ATODA
Alcohol Tobacco & Other Drug Association ACT

Mr Andrew Barr MLA
ACT Treasurer
By email: BudgetConsultation@act.gov.au

Submission to the ACT Budget 2019 – 2020

Dear Mr Barr

Thank you for the opportunity to contribute to priorities for the ACT Budget 2019 – 2020.

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

The ACT alcohol, tobacco and other drug sector, including government, knows that decisions that are reached collaboratively can and do result in high-quality outcomes that are easier to implement, have fewer challenges, make better use of available resources, and better serve the Canberra community. Simply put, better alcohol, tobacco and other drug policy has been made when ACT and other decision-makers have collaborative relationships, good data and a deeper understanding of the interests of all those involved.

Research, and our sector's experience in the ACT, has demonstrated that collaborative processes can create a long-term dynamic network of shared learning, improved working relationships, and better joint problem solving ability in the future.

The Canberra community can be proud of its alcohol, tobacco and other drug sector for actively seeking to work with policy workers to implement the research evidence on collaborative policy-making, implementation and evaluation. Some recent achievements of the sector have included:

- Co-designing three 'Australian first' tools in April 2018 to provide more effective responses for people who use alcohol and other drugs in harmful ways and either experience domestic and family violence (DFV) and/or are at risk of using DFV

- Comprehensive submissions to two consultation processes on the *Draft ACT Drug Strategy Action Plan 2018-2021* in 2018 (with participation from the ATOD sector, allied services, peak organisations, consumer organisations and researchers)

- Engagement of expertise in AOD policy development including the sector-led Drug Services Forum focused on the Adult Drug and Alcohol Court (DAC) which provided an opportunity for a direct dialogue between the ACT AOD sector and Ms Meegan Fitzharris MLA, Minister for Health and Wellbeing and Mr Gordon Ramsay MLA, Attorney- General.

This year, however, has not been without challenges in the ACT drug policy field. The ACT Health Directorate has continued to undertake significant internal reform activities, resulting in some well-established and effective practices collaborative policy processes falling by the wayside.

The ACT has also witnessed persistent and increased harms associated with drug use, for example, it was recently been reported that there were 29 accidental drug-related deaths in the ACT in 2016[1] — almost three times more than the ACT's road toll in 2016[2].

It is concerning that last year's ACT Budget did not include new funding for one additional specialist alcohol and other drug treatment place.

It is also concerning that the ACT Health Directorate has not provided formal information directly to specialist alcohol and other drug about contract renewals, with current service funding arrangements set to end 30 June 2019. We urge the ACT Government to provide assurances of funding stability so that the services currently being delivered are not interrupted for the Canberra community. We note with concern that the Australian alcohol and other drug sector cannot meet demand and is chronically underfunded.

In 2019-2020, ATODA is calling for funding to:

1. Increase the capacity of the ACT specialist alcohol and other drug services system
2. Develop and implement a Canberra Drug Early Warning System (CDEWS)
3. Improve alcohol and other drug treatment data collection, management, analysis and utilisation
4. Refine ACT drug policy to better reflect the expectations, needs and capacity of the contemporary Canberra community, prioritising approaches that are evidence-informed, fit-for-purpose and cost-effective
5. Provide additional subsidised Nicotine Replacement Therapy to people who smoke and are accessing specialist alcohol and other drug services.

Five additional priorities are identified that can be advanced within existing funds, or that use already allocated funds.

The identified priorities are evidence-informed, and, if implemented, could have long-term benefits for individuals, families and communities in Canberra.

ATODA notes the importance of resourcing for inter-related priorities laid out in the *ACT Budget Priorities 2019-2020: Community Sector Priorities* ACTCOSS submission. Addressing these priorities will contribute to improvements in the health and wellbeing for the most marginalised and stigmatised in our community, including people who use alcohol, tobacco and other drugs:

- Self-determination for Aboriginal and/or Torres Strait Islander peoples
- Investments that address social determinants of justice system interactions
- Investing in financial assistance, financial counselling and conflict resolution services
- Ensuring decent wages in community services don't reduce supply of services to people in need.
- Municipal level social and community infrastructure, services and community development

Please do not hesitate to contact ATODA if you have any queries or require further information in support of this submission.

Yours sincerely

Carrie Fowlie
Chief Executive Officer
Alcohol Tobacco and Other Drug Association ACT (ATODA)
Email: carrie@atoda.org.au

November 2018

Summary of funding priorities to prevent and reduce alcohol, tobacco and other drug related harms in the ACT (ACT Budget 2019 - 2020)

Priority area	Initiative	Description	Funding
1. Specialist Alcohol and Other Drug Treatment and Support	Increase the capacity of the ACT specialist alcohol and other drug system	Provide timely and accessible alcohol, tobacco and other drug treatment and support, by doubling ACT Government investment in the specialist alcohol and other drug sector and accompanying infrastructure, to meet demand and deliver quality services	Double the ACT Government investment in the ACT specialist alcohol and other drug sector
2. Evidence Informed Drug Policy and Decision Making	Development and implementation of a Canberra Drug Early Warning System (CDEWS)	Establish, either within the alcohol and other drug policy functions of the ACT Health Directorate, or Canberra's not-for-profit AOD sector, a cross-sectoral CDEWS that will produce timely information on trends in drug availability, drug use and drug-related harms, and that will drive timely, effective, cross-sectoral responses to these	$158,966 per annum plus indexation $50,000 (for evaluation of the CDEWS)
3. Data Quality and Capacity	Improve alcohol and other drug treatment data collection, management, analysis and utilisation	Transfer responsibility of collecting data from ACT AOD treatment services and reporting it to the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS) held by the Australian Institute of Health and Welfare (AIHW), from the ACT Health Directorate to the sector, through ATODA	$158,966 per annum plus indexation $1,800 (software) per annum
4. Deliberative democracy	Refine ACT drug policy to better reflect the expectations, needs and capacity of the contemporary Canberra community, prioritising	Develop and implement a deliberative democracy initiative that has the aim of refining the ACT's policies regarding psychoactive substances, and guiding consequent regulatory activity including drug law reform, reflecting contemporary thinking	Stage One: $150,000 (one-off funding) Stage Two: To be costed in Stage One activities

Priority area	Initiative	Description	Funding
	approaches that are evidence-informed, fit-for-purpose and cost-effective	about alcohol and other drugs being primarily a matter of health, individual/ family/ community well-being, and human rights	
5. Preventing Chronic Disease and Death Amongst Disadvantaged People Who Smoke	Provide subsidised Nicotine Replacement Therapy (NRT) to people who smoke and are accessing specialist alcohol and other drug services	Subsidise full courses of combination NRT (not currently covered on the Pharmaceutical Benefits Scheme) to service users of specialist alcohol and other drug services with the aim of embedding smoking cessation care as routine in all specialist alcohol and other drug settings including those in health and justice settings	Variable per annum (plus indexation) See page 20 of this submission
Priorities to be advanced within existing funds / using already allocated funds			
6. Expansion of specialist Alcohol and Other Drug Services Within Recently Committed Canberra Health Services	Selectively expand locations for the provision of specialist alcohol and other drug services in the ACT to meet demand in areas of significant population growth, and to do so as part of the ACT's overall health service planning	Expand and embed alcohol and other drug specialist services into committed Canberra Health Services infrastructure (e.g. new community health centres), including Opioid Maintenance Treatment, Needle and Syringe Programs, and alcohol and other drug therapeutic clinical spaces.	As part of the ACT Health Directorate's overall health service planning, and as part of Canberra Health Services implementation activities
7. Drug and Alcohol Court	Estimate the costs for appropriate alcohol and drug treatment provision for the ACT Drug and Alcohol Court	Accurately, and in partnership with the sector, estimate costs to increase the availability of specialist alcohol and other drugs treatment and support services so that the new adult ACT Drug and Alcohol Court has the appropriate resources to be established and to operate effectively	Utilisation of funding allocated through 2017-18 & 2018-19 ACT Budgets

