



Minister Andrew Barr MLA
ACT Treasurer
budgetconsultation@act.gov.au

Submission to the ACT Budget Consultation 2014 - 2015

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 2014 – 2015.

ATODA is the peak body for the non-government and government 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 Canberra community can be proud of its ATOD treatment sector and be confident that when help is needed, they will receive high quality support.

The sector is predominantly funded through the ACT and Federal Governments, 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 could be better allocated, don't exist or where reform is not possible without an additional funding injection. The requests for funding in this submission are modest. They are considered within the context of the challenging fiscal realities of the ACT economy and Canberra's ambitious social policy agenda. The priorities identified seek to have a long-term benefits for individuals, families and communities of Canberra.

The process for developing this submission has included regular 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 annual ACT Budget consultation process. This submission includes the following 8 initiatives to prevent and reduce ATOD related harms in the ACT:

1. To develop, implement and evaluate a centralised, coordinated and subsidised childcare program for children whose parents are participating in ACT alcohol and other drug rehabilitation programs.
2. To conduct a cross-sectoral readiness project to better support people with co-occurring disabilities and alcohol, tobacco and other drug problems to improve their access to the existing and already funded services (as part of the ACT's program to develop the service system for the new National Disability Insurance Scheme and in alignment with the legislated principles).
3. To prioritise and strengthen existing specialist primary health care services that already work with disadvantaged populations through the 'mobile primary health care clinic' initiative, as per the commitment in the Parliamentary Agreement for the 8th Legislative Assembly for the Australian Capital Territory.
4. To fully fund the Outpatient Service for Drug and Alcohol Services as per the 2012 ACT Government election commitment.
5. To fully fund the Aboriginal and Torres Strait Islander Smoking Cessation Program as per the 2012 ACT Government election commitment.
6. To prevent chronic disease and promote healthy behaviours and workplaces, by supporting health and community services to develop and implement workplace tobacco management policies.
7. To urgently implement evidence-based, alcohol and other drug specific non-custodial sentencing options adapted to the ACT, in response to the adult prison being over capacity.
8. To undertake research into justice reinvestment in the ACT, in collaboration with key stakeholders, as per the 2012 ACT Government election policy statement for a *Fair, Just and More Equitable Society: Justice and Law Reform*.

Sincerely,

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Summary of funding priorities to prevent and reduce alcohol, tobacco and other drug related harm in the ACT (2014 – 2015)

Priority	Area	Initiative	Description	Funding
1	Families	Subsidised childcare for children whose parents have severe alcohol and other drug problems	To develop, implement and evaluate a centralised, coordinated and subsidised childcare program for children whose parents are participating in ACT alcohol and other drug rehabilitation programs.	\$472,820 (recurrent funding would be required, estimate funding only for 2014-15).
2	Disability	Better supporting people with disabilities to access alcohol, tobacco and other drug treatment and support	To conduct a cross-sectoral readiness project to better support people with co-occurring disabilities and alcohol, tobacco and other drug problems to improve their access to the existing and already funded services (as part of the ACT's program to develop the service system for the new National Disability Insurance Scheme and in alignment with the legislated principles).	\$150,000 one-off - however, no new funding may be required due to the allocation of existing \$12 million National Disability Insurance Scheme sector readiness resources.
3	Primary Health Care	A 'mobile primary health clinic' for disadvantaged populations	To prioritise and strengthen existing specialist primary health care services that already work with disadvantaged populations through the 'mobile primary health care clinic' initiative, as per the commitment in the Parliamentary Agreement for the 8 th Legislative Assembly for the Australian Capital Territory.	\$600,000 for 2014-15 (estimate)
4	Alcohol, Tobacco and Other Drug Treatment	Outpatient services for drug and alcohol services	To fully fund the Outpatient Service for Drug and Alcohol Services as per the 2012 ACT Government election commitment.	\$684,000 (total remaining funding to be committed)

