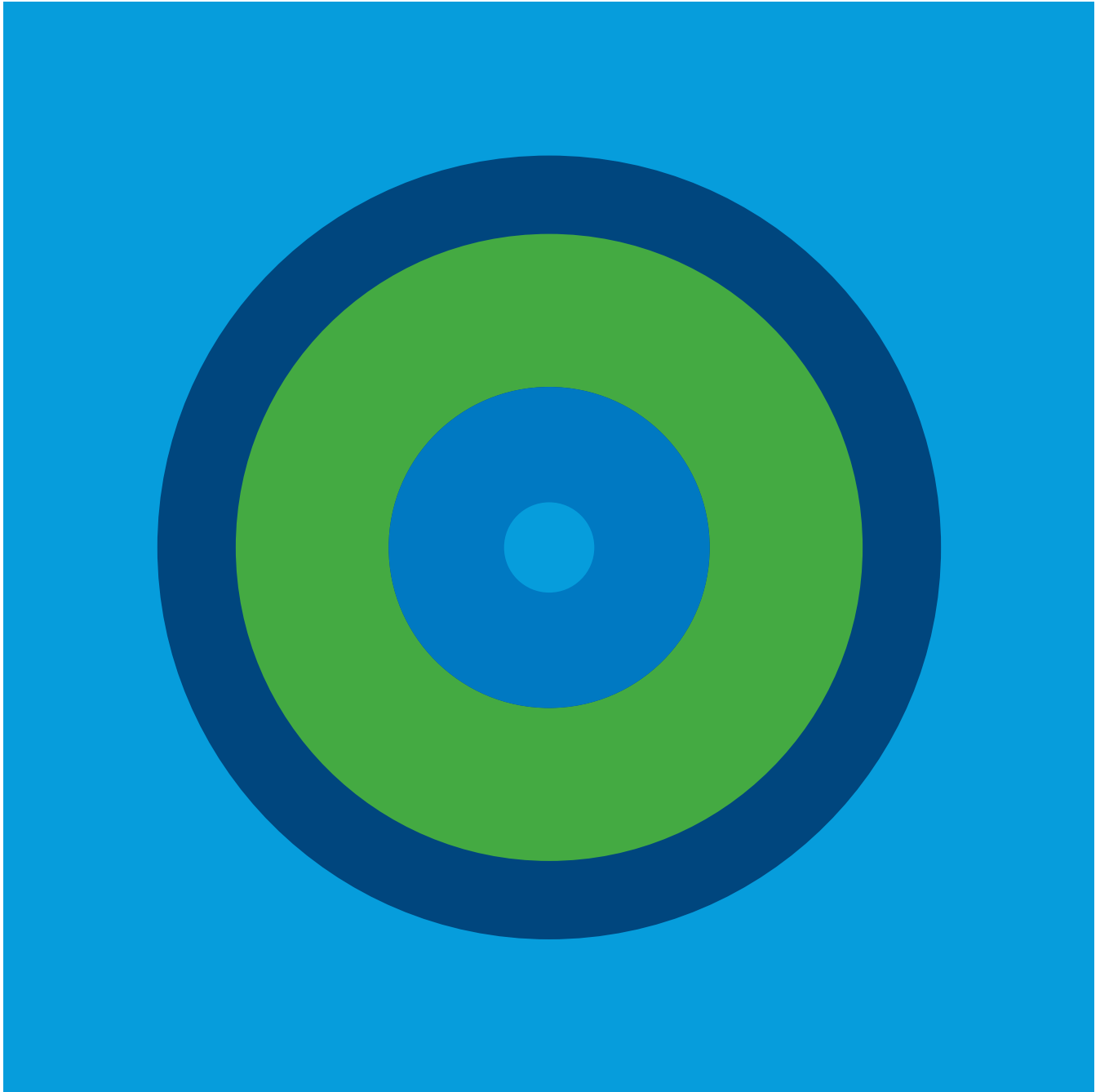


# Annual Report

*1 July 2011 – 30 June 2012*



**We acknowledge the traditional  
owners and continuing  
custodians of the lands of the  
ACT and we pay our respects  
to the Elders, their families  
and ancestors.**

# Table of Contents

---

<b>Alcohol Tobacco and Other Drug Association ACT</b>	<b>3</b>	<b>Infringements Scheme Reform</b>	<b>19</b>
<b>President’s Report</b>	<b>4</b>	<b>Expanding access to residential services for people on opioid maintenance therapy</b>	<b>20</b>
<b>Our Board, Staff and Consultants</b>	<b>6</b>	<b>Road Safety: Alcohol Ignition Interlocks</b>	<b>21</b>
<b>Executive Officer’s Report</b>	<b>7</b>	<b>The Canberra Collaboration</b>	<b>22</b>
<b>Full, Associate and Individual Members and their ATOD Programs</b>	<b>9</b>	<b>Nicotine Replacement Therapy Project (Workers)</b>	<b>23</b>
<b>Our Funders, Partners and Sponsors</b>	<b>10</b>	<b>Mental Health</b>	<b>24</b>
<b>The Year in Review</b>	<b>13</b>	<b>ACT Budget</b>	<b>26</b>
<b>Consumer Participation</b>	<b>14</b>	<b>Sector Support</b>	<b>28</b>
<b>Implementing Expanded Naloxone Availability in the ACT</b>	<b>15</b>	<b>Drug Action Week 2012</b>	<b>30</b>
<b>Working with Vulnerable People (Background Checking) Act 2011</b>	<b>17</b>	<b>Workplace Tobacco Management Project</b>	<b>32</b>
<b>ATOD Policies, Services and Programs in the Alexander Machonochie Centre</b>	<b>18</b>	<b>Additional Activities</b>	<b>33</b>
		<b>Financial Report</b>	<b>35</b>

# Alcohol Tobacco and Other Drug Association ACT

---

The Alcohol Tobacco and Other Drug Association ACT (ATODA) is the peak body representing the non-government and government alcohol, tobacco and other drug (ATOD) sector in the Australian Capital Territory (ACT). ATODA seeks to promote health through the prevention and reduction of the harms associated with ATOD.

ATODA works collaboratively to provide expertise and leadership in the areas of social policy, sector and workforce development, research, coordination, partnerships, communication, information and resources. ATODA is an evidence informed organisation that is committed to the principles of public health, human rights and social justice.

**Phone:** (02) 6255 4070

**Fax:** (02) 6255 4649

**Web:** [www.atoda.org.au](http://www.atoda.org.au)

**Email:** [info@atoda.org.au](mailto:info@atoda.org.au)

**Location:** 350 Antill Street,  
Watson, ACT 2602

**Mailing Address:** PO Box 7187,  
Watson, ACT 2602



## *Documents accompanying this annual report*

ATODA's 2011 – 2012 annual report should be read in conjunction with several accompanying documents including our:

- **Reconciliation Action Plan 2012**
- **Strategic Plan 2012 – 2013**
- **Financial Statements  
1 July 2011 – 30 June 2012**

# President's Report

*This has been another incredible year for ATODA and our sector. The outstanding work of ATODA is demonstrated in our second Annual Report, which reflects the dedicated and quality work of our members, staff and sector.*

ATODA has now been staffed and operational for two years (at June 2012), and the last year provided an opportunity to engage members and stakeholders to develop a revised strategic plan. **Our second strategic plan** maintains some of the focus set in the previous plan regarding organisational development, given the relatively recent establishment of ATODA. It allows for increased monitoring, evaluation, reflection and engagement by the Board, membership, staff and stakeholders. By maintaining some focus on the developmental and sustainability needs of the organisation, the ATOD sector can have greater confidence that ATODA will be well placed to identify and undertake work related to priority actions identified by the sector in future years.