Priority area	Initiative	Description	Funding
8. Domestic and Family Violence	ACT Alcohol and Other Drug Safer Families Program	Fully allocate the funds recorded in the forward estimates until 2021-2022 directly to specialist alcohol and other drug services focused on 'increasing the capacity of specialist drug treatment services to deliver programs that integrate best practice in addressing family violence' to enable implementation of the ACT *AOD Safer Families Program* from 2018-2022	As detailed in Table J.2: Safer Families Initiatives in the 2018-19 ACT Budget Paper No. 3 (*Safer Families – Support and referral through specialist drug and alcohol treatment services*) Sector model for resourcing is articulated in report titled *ACT Alcohol and Other Drug Safer Families Program 2017 – 2021: Design, Model, Implementation Plan and Evaluation Framework*
9. Justice Reform	Expand the ACT's existing Simple Cannabis Offence Notice (SCON) scheme to cover all illegal drugs (e.g. MDMA/'ecstasy')	ACT Policing, ACT Health Directorate and ACT Justice and Community Safety Directorate to scope options for expanding the ACT's SCON scheme in consultation with other key stakeholders. Based on the scoping exercise, processes to legislate the expansion of the ACT's SCON scheme to include all illicit drugs could commence	Potential to generate savings
10. Outpatient AOD Withdrawal	Establishment of an outpatient alcohol and other drug withdrawal program	Implement key recommendations from the ACT Health funded *ACT Alcohol and Other Drug Withdrawal Services Review and Redesign* project including the establishment of an ongoing and structured outpatient withdrawal program to enable increased access, flexibility and responsiveness of withdrawal services	Initially, utilisation of funding allocated through the 2018-19 ACT Budget

Table of Contents

1. PRIORITY AREA: Specialist Alcohol and Other Drug Treatment

Initiative:	Increase the capacity of the ACT specialist alcohol and other drug (AOD) system
Description:	Provide timely and accessible alcohol, tobacco and other drug treatment and support, by doubling ACT Government investment in the specialist alcohol and other drug sector and accompanying infrastructure, to meet demand and deliver quality services
Funding:	Double the ACT Government investment in the ACT specialist alcohol and other drug sector

Over 50,000 Canberrans used drugs last year and most adult Canberrans drank alcohol. Many people use alcohol and other drugs (AOD) without experiencing significant harm, but for some, AOD use results in significant health and social consequences. Physical or psychological dependencies and social contexts can make reducing or stopping difficult without the support of a specialist AOD service. Specialist AOD treatment is a long-term activity, servicing the needs of people with often chronic, long-term and relapsing health issues and complex co-occurring social problems. Specialist AOD treatment is a core business delivery of the health service system, meaning that treatment planning and investment needs to be undertaken with a long-term view. This long-term view will enable the maintenance of the delivery of specialist AOD services to the community, while ensuring the viability of service delivery.

Specialist AOD services are focused on offering specialist, tertiary-level care to people with moderate to severe AOD problems.[3] AOD treatment services are a good investment—for every $1 invested, society gains $7.[4] Additionally, engagement in AOD treatment services reduces demand for acute health services.[5]

1.1 Treatment places need to double to meet demand

The specialist AOD system in the ACT, and nationally, operates within the context of chronic and historical underfunding. The compounding effect of a number of years of resourcing below demonstrated community demand has resulted in a significant undersupply of AOD treatment capacity. The Australian Government commissioned a review of alcohol and other drug treatment services in Australia found that nationally treatment places would need to double to meet demand. This research estimated that approximately 200,000 people receive AOD treatment in any one year in Australia. At the same time, modelled projections of the unmet demand for AOD treatment (that is the number of people in any one year who need and would seek treatment) are conservatively estimated to be between 200,000 and 500,000 people over and above those in treatment in any one year.[6] Based on current trends (in the ACT and nationally) it can be expected that demand for AOD services will not abate.

It is concerning that last year's ACT Budget did not include new funding for one additional specialist alcohol and other drug treatment place. Increasing demand for specialist AOD services has already resulted in multiple problems within the ACT specialist AOD service system, such as:

- barriers to entry into AOD treatment owing to, for example, insufficient treatment places and resulting waiting lists (including for those referred through the criminal justice and child protection systems)
- a gap between the level of funding provided for services, and the true costs of delivering these services
- insufficient funding and long-term planning across the AOD service system.

1.2 The need to address ageing infrastructure

In addition to pressures to meet growing demand, the existing infrastructure of specialist AOD services in the ACT is ageing and some is no longer fit for purpose. Funding is urgently needed to update facilities, and thereby improve treatment outcomes, to:

- Upgrade poor quality, aged buildings that now require significant on-going maintenance.
- Improve work health and safety conditions for service consumers and staff (including for example, ligature risks, gender safety needs, swipe card access, and degraded structures).
- Remove barriers to access for people with a disability.
- Meet contemporary practice and improve treatment outcomes. Many AOD services are located in converted residences, and are therefore not fit for purpose to meet contemporary drug treatment practice. For example, some buildings require improvement to:
    - reduce restrictive or inappropriate environments
    - reduce suicide risk
    - improve access for family (including children) and friends involvement in AOD treatment
    - address service fragmentation
    - create spaces that improve physical and mental wellbeing
    - provide adaptable spaces to support various treatment activities, and that respond to changing patterns of drug use and treatment needs
    - work with intoxicated people.
- Improve responsiveness to coexisting issues, for example changes to waiting spaces and bathrooms to better support people who have experienced domestic and family violence, including sexual assault.
- Improve data collection and monitoring of AOD programs by up-dating information technology hardware.

The ACT Health Directorate has invested in, and is committed to, updating the building and IT infrastructure of its services (i.e. Canberra Health Services), but has not systematically directed funds or policy work towards improving non-government AOD services infrastructure. Nine of the ten AOD service providers in the ACT are non-government organisations.

Other jurisdictions, including Victoria, have acknowledged the critical need to invest in capital infrastructure of AOD services, with a specific focus on non-government services. This has resulted in the development of, for example, the Facilities Renewal Grants offered for AOD services by the Victorian Department of Health and Human Services.[7]

1.3 Budget

Double the ACT Government investment in the ACT specialist alcohol and other drug sector

2. PRIORITY AREA: Evidence Informed Drug Policy and Decision Making

Initiative:	Development and implementation of a Canberra Drug Early Warning System (CDEWS)
Description:	Establish, either within the alcohol and other drug policy functions of the ACT Health Directorate, or Canberra's not-for-profit AOD sector, a cross-sectoral CDEWS that will produce timely information on trends in drug availability, drug use and drug-related harms, and that will drive timely, effective, cross-sectoral responses to these
Funding:	$158,966 per annum plus indexation $50,000 (for evaluation of the CDEWS)

In recent years the ACT (and Australia) has seen marked changes in drug markets, trends and drug-related harms. For example our community is currently facing an epidemic of opioid overdoses and related deaths; and substantial pressures on the specialist alcohol and drug service system owing to a shift among people who use methamphetamine to the more potent crystal ('ice') form. The ACT does not have a Drug Early Warning System. As a result, we have no establish systems for monitoring trends in these areas, nor for deploying rapid, effective, evidence-informed responses.

