

Ms Leanne Close
Commissioner
ACT Corrective Services

Mr Bruno Aloisi
General Manager
Mental Health, Justice Health, Alcohol and Drug Services

By email only: ACTCSPolicy@act.gov.au

14 August 2025

Dear Commissioner and Mr Aloisi

Re. ATODA response to the AMC Drug and BBV Strategy 2025-2030

The Alcohol, Tobacco and Other Drug Association ACT (ATODA) welcomes the opportunity to offer feedback on *the AMC Drug and BBV Strategy 2025-2030* (the Strategy). As you are aware, 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 legal and custodial systems and population health; and the peer-based organisation for people with lived experience of drug use in the ACT.

ATODA has a commitment to harm reduction, human rights, and social and health equity that shapes our response to the Strategy. As such, we have approached our response to the Strategy noting the value of evidence-based health approaches in responding to alcohol, tobacco and other drug concerns, and suggestions to ensure health equity for people in the AMC is in line with health approaches and services offered in the broader ACT community. Our response, enclosed below, touches on almost all of the goals outlined in the Strategy, with particular focus on the approaches to achieving the three pillars of harm minimisation, to reduce the supply, demand, and harms of ATOD use and dependency.

ATODA appreciates the opportunity to provide a submission into this review and we welcome the opportunity to have any further discussion.

Yours sincerely,



Anita Mills
Chief Executive Officer

Key recommendations

ATODA recommends that:

1. the Strategy more effectively balances actions across each of the three pillars of the ACT's harm minimisation approach;
2. the Strategy has a greater focus on the equitable access and provision of ATOD harm reduction measures to improve safety, respect, and rehabilitation, and to align with harm reduction measures offered in community;
3. the Strategy ensures that the AMC population is provided with ATOD treatment options that are equitable in availability and access to that in community, in consultation with specialist ATOD services;
4. supply reduction measures to monitor, surveil, deter, and punish ATOD use are at least accompanied or driven by a health-based therapeutic approach to ATOD use that centres the human rights of detained people who use ATOD; and
5. closer partnerships and capacity building for ATOD-related matters in the AMC occurs through greater transparency and reporting to relevant stakeholders.

1. Balancing the pillars of the harm minimisation approach

To ensure that the Strategy effectively meets its aim to 'improve health outcomes for detained people' as much as its aim 'to address the risks to the safety and security of detained people, staff, and the correctional centre', it must balance actions across each of the three pillars of harm minimisation. The success of a harm minimisation approach depends on the integration and equal application of measures and actions to reduce the supply of drugs, reduce the demand for drugs, and reduce the harms that drugs cause.

ATODA notes that there is a concentration of key actions under Goal 1, which corresponds to the supply reduction pillar of the harm minimisation approach, focusing on disciplinary and surveillance measures. Goals 2 and 3, which correspond with the demand reduction and harm reduction pillars respectively, have fewer and less clear key actions than listed under Goal 1. Noting the way in which the three pillars of the harm minimisation approach are linked, ATODA suggests that the stated aims of the Strategy would be better achieved with a greater focus on, and strengthening of, actions under Goals 2 and 3.

2. Implementing further harm reduction measures

Harm reduction actions, as per goal 3, must be strengthened and increased in number in the Strategy. A greater focus on supply reduction has not succeeded in eradicating ATOD use within the AMC. In this context, detained people should have access to the tools, resources and knowledge to limit health harms from ATOD use wherever possible. There is no evidence that persisting with punitive measures as outlined in the Strategy or, indeed, increasing surveillance and interception, can entirely eliminate ATOD use in the custodial setting.^{1, 2} ATODA recommends a greater focus on access and provision of harm reduction measures to improve the safety, respect, and rehabilitation for people who use ATOD in the AMC to align with harm reduction measures offered in community, both as a matter of health equity and as a pragmatic response to the continuing use of ATOD in the AMC.

