



Minister Andrew Barr MLA  
ACT Treasurer  
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### **ATODA Submission to the ACT Budget Consultation 2013 - 2014**

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 2013 – 2014.

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 leads Australia in many areas such as opioid maintenance therapy, needle and syringe programs, drug diversion and opioid overdose prevention and management. The ACT community can be proud of its ATOD treatment and support sector and be confident that when help is needed, they will receive high quality support.

The sector is predominantly funded through ACT and Federal funding, the sector seeks to utilise these scarce public resources in the most effective, efficient and evidence-informed ways it can. For instance, significant sector initiated reforms continue to take place, including through pro-actively seeking to prioritise and implement the recommendations from the ACT Government 2012 *Review of the need to expand alcohol and other drug (AOD) rehabilitation services*.

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 funding injection.

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 therefore are those which would seek to have a long term benefits for individuals, families and communities of Canberra.

The process for developing this submission has included monthly discussions and development of draft proposals with the sector and key stakeholders. These proposals are summarised in this submission and the full proposals are available from ATODA.

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 the following five initiatives to prevent and reduce ATOD related harms in the ACT:

1. Collaboratively develop an evidence-informed ATOD outpatient services model for the ACT, which aligns with the ACT Labor Government's election commitment with funding commencement in 2013/14, with the service to begin in 2014.
2. Provide subsidised nicotine replacement therapy (not currently covered on the Pharmaceutical Benefits Scheme) to provide equity across non-government and government ATOD service consumers and to complement tobacco reduction and cessation interventions.
3. In preparation for the opening of the Ngunnawal Bush Healing Farm in 2014, commence the development and implementation of an Aboriginal and Torres Strait Islander ATOD Workforce Development Strategy, including placements and traineeships.
4. To reduce young people's involvement with the criminal justice system, promote their safety and that of the community, and to address problematic alcohol consumption through providing a health intervention by expanding sobering up services in the ACT to accommodate referrals for young people under 18 years of age.
5. To prevent chronic disease and promote healthy behaviours and workplaces, by:
  - a. Including, as a requirement of ACT Government funding, health agencies develop and implement workplace tobacco management policies and programs particularly for those who work with disadvantaged groups who have high smoking rates.
  - b. Supporting non-government health services funded by the ACT Government to develop and implement workplace tobacco management policies.

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,



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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 (2013 – 2014)

Priority	Area	Initiative	Description	Funding
1	Improve treatment access and coordination	<b>Develop comprehensive ATOD outpatient services</b>	Collaboratively develop an evidence-informed ATOD outpatient services model for the ACT, which aligns with the ACT Labor Government's election commitment with funding commencement in 2013/14, with the service to begin in 2014.	\$180,600 in 2013/14
2	Chronic disease prevention and reduction amongst disadvantaged populations	<b>Nicotine replacement therapy for ATOD service consumers</b>	Provide subsidised nicotine replacement therapy (not currently covered on the Pharmaceutical Benefits Scheme) to provide equity across non-government and government ATOD service consumers and to complement tobacco reduction and cessation interventions.	\$90,000 per annum recurrent (estimate) and \$20,000 one-off for evaluation
3	Strengthening the workforce and culturally secure services	<b>Aboriginal and Torres Strait Islander ATOD Workforce Development Strategy</b>	In preparation for the opening of the Ngunnawal Bush Healing Farm in 2014, commence the development and implementation of an Aboriginal and Torres Strait Islander ATOD Workforce Development Strategy, including placements and traineeships.	\$150,000 one-off
4	Responding to youth intoxication in public	<b>Establishing an under 18 sobering up facility</b>	To reduce young people's involvement with the criminal justice system, promote their safety and that of the community, and to	Between \$60,000 and \$375,000 one off or per annum depending on the model

			address problematic alcohol consumption through providing a health intervention by expanding sobering up services in the ACT to accommodate referrals for young people under 18 years of age.	chosen
5	Chronic disease prevention and reduction amongst disadvantaged people and promoting healthy behaviours and workplaces	<b>Establish and implement Workplace Tobacco Management policies in health services</b>	To prevent chronic disease and promote healthy behaviours and workplaces, by:	No cost to ACT Government
			a. Including, as a requirement of ACT Government funding, health agencies develop and implement workplace tobacco management policies and programs particularly for those who work with disadvantaged groups who have high smoking rates.	
			a. Supporting non-government services funded by the ACT Government to develop and implement workplace tobacco management policies.	\$150,000 per annum for three years (estimate)

## PRIORITY 1: IMPROVE TREATMENT ACCESS AND COORDINATION

<b>Initiative:</b>	<b>Develop comprehensive ATOD outpatient services</b>
<b>Description:</b>	Collaboratively develop an evidence-informed ATOD outpatient services model for the ACT, which aligns with the ACT Labor Government's election commitment with funding commencement in 2013/14, with the service to begin in 2014.
<b>Funding:</b>	\$180,600 in 2013/14

The new funding committed by the ACT Government for outpatient services provides a significant opportunity to address the “missing link” in the suite of specialist ATOD services currently offered in the ACT.