This critical gap in services was highlighted on 12 October 2018 when ACT Policing issued a media release following three suspected heroin overdoses in the previous week, that read "We are calling on all members of the community to come forward with any information they have regarding the sale of heroin or any other illicit drugs in the ACT…"'.[8] This was the first that the ACT ATOD sector had been informed by government officials of the spike in drug overdose deaths that was occurring at the time in Canberra.

Furthermore, the media release focused on drug law enforcement response with no reference to evidence-based responses that would be effective in preventing the incidence of further overdoses and deaths. Disappointingly, there was no public response to the overdose crisis from the ACT Health Directorate. This was followed on 16 October 2018 with ACT Policing and Crime Stoppers launching the 2018 "Dob in a Dealer" campaign.[9] If Canberra had a Drug Early Warning System, our community would have been able to respond in a far more timely, evidence-informed, and effective manner than occurred here.

Commitments to establishing a CDEWS are found in the previous *ACT Alcohol, Tobacco and Other Drug Strategy (2010-2014)*[10] and in the current draft ACT Drug Strategy Action Plan. Establishing these systems is listed as a priority in the National Drug Strategy 2017-2026.[11] To date, so far as ATODA is aware, no action has been taken to implement this high priority initiative in Canberra, despite doing so having been ACT Government policy for some years.

2.1 What is a Drug Early Warning System (DEWS)?

Epidemiologists define an early warning system as '…a specific procedure to detect as early as possible any departure from usual or normally observed frequency of phenomena'.[12] Drug Early Warning Systems have these characteristics but, importantly, also include processes for implementing evidence-informed responses when problematic trends are detected: 'There is a general assumption that attention

is focused [in DEWSs] on changes that have implications for policy or interventions or other public health concerns'.[13]

Drug Early Warning Systems can be found, in various jurisdictions, at various levels. These include multi-nation approaches (e.g. the European Union Early Warning System - EWS), the national level (e.g. the USA National Drug Early Warning System - NDEWS), the state level (e.g. South Australia's Designer Drug Early Warning System(D_2EWS), and the municipal level (e.g. the Vancouver Real-time Drug Alert & Response - RADAR). Canberra is an ideal sized community for this type of initiative owing to the potential for effective communication here between participants in the CDEWS.

2.1.1 (Strategic) Drug Information Systems and (tactical) Drug Early Warning Systems

It is commonplace to differentiate between strategic Drug Information Systems and tactical Drug Early Warning Systems.[14] The former tend to produce lagged indicators. Examples are the Australian Institute of Health and Welfare's Alcohol and other Drug Treatment Services National Minimum Dataset and the National Drug and Alcohol Research Centre's Illicit Drugs Reporting System. These produce data on matters that occurred a year or two in the past (lagged indicators). These data are useful for medium- and long-term strategic planning purposes, but not for detecting and responding to acute problems. Drug Early Warning Systems utilise leading-edge indicators, i.e. those that respond first to changes in, for example, drug consumption patterns or drug-related harms. The ACT has a valuable suite of lagged indicators but no comprehensive and coherent system for collating and using leading-edge indicators for early warning purposes.

2.2 Examples of indicators to be monitored in the Canberra Drug Early Warning System

The CDEWS could effectively monitor and respond to the following:

- changes in the types of drugs available
- changes in levels of drug availability
- changes in the levels and patterns of drug use
- changes in the levels and patterns of harms caused by drugs
- changes in the levels and patterns of harms caused by societal responses to drugs and to people who use drugs, and
- changes in the population groups using drugs and experiencing drug-related harms.

This could entail indicators such as the following: drug-related overdoses and the drugs involved; drug-related deaths and the drugs involved; drug types, potency and purity identified at fixed site and on-site pill testing facilities; police drug seizures; purity-adjusted drug prices; treatment presentations in the alcohol and other drug sector; ambulance data; hospital emergency department data; ACT Policing arrest and diversions; social media mentions of drugs; etc.

2.3 Structures and processes for the Canberra Drug Early Warning System, and its functions

This ACT Budget initiative should include scoping the various structures and processes for the CDEWS and developing an approach that matches the ACT's

needs and resources. The scoping exercise will identify the agencies and individuals who will supply data to the CDEWS, and who will interrogate those data and identify the necessary responses. It is likely that the key agencies involved will be the ACT Health Directorate, the Justice and Community Safety Directorate, ACT Ambulance Service, ACT Policing, the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), ATODA, specialist drug treatment services, etc.

The members of the CDEWS should be supported by a secretariat, **the staff of which need to have expertise in drug epidemiology and familiarity with the scientific literature on 'what works' in drug interventions.**

The functions that the CDEWS should fulfil will include the following: identifying and assessing the utility of the leading-edge indicators of drug trends, collating and analysing the indicator data, interpreting the findings and identifying their implications for drug policy interventions, making decisions on how to respond to those implications, communicating advice to agencies responsible for implementing the identified interventions, and monitoring and evaluating the implementation of the responses identified to facilitate fine tuning of the system.

It is important that the CDEWS is based in the alcohol and other drug policy functions of the ACT Health Directorate, or in another health-focused organisation with specialist drug expertise in the ACT, such as ATODA. This is because drug use and drug-related harms need to be dealt with primarily through a lens of health and human rights, rather than, as in the egregious example given above, a matter for law enforcement and punishment.

2.4 Budget

It is anticipated that the organisations that will supply the leading-edge indicators of drug trends will do so using their own resources, as designing the indicators, collecting the data, collating the data and communicating it remains core business of those entities. In addition, implementing the responses to the urgent drug-related trends identified will remain the core business of the responsible agencies. This means that the resourcing for the CDEWS will be limited to the staffing and administrative costs of the secretariat, including monitoring the implementation and outcomes of the CDEWS.

It is anticipated that the staffing resource to manage the CDEWS would be one full-time equivalent (Senior Officer Grade C-equivalent) plus administration and on-costs of approximately $158,966 per annum.

Funding for evaluation of the CDEWS (estimated at $50,000) should also be included.

3. PRIORITY AREA: Data Quality and Capacity

Initiative:	Improve alcohol and other drug treatment data collection, management, analysis and utilisation
Description:	Transfer responsibility of collecting data from ACT AOD treatment services and reporting it to the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS) held by the Australian Institute of Health and Welfare (AIHW), from the ACT Health Directorate to the sector, through ATODA
Funding:	$158,966 per annum plus indexation $1,800 (software) per annum

To improve alcohol and other drug (AOD) treatment data collection, management, analysis and utilisation, a transfer of responsibility for managing the Alcohol and other Drug Treatment Services National Minimum Dataset (AODTS-NMDS) should occur from the ACT Health Directorate to the sector, through ATODA, along with the funds needed to implement the initiative effectively.