Our goals identified in the Strategic Plan are:

1. A well governed and managed ACT ATOD sector peak body, representing a strong and diverse membership, and actively engaged with the stakeholders we represent.
2. An evidence-informed organisation that supports the development and implementation of research, policy and practice within the ACT ATOD sector.
3. A responsive organisation that provides leadership as part of an ACT sector that is well equipped to prevent, reduce and respond to the harms associated with alcohol, tobacco and other drugs.

At the annual ACT ATOD Awards Ceremony in December, **Australia's first opioid overdose education and management program that provides Naloxone on prescription** to potential overdose witnesses was launched by Ms Katy Gallagher MLA, Chief Minister and Minister for Health at the ACT Legislative Assembly. This consumer driven initiative saw Australia take a significant step forward in implementing a program that the research evidence tells us is effective. I commend the cross-discipline Expanding Naloxone Availability in the ACT Committee for their work, leadership and commitment in this area.

In May, the Australian Government announced it would cut approximately \$1.4 million (or up to 57%) of Federal funding for ACT drug treatment and support services. Similar announcements were seen across Australia and sent the sector into crisis management. However in this place of uncertainty, we united to find strength, support and opportunity. Our sector joined together and **collectively problem-solved on how we would work together to advocate against the cuts and keep essential services open in our community**. This resulted in a reversal of the cuts within 16 days, which was a testament to the advocacy across the ACT and the nation. The leadership of ATODA was essential through this process in the ACT.

ATODA has impressive consultative and advisory structures. We are a very busy sector working in an era of multiple reforms and ensuring our voice is heard can be challenging at the best of times; and I acknowledge the membership for their continuing contributions throughout the year.

I would like to thank my fellow Board members for their ongoing passion and enormous commitment to preventing and reducing ATOD related harms in the ACT. The Board has taken an important step forward this year in shaping the strategic vision of the organisation.

I acknowledge the essential and ongoing support from the ACT Government and the Australian Government's Department of Health and Ageing; and I also thank their staff for their efforts and commitment to our organisation and sector.

Finally, I would like to thank Carrie Fowlie, Executive Officer; Amanda Bode, Project Manager; and David McDonald, Consultant to ATODA, for their high standard of professionalism and true dedication to our sector and our shared goals. My grateful thanks are extended to the entire Secretariat for their hard work, support to me as President and dedication to ATODA.

We now feel confident that ATODA has solidified its place and leadership in the sector, particularly in moments of reflection when we can't remember what we did before our peak, and not sure how we would move forward as a sector without it.

A handwritten signature in black ink, appearing to read 'Anne Kirwan', with a long horizontal flourish extending to the right.

**Anne Kirwan**  
**President, ATODA**

# Our Board, Staff and Consultants

## BOARD

A Board was elected from the membership at ATODA's second Annual General Meeting in November 2011, including a nominated ACT ATOD Workers Group representative, members included:

<b>Anne Kirwan</b>	<i>President</i>	CatholicCare Canberra and Goulburn
<b>Nicole Wiggins</b>	<i>Vice President</i>	Canberra Alliance for Harm Minimisation and Advocacy
<b>Gerard Byrne</b>	<i>Treasurer</i>	Salvation Army
<b>Vera Van De Velde</b>	<i>Secretary</i>	Alcohol and Drug Service, ACT Government Health Directorate
<b>Kate Pensa</b>	<i>Member</i>	DIRECTIONS ACT
<b>Camilla Rowland</b>	<i>Member</i>	Karralika Programs Inc.
<b>Paulina Hellec</b>	<i>Member</i>	Toora Women Inc
<b>Kate Gardner</b>	<i>Member</i>	ACT ATOD Workers Group Representative

## STAFF

ATODA staff (4 full time equivalent) included:

<b>Carrie Fowlie</b>	<i>Executive Officer</i>
<b>Amanda Bode</b>	<i>Project Manager</i>
<b>Kathryn Sequoia</b>	<i>Project Officer (to June 2012)</i>
<b>Chris McKay</b>	<i>Communications Officer (to March 2012)</i>
<b>Rebecca Randall</b>	<i>Communications Officer (from March 2012)</i>
<b>Geoff Ward</b>	<i>Project Officer (to June 2012)</i>
<b>Luisa Coates</b>	<i>Office Manager (to June 2012)</i>

## CONSULTANTS

ATODA engages consultants and evaluators to provide expert advice and support to the organisation:

<b>David McDonald</b>
<b>Raymond Lovett</b>
<b>Annie Bleeker</b>
<b>Katie Fraser</b>
<b>Adam Bode</b>

# Executive Officer's Report

---

*Unbelievably, ATODA's second year was busier and stronger than its first.*

As an organisation we have active, daily engagement with our members who inform all aspects of our work. We have demonstrated that the ACT ATOD sector is an evidence-informed, effective and collaborative key stakeholder, with ATODA being active across the policy and service system development landscape.

We have reinforced our values as an evidence-informed, socially just, forward looking, efficient and effective organisation that represents our sector's values and priorities. We have achieved this through collaboration, problem-solving and hard work.

Consumer participation is vital to strengthening the democracy and legitimacy of ATODA, and we have taken important steps towards this ongoing process. We have sought to listen to consumers and work with them to strengthen the service system to provide supports they want, such as access:

- To opioid overdose education and management which includes the prescription of naloxone to potential overdose witnesses; and
- To residential drug treatment services for people on opioid maintenance therapy.

Our second annual report demonstrates the breadth of actions taken, and stakeholders engaged, to progress our goal of promoting health through preventing and reducing alcohol, tobacco and other drug related harms, including:

- Engaging in legislative reforms, such as seeking improvements to the infringements system to better supports marginalised people and reflect Australian good practice.
- Strengthening the law enforcement and health partnership, including supporting the establishment of an alcohol ignition interlock program.
- Strengthening the ACT research, policy and practice nexus, including initiating The Canberra Collaboration.
- Investing in the health of our workforce, including supporting tobacco management practices, including providing free nicotine replacement therapy.
- Advocating for the viability of our workforce, including ensuring that a review of the new background checking system is undertaken prior to its application to the ACT sector.

***We have reinforced our values as an evidence-informed, socially just, forward looking, efficient and effective organisation that represents our sector's values and priorities.***

---



- Supporting targeted health interventions for priority populations, such as people detained in the Alexander Machonochie Centre and people experiencing co-occurring mental health and ATOD issues.
- Strengthening career development of our workforce, including providing fully subsidised access to qualifications.
- Promoting the sector's achievements, resources and expertise, through ACT Drug Action Week, the annual awards and the sector's conference.

I would like to thank our dedicated Board, who have transitioned the organisation into its next strategic phase under the leadership and commitment of our President Anne Kirwan and Vice President Nicole Wiggins.

I cannot do justice to the ATODA staff team for their care, professionalism, dedication and expertise. It has been a difficult year for our little team, riddled with significant personal challenges, which has made ATODA's achievements all the more impressive. Thank you Amanda Bode, Kathryn Sequoia and David McDonald.

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

Working within this organisation and this sector is both a pleasure and a privilege. I thank the many individuals and organisations for their contributions. I look forward to working with you all in our future challenges and achievements.



