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Draft ACT Drug Strategy Action Plan 2022-2026

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Introduction

The Alcohol, Tobacco and Other Drug Association ACT (ATODA) represents the Alcohol Tobacco and Other Drug (ATOD) sector in the ACT. Members include specialist alcohol and other drug treatment organisations; distinguished drug experts with deep knowledge of the criminal justice system and population health; the group representing families and friends who have lost loved ones to drugs; and the peer-based organisation for people with lived experience of drug use in the ACT.

ATODA welcomes the Draft ACT Drug Strategy Action Plan 2022-2026¹ (the Plan) for public consultation. The next iteration of the Plan is a critical document in the context of nation-leading legislative reform in the ACT. ATODA appreciates the consideration of ATODA's submission in response to the Discussion Paper on the next ACT Drug Strategy Action Plan released in January 2022.

This submission articulates ATODA's position in response to the proposed actions and other key elements of the Plan. ATODA makes a number of recommendations to ensure that the Plan aligns with the ACT Government's and the ATOD sector's shared vision for the lowest possible level of drug-related harms in the ACT. **These recommendations are set out on pages 12-13**, and ATODA welcomes the opportunity to provide any additional detail or clarification that may be required. Many relevant issues for the drafting of the Plan were discussed in greater detail in ATODA's submission to the Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021,² and other relevant submissions, including ATODA's submission to the Inquiry into Community Corrections,³ ATODA's submission to the Alexander Maconochie Centre (AMC) Healthy Prison Review,⁴ ATODA's submission to the Inquiry into the COVID-19 2021 Pandemic Response,⁵ ATODA's submission to the National AOD Workforce Development Strategy Discussion Paper,⁶ and ATODA's submission to the ACT Budget 2022-23 Consultation Process.⁷ In developing this submission, ATODA has consulted with and incorporated input from the Specialist ACT ATOD Executives Group and ATODA's members.

Note: While the term AOD (alcohol and other drug) is used to refer to the alcohol, tobacco and other drug sector in the draft Plan, ATODA's preference is to use the term ATOD. This acknowledges the role that specialist service providers in this sector play in providing tobacco cessation support, and because tobacco use is the leading preventable cause of the burden of disease in Australia, contributing far more than alcohol or all illicit drugs combined.

Overarching observations

ATODA applauds the ACT Government's commitment to respond to drug use as a health issue rather than a justice issue is very evident in this draft Plan. ATODA appreciates the clear commitment to eliminating stigma and discrimination against people who interact with ATOD services. ATODA also appreciates the upfront recognition of the important contribution of lived experience and the peer workforce. Given the ambition set out under the priority area *Valuing peer support workers and people with lived experience*, ATODA looks forward to collaborating with the ACT Government, the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) and other relevant stakeholders to realise that ambition.

The breadth and quality of the specialist ATOD sector in the ACT is something that the community can take pride in, and ATODA appreciates the recognition of the non-government sector's contribution to reducing ATOD related harms in the ACT. Strong collaboration between ACT government services and NGO ATOD services is critical to maximise client

outcomes. It is also important that all stakeholders in the ATOD sector in the ACT are recognised in the plan, to realise the commitment to shared accountability and leadership.

Governance

ATODA warmly welcomes the proposed changes to governance arrangements. ATODA agrees with the establishment of a new and more focussed Implementation Group that would be responsible for driving implementation of all actions under the Plan. This Group will have an important role to play in ensuring that implementation of various actions is coordinated in a strategic way, for example the actions indicated under the priority area *Valuing peer support workers and people with lived experience*. This Group will also have an important role to play in determining clear responsibility for each action and holding the respective areas of Government to account. While it is indicated that the Implementation Group will be cross-sectoral, the proposed membership is not clearly scoped. ATODA recommends that the membership is clearly set out in the Plan, and that the membership includes the specialist ATOD treatment sector through the inclusion of relevant peak and user representative bodies, such as ATODA and the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA). ATODA encourages the ACT Government to consider whether co-chairing arrangements with the sector for the Implementation Group would be appropriate and would further contribute to shared accountability and leadership.