In the ACT, AOD treatment services have, for many years, applied considerable resources to collecting data for the AODTS-NMDS, which they submit to the ACT Health Directorate annually, where they are cleaned, validated, and reported through to the AIHW. The AIHW is responsible for analysing and reporting on those data, however considerable delays—some years—exist between when data are submitted by the AOD agencies and when the AIHW publishes it. Even when it is published by AIHW, the detailed state and territory summaries are held in publicly available data cubes that require secondary analysis, a complex and time-intensive process that is not possible for AOD treatment and harm reduction agencies to undertake themselves.

In recent years, responsibility for managing the state/territory AODTS-NMDS has been transferred from some government health departments to the state/territory AOD peak bodies. In NSW and Queensland, for example, the health departments, AOD treatment agencies, and AIHW have all found the new arrangements to be effective and, indeed, to have produced better outcomes than were observed previously. Leveraging off this success, the State and Territory Alcohol and Other Drugs Peaks Network are leading a National Project to develop and implement nationally consistent infrastructure (e.g. training, support) to support the consistently high quality collection and reporting of the AODTS-NMDS.

If ATODA were to become responsible for managing the AODTS-NMDS for the ACT, the following outcomes could be realised across the sector:

- Enhanced capacity to use high quality treatment agency-level data in policy work
- Enhanced capacity to use high quality treatment agency-level data in service monitoring and improvement work
- Enhanced capacity for treatment agencies and the ACT Health Directorate to respond to public, media, Ministerial and other requests for information on treatment service delivery data
- Enhanced quality of AODTS-NMDS data through ATODA's capacity to engage continually and intensely with data providers
- Capacity building within individual agencies and across the sector with respect to data collection, management and utilisation

- Timely detailed analysis and reporting of AODTS-NMDS data at the ACT level, with contents that reflect the information needs of key local stakeholders
- Capacity to engage in critical thinking across multiple data sources including the Service Users' Satisfaction Survey (SUSOS), Illicit Drug Reporting System (IDRS) and Ecstasy and related Drugs Reporting System (EDRS)
- Regular reporting of agreed key data indicators
- Potential for the ACT AOD treatment service information system to expand its contents, including potentially covering client treatment outcomes.

3.1 Budget

It is anticipated that the staffing resource to manage the AODTS-NMDS data for the ACT, would be one full-time equivalent (Senior Officer Grade C-equivalent) plus administration and on-costs of $158,966 per annum.

A budget for software license costs of $1,800 per annum is also required.

4. PRIORITY AREA: Deliberative democracy

Initiative:	Refine ACT drug policy to better reflect the expectations, needs and capacity of the contemporary Canberra community, prioritising approaches that are evidence-informed, fit-for-purpose and cost-effective
Description:	Develop and implement a deliberative democracy initiative that has the aim of refining the ACT's policies regarding psychoactive substances, and guiding consequent regulatory activity including drug law reform, reflecting contemporary thinking about alcohol and other drugs being primarily a matter of health, individual/ family/ community well-being, and human rights
Funding:	Stage One: $150,000 (one-off funding) Stage Two: To be costed in Stage One activities

ATODA commends the commitment of the ACT Government in 2016 to trialling deliberative democracy techniques like citizens' juries and panels, and congratulates the ACT Government on the use of a deliberative democracy processes in 2017 to inform the development of the ACT Carers Strategy.

It was reported that, on 29 October 2018, the ACT Attorney-General, Gordon Ramsay MLA, '…said his government was looking at reforming the law in the territory to a "more restorative approach" - treating addiction rather than punishing, particularly for possession of small amounts of cannabis. "It is clear that there is no one simple answer to the problem we face from drug related harm," he said. "However, we can say definitively, and this government accepts, that an exclusively prohibitionist policy does not work and will not work. The intent of criminal laws is to hold people morally responsible for wrongdoing. But the evidence is overwhelming that treating addiction as an issue of right and wrong not only is ineffective; it simply does not stack up to what we know about the biology and psychology of drug use.'"[15] ATODA supports these sentiments that draw attention to the fact that the ACT does not yet have a coherent strategy or policy framework within which to create the new and more effective drug policy approaches that the Minister foreshadows here.

Very large sums of taxpayer money are spent on policing and other law enforcement interventions, and on corrective services, that research demonstrates to be largely ineffectual, and wasteful of those public funds.[16,17,18] This is in contrast to the investment made in specialist AOD treatment and harm reduction. Two-thirds of the nation's drug budget goes to drug law enforcement with approximately 20% to treatment, 10% to prevention and a tiny 2% to harm reduction.[19]

It is oft-remarked that the ACT has an educated community, one that is willing to embrace innovation, particularly when it is based on sound evidence about the likely impacts and cost-effectiveness of those innovations.

4.1 Improving drug policy through deliberative democracy

As evidenced in the media and population surveys, the ACT community is well ahead of the ACT Government in terms of its desire for taking a more rational approach to drug policies.[20] The active drug law reform movement is a realisation of this fact.

This submission is based on ATODA's perception that a well-implemented deliberative democracy initiative relating to drug policy in the ACT, combined with the ACT Government's openness to innovation and need to focus on cost-effectiveness

in expenditures, will result in the creation of more modern and effective approaches to drug policy within this jurisdiction.

The deliberative democracy movement encourages governments to focus on 'the democratic right [of citizens] to be involved in the public policy process and the importance of all barriers to such involvement being reduced or withdrawn. The emphasis here is on enabling access to the policy process, encouraging the take-up of that access and ensuring that such participation makes a difference to policy outcomes'.[21]

Many different approaches to deliberative democracy exist, some of which have been used by the ACT Government in the past, with success. They include consensus development panels, future search conferences, open space technology, consensus conferences, citizens' juries, citizens' assemblies, mini-publics, deliberative polling, consensus decision-making, etc.[22] Here in the ACT we have some of Australia's top researchers, practitioners and evaluators of deliberative democracy, resources that can be harnessed to help improve the ACT's drug policies.

4.2 The proposed budget initiative

The budget initiative would lead to the development and implementation of a deliberative democracy activity (one-off, over an extended period, or ongoing) that has the aim of modernising the ACT's policies covering all drugs (i.e. all psychoactive substances). The products of this would guide subsequent regulatory activity, including drug law reform, in such a manner that it reflects contemporary thinking about drugs being primarily a matter of health, individual/family/community well-being, and human rights, rather than (as now) primarily about law enforcement and punishment.

Although ATODA does not advocate for the use of any particular type of deliberative democracy method, we draw attention to three criteria that could helpfully guide the selection of the most effective deliberative process to be used in a given context, namely influence, inclusion and deliberation:

1. *Influence*. The process should have the ability to influence (drug) policy and decision-making.
2. *Inclusion*. The process should be representative of the population and inclusive of diverse viewpoints and values, providing equal opportunity for all to participate.
3. *Deliberation*. The process should provide open dialogue, access to information, respect, space to understand and reframe issues, and movement towards consensus.[23]

ATODA recommends that the government facilitate a staged approach. The stages may entail the following:

Stage One:

- Commissioning a consultancy (e.g. via consortium) with expertise deliberative democracy and in drug policy to review the needs and opportunities for improving drug policy through using deliberative democracy approaches
- Engaging in a co-design, co-production activity to identify the most appropriate deliberative democracy approach to use, based on the type of criteria listed above

Stage Two:

- Collaborative implementation of the agreed-upon approach
- Action by the Government and other stakeholders to implement the fine tuning of ACT drug policy in a manner that reflects the outcomes of the deliberative democracy activity.