**Carrie Fowlie**  
**Executive Officer, ATODA**

# Full, Associate and Individual Members and their ATOD Programs

---

1. ACT Hepatitis Resource Centre
2. ACT Shelter
3. AIDS Action Council
4. Alcohol and Drug Services, ACT Government Health Directorate
5. Alcohol and Drug Programs including Solaris Therapeutic Community, ACT Corrective Services, Justice and Community Safety Directorate
6. Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
7. Canberra Recovery Services and Canberra City Oasis Drug and Alcohol Support Service, Salvation Army
8. Cancer Council ACT
9. DIRECTIONS ACT (Now Directions)
10. Families ACT
11. Families and Friends for Drug Law Reform
12. Gugan Gulwan Youth Aboriginal Corporation
13. Health Care Consumer Association
14. Karralika Programs Inc
15. Mental Health Community Coalition ACT
16. Mental Health Foundation
17. Mental Illness Fellowship Victoria
18. P. Dance
19. Sobering Up Shelter, CatholicCare Canberra and Goulburn
20. Street Law
21. Ted Noffs Foundation ACT
22. Volunteering ACT
23. WIREDD, Lesleys Place and Marzenna, Toora Women Inc
24. Youth Coalition of the ACT

# Our Funders, Partners and Sponsors

*ATODA acknowledges its funders, partners and sponsors for their generous support, including:*

## FUNDERS AND SPONSORS

- Members of ATODA
- Ms Katy Gallagher MLA, Chief Minister and Minister for Health
- AOD Policy Unit, ACT Government Health Directorate
- Health Promotion Branch, ACT Government Health Directorate
- Policy and Government Relations, ACT Government Health Directorate
- Department of Health and Ageing, Australian Government

## PARTNERS AND COLLABORATORS

- ACT Ambulance Service, ACT Government
- ACT Council of Social Service
- ACT Medicare Local
- ACT Mental Health Consumer Network
- ACT Shelter
- Adult Mental Health Inpatient Unit and Crisis Assessment and Treatment Team (CATT), Health Directorate
- Alcohol and other Drugs Council of Australia (ADCA)
- Alcohol, Tobacco and other Drugs Council of Tasmania (ATDC)
- Ms Annie Bleeker, Consultant
- Arcadia House, DIRECTIONS ACT

- Associate Professor John Fitzgerald, University of Melbourne
- Associate Professor Lynne Magor-Blatch, University of Canberra
- Australian Illicit and Injecting Drug Users League
- Australian Institute of Aboriginal and Torres Strait Islander Studies
- Australian National Council on Drugs
- Australian Pharmacy Erindale
- Brian Hennessy Rehabilitation Centre, Mental Health ACT
- Burnet Institute
- CALM Program, Ted Noffs Foundation
- Calvary Inpatient Unit (Ward 2N), Calvary Hospital
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
- Canberra Institute of Technology
- Canberra Recovery Services, Salvation Army
- Capital Chemist Dickson
- Closing the Gap Team, ACT Medicare Local
- Community Assistance Network (CAN), Richmond Fellowship of the ACT
- Counselling, Treatment and Diversion Services, Alcohol and Drug Services, Health Directorate
- Court Alcohol and Drug Assessment Service (CADAS), Alcohol and Drug Services, Health Directorate

- Mr David McDonald and Ms Noela McDonald, Social Research and Evaluation
- Develin's City Chemist
- Directions
- Dr Alex Wodak, Alcohol and Drug Service, St Vincent's Hospital
- Dr Caitlin Hughes, University of New South Wales
- Dr Ingrid Van Beek
- Dr Marianne Jauncey, Sydney Medically Supervised Injecting Centre
- Dr Michael Tedeschi, Alcohol and Drug Services, ACT Government Health Directorate
- Dr Phyll Dance, NCEPH, Australian National University
- Drug and Alcohol Services South Australia (DASSA), South Australian Government
- Drug Policy Modelling Program, National Drug and Alcohol Research Centre
- Families ACT
- Family Drug Support
- Gail Freeman and Bethany Freeman-Chandler, Gail Freeman and Co
- Gugan Gulwan Youth Aboriginal Corporation
- headspace ACT
- Health Care Consumers Association
- Health Directorate
- Inpatient Unit, Alcohol and Drug Service, Health Directorate
- Interchange General Practice
- Junction Youth Health Service, Anglicare ACT
- Justice and Community Safety Directorate, ACT Government
- Karralika Therapeutic Community, Karralika Programs Inc.
- Mental Health Community Coalition ACT
- Mr Siosua lafitani Tofua'ipangai, Pacific Islander Community Leader
- Mr Tony Trimmingham OAM
- Mrs Agnes Shea OAM
- Ms Jude Byrne, Australian Illicit and Injecting Drug Users League
- National Centre for Education and Training on Addiction (NCETA)
- National Drug and Alcohol Research Centre (NDARC)
- National Drug Research Institute (NDRI)
- National Drugs Sector Information Service, Alcohol and other Drugs Council of Australia
- Network of Alcohol and Drug Agencies (NADA)
- Northern Territory Council of Social Service (NTCOSS)
- Opioid Treatment Service, Alcohol and Drug Service, Health Directorate
- Organisational Development Unit, Mental Health, Justice Health and Alcohol & Drug Services, Health Directorate
- Pharmacy Guild of Australia (ACT Branch)

- Professor Paul Dietze, Burnet Institute
- Professor Rachel Davey, University of Canberra
- Professor Robin Room, Turning Point Alcohol and Drug Centre
- Professor Simon Lenton, NDRI
- Public Health Association of Australia (National & ACT Branch)
- Queensland Health
- Queensland Network of Alcohol and other Drug Agencies (QNADA)
- SmokingCare, Community Welfare Training
- Sobering Up Shelter and GROGWatch Program, CatholicCare Canberra & Goulburn
- South Australian Network of Drug and Alcohol Services (SANDAS)
- Step Up Step Down Program, Mental Illness Fellowship Victoria
- STEPS, CatholicCare Canberra & Goulburn
- Street Law
- Sydney Medically Supervised Injecting Centre (MSIC)
- Ted Noffs Foundation ACT
- Territory and Municipal Services Directorate, ACT Government
- The Connection
- The Cottage, Child and Adolescent Mental Health Service (CAMHS)
- The Rainbow, Mental Health Foundation
- Turning Point Alcohol and Drug Centre
- UnitingCare Moreland Hall (now ReGen)
- University of Canberra
- Victorian Alcohol and Drug Association (VAADA)
- We Help Ourselves (WHOS)
- Western Australian Network of Alcohol and other Drug Agencies (WANADA)
- Winnunga Nimmityjah Aboriginal Health Service
- Woden Pharmasave Pharmacy
- Women's Information, Resources and Education on Drugs and Dependency (WIREDDD), Toora Women Inc
- Youth Coalition of the ACT

# The Year in Review

---

*The activities of ATODA in its second year have been diverse and many. This section seeks to highlight some of this work including policy development, collaborations, sector and workforce development, representation, information and resources. For further information please visit [www.atoda.org.au](http://www.atoda.org.au)*

# Consumer Participation

*Consumer participation is a key enabling strategy to improve health outcomes and quality of care; and to strengthen accountability and democracy.*

The success of consumer participation in a range of health care settings has been well demonstrated. However, the process for implementing consumer participation in ATOD treatment settings is not as well understood or resourced. ACT ATOD services and ATODA have committed to improving levels of participation across the sector. Further, the need for increased consumer participation in ATOD treatment services is also identified as a priority in the *ACT Alcohol, Tobacco and Other Drug Strategy 2010 – 2014*, which articulates a need to have a greater focus on continuing improvement.

