ATODA
Alcohol Tobacco & Other Drug Association ACT

2016 ACT Election Priorities Statement

Supplement with Supporting Evidence

10-Point Action Plan: To prevent and reduce alcohol, tobacco and other drug harms

September 2016

www.atoda.org.au

This document provides additional detail and evidence to accompany the *ATODA 2016 Election Priorities Statement* available at: http://www.atoda.org.au/policy/2016-act-election-priorities/

Introduction

The October 2016 election for the Legislative Assembly for the ACT provides an opportunity for the ACT community to have stronger and more effective responses to preventing and reducing alcohol, tobacco and other drug related harms.

Canberra's drug scene is in a continual state of change. New drugs appear, old drugs become less popular, new and more harmful patterns of use of old drugs are observed, different population groups turn to using drugs, and patterns of supply, consumption and harms take on new forms. In addition, responses to drugs change over time in diverse sectors, including government, the business sector and the not-for-profit sector. While many of these are beneficial, some create new challenges that need to be addressed.

The recent increase in the use of high-potency crystalline methamphetamine ('ice') in Canberra, with its concomitant increase in drug-related harms seen in the criminal justice system, in our hospitals and in our specialist drug treatment services, illustrates this. At the same time, alcohol and tobacco continue to be the psychoactive substances that create most harm to the ACT's community and therefore continue to need prominence in the platforms adopted by the ACT's election candidates and parties.

About ATODA

This *2016 ACT Election Priorities Statement* with Supporting Evidence comes from ATODA: the Alcohol Tobacco and Other Drug Association ACT. ATODA is the peak body for the alcohol, tobacco and other drug sector in the ACT. We are an evidence informed organisation that works to promote health and well-being through preventing and reducing alcohol, tobacco and other drug related harms.

The harms from alcohol, tobacco and other drugs continue to impose heavy costs, in personal and financial terms, on individuals, families and the ACT community. The alcohol and other drug sector in the ACT (including prevention, treatment and harm reduction services; researchers; consumers; families; and policy workers) continues to play a key role in reducing the harms associated with drug use, including methamphetamines ('ice').

The sector has proven itself efficient and effective in reducing the demand for more expensive acute health and criminal justice services, improving the wellbeing of Canberrans and saving lives. But more can be done. This 2016 ATODA Election Priorities Statement will, if implemented by the new Legislative Assembly, go a long way towards strengthening the ACT's responses to alcohol and other drugs, contributing to building a stronger, healthier Canberra, a place where people love to live.

Offer of briefings

ATODA staff will be pleased to provide detailed briefings to Members of the Legislative Assembly, representatives of political parties and individual candidates, upon request, regarding any aspects of this Election Priorities Statement. To make general enquiries or to arrange a briefing, please contact us:

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ATODA's 2016 ACT Election 10 Priority Actions

Law Enforcement: Increase diversion into treatment for minor drug offenders

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Law Enforcement: Fine instead of charging young people for using drugs

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1. Law Enforcement: Increase diversion into treatment for minor drug offenders

Action 1	Reduce drug related offending by enabling ACT Policing to divert more people found committing minor drug offences (e.g. using or possessing small quantities of drugs) into specialist drug treatment, assessments and education.

Key points

- The number of arrests in the ACT for minor drug offences (including use and possession) has increased by 56% over the past 6 years.
- Diversion is cost-effective, produces better outcomes for individuals and the community, and reduces the demand on the criminal justice system.
- The work of ACT drug treatment services has directly reduced crime in the Territory.
- More minor drug offenders should be diverted from the criminal justice system into specialist drug assessment, education and treatment.

The challenge

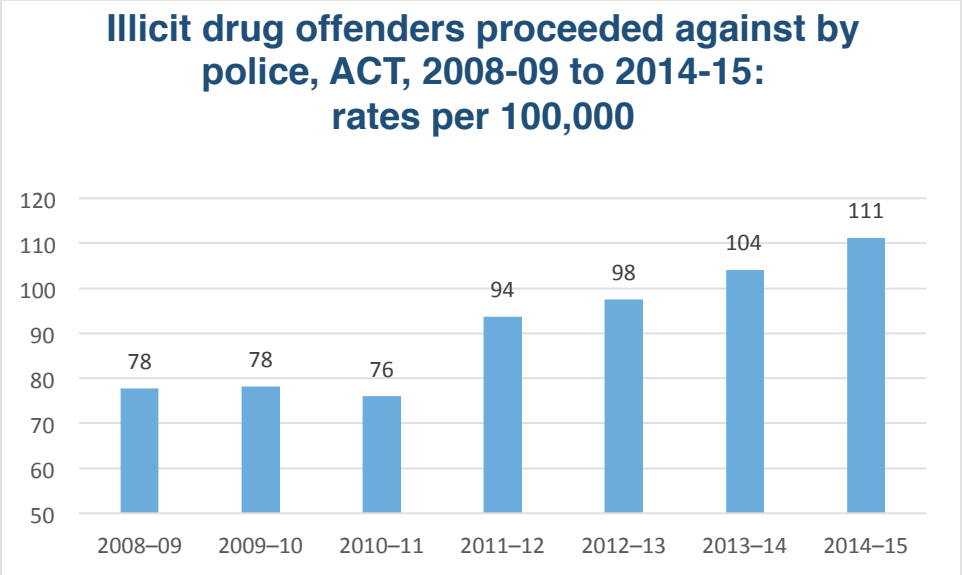
In recent times, particularly in the context of the 2015 report of the National Ice Task force,[1] governments and the community at large have publicly acknowledged that "We cannot arrest our way out of drug problems".

This acknowledges the importance of the criminal justice system, particularly frontline police officers, and the health sector, working together to help identify people with problematic substance use and to assist them into assessment, education and treatment where this is warranted.