ATODA also agrees with the establishment of a broader Community of Practice. ATODA recommends that the ATOD workforce should be included in the list of cohorts who may be represented on this group, in order to ensure that a critical source of intelligence and innovation is part of the governance arrangements.

ACT Alcohol Tobacco and Other Drug Services Online Directory

ATODA notes that the ACT Alcohol Tobacco and Other Drug Services Online Directory, hosted by ATODA, has been referenced in relation to the priority area *Promoting and maintaining equitable access to treatment and support*. While providing a link to the Directory may be helpful to provide stakeholders with further information on the breadth of ATOD specialist treatment services and programs in the ACT, a Drug Strategy Action Plan is not an appropriate document for individuals seeking help, nor is the Directory intended to provide information for an individual in crisis. ATODA recommends that the phrase "For individuals seeking support" be removed from the description of the Directory.

Submission continues on following page.

Proposed Actions

The proposed actions are of particular importance. ATODA's position regarding each proposed action is set out in the below table (Table 1).

Table 1: ATODA's position in response to proposed actions in the draft DSAP 2022-2026

| Proposed DSAP 2022-2026 Action | ATODA Position | Comment |
|---|---|--|
| Promoting and maintaining equitable access to treatment and support | | |
| 1. Explore options to improve online resources and other referral and navigation pathways for individuals who require AOD and other related services. | Support Recommend that the functioning of National AOD Hotline in the ACT is reviewed | ATODA appreciates that the draft Plan acknowledges the ATODA Service Directory. The Directory provides a whole-of-system map and communicates detailed information about all specialist ATOD services in the ACT. A refreshed site with enhanced search functionality is currently being developed. An important aspect of referral and navigation pathways is the administration of the National AOD Hotline in the ACT. ATODA recommends that the ACT Government explore whether changes are required to the current functioning of the Hotline in the ACT to ensure individuals are not falling through the cracks and are being made aware of all services and supports available to them, including non-government services. |
| 2. Establish an Aboriginal and Torres Strait Islander AOD residential rehabilitation service in the ACT. | Support | ATODA supports an appropriately resourced evidence-based ATOD residential service for Aboriginal and Torres Strait Islander people in the ACT. |
| 3. Support the Ngunnawal Bush Healing Farm to transition to a residential program. | Support Recommend resource as required | ATODA recommends the ACT Government supports and resources as required to enable evidence-based and culturally appropriate client support for this action. |
| 4. Ensure residential treatment services infrastructure are fit for purpose, including planned work for Ted Noffs Foundation Canberra. | Support Recommend an independent infrastructure audit is undertaken across government | ATODA's 2022-23 Budget submission ⁷ discussed the need for a comprehensive independent audit into specialist ATOD service delivery infrastructure across government and non-government services. Infrastructure is a crucial component of planning and design for a sustainable specialist ATOD service system. Critical to the effective delivery of any health services, including those delivering specialist ATOD treatment, is the condition, and suitability of the |

| Proposed DSAP 2022-2026 Action | ATODA Position | Comment |
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| | and non-government services to ensure that infrastructure is fit-for-purpose in an ATOD treatment setting | <p>building-, engineering- and information technology-infrastructure of these services. Failure of any of these infrastructure components risks undermining the availability and quality of specialist ATOD treatment and can present a significant risk to the specialist ATOD sector in the ACT.</p> <p>ATODA recommends the ACT Government fund an independent audit of all ATOD treatment infrastructure, to ensure it is fit-for-purpose and facilitates the highest standards of service delivery. This audit should include residential and non-residential ATOD services, and regardless of whether the site is owned by government, NGOs or rented from a third party. The audit should consider any previous audits of specific sites, and should engage expertise in construction, clinical services and demographic modelling to recommend enhancements fit for current and projected future demand over a 20-year time horizon and result in a costed plan and clear recommendations for addressing gaps and implementing upgrades.</p> |
| 5. Review and extend education and training for AOD and allied sectors, to enhance sharing knowledge, and address stigma and discrimination faced by people who have used AOD. | Support | ATODA notes that ATODA provides ATOD Harm Reduction training to allied sectors. This training provides participants with improved knowledge of ATOD use in the ACT/Australia, harm reduction information, and improved confidence in working with people experiencing ATOD issues. While this training is primarily provided to the mental health, youth and housing sectors, ATODA is increasingly providing this training on request to other sectors. |
| 6. Consider appropriateness of the mix of AOD services, including potential to expand community-based outreach models and early intervention targeted to key demographic groups. | Support | ATODA notes that any consideration of changed or expanded scope of ATOD services in the ACT should be undertaken in consultation with the ATOD sector and in line with the relevant evidence base. |
| 7. Explore opportunities to increase access to nicotine dependence treatment and smoking cessation | Support Recommend that programs that | ATODA's 2022-23 Budget submission ⁷ discussed the need for increased tobacco cessation support in the ACT. Of all modifiable risk factors, tobacco use contributes the most burden of disease in |