ATODA notes that this Strategy does not include the development or implementation of a Needle and Syringe Program (NSP) for the AMC. NSPs are a key evidence-based harm reduction measure available in community to reduce substance use-related and blood borne virus-related health harms. As noted by Hepatitis ACT, its omission undermines the Strategy's credibility and its alignment with evidence-based public health responses. Active steps must be taken to undertake stakeholder consultation and to begin identifying and addressing barriers to establishing

a NSP for people in the AMC. This strategy should include a roadmap toward implementation of an NSP, inline with national and ACT BBV strategic commitments. While the provision of clean needles and syringes at the AMC may pose certain complexities, it will remove many of the harms associated with injecting drug use,³ which already occur at the AMC. The harms from having a lack of safe needles and syringes are well-known in relation to BBVs. Elsewhere, the introduction of NSPs in custodial settings has not resulted in serious, unintended consequences, despite concerns.³

As noted in Goal 5, the Strategy contains actions to improve overdose prevention at the AMC. However, ATODA proposes further actions to raise awareness of, and improve responses to, overdose. As per Hepatitis ACT's submission, naloxone is reported to only be stored in the health building, noting that all First Aid kits should have naloxone. ATODA strongly supports the presence of naloxone in all First Aid kits and the intention to have all Corrective Officers carrying naloxone in the near future, which would assist in achieving the performance objective to ensure all custodial staff always have rapid access to naloxone. Furthermore, there should be improved signage to explain to staff and detained people alike on how to respond to overdose and the actions they should take if they identify a person possibly experiencing an overdose. The training for overdose response should be thorough for Corrections Services' staff and training should also be provided to detained people. ATODA recommends that peer-based education and de-stigmatised harm reduction measures are implemented to reduce the harms experienced by people in the AMC who use ATOD. Such actions should include the delivery of BBV, vein care, and ATOD harm reduction workshops for detained people in the AMC. Actions to provide support for people who use tobacco or are provided with nicotine replacement therapy (NRT) should include the need for a diverse range of NRT products that suit the individual health needs of detained persons.

Notably, the Office for the Inspector of Corrective Services *Healthy Prison Review* survey in 2022 identified that that just 21 percent of staff felt adequately trained in the management of 'detainees with drug issues', down from an already low 30 percent of staff in the AMC in 2019.⁴ This Strategy should prioritise its action pertaining to training and awareness, such that Correctional Officers' understanding of drug issues is significantly improved and to ensure ATOD use is viewed as a health issue requiring a therapeutic response, as an alternative to, or in addition to, disciplinary responses. Responding to ATOD use by detained people with a health-first approach is a simple and highly effective method of implementing the harm reduction pillar.

Other harm reduction measures can be provided to people on discharge from the AMC. Provision of naloxone and of safe needles and syringes on discharge for as many people who need it would have significant positive impacts and should be prioritised in this Strategy. Furthermore, ATODA recommends that the provision of, or referral to, primary healthcare sites, availability of BBV testing before release, and referral to specialist ATOD programs from MHJHADS to provide better health outcomes for people leaving the AMC.

3. Support services for people who use ATOD through demand reduction measures

ATODA commends the demand reduction measures already in place at the AMC and planned demand reduction measures through this Strategy. There are, however, additional considerations for Goal 2, in relation to demand reduction measures. ATODA supports actions to map the current availability of ATOD program provision according to identified service needs and recommends that ATOD service program provision should be expanded to match those available in community. For instance, the AMC might consider how specialist ATOD peer support, specialist ATOD rehabilitation programs, and specialist ATOD case management can become available for detained people. This may

require securing additional funding to do so, and the Strategy should identify how this could occur. Furthermore, ATODA is aware of concerns regarding the availability of daily sublingual versus long-acting injectable buprenorphine (LAIB) for the treatment of opioid use disorder. Detainees should have access to the same availability of opioid maintenance therapy (OMT) as they do in community to best meet individual needs and ensure continuity of care, as should be the case with all medication. Detained people also have a right to be prescribed OMT while they are in the AMC, if necessary, even if they had not been prescribed OMT prior to entering the centre.

Importantly, there should be equity of access to the non-government ATOD services provided at the AMC, for example, by ensuring that people on remand and women have access to the same programs as other detained people. Male detainees at the AMC with an ATOD dependency have access, for instance, to the well-regarded Solaris Therapeutic Community Program.⁵ ATODA notes the need for an appropriately designed specialist ATOD program for women at the AMC beyond the ADAPT program, such as the Solaris program, that meets their specific needs. Although there are few women at the AMC, it is essential to address their inequitable access to ATOD programs, whether they are on remand or not, as specialist ATOD service providers in the ACT have reported there previously being high interest from women in their programs at the AMC. ATODA also supports the action to improve accessibility to AOD counselling services, and this should include improved access to onsite counselling provided by non-government specialist ATOD services as well. ATOD service organisations note that access to their counselling programs from within the AMC is inconsistent and not always facilitated due to logistical challenges in organising sessions or having detained people attend organised sessions, as well as having minimal referrals to the programs.