As part of this shared process, ATODA and CAHMA (the ACT peer drug user organisation) established a partnership to support increased consumer participation related capacity building within the ACT ATOD sector and ATODA through a staged approach. This relationship forms a foundation for ATODA to better support the sector to strengthen participation.

## ACTIVITY HIGHLIGHTS

- Secondment of a CAHMA staff member to ATODA.
- Undertaking consumer consultations, including surveys, focus groups and one-on-one interviews, for the ACT Government *Review of the Need to Expand Rehabilitation Services in the ACT* and the model drug schedules.
- Providing consumer scholarships and representations for the ACT ATOD Sector Conference and other ATODA activities.
- Documenting current consumer participation resources relevant to the ATOD sector and promoting through a monthly consumer participation section in the ACT ATOD eBulletin.
- Establishment of a relationship with the ACT Health Care Consumers Association to access relevant expertise and support.
- Preliminary work related to the establishment of a consumer participation framework for the ACT ATOD sector (to be developed in 2013).
- Supporting ATOD consumers to engage in representation through the development of the Ngunnawal Bush Healing Farm.

### ACT ATOD Service User Satisfaction Survey

The importance of consumer engagement in ATOD treatment services has been acknowledged through the implementation of a Health Directorate funded client satisfaction survey for ATOD services. Building on baseline data collected in 2009, ATODA collaboratively implemented the survey in 2012 with ACT ATOD services with consultant, David McDonald and CAHMA. Approximately 350 service users were surveyed on 21 June 2012. A report will be released in late 2012, and will provide essential information to inform developments across the sector.

# Implementing Expanded Naloxone Availability in the ACT

*Building on the significant collaborative and multidisciplinary work undertaken in the previous year, Australia's first program to expand the availability of naloxone (Narcan) is being implemented in the ACT.*

Naloxone is a Schedule 4 opioid antagonist used to reverse the effects of opioid overdose. Naloxone is widely used in Australia and internationally by paramedics and emergency room staff in cases of suspected opioid overdose. It has no psychoactive effect, is not a drug of dependence, and therefore, is not a substance which is likely to be diverted or misused. The purpose of expanding naloxone availability is to further reduce and prevent death, disability, and injury from opioid overdoses through provision of training and resources to opioid users and their friends and family members who could be potential overdose witnesses. The program aims to:

- Increase effectiveness of interventions in opioid overdose management;
- Provide comprehensive overdose management training to potential overdose witnesses;
- Provide naloxone under prescription to potential overdose victims; and
- Reduce opioid overdoses through overdose prevention education.

This initiative has been driven by the Canberra Alliance for Harm Minimisation and Advocacy (the ACT's peer consumer group) and a multidisciplinary Committee, chaired by ATODA, including:

- Ms Nicole Wiggins, CAHMA
- Professor Simon Lenton, NDRI
- Professor Paul Dietze, Burnet Institute
- Mr David McDonald, ATODA Consultant and Social Research and Evaluation
- Dr Tuck Meng Soo, Interchange General Practice
- Dr Anna Olsen, Kirby Institute, UNSW
- Ms Helene Delany & Dr Denise Ryan, ACT Government Health Directorate
- Dr Peter Sharp & Ms Julie Tongs, Winnunga Nimmityjah Aboriginal Health Service
- Mr Howard Wren, ACT Ambulance Service
- Mr Bill Arnold, Pharmacy Guild of Australia

Program implementation began in spring 2012.



## ACTIVITY HIGHLIGHTS

- Supported the initiative to be consumer driven by CAHMA.
- Supported the ENAACT Committee, to develop a program, evaluation framework and engage in funding discussions (the group wrapped up at the end of 2012).
- Chief Minister and Minister for Health Ms Katy Gallagher MLA launched the program at the annual ACT ATOD Awards Ceremony at the ACT Legislative Assembly which included presentations by Nicole Wiggins, CAHMA and Professor Paul Dietze, Burnet Institute.
- Engaged in media discussion including with the support of Dr Ingrid Van Beek, Mr Tony Trimmingham OAM and Professor Simon Lenton.
- Established and supported the Implementing Expanded Naloxone Availability in the ACT (I-ENAACT) Committee, to oversee the implementation and evaluation of the program.
- Supported the development of the training package and associated materials.
- Engaged with interstate colleagues to share developments and learnings, including a presentation at the Sydney Medically Supervised Injecting Centre (MSIC).

*Provision of training and resources to opioid users and their friends and family members who could be potential overdose witnesses.*

---

# Working with Vulnerable People (Background Checking) Act 2011

---

The ACT will implement Australia's first background checking system, which covers people who have contact with both children and vulnerable adults in regulated activities, through the *Working with Vulnerable People (Background Checking) Act 2011*. The registration process will include a national criminal history check and may take into consideration information including apprehended violence and domestic violence orders, acquittals, charges and ACT Government employment information. The scheme will come into effect on 8 November 2012 in a staged approach to 2018.

ATODA and the Mental Health Community Coalition (community mental health peak body) have had significant concerns about the potential unintended consequences of the new scheme on our sectors and on people with lived experience of mental illness and / or ATOD use that may have resulted in contact with the criminal justice system or other systems considered within the scheme.

Our sectors strongly value lived experience, and seek to ensure the system does not act as a deterrent to organisations employing consumers, or to people with lived experience seeking employment in the sector.

Both organisations engaged in significant representation and engagement in the re-shaping of the Bill so as to seek to minimise the impacts on our workforces whilst maintaining and promoting safety of vulnerable people.

As negotiated through this process, at year four (2015–16) there will be a review of the scheme. This will enable all stakeholders, particularly those who have expressed their concerns such as the ATOD sector, to learn from the early implementation and engage in strengthening the system. In the final year of the scheme's implementation (2017–18) mental health, justice and ATOD services will become regulated activities.

## ACTIVITY HIGHLIGHTS

- Contributing to the scheme's policy and community education information.
- Actively engaging with the Community Services Directorate and Office of Regulatory Services, Justice and Community Safety Directorate to input into the program.
- Appointment as a member of the Working with Vulnerable People External Implementation Advisory Group.

***The ACT will implement Australia's first background checking system, which covers people who have contact with both children and vulnerable adults in regulated activities.***

---

# ATOD Policies, Services and Programs in the Alexander Machonochie Centre

*Almost all ACT prisoners will return to their communities, most with having been incarcerated for less than six months.*

The clear implications of this are:

- Prisoner health is public health — including the effective and evidence-based prevention and reduction of disease transmission, such as the blood borne viruses HIV and Hepatitis C;
- Prisons have both a responsibility and opportunity to improve the health of our community through improving the health of our prisoners; and,
- Prisons present important, and often rare, opportunities to engage in the prevention, treatment and management of the health problems with some of our community's most stigmatised, marginalised and disadvantaged members.

ATOD policies, services and programs in the Alexander Machonochie Centre (AMC) have been a priority for ATODA, the sector and the ACT Government this year. ATODA will continue to provide support to the ACT Government and other stakeholders to access and make use of the sector's expertise in further developing evidence-informed responses to ATOD related harms in our prison.