| Proposed DSAP 2022-2026 Action | ATODA Position | Comment |
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| support for people in groups experiencing high prevalence of tobacco use. | improve access to evidence-based and targeted smoking cessation support are expanded to reduce the tobacco-associated disease burden among users of ATOD specialist services | Australia. The health and social cost of tobacco use in 2015-16 in Australia was estimated at \$56,268 (AUD) per annum per smoker. Users of ATOD services have very high tobacco usage rates (77% of people accessing ATOD services are smokers) ⁸ and are serviced by a dedicated workforce with high capacity to provide support for tobacco cessation. Existing programs cannot meet current demand, for example the We CAN (Communities Accessing all-types of Nicotine replacement therapy) Program can currently only support 2.5% of smokers accessing ATOD treatment in the ACT. |
| 8. Expand support for families and carers impacted by AOD. | Support | ATODA welcomes the 2022-23 Budget announcement in relation to support for families and carers. ⁹ |
| 9. Housing ACT will continue work to provide pathways into supported long term accommodation for people impacted by AOD issues, for example through Housing First models. It will also continue to support the housing aspects of programs such as the Drug and Alcohol Court. | Support | ATODA notes the recent establishment of the Housing for Health advocacy group in the ACT, in which the ATOD sector is involved. Housing issues remain a significant issue for clients of ATOD services in the ACT, with nearly one third of people accessing specialist ATOD services each day in 2018 were homeless or at risk of homelessness. ⁸ In relation to the Drug and Alcohol Court, ATODA's submission to the Inquiry into Community Corrections ³ and the ACT Drug and Alcohol Sentencing List: Process and Outcome Evaluation Final Report ¹⁰ both noted stakeholder concerns regarding the interaction between the Drug and Alcohol Court and housing needs. |
| 10. Implement relevant actions identified in the Healthy Canberra Action Plan. | Support | ATODA notes that the ATOD sector should be consulted in relation to the relevant actions in the Healthy Canberra: ACT Preventative Health Plan 2020-2025: First Three Year Action Plan ¹¹ |
| Changing systems and protecting people from harm | | |
| 11. Implement and evaluate a fixed-site pill testing pilot which commenced in July 2022. | Support | ATODA notes the importance of ensuring there is no gap in service between the pilot and a permanent capacity if the early evaluation is favourable. |