5	Closing the Gap	Aboriginal and Torres Strait Islander Tobacco Control	To fully fund the Aboriginal and Torres Strait Islander Smoking Cessation Program as per the 2012 ACT Government election commitment.	\$432,700 (total remaining funding to be committed)
6	Chronic Disease	Workplace tobacco management policies in services that support disadvantaged people	To prevent chronic disease and promote healthy behaviours and workplaces, by supporting health and community services to develop and implement workplace tobacco management policies.	\$60,000 per annum for three years (estimate)
7	Justice	Implementing non-custodial sentencing options	To urgently implement evidence-based, alcohol and other drug specific non-custodial sentencing options adapted to the ACT, in response to the adult prison being over capacity.	TBC - Depending on the model identified, however evaluated programs have demonstrated cost-effectiveness.
8	Justice	Implement ACT specific justice reinvestment research	To undertake research into justice reinvestment in the ACT, in collaboration with key stakeholders, as per the 2012 ACT Government election policy statement for a <i>Fair, Just and More Equitable Society: Justice and Law Reform</i>	\$666,000 over 4 years

PRIORITY 1: FAMILIES

Initiative:	Subsidised childcare for children whose parents have severe alcohol and other drug problems
Description:	To develop, implement and evaluate a centralised, coordinated and subsidised childcare program for children whose parents are participating in ACT alcohol and other drug rehabilitation programs.
Funding:	\$472,820 (recurrent funding would be required, estimate funding only for 2014-15)

Treatment for parents with severe alcohol and other drug problems should be a priority. Fewer parents with severe alcohol and other drug problems means that fewer children are exposed to risk. AOD treatment must therefore be available and accessible for people with care responsibilities for children.ⁱ Children whose parents have severe alcohol and other drug problems are at high risk of developing their own alcohol and other drug or related problems.

In 2011-12, around 10-15% of people accessing ACT specialist drug treatment services for severe alcohol and other drug problems (defined as closed episodes of rehabilitation) had caring responsibilities for children.ⁱⁱⁱⁱⁱ An estimate of need per month for children under the age of 5 of parents utilising ACT rehabilitation services, based on 2011-12 model data,^{iv} suggests an average of 12 places per month for children under age 5 are needed, with a potential range of need of 5 - 25 places on any given month.

The ACT Government commissioned the *Review of the need to expand drug and alcohol rehabilitation services in the ACT 2012*, for which recommendation 3 is:

Enhance access to primary health care, mental health services and **subsidised childcare** services to improve the health and wellbeing of clients of rehabilitation programs and their families.^v

Any subsidised childcare program for ACT alcohol and other drug rehabilitation services would need to maximise the existing assistance available, such as the Childcare Benefit, the Special Childcare Benefit and the Childcare Rebate. However, based on estimates of need, the constraints within the childcare system, and the fluctuating profile and needs of alcohol and other drug rehabilitation clients, recurrent funding would be required for the program.

There are opportunities for efficiencies and added flexibility by having a centralised coordinated program for all alcohol and other drug rehabilitation services. A coordinated approach to the use of shared resources, particularly where the need may be uncertain and fluctuate, is consistent with ACT alcohol, tobacco and other drug sector initiatives such as the Minimum Qualification Strategy and Nicotine Replacement Therapy Projects.

The program could be of additional benefit through promoting immunisation within at-risk families, which is a priority for the ACT Government^{vi} and the ACT alcohol, tobacco and other drug sector.^{vii} ATODA has developed a paper with further information, including costing details, see *A centralised, coordinated and subsidised childcare program for ACT AOD rehabilitation services*, which is available on request.

PRIORITY 2: DISABILITY

Initiative:	Better supporting people with disabilities and co-occurring alcohol, tobacco and other drug problems
Description:	To conduct a cross-sectoral readiness project to better support people with co-occurring disabilities and alcohol, tobacco and other drug problems to improve their access to the existing and already funded services (as part of the ACT's program to develop the service system for the new National Disability Insurance Scheme and in alignment with the legislated principles).
Funding:	\$150,000 one-off - however, no new funding may be required due to the allocation of existing \$12 million National Disability Insurance Scheme sector readiness resources.

Many people with physical and mental disabilities have alcohol, tobacco and other drug problems. However, at present the ACT alcohol, tobacco and other drug sector is not sufficiently equipped to support people with disabilities. Concurrently, the disability sector may not be adequately equipped to identify and respond to alcohol, tobacco and other drug problems among their clients. As such there is a need to undertake efforts to address these gaps to provide holistic care for people with co-occurring disabilities and alcohol, tobacco and other drug problems.

