



AOD Policy Unit  
ACT Health  
aodpolicy@act.gov.au

**Submission on the draft *ACT Alcohol, Tobacco and Other Drug Strategy 2016 – 2020***

To Whom It May Concern:

The Alcohol Tobacco and Other Drug Association ACT (ATODA) welcomes the opportunity to make a submission on the draft *ACT Alcohol, Tobacco and Other Drug Strategy 2016 – 2020* (the draft Strategy).

ATODA's vision is an ACT community with the lowest possible levels of alcohol, tobacco and other drug (ATOD) related harm, as a result of the ATOD and related sectors evidence-informed prevention, treatment and harm reduction policies and services.

ATODA works collaboratively to provide expertise and leadership in the areas of social policy, capacity building, sector and workforce development, research, coordination, partnerships, communication, education, information and resources. ATODA is an evidence-informed organisation. The ways we work, and the outcomes we strive to achieve, reflect our commitment to the values of population health, human rights, social justice and reconciliation between Aboriginal and Torres Strait Islander people and other Australians. The mission of ATODA is to be the peak body representing and supporting the ATOD sector and community in the ACT.

This submission reflects specific stakeholder consultations on the draft Strategy, the body of work undertaken by ATODA since its establishment in 2010 and the evidence base of the alcohol, tobacco and other drug field.

ATODA can provide further detailed advice on all matters referenced throughout the submission, including the evidence base.

A handwritten signature in black ink that reads 'Carrie Fowlie'.

Carrie Fowlie  
Executive Officer  
Alcohol Tobacco and Other Drug Association ACT (ATODA)  
www.atoda.org.au

December 2015

## **ATODA Submission on the draft ACT Alcohol, Tobacco and Other Drug Strategy 2016 – 2020**

### **1. Acknowledgment of achievements to date**

While this submission contains a number of suggestions for improvements to the draft Strategy, we wish to begin by acknowledging the impressive body of work of the ACT ATOD sector across both government and non-government to date to prevent and reduce alcohol, tobacco and other drug related harms in the ACT community.

This is a challenging area of work with multi-faceted health and social issues that often require complex and innovative responses. We wish to, for example, acknowledge that:

- The ACT has strong history of undertaking evidence-informed alcohol, tobacco and other drug policy and practice. The draft Strategy reflects a culmination of over twenty years of ACT-specific drug strategies. There have been a number of bold, innovative and complex programs initiated within the ACT, which have been funded and supported by the ACT Government and other stakeholders. Many of these have been found through formal evaluations to be successful.
- 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 sector and be confident that when help is needed, they will receive high quality support.
- The ACT ATOD sector is a strong, united and cohesive sector where non-government and government services work collaboratively to deliver evidence-informed and high quality services to the community.
- The Alcohol and Other Drug Policy Unit, ACT Health has been integral to initiating, facilitating and supporting successes across the ACT ATOD sector, cross-sectorally and nationally. This Unit houses the knowledge and capacity to work across the wide range of ATOD areas and issues. It is crucial that this independent AOD Policy Unit is maintained within ACT Health to continue to support the ACT Government, the community and the sector to implement and evaluate the next ACT drug Strategy.
- Strong partnerships across health, justice and community sectors have been established to facilitate more coordinated responses to ATOD issues cross-sectorally and to provide sound outcomes for people engaged in services. These provide an important foundation for the next iteration of the Strategy.
- The Strategy has been a valuable, living document that is actively used by the ACT Government, ATODA and the ACT ATOD sector to guide policy, service, participation and research activities to prevent and reduce alcohol, tobacco and other drug related harms in our community.

- The governance of the Strategy, through the Evaluation Group, has been valuable in progressing and monitoring the goals and activities of the Strategy and to ensuring that the ACT's drug policy is informed by the field's ever developing evidence base. We are pleased to see that this component of the Strategy is being maintained.

While there continues to be much work to be done, the ACT community can be satisfied that investments in alcohol, tobacco and other drug policy and interventions is both effective and a sound use of scarce public funding.

## **2. Strengths of the draft Strategy**

In considering the draft Strategy, ATODA recognises that there are many strengths to the document. The Strategy:

- Reports on the achievements of the previous Strategy. However we note that there have been significantly more achievements in the past five years than are recorded. We suggest that for the next iteration of the Strategy reporting mechanisms are strengthen;
- Is comprehensive and suggests a broad range of actions that are realistic, achievable and generally consistent with the evidence;
- Incorporates harm minimisation and a balance in actioning the three pillars of harm reduction, demand reduction and supply reduction, which is consistent with previous ACT drug strategies and the National Drug Strategy;
- Covers an appropriate time frame (five years) that is long enough to enable planning and implementation for action across the ACT Government and within the community;
- Takes a whole-of-government approach while acknowledging the specific role of specialist drug services;
- Considers and incorporates the social and cultural determinants of health and burdens of harm into the overall approach and actions. We are particularly pleased to see the incorporation of the cultural determinants of health within this iteration of the Strategy;
- Aims to align with and build the evidence base;
- Sets out a clear framework of criteria for priority-setting.

## **3. Establishing and resourcing clear processes and timelines for implementing actions**

ATODA believes that a gap of this Strategy is clearly articulating and resourcing processes and timelines for the implementation of actions arising from the Strategy.

While this Strategy document lays out a broad range of actions many of which are complex and wide in scope, they have not been prioritised. ATODA does not dispute the need for this wide range of actions and applauds many of the actions proposed. However, mechanisms are needed to facilitate the prioritisation, implementation and evaluation of these actions in quality ways with sufficient resources.

For example, specialist drug services in the ACT will be a primary settings and / or key partners in the implementation of many of these actions. Not only does a large section of the Action Plan relate directly to these services, but many other actions require their direct input, advice or partnership for successful implementation. As such, specialist drug services and other key stakeholders in the Strategy will benefit from clearer articulation of action priorities to guide activity planning, and processes that specifically lay out objectives, key stakeholders, responsibilities, activities, timelines, performance indicators, and resourcing.

ATODA suggests undertaking annual prioritisation processes for each year of the Strategy. See below for suggestions on how to do this with the ACT ATOD sector.

We note that different sectors (e.g. justice, housing and homelessness, mental health, domestic and family violence, disability, BBV, sexual health, care and protection, ACT Policing) may need specific processes to engage with and implement the Strategy.

#### [Determining priorities within the Action Plan with the ACT ATOD sector](#)

We suggest that the ACT ATOD sector is brought together regularly to discuss and prioritise actions from the Strategy. For example, an annual forum could enable a review of achievements to date, and could enable greater flexibility and responsiveness of the Strategy to emerging drug trends, changing circumstances in the sector, and changing community needs. Such a process could guide the incorporation of Strategy actions into annual workplans, and could strengthen planning within the sector and the ACT Government. There are existing mechanisms that could be utilised to support these processes (e.g. the Drug Services Forum, The Canberra Collaboration, Workers Group, ATODA's conference).

#### [Planning for implementation](#)

Once priority-actions have been identified, a number of actions would need to be expanded to develop more detailed objectives and activities to guide implementation.

While the main stakeholders for many of these actions are likely to be the ATOD sector and ACT Health, a large number of these actions require specific buy-in and responsibility from stakeholders from other areas of the ACT Government and non-ATOD specific health, justice and community stakeholders. Drawing these stakeholders together, ensuring buy-in, and clearly articulating roles, responsibilities and resources will lead to greater clarity and likelihood of success of each identified priority action item.

Realistic timelines and performance indicators against the activities and the responsibilities of each stakeholder would need to be set as part of the prioritisation process.