This reflects the fact that a key goal of alcohol and other drug treatment is reducing the involvement in crime and public disorder of people who use drugs, and that the ACT's drug treatment services have directly created reductions in crime in the Territory.[2]

It also reflects the increasing understanding in the ACT community that drug use is widespread across young people, many of whom (such as 'dance partygoers') who have no other criminal involvement, are being caught up in the criminal justice system when found in possession of small quantities of drugs, or found consuming them.

At the same time, the number of arrests in the ACT for these minor drug offences has increased markedly over recent years. Specifically, over the six years since 2008-09, the number of offenders has increased by 56%, from 239 to 374. The offender rate increased by 43%, from 78/100,000 to 111/100,000, as shown in the following table.



This is particular the case for methamphetamine ('ice') offences by people classified by ACT Policing as being drug 'consumers', not drug 'providers'.[3] The most recent ACT drug treatment Service Users' Satisfaction and Outcomes Survey[4] documents the high-frequency of arrests for minor drug offences experienced by people who use drugs prior to entry into treatment.

The solution

Each contact between frontline police officers and people who use drugs provides an opportunity for police to refer the person for assessment of their drug using behaviour and referral into education or treatment, as indicated.

The ACT's existing drug diversion program is sound, as demonstrated by a 2014 evaluation and the ACT Government's responses to the evaluation's recommendations.[5] The diversion program is producing valuable, cost-effective outcomes for offenders, their families and the community in terms of improved physical and mental health, social functioning, employment, etc., and reduced crime, saving money in the criminal justice system.

In light of the disturbingly high increase in the number of arrests for minor drug offences and the individual, family and community benefits derived from diverting more drug users (not traffickers) into specialist drug services, the diversion programs can be strengthened.

Action required

- The incoming ACT Government to identify the causes of the substantial increase in the number of arrests of young Canberrans for minor drug offences of small quantities of drugs for personal use by tasking ACT Policing, ACT Health and ACT Justice and Community Safety to undertake an review.
- Based on that review, responsible agencies to implement strategies to reverse the upward trend in the number of arrests by referring substantially more minor drug offenders out of the criminal justice system and into specialist drug assessment, education and treatment.

2. Law Enforcement: Fine instead of charging young people for using drugs

Action 2	Reduce the number of young people with criminal records by expanding the ACT's existing Simple Cannabis Offence Notice (SCON) scheme to cover all illegal drugs (e.g. MDMA/'ecstasy').

Key points

- Arresting people for minor drug offences does not prevent or reduce drug use.
- Young people with criminal records for minor drug offences have fewer work and life opportunities.
- The ACT's SCON scheme has been externally evaluated and found to achieve positive outcomes and be cost-effective. The scheme diverts minor drug offenders away from the criminal justice system by way of imposing fines and avoiding a criminal record if the fines are paid.
- The current successful SCON scheme should be extended to cover all illicit drugs

The challenge

The ACT's Simple Cannabis Offence Notice (SCON) scheme was established through legislation in 1989, with some modifications introduced subsequently. It empowers members of ACT Policing, when they detect a minor cannabis offence, to divert the alleged offender away from the criminal justice system by issuing a Simple Cannabis Offence Notice which requires the person to pay a $100 fine. If that fine is paid within the specified time period, the person does not have to attend court and does not attain a criminal record because of the offence. In this respect, the SCONs operates similarly to traffic infringement notices.

As shown above, in recent years the number of people arrested for minor drug offences, such as consuming drugs or possessing small quantities for their personal use, has increased dramatically.[2] A large proportion of this increase has been arrests relating to methamphetamine ('ice'), despite the fact that governments have broadly acknowledged that "*We cannot arrest our way out of drug problems*".

A consequence of the high numbers of arrests for drugs other than cannabis is that very large numbers of Canberrans, particularly young people, are getting criminal records for what the community acknowledges as being minor offences. These criminal records work against their life opportunities for many years later.

The Simple Cannabis Offence Notice scheme, along with other drug diversion initiatives implemented in the ACT, was evaluated by external experts in 2014.[4] That evaluation noted the benefits the ACT had derived, over the years, from its operation. The evaluation also observed, however, that many people committing minor drug offences are not eligible to be diverted out of the criminal justice system and into specialist drug services for reasons such as having a prior offence. As a result, instead of receiving assistance in overcoming their drug problems and hence reducing the likelihood of recidivism, they are treated as criminals rather than as people needing assistance with health problems.

The solution

As its name indicates, the Simple Cannabis Offence Notice scheme applies only to minor cannabis offences. People detected committing minor offences such as **consuming** 'ecstasy' (MDMA), 'ice' (methamphetamine), cocaine, opioids, etc. are not eligible for this type of diversion. Accordingly, substantial benefits would be gained by people who use drugs, their families, and the broader ACT community, if the SCON provisions were expanded to cover *all* illicit drugs, not only cannabis. This would reflect the realities of drug use in the ACT, including the fact that a high proportion of the people who use drugs are poly-drug users.

Extending the SCON scheme to cover all drugs will provide increased opportunities for frontline members of ACT Policing, who are in contact with people who use drugs, to divert them away from the criminal justice system and, where warranted, into the ACT's drug treatment services. It would not entail any increase in funding; indeed, it could create significant savings in the criminal justice system.

Extending the SCON scheme to cover all drugs will enable police officers to be even more effective in helping people who use drugs, including young 'ecstasy' users, to deal with their problematic drug use and avoid attaining criminal convictions that could disadvantage them for many years into the future.

Action required

- The ACT Legislative Assembly to legislate to extend the current successful Simple Cannabis Offence Notice (SCON) scheme to cover all illicit drugs, with the aim of minimising the risk of people who use drugs receiving criminal convictions for minor drug offences, and assisting them to overcome their problematic drug use through specialist drug education and treatment.
- This approach will reduce demand on the criminal justice system and help implement the widely accepted policy, promoted by the National Ice Taskforce and others that "*We cannot arrest our way out of drug problems".*

3. Improve the justice system to reduce entrenched disadvantage

Action 3	Improve the fairness of the ACT justice system by implementing - and evaluating the application of - income-based fines for drug-involved offenders and others.