The introduction of the National Disability Insurance Scheme (NDIS) in the ACT in 2014 raises additional challenges for the alcohol, tobacco and other drug and disability sectors. The alcohol, tobacco and other drug sector is explicitly excluded from providing services funded under the NDIS, and alcohol and other drug dependence is not recognised as a disability that warrants funding. However, the common co-occurrence of disabilities and alcohol, tobacco and other drug problems and the legislated principle that “[p]eople with disability should be supported to receive supports outside the National Disability Insurance Scheme, and be assisted to coordinate these supports with the supports provided under the National Disability Insurance Scheme”^{viii} means that the alcohol, tobacco and other drug sector and other stakeholders will need to work effectively together to assist people receiving support under the NDIS and more broadly.

The alcohol, tobacco and other drug sector is not advocating that alcohol, tobacco and other drug problems or dependence should be considered as a disability that would be covered by the NDIS. However, continuity of care is needed for people with an intellectual, cognitive, neurological, sensory or physical impairment or disability who also have co-occurring alcohol, tobacco and other drug problems. Both the alcohol, tobacco and other drug and disability sectors need to ensure that organisations and their workforce are confident that they have the policies, procedures, processes and partnerships in place to ensure that people with disabilities have access to the services and support they need to participate in and contribute to social and economic life.

The Commonwealth Government has committed \$10.6 million for enhanced services and NDIS readiness in the ACT, as well as \$12 million to be spent in the ACT on sector development^{ix}. ATODA therefore calls on the ACT Government to make a modest investment in the alcohol, tobacco and other drug sector as part of the broader reform package. ATODA has developed a paper to support stakeholder engagement and understanding of this priority - *Becoming Disability Ready in the ACT Alcohol, Tobacco and Other Drug Sector: Discussion Paper*.

PRIORITY 3: PRIMARY HEALTH CARE

Initiative:	A 'mobile primary health clinic' for disadvantaged populations
Description:	To prioritise and strengthen existing specialist primary health care services that already work with disadvantaged populations through the 'mobile primary health care clinic' initiative, as per the commitment in the Parliamentary Agreement for the 8 th Legislative Assembly for the ACT
Funding:	\$600,000 for 2014-15 (estimate)

Social and economic factors, such as education and income, are strongly linked to health. Although the ACT population is relatively healthy overall, people in disadvantaged groups are more likely to have poor health than others.^x People with alcohol, tobacco and other drug problems experience multiple and compounding physical and mental health problems, and have many barriers in accessing mainstream primary health services.

As a result, the ACT Government has committed to further implement initiatives that help to address poor health among disadvantaged populations in the ACT. The Parliamentary Agreement for the 8th Legislative Assembly for the ACT initiative 5.3 states the following commitment:

Work with the ACT Medicare Local and other specialised primary health care organisations to commence a mobile primary health clinic by 2015 to target disadvantaged groups within the community.^{xi}

A broad estimate of the funding for this initiative is \$2.85 million over four years.^{1xii}

ATODA greatly welcomes this commitment. However ACT already has specialist primary health care services that work with disadvantaged groups, such as Winnunga Nimmitjiah Aboriginal Health Service, the Junction Youth Health Service, the Althea Wellness Centre at Directions and Companion House. These services can often experience challenges, such as the recruitment and retention of General Practitioners. It, therefore, seems appropriate that, given the substantial opportunity provided by this commitment, that a consultation and planning process be undertaken to ensure that the resources are used in the most cost-effective manner and that any decision to fund a 'mobile primary health care clinic' are not at the expense of strengthening existing services. ATODA is preparing a discussion paper to support stakeholders to engage in this important opportunity.

ATODA calls on the ACT Government to engage an external research expert to consult with key stakeholders (particularly existing specialist primary health care services) to identify the health needs of disadvantaged Canberrans, identify the existing services and their needs, and to collaboratively develop, implement and evaluate a model(s) of primary health care provision for disadvantaged people in the ACT.

