ATODA
Alcohol Tobacco & Other Drug Association ACT

Minister Andrew Barr MLA
ACT Treasurer
Treasury Directorate
GPO Box 158
Canberra ACT 2601
budgetconsultation@act.gov.au

Submission to the ACT Budget Consultation 2012 - 2013

Dear Minister Barr,

The Alcohol Tobacco and Other Drug Association ACT (ATODA) would like to thank the ACT Government for the opportunity to provide a submission to the public consultation for the ACT Budget Consultation 2012 – 2013.

ATODA is the peak body representing the alcohol, tobacco and other drug (ATOD) sector in the ACT and seeks to promote health through preventing and reducing ATOD related harms.

The ACT ATOD sector is predominantly funded through ACT and Federal public funding; as such the sector seeks to utilise the funding it receives as effectively, efficiently and creatively as it can. For instance, significant sector initiated reforms are currently taking place to strengthen the use of existing resources within the north Canberra region, including piloting a short-term primary needle and syringe program and providing in-reach services to the Belconnen and Gungahlin Health Centres.

However, the sector has identified some areas where existing resources cannot be used or don't exist, or where reform is not possible without an additional injection of funding.

The requests for funding in this submission are modest and considered within the context of the challenging fiscal realities of the ACT economy and Canberra's ambitious social policy agenda. The priorities identified are therefore those that would seek to have long term benefits for individuals, families and communities in Canberra.

The process for developing this submission has included monthly discussions and development of draft proposals with sector stakeholders since August 2011.

ATODA acknowledges the ACT Government for its ongoing commitment to engaging with the community to identify resourcing priorities through the ACT Budget consultation process.

This submission includes seven funding priorities to prevent and reduce ATOD related harms in the ACT. Detailed proposals for the funding priorities have not been attached to this submission but are available from ATODA. The priorities include:

1. To ensure that ACT residents can access ATOD treatment and support from evidence and needs based, effective and efficient quality services through increasing base funding.

2. To ensure all ACT ATOD sector non-government organisations benefit from the outcomes from the Fair Work Australia Equal Remuneration Case decision.

3. To prevent and reduce blood-borne virus transmission and infection and to meet current and projected need by increasing harm reduction services in the north Canberra region through implementing a full-time primary needle and syringe program.

4. To improve road safety in the ACT through reducing drink driving recidivism, by increasing access to alcohol treatment and strengthening the partnerships between law enforcement and health services through conducting an evidence-based, evaluated pilot of an alcohol ignition interlock program targeted at high-range and repeat drink driving offenders.

5. To reduce re-offending and poverty and to promote social inclusion by reforming the ACT infringement schemes, including offences related to ATOD.

6. To expand and strengthen ATOD research and enhance ATOD policy and service delivery in the ACT and region, through establishing a structured collaboration, such as a Centre for Alcohol, Tobacco and Other Drug Research, Policy and Practice in the ACT.

7. To prevent chronic disease and promote healthy behaviours by implementing workplace tobacco management programs targeted at services that work with disadvantaged people who have high-smoking rates, including at the Alexander Maconochie Centre.

8. To improve the health and wellbeing of people experiencing co-occuring mental health and ATOD issues (comorbidity) through enhancing the service system's capacity by implementing three priority initiatives in the *ACT Comorbidity Strategy 2010 -2014.*

As the peak body for the ATOD sector, ATODA stands ready to work with the ACT Government to identify, and support the implementation of, resourcing priorities to prevent and reduce ATOD related harms in the Canberra community.

Sincerely,

Carrie Fowlie
Executive Officer
Alcohol Tobacco and Other Drug Association ACT (ATODA)

carrie@atoda.org.au
phone: (02) 6255 4070
fax: (02) 6255 4649
visit: 350 Antill St Watson ACT
post: PO BOX 7187 Watson ACT 2602
web: www.atoda.org.au

The Alcohol Tobacco and Other Drug Association ACT (ATODA) is the peak body representing the alcohol, tobacco and other drug (ATOD) sector in the ACT and seeks to promote health through preventing and reducing alcohol, tobacco and other drug (ATOD) related harms.

ATODA works collaboratively to provide expertise and leadership in the areas of social policy, sector and workforce development, research, coordination, partnerships, communication, information and resources.

ATODA is an evidence based organisation that is committed to the principles of public health, social justice and human rights. ATODA participates in ACT and national government and non-government advisory structures and is funded by the ACT and Australian Governments.

Summary of funding priorities to reduce and prevent alcohol, tobacco and other drug related harm in the ACT (2012 – 2013)

Priority	Area	Initiative	Description	Funding
1	Alcohol, tobacco and other drug sector and workforce viability	**Meeting the increasing costs of alcohol, tobacco and other drug service delivery**	To ensure that ACT residents can access alcohol, tobacco and other drug treatment and support from evidence and needs based, effective and efficient quality services.	15% increase in base funding for alcohol, tobacco and other drug services.
		Pay Equity	To ensure all ACT alcohol, tobacco and other drug sector non-government organisations benefit from the outcomes from the Fair Work Australia Equal Remuneration Case decision.	See current ACT Government estimates. It is recommended that modeling is undertaken by the Australian and / or ACT Governments regarding the broader impact of the case on organisations as a whole.
2	Preventing and reducing blood-borne virus transmission and infection	**Primary needle and syringe program in the north Canberra region**	To prevent and reduce blood-borne virus transmission and infection, and to meet current and projected need by increasing harm reduction services in the north Canberra region through implementing a full-time primary needle and syringe program.	$200,000 per annum recurrent (estimate).
3	Improving road safety through reducing impaired driving	**Alcohol ignition interlocks program**	To improve road safety in the ACT through reducing drink driving recidivism, by increasing access to alcohol treatment and strengthening the partnerships between law enforcement and health services through conducting an evidence-based, evaluated pilot of an alcohol ignition interlock program targeted at high-range and repeat drink driving offenders.	See ACT Government estimates.
4	Reducing re-offending and	**ACT infringements**	To reduce re-offending and poverty and to promote social inclusion by reforming the ACT infringement schemes,	Further work would be required by the ACT Government; however, $24