Key points

- Fines in the ACT are regressive - meaning they disproportionately impact people who have a low income and are disadvantaged.
- For vulnerable Canberrans, an infringement notice can entrench social and economic disadvantage, and poor health - particularly as many fines relate to health-related behaviours such as drug dependence.
- The courts currently have limited discretion when applying financial penalties.
- A system of income-based fines should be implemented, such as those being used overseas, to ensure that penalties are more equitably applied as a proportion of a person's income, rather than creating insurmountable financial hardship.
- The new scheme would produce savings as it would reduce an individual's involvement in our already overburdened criminal justice system.

The challenge

Being a jurisdiction that operates within a human rights framework, successive ACT governments and the ACT community have demonstrated their commitment to having the criminal justice system operate as far as possible in a just, fair and proportionate manner.

One illustration of this is the commitment shown by the Legislative Assembly for the ACT to maintaining, to a considerable extent, the discretion of magistrates and judges to match the punishment to the circumstances of individual offenders. In addition, the ACT has systems of infringement notices and work and development programs that operate with the goal of minimising the harms that criminal justice system involvement can create, particularly among disadvantaged populations.[6]

While supporting these initiatives, ATODA believes that they do not go far enough in making our justice system just, fair and proportionate. This is because large numbers of people who are found by a court to have committed a drug-related offence receive a penalty of a fine.

For example, during the period 1 July 2012 to 31 August 2015, the most common sentence awarded for the offence of cannabis possession was a fine (76% of the cases), followed by a good behaviour bond (21%) and other sentences (3%). With respect to possessing a prohibited substance other than cannabis (e.g. heroin), the most common sentence was a good behaviour bond (50% of cases), followed by a fine (26%), imprisonment (10%), fully suspended sentence (8%), partially suspended sentence (4%), and other orders (3%).[7]

In addition, many people are convicted of non-drug crimes (e.g. fraud) that are drug-related in the sense that the person committed the crime to get money to purchase drugs owing to their health condition of drug dependence. Many others are fined because of alcohol-impaired driving or driving with any detectable level of three proscribed drugs in the body.

The challenge is that the courts have only limited capacity, in setting the level of a fine, to take into account the capacity of the offender to pay it. Furthermore, many offences are subject to infringement notices or fixed penalties. A particular level of fine for a wealthy

business person may be insignificant to them, whereas the same amount can impose a highly debilitating burden on an offender on a social welfare income with dependent children and other relatives.[8]

The Australia Institute has recently drawn attention to the approach to income-based fines used in Finland and a number of other nations.[9] Referring specifically to traffic fines, they write:

> *Australia's traffic system has much to learn from that of Finland. The regressive nature of the flat fine structure gives the lowest income drivers a more burdensome financial penalty than wealthy drivers, even if both commit the same offence. This violates the notion of proportionality of justice, which requires the punishment for a crime be scaled consistently relative to the degree of the offence. Because a billionaire can more easily pay a $200 fine than can a pensioner, the two face different effective punishments for the same crime.*
>
> *Borrowing Finland's proportional traffic fine model would improve the current system by making it more fair and effective. The incentive-structure would be improved because reality is that people earn different amounts of income. This is a reality that the current system does not reflect (p. 26).*

The solution

Although income-based fines have been briefly trialled in Australia in the past, this has not been done systematically within a human rights compliant jurisdiction with the explicit aim of reducing inequality and enhancing proportionality in the justice system. Many people who use drugs and are criminally involved as a consequence are very poor, ill-equipped to meet their obligation to pay high fines. Having a sliding scale of income-based fines would help to break the cycle of offending and non-payment of fines, and the linked escalating punishments, so often seen in this particularly disadvantaged population group.

The entry point into income-based fines could be to apply them to those offences that currently have a fixed monetary penalty, such as those dealt with by means of infringement notices (e.g. consume liquor at certain public places) and traffic offences (e.g. exceeding the speed limit).

Action required

- The incoming ACT government to implement income-based fines for alcohol, drug and other offences, with an external evaluation, with the aim of having a more just, fair and proportionate justice system in the ACT, and helping to break the cycle of entrenched disadvantage linked to financial stresses.

4. Drug Treatment: Lack of withdrawal ('detox') services

Action 4	Fill a major gap in the health service system by funding a new specialist outpatient withdrawal program for people dependent on alcohol and drugs including methamphetamines ('ice').

Key points

- Harms from methamphetamine ('ice') and demand for specialist drug treatment and support services have significantly increased in Canberra (including the need for specialist withdrawal services).
- The ACT does not have a structured, formalised outpatient (non-residential) withdrawal program for people to safely withdraw from alcohol and other drugs.
- This has created lengthy waiting lists and a bottleneck in people being able to access help through the specialist drug service system.
- Outpatient withdrawal services are cheaper than residential withdrawal and can be as effective for some people without requiring an expensive stay in hospital.
- A new outpatient withdrawal program for people dependent on alcohol and drugs should be established in the ACT.

The challenge

There is significant public concern about the impacts of increasing methamphetamine ('ice') related harms and increasing demand on specialist drug services in the Canberra community.[10]

Current data shows a shift among methamphetamine users to more frequent use of the more potent form of crystal methamphetamine:

- People who use methamphetamine are increasingly favouring crystalline methamphetamine ('ice') as their main form of the drug (50% in 2013 compared to 22% in 2010).[11]
- There has been a significant increase in the proportion of people using methamphetamine daily or weekly (from 9.3% to 15.5%).[12]

As a result, methamphetamine-related harms have been increasing in the ACT, particularly amongst people who are accessing or seeking to access to specialist drug services. The shift highlights a major specialist drug service system gap: withdrawal services.[13]

Withdrawal services, particularly inpatient services – which are the only ones formally available in the ACT - have been designed and largely implemented for people experiencing withdrawal from depressant drugs such as alcohol and heroin. Methamphetamine withdrawal is up to twice as long as withdrawal from other common drugs, such as alcohol and heroin, and may not begin the day that use stops. This creates both a different pattern and timeframe for withdrawal (see for example Figure 1).