¹ Based on the ACT Greens 2012 Election Commitment to establish a 'mobile primary health clinic', a funding commitment was made of up to up to \$600,000 in capital funds and up to \$750,000 per annum in recurrent funding for delivery of the service.

PRIORITY 4: ALCOHOL, TOBACCO AND OTHER DRUG TREATMENT

Initiative:	Outpatient services for drug and alcohol services
Description:	To fully fund the Outpatient Service for Drug and Alcohol Services as per the 2012 ACT Government election commitment.
Funding:	\$684,000 (total remaining funding to be committed)

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 alcohol, tobacco and other drug services currently offered in the ACT. Outpatient services are recognised as an integral component of specialist treatment services that should be offered for people with severe alcohol, tobacco and other drug problems, including through the national Drug and Alcohol Clinical Care and Prevention Project.^{xiii}

ATODA has previously called upon the ACT Government to use part of the allocated funds to undertake a formal process of consultation to identify outpatient service priorities. Further information is available in the ATODA paper, *'The Missing Link': Development of comprehensive ACT alcohol and other drug outpatient services*, which is available on request.

In the 2013-14 ACT Budget, 52% of the \$1.428 million committed through the ACT Government 2012 election commitment^{xiv} was allocated through to 2016-17. Last year's partial allocation of annual funds (see table below^{xv}) are insufficient to genuinely fill the gap in current provision of ACT ATOD outpatient service provision.

	2013-14	2014-15	2015-16	2016-17	Total	Difference
Funding commitment in ACT Budget 2013-14	\$180,000	\$184,000	\$188,000	\$192,000	\$744,000	\$684,000
2012 Election Commitment	\$150,000	\$309,000	\$477,000	\$492,000	\$1,428,000	

As such, ATODA calls on the ACT Government to fully fund the outpatient service over the course of the budget cycle to a level that is consistent with the ACT Government's 2012 election commitment, to ensure that efforts to provide comprehensive outpatient services for Canberrans with alcohol, tobacco and other drug problems can be fully realised.

PRIORITY 5: CLOSING THE GAP

Initiative:	Aboriginal and Torres Strait Islander Tobacco Control
Description:	To fully fund the Aboriginal and Torres Strait Islander Smoking Cessation Program as per the 2012 ACT Government election commitment.
Funding:	\$432,700 (total remaining funding to be committed)

Tobacco smoking has been identified as a leading preventable cause of death and disease in Australia.^{xvi} 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.^{xvii} In the 2007-08 National Aboriginal and Torres Strait Islander Social Survey, 36.2% of Aboriginal and/or Torres Strait Islander peoples in the ACT reported being a current smoker.^{xviii}

The ACT Government has made a commitment to reduce smoking rates amongst Aboriginal and/or Torres Strait Islander peoples living in the ACT. In the 2013-14 ACT Budget, the ACT Government allocated funds for the Aboriginal and Torres Strait Islander Smoking Cessation Program, "This initiative will enable continued implementation of the ACT Aboriginal and Torres Strait Islander Tobacco Control Strategy."^{xix}

However, the funds allocated to this in the 2013-14 ACT Government Budget fall well short of the amount indicated in the 2012 ACT Government election commitment.^{xx}

	2013-14	2014-15	2015-16	2016-17	Total	Difference
Funding commitment in ACT Budget 2013-14	\$200,000	\$204,000	\$0	\$0	\$404,000	\$432,700
2012 Election Commitment	\$200,000	\$206,000	\$212,200	\$218,500	\$836,700	

As such, ATODA calls on the ACT Government to fully fund the Aboriginal and Torres Strait Islander Smoking Cessation Program over the course of the budget cycle to a level that is consistent with the 2012 ACT Government election commitment.

Important: Information on the principles for funding and provision of alcohol, tobacco and other drug interventions for Aboriginal and Torres Strait Islander people is provided in the National Indigenous Drug and Alcohol Committee's (NIDAC) position statement, *Funding of Alcohol and Other Drug Interventions and Services for Aboriginal and Torres Strait Islander People*.^{xxi} ATODA encourages the ACT Government to consider these principles in the allocation of this funding.