	poverty through social inclusion	**schemes reform**	including offences related to alcohol, tobacco and other drugs.	million was owing to the ACT Government in 2010 from unpaid fines.
5	Strengthening alcohol, tobacco and other drug research, policy and practice	**Establishment of a Centre for Alcohol, Tobacco and Other Drug Research, Policy and Practice in the ACT**	To expand and strengthen alcohol, tobacco and other drug research and enhance ATOD policy and service delivery in the ACT and region, through establishing a structured collaboration, such as a Centre for Alcohol, Tobacco and Other Drug Research, Policy and Practice in the ACT.	$150,000 per annum recurrent (estimate).
6	Chronic disease prevention and reduction amongst disadvantaged people	**Workplace Tobacco Management**	To prevent chronic disease and promote healthy behaviours by implementing workplace tobacco management programs targeted at services that work with disadvantaged people who have high-smoking rates, including at the Alexander Maconochie Centre.	$200,000 per annum recurrent (estimate).
7	Improving our response to co-occurring alcohol, tobacco and other drug and mental health issues	**Implementing the ACT Comorbidity Strategy 2010 - 2014**	To improve identification, referrals and treatment access for people experiencing comorbidity by implementing universal screening tools with alcohol, tobacco and other drug and mental health services.	$20,000 for 12 months (estimate).
			To support alcohol, tobacco and other drug and mental health workers to gain the knowledge and skills to identify and respond to people experiencing comorbidity through expanded professional development activities.	$20,000 for 12 months (estimate).
			To increase the capacity of frontline workers to support people experiencing co-occurring alcohol, tobacco and other drug and mental health issues (comorbidity) in the ACT through an innovative workforce development initiative (ACT Comorbidity Bus Tours) delivered in partnership by three peak bodies utilising a cost-sharing model.	$20,000 per annum (estimate).

PRIORITY 1: ACT ALCOHOL, TOBACCO AND OTHER DRUG SECTOR AND WORKFORCE VIABILITY

Initiative:	Meeting the increasing costs of alcohol, tobacco and other drug service delivery
Description:	To ensure that ACT residents can access alcohol, tobacco and other drug treatment and support from evidence and needs based, effective, efficient and quality services.
Funding:	15% increase in base funding for alcohol, tobacco and other drug services.

The ACT alcohol, tobacco and other drug (ATOD) sector is committed to providing evidence-based, needs-based, effective and efficient services. However, services are reporting that increasing service delivery costs and ageing infrastructure are creating significant challenges to maintain service calibre, and to meet ongoing legislative and quality improvement requirements in the ACT.[1]

The 2010 report on the contribution of the not-for-profit sector by the Productivity Commission stated, "Available evidence suggests [government funding for services is] an average of around 70 percent, with fees and charges making up some of the difference."[2] The majority of ACT community service providers report that the level of funding they received in 2009-10 was insufficient to cover the true costs of delivering contracted services.[3]

A significant investment, beyond indexation, has not been received by ATOD services in several years. While annual indexation (3.4% in 2011/12)[4] from the ACT Government is essential and welcome, it recognises only a fraction of the increasing costs community services annually encounter - whereas service providers report increased cost to be approximately 10% annually.[5]

In 2011, the Western Australian State Government recognised the increasing costs of ATOD service delivery by providing a significant investment of funds:

> The Drug and Alcohol Office (DAO) will provide an additional 15% funding in 2011/12 to eligible not-for-profit organisations providing existing alcohol and other drug services. This commitment of $4.39 million in 2011/12 is part of the State Government's recent budget announcement to provide more than $600 million over four years to improve the sustainability of not-for-profit provided community services.[6]

A 2011, an Australia Institute survey found that 85% of Canberrans believe the ACT Government should increase funding to the community sector.[7] The ACT Government is encouraged to respond to Canberrans' views and act in unison with Western Australia by providing a funding injection to ATOD services in the ACT.

ATODA supports community sector stakeholder calls for a 15% increase in base funding across the health and community sector and endorses ACTCOSS' recommendations in this area.[8]

Initiative:	Pay Equity
Description:	To ensure all ACT alcohol, tobacco and other drug sector non-government organisations benefit from the outcomes from the Fair Work Australia Equal Remuneration Case decision.
Funding:	See current ACT Government estimates. It is recommended that modeling is undertaken by the Australian and / or ACT Governments regarding the broader impact of the case on organisations as a whole.

The Fair Work Australia Equal Remuneration Case[9] is a significant step towards achieving pay equity for women and people working in the non-government sectors. ATODA congratulates the Australian[10] and ACT[11] Governments commitments to fund a fair and equitably paid community sector. In particular, we support the commitment of the ACT Government to establish a Community Sector Transition and Investment Fund to implement the outcomes of the case and to provide practical transitional support, and we look forward to hearing how this will directly relate to alcohol, tobacco and other drug (ATOD) services.

However, ATODA has a number of concerns that relate to the community sector as a whole and the ATOD sector in particular, as the ACT Government and community sector works together to implement the outcomes of the Equal Pay Case.

The Equal Pay Case has been put forward to address historical inadequacies of pay in the community sector. The growing disparity in wages between the (not-for-profit) community sector and government or the private sector has been driven by a number of factors including those specifically relating to:

- The outsourcing of health and social services to the community sector;
- The sector's work being financially undervalued by governments; and
- The sector has not been able to offer fair wages and wage increases for its own workforce due to funding amounts available and competitive tendering practices for government funding.

Consequently, higher wages are essential for addressing many of the workforce problems in the sector, and therefore the effectiveness of health and social services in meeting the needs of vulnerable and low-income Canberrans.

If additional outputs are attached to funding provided to services, this would reject the key premise of the case. Consequently, ATODA urges the ACT Government to provide this funding without linking it to additional requirements on health and community services.

The ATOD sector receives funding from multiple sources, including sources other than government (e.g. charitable donations). Often this money is used to fund programs and initiatives, including human resource costs and staffing. Consequently, government initiatives aimed at covering the costs of increased wages and ensuring a smooth transition to a fairer wage system will not completely address the need for increased funding of services and programs. There are risks that some services may

need to absorb some of the increased wage costs, leading to reduced staffing levels or services. It will be essential that this is a focus of the Community Sector Transition and Investment Fund.

ATODA is concerned that other areas of need, such as increasing demand for services, improving infrastructure, supporting innovation, maintaining quality assurance and workforce development may be neglected as governments and the community sector focus on the implications of the Equal Pay Case. We ask that this work looks at the needs, capacity and strengths of organisations as a whole.[12]

If the pay equity outcome is not appropriately funded and community services are expected to absorb the costs of pay increases, the ultimate result will be cuts to essential services which support the most vulnerable members of our community.[13]

ATODA looks forward to working with the ACT Government on this historic and essential area of work to ensure ATOD harms are prevented and reduced in the ACT community.