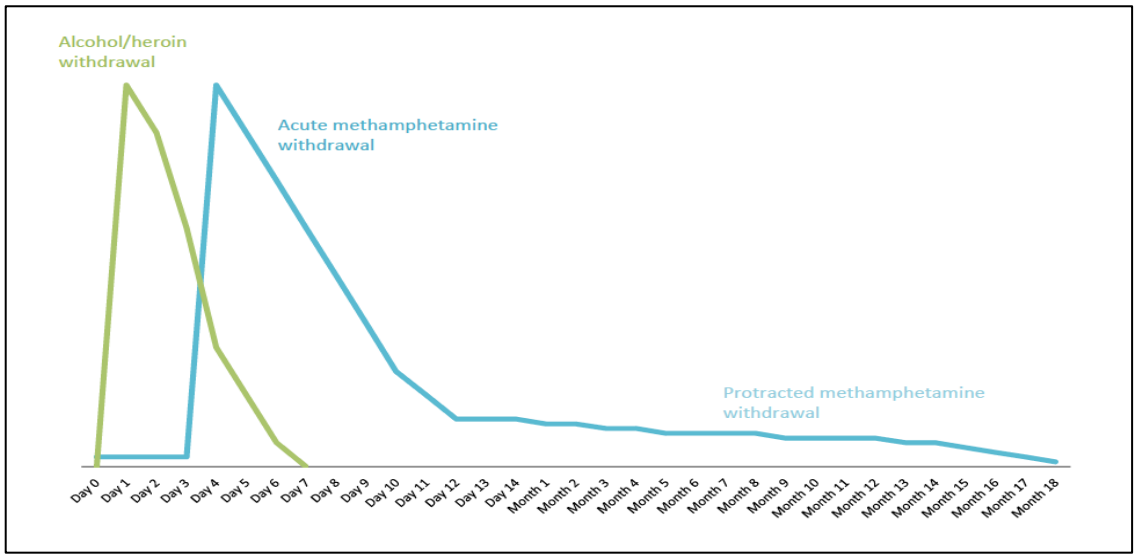


Figure 1. Alcohol/heroin withdrawal timeline versus acute methamphetamine withdrawal[4]

The current ACT residential withdrawal programs go a long way towards meeting the needs of alcohol and other drug dependent people – especially people who do not have the social and other supports that make it possible for them to complete an outpatient (or ambulatory) program, or for whom withdrawal could precipitate severe health problems (e.g. seizures).

A significant proportion of people dependent on alcohol and/or other drugs do not need expensive, intensive, residential withdrawal services. They are able to undertake a formal, structured withdrawal program, supported by specialised staff, in other settings. This can occur either in the home or in a dedicated outpatient day service.[14] Both these options are significantly less expensive than residential withdrawal programs, and are more attractive to many potential clients and their families. The home-based withdrawal approach, widely used across Australia,[15] dovetails into ACT Health's current 'Hospital in the Home' initiative.[16]

The solution

ACT Health has commissioned an independent review and redesign of the ACT's specialist drug and alcohol withdrawal services. The review has so far acknowledged that outpatient withdrawal services represent a significant service gap in the service system. Outpatient withdrawal services represent a solution to the disturbing increase in the number of clients needing supported withdrawal from methamphetamine ('ice') dependence, and one that can be filled in a cost-effective manner.

Action required

- Fund and independently evaluate a formally structured alcohol and other drug ambulatory withdrawal program for the ACT, which includes a combination of home-based and outpatient clinic withdrawal services, supervised by specialist alcohol and other drug staff.

5. Medicinal Cannabis: Compassionate access scheme

Action 5	Implement a compassionate medicinal cannabis regime in the ACT *as an interim measure* pending the development and registration of a comprehensive range of cannabis-based pharmaceutical products.

Key points

- A 2015 ACT Legislative Assembly Standing Committee report supported the implementation of an interim compassionate access scheme for medicinal cannabis (similar to those now operating in NSW and Victoria) pending the availability of nationally approved cannabis-based pharmaceutical products.
- This would enable timely access to medicinal cannabis for people suffering from debilitating diseases or side effects of treatment, for whom standard medical approaches have failed, while longer-term arrangements are finalised nationally.
- A compassionate medicinal cannabis regime should be implemented in the ACT that could be time-limited and, if implemented through legislation, could be subject to a sunset clause.

The challenge

The Australian community, including in the ACT, is calling on governments to remove the criminal penalties for people who possess or use small quantities of cannabis for medicinal purposes.[17]

The Public Health Association of Australia, among others, is advocating for 'a medicinal cannabis regime that, as a short-term interim measure, removes penalties for possession, consumption and supply of personal-level quantities of cannabis when used medicinally as part of a compassionate regime'.[18]

The Commonwealth has legislated to facilitate the availability of cannabis for medicinal purposes, the Therapeutic Goods Administration (TGA) has down-scheduled cannabis and related drugs from 'prohibited' to available for therapeutic use, and steps have been taken interstate to facilitate research that is expected to eventually lead to the availability of cannabis-derived pharmaceutical products approved by the TGA.