Many people interstate who access ATOD treatment services do so as an outpatient. This service type can be less disruptive than residential or inpatient services and may be particularly helpful for people engaged in employment and education and who may have dependent children.

Outpatient services are recognised as an integral component of the suite of specialist treatment services that should be offered for people with severe ATOD problems, including through the national Drug and Alcohol Clinical Care and Prevention Project (DA-CCP).

As there are many different outpatient models around Australia it is essential that the ACT's model will truly complement and enhance the ATOD services that are already running effectively and efficiently in the ACT. Given the limited amount of funding for the new service, careful consideration will need to be given to who the new service will be targeted towards, what mix of interventions will be provided, from where and by whom.

The ACT sector differs from other jurisdictions, having the highest number of non-government services (90%).<sup>1</sup> There are also a number of future developments in the ACT that need to be taken into consideration when developing a model including the new sub-acute hospital, expanded access to residential treatment services for people on opioid pharmacotherapy, development of a structured therapeutic non-residential program (e.g. a day and evening program), the increasing need for pharmacotherapy dosing in northern Canberra, and the development of new walk-in centres.

It is proposed that an external independent expert, with ATOD knowledge, be engaged to consult with a wide range of stakeholders both in the ACT and in other jurisdictions. This process, which could use currently allocated funds for the service in 2013-14, would develop a model for outpatient services that could be ready to commence in the 2014-15 financial year.

ATODA has consulted with stakeholders on this issue and has prepared a discussion paper. For further information, see the ATODA paper, *“The Missing Link: Development of comprehensive ACT alcohol and other drug outpatient services”*

## PRIORITY 2: CHRONIC DISEASE PREVENTION AND REDUCTION AMONGST DISADVANTAGED POPULATIONS

<b>Initiative:</b>	<b>Nicotine replacement therapy for ATOD service consumers</b>
<b>Description:</b>	Provide subsidised nicotine replacement therapy (not currently covered on the Pharmaceutical Benefits Scheme) to provide equity across non-government and government ATOD service consumers and to complement tobacco reduction and cessation interventions.
<b>Funding:</b>	\$90,000 per annum recurrent (estimate) and \$20,000 one-off for evaluation (estimate)

Tobacco smoking has been identified as the leading preventable cause of death and disease in Australia.<sup>2</sup> Smoking is not only a major contributor to chronic disease but also places great pressure on our health system and leads to reduced productivity and participation in our workforce and community.<sup>3</sup>

Smoking is a major policy priority for all Governments including:

- Smoking is identified as a priority under the National Partnership Agreement on Preventive Health,<sup>4</sup> where States and Territories have agreed to fund local level activities, amongst other things, smoking cessation.
- Chronic disease has seen a renewed policy and programmatic focus from all Governments, particularly flowing from Health and Hospitals Reform initiatives and Chronic Disease Packages<sup>5</sup> (including those for Aboriginal and Torres Strait Islander communities).<sup>6</sup> Within many of these tobacco is considered a key target.
- The draft ACT Health Directorate Strategy for Improving Care and Support for those Living with Chronic Conditions 2012 - 2017 (final strategy pending) identified tobacco and vulnerable groups as key issues.
- Priority Area 6.5 of the newly released *National Tobacco Strategy 2012-2018*, “Strengthen efforts to reduce smoking among populations with a high prevalence of smoking,” recognises the evidence supporting the use of smoking cessation interventions among people receiving alcohol and other drug treatment.<sup>7</sup>

People experiencing ATOD problems have higher rates of tobacco smoking than the general population. This is particularly true for those receiving ATOD treatment, where smoking rates may be as high as 95%.<sup>8</sup>

Smoking cessation interventions have been proven effective among this population and evidence indicates that smoking cessation interventions may improve responses to ATOD treatment. Currently, in the ACT, there is insufficient and inconsistent assistance for people receiving ATOD treatment to address their smoking.

