of good health or ill health, of a long and productive life, or a short and miserable one. ... This ends the debate decisively. Health care is an important determinant of health. Lifestyles are important determinants of health. ... But, let me emphasize, it is factors in the social environment that determine access to health services and influence lifestyle choices in the first place'.⁴ - Final report of the Commission on Social Determinants of Health, 2008

The Adelaide on Health in All Statement Policies: moving towards a shared governance for health and well-being is the key reference that we advocate should be used across Australia.

² Health Care Consumers Association, *Primary Health Care in the ACT: Consumer Experiences*, 2014. <http://www.actml.com.au/Uploads/Documents/CNA%202014/FINAL%20DRAFT%20HCCA%20PHC%20Consumer%20Experience%20Report%20to%20ACTML%20-%2023%20January%202014.pdf> p47. Accessed November 2015.

³ Capital Health Network, *Two Tales of a City: A profile of Canberra and local health services*, 2015. http://www.actml.com.au/about-us/a-blueprint-for-capital-health-network/chn-two-tales_20150826102041.pdf p8. Accessed November 2015.

⁴Dr Margaret Chan, *Launch of the final report of the Commission on Social Determinants of Health*, 2008. <http://www.who.int/dg/speeches/2008/20080828/en/> Accessed 20 February 2015.

2. Specific Comments

Terminology

“burden of disease” p. 9 - it is not clear what you mean by this statement. While this may be a frequently used term it is not one that is accepted by consumers. It implies that people with these conditions are a burden on society. People who use drugs – particularly illicit drugs – are stigmatised.

There is one mention of primary care (p.53) and no mention of primary health care.

Comorbidity

There is a strong relationship between alcohol, tobacco and other drugs and mental illness. Self-medication with alcohol, other drugs, or both, of symptoms of conditions such as anxiety is well recognised. This is not addressed in the strategy. We would like to see how the Strategy works with the ACT Comorbidity Strategy 2012-14.

Alcohol

The consumption of alcohol is part of the national identity. It is widely used and part of social and cultural events. We are all too familiar with the alcohol-related problems that impact individual and social health, and wellbeing. The misuse of alcohol leads to a range of problems including individual health issues, lower life expectancy, reduced productivity in the workforce and absenteeism, accidents, violence and other alcohol-related offences, as well as drink-driving⁵.

We also know that some people report benefits in the consumption of alcohol in moderation. It can act as a social lubricant and help to create a warm and friendly atmosphere and offer feelings of euphoria and relaxation. There are numerous studies that report that among responsible adult users drinking moderate amounts of alcohol in a group setting boosts people’s emotions and enhances social bonding.⁶ The secret is using this drug in moderation and for many people this is challenging.

We would like to see the development of a community education campaign about alcohol use and misuse. There are a number of effective campaigns being used in Local Health Districts across Sydney that could be adapted. Ideally this would happen in partnership with the Capital Health Network.

The draft Strategy (p. 17) states that eighteen people each day are treated at ACT public hospitals as a result of injuries attributable to alcohol; 6,700 injuries in 2012-3.

⁵ Collins DJ & Lapsley HM, *The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/2005*, 2008. National Drug Strategy Monograph series no. 66. Canberra: Commonwealth Department of Health and Ageing.

⁶ Association for Psychological Science, news release, June 29, 2012; *Psychological Science*.

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This is significant. We see that there is merit in determining the cost to the community for this which may help people understand the size of the issue.

Fetal Alcohol Spectrum Disorders (FASD) (p. 48) – It is pleasing to see that there is a plan to build the capacity of health services to provide screening and evidence-based interventions and also to advocate for FASD to be recognised as a disability. We are of the view that this has to be a whole of government approach as all human services, whether they be housing, justice, transport or education. Are all dealing with people living with FASD. We accept that ACT Health is the lead agency but there must be involvement of other areas of government.

We support the proposed strategy to document pathways between GPs and other alcohol-related services through the use of HealthPathways (p. 48).

Other Drugs

We are unsure why there is not a specific reference to the Needle Syringe Exchange Program for the Alexander McConachie Centre in the strategies on pages 48-9.

Further comments

One of our membership organisations, ASH, raised particular concern for the impact of littering of e-cigarettes in the ACT. This is particularly a problem in public parks as the in-fills have been known to poison children, pets and wildlife. They ask that this strategy seeks to address community and environmental issues such as this to ensure that we can safely enjoy public spaces in the ACT.

References

- ACT Medicare Local, *Connecting Care: Comprehensive Needs Assessment*, 2014.
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