PRIORITY 6: CHRONIC DISEASE

Initiative:	Workplace tobacco management policies in services that support disadvantaged people
Description:	To prevent chronic disease and promote healthy behaviours and workplaces, by supporting health and community services to develop and implement workplace tobacco management policies.
Funding:	\$60,000 per annum for three years (estimate)

Reducing smoking rates is a priority for the ACT Government. The ACT's daily smoking rate is now 11% and the community should be proud of this success across the population.^{xxii} However, the ACT is leaving some sub-groups behind who have proven resistant to population level initiatives, have defiantly higher rates of smoking and are disproportionately affected by tobacco related harms.^{xxiii} People with mental health issues, who are homeless or are experiencing alcohol and other drug issues are some of these with very high rates of smoking.

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,^{xxiv} including disadvantaged groups and the workforces who support them. It is estimated that up to 51% of health and community sector workers in the ACT may smoke.^{xxv}

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.^{xxvi} Therefore, involving workplaces in tobacco management initiatives would contribute to reducing the harms associated with tobacco smoke, particularly among those who work with disadvantaged people.

A pilot workplace tobacco management project in the ACT conducted with health and community services proved successful, including finding:

- 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;
- Initially, staff thought that 0% of clients would be supportive – this increased to 40%; and,
- Over 90% of smokers wanted to quit.^{xxvii}

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

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 resources 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.

PRIORITY 7 & 8: JUSTICE

Initiative:	Implementing non-custodial sentencing options
Description:	To urgently implement evidence-based, alcohol and other drug specific non-custodial sentencing options adapted to the ACT, in response to the adult prison being over capacity.
Funding:	TBC - Depending on the model identified, however evaluated programs have demonstrated cost-effectiveness.

ATODA strongly supports Mr Shane Rattenbury's MLA, Minister for Corrections, commitment to convene a stakeholder roundtable, which could potentially identify options to reduce the ACT's adult prison population.^{xxviii} ATODA offers its support to this important initiative.

In June 2013, the Senate Legal and Constitutional Affairs Committee noted that the ACT has the highest national rate of return to corrective services at 56%.^{xxix} It further noted that 72% of ACT inmates (compared with 61% in NSW) reported that they were intoxicated the time of the offence, which lead to their imprisonment.^{xxx} This demonstrates the connections between alcohol and other drug intoxication and incarceration.

Fortunately, there are evidence-based, non-custodial, alcohol and other drug specific options that could be adapted to the ACT's context, including within its existing harm minimisation policy. Two examples are provided below.

South Dakota's 24/7 Program

The South Dakota 24/7 program could be adapted to the ACT context with an overarching aim of reducing the need for incarceration.^{xxxi} The program is a non-traditional approach to reducing recidivism. In summary, the evaluation found that in community supervision settings, frequent alcohol testing with swift, certain and modest sanctions for violations can reduce problem drinking and improve public health outcomes.^{xxxii} The evaluators indicated that it will be useful to explore how testing programs with swift and certain sanctions can best incorporate positive incentives for compliance as well as treatment services. The program has been found to be cost-effective.

Hawaii's Opportunity Probation with Enforcement (HOPE) Program

The Hawaii's Opportunity Probation with Enforcement (HOPE) program could also be adapted for the ACT context, with an overarching aim of reducing the need for long-term sentences among offenders at high risk of breaching their probation orders. The program also works on the penology principles of swift, certain but not severe and also emphasises testing and monitoring of drug and alcohol consumption. Program evaluations have found fewer re-arrests, fewer days of incarceration and participants were less likely to have their probation revoked.^{xxxiii,xxxiv} The program is currently undergoing cost-effectiveness studies.

ATODA therefore urges the ACT Government, as per the Minister for Corrections' commitment, to convene key stakeholders (including alcohol and other drug research experts) to translate the evidence-based into localised solutions which could add to the suite of options currently available.