## ACTIVITY HIGHLIGHTS

- Developed a budget submission which included a program to prevent chronic disease and promote healthy behaviours by implementing workplace tobacco management programs targeted at services that work with disadvantaged people who have high-smoking rates, including at the AMC.
- *Developed a Question and Answer (Q&A) document — Better Managing Blood-Borne Viruses in the Alexander Maconochie Centre.*
- Membership of the newly established AMC Health Policies and Services Advisory Group.
- Engaged in the consultations regarding the *Balancing Access and Safety: Meeting the challenge of blood borne viruses in prison report* (the Moore Report).
- Submitted the *Implementing a needle and syringe program in the Alexander Maconochie Centre: ATODA submission to the ACT Government on the Moore Report consultation.*
- Developed a proposal with the Canberra Collaboration (Centre for ATOD Policy, Research and Practice) to conduct a further ATOD specific analysis of the first ACT Inmate Health Survey data including elements related to blood-borne virus management.
- Contributed to the development of the *Drug Policies and Services Framework for the Alexander Maconochie Centre 2012–2014 (Draft).*
- Engaged in discussions related to 'throughcare'.
- Participated on the Community Integration Governance Group Executive.

# Infringements Scheme Reform

*Infringement notices, whether they are related to parking or traffic offences, antisocial or disruptive behaviour, failure to comply with smoking ordinance, or possession of small amounts of cannabis, are an important and effective manner of responding to low-level offending and road traffic violations in the ACT.*

However infringement schemes can have a disproportionate impact upon disadvantaged members of the ACT community, which is exacerbated by the fact that many infringements specifically target persons for health-related behaviours, including ATOD related behaviours.

Street Law lead a collaboration to successfully advocate for stage one reforms to the ACT's system. In May 2012, the ACT Legislative Assembly passed the *Road Transport (General) (Infringement Notices) Amendment Bill 2012*. The law provides a new scheme for the payment of traffic (including parking) fines in the ACT. The new legislation provides people on low incomes with several options for the payment of traffic fines in line with the recommendations in Street Law's report, including: instalment plans; undertaking community work with an approved organisation; or undertaking a personal development order (for example, attending counselling). This flexibility grants options to people with ATOD issues and can prevent spiralling job loss, homelessness and further ATOD issues that can stem from a suspension of a person's driver licence.

However there is more work to be done, as ATODA believes that reforms should be extended to cover all infringements and fines, including infringements made for ATOD-related behaviours, such as smoking, drinking alcohol, or possession of illicit drugs. ATODA also believes that by integrating these reforms with existing drug diversion programs an effective, informed, and efficient response to low-level and ATOD-related offending can be implemented in the ACT.

## ACTIVITY HIGHLIGHTS

- *ACT Infringement Schemes Reform: Implementing effective and appropriate responses to offending by disadvantaged people including alcohol, tobacco and other drug (ATOD) related offending paper developed.*
- Advocacy partnership established with Street Law and the Mental Health Community Coalition.
- Infringements scheme reform submission to the ACT Budget Consultation.
- Submission to the *ACT Targeted Assistance Strategy*.
- Engagement with the Justice and Community Safety Directorate to develop and implement the ACT's new Community and Work Order Program.

# Expanding Access to Residential Services for People on Opioid Maintenance Therapy

There is both forceful and substantial national and international evidence for the effectiveness of pharmacotherapy maintenance treatment (e.g. methadone) for opioid dependence.

*Consumers have consistently raised concerns that people receiving opioid maintenance therapy are unable to equitably access residential drug treatment services in the ACT.*

This service system gap has maintained access barriers for people who may have otherwise sought treatment, including for high-risk populations such as people exiting the prison seeking residential treatment.

In response to this ATODA and the sector engaged in processes which led to a commitment to expand access to all residential treatment services for people receiving opioid maintenance therapy, by initially conducting an evaluated pilot project and identifying the issues, barriers and opportunities to providing this service across the ACT.

Consequently several funding submissions were developed by treatment services, with 3 years Federal funding secured by an ACT treatment service (Karralika Programs Inc) to conduct an ACT demonstration project, which includes an evaluation component.

## ACTIVITY HIGHLIGHTS

- Engaged ACT ATOD consumers throughout the process.
- Developed a discussion paper to expand access to all ACT ATOD residential treatment for people receiving opioid maintenance therapy.
- Presented research evidence to the ACT ATOD sector, including engagement of Associate Professor Lynne Magor-Blatch, University of Canberra.
- Engaged with national treatment expertise, including We Help Ourselves (WHOS) — an interstate provider of residential treatment for people receiving opioid maintenance therapy.
- Conducted a consultative workshop with all ACT ATOD residential services which resulted in an agreement by all ACT Government Health Directorate funded residential services to expand access to people on opioid maintenance therapy, to establish a sector-wide governance group, and to begin an evaluated pilot project by 1 July 2012.

# Road Safety: Alcohol Ignition Interlocks

*Addressing impaired driving is a road safety priority of the ACT Government, law enforcement, public health and ATOD agencies. Impaired driving due to alcohol and/or other drugs is one of the main causal factors for serious injury and fatal road crashes in the ACT.*

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

Research highlights the prevalence of problematic alcohol use in both the drink drive recidivist, and high blood alcohol concentration (BAC) driving populations, and the challenges this provides for creating behavioural change.

*“Preventing repeated drink-driving is difficult, in part, because many recidivists are alcohol dependent or suffer from other comorbid disorders. As many as 54% of repeat impaired-driving offenders may meet clinical criteria for alcohol dependence and 40% or more may meet criteria for lifetime drug abuse... As a result, recidivist drink-drivers may be less receptive to traditional deterrence and may need a more comprehensive approach”.*

Babor, TF et al. 2010, *Alcohol: no ordinary commodity – research and public policy*, 2nd edn, OUP, Oxford, p. 174.

These populations are unlikely to respond to brief educational interventions. A more intensive and comprehensive approach is needed that includes, for example, alcohol ignition interlocks that stop vehicles from starting if the driver has been drinking alcohol.

In response to this, a collaborative proposal was developed to improve road safety in the ACT and reduce impaired driving. It sought to improve access to treatment for high range first and repeat drink driving offenders through implementing a comprehensive alcohol ignition interlock program as a collaboration between law enforcement and health services. Subsequently, Cabinet agreed to develop and release an Exposure Draft Bill entitled Road Transport Legislation Amendment Bill 2012 which will amend the Road Transport (Alcohol and Drugs) Act 1977 and related legislation to introduce an alcohol ignition interlock program (Interlock Program) for public consultation for July – September 2012.

## ACTIVITY HIGHLIGHTS

- Collaborative development of a proposal to develop and implement an alcohol ignition interlock program.
- Submission to ACT Budget 2012–13 consultation regarding the program.
- Development of Question and Answer document summarising the evidence for alcohol ignition interlocks.
- Contributions to policy development including with ACT Territory and Municipal Services and ACT Health Directorates.

# The Canberra Collaboration

*We are currently in an era of evidence-informed policy. For some people, the pathways towards achieving this are clear, whereas for others evidence-informed policy is seen as an unattainable goal.*

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

Some ATOD practitioners are concerned that their practice is not as evidence-informed as it could be, and they are keen to ensure that the services that they provide to their clients are of the best possible quality, reflecting the latest and best knowledge about what works, with whom, in what circumstances.

There are many people engaging in research in the ATOD field in the ACT. Many of these do not identify specifically as ATOD researchers, finding their professional identities within their own disciplines. They apply the paradigms, research strategies and methods that characterise their own disciplines to answering research questions relating to drugs. This constitutes a missed opportunity for the benefits that come from integrating a range of different worldviews and approaches to research.

In response to this ATODA collaborated with ACT based researchers to make steps towards expanding and strengthening ATOD research in the ACT and region, and enhancing ATOD policy and its implementation, through establishing a structured Canberra Collaboration, such as a Centre for ATOD Research, Policy and Practice in the ACT.