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[1] Discussions with ACT ATOD agencies (August – December 2011).
[2] Productivity Commission (2010) *Contribution of the Not-for-Profit Sector*. p281. http://www.pc.gov.au/__data/assets/pdf_file/0003/94548/not-for-profit-report.pdf
[3] Australian Council of Social Service. (2011) *ACOSS paper 173, Australian Community Sector Survey, Volume 2 – Australian Capital Territory, 2011,* p.25. http://acoss.org.au/images/uploads/ACSS_Report_Volume_2_Australian_Capital_Territory.pdf
[4] ACT Council of Social Service (2011) *Budget Snapshot 2011.* http://www.actcoss.org.au/publications/Publications_2011/0711PAP.pdf
[5] Communication with service providers (August – December 2012).
[6] Western Australian Network of Alcohol and Drug Agencies (WANADA) *Drug Speak*. August 2011. http://www.wanada.org.au/Download-document/473-Drugspeak-August-2011.html
[7] ACT Council of Social Media Release. *ACT community says "support our community sector".* 15 April 2011. http://www.actcoss.org.au/publications/mediareleases/2011/MR1101.pdf
[8] ACT Council of Social Service (2012) *ACTCOSS Budget Submission 2012-13: Canberra 2013: Fair and Equitable*. http://www.actcoss.org.au/publications/Publications_2012/0512SUB.pdf
[9] Fair Work Australia. Equal Remuneration Case Decision. 1 February 2012. http://www.fwa.gov.au/sites/remuneration/decisions/2012fwafb1000.htm#P220_16927
[10] Prime Minister of Australia. Media Release. *Gillard Government to delivery historic payrise for social and community workers.* 10 November 2011 http://www.pm.gov.au/press-office/gillard-government-deliver-historic-payrise-social-and-community-workers
[11] Chief Minister of the ACT. Media Release. *ACT Government commits to fully fund Equal Remuneration case for community workers.* 1 February 2012. http://www.chiefminister.act.gov.au/media.php?v=11339
[12] Australian Council of Social Service (2011) *ACOSS Paper 173, Australian Community Sector Survey, Volume 2 – Australian Capital Territory, 2011.* http://acoss.org.au/images/uploads/ACSS_Report_Volume_2_Australian_Capital_Territory.pdf
[13] ACT Council of Social Service (2012) *ACTCOSS Budget Submission 2012-13: Canberra 2013: Fair and Equitable*. http://www.actcoss.org.au/publications/Publications_2012/0512SUB.pdf

PRIORITY 2: PREVENTING AND REDUCING BLOOD-BORNE VIRUS TRANSMISSION AND INFECTION

Initiative:	**Primary needle and syringe program in the north Canberra region**
Description:	To prevent and reduce blood-borne virus transmission and infection and to meet current and projected need by increasing harm reduction services in the north Canberra region through implementing a full-time primary needle and syringe program.
Funding:	$200,000 per annum recurrent (estimate).

Needle and syringe programs (NSPs) are a fundamental component of the ACT and Australia's response to preventing the harms caused by injecting drug use. NSPs are an effective means of facilitating access to appropriate health and social interventions and reducing the spread of blood-borne viruses (e.g. HIV/AIDS, hepatitis C and B) among people who inject drugs and the broader community.

Over 80% of all newly acquired hepatitis C infections in Australia and the vast majority in most Western countries are associated with injecting drug use.[14] Sharing injecting equipment is the primary manner in which blood-borne viruses are spread in this population.

NSPs that provide sterile injecting equipment, have been successfully managed and implemented in the ACT since 1989,[15] and have been cost-effective at preventing the spread of blood-borne viruses, including hepatitis C.[16]

Each case of hepatitis C infection costs the Australian community and health services between $798 and $18,835 per year.[17] However, the substantial savings from NSPs in the community can be compromised by lack of accessibility for certain population groups or in certain geographical areas, such as the north Canberra region.

Primary NSPs provide preventive care as well as primary health services to people who inject drugs, who as a group "often experience poor general health and medical problems associated with injecting".[18] A primary NSP distributes a wide range of free specialist injecting equipment, provides wound care, and provides education, referral and support.[19]

Two primary NSPs, in Civic and Phillip, service people who inject drugs in the ACT. While sterile injecting equipment is available from secondary outlets located throughout the ACT, such outlets do not provide targeted health and social support to this population. Consequently, a large proportion of people who inject drugs in the ACT are required to travel substantial distances to access these vital services. As a result, many people who inject drugs and the broader community may not be receiving the public health benefits of primary NSPs.

Significant work has been undertaken by the ACT ATOD sector in regards to current demand and future projections for ATOD services in the north Canberra region, this work indicates there is further demand for a primary NSP. [20]

A summary of data and projections regarding need for a primary NSP in northern Canberra include:[21]

Civic Primary NSP	• "City" place of residence make up about 55-60% of all consumers - *demand has increased*. • "Belconnen" place of residence for consumers rose from 14% - 29% from January - June 2010, which represents 2165 consumers with a Belconnen postcode out of a total of 7550 consumers accessing the Civic primary NSP. • Consumers who have a "Woden/Weston" or "Tuggeranong" place of residence have decreased markedly over the past year. • More than 50,000 individual syringes and almost 9,000 wheel filters were distributed to clients residing in the Civic/central area. • Almost 23,000 individual syringes and 2,900 wheel filters were distributed to consumers residing in Belconnen.
Phillip Primary NSP	• "Woden/Weston" place of residence make up almost 40% of all consumers; • "City" place of residence make up about 25% of all consumers; • Consumers who have a "Belconnen" place of residence have increased over the January-June 2011 period.[22] • About 30,000 individual syringes and 2,500 wheel filters were distributed to consumers residing in the Woden/Weston area.

The ACT ATOD sector is committed to utilising scarce public funds as efficiently and effectively as possible. As another demonstration of this commitment a short-term pilot primary NSP is planned utilising one of the shared spaces at the Belconnen Community Health Centre. This pilot would include an evaluation and then seek alternative accommodation to operate a full-time primary NSP in Belconnen. ATODA understands that this part-time, short-term pilot can be funded out of current resources; however, a full-time, permanent program will require additional investment from the ACT Government.

For further information regarding needle and syringe programs in the ACT and this initiative see:

- *Current Demand and Future Projections for Opioid Treatment Services and Needle and Syringe Programs in the North Canberra Region* (February 2012) – An Health Directorate ACT Government iinformation paper provided to the ACT Alcohol Tobacco and Other Drug Strategy Evaluation Group;

- Alcohol Tobacco and Other Drug Association ACT (ATODA) (2012) *Needle and Syringe Programs in the north region of Canberra*.

[14] National Needle and Syringe Programs Strategic Framework 2010-2014, Victorian Department of Human Services (2010), Commonwealth of Australia.
[15] Alcohol Tobacco and Other Drug Association ACT (2011) *Implementing a needle and syringe program in the Alexander Maconochie Centre: ATODA submission to the ACT Government on the Moore Report consultation*
[16] National Centre in HIV Epidemiology and Clinical Research (2009) *Return on investment 2: evaluating the cost-effectiveness of needle and syringe programs in Australia*, National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales, Sydney.
[17] ibid
[18] National Needle and Syringe Programs Strategic Framework 2010-2014, Victorian Department of Human Services (2010), Commonwealth of Australia.
[19] ibid
[20] See *Current Demand and Future Projections for Opioid Treatment Services and Needle and Syringe Programs in the North Canberra Region* (February 2012) Health Directorate information paper provided to the ACT Alcohol Tobacco and Other Drug Strategy Evaluation Group (February 2012).
[21] ibid
[22] Note these data are only available for the July 2010 to June 2011 period and so major trends are not yet apparent.