| Proposed DSAP 2022-2026 Action | ATODA Position | Comment |
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| 12. Establish an emerging drugs early warning system for the ACT. | Support Recommend that an early warning system is established for emerging substances or for drugs broadly, to incorporate substances of concern identified in any drug | ATODA recommends that the wording is amended to emerging substances or to drugs broadly, to incorporate substances of concern identified in drugs that are not considered new or emerging. ATODA notes the importance of engaging closely with the providers of the CanTEST Health and Drug Checking Service, and other stakeholders on the establishment of an emerging substances early warning system for the ACT. An ACT system should take into account best practice models from other jurisdictions and leverage the Prompt Response Network established by the National Centre for Clinical Research on Emerging Drugs. |
| 13. Encourage uptake and monitor effects of the ACT's real time prescription monitoring system, Canberra Script (national system introduced in 2022). | Support | ATODA notes the importance of monitoring what interventions or referrals take place in event of a notification for a high-risk prescription medication, and the importance of sharing that data with the ATOD sector to identify any implementation concerns. It may be most appropriate for that data to be shared with relevant stakeholders through existing mechanisms. |
| 14. Explore ways to improve access to the opioid overdose reversal medication naloxone. | Support Recommend resource as required | ATODA notes the importance of working with existing providers and engaging with allied sectors such as the housing, youth, and mental health sectors on expanding access to naloxone. ATODA recommends the ACT Government explores and resources as required opportunities to improve access. |
| 15. Review relevant ACT legislation to ensure current arrangements are contributing to minimising harm from online liquor sales and delivery and explore options for further regulation. | Support | ATODA supports a review of relevant legislation in this area, to ensure that the increased availability of alcohol in the home is as far as possible not increasing the risk of alcohol-related harms, including domestic and family violence. The review should focus on health and be organised in a way that recognises conflicts of interest, especially those of the alcohol industry. |
| 16. Review relevant ACT legislation to ensure current arrangements are | Support | ATODA supports a review of relevant legislation in this area, in order to limit the harms associated with e-cigarettes and vaping for the |

| Proposed DSAP 2022-2026 Action | ATODA Position | Comment |
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| contributing to minimising the harm caused by e-cigarettes and vaping across the ACT community, particularly for young people. | | majority of the Canberra community, while continuing to facilitate access to e-cigarettes as a smoking cessation method in limited circumstances. |
| 17. Work to establish a supervised injecting service in the ACT. | Support | ATODA supports the findings of the feasibility study into the establishment of a supervised drug consumption site in the ACT. ¹² It is important to develop a model which matches the ACT's unique context, meeting user needs while optimising opportunities to connect to relevant services and ensuring value for money, given other high priority needs in the ATOD sector in the short to medium term. ATODA notes the expense of a medicalised model and recommends a nurse- or peer-led model which emphasises the provision of other harm reduction services. Design should be largely consumer driven. |
| Strengthening supports for people with co-occurring and complex needs | | |
| 18. Explore opportunities for greater co-ordination and collaboration across government, NGOs and people with lived experience to address the needs of people with co-occurring issues or complex needs, including: AOD use and mental health, suicide, family and domestic violence, homelessness, unemployment, and gambling harm. | Support | ATODA notes that close collaboration and engagement between government, the NGO ATOD sector and people with lived experience is essential to realising the ambition of this Plan. |
| 19. Support the establishment of a formal network for mental health and AOD service sector workers. | Support Recommend resource as required | ATODA welcomes initiatives to increase collaboration between the ATOD and mental health workforces, and is eager to work with the ACT Government and the mental health sector on this action. ATODA recommends the ACT Government resources this network if required. |
| 20. Establish a multidisciplinary service to support young people who have mental health needs co-occurring with | Support | ATODA notes that the ACT Government has already committed to this service in the 2020-21 Budget. The establishment of this service |

| Proposed DSAP 2022-2026 Action | ATODA Position | Comment |
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| trauma, disability and/or drug and alcohol use. | | must be informed by best-practice trauma informed models of care for this vulnerable cohort. |
| 21. Support initiatives to integrate mental health activity with alcohol and other drug initiatives for example through the Watson Precinct re-development project and the Commissioning Health Services in the Community project. | Support Recommend resource as required | ATODA supports the ACT Government's vision of integration between mental health and the ATOD sector as articulated in the Minister Davison's statement to the Legislative Assembly regarding integration on 4 May 2022. ¹³ ATODA recommends that the ACT Government both supports and resources initiatives under this action as required, and ensure that a comprehensive systems approach is taken to improved collaboration between mental health and the ATOD sector, rather than a place- or service-specific approach. |
| 22. Canberra Health Services to develop and implement the first Co-morbidity Plan, covering training needs of clinicians for holistic and integrated care and enhancing screening and brief interventions for AOD. | Support | ATODA suggest that this action should specify that the Co-morbidity Plan's scope is restricted to government services, if that is the intent of the proposed action. The action should also specify whether consultation on the Co-morbidity Plan will involve the NGO ATOD sector given frequent interaction between NGO ATOD treatment providers and Canberra Health Services. |
| 23. ACTHD to work with Education to provide ACT Health-led professional learning to school psychologists, to ensure currency of knowledge about the enhanced training, supports and services that are available or become available for AOD. | Support | ATODA agrees with the ACT Government implementing an evidence informed school education program, but notes the challenges associated with the implementation of alcohol and drug education programs in schools. ¹⁴ ATODA recommends consideration of resources developed by the Matilda Centre for Research in Mental Health and Substance Use (formerly the NHMRC Centre of Research Excellence in Mental Health and Substance Use) and engagement with relevant educational and ATOD experts to progress this action. |
| 24. Explore opportunities working with the Capital Health Network and the Commonwealth Government to improve access to primary healthcare services for people experiencing issues with AOD. | Support | Nil |