## ACTIVITY HIGHLIGHTS

- Engaged in an identification process resulting in identifying approximately 35 ACT based researcher with ATOD research experience.
- Developed a proposal to establish a coherent mechanism for expanding and strengthening ATOD research in the ACT and region, and improving ATOD policy and its implementation, through establishing a Canberra Collaboration for ATOD research, policy and practice.
- Conducted a facilitated workshop with ATOD researchers on progressing a Canberra Collaboration.
- Established the monthly *ACT ATOD Research eBulletin*, a concise summary of newly-published research findings and other research activities of particular relevance to ATOD and allied workers in the ACT.
- Developed the *ACT Research Spotlight* to disseminate and maintain a record of ACT ATOD research.
- Developed a joint submission with some collaboration members to the National Health and Medical Research Council's public consultation on ethical issues in research into alcohol and drugs.
- Developed a proposal with members to conduct a further ATOD specific analysis of the first ACT Inmate Health Survey data including elements related to BBV management.
- Developed a Federal funding submission for the Canberra Collaboration.
- Developed a proposal for the ACT Budget consultation for the Canberra Collaboration.

# Nicotine Replacement Therapy Project (Workers)

*Exposure to tobacco smoke has been linked to a multitude of adverse health consequences. Smoking has been identified as the leading preventable cause of death and disease in Australia.*

Research conducted by ATODA estimates that the smoking rate of workers with the ATOD sector could be as high as 50%.

For most adults about one third of their day is spent in a workplace environment. The workplace has been identified as a setting through which groups of smokers can be potentially reached by health promotions and to encourage smoking cessation. Increased restrictions on smoking have had significant effect on rates of smoking in the broader community. Research has identified workplace smoking culture as a challenge to individuals trying to quit, undermining attempts to quit.

The evidence base addressing tobacco smoking is robust and provides the foundations upon which to develop smoking cessation initiatives. We know that using nicotine replacement therapy (NRT) enhances the likelihood of successful quit attempts.

ACT Government Health Directorate employees are eligible to access subsidised NRT, however this had not been mirrored in non-government services. In seeking to redress this inequity ATODA applied for, and was successful in gaining, a small one-off grant from the ACT Government Health Directorate to support workers in the non government ATOD sector to access subsidised Nicotine Replacement Therapy (NRT).

Following the collaborative success of the Workplace Tobacco Management Project, ATODA also provides access to NRT to non-government workers in the mental health and youth sectors. The project supports cross-sectoral staff to manage their tobacco consumption and support quit attempts at

no cost to the individual employee. Individuals are actively encouraged to engage with their health professionals prior to beginning NRT and ATODA provides smoking cessation information and resources.

The project has complemented additional activities in the ACT ATOD sector to support effective tobacco management within treatment settings, and encouraging workers to engage with the evidence base regarding smoking cessation and harm reduction. A research framework was developed to accompany the project with findings expected in 2013.

## ACTIVITY HIGHLIGHTS

- Partnerships with three community pharmacies — Erindale Australian Pharmacy, Capital Chemist Dickson and Devlin's City Chemist — regarding tobacco screening, advice and provision of NRT to registered participants.
- Development and delivery of a research tool focused on the use of NRT and smoking behaviours.
- Development of promotional and policy / procedural documentation to support access to subsidised NRT.
- Distribution of tobacco education and support materials across sectors.
- Partnership with the Mental Health Community Coalition and support from the Youth Coalition of the ACT.
- Approximately 38 workers registered to access support from the NRT Project in the last financial year.



# Mental Health

---

Significant progress was made to clarify directions and priorities for people experiencing both alcohol, tobacco and other drug (ATOD) and mental health issues (comorbidity) in the ACT in the past year. Perhaps the most significant has been the release of the Territory-wide *ACT Comorbidity Strategy*, produced by the ACT Government Health Directorate in collaboration with the ATOD and mental health sectors. The Strategy will seek to strategically progress comorbidity in the ACT across a range of areas that complement existing activities of the sector in the coming years. Importantly, the governance structure for the Strategy is implemented as a partnership between ATODA, the Mental Health Community Coalition ACT (as the community mental health peak body) and the ACT Government Health Directorate. This provides a sustained and direct link between community and government partners to address comorbidity as a shared priority in the ACT.

The establishment of the Strategy is particularly timely given the finalisation of Australian Government Department of Health and Ageing Improved Services Initiative that funded ACT ATOD services to build their capacity to better respond to people experiencing comorbidity; and the associated Cross Sectoral Support and Strategic Partnerships Project that funded ATODA to coordinate a Territory wide approach to activities (which ceased in June 2012). Therefore, the ACT Comorbidity Strategy will have a significant role to play in sustaining initiatives and progress made to date related to comorbidity.

## ACTIVITY HIGHLIGHTS

- Contributed to policy activities including the Mental Health Council of Australia's national consultation.
- Delivered ACT Comorbidity Bus Tours fortnightly to monthly in partnership with the Youth Coalition of the ACT and the Mental Health Community Coalition ACT.
- Produced ACT Training and Professional Development Calendar bimonthly as a partnership with the Youth Coalition of the ACT and the Mental Health Community Coalition ACT.
- Participated and co-chaired a fortnightly teleconference network for State and Territory ATOD peak representatives regarding shared / national activities.
- Participated on the Mental Health Community Coalition ACT Qualification Strategy Group.
- Hosted a meeting for CEO's and Project Managers from State and Territory ATOD peaks regarding an agreed framework for comorbidity and other capacity building activities. Service visits to Directions ACT, Canberra Alliance for Harm Minimisation and Advocacy and the Solaris Therapeutic Community at the Alexander Maconochie Centre were also coordinated.
- Contributed quarterly articles on the ACT to the National Improved Services Initiative Newsletter.

- Formalised an MOU with the Mental Health Community Coalition ACT regarding shared activities across the peaks.
- Coordinated accredited comorbidity training in partnerships with Uniting Care Moreland Hall, the Mental Health Community Coalition and the ACT Government Health Directorate and an associated evaluation framework.
- Participated as a member on the ACT Mental Health Week Committee and disseminated a Mental Health Week eBulletin.
- Continued partnership activities with the ACT Medicare Local including hosting the General Practice Engagement Working Group with a focus on monitoring impacts of National Health Reform.
- Delivered presentations on the ACT and national program and policy context for comorbidity at the ACT Government Health Directorate quarterly comorbidity training.
- Partnered with CatholicCare to undertake the Comorbidity Interagency Day.

### ACT Comorbidity Strategy Working Group

The ACT Comorbidity Strategy Working Group was established to oversee the implementation of the ACT Comorbidity Strategy, and is implemented through a co-chairing arrangement between ATODA, the Mental Health Communication Coalition ACT and the ACT Government Health Directorate. The model of governance represents innovation in progressing shared actions across the government and non-government sectors. Priority areas for the group include:

- Development of comorbidity clinical guidelines.
- Strengthening intra and cross sectoral consumer participation.
- Cross-sectoral training and professional development, including Minimum Qualification Strategies.

# ACT Budget

*Each year the community is invited by the ACT Treasurer to participate in a consultation regarding the ACT's budget expenditure.*

2011 was the second year that the ACT ATOD sector worked collaboratively to identify resourcing priorities and present them to the ACT Government. This was an important achievement that reflected an engaged and proactive ATOD sector aware of the gaps, evidence and opportunities.