In August 2016 the ACT Government announced that 'A Medicinal Cannabis Scheme will be established in the ACT to give people safe and legal access to high quality medicinal cannabis products' - i.e. cannabis-based medicines approved by the TGA.[19]

In the interim, Victoria and NSW have introduced limited compassionate cannabis programs to provide therapeutic benefit to people suffering debilitating health conditions not responsive to standard medicine, while waiting for the development of the approved pharmaceutical products.

The Legislative Assembly's Standing Committee on Health, Ageing, Community and Social Services investigated this matter in 2015. It noted that '…the Commonwealth's *Regulator of Medicinal Cannabis Bill 2014* currently before the Senate appears to provide a suitable framework for a national medicinal cannabis scheme. The Committee also notes that the *Regulator of Medicinal Cannabis Bill 2014* (Cwlth) may not be passed and so a national approach may be delayed. The Committee therefore supports an interim approach in the

ACT, if the Commonwealth Bill is not passed, similar to the NSW Terminal Illness Cannabis Scheme'[20] (our emphasis). The Commonwealth Bill was not passed.

The solution

The incoming ACT Government should establish a compassionate medicinal cannabis scheme for people suffering from debilitating diseases, or the side-effects of treatment, that cannot be adequately treated or palliated using standard medical approaches.

The compassionate medicinal cannabis scheme should ensure that people who possess, consume or supply personal-level quantities of cannabis for medicinal purposes, within a specified regulatory environment, should not be charged with a drug offence. The various regulatory options for implementing such a program are documented in the report of the Legislative Assembly's Standing Committee.

Since such an approach would be an interim measure pending the availability of TGA-approved cannabis-based pharmaceutical products, it would be appropriate that the compassionate medicinal cannabis regime be time-limited and, if implemented through legislation, should be subject to a sunset clause.

Action required

- The incoming ACT Government to establish a compassionate medicinal cannabis scheme for people suffering from debilitating diseases, or side-effects of treatment, that cannot be adequately treated or palliated using standard medical approaches.
- This would be an interim measure pending the availability of TGA-approved cannabis-based pharmaceutical products.

6. Road Safety: Effectively deterring motorists from drink driving

Action 6	Improve road safety by strengthening drink-driving deterrence through increased randomness and intensity of random breath testing (RBT).

Key points

- Alcohol is a major risk factor for motor vehicle crashes with 30% of crashes that result in death or serious injury nationally being alcohol-related.
- Over 1200 people are charged with drink driving per year in the ACT.
- Random breath testing (RBT) works and is highly cost-effective, but *only if it its deterrence effect is maintained* - motorists need to believe they could be caught and therefore choose not to drink drive.
- RBT in the ACT needs to be implemented in a genuinely random way and testing rates need to triple to meet best practice standards (an average of one test per licenced driver should be conducted per year).
- ACT Policing should be resourced adequately to keep up with the required volume of *random* breath testing to meet best practice, maximise the deterrent effect and maintain road safety.

The challenge

Drink driving counter measures have been one of the major public health success stories of the twentieth century, but it appears their deterrence effect is diminishing. With between 1204 – 1087 people charged with drink driving per year in the ACT,[21] we need to look critically at our approach.

Unlike other forms of substance use or risk taking, impaired driving always places the driver and other road users at risk of serious harm.

Although Australia's drink-driving motor vehicle crash, injury and death rate has fallen in recent decades, partly because of the implementation of random breath testing (RBT), alcohol continues to be a major risk factor for motor vehicle crashes with some 30% of crashes that result in death or serious injury nationally being alcohol-related.[22]

To be effective as a road safety intervention (rather than as a law enforcement intervention *per se*) RBT achieves its deterrent effects by being truly random and by being conducted with a high enough intensity that drivers perceive that there is a genuine likelihood of them being tested.[23] Recent research has demonstrated, however, that the intensity of testing in the ACT (an average of one test per three licensed drivers per annum) is well below that considered to be best practice, namely an average of one test per licensed driver per year.[24]

Random breath testing (RBT) works not only by catching drink drivers, but also by making the risk of getting caught likely enough that people choose not to drink drive - for RBT to be effective it needs to highly visible and common enough for people to think they'll get caught.

RBT is highly cost-effective but, to attain its potential, needs to be implemented with a considerably higher level of intensity than is the case in the ACT at present.[25]

Furthermore, there is a widespread perception that RBT in Canberra is not implemented on a truly random basis. Rather, it is being implemented in a targeted manner, targeting particular locations, times of the day, days of the week, and driver populations. In so far as this is correct, it militates against attaining the deterrence objectives of RBT.

The solution

The high cost-effectiveness of implementing RBT in a truly random and intense manner, with a target of one test per licensed driver per annum on average, means that this initiative should be more extensively resourced by the ACT Government than are other road safety interventions with significantly lower cost-effectiveness, such as roadside oral fluid testing for three illicit drugs.[26]

ATODA suggest that the incoming government commission an independent review of best practice in random breath testing, with respect to the ACT, focusing particularly upon maximising its deterrent effect through increasing the intensity of testing to the optimal level, and making testing truly random. Following that review, ACT Policing to be resourced at the level necessary to have the ACT's RBT program operating in the most cost-effective manner as a road safety intervention.

Action required

- Following an independent review, ACT Policing to be resourced at the level necessary to have the ACT's program of random breath testing of drivers for alcohol operate in the most cost-effective manner as a road safety intervention, focusing on truly random testing and increasing the intensity of testing.

7. Drug Treatment: Need for a sustainable and viable specialist service system

Action 7	Protect and grow the ACT Government's investment in specialist drug and alcohol treatment and support by ensuring it is part of broader clinical services and health sector planning processes.

Key points

- Specialist drug treatment is an effective and high demand component of the ACT's health system.
- Historically, the ACT Government has not explicitly included these specialist drug services within its broader clinical services and health planning processes.
- Fluctuations in drugs and use patterns are common (e.g. we are currently experiencing the 3rd methamphetamine or 'ice crisis' in 20 years). This required the ACT Government to identify and allocate unplanned funds to expand capacity in specialist drug services to address unacceptable waiting periods in the 2012 – 2016 ACT Budget cycle.
- Specialist drug services should be included in long-term and evidence-based health planning processes of the ACT Government to mitigate the need for future significant unplanned expenditure.