PRIORITY 3: IMPROVING ROAD SAFETY THROUGH REDUCING IMPAIRED DRIVING

Initiative:	Alcohol ignition interlocks program
Description:	To improve road safety in the ACT through reducing drink driving recidivism, by increasing access to alcohol treatment and strengthening the partnerships between law enforcement and health services through conducting an evidence-based, evaluated pilot of an alcohol ignition interlock program targeted at high-range and repeat drink driving offenders.
Funding:	See ACT Government estimates.

In 2011, there were 575 road traffic incidents occasioning injury in the ACT and four traffic incidents occasioning 6 deaths.[23] The ACT Government acknowledges that impaired driving due to alcohol and/or other drugs is one of the main causal factors for serious injury and fatal road crashes in the ACT.[24] Road safety and addressing impaired driving is a priority for action of the ACT Government and for the law enforcement, public health and alcohol tobacco and other drug (ATOD) agencies. [25]

Deterrence efforts such as public education campaigns, random breath testing, law enforcement, and criminal justice responses to drink driving have been generally effective at reducing drink driving among large portions of the community. Regardless of these efforts, there continues to be many drivers who drive while intoxicated with alcohol. In 2010-11, 100,568 random breath tests were administered in the ACT, with 1.5% registering a positive result for alcohol above the allowable blood alcohol concentration.[26]

ACT Policing drink driving statistics (30 June 2010 – 1 July 2011), reveal that most people apprehended for drink driving were medium to high-range (e.g. over .05 g% blood alcohol concentration) and/or repeat offenders.[27] This clearly indicates that targeted law enforcement and health interventions are required to address this particular population, particularly since we know that:

- Approximately 70% of first time drink driving offenders are not detected reoffending;
- High range and repeat offenders are the most likely to have established problems of alcohol dependence or abuse;[28]and,
- The majority of convicted drink driver offenders whose licenses are suspended choose to drive while suspended.[2930] For example, a Western Australian study of repeat drink drivers found that 74% admitted driving on at least one occasion whilst having their license disqualified.[31]

International research highlights the prevalence of problematic alcohol use in people identified as drink drive recidivists, or those detected with high blood alcohol concentration (BAC), and the challenges this provides for creating behavioural change:

> "Preventing repeated drink-driving is difficult, in part, because many recidivists are alcohol dependent or suffer from other comorbid disorders. As many as 54% of repeat impaired-driving offenders may meet clinical criteria for alcohol dependence

> and 40% or more may meet criteria for lifetime drug abuse… As a result, recidivist drink-drivers may be less receptive to traditional deterrence and may need a more comprehensive approach".[32]

These high-range and repeat drink driving offenders are unlikely to respond to brief educational interventions, and more intensive and comprehensive approaches are needed. There is need to use evidence-based interventions to prevent drink driving and address the underlying alcohol use problems in this population rather than relying exclusively on penalties, license disqualifications, or untargeted education programs. One such approach is the use of alcohol ignition interlocks in conjunction with targeted health and social interventions.

International evidence shows that:

- Interlocks reduce drink driving amongst program participants until removed from the vehicle [33,34,35] ; and,
- Combined with appropriate health and social interventions, interlocks programs can lead to lower levels of alcohol consumption and significantly lower ongoing recidivism post program completion.[36]

As a result, ATODA has been working with ACT Government, ACT Police, researchers, the ATOD sector and the wider community to help promote the use of alcohol ignition interlocks in the ACT's response to promoting road safety and reducing drink driving.

The purpose of a multifaceted ACT alcohol ignition interlock pilot program could be to:

- Improve road safety in the ACT;
- Reduce impaired driving by high range first and repeat drink drivers;
- Implement an evidence based interlock program which incorporates both sanctions and treatment interventions;
- Promote a law enforcement and health partnership to addressing impaired driving; and,
- Address individual drink driving re-offending through installing interlocks and concurrently addressing problematic alcohol use and driving behaviours.

For further information about trialing an evaluated alcohol ignition interlock program including further research evidence see ATODA's paper *Improving road safety in the ACT by implementing: a comprehensive, collaborative and evidence-based alcohol ignition interlock program*.[37]

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[23] ACT Policing. *Crime Statistics.* http://www.police.act.gov.au/crime-and-safety/crime-statistics.aspx
[24] ACT Government (2011) *ACT Road Safety Strategy and Action Plan* http://www.tams.act.gov.au/move/roads/road_safety/act_road_safety_strategy
[25] ibid
[26] ACT Policing. Annual Report 2010-2011. http://www.police.act.gov.au/~/media/act/pdf/act-policing-annual-report-2010-11.ashx
[27] Cited in Justice and Community Safety. *Alcohol and Drug Awareness Course Statement of Requirements Project No. 17910.110* (August 2011)
[28] For further information see the ATODA proposal *Improving ACT road safety through implementing: Comprehensive, collaborative and evidence-based alcohol ignition interlock program* www.atoda.org.au

[29] International Council on Alcohol, Drugs and Traffic Safety Working Group on Alcohol Interlocks 2001, *Alcohol Ignition Interlock Devices Volume I: Position paper*, International Council on Alcohol, Drugs and Traffic Safety (ICADTS).
[30] Lenton, S, Fetherston, J & Cercarelli, R 2010, 'Recidivist drink drivers' self-reported reasons for driving whilst unlicensed - a qualitative analysis', *Accident,Analysis and Prevention*, vol. 42, no. 2, pp. 637-44.
[31] 2002 Fetherston and colleagues study cited in Road Safety Council of Western Australia 2003, *Report of the Repeat Drink Driving Working Group*, Western Australia: Author.
[32] Babor, TF et al. 2010, *Alcohol: no ordinary commodity - research and public policy*, 2nd edn, OUP, Oxford, p. 174.
[33] See:

- DeYoung, DJ, Tashima, HN & Masten, SV 2005, 'An evaluation of the effectiveness of ignition interlock in California', in Marques, PR (ed) *Alcohol ignition interlock devices Volume II: research, policy, and program status 2005*, International Council on Alcohol, Drugs and Traffic Safety (ICADTS).
- Marques, P, Tippetts, S, Allen, J, Javors, M, Alling, Christer, Yegles, M, Pragst, F, & Wurst, F 2009, 'Estimating driver risk using alcohol biomarkers, interlock blood alcohol concentration tests and psychometric assessments: initial descriptives', *Addiction*, 105, 226-239.
- International Council on Alcohol, Drugs and Traffic Safety Working Group on Alcohol Interlocks 2001, *Alcohol Ignition Interlock Devices Volume I: Position paper*, International Council on Alcohol, Drugs and Traffic Safety (ICADTS).
- Road Safety Council of Western Australia 2003, *Report of the Repeat Drink Driving Working Group*, Western Australia: Author.