Several consultation processes were conducted to develop eight priority areas and subsequent proposals, including:

1. To ensure that ACT residents can access ATOD treatment and support from evidence and needs based, effective and efficient quality services through increasing base funding.
2. To ensure all ACT ATOD sector non-government organisations benefit from the outcomes from the Fair Work Australia Equal Remuneration Case decision.
3. To prevent and reduce blood-borne virus transmission and infection and to meet current and projected need by increasing harm reduction services in the north Canberra region through implementing a full-time primary needle and syringe program.
4. To improve road safety in the ACT through reducing drink driving recidivism, by increasing access to alcohol treatment and strengthening the partnerships between law enforcement and health services through conducting an evidence-based, evaluated pilot of an alcohol ignition interlock program targeted at high-range and repeat drink driving offenders.
5. To reduce re-offending and poverty and to promote social inclusion by reforming the ACT infringement schemes, including offences related to ATOD.
6. To expand and strengthen ATOD research and enhance ATOD policy and service delivery in the ACT and region, through establishing a structured collaboration, such as a Centre for Alcohol, Tobacco and Other Drug Research, Policy and Practice in the ACT.
7. To prevent chronic disease and promote healthy behaviours by implementing workplace tobacco management programs targeted at services that work with disadvantaged people who have high-smoking rates, including at the Alexander Maconochie Centre.
8. To improve the health and wellbeing of people experiencing co-occurring mental health and ATOD issues (comorbidity) through enhancing the service system's capacity by implementing three priority initiatives in the *ACT Comorbidity Strategy 2010 – 2014*.

The 2012–13 ACT Budget was delivered in May; ATODA participated in the ACTCOSS annual budget forum, undertook an ATOD related expenditure analysis and associated media release, and gave evidence to the ACT Legislative Assembly Estimates Committee.

### *Progress to priority areas (to 30 June 2012):*

Significant progress across the ACT has already been made towards priority areas, including:

- Development of a pilot for a part-time primary needle and syringe program in north Canberra.
- Increased focus on workplace tobacco management in services accessed by people with high-smoking rates, including the commitment from the ACT Government Mental Health, Justice Health and Alcohol and Drug Services Division to go smoke-free by 1 January 2013.
- One-off small amount of seed funding from the Justice and Community Safety Directorate to expand and strengthen ATOD research and enhance ATOD policy and service delivery in the ACT and region, through establishing a structured collaboration, such as a Centre for Alcohol, Tobacco and Other Drug Research, Policy and Practice in the ACT.
- Partial comorbidity funding aligned with the ACT Comorbidity Strategy, including for the cross-sectoral Comorbidity Bus Tours.
- Additional tobacco funding targeted at Aboriginal and Torres Strait Islander people and communities.
- Commitment from the ACT Government to contribute funding to the Equal Remuneration Case and undertake a project with community services.

# Sector Support

*ATODA continued to implement a range of sector support activities in partnership with ATOD treatment services to improve the capacity of workers and services to respond to ATOD related harm.*

## ACT ATOD MINIMUM QUALIFICATION STRATEGY (MQS)

- Coordinated 2 semesters of training for ATOD workers in the Certificate IV in AOD Work, delivered by the Canberra Institute of Technology.
- Commenced pilot of post graduate level ATOD units with 4 workers (as a potential adjunct to the existing MQS training for those with existing tertiary qualifications).
- Coordinated 2 Senior First Aid courses, delivered by St Johns Ambulance Service.
- Participated on the Mental Health Community Coalition ACT Qualification Strategy Group.
- Maintained partnership with the National Drug Sector Information Service, Alcohol and other Drugs Council of Australia to provide research support to MQS participants.

## ACT TRAINING AND PROFESSIONAL DEVELOPMENT CALENDARS

- Collated and distributed bimonthly ACT Training and Professional Development calendars in partnership with the Youth Coalition of the ACT and the Mental Health Community Coalition ACT.

## ACT ATOD SERVICES DIRECTORY

- Developed and disseminated Version 8 and Version 9 of the ACT ATOD Services Directory in partnership with the ACT ATOD Workers Group. The Directory was expanded to include a map of physical locations of treatment services (which is also available electronically on [www.atoda.org.au](http://www.atoda.org.au)).

## SECTOR FORUMS, TRAINING AND CONSULTATION

- Hosted the Illicit Drugs Users Reporting System and Ecstasy and Related Drugs Reporting System Forum and stakeholder workshop in partnership with the National Drug and Alcohol Research Centre.
- Hosted the Indigenous Risk Impact Screen Training in partnership with Winnunga Nimmityjah Aboriginal Health Service and Queensland Health.
- Hosted training in partnership with the National Cannabis Prevention and Information Centre.

## ACT ATOD AWARDS

- Hosted the Annual ACT ATOD Awards with support from Chief Minister Katy Gallagher, Minister for Health MLA; Mrs Agnes Shea, Ngunnawal Elder, Mr Adrian Marron, CEO Canberra Institute of Technology and the ACT Government Health Directorate.

### 2011 Award Recipients:

- **Kim Fleming**, Excellence in Alcohol, Tobacco and Other Drug Work
- **Kate Gardner**, Lifetime Achievements Award
- **Helene Delany**, Outstanding Contributions Award
- **Public Health Association of Australia**, Recognition of Service to the ACT ATOD Sector
- **Dr Peter Sharp**, Honour Roll

## ATODA WEBSITE

- Continued to develop the ATODA website as a central contact point for services and information regarding ATOD in the ACT.
- Distributed the monthly eBulletin to 500+ subscribers as a concise summary of information, important developments, publications, events and other information related to ATOD.
- Distributed additional eBulletin Alerts covering: ACT ATOD Awards Recipients; Mental Health Week; ATOD Service End of Year Shutdowns; Overdose Awareness Day; Drug Action Week, ATODA Annual General Meeting and Call for Membership.

## ACT ATOD Workers Group

The ACT ATOD Workers Group continues its involvement in the development, implementation, coordination, evaluation and promotion of key sector support activities for the ACT ATOD sector in the ACT. The Group membership has expanded to include the ATOD Programs from the ACT Hepatitis Resource Centre and ACT Corrective Services. The Group also has a constitutionally directed appointment of a representative to the ATODA Board, further strengthening worker participation in relevant advisory structures.

# Drug Action Week 2012

*Drug Action Week is a week of activities held nationally to raise awareness about ATOD issues in Australia and is an initiative of the Alcohol and Other Drugs Council of Australia (ADCA).*

ATODA coordinated Drug Action Week in the ACT with support of ATOD and allied services. Drug Action Week 2012 was held from 17 – 23 June, with the theme “Looking After YOUR Mind!”

## HIGHLIGHTS OF THE ACT DRUG ACTION WEEK 2012

- Developed and promoted the 2012 ACT Drug Action Week Calendar of Events, collating over 35 activities from participating services.
- Hosted the 2012 ACT Drug Action Week Launch with support from ACT ATOD Services and Chief Minister and Minister for Health Katy Gallagher, MLA. Guest speaker Lisa Pryor, journalist and author discussed her book A Small Book About Drugs.
- Linkages with the Alcohol and other Drugs Council of Australia, as national coordinators for Drug Action Week, including participation in local activities.



### ACT Drug Action Week Planning Group

The ACT Drug Action Week Planning Group was again hosted monthly to bring together stakeholders to coordinate activities and shared messages. All interested agencies were invited to participate in the planning Group with a membership of 25+ services. This Group coordinated the 35+ activities held in the ACT during Drug Action Week 2012.