Initiative:	Implement ACT specific justice reinvestment research
Description:	To undertake research into justice reinvestment in the ACT, in collaboration with key stakeholders, as per the 2012 ACT Government election policy statement for a <i>Fair, Just and More Equitable Society: Justice and Law Reform</i> . ^{xxxv}
Funding:	\$666,000 over 4 years

ATODA acknowledges the significant justice system reform activities occurring in the ACT.^{xxxvi}

The ACT is in a situation where the Territory's only adult prison, the Alexander Maconochie Centre (AMC), is over-capacity with approximately 337 detainees,^{xxxvii} and decisions need to be made to either reduce the growth of the prison population or to invest in the building of new facilities to cater for an increase in the prison population. ATODA understands that there are both short term and longer term plans to expand the bed numbers at the AMC. Some of this expansion could potentially be prevented and save the ACT millions of dollars. An indication of the costs for this can be derived through the \$3 million allocated in the 2013-14 ACT Budget for related planning work.^{xxxviii}

Consequently, the ACT must engage with, and benefit from, initiatives that have been proven to reduce prison populations, and people involved in the justice system more broadly, and to promote more novel, evidence-based approaches to justice. Such initiatives may provide an opportunity to reduce future growth in prison expenditure by removing the need to build new facilities and reduce people's contact with the justice system. In particular, alcohol and other drug programs can be effective at addressing AOD problems, reducing offending behaviour, and diverting offenders from the justice system. It has also been shown to be less expensive than incarceration for some populations, such as Aboriginal and Torres Strait Islander people.^{xxxix}

ATODA recognises that there may be challenges that exist for a small jurisdiction like the ACT to employ novel justice strategies. We refer the ACT Government to the work that has already been conducted in the ACT, some of which is included in the ATODA, ACTCOSS and Mental Health Community Coalition joint justice reinvestment submission.^{xl} ATODA also further refers the ACT Government to an Australian National Council on Drugs initiative which is developing an online modelling tool for justice reinvestment and outcomes in local areas.^{xli}

As such, ATODA calls on the ACT Government to fund (at the levels identified in the table below) research into justice reinvestment in the ACT, in collaboration with key stakeholders, as per the 2012 ACT Government election policy statement for a *Fair, Just and More Equitable Society: Justice and Law Reform*

	2013-14	2014-15	2015-16	2016-17	Total
Funding committed in the 2012 ACT Government election policy statement for a <i>Fair, Just and More Equitable Society: Justice and Law Reform</i> .	\$159,000	\$164,000	\$169,000	\$174,000	\$666,000

References:

- ⁱ Odyssey Institute of Studies. (2004). *Nobody's Client Project: Identifying and Addressing the Needs of Children with Substance Dependent Parents Full Report*. Victoria: Odyssey House. Available online at: <http://www.odyssey.org.au/images/files/brochures/Publications/the%20nobodys%20clients%20-%20full.pdf>
- ⁱⁱ Data provided by ACT Health, October 2013.
- ⁱⁱⁱ Australian Institute of Health and Welfare. (2012). *Alcohol and other drug treatment services in Australia 2011-12*. Canberra: AIHW. Available online at: <http://www.aihw.gov.au/publication-detail/?id=60129544486&tab=3>
- ^{iv} Estimates provided by ACT Health, October 2013
- ^v MacQueen, R. & Biven, A. (2012). *Review of the Need to Expand Drug and Alcohol Rehabilitation Services in the ACT*. Canberra: ACT Health. Available online at: <http://health.act.gov.au/publications-reports/alcohol-and-other-drug-reports/alcohol-tobacco-and-other-drugs>
- ^{vi} ACT Health. (2012). *ACT Immunisation Strategy 2012 – 2016*. ACT Government: Canberra. Available online at: <http://www.health.act.gov.au/c/health?a=dlpubpoldoc&document=2802>
- ^{vii} Alcohol Tobacco and Other Drug Association ACT (ATODA). (2012). *Submission to the Draft ACT Immunisation Strategy 2012 – 2016*. Available online at: <http://www.atoda.org.au/wp-content/uploads/ATODA-Immunisation-Strategy-Submission-Final-March-2012-1.pdf>
- ^{viii} Australian Government. (2013). *National Disability Insurance Scheme Act 2013*. Canberra: Australian Government. Available online at: http://www.comlaw.gov.au/Details/C2013A00020/Html/Text#_Toc352761894
- ^{ix} Community Services Directorate. (2013). *DisabilityCare – ACT Launch Site*. Available online at: http://www.communityservices.act.gov.au/disability_act/national_disability_insurance_scheme
- ^x ACT Health. (2010). *The Citizen's Jury on Health Priorities 2010 – Report by ACT Health Council*. Canberra: ACT Government. Available online at: <http://www.health.act.gov.au/publications-reports/reports/citizens-jury-on-health-priorities-2010/>
- ^{xi} Gallagher, K. & Rattenbury, S. (2012). *Parliamentary Agreement for the 8th Legislative Assembly for the Australian Capital Territory*. Available online at: http://www.cmd.act.gov.au/___data/assets/pdf_file/0004/383476/parliamentaryagreement.pdf
- ^{xii} ACT Greens. (2012). *2012 Election Commitment: Mobile Primary Health Clinic*. Canberra: ACT Greens. Available online at: http://act.greens.org.au/system/files/private/Mobile_Primary_Health_Clinic.pdf
- ^{xiii} Ritter, A. (n.d.). *Population planning for alcohol and other drug services: the national Drug and Alcohol Clinical Care & Prevention (DA-CCP) Project* [powerpoint slides]. Sydney: National Drug and Alcohol Research Centre. Available online at: <http://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Session%20Four%20-%20Alison%20Ritter.pdf>
- ^{xiv} ACT Labor. (2012). *Policy Commitment – ACT Labor, Take More Action – Outpatient Drug and Alcohol Service*. Available online at: <http://www.treasury.act.gov.au/electioncostings/documents/Labor/Completed%20Costings/LAB042%20-%20Completed%20Costing.pdf>
- ^{xv} Alcohol Tobacco and Other Drug Association ACT (ATODA). (2013). *Analysis and overview of the alcohol, tobacco and other drug items in the ACT Budget 2013-14*. Available online at: <http://www.atoda.org.au/wp-content/uploads/ACT-Budget-2013-14-Final-PDF.pdf>
- ^{xvi} 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 Available online at: <http://www.aihw.gov.au/publications/index.cfm/title/10317>
- ^{xvii} *ibid*
- ^{xviii} ACT Health. (2011). *ACT Aboriginal and Torres Strait Islander Tobacco Control Strategy*. Canberra: ACT Health. Available online at: <http://health.act.gov.au/c/health?a=da&policy=1310621880&did=10107160&sid=>
- ^{xix} See page 145: ACT Government (2013). Budget Paper 3: Budget Overview. Available online at <http://apps.treasury.act.gov.au/budget/budget-2013-2014>.
- ^{xx} ACT Labor. (2012). *Policy Commitment – ACT Labor, Aboriginal Smoking Cessation*. Available online at:

<http://www.treasury.act.gov.au/electioncostings/documents/Labor/Completed%20Costings/LAB099%20-%20Completed%20Costing.pdf>

^{xxi} National Indigenous Drug and Alcohol Committee. (2013). *Funding of Alcohol and Other Drug Interventions and Services for Aboriginal and Torres Strait Islander People. Position Statement*. Canberra: Australian National Council on Drugs. Available online at:

<http://www.nidac.org.au/images/PDFs/NIDACpublications/Funding.pdf>

^{xxii} Australian Institute of Health and Welfare. (2011). *2010 National Drug Strategy Household Survey Report*. Canberra: AIHW. Available online at: <http://www.aihw.gov.au/publication-detail?id=32212254712>

^{xxiii} ACT Health (2010), *ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014*, Canberra: ACT Government

^{xxiv} Baker, A. et al. Where there's smoke, there's fire: high prevalence of smoking among some sub-populations and recommendations for intervention. *Drug Alcohol Rev* 2006;25:85-96

^{xxv} Data from ATODA (unpublished) for the initial 2010 findings from the ACT Workplace Tobacco Management Project across 9 workplaces in the ATOD, mental health, and youth sectors in the ACT.