[34] Coben, JH & Larkin, GL 1999, 'Effectiveness of ignition interlock devices in reducing drunk driving recidivism', *American Journal of Preventive Medicine*, 1999;16(1S).
[35] Elder, RW, Voas, R, Beirness, D, Shults, RA, Sleet, DA, Nichols, JL & Compton, R 2011, 'Effectiveness of ignition interlocks for preventing alcohol-impaired driving and alcohol-related crashes: a Community Guide systematic review', *American Journal of Preventive Medicine*, vol. 40, no. 3, pp. 362-76 – Note:

- A systematic review of the literature to assess the effectiveness of ignition interlocks for reducing alcohol-impaired driving and alcohol-related crashes was conducted for the Guide to Community Preventive Services (Community Guide). Because one of the primary research issues of interest--the degree to which the installation of interlocks in offenders' vehicles reduces alcohol-impaired driving in comparison to alternative sanctions (primarily license suspension)--was addressed by a 2004 systematic review conducted for the Cochrane Collaboration, the current review incorporates that previous work and extends it to include more recent literature and crash outcomes. The body of evidence evaluated includes the 11 studies from the prior review, plus four more recent studies published through December 2007. The installation of ignition interlocks was associated consistently with large reductions in re-arrest rates for alcohol-impaired driving within both the earlier and later bodies of evidence. Following removal of interlocks, re-arrest rates reverted to levels similar to those for comparison groups. The limited available evidence from three studies that evaluated crash rates suggests that alcohol-related crashes decrease while interlocks are installed in vehicles. According to Community Guide rules of evidence, these findings provide strong evidence that interlocks, while they are in use in offenders' vehicles, are effective in reducing re-arrest rates. However, the potential for interlock programs to reduce alcohol-related crashes is currently limited by the small proportion of offenders who participate in the programs and the lack of a persistent beneficial effect once the interlock is removed. Suggestions for facilitating more widespread and sustained use of ignition interlocks are provided.
- See also Task Force on Community Preventive Services 2011, 'Recommendations on the effectiveness of ignition interlocks for preventing alcohol-impaired driving and alcohol-related crashes', *American Journal of Preventive Medicine*, vol. 40, no. 3, p. 377 (no abstract available)
- Both are available in free full text at http://www.thecommunityguide.org/mvoi/AID/ignitioninterlocks.html .

[36] Bjerre, B 2005, 'Primary and secondary prevention of drinking and driving by the use of alcolock device and program: the Swedish experience', in Marques, PR (ed) *Alcohol ignition interlock devices Volume II: research, policy, and program status 2005*, International Council on Alcohol, Drugs and Traffic Safety (ICADTS).
[37] The paper is available from www.atoda.org.au

PRIORITY 4: REDUCING RE-OFFENDING AND POVERTY THROUGH SOCIAL INCLUSION

Initiative:	ACT infringements schemes reform
Description:	To reduce re-offending and poverty and to promote social inclusion by reforming the ACT infringement schemes, including offences related to alcohol, tobacco and other drugs.
Funding:	Further work would be required by the ACT Government, however $24 million was owing to the ACT Government in unpaid fines in 2010.[38]

The *Magistrates Court Act 1930*, pt 3.8 provides a system of infringement notices for offences against various Acts. The infringement notice system is intended to provide an alternative to prosecution. Infringement notices, whether they be related to parking or traffic offences,[39] disruptive behaviour,[40] failure to comply with smoking ordinance,[41] or possession of small amounts of cannabis,[42] are an important and effective manner of responding to low-level offending and road traffic violations in the ACT.

However, there has been recent acknowledgement by the ACT Government and community that the use of infringement notices can have a disproportionate impact upon disadvantaged members of the ACT community.[43] This is exacerbated by the fact that many infringement schemes specifically target persons for health-related behaviours, including those related to alcohol, tobacco and other drugs (ATOD), such as:

- Drink driving offences[44]
- Drug driving offences[45]
- Smoking in cars with children[46]
- Smoking in a no smoking areas[47]
- Public order offences related to alcohol[48]
- Simple Cannabis Offence Notice Scheme (SCON)[49]

Street Law, a project of the Welfare Rights and Legal Centre that provides legal services to persons who are homeless or at risk of homelessness, released a report in 2011 outlining how the current infringement scheme can contribute to homelessness among disadvantaged ACT residents, why this occurs, and how it can be addressed.[50] The report highlights specific consideration of persons experiencing "addiction to drugs, alcohol or a volatile substance."[51] ATODA broadly supports the recommendations made by Street Law.

ATODA supports discussions in the ACT to address the disproportionate impact infringement schemes can have among disadvantaged people, for two reasons:

1. Infringement schemes can lead to poor outcomes (e.g. homelessness, unemployment, mental health problems) among disadvantaged people, including among many with ATOD problems; and,
2. Many infringements target people with ATOD-related problems or for ATOD-related behaviours.

Consequently, ATODA believes that reforms of the ACT's infringement schemes are required, should include infringements and fines made for ATOD-related behaviours, and be coupled with the following actions:

- Installment plans for all fines and infringements, including those which are ATOD-related;
- Options for community service, education or treatment as payment;
- Options to waive fines for certain members of the community;
- Adequate support and training for ACT Police related to infringements and ATOD issues;
- Promote access to appropriate health and social services; and,
- Trial evidence-based responses to ATOD-related and low-level offending.

ATODA believes that by integrating existing drug diversion programs with these preceding activities, a genuinely effective, informed, and efficient response to low-level and ATOD-related offending can be implemented in the ACT.

ATODA particularly highlights Street Law's findings that the system in place for recovering revenue in the ACT from infringements does not work, for example:

- $29.7 million or 16% of ACT Government 2009 – 2010 revenue was attributable to "taxes, fees and fines"; and,
- In 2010, the ACT Government is owed more than $24 million in infringements that have been outstanding for at least 361 days. [52]

ATODA agrees that it is safe to conclude from these figures that whilst infringements provide a significant source of revenue for the ACT Government, the means for recovering that revenue are inadequate.[53]

An initiative similar to the reforms proposed has been rolled out in NSW. A 2011 evaluation found that the scheme has helped to:

- Reduce reoffending in the fine enforcement system, and secondary offending in the broader criminal justice system. In particular, preliminary statistitcs indicate 82.5% of clients have not received another fine or penalty notice;
- Engage clients in appropriate treatment or activities that they may not have otherwise engaged in, including treatment;
- Reduce client stress, anxiety and feelings of hopelessness and despair;
- Promote client agency, self-esteem and self-efficacy;
- Build client skills, provide them with an incentive to work, and may lead to employment; and,
- Reduce costs to government associated with fine enforcement, ongoing offending behaviour, welfare dependency, mental health problems and dug and alcohol addiction.[54]

Reforming the ACT infringement system could see similar outcomes which would greatly benefit disadvantaged people, the broader community and the ACT Government.