ATODA, and through it the ACT ATOD sector, is keen to contribute fully to such a process. This is because we are confident that it will result in the refining of the ACT's drug policies in such a way as to deliver improved outcomes for people who use drugs, their families, and the broader community. We are also confident that the outcomes would reflect a more human rights-focused approach to drug policy than we have now, and would significantly improve the cost-effectiveness of government-funded initiatives related to drugs.

4.3 Budget

Stage One: $150,000 (one-off funding)
Stage Two: To be costed in stage one activities

5. PRIORITY AREA: Preventing Chronic Disease and Death Amongst Disadvantaged People Who Smoke

Initiative:	Provide subsidised Nicotine Replacement Therapy (NRT) to people who smoke and are accessing specialist alcohol and other drug services
Description:	Subsidise full courses of combination NRT (not currently covered on the Pharmaceutical Benefits Scheme) to service users of specialist alcohol and other drug services with the aim of embedding smoking cessation care as routine in all specialist alcohol and other drug settings including those in health and justice settings
Funding:	Variable per annum as per Table 1 (plus indexation)

Despite the decreasing prevalence of tobacco use at the population level, smoking remains the single greatest preventable cause of death and disease in Australia, with tobacco smoking responsible for 9.0% of the total burden of disease and injury in 2011.[24] Estimates show that in the year 2004–05 smoking killed around 15,000 Australians and had a social (including health) and economic cost of $31.5 billion.[25]

While the ACT population's daily smoking rate is 10%[26]—the lowest rate in Australia—the smoking rate among certain sub-populations is much higher.[27] Amongst people accessing specialist AOD services in the ACT, **the smoking rate is extremely high—82%**.[28] In addition, studies have shown that people accessing specialist AOD services have heavier nicotine dependence and smoke more cigarettes than the general population, and as a result, experience greater tobacco-related burden of illness.[29,30]

5.1 The We CAN Program

To address this disparity, the ACT AOD sector established, with support from the ACT Health Directorate, the We CAN Program in 2015, which aims to reduce smoking among people utilising specialist AOD non-government organisations (NGO) in the ACT by providing subsidised access to all-types of Nicotine Replacement Therapy (NRT). Service users are screened by alcohol and other drug (AOD) workers for nicotine dependence, and if they wish to participate in the program, they are provided with a voucher that can be redeemed at the partner-community pharmacy for all-types of NRT.

The We CAN Program has demonstrated that AOD treatment service users want to quit or reduce their smoking, and when provided with access to subsidised NRT they can and will make a quit attempt.

Data from the pilot of the We CAN Program showed that 82% of participating service users provided with a NRT voucher followed through on making a quit attempt, with the majority of these people accessing sufficient NRT to make a quality quit attempt.[i] All (100%) of these service users also received smoking cessation support from a specialist AOD treatment and support worker, complemented by support when attending the pharmacy. Further information about the Program and its success can be found at www.atoda.org.au.[31,32]

[i] Where a quality quit attempt is indicated by: the number of times clients attended the pharmacy to purchase NRT; the period of time over which they attended the pharmacy; the amount of NRT they purchased; and/or whether they purchased a combination of patches and intermittent forms of NRT.

Key elements in the success of this program are that it:

- Provides access to free NRT for a disadvantaged target population with very high smoking rates
  - NRT (except patches on script) is largely unaffordable for this group[ii]
  - combination NRT (considered best practice in nicotine dependence treatment—see below) is not available on the Pharmaceutical Benefits Scheme
- Takes a settings-based approach
  - delivered through non-government specialist AOD services, including all residential NGO services
- Enables delivery of best practice nicotine dependence treatment[33,34]
  - full courses of NRT
  - combination therapy that combines patches with an intermittent form of NRT (e.g. gum, inhalator, lozenges, spray)
  - complemented by specialist smoking cessation support
- Is implemented as part of routine AOD treatment and support
  - service users of AOD NGOs are screened and assessed by workers to require smoking cessation support
  - service users receive ongoing smoking cessation advice throughout their treatment and support
  - integrating nicotine dependence treatment into AOD treatment and support has been found to increase smoking cessation,[35] and improve AOD treatment outcomes for service users[36,37]
- Leverages and enhancing specialist AOD services' treatment and support expertise and organisational tobacco management policies
- Leverages on existing smoking cessation training and resources through ACT community pharmacies.

Currently, the We CAN Program can only provide subsidised NRT to a small proportion of specialist AOD service users and cannot meet demand. Currently, the Program has capacity to offer approximately 100 vouchers per year to 100 service users per year, which only meets a fraction of the need – approximately 3% of smokers accessing AOD treatment. This means that specialist AOD services in the ACT cannot currently offer the best quality treatment to all of their clients because of lack of access to medications shown to be effective at treating nicotine dependence.

Further funding would enable the We CAN Program to be offered across across all specialist AOD services and settings.

5.2 Budget

Various options for additional funding for the We CAN Program are provided over the page in Table 1. For example, to provide vouchers to around a third of AOD service users who smoke, an additional $300,000 investment per annum would provide an additional 1,000 vouchers each year (in addition to the existing 100 vouchers provided each year).

The calculations used to derive the figures in Table 1 are provided in Table 2. ATODA welcomes a meeting with the ACT Government to discuss the various funding options and calculations provided in Tables 1 and 2.

[ii] Although nicotine gum and lozenges have been recommended for listing on the PBS as monotherapies, only one course per year is available, and they are not subsidised in combination with patches.

Table 1: Per annum funding options for the We CAN Program (in addition to existing funding for 100 vouchers per annum)

Additional investment amount per annum	Number of additional vouchers per annum	Total vouchers available per annum*	Number of smokers accessing specialist AOD service treatment who can be assisted to quit/reduce smoking per annum	Proportion of smokers accessing specialist AOD treatment who can be assisted to quit/reduce smoking per annum (%)
$50,000	167	267	267	8.0
$100,000	333	433	433	13.0
$300,000	1,000	1,100	1,100	32.9
$500,000	1,667	1,767	1,767	52.9
$700,000	2,333	2,433	2,433	72.9
$900,000	3,000	3,100	3,100	92.8
$971,700	3,239	3,339	3,339	100.0

* Total vouchers available per annum = Number of additional vouchers per annum + 100 (the number of vouchers currently available in the Program per annum)

Table 2: Calculations used to derive the figures presented in Table 1

Calculation of number of specialist AOD service users requiring NRT vouchers	
Total service users accessing AOD treatment in one year	4,966
Number of service users who identify as smokers (nicotine dependent)‡	4,072
Number of service users who follow through on utilizing the voucher§	3,339
Calculation of additional funding required to provide NRT vouchers to specialist AOD service users who need them	
Number of service users requiring NRT vouchers	3,339
Number of vouchers currently available in the We CAN Program	100
Number of nicotine dependent service users who currently can't access the We CAN Program‖	3,239
Estimated additional annual funding needed to provide adequate NRT to all nicotine dependent ACT AOD service users¶	*$971,700*

‡ Based on smoking rate of 82%—calculated as [(Service users accessing AOD services)*0.82]
§ Based on the proportion of service users provided with a NRT voucher who followed through on making a quit attempt (i.e. presented their voucher at the pharmacy for NRT—82%)—calculated as [(Number of service users who identify as smokers)*0.82]
‖ Calculated as (Number of service users requiring NRT vouchers) – (Number of vouchers currently available in the We CAN Program)
¶ Based on vouchers with $300 value[iii]

[iii] Vouchers for full courses (8 – 12 weeks worth) of combination NRT were costed with advice from the former ACT Health Alcohol and Other Drug Policy Unit (disbanded in September 2017).