## Ensuring adequate resources and capacity

ATODA understands that additional funding has not yet been allocated to implement the Strategy. Adequate resources must be available to ensure the Strategy can be successfully implemented. This could include additional time, processes, capacity building, partnerships and / or program funding.

### **4. Strengthening the Strategy**

#### Being responsive and flexible

##### *Governance*

The governance arrangements of the current Strategy (i.e. the Evaluation Group) has enabled the Strategy to be flexible and responsive to emerging drug trends and issues. We recommend that the Strategy Evaluation Group membership be expanded to include whole-of-government representation, particularly with regards to areas with implementation responsibilities under the Strategy.

We support the development of sub-groups of the Evaluation Group, such as the NSP Advisory Group, and aligning related policy to it (e.g. the Aboriginal and Torres Strait Islander Tobacco Control Strategy, Comorbidity Strategy, Future Directions in Tobacco).

##### *Changing drug trends*

While the draft Strategy identifies actions in response to current alcohol, tobacco and other drug issues, we know from previous experience that this is an area that must respond quickly to changes in drug markets and trends, and to the social expectations that arise from these trends. While we are sometimes able to predict the rise of specific issues, we must maintain flexibility within the Strategy to introduce new issues, responses and actions when needed.

For example, the solid policy base articulated in the current Strategy and the maintenance of a core capacity within specialist drug services has, for example, enabled an appropriate sector-wide response to the recent rise in the harms from methamphetamines. This has been achieved by augmenting the capacity of existing services through for example providing additional capacity and specific training.

Maintaining a responsive and flexible Strategy can be achieved by:

- A regular review of the actions to enables flexibility in the application of the Strategy. This can be achieved through the current mechanism of the Evaluation Group, and by resourcing processes within other stakeholders, particularly for specialist drug services (as suggested above).
- Maintaining real-time awareness of changes in data on drug trends and harms, and keeping abreast of best practice and innovation in how to respond to both existing and emerging issues (see section below on 'being evidence-informed').

- Linking the Strategy to a number of sub-strategies that relate to specific ATOD-related issues (e.g. the ACT Aboriginal and Torres Strait Islander Tobacco Control Strategy, the Comorbidity Strategy, etc.)

### Being evidence-informed

Being responsive requires identifying new actions in response to emerging trends, and allowing existing actions to be better tailored to suit specific target groups or geographical locations.

Within the ACT ATOD sector, there is an expectation that service delivery and planning will be based on the most up-to-date data related to service utilisation, alcohol, tobacco and other drug prevalence, demographics, etc. In addition, strategies and related actions need to be based on the latest available evidence.

The data used in many parts of the background section of the draft Strategy could be updated. To promote an evidence-based approach to the Strategy, actions that have been outlined in the Action Plan could be referenced and linked with up-to-date information provided in the body of the document.

It is acknowledged that while there is regular input of ATOD sector data into the National Minimum Data Set, utility of the data may be hampered by time lags between submission of data to ACT Health and reporting of the data by the Australian Institute of Health and Welfare. A solution proposed by the sector involves delegating agency data collation, data cleaning and interim reporting to a central agency. This will allow reporting and use of the data within relevant time frames in the interim while aggregated sector data is released by the AIHW. This will act to further promote generating new evidence to support and inform sector developments.

### Promoting innovation

We are fortunate that the ATOD field has a strong and ever developing evidence base. As such it is important to promote and enable innovative responses to existing and new problems. It is important that innovations are accompanied by formal and independent evaluations. This featured strongly in the implementation of the previous Strategy and should be maintained and built upon in the next one.

### Accountability

Finally, in bringing together the actions outlined in the Strategy, it is imperative to have a framework with which to evaluate and be accountable for actions undertaken. The two previous versions of the Strategy have provided clarity and guidance through the evaluation guidelines included in the Action Plan. It has been noted that this current Strategy does not provide examples of ways in which the implementation of actions may be evaluated.

Current wording of the actions in the document is not framed to be specific and measureable, and there is no general sense of how progress against each action will be monitored and evaluated. In response to this, it is suggested, where possible, to include more detailed performance measures within the draft Strategy in line with

previous iterations or to develop annual priorities with clearly articulated performance measures and responsibilities.

The performance measures should be reflective of the harm minimisation principles that are currently guiding the actions. Examples of this include increased number of treatment places, increased number of random breath tests per licenced driver annually, etc.

Further detail could be included under “Governance, Monitoring and Evaluation” to outline timelines for evaluation as well as how monitoring will take place. We acknowledge the important work of the Evaluation Group in supporting the Strategy and their extensive capacity in this area. It is suggested that the Evaluation Group could have a role in concept testing and prioritisation of the strategies to help further guide how the strategies are rolled out. This would of course be a key component of planning for identified priority areas.

## 5. Strengthening the draft Strategy Action Plan

The draft ACT ATOD Strategy Action Plan contains important initiatives that are consistent with ATODA's understanding of need, demand, gaps and the evidence. In second column in the table below we provide suggested amendments to the draft Strategy Action Plan.

<i>This column provides the original wording in the draft Strategy Action Plan</i>	<i>This column provides ATODA's suggested amendments to the draft Strategy Action Plan</i>
<b>Tobacco</b>	<b>Tobacco</b>
<p>Ensure workers and managers in the health, community and justice sectors are supported to work with priority populations to:</p> <ul style="list-style-type: none"> <li>• develop and implement workplace and clinical tobacco management policies;</li> <li>• access training to deliver tobacco screening, brief interventions, nicotine replacement therapy (NRT) information, tobacco cessation treatment and other referrals;</li> <li>• ensure access to smoke free workplaces or separate designated smoking areas for workers and clients;</li> <li>• screen clients for tobacco use on admission to services and offer brief interventions;</li> <li>• implement tobacco cessation treatment services for people who do not respond to brief intervention and require more intensive support;</li> <li>• develop pathways to general practitioners (GPs)</li> </ul>	<p>Ensure people who smoke from high-risk populations, including those who require more intensive support, have access to comprehensive smoking cessation and reduction support, this includes:</p> <ol style="list-style-type: none"> <li>(a) Taking a settings based approach that builds the capacity of services that already work with people who smoke from priority populations to deliver tobacco interventions as part of routine care in the health, community and justice sectors</li> <li>(b) Prioritising the following settings: specialist drug services, Aboriginal and Torre Strait Islander, blood-borne virus, mental health, homelessness and justice</li> <li>(c) Supporting the development, implementation and evaluation of workplace and clinical tobacco management policies in priority settings (e.g. tobacco screening on admission, brief interventions, pharmacotherapy, referrals to intensive support where appropriate)</li> <li>(d) Where possible and appropriate (e.g. Aboriginal and Torres Strait Islander communities) taking a social network approach to smoking care (e.g. providing smoking supports within the household or peer group)</li> <li>(e) Ensuring tobacco management policies include smoke-free workplace</li> </ol>