A November 2012 Cochrane Collaboration review found that all forms of NRT made it more likely that a person's attempt to quit smoking would succeed. The chances of stopping smoking were increased by 50 to 70%.<sup>9</sup> This review found that using a combination of NRT products gave better results than just using one single product .

ATODA proposes that ACT Government subsidise the cost of providing nicotine replacement therapy (not currently covered on the Pharmaceutical Benefits Scheme) to complement tobacco reduction and cessation interventions for smokers who are service users of non-government ATOD treatment services. This will also provide equity of NRT access for both non-government and government ATOD service consumers.

ATODA has consulted with stakeholders on this issue and has prepared a discussion paper. For further information, see the ATODA's paper, *Reducing chronic disease by addressing tobacco use by alcohol and other drug service users through the provision of subsidised nicotine replacement therapy*.



**PRIORITY 3: STRENGTHENING THE WORKFORCE AND CULTURALLY SECURE SERVICES**

<b>Initiative:</b>	<b>Aboriginal and Torres Strait Islander ATOD Workforce Development Strategy</b>
<b>Description:</b>	In preparation for the opening of the Ngunnawal Bush Healing Farm in 2014, commence the development and implementation of an Aboriginal and Torres Strait Islander ATOD Workforce Development Strategy, including placements and traineeships.
<b>Funding:</b>	\$150,000 one-off (estimate)

Objective 2 of the *ACT Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan* states that the ACT will try to ensure that services are of high quality and culturally safe.<sup>10</sup> This is essential in the ATOD sector because Aboriginal and Torres Strait Islander people are disproportionately affected by ATOD problems.<sup>11</sup>

The ACT ATOD sector is committed to advancing reconciliation between Aboriginal and Torres Strait Islander people and other Australians; and to improving its cultural competency and the cultural security of its practice. To support and drive this work, an ACT ATOD Sector Reconciliation Working Group has been established by all ACT Government Health Directorate funded or delivered ATOD services in partnership with the ACT Council of Social Service.

The ACT had undertaken substantial work in recent years to further strengthen the quality of ATOD services.<sup>12</sup> For example, through the successful ACT ATOD Minimum Qualification Strategy, which aims to ensure the development and maintenance of a competent and professional workforce, and to ensure that all workers have a shared minimum knowledge and skill base.

The ACT ATOD sector currently has a small number of Aboriginal and Torres Strait Islander staff. The ACT’s Bush Healing Farm for Aboriginal and Torres Strait Islander people is expected to commence operation in 2014. Consequently, there is a need to further prepare and engage the community to ensure that there are ATOD qualified staff for this facility while maintaining and strengthening Aboriginal and Torres Strait Islander staff currently in Aboriginal and Torres Strait Islander-specific and mainstream ATOD services.

Therefore ATODA believes that it is necessary to commence a process of establishing and implementing an Aboriginal and Torres Strait Islander ATOD Workforce Development Strategy. The strategy may include traineeships; work and student placements; Aboriginal and Torres Strait Islander-specific ATOD training; and a formal network for ACT Aboriginal and Torres Strait Islander ATOD workers

This capacity building can benefit the entire ACT ATOD sector and the Reconciliation Working Group could contribute significantly to its development and implementation.

ATODA has commenced consultations with stakeholders, and will develop a detailed proposal to progress this priority.

#### PRIORITY 4: RESPONDING TO YOUTH INTOXICATION IN PUBLIC

<b>Initiative:</b>	<b>Establishing an under 18 sobering up facility</b>
<b>Description:</b>	To reduce young people's involvement with the criminal justice system, promote their safety and that of the community, and to address problematic alcohol consumption through providing a health intervention by expanding sobering up services in the ACT to accommodate referrals for young people under 18 years of age.
<b>Funding:</b>	Between \$60,000 and \$375,000 one off or per annum depending on the model chosen

Intoxication is commonplace in and around alcohol hotspots in the ACT. Intoxicated people are potentially a risk to themselves, others, and the community. Often Police are required to respond to cases of public drunkenness. At their disposal is a range of options including transporting intoxicated people to the sobering up facility in Campbell.<sup>13</sup>

Sobering up facilities have been shown to:

- Reduce rates of Aboriginal and Torres Strait Islander incarceration;
- Reduce police detentions;
- Reduce alcohol-related injury presentations to medical services;
- Reduce the number of arrests for assault and property damage.<sup>14</sup>

However, in cases of underage public intoxication, there are limited responses and there is currently no specialised health service that can take care of intoxicated young people until they are sober.