### Annual ACT ATOD Sector Conference

The ACT ATOD Sector Conference, themed *Integration and Implementation: ATOD Research Policy and Practice* brought together over 100 participants from a range of sectors and backgrounds, and included sessions on: Reflection on where we have come over the last 20 years as a sector; emerging opportunities including prevention science, injectable hydromorphone, synthetic cannabinoids, kava and naloxone; and drug law reform.

Poster presentations were again contributed by a range of ACT ATOD treatment services. Presenters included:

- Mrs Agnes Shea OAM, Ngunnawal Elder
- Professor Rachel Davey, University of Canberra
- Dr Alex Wodak, Alcohol and Drug Service St. Vincent's Hospital
- Mr Siosua Lafitani Tofua'ipangai, Pacific Islander Community Leader
- Dr Caitlin Hughes, University of New South Wales
- Associate Professor John Fitzgerald, University of Melbourne
- Professor Robin Room, Turning Point Alcohol and Drug Centre
- Dr Phyll Dance, Australian National University
- Dr Michael Tedeschi, Alcohol and Drug Services, ACT Government Health Directorate
- Ms Carrie Fowle, ATODA
- Ms Jude Byrne, Australian Illicit and Injecting Drug Users League
- Associate Professor Lynne Magor-Blatch, University of Canberra

## 5<sup>th</sup> Annual Conference

ACT Alcohol, Tobacco and Other Drug Sector

# INTEGRATION AND IMPLEMENTATION

ATOD Research, Policy and Practice





# Workplace Tobacco Management Project

Available evidence suggests that rates of smoking amongst workers of ATOD, mental health and youth services are high when compared with the general population. This reflects, and is linked to higher smoking rates among the people that access these services, and requires a more targeted approach. This led to the establishment of the Workplace Tobacco Management Project to address tobacco related harms within these services.

The Workplace Tobacco Management Project, funded by the ACT Government Health Directorate under a Healthy Future – Preventative Health Program was wrapped up in December 2011. The Project was led by the Alcohol Tobacco and Other Drug Association ACT (ATODA) in partnership with the Mental Health Community Coalition ACT (MHCC) and the Youth Coalition of the ACT and was implemented in collaboration with pilot sites in the mental health, youth and alcohol, tobacco and other drug sectors.

## Workplace Tobacco Management Project Research Highlights

Consultant, Ray Lovett undertook a research project related to the Project. It found:

The project facilitated a doubling in the number of quit attempts among staff that smoked. This was directly linked with the uptake of subsidised NRT through the Project.

All participating sites implemented tobacco management policies, many of which involved staff and stakeholders in their development. While initial support for developing these policies was low, by the final data collection point, all staff were highly supportive of policy implementation and 80% of Boards were supportive.

Changes to tobacco assessment and treatment, particularly for service users were observed late in the project. Additionally, a notable reduction in the number of staff thinking consumers did not want to reduce or quit smoking was observed from 70 percent to 45 percent. In the baseline survey about 30 percent of staff believed that if clients were not able to smoke this would lead to impaired treatment outcomes. This reduced to fewer than 18 percent in the final survey.

### ***Evaluation of the Workplace Tobacco Management Project Model and Process***

Consultant, David McDonald undertook an evaluation workshop of the Project and process with participating pilot sites. It found:

The most significant changes that were created through developing and implementing the Project, as identified by Project participants, were diverse. They covered (among other things) attitudes, smoking behaviour, broader health behaviour, engaging with tobacco control policy, organisational development through a more participatory approach, etc. The discussion highlighted the enthusiasm and well-deserved sense of pride, on the part of participants, at what they and their colleagues have achieved.

This is a Project that could well serve as a model to others, and warrants being scaled up and applied in many other workplaces.

It is noted that ATODA is engaged in continuing activities related to tobacco management including providing NRT across the ATOD, mental health and youth sectors. An assessment tool (developed through the Project) should also be available shortly, along with a comprehensive Workplace Tobacco Management Toolkit that can be used by other workplaces interested in emulating the successes of this Project.

***Available evidence suggests that rates of smoking amongst workers of ATOD, mental health and youth services are high when compared with the general population.***

---

# Additional Activities

---

## ADDITIONAL SUBMISSIONS, REPORTS AND PAPERS

- Proposal regarding ATOD analysis of data from the ACT Inmate Health Survey.
- Submission to the Pharmaceutical Benefits Advisory Committee regarding the inclusion of Telaprevir and Boceprevir on the PBS for Hepatitis C treatment.
- Submission to the Development of the Blueprint for Youth Justice.
- Submission to the ACT Targeted Assistance Strategy.
- Submission to the Draft ACT Immunisation Strategy 2012–16.

## ADDITIONAL WORKFORCE DEVELOPMENT ACTIVITIES

- How to Spot a Legal Issue Forum in partnership with ACT Shelter and Street Law.

## CONFERENCE AND OTHER PRESENTATIONS

- Guest presenter at Mental Health Community Coalition ACT monthly forum to share learning from the ACT ATOD Sector Minimum Qualification Strategy.
- Presentation to the Medically Supervised Injecting Centre regarding Expanding Naloxone Availability in the ACT.
- Poster presentation on Guide to Reviewing and Developing ATOD Resource for Young People at the Australasian Professional Society on Alcohol and other Drugs Conference.
- Poster presentation on the ACT Accredited Comorbidity Training Project at the Australasian Professional Society on Alcohol and other Drugs Conference.
- Poster presentation on Reducing the Burdens of Harm Through a Collaborative Workplace Tobacco Management Project at the Australasian Professional Society on Alcohol and other Drugs Conference.
- Presentation on ACT and National ATOD Policy and Programs for ACT Government Health Directorate Comorbidity Training.
- Presentation at the Oceania Tobacco Conference.

## ADDITIONAL REPRESENTATION

- Aboriginal and Torres Strait Islander Tobacco Control Strategy Group
- ACT ATOD Executive Directors Group
- ACT ATOD Strategy Evaluation Group
- ACT Government Kava Consultation Meeting
- ACT Peaks Forum
- Alcohol and Drugs Services Business Planning Workshop
- Alcohol and other Drugs Council of Australia Policy Forum
- Alcohol and other Drugs Council of Australia Federal Council
- Alcohol and other Drugs Council of Australia Board
- ATOD Peaks CEO's Network
- Community Integration and Governance Group
- Comorbidity Coordinators Networking Group.
- Comorbidity Strategy Working Group
- Forum on developing a national population based model for drug and alcohol service planning.
- Housing ACT Anti-Social Behaviour Response Unit Group
- Mental Health Foundation Mindscapes Tobacco and Mental Illness Health Promotion Project Group
- Mental Health, Justice Health and Alcohol and Drug Services Executive Strategy and Business Planning Committee
- Mental Health, Justice Health and Alcohol and Drug Services Smokefree Mental Health Implementation Working Group
- National Drug Strategy Household Survey Workshop, Australian Institute of Health and Welfare
- Outcomes Framework consultation, Department of Health and Ageing
- International Overdose Awareness Day Committee
- Psychiatric Services Unit Smokefree Implementation Working Group
- Street Law Advisory Group
- Tobacco Working Group, ACT ATOD Strategy Evaluation Group

## MEDIA

ATODA engaged in a range of media activities throughout the year, including various media releases and television, radio and newspaper interviews.

# Financial Report

---

*ATODA's 2011 – 12 financial report is available as a separate document to accompany this annual report. Please visit [www.atoda.org.au](http://www.atoda.org.au) for electronic copies or contact ATODA on [info@atoda.org.au](mailto:info@atoda.org.au) or (02) 6255 4070 for hard copies.*

**[www.atoda.org.au](http://www.atoda.org.au)**