<p>particularly in high risk groups;</p> <ul style="list-style-type: none"> <li>• progress towards implementing smoke free sites for all services; and</li> <li>• investigate a smoke-free initiative to apply to the Alexander Maconochie Centre (AMC) during the life of the Strategy</li> </ul>	<p>of the life of the Strategy.</p> <ul style="list-style-type: none"> <li>(f) Providing regular smoking cessation training that meets the needs of different workers in different settings (e.g. intensive clinical service, nicotine replacement therapy provision, screening and brief intervention, embedding smoking care as part of existing treatment plans)</li> <li>(g) Mapping existing specialist smoking cessation services and review opportunities and gaps (e.g. tobacco workers, Quitline, specialist drug services, primary care)</li> <li>(h) Providing access to free or subsidised full courses nicotine replacement therapy for priority populations</li> <li>(i) Implementing and independently evaluating a smoke-free initiative to apply to the Alexander Maconochie Centre (AMC) during the life of the Strategy</li> <li>(j) Implementing contingency management and other innovative initiatives with evaluations to support smoking cessation activities among priority populations.</li> <li>(k) Establishing a Tobacco Coordination position within the ACT that works across all areas of supply, demand and harm reduction</li> <li>(l) Reconciling the different tobacco policy responsibilities within ACT Health and clearly articulate the governance</li> <li>(m) Undertaking a project that reviews the tobacco control research evidence and current ACT practice and capacity to deliver activities to disadvantaged population groups</li> <li>(n) Maintaining and strengthening tobacco control a priority within the ACT Health Promotion funding program</li> </ul>
<p>Work with members of the Aboriginal and Torres Strait Islander community, including tobacco researchers, to implement the revised <i>ACT Aboriginal and Torres Strait Islander Tobacco Control Strategy</i>.</p>	<p>Ensure the strong existing Aboriginal and Torres Strait Islander tobacco control policy is built upon by:</p> <ul style="list-style-type: none"> <li>(a) Working with Aboriginal and Torres Strait Islander services and community members, and tobacco control researchers to implement and evaluate a revised <i>ACT Aboriginal and Torres Strait Islander</i></li> </ul>

	<i>Tobacco Control Strategy.</i>
<p>Finalise implementation of <i>Future Directions for Tobacco Reduction in the ACT 2013-2016</i> and identify areas for ongoing action to address tobacco use and reduce tobacco-related harm, including opportunities to better integrate regulatory policy, health promotion, anti-tobacco education and support for smokers to quit.</p>	<p>Ensure the ACT's tobacco control policy is consistent with the harm minimization framework within this strategy by:</p> <ul style="list-style-type: none"> <li>(a) Finalising the implementation of <i>Future Directions for Tobacco Reduction in the ACT 2013-2016</i> and then revise and expand the policy to strengthen the integration of regulatory tobacco policy with other areas of tobacco control including comprehensive smoking cessation activities with high-risk populations and health promotion.</li> <li>(b) Advocate nationally for both long and short acting forms of Nicotine Replacement Therapy to be included on the Pharmaceutical Benefit Scheme</li> </ul>
<p>Identify and implement policy options to address the sale, promotion and use of e-cigarettes to ensure that:</p> <ul style="list-style-type: none"> <li>• non-smokers, including children and young people, are not encouraged to experiment with or use e-cigarettes;</li> <li>• former smokers are not encouraged to take up use of e-cigarettes;</li> <li>• the public use of e-cigarettes does not contribute to the renormalisation of tobacco smoking; and</li> <li>• bystanders are protected from possible exposure to second-hand e-cigarette vapour.</li> </ul>	<p>Identify and implement policy options to address the potential potential harms and potential benefits of personal vaporisers Electronic Nicotine Delivery Systems (ENDS) (e.g. e-cigarettes, personal vaporisers) by:</p> <ul style="list-style-type: none"> <li>(a) Addressing the sale, promotion and use of ENDS to ensure that regulations are consistent with the tobacco control policy and the emerging evidence base, so that: <ul style="list-style-type: none"> <li>• Non-smokers, particularly children and young people, are not encouraged to experiment with or use e-cigarettes.</li> <li>• Former smokers are not encouraged to take up use of e-cigarettes</li> <li>• The public use of e-cigarettes does not contribute to the renormalisation of tobacco smoking</li> <li>• Bystanders are protected from possible exposure to second-hand e-cigarette vapour.</li> <li>• The community has resources on the potential harms of e-cigarettes, their legal status and efficacy in supporting smokers to quit.</li> </ul> </li> <li>(c) Supporting national initiatives to change the legal status of electronic nicotine delivery devices to facilitate their use as smoking cessation aids, if the evidence base supports such an approach during the life of</li> </ul>

	<p>the Strategy.</p> <p>(d) Considering reducing the density of retail tobacco product outlets, and reducing outlet density in the vicinity of schools, in light of evidence of correlations between density/location and smoking prevalence.</p>
<p><b>Alcohol</b></p>	
<p>Implement the supported recommendations arising from the ACT Government’s Independent Two Year Review of the <i>Liquor Act 2010</i>; prevent and reduce children’s and young people’s access to alcohol and exposure to alcohol advertising and implement evidence based public education campaigns.</p>	<p>Prevent and reduce alcohol-related harms by:</p> <ul style="list-style-type: none"> <li>(a) Implementing the supported recommendations arising from the ACT Government’s Independent Two Year Review of the <i>Liquor Act 2010</i></li> <li>(b) Implementing and independently evaluating a pilot of late night trading hours by introducing a 3am close and 10pm close for packaged liquor</li> <li>(c) Providing the Commissioner for Fair Trading, on the advice of the Chief Police Officer, the power to declare that a saturation zone where alcohol-related harms are considered significant.</li> <li>(d) Annually updating ACT Health’s <i>Key trends nationally and locally in relation to alcohol consumption and alcohol-related harm report</i></li> <li>(e) Preventing and reducing children and young people’s access to alcohol and alcohol advertising (e.g. in supermarkets)</li> <li>(f) Including alcohol related data elements (i.e. ambulance, Emergency Department, police, wholesales) in the <i>Extent and nature of alcohol, tobacco and other drug use and related harms in the ACT reports</i></li> <li>(g) Implementing and evaluating evidence-based alcohol social marketing campaigns</li> <li>(h) Considering reducing the density of premises selling alcohol in light of evidence of correlations between density and problematic alcohol consumption prevalence.</li> <li>(i) Developing an initiative to build the capacity of Emergency Department staff to provide brief interventions, strengthen data (e.g. coding), referral to specialist services.</li> </ul>

<p>Implement and independently evaluate ACT drink driving programs, including the alcohol ignition interlock program for high range and repeat drink drive offenders.</p>	<p>Improve road safety by strengthening the ACT's drink driving countermeasures by:</p> <ul style="list-style-type: none"> <li>(a) Implementing and independently evaluating ACT drink driving programs, including the Alcohol Ignition Interlock Program</li> <li>(b) Implementing a performance measure on the number of random breath tests conducted in the ACT annually, per licensed driver.</li> <li>(c) Improving the effectiveness of the Alcohol Ignition Interlock Program by expanding the financial assistance program and enabling immediate eligibility to install interlocks upon sentencing</li> </ul>
<p>Undertake activities that seek to prevent and respond to Fetal Alcohol Spectrum Disorders (FASD), including <i>Responding to the Impact of Fetal Alcohol Spectrum Disorders in Australia</i> priorities. This includes building the capacity of health services to provide screening and evidence-based interventions in services that provide practical support to pregnant women and women with young children, and to advocate for FASD to be recognised as a disability.</p> <p><i>Comment: ATODA suggests integrating all the disability related items in one area of the strategy.</i></p>	<p>Develop a better understanding and responses to AOD and disabilities by:</p> <ul style="list-style-type: none"> <li>(a) Commissioning a paper that describes AOD and disabilities and evidence-based responses (e.g. provision of neuropsychological assessments as part of alcohol treatment)</li> <li>(b) Undertaking activities that seek to prevent and respond to Fetal Alcohol Spectrum Disorders (FASD), including <i>Responding to the Impact of Fetal Alcohol Spectrum Disorders in Australia</i> priorities. This includes building the capacity of health services to provide screening and evidence-based interventions in services that provide practical support to pregnant women and women with young children, and to advocate for FASD to be recognised as a disability.</li> <li>(c) Ensuring alcohol and drug related disabilities are sufficiently captured in the Justice and Disability Strategy (e.g. alcohol related brain injury)</li> <li>(d) Developing a better understanding of the nature and extent of disabilities experience by people accessing specialist drug services (e.g. overdose related hypoxia and acquired brain injuries)</li> <li>(e) Undertaking AOD and disability capacity building in specialist drug services (e.g. adapting existing approaches to better respond to cognitive impairment)</li> <li>(f) Providing ATOD related capacity building including training and tools (e.g. screening, harm reduction) with disability services.</li> <li>(g) Strengthening collaborations and partnerships to ensure the ATOD</li> </ul>

