

Making certain AOD NGOs are involved in the National Primary Healthcare Reform Agenda

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David Templeman was appointed as ADCA's CEO in February 2008, after previously working as its National Program Manager.

This followed a distinguished public service career; his most recent role being the Director General of Emergency Management Australia. David occupied senior executive management positions in the Department of Defence and the Attorney-General's Department and was the Director General of Emergency Management Australia (2000/06) where he was involved in frontline response/recovery operations in a time of unprecedented period of disasters within Australia and the region.

David is committed to bringing together all stakeholders in the alcohol and other drugs (AOD) and related sectors to deliver coordinated policies to influence opinion in government and the community. In a voluntary capacity, David is Chair of the Board of the Alcohol and Drug Foundation Australian Capital Territory and the National Staff Advisor on Emergency Management for St John Ambulance Australia. He is also a Director of a Strategic Advisory Board on national defence and security issues.

The reforms to Australia's health system are the most extensive of its kind since the introduction of Medicare. To take pressure off other parts of the health system, the Commonwealth has pledged to introduce early intervention and prevention measures to help tackle the lifestyle-related risks that cause chronic disease, including binge drinking. These include sponsorship funding, grants for community-led initiatives, some support for enhanced telephone counselling and referrals, a comprehensive study of Australia's health and the establishment of the Australian National Preventive Health Agency.

So where do AOD services fit in the proposed health care reforms? Not just in terms of prevention, but in servicing those with *existing* AOD problems and complex needs? While the Government's roadmap to reform acknowledges the critical importance of stakeholder engagement and consultation in successfully implementing the proposed reforms, there needs to be clarification on how AOD services are going to assist in delivering reform.

Similarly, the draft *National Drug Strategy 2010–2015* (NDS) states only that representatives of 'relevant' agencies, intergovernmental councils, and/or NGOs will be invited to help form policy advice. Specific reference to AOD NGO representative organisations would ensure that the AOD NGO sector, as well as the consumer voice was able to be addressed through an effective mechanism, thereby giving confidence and trust in the new NDS.

The NDS, currently being considered for presentation to the Council of Australian Governments, has implications for all Australians, so we need to see strong representation from those who have a vested interest in the health of those with alcohol and other drug related issues.