| Proposed DSAP 2022-2026 Action | ATODA Position | Comment |
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| Reducing involvement with the criminal justice system | | |
| 25. Pass legislation to establish a simple drug offence notice and reduce penalties for drug possession with appropriate evaluation and oversight in place to ensure harm reduction outcomes are being realised. | Support | ATODA's position on decriminalisation and associated penalties is set out ATODA's submission to the Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021. ² |
| 26. JACS to continue exploring options to improve fine management systems, including through alternatives to discharging fines for drug possession. | Support Recommend inclusion for commitment to release data in relation to fines for drug possession to relevant stakeholders, to inform stakeholder monitoring of whether legislation is achieving intended goal of reducing drug-related harms | ATODA recommends that JACS commit to public release in a timely way data on fines management, including data on prosecution for non-compliance with a simple drug offence notice and associated non-payment of fine. |
| 27. Improve links between the justice system and support services, including potential expansion of the Drug and Alcohol Sentencing List. | Support | ATODA's submission to the Inquiry into Community Corrections sets out a number of pertinent issues in relation to any expansion of the Drug and Alcohol Sentencing List (DASL), including the need to thoroughly cost the DASL and preferred treatment models. ³ A recent evaluation of the DASL also made relevant recommendations in relation to any expansion, including the need for better engagement between the court and the ATOD sector. ¹⁰ |

| Proposed DSAP 2022-2026 Action | ATODA Position | Comment |
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| 28. Explore whether further reforms to existing legislation, policy and operating procedures are appropriate to better align criminal justice processes with the NDS harm minimisation framework. | Support | ATODA supports all legislative reform efforts to eliminate discrimination against people who use drugs in line with the National Drug Strategy and to minimise harms. ATODA suggests that discrimination law reform is one area of potential consideration. ¹⁵ |
| Valuing peer support workers and people with lived experience | | |
| 29. Identify options to better engage with people with lived experience in AOD policy and program development. | Support | ATODA notes the critical importance of involving people with lived experience of alcohol dependence and/or illicit drug use in decisions that affect them. |
| 30. Support the establishment of a formal ACT AOD peer worker network. | Support Recommend resource as required | ATODA recommends that the ACT Government both supports and resources as required this action. |
| 31. Explore potential pathways to formal qualifications for AOD Peer Support Work. | Support | ATODA notes the tension between appropriately recognising the experience of peer workers and their contribution to the ATOD sector, and not creating further barriers to entry into the ATOD workforce. This action will require extensive consultation with the ATOD sector and the existing and potential peer workforce. |
| 32. Explore options to extend peer treatment, support and advocacy services. | Support | Nil |

Additional actions

ATODA recommends three additional actions to those identified in the draft Plan.