6. PRIORITY AREA: Expansion of Specialist Alcohol and Other Drug Services Within Recently Committed Canberra Health Services

Initiative:	Selectively expand locations for the provision of specialist alcohol and other drug services in the ACT to meet demand in areas of significant population growth, and to do so as part of the ACT's overall health service planning
Description:	Expand and embed alcohol and other drug specialist services into committed Canberra Health Services infrastructure (e.g. new community health centres), including Opioid Maintenance Treatment, Needle and Syringe Programs, and alcohol and other drug therapeutic clinical spaces.
Funding:	As part of the ACT Health Directorate's overall health service planning, and as part of Canberra Health Services implementation activities

There is a need to selectively expand locations for the provision of specialist alcohol and other drug (AOD) services in the ACT to meet demand in areas of significant population growth, and to do so as part of the ACT's overall health service planning.[iv] The total population in the ACT is projected to grow by 6% from 2016 – 2020[38]; however, this growth will be largely concentrated in two areas:

- Cotter-Namadgi: Projected population growth of a 2.5-fold increase over 2015-2020. This will take the population from 3,707 in 2015 to 13,025 in 2020.
- North Canberra: Projected population growth of 24.6% in Gungahlin; 10% in North Canberra and 3.6% in Belconnen over 2015-2020. According to the 2016 Census Gungahlin was the second-fastest growing region in Australia, now home to 71,000 people, up from 47,000 in 2011.[39]

The ACT Government has made firm commitments to plan for this growth, particularly in the provision of health services and infrastructure.[40] Notably, commitments to health infrastructure within the two regions above include:

- Establishment of a nurse-led Walk-in Centre for the Gungahlin community (now operational)
- Scoping work for the establishment of a new Walk-in Centre in the Weston Creek region[41]
- Planning for a new City Health Centre in Civic.[42]

Consistent with the draft *ACT Health Territory-Wide Health Services Framework 2017-2027* and the *ACT Health Quality Strategy 2018-2028*, community health centres provide safe and effective settings through which a range of specialist services can be delivered closer to where people live, including specialist AOD services.[43,44]

Unfortunately, planning for the provision of specialist AOD services within ACT Health Directorate and Canberra Health Services infrastructure has been overlooked in recent times, and facilities such as the new sub-acute hospital, Belconnen Health Centre and Gungahlin Health Centre (and Walk-in Centre) were developed without

[iv] A joint project that sought to better understand the needs of people who use drugs and their experiences of the service system in the North of Canberra was undertaken by ATODA and CAHMA in 2017. This work can helpfully inform the further service development of going forward and has informed this submission.

due consideration to the need for, and appropriateness of, a range of specialist AOD services.

Three services, in particular, should be considered for inclusion in recently committed health infrastructure and delivered in partnership with the specialist AOD service system (government and non-government providers) including:

- Needle and Syringe Programs (particularly opportunities for expanding secondary NSP services)
- Opioid Maintenance Treatment (particularly opportunities for providing Tier One dosing on the northside of Canberra)
- Access to specialist AOD services through the provision of clinical spaces in which established AOD services could outreach to community health settings.

Details for each of these priorities, and their appropriateness and need for inclusion in the committed health services infrastructure developments is expanded on below:

6.1 Expand Needle and Syringe Programs as core business into new health infrastructure

Over 80% of all newly acquired hepatitis C infections in Australia are associated with injecting (illicit) drug use, primarily as a result of using injecting equipment exposed to another person's blood.[45] Needle and syringe programs (NSPs) provide sterile injecting equipment; have been successfully managed and implemented in the ACT since 1989[46]; and have been cost-effective as one of Australia's public health approaches to preventing the spread of blood-borne viruses.[47] Secondary NSPs operate within an existing health or community service, including some Canberra Health Services, and typically distribute 4 & 8 packs (sterile needle, syringes, water, spoons, cotton wool and disposal containers), condoms and a variety of different sized sharps disposal containers.

Evidence shows that we are yet to achieve 'full coverage' of having all injections occurring with new, sterile equipment. A key factor associated with this is the location and geographical accessibility of services (combined with transport issues).[48]

Additional NSP outlets in under-serviced area of the ACT, and as part of the core business of committed ACT Health infrastructure, would improve accessibility and the capacity of NSPs to meet anticipated future demand, contributing to better public health outcomes for Canberrans through the prevention of the spread of blood borne viruses.[v]

6.2 Establish a new Opioid Maintenance Treatment Tier One dosing point in the North of Canberra

Heroin, and opioid dependence in general, is a major area of focus for the community and specialist alcohol and other drug treatment services because the harms, and economic and social costs, are disproportionate to the prevalence of use.[49]

Opioid Maintenance Treatment (OMT) includes the provision of a range of opioid-based pharmacotherapies used to treat opioid dependence, and is highly effective in:

[v] The ACT ATOD sector has also undertaken policy work and documentation regarding the need for a further primary NSP to be established in the north of Canberra (additional to the opportunities for secondary NSP's highlighted here). More information can be provided by ATODA.

- Bringing an end to, or significantly reducing, an individual's illicit opioid use;
- Reducing the risk of overdose;
- Reducing the transmission of blood-borne viruses; and,
- Improving general health and social functioning, including a reduction in crime.[50]

These objectives are achieved by engaging and retaining people dependent on opioids in treatment.

OMT is cost-effective and provides substantial social and economic benefits to the wider community. For example, both methadone and buprenorphine are highly cost-effective treatment programs, with the return on investment in methadone programs estimated to be between 2:1 and 38:1.[51]

People on OMT attend a dosing point regularly, sometimes daily, to take a supervised dose of medicine. The ACT OMT program operates on a tiered approach, whereby most clients must attend the public clinic operated by Canberra Health Services Alcohol and Drug Services at The Canberra Hospital, potentially for some months, prior to moving to community-based prescribing and dosing. This can result in an overwhelming impact on time and effort required to access treatment; in some cases up to a multi-hour round trip, daily, for those living far away from The Canberra Hospital.

According to 2016 National Opioid Pharmacotherapy Statistics, approximately 15% of people in the ACT will be dosing at the primary clinic (the second highest proportion of public dosing in Australia, and almost double the national rate). The ACT also has the highest ratio of clients to dosing points at 31.3 clients per dosing point (nearly 10 higher than the next nearest state).[52]

While a multi-pronged approach that includes the recruitment of more community-based prescribers and dosing points will be necessary, providing an additional location for the dosing of pharmacotherapy for Tier One clients at a primary clinic will respond to growing demand in the North of Canberra. It will also reduce unacceptable access barriers and improve the equity and effectiveness of the OMT Program. The new Civic Health Centre could be an appropriate setting in which to do this.