For further information see ATODA's paper *ACT Infringement Schemes Reform: Implementing effective and appropriate responses to offending by disadvantaged people including alcohol, tobacco and other drug related offending.*

[38] Street Law (2011). The Downward Spiral: How a fine can cause homelessness in the ACT. Welfare Rights and Legal Centre: Canberra.
[39] *Road Transport (General) Act 1999 (ACT)*
[40] *Criminal Code Act 2002 (ACT)*
[41] *Magistrates Court (Smoke-free Public Places Infringement Notices) Regulation 2010*
[42] *Drugs of Dependence ACT 1989*
[43] Street Law (2011). The Downward Spiral: How a fine can cause homelessness in the ACT. Welfare Righrta and Legal Centre: Canberra.
[44] *Road Transport (Alcohol and Drugs) Act 1977*
[45] ibid
[46] *Smoking in Cars with Children (Prohibition) Bill 2011*
[47] *Magistrates Court (Smoke-free Public Places Infringement Notices) Regulation 2010.*
[48] *Criminal Code Act 2002 (ACT)*
[49] *Drugs of Dependence Act 1989*
[50] Street Law (2011). The Downward Spiral: How a fine can cause homelessness in the ACT. Welfare Rights and Legal Centre: Canberra.
[51] ibid
[52] ibid
[53] ibid
[54] NSW Government (2011) *A Fairer fine system for disadvantaged people – An evaluation of time to pay, cautions, internal review and the work and development order scheme.*
http://www.lpclrd.lawlink.nsw.gov.au/agdbasev7wr/lpclrd/documents/pdf/a_fairer_fine_system.pdf

PRIORITY 5: STRENGTHENING ALCOHOL, TOBACCO AND OTHER DRUG RESEARCH, POLICY AND PRACTICE

Initiative:	Establishment of a Centre for Alcohol, Tobacco and Other Drug Research, Policy and Practice in the ACT
Description:	To expand and strengthen alcohol, tobacco and other drug research and enhance alcohol, tobacco and other drug policy and service delivery in the ACT and region, through establishing a structured collaboration, such as a Centre for Alcohol, Tobacco and Other Drug Research, Policy and Practice in the ACT.
Funding:	$150,000 per annum recurrent (estimate).

The ACT has often led the nation in developing and implementing evidence-informed responses to the harms caused by alcohol, tobacco, and other drugs (ATOD). The ACT Government, community and ATOD sector can be proud of its achievements in this area, including:

- Well established and evaluated drug diversion programs;
- Promoting drug treatment among inmates at the Alexander Maconochie Centre;
- Providing prescription naloxone as part of a comprehensive opioid overdose prevention and management program; or,
- Educating the community about the risks associated with tobacco.

However, and in spite of efforts to date, the ACT has historically had difficulties facilitating effective collaboration between researchers, policy-makers, and practitioners.

The ACT Government and ACT ATOD sector is committed to evidence-based and evidence-informed policy and practice, including supporting innovation and evaluation. This approach is reflected in key policy documents, such as the *ACT Alcohol, Tobacco and Other Drug Strategy 2010 – 2014*[55] and the *National Drug Strategy 2010 - 2015*[56].

> "One of the key principles underpinning Australia's National Drug Strategy is that policy and practice are, wherever possible, informed by research evidence on patterns of supply and use, the harms arising and the most effective approaches to reducing supply, demand and harm.
>
> Governments and non-government agencies operating under the Strategy have a shared commitment to improving knowledge and practice and building on the successes and strengths of past efforts. A strong evidence base has been built over the past 25 years, but continuing effort is needed to update the evidence and address gaps in some areas."[57]

Evidence-informed policy is a particularly difficult challenge for the ATOD field because of the multiple inputs into policy activity in this area. Policy development and implementation are impacted upon by attitudes, values, public opinion, etc., and have to compete with other sectors such as medical care, law enforcement, education and

social welfare, making it difficult for ATOD research to have as much impact on policy activity and its implementation as many would like. [58]

Evidence-informed practice is a fundamental component of effective responses to ATOD-related harms. However, to implement such practices, it is often vital that policy-makers, service providers and practitioners be informed by the latest available evidence when designing and implementing ATOD-related policies and programs. [59]

ATODA has identified approximately 40 researchers based or working in the ACT that have, or are currently engaged in, high quality ATOD research. The ACT is also home to some of Australia's leading research centres.

However, the ACT ATOD sector has struggled to form effective partnerships with key research organisations as there is no formal mechanism through which the activities of these researchers, and their linkages with policy and practice, can be coordinated. The result has been potential duplication and missed opportunities for the researchers, policy-makers, practitioners, treatment services, consumers and the Canberra community.

The benefits of a Centre could include:

- Increasing awareness, and implementation of, cost-effective and effective ATOD strategies;
- Providing a forum for policy workers to think systematically about their information needs that could engage with researchers and practitioners, and develop strategies for meeting those needs;
- Providing a vehicle for ATOD agencies and practitioners to engage with researchers to enhance their service delivery, including through conducting evaluation research;
- Undertaking collaborative work on complex problems that would benefit from the insights that come from all three parts of the sector sharing their knowledge and experiences, and integrating these;
- Providing support to ATOD sector continuing professional education and other workforce development programs within the ACT and region; and,
- Facilitating the exchange of personnel between research institutions, ATOD policy development bodies and service delivery agencies in the community.

For further information, see the ATODA paper *Briefing paper: Establishing a collaboration, such as a Centre for Drug Research, Policy and Practice in the ACT.*

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[55] ACT Government. 2010. *ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014*
[56] Australian Government. 2010. *National Drug Strategy 2010 – 2015*. http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D49F13309FCA257854007BAF30/$File/nds2015.pdf
[57] Australian Government. 2009. *Australia's National Drug Strategy beyond 2009: consultation paper.* http://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/consult-paper-toc~consult-paper-pol~consult-paper-pol-pri~consult-paper-pol-pri-evi
[58] Alcohol Tobacco and Other Drug Association ACT. (2011) *Briefing Paper: Establishing a collaboration, such as a Centre for Drug Research, Policy and Practice in the ACT*
[59] ibid

PRIORITY 6: CHRONIC DISEASE PREVENTION AND REDUCTION AMONGST DISADVANTAGED PEOPLE

Initiative:	Workplace Tobacco Management
Description:	To prevent chronic disease and promote healthy behaviours by implementing workplace tobacco management programs targeted at services that work with disadvantaged people who have high-smoking rates, including at the Alexander Maconochie Centre.
Funding:	$200,000 per annum recurrent (estimate).

Exposure to tobacco smoke has been linked to a multitude of adverse health consequences. Smoking has been identified as the leading preventable cause of death and disease in Australia.[60] Smoking is not only a major contributor to chronic disease[61] but also places great pressure on our health system and leads to reduced productivity and participation in our workforce and community.[62]

Despite a drop in the amount of daily smoking rates, tobacco accounts for 65% of the overall burden of disease and injury nationally.[63] Whilst the national prevalence of daily smoking by people aged 14 years and over in 2010 is 16.4%, the ACT rate is 12%.[64] The ACT community should be proud of this success across the whole of community.