Better responding to intoxicated young people in the ACT is consistent with a number of ACT Government policy priorities including:

- Key Action 6 under Strategy One of the Youth Justice Blueprint is to improve access and better target alcohol and other drug services for children and young people.<sup>15</sup>
- Key Action 7 under Strategy Two of the Youth Justice Blueprint is to enhance diversionary accommodation options for children and young people.<sup>16</sup>
- Action 17 of the ACT Alcohol, Tobacco and other Drug Strategy 2010-2014 is to investigate the feasibility of establishing a sobering-up facility for people younger than 18 years of age.<sup>17</sup>

ATODA has consulted with stakeholders on this issue and has prepared a discussion paper. It is recommended that a Working Group be established to work through the details of such a service with key stakeholders including ACT Ambulance Service, ACT Policing, ATOD sector, family support sector, Aboriginal and Torres Strait Islander community and services, medical services, mental health sector, young people and families, and the youth sector. Depending on the location and capacity of any such facility, the estimates for funding vary considerably.

For further information, see the ATODA's paper, *Strengthening responses to intoxicated young people as a partnership between health and law enforcement*.

**PRIORITY 5: REDUCING CHRONIC DISEASE AND PROMOTING HEALTH BEHAVIOURS AND WORKPLACES**

<b>Initiative:</b>	<b>Establish Workplace Tobacco Management policies in health services</b>
<b>Description:</b>	To prevent chronic disease and promote healthy behaviours and workplaces, by: <ul style="list-style-type: none"> <li>a. Including, as a requirement of ACT Government funding, non-government health agencies develop and implement workplace tobacco management policies and programs particularly for those who work with disadvantaged groups who have high smoking rates.</li> </ul>
<b>Funding:</b>	No cost to ACT Government

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.<sup>18</sup> Smoking is not only a major contributor to chronic disease<sup>19</sup> but also places great pressure on our health system and leads to reduced productivity and participation in our workforce and community.<sup>20</sup>

Despite a drop in the amount of daily smoking rates, tobacco accounts for 65% of the overall burden of disease and injury nationally.<sup>21</sup> Whilst the national prevalence of daily smoking by people aged 14 years and over in 2010 is 16.4%, the ACT rate is 12%.<sup>22</sup> The ACT community should be proud of this success across the population.

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.<sup>23</sup> 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 ACT community,<sup>24</sup> including workforces. It is estimated that up to fifty-one per cent of health and community sector workers in the ACT may smoke.<sup>25</sup>

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.<sup>26</sup> Research has identified workplace smoking culture as a challenge to individuals trying to quit, undermining attempts to quit.<sup>27</sup> Therefore, involving workplaces in smoke cessation initiatives would contribute to reducing the harms associated with tobacco smoke, particularly those who work with disadvantaged people.

ATODA proposes that all ACT non-government health agencies funded by ACT Government be required to develop and implement a workplace tobacco management policy as a condition of ACT Government funding. Part of the benefit would be to provide consistency in workplace tobacco management policies across ACT Government and non-government health services in line with the ACT Government's smoke free policy.

<b>Initiative:</b>	<b>Implement Workplace Tobacco Management policies in health services</b>
<b>Description:</b>	To prevent chronic disease and promote healthy behaviours and workplaces, by:  b. Supporting non-government health services funded by the ACT Government to develop and implement workplace tobacco management policies.
<b>Funding:</b>	\$150,000 per annum for three years (estimate)

Throughout 2010 – 2011 the ACT Government funded the pilot Workplace Tobacco Management Project, which was undertaken across high smoking rate workforces (51%) 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 and 100% of all managers were supportive of the policy;
- Staff thought that 0% clients would be supportive – this increased to 40%; and,
- Over 90% of smokers wanted to quit.<sup>28</sup>

A key factor for success is for workplaces to access the evidence-based information, tools and support and to engage with all stakeholders (staff, consumers, families, stakeholders) in its development, implementation and evaluation.

ATODA commends the Mental Health, Justice Health and Alcohol and Drug Services Division for its current work in this area and supports consistency in approaches to tobacco management and support across both Government and non-government services.

ATODA therefore recommends that the ACT Government roll out and continue support for workplaces to implement tobacco management policies and programs, particularly in sectors with high smoking rates, such as the health and community services sectors.

ATODA can provide further details of these proposals, and other related papers, upon request.

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## References

A full reference list is available in the discussion papers and proposals developed by ATODA.

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- 19 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. Although these features also apply to some communicable diseases (infections), the term is usually confined to non-communicable diseases” (AIHW 2010:507).
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