1. Under the Priority Area *Promoting and maintaining equitable access to treatment and support*, ATODA recommends that continued funding for evidence-based, high quality service delivery across the government and non-government sector is an appropriate action. Increased funding of existing evidence-based, high-quality services should also be considered. Discussion of recent and planned innovations is important, however, it can easily obscure the need for the expansion of projects and programs that are evidence-based, effective, and not funding adequately to meet demand. Findings from recent Drug and Alcohol Service Planning modelling (DASPM) of the ACT's ATOD service system indicate up to 4,750 more people annually require treatment than are currently being treated through existing services, with an investment gap of approximately \$24 million per annum.¹⁶ It is important to note that this is an underestimate as the DASPM accounts for only 93% of treatment presentations (as it is restricted to four drug classes);¹⁶ assumes treatment for only 47% of those people who meet the criteria for dependence;¹⁶ and was undertaken before the most recent population numbers for Canberra were published by the Australian Bureau of Statistics, which indicated an undercount of approximately 20,000 persons.¹⁷ While the recent budget announcement from the ACT Government of an additional \$13m investment is most welcome,⁹ a significant investment gap remains and further investment is required to ensure a sustainable and accessible specialist ATOD sector in the ACT.⁷ Given recent analysis from the Australian Institute of Criminology found that on average demand reduction programs, including specialist ATOD treatment services, provide a return on investment of \$5.40 (AUD) for every dollar spent,¹⁸ ATODA recommends that the ACT Government considers the need for increased funding to the ACT ATOD sector to ensure increased reach and accessibility of services reducing ATOD dependence in the community. At a minimum expansion of existing programs should be prioritised at least as highly as the development of new initiatives.
2. Under the Priority Area *Promoting and maintaining equitable access to treatment and support*, ATODA recommends including an action on implementing or expanding on the National AOD Workforce Development Strategy with associated funding. The ATODA Workforce Profile Report recently published highlights the challenges facing the ATOD workforce in the ACT.¹⁹ A more than doubling of the number of episodes of care between 2011 and 2020 (Alcohol and Other Drug Treatment Services National Minimum Data Set), has not been matched with an equivalent increase in the ATOD workforce, which only increased by 62% between 2011 and 2021 (2011, 2021 Workforce Profile). About half of ATOD workers in the ACT disagree with the statement that "There are enough AOD workers at our program to meet current client needs"; and nearly half disagree that "AOD workers at my program are able to spend enough time with clients" (2021 Workforce Profile). There is also an ageing ATOD workforce—the average age of respondents to the 2021 ACT AOD Workforce Profile was 43.7 years, with the highest proportion of workers concentrated in the 40 – 49 year old age group. ATODA's submission to the National AOD Workforce Development Strategy Discussion Paper also highlighted challenges and opportunities in the ACT.⁶ ATODA commends the ACT Government for noting the forthcoming National AOD Workforce Development Strategy upfront in the draft Plan, and recommends that implementing the Strategy in the ACT context is an appropriate and indeed critical action to achieve all other actions indicated.

3. Under the Priority Area *Changing systems and protecting people from harm*, ATODA recommends that the ACT Government reviews and amends the make-up of the Liquor Advisory Board. The Liquor Advisory Board currently has ten members appointed by the Minister, five of which are specifically to represent different facets of the alcohol industry or the late-night economy. Only one of the ten members is selected on the basis of their knowledge or expertise in the area of health and the effects of alcohol. In 2020, the National Health and Medical Research Council updated its guidelines on alcohol consumption to reflect the fact that any alcohol consumption is associated with some level of health risk.²⁰ This makes alcohol analogous to tobacco, rather than junk food, where moderate consumption may not have any effect on health. Additionally, both substances can be dependence-forming. In Australia, it is well accepted that it is inappropriate for the tobacco industry to be involved in tobacco policy development and monitoring, given its inherent conflict of interest which harms the health of Australians. The position of the alcohol industry on alcohol policy is similar, yet it retains a dominant presence on the Liquor Advisory Board. This is concerning given that one of two functions of the Liquor Advisory Board is to provide advice to the Minister about “measures, including legislative measures, that support the harm minimisation and community safety principles”.²¹ ATODA notes that the ACT Government’s expectations of ACT Policing include “working proactively and innovatively with government to reduce and prevent alcohol-fuelled violence, including enforcing liquor laws, maintaining a presence in night entertainment precincts and responding to alcohol related violent incidents”.²² It is incumbent upon the ACT Government to direct equal if not more effort upstream to ensure that the availability of alcohol in the ACT is managed in such a way to reduce alcohol-related harms. ATODA recommends an additional action that reviews and amends the membership the Liquor Advisory Board to diminish the influence of the alcohol industry.