However, the ACT is leaving some sub-groups behind who have proven resistant to these initiatives, still have defiantly higher rates of smoking and are disproportionately affected by the harms associated with smoking.[65] Further reductions in the prevalence of daily tobacco smoking will be difficult without specific attention and interventions directed at high prevalence sub-groups in the Australian community,[66] examples of these smoking rates include:

- Aboriginal and Torres Strait Islander People (49.9%)[67]
- People who are unemployed (27.6%)[68]
- People who are unable to work (35.4%) [69]
- Homosexual/ bisexual persons (34.2%)[70]
- Single parents (36.9%)[71]
- People accessing psychiatric support services (62%)[72]
- People in alcohol and other drug treatment (95%)[73]
- People who use illicit drugs (98%)[74]
- People experiencing homelessness (77%)[75]
- Health and community sector workers (51%)[76]

ATODA is particularly concerned with the findings from the ACT's first inmate health survey, which found that:

- 85% are current smokers;
- 32% smoke over 20 cigarettes a day;
- 20% commenced smoking while in prison;
- 78% have attempted to quit; and,
- 80% would like to quit [77],[78].

Further, it is estimated that 65% of staff at the AMC smoke.[79] There are many factors specific to the prison environment and associated culture that further contribute to the high rates of smoking within prisons.[80] Many people consume more cigarettes in prison than in the community and relapse when entering prison after prolonged periods of cessation.[81]Despite this, rates of quit attempts and the desire to quit is high amongst prisoners. ATODA questions why the smoking prevalence at the AMC is being tolerated and calls for urgent action.

The workplace has been identified as a setting through which groups of smokers can be potentially reached by health promotions and to encourage smoking cessation.[82] Research has identified workplace smoking culture as a challenge to individuals trying to quit, undermining attempts to quit.[83] Therefore involving workplaces in smoke cessation initiatives would contribute to reducing the harms associated with tobacco smoke, particularly those who work with disadvantaged people such as people in the AMC.

The ACT Government has stated its commitment to workplace health promotion programs and resources that promote healthy lifestyles and reduce risk factors for chronic disease. The ACT is a signatory of the National Partnership Agreement on Preventative Health (NPAPH), through the Council of Australian Governments (COAG), which aims to support all Australians to reduce their risk of chronic disease by embedding healthy behaviours in settings that include workplaces.

Improving the health and wellbeing of people in workplaces with higher rates of smoking than the broader community is a worthy goal in itself. However, even greater value may be found in targeting those that work with people experiencing disadvantage that have otherwise been resistant to smoking cessation initiatives.

Throughout 2010 – 2011, the ACT Government funded the pilot Workplace Tobacco Management Program, which was undertaken across high smoking rate workforces (approximately 51% worker smoking rates) including the ATOD, mental health and youth sectors. The evaluation indicated that the pilot was successful, including finding that at the end of the pilot:

- All participating programs implemented tobacco management policies;
- Quit attempts doubled;
- 55% of smokers had a moderate to high nicotine dependence, this was reduced by 12%;
- 80% of Boards of Management and 100% of all managers were supportive of the policy;
- Staff thought that 0% of clients would be supportive of a new tobacco management policy – this increased to 40%; and,
- Over 90% of smokers wanted to quit[84].

ATODA therefore recommends that the ACT Government roll out and continue support for workplaces to implement tobacco management policies and programs, particularly where consumers have high smoking rates, such as the Alexander Maconochie Centre. This recommendation aligns with ACT Government policy including the *ACT Chronic Disease Strategy 2008-2011*, *ACT Alcohol, Tobacco and Other Drug Strategy 2010 – 2014*, *ACT Corrective Services Drug, Alcohol and Tobacco Strategy 2006 – 2008,* ACT Health Smoke-free Policy and recommendations from the National Summit on Tobacco Smoking in Prisons and the Burnet Report.

[60] Australian Institute of Health and Welfare. *Risk factors.* http://www.aihw.gov.au/risk-factors-health-priority-areas/
[61] Chronic disease is a "(t)erm applied to a diverse group of diseases, such as heart disease, cancer and arthritis, that tend to be long-lasting and persistent in their symptoms or development. The term is usually confined to non-communicable diseases" (AIHW 2010:507).
[62] Begg, S., Vos, T., Barker, B., Stevenson, C., Stanley, L., Lopez, A.D. (2007). *The burden of disease and injury in Australia 2003*. PHE 82. Canberra: Australian Institute of Health and Welfare. Retrieved from: http://www.aihw.gov.au/publications/index.cfm/title/10317
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[68] ibid
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[70] ibid
[71] ibid
[72] Moeller-Saxone K (2008) Cigarette smoking and interest in quitting among consumers at a Psychiatric Disability Rehabilitation and Support Service in Victoria, *Australian and New Zealand Journal of Public Health*, Vol. 32, no. 5, October 2008, pp. 479-481.
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[78] Interstate data indicates similar, problematic smoking rates of over three times the general population, see: Butler T, Milner L. (2003) *The 2001 New South Wales Inmate Health Survey*. Sydney, NSW Corrections Health Service & Butler T, Papanastasiou C. (2008) *National prison entrants' bloodborne virus and risk behaviour survey report 2004 and 2007*. National Drug Research Institute (Curtin University) and National Centre in HIV Epidemiology and Clinical Research (University of New South Wales).
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[80] Richmond R, Butler T, Wilhelm K, Wodak A, Cunningham M (2009) Tobacco in prisons: a focus group study, *Tobacco Control*, 2009 Vol 18: pp. 176-182
[81] Butler T, Milner L. (2003) *The 2001 New South Wales Inmate Health Survey*. Sydney, NSW Corrections Health Service
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PRIORITY 7: IMPROVING OUR RESPONSE TO CO-OCCURRING ALCOHOL, TOBACCO AND OTHER DRUG AND MENTAL HEALTH ISSUES

This priority seeks to improve the health and wellbeing of people experiencing co-occuring mental health and alcohol, tobacco and other drug (ATOD) issues (comorbidity) through enhancing the service system's capacity by implementing three priority initiatives in the *ACT Comorbidity Strategy 2010 -2014.*

The portion of people registered with ATOD services who have a comorbid mental health issue varies between 60% and 85%.[85] This is consistent with data collected as part of the Alcohol and Other Drug Treatment Services National Minimum Data Set Enhancement Project in 2008, which found that in the ACT 60% of clients seen by ATOD services had a comorbid mental health problem.[86] Similarly 64.7% (4,751) of Mental Health ACT's clients, aged 16 to 64, had a definite history of problematic alcohol and other drug use.[87]

People with co-occuring problems have a poorer prognosis than people with a single problem, as co-occurring problems are more likely to become chronic and disabling, and result in greater use of health services.[88] Effective management of comorbidity is, therefore, critical to the cost-effectiveness of services as well as for the wellbeing of consumers.[89]

Both the *ACT Mental Health Services Plan 2009-2014* and the *ACT Alcohol, Tobacco and Other Drug Strategy 2011-2014* recognise that working with people with comorbidities is core business of both mental health and ATOD services. Comorbidity is a serious treatment issue for ATOD and mental health workers and sectors.