	sector is prepared to support clients through the National Disability Insurance Scheme (NDIS) and that the people with disabilities and ATOD problems' choices and needs are sufficiently understood and supported within the NDIS
<p>Document pathways between GPs and other alcohol-related services such as through the use of Health Pathways.</p> <p><i>Comment: ATODA notes that there we multiple actions related to primary care throughout the Strategy Action Plan, we suggest that the bulk of these are merged into one as seen in the next column.</i></p>	<p>Build the capacity of primary care to undertake evidence informed alcohol, tobacco and other drug interventions by:</p> <ul style="list-style-type: none"> <li>(a) Implementing the ACT electronic version of the World Health Organisation ASSIST as a screening, brief intervention and referral tool</li> <li>(b) Developing the ATOD specific and related (e.g. hepatitis treatment) Health Pathways in partnership with specialist ATOD services</li> <li>(c) Increasing the number GPs that are opioid maintenance treatment prescribers</li> <li>(d) Increasing smoking cessation activities, including nicotine replacement therapy prescription</li> <li>(e) Regularly implementing ATOD specific stigma and discrimination training and related activities with workers in primary care settings</li> <li>(f) Increasing the number of GPs and nurses providing hepatitis C treatment for people with a history of drug use</li> <li>(g) Implementing naloxone prescription, distribution and education as part of routine care alongside opioid prescription, particularly opioid maintenance treatment</li> <li>(h) Renewing the GP and specialist drug services central contact initiative</li> <li>(i) Strengthening subsidised vaccination programs for people who inject drugs and their families, particularly related to hepatitis</li> <li>(j) Increase blood-borne virus testing as part of routine care, particularly for high risk populations (e.g. injecting drug users)</li> <li>(k) Develop formal partnerships between ACT Health, ATODA, and the Capital Health Network, particularly related to the planning and commissioning for specialist drug services</li> <li>(l) Formalise relationships between specialist drug services and primary health care providers (e.g. specialist services seeking ongoing</li> </ul>

	<p>relationships with GPs)</p> <p>(m) Address issues regarding GP willingness to work with people experiencing ATOD issues (e.g. enablers, incentives and barriers)</p> <p>(n) Implementing comprehensive Adult Health Checks (e.g. building on the Aboriginal and Torres Strait Islander People Health Check) as routine care for all clients accessing specialist drug services</p>
Support the implementation of the Drug and Alcohol Intoxication and Subsequent Harm in the Night-time Entertainment Districts (DASHED) project in Canberra funded by the National Drug Law Enforcement Research Fund (NDLERF).	Support the implementation and consider the findings and recommendations from the Drug and Alcohol Intoxication and Subsequent Harm in the Night-time Entertainment Districts (DASHED) project in Canberra funded by the National Drug Law Enforcement Research Fund (NDLERF).
<b>Other Drugs</b>	
Monitor, implement and evaluate evidence-based interventions on drug driving as they emerge, including social marketing campaigns and peer based education initiatives related to drugs, driving, health and relevant legislation.	<p>Monitor, implement and evaluate evidence-informed interventions on drug driving, including:</p> <ul style="list-style-type: none"> <li>(a) Social marketing campaigns that include information about safer driving windows</li> <li>(b) Peer education initiatives related to drugs, driving, health and relevant legislation</li> <li>(c) Undertake a study on developing and implementing proscribed drugs thresholds and driving in the ACT, covering all potentially-impairing psychoactive substances</li> <li>(d) Encourage national bodies to commission evaluations of the impacts of drug driving countermeasures on road safety</li> <li>(e) Identifying opportunities to implement new and emerging interventions and technologies</li> </ul>
Investigate options for removing legal barriers that may deter people who inject drugs from rendering assistance in emergency situations and prevent them from	Provide an enabling and health promoting environment, particularly with regards to preventing blood-borne virus transmission, amongst people who inject drugs and their families and friends by pursuing the removal of legal barriers that:

<p>supplying needle and syringe equipment to their peers.</p>	<ul style="list-style-type: none"> <li>(a) May deter people from rendering assistance in emergency situations (i.e. Good Samaritan provisions)</li> <li>(b) May prevent people from supplying sterile needle and syringe equipment to their peers (i.e. extended distribution and the self-administration offence)</li> </ul>
<p>Monitor drug trends and new and emerging population groups in collaboration with those who use drugs and CAHMA and ensure services have the capacity to implement evidence-based interventions including:</p> <ul style="list-style-type: none"> <li>• the provision of safer using and harm reduction information and responses;</li> <li>• a useful range of needle and syringe equipment and mix of services to supply equipment (eg. Increase outlets in the north of Canberra, peer based distribution, peer based NSP outreach models , needle and syringe exchange in the AMC);</li> <li>• expanded rollout of opioid overdose prevention and education programs, including naloxone (e.g. to priority populations such as those in detention, accessing NSPs, prescribed opioids and accessing specialist drug treatment services, and their families) and strengthen pathways to specialist ATOD treatment; and</li> <li>• investigate options for removing legal barriers for people who inject drugs to distribute needles and syringe equipment to people who inject drugs.</li> </ul>	<p>Reduce morbidity and mortality among people who inject drugs in collaboration with them (including CAHMA) and their families and friends by implementing evidence-based activities including:</p> <ul style="list-style-type: none"> <li>(a) The provision of safer using and harm reduction information and responses including to new and emerging populations and harms;</li> <li>(b) Expanding access to needle and syringe equipment and services modalities that supply equipment and harm reduction information including by: <ul style="list-style-type: none"> <li>• Increasing needle and syringe program outlets (including a primary in the north of Canberra)</li> <li>• Implementing peer based needle and syringe program distribution and outreach models</li> <li>• Implementing and independently evaluating a needle and syringe program in the AMC</li> </ul> </li> <li>(c) Expanding the rollout of opioid overdose prevention and education programs that include take-home naloxone to priority populations as routine care, in staged approach, beginning with these key settings: <ul style="list-style-type: none"> <li>• Drug user organisations</li> <li>• People within and upon exit of detention</li> <li>• Needle and Syringe Programs</li> <li>• Opioid Maintenance Treatment program</li> <li>• Specialist drug services</li> </ul> </li> <li>(d) Annually implementing and reviewing the implications of surveillance and program data activities including the Australian NSP Survey, the ACT NSP minimum data set, and the Illicit Drug Reporting System (IDRS)</li> </ul>