6.3 Provide clinical space in ACT Health Community Centres for the delivery of specialist AOD services

There are a number of psychosocial and therapeutic AOD interventions that can be safely and effectively delivered through outreach/in-reach approaches across Canberra. These include counselling, group programs, day rehabilitation programs, aftercare, peer support, intensive AOD-focused case management, etc. However, the lack of affordable and safe clinical spaces to do so is a barrier to specialist AOD services delivering interventions in a wide range of settings closer to people's homes.

The establishment of new ACT Health infrastructure, including those committed to in North Canberra and Weston Creek, provide a timely opportunity to plan for the provision of clinical space to allow a more agile delivery of a range of specialist AOD interventions.

6.4 Budget

It is expected that this work could be prioritised as part of the ACT Health Directorate's overall health service planning, and as part of Canberra Health Services' implementation activities.

7. PRIORITY AREA: Drug and Alcohol Court

Initiative:	Estimate the costs for appropriate alcohol and drug treatment provision for the ACT Drug and Alcohol Court
Description:	Accurately, and in partnership with the sector, estimate costs to increase the availability of specialist alcohol and other drugs treatment and support services so that the new adult ACT Drug and Alcohol Court has the appropriate resources to be established and to operate effectively
Funding:	Utilisation of funding allocated through 2017-18 & 2018-19 ACT Budgets

ATODA understands that through the ACT Budgets 2017-2018 and 2018-2019, the ACT Health Directorate was provided with funding to contribute to planning for the ACT Drug and Alcohol Court, including to determine relevant AOD treatment costings. However ATODA understands this work has not yet been undertaken. ATODA calls on the ACT Government to complete a costing related co-design process with specialist AOD services as a matter of urgency, particularly given the ACT Drug and Alcohol Court is planned to begin in 2019.

ATODA is aware of the large volume of research conducted into drug courts, and related specialist courts, including USA and Australian evaluations. We note the oft-cited findings of the Campbell Collaboration systematic review of the topic that concluded:

> *The findings most strongly support the effectiveness of adult drug courts, as even the most rigorous evaluations consistently find reductions in recidivism and these effects generally persist for at least three years. The magnitude of this effect is analogous to a drop in general and drug-related recidivism from 50% for non-participants to approximately 38% for participants.*[53]

On that basis, ATODA is generally supportive of the drug court approach but aware that many drug courts fail to live up to these promises, delivering wasteful and/or negative outcomes. ATODA is concerned that the ACT's Drug and Alcohol Court has the potential to create serious adverse impacts on the ACT's specialist AOD service sector. Based on experiences in other jurisdictions, it is likely that the Court will be an expensive initiative, meaning that careful attention needs to be given to the opportunity costs involved, and to the potential adverse impacts on the rest of the specialist AOD service system.

ATODA has long advocated for coherence in the planning, funding and delivery of specialist AOD services in the ACT – including across the health and justice systems. A prerequisite for the new ACT Drug and Alcohol Court to be successful is that it operates as an integral part of the ACT specialist AOD system, rather than parallel to it within the justice sector. It will need to be carefully integrated into the rest of the ACT's AOD offender diversion system.

The ACT justice sector ('corrections' and 'diversion', combined) is currently—prior to the establishment of the new ACT Drug and Alcohol Court—a leading source of referrals to ACT specialist AOD services: in 2015-16, 30% of referrals came from that source, second only to self-referrals (47%).[54] These justice referrals are being made

to specialist AOD services in a health system that cannot currently meet demand and have waiting lists.

Problematically, the ACT justice system, despite being the source of such a high proportion of treatment referrals, does not meet the costs of the treatment for the people they refer. This is a form of cost-shifting both within the ACT Government, and from the ACT Government to the Commonwealth Government.

A key factor of success of the Drug and Alcohol Court will be its ability to quickly and effectively engage participants in sufficient (e.g. duration and frequency) and appropriate (e.g. type) AOD treatment. This is not possible within the current resources of the specialist AOD service system in the ACT—the current treatment system is full. This means that if the new Drug and Alcohol Court wants to have its clients treated in either government or non-government specialist AOD services, it will have to ensure that additional treatment capacity is created and funded. ATODA suggests that the key principle is the need for a net increase in AOD treatment system capacity so as to be able to adequately service the additional referrals generated by the new Drug and Alcohol Court.

7.1 Budget

ATODA understands that through the ACT Budgets 2017-2018 and 2018-2019, the ACT Health Directorate was provided with funding to contribute to planning for the ACT Drug and Alcohol Court, including to determine relevant AOD treatment costings. However ATODA understands this work has not yet been undertaken. ATODA calls on the ACT Government to complete a costing related co-design process with specialist AOD services as a matter of urgency, particularly given the ACT Drug and Alcohol Court is planned to begin in 2019.

8. PRIORITY AREA: Domestic and Family Violence

Initiative:	ACT Alcohol and Other Drug Safer Families Program
Description:	Fully allocate the funds recorded in the forward estimates until 2021-2022 directly to specialist alcohol and other drug services focused on 'increasing the capacity of specialist drug treatment services to deliver programs that integrate best practice in addressing family violence' to enable implementation of the ACT *AOD Safer Families Program* from 2018-2022
Funding:	As detailed in Table J.2: Safer Families Initiatives in the 2018-19 ACT Budget Paper No. 3 (*Safer Families – Support and referral through specialist drug and alcohol treatment services*) Sector model for resourcing is articulated in report titled *ACT Alcohol and Other Drug Safer Families Program 2017 – 2021: Design, Model, Implementation Plan and Evaluation Framework*

In the 12 months to December 2017, ACT Health engaged ATODA to research, scope and design and a program to provide more effective responses for people who use AOD in harmful ways and either experience or are at risk of using domestic and family violence (DFV).

Throughout 2017, ATODA implemented a co-design process to develop the program and its infrastructure, working with a range of stakeholders including specialist AOD services; DFV sector; policy workers; research experts from ACT and interstate; clinical consultants; and people with lived experience. The program design was a direct result of the expertise of the AOD and DFV sectors and other expert stakeholders.

On 21 December 2017, ATODA delivered a report to ACT Health titled *ACT Alcohol and Other Drug Safer Families Program 2017 – 2021: Design, Model, Implementation Plan and Evaluation Framework.* ACT Health agreed that ATODA could make the report publicly available in September 2018 (see http://www.atoda.org.au/wp-content/uploads/2018/10/ACT-AOD-Safer-Families-Program-2017-2021-FINAL-REPORT.pdf.) This report includes a description and model of the *AOD Safer Families Program* to be implemented from January 2018. The model includes details of the activities, with an indication of the funding required to implement each activity.

The proposed model and implementation plan will enable specialist AOD services in the ACT to prevent and respond to domestic and family violence by establishing new coordinated/integrated alcohol and other drug and DFV interventions within the specialist alcohol and other drug service system, while concurrently enhancing the universal capacity of the service system including services, workforce and service consumers, to respond well to DFV. Underpinning the model is a series of 'Australian first' tools. When used together, they provide sufficient information to guide AOD practice at an organisational, program and individual worker level when working with AOD service consumers who experience or use DFV.