Recommendations

In response to the draft Plan, ATODA makes the following recommendations:

1. Specify membership scope for the proposed Implementation Working Group, and include the specialist ATOD treatment sector through the inclusion of relevant peak and user representative bodies, such as ATODA and the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), and consider co-chairing arrangements;
2. Specify that the role of the Implementation Working Group includes determining clear accountabilities for each action;
3. Include the specialist ATOD workforce in the list of cohorts who may be represented on the proposed Community of Practice;
4. Remove the phrase “For individuals seeking support” be removed from the description of the ACT Alcohol Tobacco and Other Drug Services Online Directory;
5. Amend the following proposed actions as follows:
 - a. Action 1. *Explore options to improve online resources and other referral and navigation pathways for individuals who require AOD and other related services* – amend the action to include a review of the functioning of the National AOD Hotline in the ACT to ensure the best outcome for individuals seeking help.
 - b. Action 4. *Ensure residential treatment services infrastructure are fit for purpose, including planned work for Ted Noffs Foundation Canberra* – amend the action to include an independent infrastructure audit across government and non-

government services to ensure that infrastructure is fit-for-purpose in an ATOD treatment setting.

- c. *Action 7. Explore opportunities to increase access to nicotine dependence treatment and smoking cessation support for people in groups experiencing high prevalence of tobacco use* – amend the action to include the expansion of programs that improve access to evidence-based and targeted smoking cessation support to reduce the tobacco-associated disease burden among users of ATOD specialist services.
 - d. *Action 12. Establish an emerging drugs early warning system for the ACT* – amend the action to refer to early warning system for emerging substances or for drugs broadly, to incorporate substances of concern identified in any drug.
 - e. *Action 26. JACS to continue exploring options to improve fine management systems, including through alternatives to discharging fines for drug possession* – amend the action to include the release of data in relation to fines for drug possession to relevant stakeholders, to inform stakeholder monitoring of whether legislation is achieving intended goal of reducing drug-related harms.
 - f. *Actions 3, 14, 19, 21 and 30* – amend these actions to specify that the ACT Government will resource as required in addition to support, to ensure that the ATOD sector can work collaboratively with the ACT Government to realise the ambition of these actions.
6. Add an action under *Promoting and maintaining equitable access to treatment and support*, to continue funding and increase funding where possible for evidence-based, high quality service delivery across the government and non-government specialist ATOD treatment sector;
 7. Add an action under *Promoting and maintaining equitable access to treatment and support*, to implement the National AOD Workforce Development Strategy with associated funding, recognising that the ambition of this Plan cannot be realised without a skilled and sustainable workforce; and
 8. Add an action under the *Changing systems and protecting people from harm*, to review and amend the make-up of the Liquor Advisory Board.

Conclusion

ATODA welcomes the opportunity to provide input to the draft Plan, to inform evidence-based policy and action to reduce harms associated with alcohol and other drugs in our community over the next four years. ATODA appreciates the Government's willingness to leverage the expertise of the specialist ATOD treatment and harm reduction sector and people with lived experience of drug use, along with other stakeholders.

The ATOD sector is a willing and able partner of government, as was particularly demonstrated in the ATOD sector's support for the ACT Government response to COVID-19 risk for priority population groups.⁵ ATODA and the ATOD sector look forward to working closely with the ACT Government on the implementation of the ACT Drug Strategy Action Plan 2022-2026.

About ATODA

ATODA is the peak body for the alcohol, tobacco and other drug (ATOD) sector in the ACT. Its purpose is to lead and influence positive outcomes in policy, practice and research by providing collaborative leadership for intersectoral action on the social determinants of harmful drug use, and on societal responses to drug use and to people who use drugs.

ATODA's vision is a healthy, well and safe ACT community with the lowest possible levels of alcohol, tobacco and other drug related harms. Underpinning ATODA's work is a commitment to health equity, the social and cultural determinants of health, and the values of collaboration, participation, diversity, respect for human rights, social justice and reconciliation between Aboriginal and Torres Strait Islander people and other Australians.

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