	<ul style="list-style-type: none"> <li>(e) Supporting the NSP Advisory Group as a Working Group of the Strategy</li> <li>(f) Review and identify relevant the recommendations for implementation from the Australian Government funded AIVL National NSP Strategic Guidance Project</li> </ul>
Advocate nationally for clinical trials of diacetylmorphine prescription for people who are severely addicted to heroin.	<p>Expand access to and strengthen opioid maintenance treatments by:</p> <ul style="list-style-type: none"> <li>(a) Providing Tier 1 dosing on the northern side of Canberra</li> <li>(b) Advocating nationally for clinical trials of diacetylmorphine and/or hydromorphone for opioid-dependent people who do not respond well to current treatment modalities</li> <li>(c) Supporting the consumer-led Pharmacotherapy Advocacy &amp; Action Team (PHAAT)</li> <li>(d) Revising the Opioid Treatment Guidelines during the life of the Strategy</li> </ul>
Monitor and evaluate the implementation of real-time monitoring of controlled medicines in the ACT to enhance the capacity of the Health Protection Service to regulate prescribing and supply of controlled medicines in the ACT.	<p>Monitor and evaluate the implementation of real-time monitoring of controlled medicines in the ACT to:</p> <ul style="list-style-type: none"> <li>(a) Enhance the capacity of the Health Protection Service to regulate prescribing and supply of controlled medicines in the ACT</li> <li>(b) Ensure the experiences and needs of consumers, particularly those who need controlled medicines daily (e.g. opioid maintenance therapy clients), are routinely sought and part of the on-going quality improvement processes and evaluation of the new system</li> </ul>
Support participation in medical cannabis trials and promote an evidence-based and regulated approach.	<p>Undertake ACT-specific activities to move towards a lawful and compassionate medicinal/therapeutic cannabis regime, including:</p> <ul style="list-style-type: none"> <li>(a) Supporting ACT researchers, relevant affected community members, clinicians and others to participate in clinical and effectiveness trials</li> <li>(b) Developing balanced and evidence-informed community information</li> <li>(c) Establishing an expert ACT Medicinal/Therapeutic Cannabis Steering Committee that provides advice to the Minister for Health</li> <li>(d) Undertaking a study of health workers and others to identify education</li> </ul>

	<p>and capacity building needs</p> <ul style="list-style-type: none"> <li>(e) Explore options for the controlled availability of cannabis for medicinal/therapeutic purposes in the ACT, potentially using the legal framework developed in Victoria and initiatives of the Commonwealth Government and Parliament.</li> <li>(f) Implement paragraph 11.19 of the 2015 <i>Inquiry into exposure draft of the Drugs of Dependence (Cannabis Use for Medical Purposes) Amendment Bill 2014 and related discussion paper</i> in which the Legislative Assembly Committee supported the introduction of a compassionate medicinal cannabis scheme if the Commonwealth fails to establish one which adequately meets the ACT's needs.</li> <li>(g) Independently evaluate new initiatives</li> </ul>
<p>Develop and implement a local early warning system to monitor and respond to emerging drug trends and harms and advocate for a national system (capable of providing information with both strategic and immediate value) in collaboration with relevant consumer and community groups, police, ambulance and health services.</p>	<p>Develop and implement a local early warning system to monitor and respond to emerging drug trends and harms and advocate for a national system (capable of providing information with both strategic and immediate value) in collaboration with relevant consumer and community groups, police, ambulance and health services, that includes:</p> <ul style="list-style-type: none"> <li>(a) Developing, implementing and evaluating an ACT specific drug checking pilot program (e.g. building on the work of ACTINOS)</li> <li>(b) Regularly updating (i.e. every 2 years) the <i>Extent and nature of alcohol, tobacco and other drug use and related harms in the ACT</i> report</li> <li>(c) Conduct regular (e.g. every 18 months) ACT specific alcohol, tobacco and other drug trends symposium in partnership with ATODA</li> <li>(d) Undertake an ACT AODTS National Minimum Data Set capacity building project which includes ensuring that all services publicly funded to deliver specialist drug services participate; regular training is provided services; all data is provided to ATODA; summary reports are regularly developed; and the implications are regularly reviewed in partnership with participating services, funding bodies and the AIHW.</li> </ul>

<p>ACT Policing will continue to target manufacturers and distributors of illicit drugs to reduce and disrupt illicit drug supply.</p>	<p>In the interests of the most cost-effective use of resources, ACT Policing will continue to target manufacturers and distributors of illicit drugs, to reduce and disrupt illicit drug supply, rather than targeting drug consumers.</p>
<p>Work with the Community Services Directorate, Justice and Community Safety Directorate (JACSD) and other relevant groups in informing the review of the Working With Vulnerable People Checking System to ensure people are not penalised, in terms of their access to employment, for their past behaviour that bears little or no relevance to the risk they pose to the vulnerable people they may work with now or in the future.</p>	<p>Develop and implement strategies to enable more employment and training opportunities for people with current or past AOD problems who have criminal histories, including reducing the negative impacts of criminal records:</p> <ul style="list-style-type: none"> <li>(a) Work with the Community Services and Justice Directorates and other relevant groups for the review of the <i>Working With Vulnerable People Background Checking System</i> to ensure people are not penalised for their past behaviour that bears little or no relevance to the risk they pose to the vulnerable people they may work with now or in the future.</li> <li>(b) Support all specialist drug services to be Community Work and Social Development Order Program providers</li> <li>(c) Explore how to reduce the unnecessary and more appropriate use of criminal record checks to vet potential employees</li> <li>(d) Consider legislative protections against criminal-record based discrimination</li> <li>(e) Investigate legal options to reduce the waiting time for convictions to become spent for minor offences, including instituting variable waiting periods; and for any convictions processed through Alcohol or Drug Courts, or convictions leading to the undertaking and completion of alcohol or other drug treatment, to become spent.</li> <li>(f) Ensure that findings of guilt where no further action was taken or no conviction was recorded, acquittals, dismissed charges, and pending charges do not appear on criminal record checks in any jurisdiction, except where this is appropriate (e.g. working with children)</li> <li>(g) Advocate nationally to develop the evidence base about the costs and benefits of the use of criminal record checks, and its impacts on different stakeholders, including impacts on people with alcohol or drug use histories or problems.</li> </ul>

<p>Investigate the feasibility of piloting a range of alcohol, tobacco and other drug specific conferencing approaches, new interventions/ services for detainees to reduce the risk of recidivism and community sentencing options to divert people away from custody, reduce harms caused by alcohol and other drug use and increase participation in specialist drug treatment programs, including through the Justice Reform Strategy</p>	<p>Reduce recidivism, support community integration and increase community sentencing options for people with alcohol and drug related offences:</p> <ul style="list-style-type: none"> <li>(a) Implement and independently evaluate an alcohol and drug specific ‘swift, certain and fair’ pilot program</li> <li>(b) Establish a ‘Health Throughcare Program’ to complement the existing Throughcare Program with a particular focus on opioid maintenance therapy, overdose prevention, smoking cessation, Aboriginal and Torres Strait Islander Health and hepatitis prevention and treatment</li> <li>(c) Publish a full report of the second Inmate Health Survey and review the implications</li> <li>(d) Expand the scope of the current civil penalty scheme (e.g. Simple Cannabis Offence Notices) to cover all drug use and possession offences</li> <li>(e) Revise and update the AMC Drug Services and Policies Framework 2013 – 2015</li> <li>(f) Implement the supported recommendations from the evaluation of the ACT Drug Diversion Programs</li> <li>(g) Abolish ‘deemed supply’ laws to bring drug trafficking offences into closer alignment with other serious offences.</li> <li>(h) Ensure the Justice Reform Strategy includes therapeutic alcohol, tobacco and other drug specific initiatives</li> <li>(i) Progress and independently evaluate an ACT Justice Reinvestment pilot project that includes an alcohol and other drug component</li> <li>(j) Review alcohol, tobacco and other drug interventions within Bimberi</li> <li>(k) Develop, implement and independently evaluate alcohol and other drug specific Community Corrections pilot initiatives</li> <li>(l) Expand the scope of the ACT Community and Work Order Program so that it becomes a sentencing option available to courts with respect to drug and drink driving and the Simple Cannabis Offence Notice Scheme (SCON).</li> </ul>
---	--