The 2016-17 ACT Budget committed funding ($2 million) to "increasing the capacity of specialist drug treatment services to deliver programs that integrate best practice in addressing family violence",[55] with funding allocated up to 2022 as follows:

Safer Families Initiatives	2018–19 Budget $'000	2019–20 Estimate $'000	2020–21 Estimate $'000	2021–22 Estimate $'000	Total $'000
Safer Families—Support and referral through specialist drug and alcohol treatment services	500	500	513	526	2,039

Source: Table J.2: Safer Families Initiatives in the 2018–19 Budget; ACT Budget 2018-19 Budget Paper No. 3 – Budget Outlook, p.418

Although delivered in December 2017, the model has not yet been implemented and no funding has yet been directly provided to specialist AOD services.

8.1 Budget

ATODA calls on the ACT Government to fully allocate the funds recorded in the forward estimates focused on 'increasing the capacity of specialist drug treatment services to deliver programs that integrate best practice in addressing family violence' to enable implementation of the ACT *AOD Safer Families Program* from 2018-2022 and to directly fund specialist AOD services to undertake this work.

Sector model for resourcing is articulated in report titled *ACT Alcohol and Other Drug Safer Families Program 2017 – 2021: Design, Model, Implementation Plan and Evaluation Framework*

9. PRIORITY AREA: Justice Reform

Initiative:	Expand the ACT's existing Simple Cannabis Offence Notice (SCON) scheme to cover all illegal drugs (e.g. MDMA/'ecstasy')
Description:	ACT Policing, ACT Health Directorate and ACT Justice and Community Safety Directorate to scope options for expanding the ACT's SCON scheme in consultation with other key stakeholders. Based on the scoping exercise, processes to legislate the expansion of the ACT's SCON scheme to include all illicit drugs could commence.
Funding:	Potential to generate savings

The ACT's Simple Cannabis Offense Notice (SCON) scheme was established through legislation in 1989. It empowers members of ACT Policing, when they detect a minor cannabis offence, to divert the alleged offender away from the criminal justice system by issuing a SCON, which requires the person to pay a $100 fine. If that fine is paid within the specified time period, the person does not have to attend court and does not attain a criminal record because of the offence. In this respect, SCONs operate in a similar way to traffic infringement notices.

In recent years the number of people arrested for minor drug offences, such as consuming drugs or possessing small quantities for their personal use, has increased dramatically. Over the last five years (from 2011-12 to 2016-17) the total number of ACT arrests has risen by 41%.[56] This increase has been driven largely by arrests for amphetamine-type stimulants (ATS), which include amphetamine, methylamphetamine and 3,4-methylenedioxymethamphetamine (MDMA), despite the fact that governments have broadly acknowledged that 'We cannot arrest our way out of drug problems'. Over the five-year period, the number of ACT ATS arrests increased by 90% (from 124 to 236).[57] A consequence of the high numbers of arrests for drugs other than cannabis is that very large numbers of Canberrans, particularly young people, are getting criminal records for what the community acknowledges as being minor offences. These criminal records work against their life opportunities for many years later.

The SCON scheme, along with other drug diversion initiatives implemented in the ACT, was evaluated by external experts in 2014.[58] That evaluation noted the benefits the ACT had derived, over the years, from its operation. As its name indicates, the SCON scheme applies only to minor cannabis offences. People who are detected committing minor offences such as possessing or consuming 'ecstasy' (MDMA), methamphetamine, cocaine, opioids, etc. are not eligible for this type of diversion.

Substantial benefits would be gained by people who use drugs, their families, and the broader ACT community, if the SCON provisions were expanded to cover **all** illicit drugs, not only cannabis. This would reflect the realities of drug use in the ACT, including the fact that a high proportion of the people who use drugs are poly-drug users.

Extending the SCON scheme to cover all drugs would provide increased opportunities for frontline members of ACT Policing, who are in contact with people who use drugs, to divert them away from the criminal justice system and, where warranted, into the ACT's drug treatment services. It would not entail any increase in

funding as existing processes would be utilised. It is expected that it could create significant savings in the criminal justice system, and is consistent with the ACT Government's objectives to prevent people from entering or re-entering the justice system[59].

10. PRIORITY AREA: Outpatient AOD Withdrawal

Initiative:	Establishment of an outpatient alcohol and other drug withdrawal program
Description:	Implement key recommendations from the ACT Health funded *ACT Alcohol and Other Drug Withdrawal Services Review and Redesign* project including the establishment of an ongoing and structured outpatient withdrawal program to enable increased access, flexibility and responsiveness of withdrawal services
Funding:	Initially, utilisation of funding allocated through the 2018-19 ACT Budget

The ACT is the only jurisdiction in Australia that does not have a recurrently funded, structured outpatient AOD withdrawal program available across the community.

ATODA understands that through the ACT Budget 2018-19, ACT Health was provided with funding to contribute to planning for expanded AOD withdrawal services. However, ATODA understands that communication and engagement with the ACT ATOD sector has yet to occur.

This followed a 2016 ACT Health-funded independent review and systems level re-design of AOD withdrawal management services (see http://www.atoda.org.au/policy/withdrawal-review/). Through this process, all government and non-government specialist AOD services, policy makers, service consumers and allied stakeholders (e.g. GPs with AOD expertise) worked collaboratively to co-design a new evidence-based AOD withdrawal services system.[60] At the final stakeholder forum in December 2016 there was unanimous agreement on the outpatient withdrawal program approach and its need for establishment as a matter of priority. The report on the review and re-design of the ACT withdrawal system is yet to be publicly released or responded to by ACT Health, despite being submitted to ACT Health in December 2016.

Evidence demonstrates that outpatient withdrawal services are a critical component in providing a suite of AOD withdrawal services; are more cost-effective than bed-based services; and are safe or more appropriate for a range of service users (e.g. women with children, people with other caring responsibilities, employed people, etc.).[61] Many potential service users are able to undertake a formal, structured withdrawal program, supported by specialised staff, in non-residential settings such as their home or in a dedicated outpatient day service.[62] Additionally, barriers to access and bottlenecks in AOD treatment pathways currently experienced in the ACT would be mitigated by access to outpatient withdrawal services, increasing throughput at a service system level with minimal additional investment (e.g. for some Aboriginal and Torres Strait Islander people).

Outpatient withdrawal services are cheaper than bed-based withdrawal and can be as effective for some people without requiring an expensive inpatient admission. As such, the establishment of an outpatient withdrawal service is consistent with the Parliamentary Agreement for the Ninth Legislative Assembly for the ACT particularly related to increasing the provision of outpatient, community based and nursing services. [63] It is also consistent with ACT Health policy priorities, including those articulated in ACT Health's Territory-wide Health Services Framework, and the subsequent realignment of Canberra Hospital and Health Services, related to the more efficient use of bed-based services.[64,65]

10.1 Budget

Through the ACT Budget 2018-19, ACT Health was provided with funding to contribute to planning for outpatient AOD withdrawal services (ACT Budget 2018-19 Budget Paper No. 3 – Budget Outlook, p.115). ATODA calls on the ACT Government to complete this process with specialist AOD services as a matter of urgency.

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