The challenge

The ACT Government and the ACT alcohol and other drug sector have invested significantly for over two decades to build a quality, comprehensive, mature and specialist treatment and support sector which is publicly funded and delivered by ACT Health and not-for-profit organisations.

Specialist alcohol, tobacco and other drug health interventions are based in evidence and represent good value for money. Specialist drug services deliver strong client outcomes including:

- Reductions in severity of dependence, amount and/or frequency of drug use, harmful drug use and related behaviours
- Improvements in mental health, physical health and social and emotional wellbeing; and functioning.

The 2016 ACT Budget included a very welcome and needed increased investment in the AOD sector - this was the first time ATODA could identify that both government and non-government specialist AOD services had received an increased investment through the ACT Budget process. These new funds are being expended in ways that are already producing sound client and service system outcomes – particularly with regard to supporting waiting list management.

However, specialist drug services are still in high demand, as demonstrated for example by non-government specialist drug treatment services alone, where there has been a 36% increase in demand between 2010 and 2014.[27,28]

This demand is likely to continue to increase over time as the population increases, further the current trends are showing increasing purity of illegal drugs, as seen by the recent increased harms associated with methamphetamines and newly released data from the

National Drug and Alcohol Research Centre about MDMA ('ecstasy') purity.[29]The ACT Government was caught off guard in the 2012 – 2016 ACT Budget cycle with a need to identify and allocate unplanned funds to expand capacity in specialist drug services to address growing demand. Previously ACT Health had not explicitly included these specialist drug services (government and non-government) within its clinical services and health planning processes.

The AOD sector is *an integral part of the ACT's health sector planning*. In some other Australian jurisdictions, governments have moved their specialist AOD services to become components of their mental health administrations. This has generally produced poor outcomes in terms of alcohol and other drug governance and service delivery, and a number of those jurisdictions are now reversing those unfortunate decisions.

This highlights the fact that the maintenance and selective expansion of the AOD sector in the ACT needs to occur as part of overall health sector planning, not as a stand-alone sector nor as part of the mental health sector. This is particularly important when we consider that the majority of people with alcohol and other drug problems are at the mild to moderate end of the spectrum where they are best helped in ongoing ways through the broader general health system. In addition, people completing specialist alcohol and other drug treatment require a range of support services in the community that are, or should be, provided by the broader health and community services sectors, rather than by specialist AOD services.

The solution

In future this ACT health clinical and health service planning for alcohol, tobacco and other drug impacts must include a whole-of-government ACT Alcohol Tobacco and Other Drug Strategy, a Treatment Services Plan, and specific planning for infrastructure including capacity building, capital and workforce – particularly AOD clinical and Aboriginal and Torres Strait Islander AOD workers.

The specialist alcohol and other drug services in the ACT are producing good client outcomes. A need exists, however, to selectively expand funding to meet growing demand and to do so as part of the ACT's overall health service planning. The specialist treatment sector needs to be closely articulated with the health sector, with a greater emphasis placed on continuing care that matches AOD, other health care services and community/social welfare services to the needs of individual clients, their carers and families.

Action required

- Maintain and selectively enhance resource allocation to the ACT's specialist alcohol and other drug sector to fill existing gaps in services, and to meet the increases in demand for treatment services consequent upon changing patterns of AOD use in the ACT.
- Enhance resource allocation to the sector as part of overall health service delivery planning so as to produce efficiencies from synergistic relationships between various parts of the ACT's health sector.

8. Make affordable and effective healthcare available to disadvantaged people

Action 8	Prevent chronic disease and death among disadvantaged people who smoke by expanding their access to nicotine replacement therapy (NRT).

Key points

- While only 10% of Canberrans are daily smokers, disadvantaged sub-groups still have unacceptably high smoking rates – for example, 82% among people accessing drug treatment[30].
- Smoking is a leading cause of chronic disease and kills up to two-thirds of smokers.
- Disadvantaged smokers can and want to quit, but need access to more intensive healthcare interventions to help them do it.
- NRT (e.g. gum, patches) is highly cost-effective – it increases the chances of a successful quit attempt by 50 to 70%.
- Complete courses of comprehensive NRT (including non-patch options) should be made freely available to all disadvantaged clients of health services as part of routine care, including all drug treatment clients.

The challenge

Successive governments at the levels of the ACT and the Commonwealth, in conjunction with medical practitioners and the non-government sector, have been outstandingly successful in reducing the prevalence of tobacco smoking and the incidence of tobacco-related morbidity and mortality. A consequence is that the ACT now has the lowest prevalence of tobacco smoking of any Australian state or territory: just 10% of the population aged 14 years and above were daily smokers in 2013, compared with 13% of the national population in that age range.[31]

Nonetheless, there remain sections of the Canberra community with stubbornly high levels of smoking. The bulk of people in these population groups exhibit socio-economic disadvantage compared with the Canberra population at large.[32] This includes people experiencing mental health and substance use disorders, Aboriginal and Torres Strait Islander people, people with low levels of education, and people experiencing chronic unemployment.[33] Particularly worrying is the relatively high level of smoking among pregnant women in these disadvantaged groups.[34]

The evidence is clear that people experiencing disadvantage are as motivated to quit (or reduce) smoking as those in the general population, and can have equivalent quit smoking rates when given access to appropriate intensive evidence-based interventions[35,36,37,38]. This includes promoting access to nicotine replacement therapy, acknowledged to be highly effective at reducing cravings and withdrawal symptoms and supporting quitting among nicotine dependent smokers.[39] This should, however, be offered according to best practice: providing 8–12 weeks worth of NRT as a full course[40]; using combination therapy that combines patches with an intermittent form of NRT (gum, strips, inhalator, lozenges, spray)[41]; and offering comprehensive multi-session counselling and support.[42]