	(m) Continue infringements scheme reform to encompass all infringements, including those that are ATOD-related.
<p>Ensure specialist drug treatment and support services, and where relevant primary healthcare services, work with relevant consumer and community groups and the Alcohol Tobacco and Other Drug Association ACT (ATODA) to strengthen and expand existing services by:</p> <ul style="list-style-type: none"> <li>• expanding access to inpatient and outpatient services;</li> <li>• establishing outpatient and comprehensive home-based withdrawal services;</li> <li>• monitoring and continuing to improve access to counselling, residential rehabilitation programs and new day rehabilitation programs;</li> <li>• implementing the supported recommendations from the <i>ACT Health Directorate Response to: Review of the need to expand drug and alcohol rehabilitation services in the ACT, 2012</i>;</li> <li>• providing family members, friends and the community with more services and information about preventing and reducing alcohol, tobacco and other drug related harms;</li> <li>• providing better access to education, resources (to prevent blood borne virus infection and support healthy lifestyles) and treatment (e.g. hepatitis C); and</li> </ul> <p>identifying the level of need and exploring opportunities to expand access to subsidised childcare for children of adults accessing specialist drug treatment services.</p>	<p>Ensure specialist drug treatment and support services, and where relevant primary care services, work with relevant consumer groups and the Alcohol Tobacco and Other Drug Association ACT (ATODA) to strengthen and expand existing services by:</p> <ol style="list-style-type: none"> <li>(a) Expanding access to inpatient and outpatient services</li> <li>(b) Strengthening withdrawal services, including establishing formal outpatient and comprehensive home-based services and implementing the accepted recommendations from the withdrawal review and redesign</li> <li>(c) Monitoring and continuing to improve access to counselling, residential and day rehabilitation programs</li> <li>(d) Implementing the supported recommendations from the <i>ACT Health Directorate Response to: Review of the need to expand drug and alcohol rehabilitation services in the ACT, 2012</i> (e.g. for families; culturally and linguistically diverse groups; gay, lesbian, bisexual, intersex, transgender and people)</li> <li>(e) Providing family members, friends and the community with more services and information about preventing and reducing alcohol, tobacco and other drug related harms</li> <li>(f) Providing better access to blood-borne virus and sexually transmitted infection education, resources, screening and treatment</li> <li>(g) Identifying the level of need and exploring opportunities to expand access to subsidised childcare for children of adults accessing specialist drug treatment services</li> <li>(h) Implementing comprehensive health checks as part of routine care in specialist drug services that builds on the existing work</li> <li>(i) Strengthening, formalising and resourcing integrated research, policy, practice and participation initiatives (e.g. The Canberra Collaboration,</li> </ol>

	ARC Linkage and NHMRC grants)
<p>Explore opportunities to develop, implement and evaluate specialist ATOD treatment and support service capacity to provide new interventions and support by:</p> <ul style="list-style-type: none"> <li>• undertaking sector wide planning activities to determine gaps and future priorities to better meet the needs of the ACT community and inform new investment in government and non-government services to improve access to treatment and reduce waiting periods;</li> <li>• building workforce and service capacity to adapt existing ATOD treatment and support services to meet the needs of people with co-occurring problems (e.g. cognitive impairment or disabilities, mental health, oral health, pain management);</li> <li>• increasing the capacity of the sector to deliver structured therapeutic interventions (e.g. counselling, case management and peer treatment support);</li> <li>• providing access to new technologies (e.g. online screening tools), telephone and online information, education and counselling;</li> <li>• providing structured, therapeutic outreach into homelessness, mental health and other community and primary health services and build the capacity of workers in those services to do ATOD screening and brief interventions (eg. alcohol) and facilitate referrals to specialist treatment where relevant;</li> </ul>	<p>Explore opportunities to develop, implement and evaluate specialist drug treatment and support service capacity to provide new interventions and support by:</p> <ol style="list-style-type: none"> <li>(a) Undertaking sector wide planning activities, including developing an ACT Specialist Drug Services Plan, to determine gaps and future priorities to better meet the needs of the ACT community and inform new investment in government and non-government services to improve access to treatment and reduce waiting periods, including: <ul style="list-style-type: none"> <li>• Utilising the ‘National Drug and Alcohol Clinical Care &amp; Prevention (DA-CCP)’</li> <li>• Utilising the ‘New Horizons: The review of alcohol and other drug treatment services in Australia’</li> <li>• Utilising the ‘Review of the Aboriginal and Torres Strait Islander Alcohol, Tobacco and Other Drug Treatment Service Sector: Harnessing Good Intentions’</li> <li>• Engaging in the ACT Health Services and Infrastructure Planning processes</li> </ul> </li> <li>(b) Building workforce and service capacity to adapt existing ATOD treatment and support services to meet the needs of people with co-occurring problems (e.g. cognitive impairment, disabilities, mental health, oral health, pain management, hepatitis)</li> <li>(c) Increasing the sector’s capacity to deliver structured therapeutic interventions (e.g. counselling, case management and peer treatment support)</li> <li>(d) Providing access to new technologies (e.g. online screening tools, e-health), 24hour telephone and online counselling, crisis support and information; education, counselling and ATOD specific supervision</li> <li>(e) Providing structured, therapeutic outreach into homelessness, mental health and other community and primary care services and build the</li> </ol>

<ul style="list-style-type: none"> <li>• developing initiatives that improve access for, and meet the needs of older people;</li> <li>• improving triage, screening, assessment and intake processes for specialist ACT ATOD services. This could include exploring the possibility of: shared assessment tools and referral pathways, and resourcing and piloting strengthened assessment / intake processes;</li> <li>• strengthening collaborations and partnerships to ensure the ATOD sector is prepared to support clients through the National Disability Insurance Scheme; and</li> <li>• implementing and reviewing the implications from key data sources including a census of service users, the national minimum data set and workforce profile</li> </ul>	<p>capacity of workers in those services to do ATOD screening and brief interventions (e.g. alcohol) and facilitate referrals to specialist drug services where relevant</p> <ul style="list-style-type: none"> <li>(f) Developing initiatives that improve access for, and meet the needs of older people (e.g. the needs of older cohorts of current AOD users such as people on opioid maintenance therapy)</li> <li>(g) Encouraging consistent approaches among specialist drug services to triage, screening, assessment, intake, clinical notes, referral, care coordination, case management, client information, data sharing, outcome measures and training.</li> <li>(h) Providing crisis and drop in services that deliver ATOD treatment and interventions in partnership with social services</li> <li>(i) Developing a structured, resourced approach to providing specialist drug services to people waiting to access existing program (e.g. waiting lists management and support) and upon exit of existing programs (e.g. long term aftercare)</li> </ul>
<p>Establish the Ngunnawal Bush Healing Farm and facilitate the integration of the new service into the broader drug treatment field through supporting:</p> <ul style="list-style-type: none"> <li>• the model of care to incorporate culturally secure, evidence informed ATOD interventions;</li> <li>• the service to be underpinned by the social and cultural determinants of health;</li> <li>• partnerships and collaborations, including with specialist ATOD services;</li> <li>• its workers and managers accessing relevant ATOD and other sector training and networks; and</li> <li>• ensuring its programs and practices are based on the best available evidence of ATOD and other</li> </ul>	<p>Establish the Ngunnawal Bush Healing Farm and facilitate the integration of the new service into the specialist drug treatment service system by:</p> <ul style="list-style-type: none"> <li>(a) Collaboratively developing the service model of care that is both culturally secure and delivers evidence-based ATOD interventions;</li> <li>(b) Ensuring the service is holistic and is underpinned by the social and cultural determinants of health;</li> <li>(c) Developing and implementing an on-going evaluation and research framework, that includes the integration of the ATODS National Minimum Data Set and outcome measures</li> <li>(d) Developing strategies to support the service to become Aboriginal and Torres Strait Islander community-controlled</li> <li>(e) Embedding partnerships and collaborations, with specialist ATOD services;</li> <li>(f) Ensuring its workforce has access to relevant and ongoing specialist</li> </ul>