This creates many challenges in terms of ensuring people with comorbidity are systematically identified, and workers have the knowledge and skills necessary to identify and respond appropriately. In response to this, the first *ACT Comorbidity Strategy 2010 - 2014* has been developed to clarify directions and priorities for those working with people at risk of, or experiencing comorbidity.

The ACT Comorbidity Strategy Working Group drives the implementation of this strategy and is comprised of key stakeholders including ATOD; mental health; primary care and allied services. Most actions within the strategy are being implemented within existing resources, however some actions require additional funding to be progressed.

Initiative:	**Implementing universal screening tools within alcohol, tobacco and other drug and mental health services**
Description:	To improve identification, referrals and treatment access for people experiencing comorbidity by implementing universal screening tools with alcohol, tobacco and other drug and mental health services.
Funding	$20,000 for 12 months (estimate).

Despite high rates of comorbidity among clients of alcohol, tobacco and other drug (ATOD) and mental health services, it is not unusual for comorbid mental health conditions to go unnoticed. It is a recommendation of the *Guidelines on the Management of Co-Occuring AOD and Mental Health Conditions in AOD Treatment Settings* that ATOD treatment services should be screened and assessed for comorbidity as a component of comprehensive care, and vice versa.[90]

Comprehensive screens can act as a first step to identify comorbid conditions, and then inform ongoing care (including appropriate referrals).

Additionally, the *ACT Comorbidity Strategy* identified the following priorities as a means to systematically identify and respond to comorbidity in a timely and evidence based manner:

- Review screen tools and improvements made to ensure services are utilising an accepted screening approach; and,
- Implement a universal screening tool with ATOD and mental health services.[91]

While some progress has been made in recent years to support the implementation of validated screening tools, a consistent approach requires ongoing engagement with cross sectoral services and staff.

The primary aim of this action is to implement universal screening tools within ATOD and mental health services to improve the identification and treatment of people experiencing comorbidity. This would build on work to date to support validated mental health screening across ATOD services. This could be achieved by:

- Undertaking a literature review and assessment of existing evidence based screening tools;
- Engaging services in determining the most appropriate validated tools for utilisation cross-sectorally, and any modifications that would need to be made to make the tools context relevant;
- Engaging key stakeholders to support implementation including the ACT Government Health Directorate and key service providers; and,
- Disseminating the tools and provide associated professional development to support utilisation in the mental health and ATOD sector.

The program will include the development an evaluation framework to support the review and ongoing implementation of the screening tools. Preliminary estimates are that the initiative could be undertaken over a 12 month period.

Initiative:	**Provide expanded professional development opportunities across the non-government and government alcohol, tobacco and other drug and mental health sectors**
Description:	To support alcohol, tobacco and other drug and mental health workers to gain the knowledge and skills to identify and respond to people experiencing comorbidity through expanded professional development activities.
Funding:	$20,000 for 12 months (estimate).

The past few years have seen substantial changes in the alcohol, tobacco and other drug (ATOD) and mental health fields that have major implications for the development of a responsive, effective, and sustainable workforce. The ability of agencies and individual workers to provide quality and timely responses has been impacted by the increasing recognition of comorbid issues. This is compounded by the emphasis across these sectors to ensure our responses are grounded in evidence based practice.[92]

To build on the success of activities undertaken across the sectors to date, expanded access to accredited and core training, and follow up placements would help to better ensure that the ATOD and mental health workforces have the knowledge and skills necessary to identify and respond appropriately to clients experiencing comorbidity.

The primary aim of this action is to ensure ATOD and mental health workers have the knowledge and skills to identify and respond to people experiencing comorbidity. This would be achieved through:

- Identifying, and making available, accredited training options;
- Supporting the expansion of opportunities available through the ACT Government Health Directorate Organisational Development Unit to staff across the Division;
- Formalising a partnership between the ATOD and mental health sectors to undertake supernumerary placements; and,
- Identifying process and support requirements for supernumerary placements; and implementing as required.

This action would be accompanied by an evaluation framework to assess quality and relevance of training and placements; and would inform the development of comorbidity professional development initiatives in the future.

Initiative:	Continuation of the ACT Comorbidity Bus Tours
Description:	To increase the capacity of frontline workers to support people experiencing co-occurring alcohol, tobacco and other drug and mental health issues (comorbidity) in the ACT through an innovative workforce development initiative (ACT Comorbidity Bus Tours) delivered in partnership by three peak bodies utilising a cost-sharing model.
Funding:	$20,000 per annum (estimate).

Consultations with workers from the alcohol, tobacco and other drug (ATOD), mental health, youth and allied sectors have identified that significant service system knowledge gaps exist. These knowledge gaps can lead to a range of issues including the lack of appropriate support, referrals, treatment and case management for people affected by comorbidity and related issues. In response to this, the ACT Comorbidity Bus Tours have been operating on at least a monthly basis since 2004 (through the Health Directorate, then the Youth Coalition of the ACT).

The tours currently operate with one off funding, due to cease on 30 June 2012. The partial funding of this sector development initiative would complement the workforce and sector development in the respective ATOD, youth and mental health sectors – including supporting the bus tours to become part of the induction process of the ATOD and mental health sectors as described in the *ACT Comorbidity Strategy.*[93]

The primary aim of this action is to increase the capacity of frontline workers to support people experiencing co-occurring ATOD and mental health issues in the ACT through an innovative workforce development initiative delivered in partnership by three peak bodies utilising a cost-sharing model. This would be achieved through:

- Supporting bus tours to be equitably accessed by workers and services on a shared cost recovery basis by conducting up to 3 bus tours a month;
- Supporting the implementation of bus tours as part of induction for new workers in the ATOD and mental health sectors;
- Demonstrating the diversity of services provided to support people experiencing comorbidity;
- Supporting workers to engage in a greater understanding of the services that they would frequently refer their clients to or engage with to support their clients;
- Increasing the knowledge of frontline workers in ACT services supporting people experiencing comorbidity;
- Providing opportunities for workers to network with workers who work with similar client groups;
- Facilitating a partnership between the youth, ATOD and mental health peak bodies; and,
- Providing an opportunity for host services to share information about their service model and referral pathways; and the common issues experienced by the clients who access their service.

Each tour will be evaluated by way of written and verbal feedback from participants and feedback will also be provided to host agencies. An evaluation framework and report would be developed annually.

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