Access to the most effective NRT support (i.e. a full course of combination NRT) is, however, unaffordable and inaccessible to most disadvantaged smokers. The Pharmaceutical Benefits Scheme only provides for patches for smoking cessation and only with a prescription; other forms of NRT are only available by private purchase over-the-counter through community pharmacies and other retailers such as supermarkets and convenience stores.[43]

With this evidence and knowledge of best practice in mind, ATODA instigated and promoted a program, funded by ACT Health, that provides subsidised nicotine replacement therapy (NRT) products to the staff and clients of the ACT's specialist drug treatment services. [44,45] This initiative has demonstrated positive initial outcomes[46] but currently reaches only a small proportion of the people who continue to smoke and who experience socio-economic and other disadvantage.

In addition, the ACT has funded, in recent years, the Aboriginal and Torres Strait Islander Smoking Cessation Strategy that has supported the Aboriginal and Torres Strait Islander community in the ACT to work towards reducing the disproportionate burden of tobacco use. The funding for this strategy has, however, now ceased.

The solution

Two broad strategies are needed to reduce further the prevalence of tobacco smoking in the ACT, aiming to eliminate this health risk factor within a generation: (1) maintaining the population-wide interventions that have been demonstrated to be effective (particularly high levels of tobacco taxation, reduced physical availability of tobacco products, and evidence-based social marketing); and (2) strengthening interventions that have been demonstrated to be effective among particular population groups with high smoking prevalence.

Specifically, ATODA calls on the incoming government to continue providing, and to expand the provision of subsidised NRT for the clients and staff of all of Canberra's specialised drug services, including people receiving medication-assisted treatment for opioid dependence, many of whom will benefit from long-term NRT.

In addition, this program could usefully be extended to other population groups, e.g. mental health service clients, people in homelessness programs, etc. A scale-up of this nature would need to be carefully developed, implemented and evaluated to maximise its impact and cost-effectiveness.

It is also crucial that the incoming government refund, as a priority, the Aboriginal and Torres Strait Islander Smoking Cessation Strategy.

Action required

- Maintain and selectively extend the provision of subsidised nicotine replacement therapy (NRT) for all clients and staff of Canberra's specialist drug services.
- Review the utility and likely cost effectiveness of extending this initiative to other sectors and population groups, e.g. mental health service clients, and scale up the initiative if the evidence warrants this.
- Continue to fully fund the Aboriginal and Torres Strait Islander Smoking Cessation Strategy

9. High Quality Healthcare: Establishing a Centre of Excellence

Action 9	Create a Canberra Centre of Excellence in Alcohol and other Drug Studies that builds on the existing expertise across our universities and specialist drug services.

Key points

- The ACT is an Australian leader in many areas of specialist drug treatment and support including drug treatment for families, drug diversion and opioid (e.g. heroin, oxycontin) overdose prevention; however, in other areas we are lagging behind (e.g. drug and alcohol clinical education).
- Some of Australia's top universities are based in Canberra, all of them contain alcohol and drug research expertise; however, none of them deliver alcohol and other drug study programs.
- Improving coordination across research efforts and delivering drug and alcohol study programs would enable the ACT drug and alcohol treatment sector to remain a national leader in delivering innovative and high quality services.
  A position should be funded to work toward the goal of building a cross-university, nationally recognised, Centre of Excellence in Alcohol and other Drug studies in Canberra.

The challenge

Canberra's alcohol and other drug agencies engaged in treatment and prevention activities, and the policy workers who support them, are committed to high quality practice, attaining the best possible outcomes for the community and delivering cost-effective interventions.

To do so, they need to continually increase their knowledge and capabilities, particularly so that they can respond effectively and with alacrity to changing drug scenes, including the current problematic increases in 'ice'- related harms in the Canberra community. In recent years, alcohol and other drug policy in the ACT has advanced, producing sound outcomes, as a result of the government investing in policy-relevant research and evaluation, largely conducted by interstate academics and consultants owing to the lack of expertise locally. Examples include research into the impacts of legislative changes on liquor licensing, drug diversion programs, deemed drug supply thresholds, etc.

Our city has four excellent universities and among their staff and senior research students are many people with advanced expertise in the alcohol and other drug field, crossing such diverse disciplines as addiction medicine, psychiatry, psychology, epidemiology, population health, evaluation, sociology, health economics, policy sciences, etc. Unlike most of Australia's capital cities, however, none of the Canberra higher education institutions has a Centre of Excellence in alcohol and other drug studies, or similar. As a consequence, the research endeavour is diffuse, failing to attain the benefits of concentration and scale. There is insufficient communication between university-based academics and practitioners in the drug prevention and treatment organisations, and in the government's drug policy areas.

Furthermore, none of Canberra's universities has undergraduate nor postgraduate education and training that gives high prominence to building expertise in the alcohol and other drugs field. This means that people working in the alcohol and other drug sector in the ACT do not have the opportunities available in other parts of the nation to build their capacity through

university education. This is an impediment to continuing quality improvement of the workforce and hence continuous improvement of services to members of the Canberra community experiencing substance use disorders.

The solution

It would be valuable if the incoming government facilitated the conduct of an audit of alcohol and other drug expertise in Canberra's higher education institutions. Based on that audit, work could be undertaken to build closer collaborations between those academics and their institutions, on the one hand, and alcohol and other drug practitioners operating in the Canberra community.