<p>effective programs.</p>	<p>ATOD and other training and networks; and (g) Ensuring its programs and practices are based on the best available evidence of ATOD and other effective programs.</p>
<p>Develop (or formalise) mechanisms for supporting consumer participation in policy and ATOD treatment services. This includes:</p> <ul style="list-style-type: none"> <li>• developing best practice guidelines for consumer reimbursement;</li> <li>• developing a better understanding of the profile and needs of drug treatment clients by implementing a service user census (to build on previous ACT ATOD Service User Satisfaction Surveys);</li> <li>• building the capacity of services to implement consumer participation frameworks; and</li> <li>• implementing training to address stigma and discrimination</li> </ul>	<p>Develop, implement and evaluate formal mechanisms to support and embed ATOD-specific consumer participation as core business of ACT Health and specialist drug services. This includes:</p> <ul style="list-style-type: none"> <li>(a) Ensure the ACT has a strong and viable drug user / consumer organisation</li> <li>(b) Develop and implement best practice guidelines for consumer participation (e.g. reimbursement policy, AIVL National Statement on Ethical Issues for Research Involving Injecting/Illicit Drug Users)</li> <li>(c) Develop a better understanding of the profile and needs of consumers of specialist drug services by implementing and reviewing the implications of a regular (e.g. every 18 months) census to build on previous ACT ATOD Service User Satisfaction and Outcomes Surveys</li> <li>(d) Build the capacity of services undertake service level consumer participation</li> <li>(e) Implement regular consumer-led ATOD-specific training to address stigma and discrimination</li> <li>(f) Establish AOD specific consumer participation positions that provide services to the Mental Health Justice Health and Alcohol and Drug Services Division</li> <li>(g) Develop consumer worker roles in specialist drug services (as has occurred in the mental health field), including the development of role definitions and capabilities</li> <li>(h) Ensuring that adequate additional resourcing is available to meet the costs associated with enhancing consumer involvement</li> <li>(i) Ensuring that consumer input is included as part of monitoring, evaluation and outcome measures</li> </ul>

<p>Implement workforce development initiatives for specialist ACT ATOD Services including the: ACT Alcohol and Other Drug Qualifications Strategy (QS); and development and implementation of strategies to support Aboriginal and Torres Strait Islander workers in the specialist drug treatment and support services' sector.</p>	<p>Build the capacity of specialist ACT drug services and workers to prevent and respond to ATOD-related problems and to promote evidence-based practice by implementing workforce development initiatives including:</p> <ul style="list-style-type: none"> <li>(a) Re-developing the Specialist ATOD Workforce Development Plan, including expanding the Qualifications Strategy and additional pooled resource capacity building activities</li> <li>(b) Regularly conducting (e.g. every 2 years) and reviewing the implications of the Workforce Remuneration and Qualification Survey to build on previous surveys</li> <li>(c) Developing, implementing and resourcing strategies to strengthen and grow Aboriginal and Torres Strait Islander workers in specialist drug treatment and support services (e.g. establish a workers' network, supporting access to Aboriginal and Torres Strait Islander mentors and clinical supervisors, supporting the establishment of a national professional body for Aboriginal and Torres Strait Islander ATOD workers)</li> <li>(d) Support the development of a nationally agreed taxonomy of specialist ATOD roles as a basis for systematic workforce enhancement and workforce development</li> <li>(e) Investigate the value of registration or credentialing for the ATOD sector to enhance its professionalism and desirability</li> <li>(f) Increase coordination and support for opportunities for placements in AOD settings during vocational, undergraduate and post graduate education</li> <li>(g) Promote the ATOD sector as a career of choice for suitable individuals via marketing to ACT universities and vocational education institutions (e.g. schools of medicine, psychology, public health/policy, nursing, occupational therapy and social work)</li> <li>(h) Expand the number of AOD nurse practitioner positions available and develop a structured career pathway for progression into nurse practitioner positions</li> </ul>
--	--

	<ul style="list-style-type: none"> <li>(i) Increase ATOD teaching in ACT undergraduate clinical and public health/policy tertiary courses</li> <li>(j) Strengthen ATOD specific mentoring and clinical supervision programs</li> <li>(k) Strengthen mechanisms to showcase the achievements of the sector</li> <li>(l) Ensuring that workforce capabilities evolve reflect emerging research evidence (e.g. drug trends and intervention effectiveness)</li> <li>(m) Increase use of specialist ATOD workers in consultation, liaison and education roles with other services</li> <li>(n) Maintain and build a specific ATOD specialisation, while increasingly using multi-disciplinary and multi-team approaches</li> <li>(o) Review and implement, as appropriate, the ACT-relevant recommendations of the 2015 <i>Evaluation of AOD peak bodies' roles in building capacity in the Australian non-government alcohol and other drugs sector</i></li> </ul>
<p>Strengthen or establish initiatives to support blood borne virus (BBV) screening, vaccinations and treatment among priority populations by:</p> <ul style="list-style-type: none"> <li>• expanding access to outreach testing initiatives and treatment to include population groups with elevated risk and prevalence of hepatitis C, hepatitis B and HIV (e.g. clients of ACT Needle and Syringe Program, clients of homeless services, residents of crisis/supported accommodation services); and</li> <li>• offering screening and vaccinations to people with a history of injecting drugs (this includes people who currently inject drugs and people who injected drugs in the past) and providing supported referrals to specialists for assessment, monitoring, treatment and support, including</li> </ul>	<p>Strengthen or establish initiatives to support blood borne virus (BBV) screening, vaccinations and treatment among priority populations by:</p> <ul style="list-style-type: none"> <li>(a) Expanding access to outreach testing initiatives and treatment to include population groups with elevated risk and prevalence of hepatitis C, hepatitis B and HIV (e.g. clients of Needle and Syringe Programs, homeless/crisis/supported accommodation services); and</li> <li>(b) Offering screening and vaccinations to people with a history of injecting drugs (this includes people who currently inject drugs and people who injected drugs in the past) and providing supported referrals to specialists for assessment, monitoring, treatment and support, including within specialist ATOD services</li> <li>(c) Implement and evaluate the <i>Progressing a comprehensive response to blood-borne virus prevention, management and treatment, with a specific focus on hepatitis, in specialist ACT drug treatment and support services</i> initiative</li> <li>(d) Investigate providing diagnostic tools (e.g. fibroscan) within priority</li> </ul>

