

Attachment B:

Excerpt of the Priority Actions of the Draft ACT Drug Strategy Action Plan (From the Consultation Draft Circulated by ACT Health February 2018).

The following excerpt of the Priority Actions of the Draft ACT Drug Strategy Action Plan are listed to provide additional context to ATODA's submission; should be read as actions *in addition* to those proposed by ATODA; and the actions are referenced in the body of ATODA's submission.

“Priority Actions

ACT Government-led priority actions have been developed for implementation under the *ACT Drug Strategy Action Plan* over three years. The actions, to be delivered in collaboration with relevant community and consumer organisations, align with the evidence-based and practice-informed approaches to harm minimisation outlined in the National Drug Strategy.

The ACT Government remains committed to minimising harm through the delivery of high quality, person-centred services, and will continue to invest in alcohol and other drug treatment and support services over the life of the Action Plan.

Alcohol

Interventions addressing alcohol are a high priority. Alcohol is a major contributor to death, disease, crime and violence, social problems, health and emergency service utilisation, and use of police resources. The following actions have been prioritised with the aim of reducing alcohol-related harm.

Action	Lead Directorate	Secondary Directorate/s	Relevant NDS Pillar*
1. <i>Prevent and reduce the exposure of children and young people to alcohol promotion and marketing</i>	<i>Justice and Community Safety Directorate (JaCSD)</i>	<i>ACT Health</i>	<i>D, H, P</i>
2. <i>Implement supported findings from the independent evaluation of the ACT alcohol ignition interlock program for high range and repeat drink driving offences</i>	<i>JaCSD</i>		<i>H, P</i>
3. <i>Implement evidence-based public education campaigns</i>	<i>ACT Health, JaCSD</i>		<i>D</i>
4. <i>Consider emerging issues in alcohol control and respond as required</i>	<i>JaCSD</i>	<i>ACT Health</i>	<i>H</i>

*National Drug Strategy Pillars are Demand Reduction (D), Supply Reduction (S) and Harm Reduction (H). The Strategy also focuses on specific priority populations (P).

Tobacco

Tobacco smoking remains a leading cause of preventable death and disease in Australia. Smoking is responsible for the deaths of up to two-thirds of Australian smokers aged 45 years and over, and is a primary risk factor for various cancers, respiratory and

cardiovascular disease, and other related illnesses. Passive exposure to tobacco smoke can also cause a range of adverse health effects including lung cancer and heart disease.

Action	Lead Directorate	Secondary Directorate/s	Relevant NDS Pillar
5. <i>Develop interventions for groups with entrenched smoking behaviours as identified in the National Tobacco Strategy 2012-2018</i>	ACT Health		D, H, P
6. <i>Maintain a focus on Aboriginal & Torres Strait Islander smoking interventions</i>	ACT Health		D, H, P
7. <i>Finalise evaluation of relevant programs relating to smoking, including the Smoking in Pregnancy program</i>	ACT Health		D, H, P
8. <i>Consider the need for additional smoke-free areas.</i>	ACT Health		H
9. <i>Support enforcement of tobacco and smoke-free legislation in the ACT</i>	Access Canberra		H
10. <i>Consider emerging issues in tobacco control and respond as required</i>	ACT Health		D, H, P

All drugs

ACT rates of illicit drug use are similar to national rates. Demand for alcohol and other drug treatment is at least double the available places. Many people who attend alcohol and drug treatment also have co-occurring mental health disorders, poorer physical health and more severe drug use. Harm reduction strategies, education and supporting mechanisms to address social determinants are essential components of a modern, evidence-based drug treatment program, system or policy.

Action	Lead Directorate	Secondary Directorate/s	Relevant NDS Pillar
11. <i>Develop and implement an ACT Drug Driving Strategy</i>	JaCSD	ACT Health, ACT Policing	D, H
12. <i>ACT Government will focus on raising public awareness about roadside drug testing and the known effects of drugs on the driving task.</i>	JaCSD		H
13. <i>Review and implement potential diversion strategies such as an ACT Drug and Alcohol Court</i>	JaCSD	ACT Health, ACT Policing	D, S, H
14. <i>Increase the capacity of specialist alcohol and other drug treatment services to deliver programs that integrate best practice in domestic and family violence prevention</i>	ACT Health	CSD	H, P
15. <i>Continue to support evidence-based prescription treatment programs such as naloxone and medicinal cannabis</i>	ACT Health		D, H
16. <i>Develop the Drugs and Poisons Information System to introduce online approvals and a remote access portal</i>	ACT Health		S, H
17. <i>Support all specialist alcohol and other drug treatment services to become Community Work and Social Development Order Program providers</i>	JaCSD		H, P
18. <i>Provide training and capacity building initiatives for alcohol, tobacco and other drugs in areas such as domestic and family violence services</i>	ACT Health		H, P

19. <i>Implement evidence-informed education programs that increase the awareness of the harms of alcohol, tobacco and other drugs in areas such as schools, sporting clubs and workplaces</i>	<i>ACT Education Directorate</i>	<i>ACT Health</i>	<i>D, P</i>
20. <i>Develop and implement a local early warning system to monitor and respond to emerging drug trends and harms in order to make more timely use of data</i>	<i>ACT Health</i>	<i>JaCSD ACT Policing</i>	<i>S, H</i>
21. <i>Continue to explore opportunities to introduce harm reduction measures (including pill testing).</i>	<i>ACT Health</i>	<i>ACT Policing</i>	<i>H</i>
22. <i>Reduce blood-borne viral infections due to injecting drug use</i>	<i>ACT Health</i>		<i>D, H, P</i>
23. <i>Consider emerging issues in drug control and respond as required"</i>	<i>ACT Health</i>	<i>ACT Policing</i>	<i>D, H, P</i>