Discussions could be initiated with the aim of developing alcohol and other drug units within higher degree courses, such as Masters of Public Health programs. Strong collaborations between academics, and between them and practitioners, could lead to the establishment of a Centre of Excellence in Alcohol and other Drug Studies in the ACT. Such an institution could conduct postgraduate training in this field that is not available now in Canberra. It would also create an enabling environment for the monitoring and evaluation activities so important to improve service quality. It would also attract senior academics with advanced expertise to work on this important field in Canberra.

In practical terms, these outcomes could be achieved through the funding of a position in one of Canberra's universities to work, over a three-year period, to develop the professional education and collaboration resources that will produce long-term benefits in terms of improved capacity of our prevention and treatment agencies to deliver excellent services to their clients and, through doing so, improve the well-being of the broader Canberra community. The cost would be in the vicinity of $150,000 per annum for three years.

Action required

- The incoming ACT Government to fund a position to work, over a three-year period, to develop the professional education and collaboration resources in the alcohol and other drug field in Canberra's universities so as to provide opportunities for senior undergraduate and postgraduate professional education for Canberra's alcohol and other drug prevention and treatment personnel.
- The vision is to build a cross-institution, nationally-recognised, Centre of Excellence in Alcohol and other Drug Studies in Canberra.

10. Cost-effective Health and Social Outcomes: Evidence informed drug policy and decision making

Action 10	Develop, implement and evaluate an evidence informed, comprehensive and whole-of-government ACT Alcohol, Tobacco and Other Drug Strategy.

Key points

- The ACT has a reputation for being an Australian leader in developing, implementing and evaluating evidence informed drug policies.
- For over a decade, ACT Alcohol, Tobacco and Other Drug Strategy documents have guided this work and have resulted in tangible outcomes for preventing and reducing alcohol, tobacco and other drug related harms in the ACT.
- The ACT is currently operating in a drug policy vacuum as the most recent Strategy document concluded two years ago.
- A draft of the 2016-20 Strategy was released for public consultation in late 2015, but the draft has not been finalised.
- The ACT Government should finalise, make publicly available, implement and evaluate the whole of government ACT Alcohol, Tobacco and Other Drug Strategy.

The challenge

Preventing and responding to the harmful use of psychoactive substances, particularly alcohol, tobacco, pharmaceutical products and illicit drugs, is a complex task. This is because the causes of harmful use, its manifestations and the available policy responses are multifaceted, with responsibility for policy development and implementation being located in different parts of the ACT Government and community. The social determinants of health (such as poverty and disadvantage) impact on drug use and related harms that span the health, justice and social welfare sectors.[47]

This complexity underpins the need for solid policy work in the AOD field. For more than a decade, the ACT has had a series of Alcohol, Tobacco and Other Drug Strategy documents but the most recent one covers the period 2010 to 2014 - it concluded two years ago. A consequence of this is that the ACT government and community have been developing and implementing AOD policy responses in a virtual policy vacuum.

The previous ACT ATOD Strategies of been acknowledged for their high quality. Among the key features that have been acclaimed are that the Strategies have:

- Articulated effectively with the National Drug Strategy and those of other Australian jurisdictions, facilitating interstate and national collaboration.
- Had a whole of government focus, with particular emphasis on the core roles of the health and justice sectors in both preventive and remedial services.
- Emphasised mutually respectful partnerships between the government sector and the not-for-profit sector.
- Focused on all potentially harmful psychoactive substances, including alcohol, tobacco, pharmaceutical products and illicit drugs.
- Spelled out the governance and accountability arrangements for policy development, implementation and evaluation.
- Presented the broad principles underpinning action in this field, including:
    - The importance of the social determinants of risky behaviours;

- The empirical evidence underpinning setting priorities for action;
- Clear statements of actions be taken in the preventive and remedial fields particularly in the health and justice sectors; and
- Clear statements as to who is responsible for further policy development and implementation, along with accountability mechanisms to ensure high quality service delivery.

People working in the alcohol and other drug sector in the ACT, in both government and the not-for-profit sector, have found the past ACT ATOD Strategy documents to be very useful in guiding their work, reporting on policy implementation and in terms of accountability. As such, not having an ACT ATOD Strategy since 2014 has been problematic.

ATODA has been involved, along with a range of other government and non-government organisations, in supporting ACT Health to develop the ACT Alcohol, Tobacco and Other Drug Strategy 2016-20, particularly through its participation in the ACT Alcohol, Tobacco and Other Drug Strategy Evaluation Group. A draft of the 2016-20 Strategy was released for public consultation in late 2015, but that draft was never turned into a final, whole of government, publicly available Strategy document.

The solution

An urgent need exists for all parties and candidates to commit to finalising, promulgating and implementing, as soon as possible after the election, a whole of government and whole of community ACT Alcohol, Tobacco and Other Drug Strategy. The key agencies responsible for this process are ACT Health and the Justice and Community Safety Directorate (JaCS). The dot points under the previous heading list the most important criteria for inclusion in the Strategy.The draft Strategy distributed to the public for consultation in late 2015 is, in ATODA's view, a sound document and one that can be readily reviewed and finalised within a short timeframe. Creating a new ACT Alcohol, Tobacco and Other Drug Strategy is a crucial step for the incoming government as it continues to develop and implement policy aiming to prevent the harms associated with psychoactive substance use, and to deal with the consequences of problematic use of these substances.

Action required

- The incoming government to develop, promulgate and implement, as a priority action, a new ACT Alcohol, Tobacco and Other Drug Strategy.
- The strategy to be a whole of government approach, with ACT Health and JaCS being primarily responsible for further policy development, implementation and evaluation. It should:
  - Cover all psychoactive substances with harm potential;
  - Be implemented through partnerships between the government and community sectors;
  - Include the evidence base underpinning policy priorities and interventions;
  - Clarify the governance of the alcohol and other drug sector in the ACT;
  - Articulate with the National Drug Strategy; and
  - Include clear statements of actions required to attain the Strategy's policy goals, including clarity about which agencies are responsible for implementing and evaluating particular actions

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