<p>within specialist ATOD services</p>	<p>settings (e.g. specialist drug services, community hepatitis services)</p> <ul style="list-style-type: none"> <li>(e) Advocate nationally for new hepatitis treatments to be more widely available and affordable</li> <li>(f) Explore opportunities to integrate opioid maintenance treatment and hepatitis treatment (e.g. an adapted ETHOS model for the ACT)</li> <li>(g) Investigate implementing nurse-led models of hepatitis C treatment</li> <li>(h) Revise the Strategic Framework for the Management of Blood-Borne Viruses in the Alexander Maconochie Centre 2013 – 2017</li> <li>(i) Review the implications of the Performance Audit of the Gastroenterology &amp; Hepatology Unit</li> <li>(j) Ensure ATOD specific input and activities through the AMC Health Services and Advisory Group</li> </ul>
<p>Promote and support the adoption by health services of relevant clinical and practice guidelines to prevent and reduce harms of alcohol, tobacco and other drug use (including to parents and their children, during pregnancy, birth and during the early years of life).</p>	<p>Strengthen the evidence-informed deliver of alcohol, tobacco and other drug clinical and practice by supporting the awareness, adoption and implementation of relevant guidelines (e.g. National clinical guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn; National Guidelines for Medication-Assisted Treatment of Opioid Dependence)</p>
<p>Engage affected women, service providers, researchers and policy makers in the ACT to gain a better understanding of the paradigm differences underlying AOD treatment provision and services responding to domestic family violence for women, and propose ways to improve the compatibility of models of care and link services within and between sectors to better meet the needs of affected women and reduce the harms they currently experience.</p>	<p>Strengthen the systems' responses to alcohol, drugs and domestic and family violence (DFV), including:</p> <ul style="list-style-type: none"> <li>(a) Undertaken capacity building initiatives that enable specialist drug services to: <ul style="list-style-type: none"> <li>• Implement trauma informed care (noting this practice is relevant across multiple domains e.g. working with Aboriginal and Torres Strait Islander people)</li> <li>• Upskill staff and adapt programs to integrate best practice in DFV into specialist drug treatment</li> </ul> </li> <li>(b) Ensure specialist women's drug services are available in the ACT and are supported to participate in the National Specialist Women's AOD</li> </ul>

	<p>Services Network</p> <ul style="list-style-type: none"> <li>(c) Implement regular alcohol and drug training and networking with domestic and family violence workers</li> <li>(d) Build the evidence base about best practice AOD and DFV services</li> <li>(e) Implement and independently evaluate a 'swift, certain and fair' alcohol and drug and DFV specific ACT pilot project</li> <li>(f) Implement the supported recommendations from the ACT specific 'Enhancing Supports for Women Affected by Harmful Alcohol and Other Drug Use and Domestic and Family Violence' research project</li> </ul>
<p>Supporting the development of a new national alcohol and other drug peak body through the work of the National Peak Body Independent Committee.</p>	<p>Promote the ACT's active national AOD sector representation, coordination and engagement through:</p> <ul style="list-style-type: none"> <li>(a) Supporting the development a new national AOD sector peak body through the work of the National Peak Body Independent Committee</li> <li>(b) National drug user organisation representation</li> <li>(c) Intergovernmental Committee on Drugs</li> </ul>
<p>Implement an evidence-informed public education program that increases awareness of alcohol related harm and actions that families, schools, education institutions, sporting clubs, workplaces, local councils, licensees and others can do to prevent and reduce alcohol-related harm.</p> <p><i>Comment: ATODA suggests merging the education actions as seen in the next column.</i></p>	<p>Prevent the uptake, use and harms from alcohol, tobacco and other drugs in the ACT community through implementing evidence-informed education programs that increase awareness of harms and mobilize community action with:</p> <ul style="list-style-type: none"> <li>• Schools (e.g. effective and evidence informed drug education programs SHAHRP, CLIMATE Schools)</li> <li>• Tertiary education institutions</li> <li>• Sporting clubs (e.g. nationally funded Good Sports)</li> <li>• Workplaces</li> <li>• Community councils</li> <li>• Licensees and others can do to prevent and reduce harms.</li> </ul>
<p>Ensure school communities have access to factual and effective evidence informed drug education programs.</p>	

	<i>Suggested additional Strategy Action Plan activities</i>
	<p>Improve the joint care, protection and treatment of parents and children concurrently impacted by problematic AOD use and child protection interventions including by:</p> <ul style="list-style-type: none"> <li>• Ensuring Care and Protection and Out of Home Care staff receive regular (e.g. annual) expert AOD training, including about stigma and discrimination</li> <li>• Ensuring more parents with AOD problems and their children access specialist drug services prior to the children being removed; and when children have been removed that the parents can access and complete drug treatment prior to permanency planning (e.g. adoption) being undertaken</li> <li>• Ensuring the Birth Families Advocacy Service includes parents and families with AOD issues as a priority population and works in partnership with specialist drug services</li> <li>• Ensuring the ‘Strengthening High-Risk Families Domain’ of the Stepping Up for Our Kids Strategy and the ‘Strengthening Families Program’ has specialist drug services integrated within it</li> </ul>
	<p>Improve community safety through preventing and reducing alcohol and drug related harms by:</p> <ol style="list-style-type: none"> <li>(a) Investigating expanding the ACT Policing and Mental Health initiative to include AOD components particularly with regards to working with intoxicated people and stigma</li> <li>(b) Reducing the number of people, particularly Aboriginal and Torres Strait Islander people, who are taken into protective custody for intoxication and held in the police cells rather than being cared for at the Sobering Up Shelter</li> <li>(c) Strengthen access to health workers and AOD interventions for people held in protective custody, particularly for intoxication, including</li> </ol>

	<p>withdrawal management and brief intervention and follow up on release</p> <ul style="list-style-type: none"> <li>(d) Supporting ACT Policing staff to access regular and expert AOD training as part of their core training requirements</li> <li>(e) Identifying the impacts, in the ACT, of the drug self-administration offence, and its use by police and prosecutors, with a view to repealing this offence if it is found to be public health legal barrier</li> </ul>
	<p>Participate in housing and homelessness planning, service deliver and quality improvement processes to:</p> <ul style="list-style-type: none"> <li>(a) Facilitate improved access to affordable, safe and secure housing for people who present to specialist drug services in situations of homelessness</li> <li>(b) Provide training and capacity building initiatives for housing and homelessness services to do ATOD screening, brief interventions and facilitate referrals to specialist treatment as needed (e.g. use of the ACT eASSIST)</li> <li>(c) Ensure that people who use drugs and live in public housing can reasonably access specialist drug services (e.g. needle and syringe programs)</li> </ul>
	<p>Build the capacity of criminal justice staff (including policy workers, courts, legal, prisons and community corrections) to:</p> <ul style="list-style-type: none"> <li>(a) Identify the causative roles of substance use disorders in criminal offending, and respond to offenders' AOD needs rather than responding primarily to their offending behaviour</li> <li>(b) Understand and apply justice re-investment principles in resource allocation decisions</li> <li>(c) Where substance use and/or mental health disorders are causally involved in a person's criminal behaviour, the courts to sentence on the offence before it, rather than taking into account prior AOD/MH-related offences, reflecting the fact that these disorders are chronic and</li> </ul>

	relapsing in nature.
	Strengthen collaborative and evidence based responses to people experiencing co-occurring AOD and mental health problems by revising the ACT Comorbidity Strategy during the life of the Strategy.
	<p>Ensure that people who most need specialist drug treatment and support services have timely, affordable and appropriate access by:</p> <ul style="list-style-type: none"> <li>(a) Ensuring entry to specialist drug services is based on a clinical assessment from specialist drug services</li> <li>(b) Developing new collaborative specialist drug programs for specific sub-populations (between specialist drug services and e.g. criminal justice, Care and Protection, homelessness, primary care)</li> <li>(c) Building the capacity of supporting referring and partner agencies to better understand the nature and evidence for ATOD interventions, and to engage with and act upon recommendations from specialist drug services based on clinical assessment and treatment plans (e.g. the Court Drug and Alcohol Assessment Service)</li> </ul>