Lastly, it is of significant concern that the 2022 AMC Detainee Survey reported over 62 percent disagree or strongly disagree that they are aware of programs available to them at the AMC, and similarly over 83 percent report that they do not have access to programs that meet individual needs.⁴ There is clearly a need for better promoted treatment programs that meet individual needs. ATODA proposes that individuals in custody at the AMC should have adequate access to all treatment options, on an equal basis to the available of treatment options in the broader community, and that detained people are aware of their rights to access these programs.

ATODA recommends that the Strategy ensures that the AMC population is provided with ATOD treatment options that are equitable in availability and access to that in community, in consultation with specialist ATOD services

4. Balancing supply reduction measures at the AMC

Supply reduction measures, noted in goal 1, are a necessary part of preventing drug-related harms at the AMC, however health-based, therapeutic responses must accompany disciplinary actions taken towards detained people possessing or testing positive for substance use. For instance, where one action refers to a potential Incentives and Earned Privileges program to reduce the use and possession of ATOD, this program should consider evidence-based and therapeutic health approaches to reduce the demand and supply of substance use in its design.

In 2023, the ACT saw the *Drugs of Dependence (Personal Use) Amendment Act 2022* implemented, which ensured that the ACT police force was trained in the appropriate health-based and person-centred approaches to people who use ATOD. Therefore, across the ACT, the police now take a harm reduction approach to ATOD use. Although this legislation is not applicable to people staying in the AMC, they still deserve the right to have a health-based approach taken towards their ATOD use and to have Corrective Officers trained in an appropriate response, as police officers are in the community. A punitive response to ATOD use has proven to be ineffective. Even where ATOD-related

security incidents occur and disciplinary action is required, detained people responsible for these incidents should be offered appropriate health-related supports in all cases, such that they can reduce any possible harms from their ATOD use.

ATODA recommends that supply reduction measures to monitor, surveil, deter, and punish ATOD use are at least accompanied, or driven, by a health-based therapeutic approach to ATOD use that centres the human rights of detained people who use ATOD.

5. Developing partnerships and capacity building through reporting and evaluation

ATODA acknowledges and supports the actions listed under goal 5 of the Strategy to ensure continuous improvement and capacity building of the AMC's response to detained people who use ATOD. ATODA and our sector members would welcome data and monitoring of activities relating to the Strategy being made available. By reporting on the Strategy's measures of success and publishing timeframes for actions in the Strategy to the wider ACT community, or at least to relevant stakeholders, the execution of the Strategy could remain transparent. Relevant stakeholders include the non-government sector organisation that provide specialist programs for blood borne virus and AOD-related harms. This would assist non-government ATOD and BBV service providers to remain aware of the activities occurring in the AMC for detained people who use ATOD, and ensure they can tailor therapeutic or program approaches accordingly. Foremost, it would assist in achieving the actions listed in goal 5 to develop effective partnerships with community ATOD service providers, as greater transparency and accountability to the sector would form more productive relationships and continuing partnerships. ATODA and the sector is particularly interested in the ATOD health interventions occurring in the AMC, the provision of harm reduction measures or activities such as naloxone training and distribution, and the ATOD-related support provided to people discharged from the AMC.

ATODA supports the development of an evaluation framework for the ATOD programs delivered at the AMC, and asks for commitment to consult on and publish the evaluation framework for the Strategy with relevant stakeholders. We also encourage an ongoing commitment to share the outcomes of this Strategy's evaluation for broader public awareness and feedback.

ATODA recommends that closer partnerships and capacity building for ATOD-related matters in the AMC occurs through greater transparency and reporting on the Strategy to relevant stakeholders.

References

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2. Belisle L and Solano-Patricio E. Harm reduction: A public health approach to prison drug use. *International Journal of Prisoner Health* 2022; 18: 458-472. DOI: 10.1108/IJPH-06-2021-0053.
3. Bartle J, Bothwell S, Lee N, et al. *What works. Alcohol and other drug treatment in prisons*. 2nd ed. Melbourne: 360Edge, 2021.
4. ACT Inspector of Correctional Services. *Report of a Review of a Correctional Centre by the ACT Inspector of Correctional Services: Healthy Prison Review of the Alexander Maconochie Centre* 2022. 2022. Canberra: ACT Government.
5. Karralika and ACT Corrective Services. Solaris: programs linked to the justice system, https://karralika.org.au/avada_portfolio/solaris/ (2020).