^{xxvi} Cahill K, Moher, Lancaster T. (2008) Workplace interventions for smoking cessation. *Cochrane Database of Systematic Reviews*, Issue 4 & Gruman J, Lynn W (1993) Worksite and Community Intervention for Tobacco, In: (eds) Orleans C.T, Slade J. *Nicotine Addiction: Principles and Management*. New York: Oxford University Press, 1993: pp. 396-411

^{xxvii} Lovett, Ray. *Workplace Tobacco Management Project Research Findings (Evaluation) Report*. December 2011. Alcohol Tobacco and Other Drug Association ACT

^{xxviii} Rattenbury, S. MLA & Fowlie, C. (10 October 2013). *Interview with ABC 666 Radio breakfast presenter Jo Laverty*.

^{xxix} Senate Legal and Constitutional Affairs Committee Secretariat. (2013). *Value of a justice reinvestment approach to criminal justice in Australia*. Canberra: Department of the Senate. Available online at:

http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/Completed_inquiries/2010-13/justicereinvestment/report/~/_/media/wopapub/senate/committee/legcon_ctte/completed_inquiries/2010-13/justice_reinvestment/report/report.ashx

^{xxx} ACT Health. (2011). *2010 ACT Inmate Health Survey Summary Results*. Canberra: ACT Health. Available online at: <http://health.act.gov.au/health-services/public-health/epidemiology-branch/epidemiology-publications-health-series/inmate-health-survey-summary-results>

^{xxxi} Loudenburg, R., Drube, G., & Leonardson, G. (2010). *South- Dakota 24/7 Sobriety Program Evaluation Findings*. Pierre, SD: Attorney General of South Dakota. Available online at: <http://apps.sd.gov/atg/dui247/AnalysisSD24.pdf>

^{xxxii} Kilmer, B., Nicosia, N., Heaton, P., & Midgette, G. (2013). Efficacy of frequent monitoring with swift, certain, and modest sanctions for violation: Insights from South Dakota 24/7 Sobriety Project. *American Journal of Public Health*, 103(1): e37-e43.

^{xxxiii} Coalition for Evidence-Based Policy. (2011). *Hawaii's Opportunity Probation with Enforcement (HOPE) Program*. Available online at:

<http://evidencebasedprograms.org/wp-content/uploads/2012/12/HOPE-Program-Feb-2011.pdf>

^{xxxiv} Hawken, A., & Kleiman, M. (2009). *Managing Drug Involved Probationers with Swift and Certain Sanctions: Evaluating Hawaii's HOPE*. Submitted to the National Institute of Justice. Available online at: <https://www.ncjrs.gov/pdffiles1/nij/grants/229023.pdf>

^{xxxv} ACT Labor. (2012). *ACT Labor's Plan for a Fair, Just and Equitable Society*. Available online at: <http://www.katygallagher.net/?p=2455>

^{xxxvi} Justice system reform initiatives include for example:

- In the alcohol and other drug sector, including the evaluation of the ACT Drug Diversion Programs and implementing and evaluating a new alcohol ignition interlocks program;
- In the youth justice system through the *Blueprint for Youth Justice in the ACT 2012-2022*;
- In the social services system through the Vulnerable Families Project; and
- In the adult justice system through the Throughcare Program.

^{xxxvii} Personal correspondence (October 2013).

^{xxxviii} ACT Government Treasury. (2013). *Alexander Maconochie Centre Additional Facilities (Design) budget allocation: ACT Budget 2013-14. Budget Paper 4: Budget Estimates*. Canberra: ACT

Government. Available online at: <http://apps.treasury.act.gov.au/budget/budget-2013-2014/budget-paper-4>

^{xxxix} Deloitte Access Economics. (2012). *An economic analysis for Aboriginal and Torres Strait Islander Prisoners: Prison vs residential treatment*. Research Paper 24. City Walk: Australian National Council on Drugs. Available online at:

http://www.ncd.org.au/images/PDF/Researchpapers/rp24_Prison_vs_Residential_Treatment.pdf

^{xi} ATODA, ACTCOSS & MHCC ACT. (2013). Joint Submission on the Senate Standing Committee on Legal and Constitutional Affairs Inquiry into the Value of a Justice Reinvestment Approach to Criminal Justice in Australia.

^{xii} Australian National Council on Drugs (2013) *Communique June 2013*.

<http://www.ncd.org.au/news-and-announcements/communiques/1989-communique-june-2013>